

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

Stolen Vehicle Part

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

FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY, IN ADDITION TO ONE OF THE FOLLOWING: 1. SER, or 2. OAN.

1. SERIAL NUMBER (SER)	*2. BRAND (BRA)	*3. CATAGORY (CAT)

*4. DATE OF THEFT (DOT)	5. OWNER APPLIED NUMBERS (OAN)

*6. MISCELLANEOUS (MIS) (Provide a brief description of the part)

7. OWNER'S NAME _____

8. ADDRESS _____

DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY			
Initials & Disp Number	Date	Entry faxed back? Yes or No	
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 MAY 2005)