



Lebanon County Department of Emergency Services

Stolen Boat CLEAN/NCIC Entry Form

**\*Mandatory Field**

Occupants Armed

Hold for Prints

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

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

Registration Number **with** State & Year

Boat Hull Serial Number

Owner-Applied Number

Coast Guard Document Number

*Registration Number	*State	*Year
*Boat Hull Serial Number	*Owner-Applied Number	*Coast Guard Document Number

*Boat Model Year	*Boat Make	Propulsion	Outer Hull Material	Boat Type

Overall Boat Length	Boat Color	Home Port

Hull Shape	Boat Model Name	Boat Name

*Date of Theft

Miscellaneous

Owner's Name & Address

**Upon completion, please fax the form to 717-708-9222**

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

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By