

**JOHNSTON COUNTY E-911 COMMUNICATION  
NCIC ENTRY FORM  
Unidentified Person Supplemental Form**

**AGENCY/CASE DATA**

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

**RECORD IDENTIFYING DATA**

\* NCIC Number (NIC): \_\_\_\_\_  
\* Agency Case Number (OCA): \_\_\_\_\_

**SUPPLEMENTAL PERSON DATA**

\* Scars Marks and Tattoos (SMT): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUPPLEMENTAL IMAGE DATA**

\* Image NIC Number (IMN): \_\_\_\_\_ \* Image Type (IMT): \_\_\_\_\_

Test Indicator (Yes / No): \_\_\_\_\_

**Information**

\* Date: \_\_\_\_\_ NIC#: \_\_\_\_\_  
\* Officer: \_\_\_\_\_ Operator: \_\_\_\_\_