

JOHNSTON COUNTY E-911 COMMUNICATION

NCIC ENTRY FORM

Wanted Person Supplemental Form

AGENCY/CASE DATA

* Originating Agency Name: _____
* Originating Agency Code (ORI): _____ * Message Key: _____

RECORD IDENTIFYING DATA

* NCIC Number (NIC): _____
* Agency Case Number (OCA): _____
* Name (NAM): _____

SUPPLEMENTAL AGENCY/CASE DATA

* Caution and Medical Conditions (CMC): _____

SUPPLEMENTAL PERSON DATA

* Alias (AKA): _____
* Date of Birth (DOB): _____ * Citizenship (CTZ): _____
* Alias (AKA): _____
* Date of Birth (DOB): _____ * Citizenship (CTZ): _____
* Alias (AKA): _____
* Date of Birth (DOB): _____ * Citizenship (CTZ): _____
* Scars Marks and Tattoos (SMT): _____

* Social Security Number (SOC): _____
* Miscellaneous Number (MNU): _____ Type: _____ Type: _____

* License Number (OLN): _____ State: _____ Year: _____
* License Number (OLN): _____ State: _____ Year: _____
* License Number (OLN): _____ State: _____ Year: _____

SUPPLEMENTAL PERSON ADDRESS DATA

* Street Number (SNU): _____ * Street Name: _____
* City Name: _____ * County: _____
* State (STA): _____ * Zip Code (ZIP): _____
* Address Type (ADD): _____ * Date of Documented Address (DDA): _____
* Street Number (SNU): _____ * Street Name: _____
* City Name: _____ * County: _____
* State (STA): _____ * Zip Code (ZIP): _____
* Address Type (ADD): _____ * Date of Documented Address (DDA): _____
* Street Number (SNU): _____ * Street Name: _____
* City Name: _____ * County: _____
* State (STA): _____ * Zip Code (ZIP): _____
* Address Type (ADD): _____ * Date of Documented Address (DDA): _____

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SUPPLEMENTAL VEHICLE DATA

* Vehicle ID Number (VIN): _____	
* Make (VMA): _____	* Model (VMO): _____
* Style (VST): _____	* Color (VCO): _____
* Year of Manufacturer (VYR): _____	* Owner Applied Number (OAN): _____
* Vehicle ID Number (VIN): _____	
* Make (VMA): _____	* Model (VMO): _____
* Style (VST): _____	* Color (VCO): _____
* Year of Manufacturer (VYR): _____	* Owner Applied Number (OAN): _____
* Vehicle ID Number (VIN): _____	
* Make (VMA): _____	* Model (VMO): _____
* Style (VST): _____	* Color (VCO): _____
* Year of Manufacturer (VYR): _____	* Owner Applied Number (OAN): _____

SUPPLEMENTAL LICENSE PLATE DATA

* License Plate (LIC): _____	* State: _____
* Year: _____	* Type: _____
* License Plate (LIC): _____	* State: _____
* Year: _____	* Type: _____
* License Plate (LIC): _____	* State: _____
* Year: _____	* Type: _____

SUPPLEMENTAL IMAGE DATA

* Image NIC Number (IMN): _____ * Image Type (IMT): _____

Test Indicator (Yes / No): _____

Information

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