York County Department of Emergency Services
CLEAN/NCIC Entry Form

UNIDENTIFIED PERSON

Areas marked with an asterisk (*) are mandatory

Unidentified Person Disaster Victim

select one from above

*Agency ORI and name	*Officer badge # and name	OCA *filled in by Scope*

*Body Part Status (BPS)	
*Date Body Found (DBF)	*Body X-Ray (BXR)
*Sex (SEX)	*Race (RAC)
*Approximate Height (HGT) *feet and inches* _____ - _____	*Approximate Weight (WGT) *pounds* _____ - _____
*Eye Color (EYE)	*Hair Color (HAI)
Manor of Death	*Cause of Death (CDA)
Estimated Year of Birth (EYB)	Estimated Date of Death (EDD)
Scars, Marks, Tattoos (SMT)	Ethnicity (ETN)
Fingerprint Classification (FPC) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
Linkage Agency Identifier (LKI)	Linkage Agency Case Number (LKA)
Notify Originating Agency (NOA)	Blood Type (BLT)
Circumcision (CRC)	Footprint Available (FPA)
Corrected Vision Prescription (VRX)	
Jewelry Type (JWT)	
Jewelry Description (JWL)	
Medical Examiner/Coroner Agency Name and Case Number (MAN)	
Medical Examiner/Coroner Locality (MAL)	
Medical Examiner/Coroner Telephone Number (MAT)	
DNA Available (DNA)	DNA Location (DLO)
Miscellaneous (MIS)	

DO NOT WRITE BELOW THIS LINE – FOR YCDES ONLY

Entering Initials & Operator #	Date Entered	Circle When Faxed Back YES
Circle When Accuracy Checked YES	Checking Initials & Operator #	Date Checked