



# MISSING PERSONS





# NEW FIELDS

- **MISSING PERSON CIRCUMSTANCES - THE MISSING PERSON CIRCUMSTANCE WILL DRIVE THE MKE SELECTION. FOR EXAMPLE, AN ENDANGERED MISSING JUVENILE WOULD BE ENTERED WITH MKE/EME INSTEAD OF EMJ**
- **CAUTION/MEDICAL CONDITIONS (CMC FIELD)**
- **ETHNICITY**
- **CITIZENSHIP**
- **DNA**
- **DNA LOCATION**
- **JEWELRY IS NOT A NEW FIELD BUT HOW TO MODIFY IT IS NEW**
- **OPTIONAL LINKAGE INFORMATION**



**CANCEL IS NOW  
CLEAR**

**VOID IS NOW  
CANCEL**



# MISSING PERSON FORMAT

THERE ARE TWO WAYS TO ACCESS EACH FORMAT

- QUICK QUERY BAR
- FORMS TREE



# Missing Person

## FORMS TREE

## QUICK QUERY BAR

- Enter
- Enter Supplemental
- Enter Dental
- Modify
- Modify Dental
- Locate
- Clear
- Cancel
- Cancel Supplemental
- Cancel Dental

- EM - NCIC Enter Missing Person
- EMN - Enter Missing Supplemental
- ED - NCIC Enter Dental
- MM - Modify Missing Person
- XD - NCIC Cancel Dental

- LM - Locate Missing Person
- XM - Cancel Missing Person
- MD - NCIC Modify Dental
- CM - Clear Missing Person
- XMN - Cancel Missing Supplemental

EM + ENTER = FORMAT

EM	
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Header Information

\* Message Key

ORI

Incident Information

\* Last Contact Date

\* Missing Person

MP Circumstances



Juvenile MKEs have been eliminated except – EMJ AND EMJC

Personal Information

Caution/Medical Condition



\* Name

\* Sex

\* Race

Date of Birth

Age

Date of Emancipation

Place of Birth

\* Height

\* Weight

\* Hair Color

\* Eye Color

Skin Tone

Scars, Marks, Tattoos

Ethnicity

Citizenship

Social Security #

FBI /UCN #

State ID #

Miscellaneous #

Fingerprint Classification

DNA

DNA Location



Body X-rays

Circumcision

Corrective Vision Prescription

Blood Type

Footprint

Operator's License State

Operator's License #

Expiration Year

Vehicle Information

Vehicle Color

/

Vehicle Year

Vehicle Make

Vehicle Model

Vehicle Style

VIN #

License Month

License Year

License State

License Type

License #



**Jewelry**

**Jewelry Description**

**Jewelry Type**

- Ankle bracelet
- Belt buckle
- Body Jewelry
- Backpack
- Brooch or pin
- Cigarette lighter, holder, or case
- Comb
- Cuff links
- Earrings
- Key chain
- Money clip
- Necklace
- Pocket knife
- Pocket watch chain
- Ring
- Tie chain, clasp, or tack
- Wallet or purse
- Watch
- Wrist bracelet having pendant



**Optional Linkage Information**

Notify Agency  Linkage Agency ID  Linkage Case #



**Miscellaneous Information**

**Agency Case Number**

Agency Case #

Submit

Clear

Close

## MISSING PERSON MESSAGE KEYS

EM1A = Accident Victim  
EM1R = Incarcerated Subject  
EMV = Missing Person - Catastrophe Victim  
EMVC = Missing Person - Catastrophe Victim - Caution  
EMD = Missing Person - Disability  
EMDC = Missing Person - Disability - Caution  
EMDM = Missing Person - Disability - Mental

EMDP = Missing Person - Disability - Physical  
EME = Missing Person - Endangered  
EMEC = Missing Person - Endangered - Caution  
EMI = Missing Person - Involuntary  
EMIC = Missing Person - Involuntary - Caution  
EMJ = Missing Person - Juvenile  
EMJC = Missing Person - Juvenile - Caution  
EMO = Missing Person - Other

