



COUNTY OF LEHIGH
EMERGENCY MANAGEMENT AGENCY
9-1-1 Communications Center

CLEAN/NCIC Entry Worksheet
Missing Person

DEPARTMENT INFORMATION			
AGENCY NAME:		OFFICER NAME:	
AGENCY (ORI):		DATE OF REPORT:	
(OCA):	CIRCUMSTANCES (MPC):		
DATE OF LAST CONTACT (DLC):		TIME OF LAST CONTACT (TLC):	
MISSING PERSON SUBJECT INFORMATION			
TYPE OF ENTRY:	JUVENILE (EMJ)	INVOLUNTARY (EMI)	ENDANGERED (EME)
Caution	DISABILITY (EMD)	CATASTROPHE (EMV)	OTHER (EMO)
LAST NAME:		FIRST NAME:	MI:
SKIN TONE:		SEX:	RACE:
HEIGHT:	WEIGHT:	HAIR:	EYE:
FBI#:		SID#:	SSN:
SCARS, MARKS, TATOOS:			
FINGERPRINT CLASSIFICATION:			
DATE OF BIRTH:		PLACE OF BIRTH:	
JEWELRY TYPE:			
JEWELRY LOCATION:			
BLOOD TYPE:		CIRCUMCISION:	FOOTPRINTS: PHOTO:
BODY X-RAY:		CORRECTIVE VISION PRESCRIPTION:	
MISCELLANEOUS INFO:			
DRIVER OPERATOR LICENSE INFORMATION			
NUMBER:		STATE:	YEAR:
MISCELLANEOUS NUMBER:			
ASSOCIATED VEHICLE REGISTRATION INFORMATION			
LICENSE #:		STATE:	YEAR: TYPE:
VIN #:		MAKE:	MODEL:
YEAR:		STYLE:	COLOR:
AUTHORIZED SIGNATURE & BADGE #:			