

IDENTITY THEFT SUPPLEMENTAL WORKSHEET

Bold is a mandatory field.

Message Key	MKE		Cautions and Medical Conditions	CMC	
Originating Agency Identifier	ORI			CMC	
Originating Agency Case Number	OCA			CMC	
NCIC Number	NIC		Citizenship	CTZ	
				CTZ	
Alias Name	AKA			CTZ	
	AKA		Operator's License Number	OLN	
	AKA			OLN	
Date of Birth	DOB			OLN	
	DOB		Operator's License State	OLS	
	DOB			OLS	
Scars, Marks, Tattoos	SMT			OLS	
	SMT		Operator's License Year	OLY	
	SMT			OLY	
Social Security Number	SOC			OLY	
	SOC				
	SOC		Image Number	IMN	
Miscellaneous Number	MNU				
	MNU		Image Type	IMT	
	MNU				
<u>ENTRY AND SECOND PARTY CHECK</u>					
Date Received			Officer/Agency		
Date of Entry			Operator		
Date of Second Party Check			Operator		
Modify Date			Operator		
Cancel Date			Operator		
<u>PACK THE RECORD !!! KEEP ALL DOCUMENTATION, INCLUDING THIS WORKSHEET, IN THE CASE FILE</u>					
CHECK EACH OF THE FOLLOWING: DMV <u> </u> III <u> </u> KS CCH <u> </u> OTHER STATES CCH <u> </u> BOOKING SHEETS <u> </u>					
Revised: 1-11-13					