

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

STOLEN GUN **RECOVERED GUN** **LOST GUN** **FELONY GUN**

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

FIELDS MARKED WITH AN ASTERISK (*) ARE MANDATORY. THE MIS FIELD IS MANDATORY WHEN THE MAKE IS UNKNOWN.

*1. SERIAL NUMBER (SER)	*2. MAKE (MAK)	3. MODEL (MOD)

*4. CALIBER (CAL)	*5. TYPE (TYP)	*6. DATE OF THEFT (DOT)

7. MISCELLANEOUS (MIS) INCLUDE FINISH, BBL LENGTH, ETC.

8. OWNER'S NAME _____

9. OWNERS DOB _____

10. 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)