

JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Identity Theft

*** Mandatory Fields**

<u>AGENCY/CASE DATA</u>	
* Originating Agency Name: _____	
* Originating Agency Code (ORI): _____	
* Agency Case Number: _____	* Message Key: _____
Notify Originating Agency: _____	Caution/Medical Condition: _____
Linkage Agency Identifier: _____	Linkage Case Number: _____
* Password: _____	Date of Purge: _____
Date of Theft: _____	

<u>PERSON DATA</u>	
* Name: _____	*Sex: _____
* Race: _____	*Height: _____ *Weight: _____
* Hair Color: _____	*Eye Color: _____ Skin Tone: _____
* Date of Birth: _____	*Place of Birth: _____
Scars Marks and Tattoos: _____	*Social Security Number: _____
Miscellaneous Number: _____	FBI Number: _____
Finger Print Classification: _____	*Identification Type: _____

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