

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

**Stolen Security**

<b>DATE OF REPORT</b>	<b>POLICE DEPARTMENT</b>	<b>REPORTING OFFICER AND BADGE NUMBER</b>	<b>POLICE INCIDENT NUMBER</b>	<b>OCA</b>

**FIELDS MARKED WITH AN ASTERISK (\*) ARE MANDATORY**

<b>*1. TYPE (TYP)</b>	<b>*2. SERIAL NUMBER (SER)</b>	<b>*3. DENOMINATION (DEN)</b>

<b>*4. ISSUER (ISS)</b>	<b>*5. SECURITY DATE (SDT)</b>

<b>*6. OWNER (OWN)</b>	<b>7. OWNER'S SOCIAL SECURITY NUMBER (SOC)</b>

<b>8. MISCELLANEOUS (MIS)</b>

**9. OWNER'S NAME** \_\_\_\_\_

**10. ADDRESS** \_\_\_\_\_

**11. \*DATE OF THEFT** \_\_\_\_\_

<b>**DO NOT WRITE BELOW THIS LINE FOR YCDES USE ONLY**</b>			
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)