

**NCIC Missing Person File
Data Collection Entry Guide**



Agency Case # _____

NCIC Initial Entry Report																							
Message Key (MKE) (See Categories, page 2) <input type="checkbox"/> Disability (EMD) <input type="checkbox"/> Catastrophe Victim (EMV) <input type="checkbox"/> Other (EMO) <input type="checkbox"/> Juvenile (EMJ) <input type="checkbox"/> Involuntary (EMI) <input type="checkbox"/> Endangered (EME) <input type="checkbox"/> Caution		Date <hr/> Reporting Agency (ORI)																					
Name of Missing Person (NAM)		Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F)																					
Aliases																							
Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U)		Place of Birth (POB)	Date of Birth (DOB)																				
Date of Emancipation (DOE)	Height (HGT)	Weight (WGT)	Eye Color (EYE) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Unknown (XXX) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Multicolored (MUL) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Pink (PNK)																				
Hair Color (HAI) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Purple (PLE) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Gray or Partially Gray (GRY) <input type="checkbox"/> Green (GRE) <input type="checkbox"/> Unknown or <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Orange (ONG) Completely Bald <input type="checkbox"/> White (WHT) <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Pink (PNK) (XXX)			FBI Number (FBI)																				
Skin Tone (SKN) <input type="checkbox"/> Yellow (YEL) <input type="checkbox"/> Lt. Brown (LBR) <input type="checkbox"/> Ruddy (RUD) <input type="checkbox"/> Albino (ALB) <input type="checkbox"/> Dk. Brown (DBR) <input type="checkbox"/> Medium (MED) <input type="checkbox"/> Sallow (SAL) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Fair (FAR) <input type="checkbox"/> Medium Brown (MBR) <input type="checkbox"/> Dark (DRK) <input type="checkbox"/> Light (LGT) <input type="checkbox"/> Olive (OLV)			Scars, Marks, Tattoos, and Other Characteristics (SMT) (See Checklist, page 8)																				
Has the missing person ever been fingerprinted? <input type="checkbox"/> No <input type="checkbox"/> Yes, by whom? _____		Other Identifying Numbers (MNU)																					
Fingerprint Classification (FPC)* <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																							
Social Security Number (SOC)	Operator's License Number (OLN)	Operator's License State (OLS)	License Expiration (OLY)																				
Missing Person (MNP) <input type="checkbox"/> Missing Person (MP) <input type="checkbox"/> Catastrophe Victim (DV) <input type="checkbox"/> Child Abduction (CA) <input type="checkbox"/> AMBER Alert (AA)		Date of Last Contact (DLC)	Originating Agency Case Number (OCA)																				
Miscellaneous (MIS) Information such as build, handedness, any illness or diseases, clothing description, hair description, should be included. If more space is needed, attach additional sheet.**			Missing Person Circumstances (MPC) <input type="checkbox"/> Abducted By Stranger (S) <input type="checkbox"/> Runaway (R) <input type="checkbox"/> Abducted By Non-custodial Parent (N)																				
License Plate Number (LIC)	State (LIS)	Year Expires (LIY)	License Plate Type (LIT)																				
Vehicle Identification Number (VIN)			Year (VYR)																				
Make (VMA)	Model (VMO)	Style (VST)	Color (VCO)																				

Rev 11/08 * Fingerprints, if available, may be submitted electronically via the CJIS Wide Area Network or in hard copy to the FBI, CJIS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

** All dental information should be recorded on the NCIC Missing Person Dental Report and entered into NCIC as supplemental information.

**NCIC Missing Person File
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Agency Case # _____

Caution and Medical Conditions (CMC)					
Code	Description	Code	Description	Code	Description
00	Armed and dangerous	25	Escape risk	65	Epilepsy
05	Violent tendencies	30	Sexually violent predator - contact ORI for detailed information	70	Suicidal
10	Martial arts expert	50	Heart condition	80	Medication required
15	Explosives expertise	55	Alcoholic	85	Hemophiliac
20	Known to abuse drugs	60	Allergies	90	Diabetic
				01	Other

Has the missing person ever donated blood? (MIS) <input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Type (BLT) <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> Unknown (UNKWN) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)
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Circumcision? (CRC) <input type="checkbox"/> Was (C) <input type="checkbox"/> Was Not (N) <input type="checkbox"/> Unknown (U)	Footprints available? (FPA) <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)	Body X-Rays? (BXR) <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)
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Does the missing person have corrected vision? (SMT) <input type="checkbox"/> Yes <input type="checkbox"/> Glasses <input type="checkbox"/> No <input type="checkbox"/> Con Lenses	Corrective Vision Prescription (VRX)
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Jewelry Type (JWT) (See Checklist, page 20)	Jewelry Description (JWL) (See Checklist, page 20)
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DNA Profile Indicator (DNA) <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)	DNA Location (DLO)
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Complainant's Name	
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Complainant's Address	Complainant's Telephone Number
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Relationship of Complainant to Missing Person	Missing Person's Occupation (MIS)
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Missing Person's Address

Close friends/relatives

Places Missing Person Frequented (MIS)
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Possible destination (MIS)

Reporting Officer	Reporting Agency Telephone Number	Investigating Officer and Telephone Number (MIS)
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Complainant's Signature	Date	NCIC Number (NIC)
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***" By signing this document, the reporting party, if the person listed is a minor and as legal guardian of that minor, understands that they are responsible for transporting that minor from their found location to home or other designated facility.**



MEDICAL INFORMATION

Missing Person's Name _____ Date of Birth _____ Date of Last Contact _____

Investigating Agency _____ Agency Telephone # _____ Investigating Officer _____

After completing this page, turn to the body diagram page and chart any information that would aid in the identification of the missing person, for example, artificial body parts, eye disorders, deafness, deformities, fractured bones, medical devices, missing body parts, moles, needle marks, other physical characteristics, scars, skin discoloration, and tattoos.

Medical

Are body X-rays available? Yes No If yes, where? _____

Please obtain X-rays and release them to the parent, legal guardian, or next of kin.

Name of Medical Doctor _____ Blood Type (Including RH Factor if known) _____

Street Address _____ City, State, Zip _____

Telephone Number _____

Optical

Glasses or Contact Lenses? Yes No If contact lenses, what kind? _____

If glasses, what type of frames? _____

Prescription: **Right Eye** _____

Left Eye _____

Name of Optician, Optometrist, or Ophthalmologist _____ Street Address _____

City, State, Zip _____ Telephone Number _____

Dental

Name of Dentist _____ Street Address _____

City, State, Zip _____ Telephone Number _____



JEWELRY TYPE (JWT)

The following is a list of personal accessories. Please review the list carefully and place a check mark (✓) in the box beside any item that the missing person had in his/her possession. Describe each item in detail in the space provided.

Jewelry Type	Description of item
<input type="checkbox"/> Ankle bracelet (AB) (includes ankle bracelet with pendant)	
<input type="checkbox"/> Backpack (BK)	
<input type="checkbox"/> Belt buckle (BB)	
<input type="checkbox"/> Broach or pin (BP)	
<input type="checkbox"/> Cigarette lighter, holder, or case (CL)	
<input type="checkbox"/> Comb (includes hair combs and picks) (CO)	
<input type="checkbox"/> Cuff links (CU)	
<input type="checkbox"/> Earrings (ER) (includes clasp, pierced, and pendant earrings)	
<input type="checkbox"/> Key chain (KC)	
<input type="checkbox"/> Money clip (MC)	
<input type="checkbox"/> Necklace (NE) (includes necklaces with pendant or watch)	
<input type="checkbox"/> Pocket knife (PK)	
<input type="checkbox"/> Pocket watch chain (fob) or vest chain (PC)	
<input type="checkbox"/> Ring (RI)	
<input type="checkbox"/> Tie chain, clasp, or tack (TC)	
<input type="checkbox"/> Wallet or purse (WP)	
<input type="checkbox"/> Watch (WA) (includes wrist, pocket, or stopwatch)	
<input type="checkbox"/> Wrist bracelets having pendants (WB) (includes ID and medical alert bracelets)	



