



# Lebanon County Department of Emergency Services

## Missing Person CLEAN/NCIC Entry Form

**\*Mandatory Field**

- |             |            |            |                          |
|-------------|------------|------------|--------------------------|
| Catastrophe | Disability | Endangered |                          |
| Involuntary | Juvenile   | Other      | <b>Caution Indicator</b> |

*Date of Report	*Reporting Officer	*Police Department	*Incident Number

Caution / Medical Conditions	Missing Person Circumstances	*Missing Person

*Name	*Sex	*Race	*Height	*Weight	*Eye Color	*Hair Color	*Last Contacted	
							*Date	*Time

**Enter at least ONE of the following fields:**

Date of Birth  
FBI Number

Social Security Number  
Miscellaneous Number

*Date of Birth	*Social Security Number	*FBI Number	*Miscellaneous Number

**And/Or ONE of the following sets:**

Operator's License Number **with** State & Year  
 License Plate Number **with** State, Year & Type  
 Vehicle Identification Number **with** Vehicle Year, Make, Model, Style & Color

*Operator License Number	*State	*Year	*License Plate Number	*State	*Year	*Type
*Vehicle Identification Number	*Vehicle Year	*Make	*Model	*Style	*Color	

Place of Birth	Scars, Marks, Tattoos (and other characteristics)	Ethnicity	Skin Tone	Blood Type	Circumcision
Jewelry Type		Jewelry Description			

**Check if Available:**      Photo      Body X-Ray (Some Body Parts)      Body X-Ray (All Body Parts)  
 Footprint      DNA - Location & Type of DNA:

Miscellaneous (include clothing description and any other information not addressed)

**Upon completion, please fax the form to 717-272-9509**

**\*\*\*LCDES USE ONLY\*\*\***

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By