EMOC = Missing Person - Other - Caution  
EMES = Missing Person - Senior

## TYPE OF MISSING PERSON

\* Missing Person

AA = Amber Alert  
CA = Child abduction  
DV = Disaster victim  
MP = Missing person

## MISSING PERSON CIRCUMSTANCES

MP Circumstances

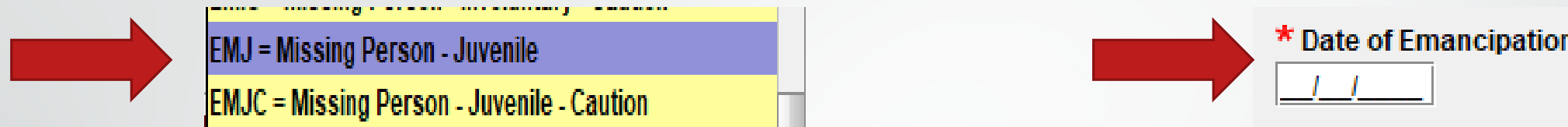
Must be a valid NCIC 2000-assigned code. (1 - 1 alpha)

N = Abducted by a noncustodial parent  
S = Abducted by a stranger  
F = Adult - Federally required entry  
R = Runaway

Date of



WHEN A MISSING JUVENILE MESSAGE KEY IS SELECTED, THE DATE OF EMANCIPATION BECOMES ACTIVE ON THE FORMAT AND **MUST** BE COMPLETED BY THE ENTERING OPERATOR



**AGE OF EMANCIPATION IS REQUIRED BY NCIC**

**THE TRUE DATE OF EMANCIPATION MUST BE CALCULATED BY THE ENTERING OPERATOR AND ENTERED INTO THE FORMAT**

FOR EXAMPLE: DATE OF BIRTH IS 07/05/2006, CURRENT AGE IS 15  
AGE OF EMANCIPATION IS 18  
SO THE DATE OF EMANCIPATION WOULD BE 07/05/2024

Header Information

ORI  
IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

\* LEADS # \* Name

Supplemental Data

Caution/Medical Condition

Alias Alias Alias

Date of Birth Date of Birth Date of Birth Scars, Marks, Tattoos

Miscellaneous # Social Security # State ID #

Citizenship

License Month License Year License State License Type License #

Operator's License State Operator's License # Expiration Year

Vehicle Color Vehicle Year Vehicle Make Vehicle Model

Vehicle Style VIN #

Image # Image Type

Submit

Clear

Close

**ED - NCIC Enter Dental**

**Record Owner**  
 ORI

**Record Information**  
 \* NCIC #  \* Agency Case #  \* X-Rays  \* Dental Models

**Dentist's Remarks**

**Dental Characteristic Information**  
 \* Dental Characteristics

	I	X	V	M	O	D	F	L	C	R		I	X	V	M	O	D	F	L	C	R		I	X	V	M	O	D	F	L	C	R
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											



## REMINDER

After a missing person hot file record has been in the system 30 days, NCIC sends the entering agency a notification message called a \$.K. message, if data is missing from any of the following fields: BLT (Blood Type & Rh Factor), DCH (Dental Characteristics), FPC (Fingerprint Classification), JWT (Jewelry Type), SMT (Scars, Marks, Tattoos). The notification message identifies which field(s) have missing data and provides a copy of the NCIC entry.

If data is available or obtainable for any of these fields it should be entered. If your agency provides entry service for a non-terminal agency, the notification message should be forwarded to them so they can attempt to obtain the missing information.

By Illinois law (20 ILCS 2630/9), agencies are **required** to make every effort to obtain dental records.

Once dental records are obtained, they should be attached to the NCIC portion of the missing record using the Supplemental Dental Entry format.