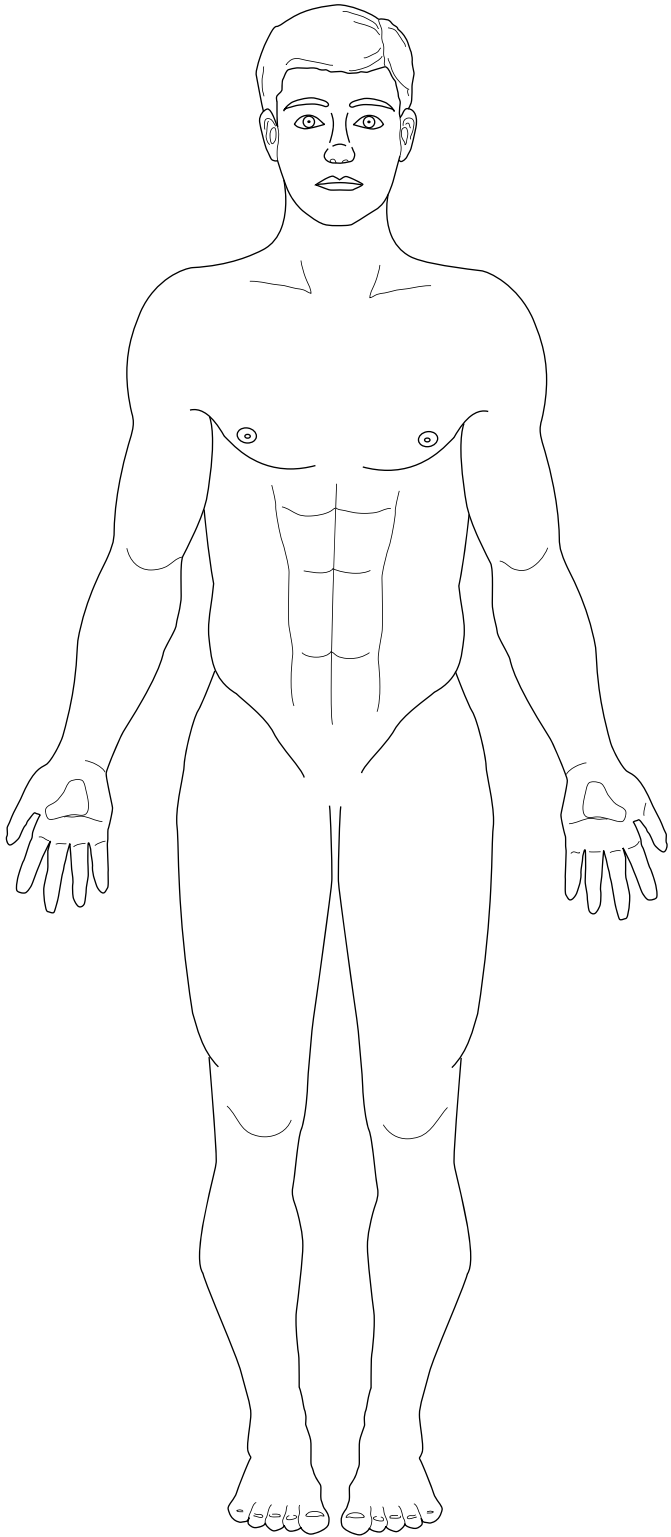
MISCELLANEOUS DATA

Miscellaneous data regarding the missing person may be added. This information may include, but is not limited to, any of the following:

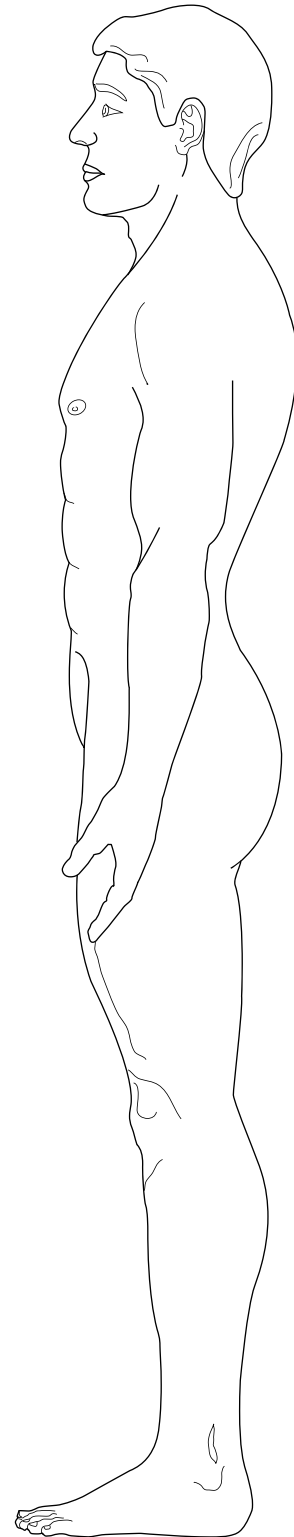
1. Nicknames the missing person may go by
2. Clothing description (size, color, style, laundry marks)
3. Shoes (size, style, color)
4. Smoker (pipe, cigar, cigarette; brand)
5. Tobacco chewer (brand)
6. Fingernails (polish, length, biter)
7. Possible destination
8. Amount of money in possession
9. Medication in possession
10. Left handed
11. Right handed
12. Explanation/description of scars, marks, tattoos, and physical characteristics
13. Conditions under which a juvenile is listed as missing
14. Child is missing under suspicious circumstances, and/or child is believed to be in a life-threatening situation.

Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



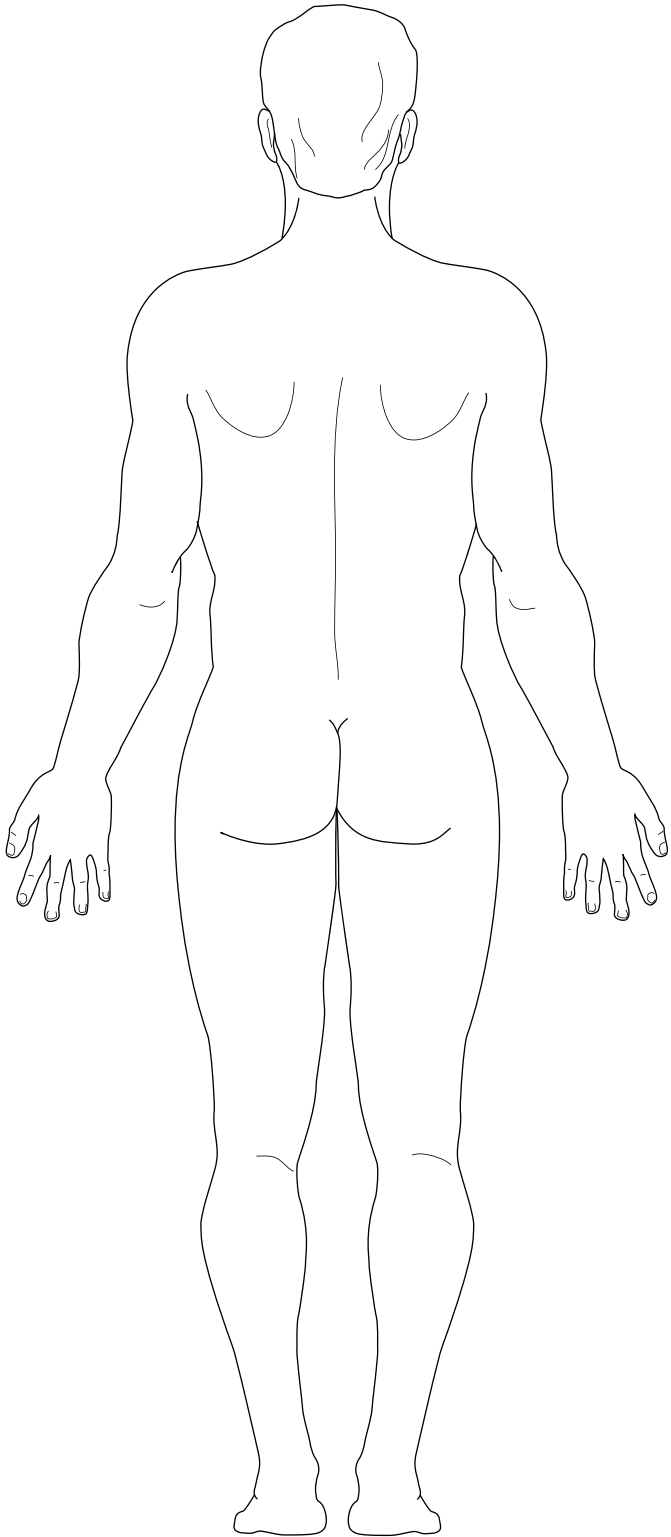
Front



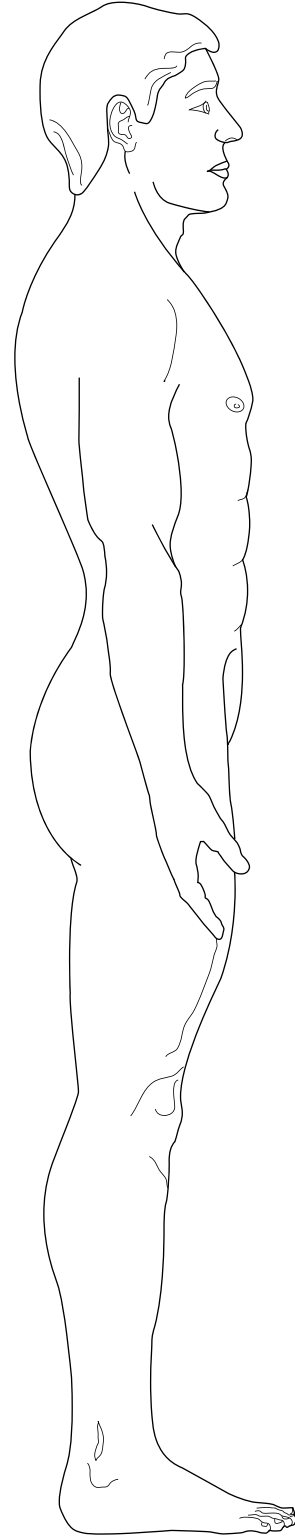
Left Side

Male External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



