

NCIC Initial Entry Report		
Message Key (MKE) (See Categories, page 2) <input type="checkbox"/> Unidentified Deceased (EUD) <input type="checkbox"/> Unidentified Living (EUL) <input type="checkbox"/> Unidentified Catastrophe Victim (EUV)		Date Reporting Agency (ORI)
Body Parts Status (BPS) <input type="checkbox"/> All 15 parts recovered - fresh (ALF) <input type="checkbox"/> All 15 parts recovered - decomposed (ALD) <input type="checkbox"/> All 15 parts recovered - skeletal (SKL)	Body Parts Status (BPS) if incomplete body or skeleton, see body diagram page 7 for coding corresponding parts N - Not Recovered D - Recovered Decomposed F - Recovered Fresh S - Skeletal <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> 123456789101112131415 </div>	
Sex (SEX) <input type="checkbox"/> Male (M) <input type="checkbox"/> Female (F) <input type="checkbox"/> Unknown (U)	Race (RAC) <input type="checkbox"/> Asian or Pacific Islander (A) <input type="checkbox"/> American Indian/Alaskan Native (I) <input type="checkbox"/> Black (B) <input type="checkbox"/> White (W) <input type="checkbox"/> Unknown (U)	Ethnicity (ETN) <input type="checkbox"/> Hispanic or Latino (H) <input type="checkbox"/> Not Hispanic or Not Latino (N)
Estimated Year of Birth Range (EYB) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Estimated Date of Death (EDD) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Date Body Found (DBF) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Approximate Height Range (HGT) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		Approximate Weight Range (WGT) <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> - <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
Eye Color (EYE) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Green (GRN) <input type="checkbox"/> Unknown (XXX) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Hazel (HAZ) <input type="checkbox"/> Multicolored (MUL) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Maroon (MAR) <input type="checkbox"/> Gray (GRY) <input type="checkbox"/> Pink (PNK)	Hair Color (HAI) <input type="checkbox"/> Brown (BRO) <input type="checkbox"/> Sandy (SDY) <input type="checkbox"/> Blue (BLU) <input type="checkbox"/> Purple (PLE) <input type="checkbox"/> Black (BLK) <input type="checkbox"/> Gray or Partially Gray (GRY) <input type="checkbox"/> Green (GRE) <input type="checkbox"/> Unknown or Completely Bald (XXX) <input type="checkbox"/> White (WHT) <input type="checkbox"/> Red/Auburn (RED) <input type="checkbox"/> Orange (ONG) <input type="checkbox"/> Blond/Strawberry (BLN) <input type="checkbox"/> Pink (PNK)	
Scars, Marks, Tattoos, and other Characteristics (SMT) (See Checklist, page 8)		
Fingerprint Classification (FPC)* <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Originating Agency Case Number (OCA)	
Miscellaneous (MIS) Information such as build, handedness, clothing description, hair description, weather conditions at the time of death, place where the individual was found, should be included. If more space is needed, attach additional sheet.**		

* Fingerprints, if available, may be submitted electronically via the CJIS Wide Area Network or in hard copy to the FBI, CJIS Division, Post Office Box 4142, Clarksburg, West Virginia 26302-9929.

** All dental information should be recorded on the NCIC Unidentified Person Dental Report and entered into NCIC as supplemental information.

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NCIC Unidentified Person File
Data Collection Entry Guide

Agency Case # _____

Blood Type (BLT) <input type="checkbox"/> A Positive (APOS) <input type="checkbox"/> B Positive (BPOS) <input type="checkbox"/> AB Positive (ABPOS) <input type="checkbox"/> O Positive (OPOS) <input type="checkbox"/> Unknown (UNKWN) <input type="checkbox"/> A Negative (ANEG) <input type="checkbox"/> B Negative (BNEG) <input type="checkbox"/> AB Negative (ABNEG) <input type="checkbox"/> O Negative (ONEG) <input type="checkbox"/> A Unknown (AUNK) <input type="checkbox"/> B Unknown (BUNK) <input type="checkbox"/> AB Unknown (ABUNK) <input type="checkbox"/> O Unknown (OUNK)				
Circumcision? (CRC) <input type="checkbox"/> Was <input type="checkbox"/> Was Not <input type="checkbox"/> Unknown	Footprints available? (FPA) <input type="checkbox"/> Yes <input type="checkbox"/> No	Body X-Rays available? (BXR) <input type="checkbox"/> Full (F) <input type="checkbox"/> Partial (P) <input type="checkbox"/> None (N)	Does the Unidentified Person have corrected vision? (SMT) <input type="checkbox"/> Yes <input type="checkbox"/> Glasses <input type="checkbox"/> No <input type="checkbox"/> Con Lenses	Corrective Vision Prescription (VRX)
Manner and cause of Death (CDA) <input type="checkbox"/> Natural Causes (N) <input type="checkbox"/> Suicide (S) <input type="checkbox"/> Accidental (A) <input type="checkbox"/> Unknown (U) <input type="checkbox"/> Homicide (H)	Describe			
Jewelry Type (JWT) (See Checklist, page 20)	Jewelry Description (JWL) (See Checklist, page 20)			
DNA Profile Indicator (DNA) <input type="checkbox"/> Yes <input type="checkbox"/> No	DNA Location (DLO)			
Medical Examiner/Coroner Agency Name and Case Number (MAN)			Medical Examiner/Coroner Locality (MAL)	
Medical Examiner/Coroner Telephone Number (MAT)			Investigating Officer and Telephone Number (MIS)	
NCIC Number (NIC)				