



Lebanon County Department of Emergency Services

Missing Person CLEAN/NCIC Entry Form

***Mandatory Field**

- | | | | |
|-------------|------------|------------|--------------------------|
| Catastrophe | Disability | Endangered | |
| Involuntary | Juvenile | Other | Caution Indicator |

*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:**
- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Photo | <input type="checkbox"/> Body X-Ray (Some Body Parts) | <input type="checkbox"/> Body X-Ray (All Body Parts) |
| <input type="checkbox"/> Footprint | <input type="checkbox"/> DNA - Location & Type of DNA: | |

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

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

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

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By