

JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Securities Single / Group

*** Mandatory Fields**

SINGLE AGENCY

<u>CASE DATA</u>	
* Originating Agency Name: _____	
* Originating Agency Code (ORI): _____	
* Agency Case Number: _____	
Notify Originating Agency: _____	*Date of Theft: _____
Linkage Agency Identifier: _____	Linkage Case Number: _____

GROUP AGENCY

<u>CASE DATA (Consecutively Serialized)</u>	
* Originating Agency Name: _____	
* Originating Agency Code (ORI): _____	
* Agency Case Number: _____	
Notify Originating Agency: _____	*Date of Theft: _____
Linkage Agency Identifier: _____	Linkage Case Number: _____

(This section is mandatory with the single or the group.)

<u>SECURITY DATA</u>	
* Type: _____	*Denomination: _____
* Serial Number: _____	
* Issuer: _____	Issue Date: _____
* Owner: _____	
Social Security Number: _____	Ransom Money Indicator: _____

<u>Information</u>	
* Date: _____	NIC#: _____
* Officer: _____	Operator: _____