UNIDENTIFIED PERSON SUPPLEMENTAL WORKSHEET

Bold is a mandatory field.

Message Key	**MKE**		Scars, Marks, Tattoos	SMT	
Originating Agency Identifier	**ORI**				
			Image NCIC Number	IMN	
Originating Agency Case Nu	**OCA**				
			Image Type	IMT	
NCIC Number	**NIC**				
		ENTRY AND SECOND PARTY CHECK			
Date Received			Officer/Agency		
Date of Entry			Operator		
Date of Second Party Check			Operator		

PACK THE RECORD !!! KEEP ALL DOCUMENTATION, INCLUDING THIS WORKSHEET, IN THE CASE FILE.

CHECK EACH OF THE FOLLOWING: DMV_____III_____KS CCH_____BOOKING SHEETS_____

Revised: 1-15-13