



Lebanon County Department of Emergency Services

Identity Theft CLEAN/NCIC Entry Form

***Mandatory Field**

CAUTION INDICATOR

Date of Report	Reporting Officer	Police Department	Incident Number

Caution / Medical Conditions

Name	Sex	Race	Height	Weight	Eye Color	Hair Color

Date of Birth	Place of Birth	Password	Identity Theft Type

Ethnicity	Scars, Marks, Tattoos	Skin Tone
Social Security Number	FBI Number	Date of Theft
Operator License Number	OLN State	OLN Year

Miscellaneous

Upon completion, please fax the form to 717-272-9509

*****LCDES USE ONLY*****

LCDES OCA	Date Checked	Checked By	Date Entered	Entered By