**If dental records were unavailable, this should be documented in the missing record by entering UNK in the DCH field. This will produce a caveat on the record which states that dental characteristics were not available.**

## Header Information

ORI 

## Record Identifiers

\* LEADS # \* Name

## Message Information

MKE  ORI  Name of Validator 

## Incident Information

Last Contact Date / / Missing Person  MP Circumstances 

## Personal Information

Caution/Medical Condition  Date of Emancipation / /Name  Sex  Race  Date of Birth / / Age  Place of Birth Height  Weight  Hair Color  Eye Color  Skin Tone  Scars, Marks, Tattoos  Ethnicity 

## Citizenship

Social Security #  FBI /UCN#  State ID #  Miscellaneous #  Fingerprint Classification  DNA  DNA Location Body X-rays  Circumcision  Corrective Vision Prescription  Blood Type  Footprint Operator's License #  Operator's License State  Expiration Year 

## Vehicle Information

Vehicle Color  /  Vehicle Year  Vehicle Make  Vehicle Model Vehicle Style  VIN # License Month  License Year  License State  License Type  License #

Optional Linkage Information

Notify Agency    Linkage Agency ID    Linkage Case #  
       

Jewelry

Jewelry Description

Jewelry Type

- Delete Field
- Backpack
- Cuff links
- Necklace
- Tie chain, clasp, or tack
- Ankle bracelet
- Broach or pin
- Earrings
- Pocket knife
- Wallet or purse
- Belt buckle
- Cigarette lighter, holder, or case
- Key chain
- Pocket watch chain
- Watch
- Body Jewelry
- Comb
- Money clip
- Ring
- Wrist bracelet having pendant

Miscellaneous Information

Agency Case Number

Agency Case #

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

\* NCIC # \* Agency Case #

Modifiable Fields

Dental Information

X-Rays Dental Models Dentist's Remarks NDIR Data Available

Dental Characteristic Information

Dental Characteristics

Table with 3 columns of dental characteristic indicators (I, X, V, M, O, D, F, L, C, R) for teeth 1-32.

**Header Information**  
ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

**LEADS Locate** **NCIC Locate**

**Record Identifiers**  
\* LEADS # \* Name

**Required Information**  
\* Date of Recovery 03/01/2021  
\* Disposition ▼

**Benefits and Effectiveness**  
Recovering Agency Case # Reason For Removal Person Armed  
  ▼  ▼  
Hit Results Missing Persons Found Persons Apprehended  
 ▼    
Value of Recovered Value of Other Value of Contraband

**Submit** **Clear** **Close**



CM - Clear Missing Person

**Header Information**

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

**Record Identifiers**

\* LEADS # \* Name

**Other Information**

\* Date of Clear Reason For Removal Recovering Agency ID Recovering Agency Case #

03/01/2021  ▼

**Benefits and Effectiveness**

Person Armed Hit Results Persons Apprehended

▼  ▼

Missing Persons Found Value of Recovered Value of Other Value of Contraband

XM - Cancel Missing Person

**Header Information**

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

**Record Identifiers**

\* LEADS #      \* Name

**Other Information**

\* Date of Cancellation      Removal Reason

03/01/2021       ▼

Header Information

ORI

IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

\* LEADS # \* Name

[Empty text input fields]

Supplemental Data

Caution/Medical Condition

[Dropdown menu]

Alias

[Text input field]

Alias

[Text input field]

Alias

[Text input field]

Date of Birth Date of Birth Date of Birth Scars, Marks, Tattoos

[Date input fields and dropdown menu]

Miscellaneous #

[Dropdown menu]

Social Security # State ID #

[Text input fields]

Citizenship

[Dropdown menu]

License Month

[Dropdown menu]

License Year

[Text input field]

License State

[Dropdown menu]

License Type

[Dropdown menu]

License #

[Text input field]

Operator's License State

[Dropdown menu]

Operator's License #

[Text input field]

Expiration Year

[Text input field]

Vehicle Color

[Dropdown menu]

Vehicle Year

[Text input field]

Vehicle Make

[Text input field]

Vehicle Model

[Dropdown menu]

Vehicle Style

[Dropdown menu]

VIN #

[Text input field]