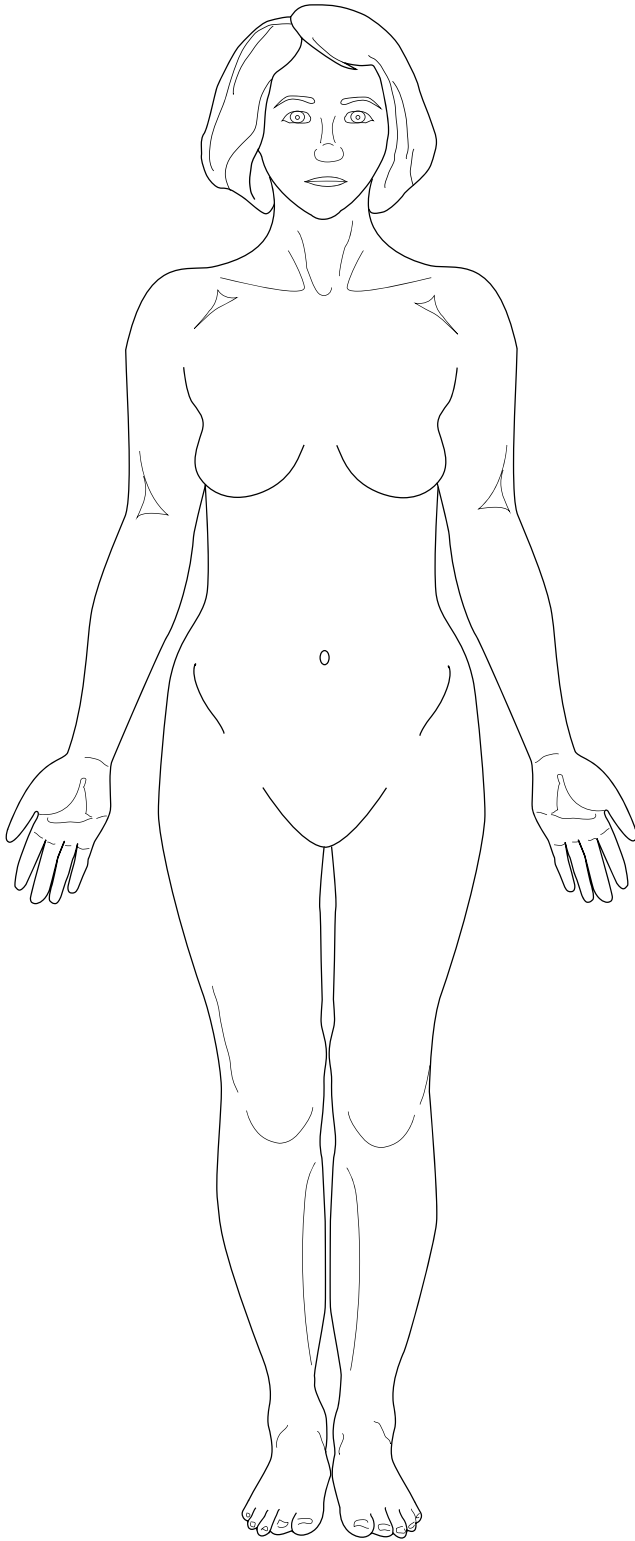
Back



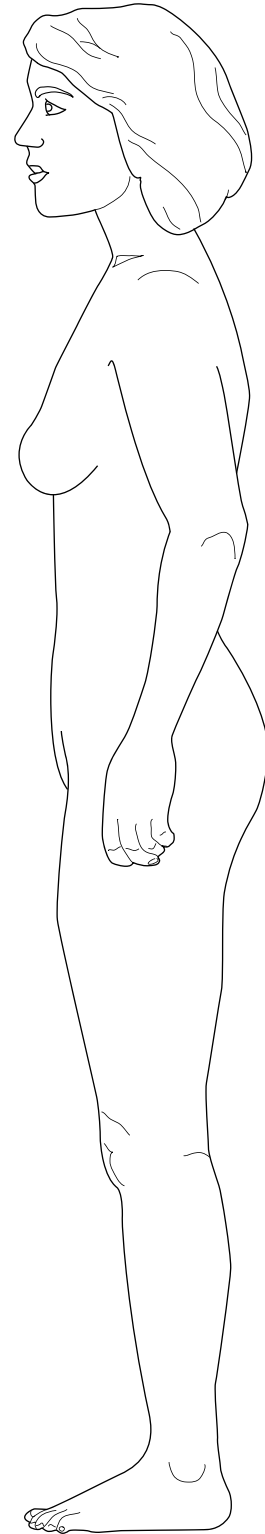
Right Side

Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



