

**JOHNSTON COUNTY E-911 COMMUNICATION
NCIC ENTRY FORM
Missing Person Supplemental Form**

AGENCY/CASE DATA

* Originating Agency Name: _____
* Originating Agency Code (ORI): _____

RECORD IDENTIFYING DATA

* NCIC Number (NIC): _____
* Agency Case Number (OCA): _____
* Name (NAM): _____
* Name (PIN): _____

SUPPLEMENTAL PERSON DATA

* Alias (PAK): _____
* Date of Birth (PIB): _____
* Alias (PAK): _____
* Date of Birth (PIB): _____
* Alias (PAK): _____
* Date of Birth (PIB): _____
* Scars Marks and Tattoos (PSM): _____
* Social Security Number (PSS): _____

Test Indicator (Yes / No): _____

Information

* Date: _____ NIC#: _____
* Officer: _____ Operator: _____