



Lebanon County Department of Emergency Services

Stolen Vehicle CLEAN/NCIC Entry Form

**\*Mandatory Field**

Occupants Armed

Hold for Prints

Unauthorized Use  
(will be entered as Stolen)

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

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

Vehicle Identification Number

Owner-Applied Number

License Plate Number **with** State, Year & Type

* Date of Theft	* Vehicle Identification Number	* Owner-Applied Number		
* License Plate Number	* License State	* License Year	* License Type	
* Vehicle Make	Vehicle Model	* Vehicle Style	* Vehicle Year	Vehicle Color

Miscellaneous (keys left in vehicle, location of theft, etc.)

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