Image Type

[Dropdown menu]

Image #

[Text input field]

Submit

Clear

Close



XD - NCIC Cancel Dental



Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

Record Identifiers

\* NCIC #

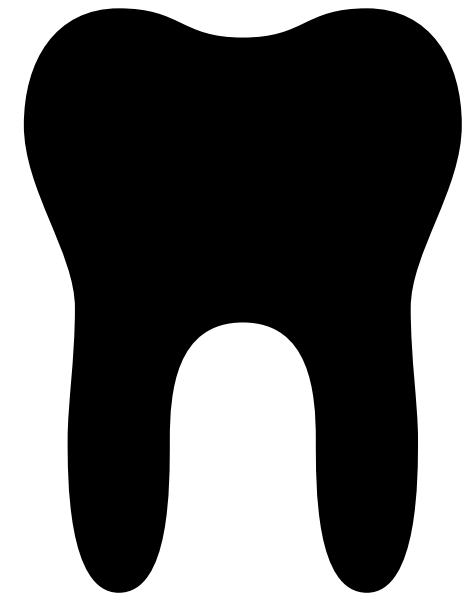
\* Agency Case #

Submit

Clear

Close

LET'S MAKE A  
MISSING  
PERSON ENTRY



Header Information

\* Message Key  
 EMEC = Missing Person - Endangered - Caution

ORI  
 IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD  
 IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD  
 IL1000400 = PD MARION IL

Incident Information

\* Last Contact Date \* Missing Person \* MP Circumstances  
 03/29/2021 MP = Missing person

Personal Information

\* Caution/Medical Condition  
 55 = Alcoholic

\* Name \* Sex \* Race \* Date of Birth \* Age \* Date of Emancipation \* Place of Birth  
 HUTCHINSON,PETHEY W M = Male U = Unknown 03/03/2002 19 IL = Illinois

\* Height \* Weight \* Hair Color \* Eye Color \* Skin Tone \* Scars, Marks, Tattoos  
 600 220 BRO = Brown BRO = Brown MOLE R CHK = Mole on Cheek (face), right

Ethnicity \* Citizenship \* Social Security # \* FBI /UCN # \* State ID # \* Miscellaneous #

Fingerprint Classification \* DNA \* DNA Location

Body X-rays \* Circumcision \* Corrective Vision Prescription \* Blood Type \* Footprint  
 N = No X-rays available C = Was circumcised

Operator's License State \* Operator's License # \* Expiration Year

Vehicle Information

Vehicle Color \* Vehicle Year \* Vehicle Make \* Vehicle Model

Vehicle Style \* VIN #

License Month \* License Year \* License State \* License Type \* License #

Jewelry Description

Jewelry Type

- |                                          |                                                             |                                                        |                                                    |
|------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Ankle bracelet  | <input type="checkbox"/> Belt buckle                        | <input type="checkbox"/> Body Jewelry                  | <input checked="" type="checkbox"/> Backpack       |
| <input type="checkbox"/> Broach or pin   | <input type="checkbox"/> Cigarette lighter, holder, or case | <input type="checkbox"/> Comb                          | <input type="checkbox"/> Cuff links                |
| <input type="checkbox"/> Earrings        | <input type="checkbox"/> Key chain                          | <input type="checkbox"/> Money clip                    | <input type="checkbox"/> Necklace                  |
| <input type="checkbox"/> Pocket knife    | <input type="checkbox"/> Pocket watch chain                 | <input type="checkbox"/> Ring                          | <input type="checkbox"/> Tie chain, clasp, or tack |
| <input type="checkbox"/> Wallet or purse | <input type="checkbox"/> Watch                              | <input type="checkbox"/> Wrist bracelet having pendant |                                                    |

Optional Linkage Information

Notify Agency Linkage Agency ID Linkage Case #

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Miscellaneous Information

Agency Case Number

Agency Case #

Submit

Clear

Close

# ENTER ACKNOWLEDGEMENT

Received Time:	11:49:07 03-31-21	Source ORI:	IL0849624
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Summary:	EMEC: NAM=HUTCHINSON,PETAY W SEX=M
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View Message Details

MESSAGE ACCEPTED - DZY 00005 AT 11:49 03/31/2021  
MRI-001404



Received Time: 11:49:10 03-31-21 Source ORI: IL0849624

Summary: EMEC: NAM=HUTCHINSON,PETHEY W SEX=M

View Message Details

[Modify](#) [Clear](#) [Cancel](#) [Enter Supp](#) [Cancel Supp](#) [Enter Image](#)

CHF

LDS/M21A1582 MISSING PERSON ENDANGERED CAUTION  
DLC/2021-03-29  
MNP/MP  
CMC/55 ALCOHOLIC  
NAM/HUTCHINSON,PETHEY W SEX/M RAC/U POB/IL  
DOB/2002-03-03 AGE/19 HGT/600 WGT/220 HAI/BRO EYE/BRO  
SMT/MOLE R CHK  
CRC/C BXR/N  
JWT/BK  
OCA/ABC1234  
ORI/IL0849624 ORA/ISP INFORMATION SERVICES BUREAU SPRINGFIELD  
ENT/DZY OPR/HUTCHIT DTE/2021-03-31 11:49 DLU/2021-03-31 11:49 NIC/M350069428  
CONFIRM WITH ORI

RECORD ENTERED INTO LEADS AND NCIC  
MRI 1410 IN: FH1 147 AT 31MAR2021 11:49:10  
OUT: DZY 2 AT 31MAR2021 11:49:10



**EIM - Enter Image**

**Header Information**  
ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

**LEADS** NCIC Only

\* LDS # M21A1582

**Other Information**  
\* Image Type M = Mugshot  
Date of Image

**Image**  
Import

**Miscellaneous Information**

Submit Clear Close

Open

Look In: Pictures

- Camera Roll
- Feedback
- Saved Pictures
- I123456780.jpg
- I123456789.jpg
- IMG\_0924 (002).jpeg
- PATRICK STAR.png
- Petey.png

File Name: Petey.png

Files of Type: Image Files

Open Cancel

## ENTER ACKNOWLEDGEMENT OF IMAGE

Received Time: 13:03:25 03-31-21 Source ORI: IL0849624

Summary: EIM: LDS=M21A1582 IMT=M


View Message Details

[Query Image](#)

[Modify](#)

[Cancel](#)

CHF

EDZY LDS/M21A1582 IMAGE 

ORI/IL0849624 ORA/ISP INFORMATION SERVICES BUREAU SPRINGFIELD

ENT/DZY OPR/HUTCHIT DTE/2021-03-31 13:03 DLU/2021-03-31 13:03 NIC/M350069428

RECORD ENTERED INTO LEADS AND NCIC

IMN/I080045191 IMT/M NIC/M350069428 LDS/M21A1582

MRI 2017 IN: FH1 231 AT 31MAR2021 13:03:25

OUT: DZY 3 AT 31MAR2021 13:03:25

CHF

QUERY:ZW LDS/M21A1582

ZDZY LDS/M21A1582 MISSING PERSON ENDANGERED CAUTION

DLC/2021-03-29

MNP/MP

CMC/55 ALCOHOLIC

NAM/HUTCHINSON,PETEY W SEX/M RAC/U POB/IL

DOB/2002-03-03 AGE/19 HGT/600 WGT/220 HAI/BRO EYE/BRO

SMT/MOLE R CHK

CRC/C BXR/N

JWT/BK

OCA/ABC1234

ORI/IL0849624 ORA/ISP INFORMATION SERVICES BUREAU SPRINGFIELD

ENT/DZY OPR/HUTCHIT DTE/2021-03-31 11:49 DLU/2021-03-31 11:49 NIC/M350069428

CONFIRM WITH ORI

IMN/I080045191 IMT/M

IMAGE TYPE:M

NAM:HUTCHINSON,PETEY W DOB:20020303

RAC:U HGT:600 WGT:220 DOI:

