

**York County Department of Emergency Services
CLEAN/NCIC Entry Form**

Stolen Article

DATE OF REPORT	POLICE DEPARTMENT	REPORTING OFFICER AND BADGE NUMBER	POLICE INCIDENT NUMBER	OCA

FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY (EITHER SER or OAN MAY BE USED.)

*1. TYPE (TYP)	*2. SERIAL NUMBER (SER)	*3. BRAND (BRA)

4. MODEL (MOD)	*5. OWNER APPLIED NUMBER (OAN)	*6. DATE OF THEFT (DOT)

7. MISCELLANEOUS (MIS) DESCRIPTION OF ARTICLE

8. OWNER'S NAME _____

9. ADDRESS _____

DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY			
Initials & Disp Number	Date	Entry faxed back? Yes or No	REVISED APRIL 2007
Was entry checked for accuracy? Yes or No	Initials & Disp Number	Date	

*****PRINT LEGIBLY OR TYPE ALL INFORMATION*****

When completed, fax this form to **717-840-7553** for entry. No OCA (originating agency case number) will be issued until this form is received and the information entered into CLEAN/NCIC. (REVISED APRIL 2007)