



COUNTY OF ALLEGHENY

MISSING PERSON WITH INFORMATION CLEAN - NCIC ENTRY WORKSHEET

*AGENCY NAME:	*OFFICER NAME:	*AGENCY (ORI):
*DATE OF REPORT:	*INVESTIGATIVE REPORT NUMBER (OCA):	
*NAME (NAM):	*NIC NUMBER (NIC):	

PERSON WITH INFORMATION - EMP

*NAME (PIN):	
*(ENTER ONE) DATE OF BIRTH (PIB):	SOCIAL SECURITY NUMBER (PSS):
SEX (PIX):	RACE (PIR):
HEIGHT (PHG):	WEIGHT (PWG):
EYE COLOR (PEY):	HAIR COLOR (PHA):
SKINTONE (PSK):	ETHNICITY (PIE):
SCARS, MARKS, TATTOOS (PSM):	
*MISCELLANEOUS (PMI):	

COMPLETED BY ENTERING AGENCY

CLEAN /NCIC RECORDS CHECKED TO OBTAIN ADDITIONAL INFORMATION, ADDITIONAL INFORMATION PROVIDED TO INVESTIGATING AGENCY: Y N	
ENTERED BY:	CHECKED BY:
DATE / TIME ENTERED:	CAD EVENT #:
COPY OF ENTRY PROVIDED TO REQUESTING AGENCY:	
DATE / TIME CLEARED-CANCELLED:	CANCELLING OFFICER: