



# LAWRENCE COUNTY – DEPARTMENT OF PUBLIC SAFETY

## MISSING PERSON

### CLEAN/NCIC ENTRY WORKSHEET

<input type="checkbox"/> EMJ	<input type="checkbox"/> EMJC - ENTER MISSING PERSON JUVENILE/CAUTION	<input type="checkbox"/> AMBER ALERT: <input type="checkbox"/> YES	
<input type="checkbox"/> EMD	<input type="checkbox"/> EMDC - ENTER MISSING PERSON DISABILITY/CAUTION	<input type="checkbox"/> NO	
<input type="checkbox"/> EMJ	<input type="checkbox"/> EMJC - ENTER MISSING PERSON JUVENILE/CAUTION	CONTACT NAME:	
<input type="checkbox"/> EMD	<input type="checkbox"/> EMDC - ENTER MISSING PERSON DISABILITY/CAUTION	CONTACT TELEPHONE NUMBER:	
*AGENCY NAME:		*AGENCY ORI (ORI):	*OFFICER NAME:
*INVESTIGATIVE REPORT NUMBER (OCA):		*DATE OF LAST CONTACT (DLC):	*DATE OF REPORT:
<b>MISSING PERSON SUBJECT INFORMATION</b>			
*NAME (NAM):		*SEX (SEX):	*RACE(RAC):
PLACE OF BIRTH (POB):		DATE OF BIRTH (DOB):	
*HEIGHT (HGT):	*WEIGHT WGT):	*EYE COLOR (EYE):	*HAIR COLOR (HAI):
FBI NUMBER (FBI):		FINGERPRINT CLASSIFICATION (FPC):	
MISCELLANEOUS NUMBER (MNU):		SOCIAL SECURITY NUMBER (SOC):	
SCARS, MARKS, TATOOS, AND OTHER CHARACTERISTICS (SMT):			
MISCELLANEOUS INFORMATION (MIS):			
NOTIFY ORIGINATING AGENCY NOA): <input type="checkbox"/> YES <input type="checkbox"/> NO		MISSING PERSON CIRCUMSTANCES (MPC): <input type="checkbox"/> R-RUNAWAY <input type="checkbox"/> S-ABDUCTED BY A STRANGER <input type="checkbox"/> N-ABDUCTED BY A NONCUSTODIAL PARENT	
<b>DRIVER OPERATOR LICENSE INFORMATION</b>			
OPERATOR LICENSE NUMBER (OLN):		STATE (OLS):	YEAR (OLY):
<b>VEHICLE INFORMATION</b>			
VEHICLE REGISTRATION (LIC):		STATE (LIS):	YEAR (LIY):
VEHICLE IDENTIFICATION NUMBER (VIN):		YEAR (VYR):	MAKE (VMA):
MODEL (VMO):	STYLE (VST):	COLOR (VCO):	
<b>OTHER PERSONAL DESCRIPTORS</b>			
BLOOD TYPE (BLT):	CIRCUMCISION (CRC):	FOOTPRINTS AVAILABLE (FPC):	
BODY X-RAY (BXR):		VISION PRESCRIPTION (VRX):	
JEWELRY TYPE (JWT):			
JEWELRY DESCRIPTION (JWL):			
DNA PROFILE (DNA):	DNA LOCATION (DLO):	PHOTO AVAILABLE (PTO):	
RELATIONSHIP TO VICTIM (ABD):		ABDUCTING PERSON (APN):	ABDUCTING PERSON (DOB):
<b>COMPLETED BY ENTERING AGENCY</b>			
CLEAN/NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ENTERED BY:		CHECKED BY:	DATE/TIME ENTERED:
COPY OF ENTRY PROVIDED TO REQUESTING AGENCY:		<input type="checkbox"/> YES <input type="checkbox"/> NO	