

**JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Seized Vehicle**

*** All Fields are Mandatory Fields**

CASE DATA

Offense Date: _____ Seizure Date: _____
County Charges Filed: _____ Violation Charged: _____
Reason for seizure/Miscellaneous: _____

DEFENDANT DATA

Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Driver's License No#: _____ State: _____

VEHICLE DATA

License Number: _____ State: _____
Vehicle Year: _____ Model: _____ Type: _____
VIN: _____

OWNER'S DATA

Registered Owner(s) Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Place Vehicle Stored: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: _____

AGENCY DATA

Seizing Officer: _____ Department or Agency: _____
Badge No: _____ Telephone No: _____

INSURANCE INFORMATION (Only If Seized Vehicle Is Damaged)

Insurance Company: _____
Address: _____ City: _____
State: _____ Zip: _____ Policy No#: _____

OTHER VEHICLE(S) INSURANCE INFORMATION (If Other Vehicles Involved)

Insurance Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Policy No#: _____
License Number: _____ State: _____
Vehicle Year: _____ Model: _____ Type: _____
VIN: _____

Information

* Date: _____ NIC#: _____
* Officer: _____ Operator: _____