



<b>MODIFY</b>															<b>NCIC AGENCY IDENTIFIER</b>										<b>WI</b>		
System Identification Number										Agency Case Number																	
*Last Name										*First Name										Middle Name			Suffix				
Caution/Medical Conditions					Notify Originating Agency (Circle One) Yes No					Missing Person Circumstances N - oncustodial S - tranger R -unaway					Missing Person Flag AA CA DV MP												
*Sex		*Race		*Date of Birth			Date of Emancipation (Juvenile)			Place of Birth		*Height		*Weight		*Eye Color		*Hair Color									
Skintone		Scar/Mark/Tattoo			Circumcision		Blood Type		Footprints		Body X-Rays		Fingerprint Classification														
Corrective Vision Prescription										FBI Number					Social Security Number					Miscellaneous Number							
State Identification Number					Street Address										City					State							
D.L. Number										DL State		Expiration		License Plate Number					Plate State		Expiration		Plate Type				
VIN					Vehicle Year		Vehicle Make					Model		Style		Color											
Jewelry		Type																									
Jewelry Description																											
Date of Last Contact										Linking Agency Identifier										Linking Agency Case Number							
DNA Available (Circle One) Yes No			DNA Location																								
Miscellaneous Remarks																											
Name of Validator										Agency Unit										*Operator							

<b>CANCEL</b>															<b>NCIC AGENCY IDENTIFIER</b>										<b>WI</b>		
*System Identification Number										*Agency Case Number																	
*Last Name										*First Name										Middle Name			Suffix				
Reason for Record Removal										*Operator																	