

YORK COUNTY DEPARTMENT OF EMERGENCY SERVICES
 CLEAN/NCIC ENTRY FORM
 IDENTITY THEFT
 AREAS MARKED WITH AN ASTERISK (*) ARE MANDATORY

Type (Please check one) Identity Theft _____ Identity Theft Caution _____		Reporting Agency		Officer Name and Badge Number			OCA	
*Name of Victim (First, Middle, Last)				Address (include name of town)				
*Sex	*Race	*Place of Birth	*Date of Birth	*Height	*Weight	*Eyes	*Hair	Skin Tone
Scars, Marks, Tattoos and other physical characteristics								
*Social Security Number		OLN		OLN State		OLN Expiration		
FBI and SID Number			Fingerprint Classification (If not available use pattern class)					
*Password (Should be chosen by the victim and should be 1-8 characters in length)								
*Identity Theft Type (Please choose one)								
CFRD _____ (Includes unauthorized use of or opening a fraudulent credit card account) ACCT _____ (Checking or Savings account – includes check fraud; unauthorized use of an ATM, debit/check card; and opening a fraudulent checking or savings account) LOAN _____ (Includes real estate, auto, auto lease, personal or business loans) UTIL _____ (Includes opening new accounts (wireless, pager, cable, etc), or charges to existing accounts) INVT _____ (Securities or other investments – includes opening or trading on existing securities or investment accounts) NETT _____ (Internet or email – includes opening new internet accounts (email, web site, etc) or unauthorized use of existing accounts) GOVT _____ (Documents or Benefits – includes driver's license issued or forged, Social Security Card issued or forged, fraudulent tax returns) OTHER _____ (Includes all types of Identity Theft that do not fall into any other category)								
Date of Purge (record will stay in file 5 years from date of entry or until canceled. Record can also be purged on a particular date before record expires; use this field if there is a certain date the record needs canceled before the 5 year expiration)								
Miscellaneous (Put any information here that has not been addressed. Use this field to list any reason for caution, aliases, OLN number, Account Numbers, Phone Number, Other miscellaneous numbers, email addresses, etc)								
DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY								
Initials and Disp Number		Date	Entry faxed back Yes or No		REVISED JUNE 2005			
Was entry checked for Accuracy? Yes or No		Initials and Disp Number	Date					