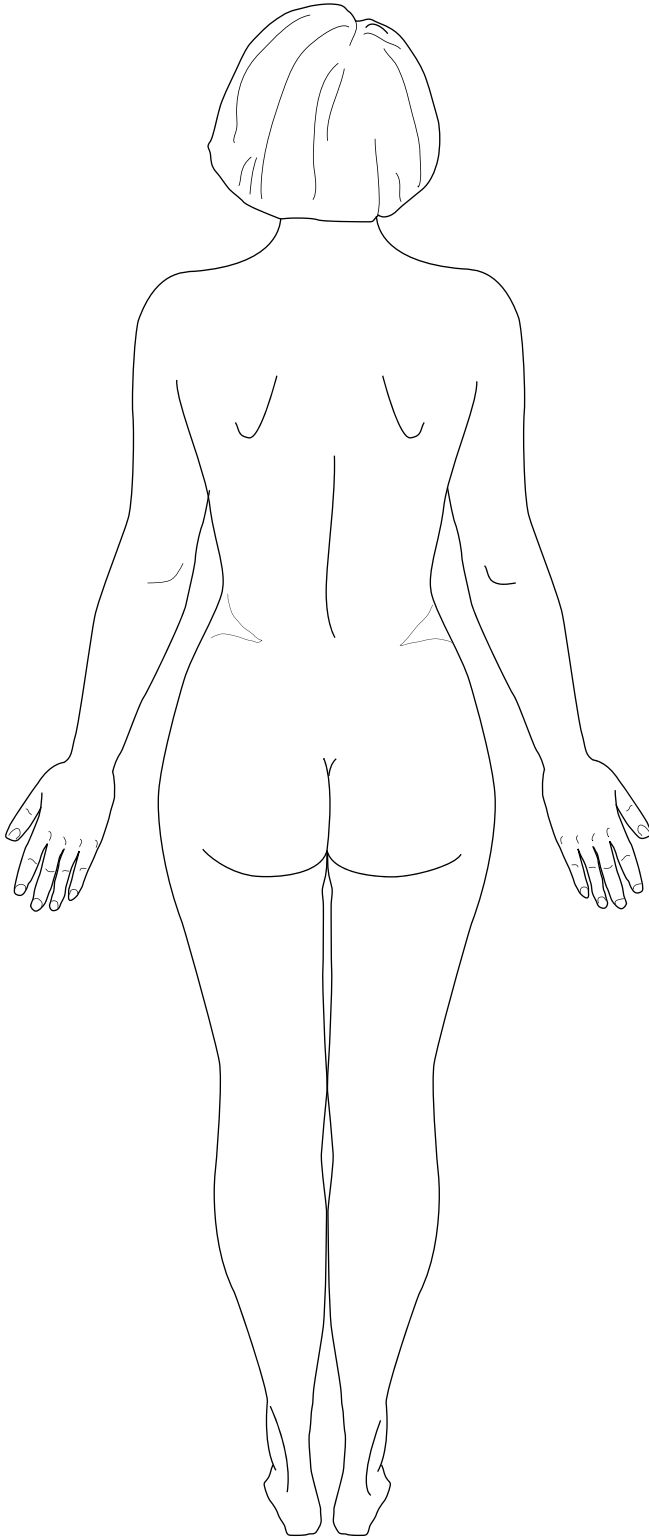
Front



Left Side

Female External Characteristics Body Diagram

Indicate scars, marks, tattoos, and other characteristics directly on the images below.



Back



Right Side