

**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 2/06 * 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.

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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)		Blood Type (BLT)			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<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)			
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)	
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)		
Jewelry Type (JWT) (See Checklist, page 20)			Jewelry Description (JWL) (See Checklist, page 20)		
DNA Profile Indicator (DNA) <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No (N)		DNA Location (DLO)			
Complainant's Name					
Complainant's Address				Complainant's Telephone Number	
Relationship of Complainant to Missing Person			Missing Person's Occupation (MIS)		
Missing Person's Address					
Close friends/relatives					
Places Missing Person Frequented (MIS)					
Possible destination (MIS)					
Reporting Officer		Reporting Agency Telephone Number		Investigating Officer and Telephone Number (MIS)	
Complainant's Signature			Date		NCIC Number (NIC)