

**JOHNSTON COUNTY E-911 COMMUNICATION  
NCIC ENTRY FORM  
Unidentified Person (Deceased / Catastrophe Victim)**

**\* Mandatory Fields**

**AGENCY/CASE DATA**

\* Deceased or Catastrophe Victim: \_\_\_\_\_

\* Originating Agency Name: \_\_\_\_\_

\* Originating Agency Code (ORI): \_\_\_\_\_

\* Agency Case Number: \_\_\_\_\_

Notify Originating Agency: \_\_\_\_\_ \*Date Body Was Found: \_\_\_\_\_

Linkage Agency Identifier: \_\_\_\_\_ Linkage Case Number: \_\_\_\_\_

**BODY PART STATUS (All info in this section is mandatory.)**

Complete Body or Skeleton: \_\_\_\_\_

Cranium: _____	Mandible: _____	Torso: _____
Right Upper Arm: _____	Right Forearm: _____	Right Hand: _____
Left Upper Arm: _____	Left Forearm: _____	Left Hand: _____
Right Upper Leg: _____	Right Lower Leg: _____	Right Foot: _____
Left Upper Leg: _____	Left Lower Leg: _____	Left Foot: _____

**PERSON DATA**

\* Sex: \_\_\_\_\_ \*Race: \_\_\_\_\_ \*Height: \_\_\_\_\_

\*Weight: \_\_\_\_\_ \*Hair Color: \_\_\_\_\_ \*Eye Color: \_\_\_\_\_

Estimated Year of Birth: \_\_\_\_\_

\*Manner and Cause of Death: \_\_\_\_\_

\*Estimated Date of Death: \_\_\_\_\_ Scars Marks and Tattoos: \_\_\_\_\_

Finger Print Classification: \_\_\_\_\_ Foot Print Available: \_\_\_\_\_

Blood Type: \_\_\_\_\_ \*X-Rays Available: \_\_\_\_\_ Circumcision: \_\_\_\_\_

Vision Prescription: \_\_\_\_\_

Jewelry Type:

Jewelry Description:

Miscellaneous:

**MEDICAL EXAMINER / CORONER DATA**

Case Number: \_\_\_\_\_

Location: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Information**

\* Date: \_\_\_\_\_ NIC#: \_\_\_\_\_

\* Officer: \_\_\_\_\_ Operator: \_\_\_\_\_