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866-LEADS-00





WHAT'S NEW IN 3.0

- ORI BASED - NO LONGER CDC BASED CDC'S WILL STILL BE USED AND WILL IDENTIFY THE WORK STATION
- ORI DROP DOWN – ALLOWS OPERATOR TO ENTER RECORDS FOR OTHER AGENCIES BY SIMPLY CHOOSING THE ORI OF THE AGENCY IN THE DROP DOWN
- ARMED AND DANGEROUS MKE TRANSLATION IS NOW **CAUTION**
- THE CAUTION/MEDICAL CONDITION (CMC) FIELD IS NOW PART OF THE MESSAGE KEY TRANSLATION



WHAT'S NEW IN 3.0 CONTINUED

- DATE OF BIRTH IS NOW 8 POSITIONS MM/DD/YEAR
- TWO REFERENCE MANUALS THAT OPERATORS WILL NEED TO USE FOR ENTRY ARE THE **LEADS REFERENCE MANUAL** AND THE **NCIC REFERENCE MANUAL** DEPENDING ON THE TYPE OF ENTRY BEING MADE

TERMINOLOGY CHANGES



- CANCEL = CLEAR
- VOID = CANCEL
- ALIAS = SUPPLEMENTAL RECORD

WANTED PERSONS





NEW FIELDS

- **WARRANT NUMBER**
- **COURT IDENTIFIER**
- **ADDITIONAL OFFENSE**
- **CAUTION/MEDICAL CONDITION (CMC FIELD)**
- **ETHNICITY**
- **CITIZENSHIP**
- **DNA**
- **DNA LOCATION**
- **STOLEN/FRAUDULENT INFO**
- **OPTIONAL ADDRESS**
- **OPTIONAL LINKAGE INFORMATION**



FIELDS NO LONGER REQUIRED

- ORA FIELD
- ENT FIELD
- OPR FIELD

- * Message Key
- Z2 = Basic Query
- Z5 = Enhanced Plate Query
- Z7 = Driver History
- ZA = All NCIC Wanted
- ZF = FOID
- ZH = Disabled Hanging Tag
- TS = Vehicle Title File
- ZK = SOS Emergency Contact
- ZS = CHF Soundex
- ZX = SOS Soundex

ORI
 IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Inquiry MKEs available for general inquiries

S # NCIC # Placard SER#

Region License Year License Type

Sex Race Date of Birth

Social Security # Miscellaneous # Driver Image Hotfiles Image Related Search Hit

Driver License # Driver License State/Region Code

Messenger allows more than one window to be open at a time

State ID # FBI / UCN # FOID #

VEHICLE

VIN # OAN # Vehicle Year Vehicle Make

Submit Clear Close





WANTED PERSON FORMATS


THERE ARE TWO WAYS TO ACCESS EACH FORMAT

THE QUICK QUERY BAR AND THE FORMS TREE

QUICK QUERY BAR

EW + ENTER = WANTED PERSON FORMAT



 **EW - Enter Wanted Person**

 **MW - Modify Wanted Person**

 **XW - Cancel Wanted Person**

 **DW - Enter Detainer**

 **MDW - NCIC Modify Detainer**

 **XDW - NCIC Cancel Detainer**

 **EN - Enter Wanted Supplemental**

 **MD - NCIC Modify Dental**


 **XN - Cancel Wanted Supplemental**

 **ENS - NCIC Enter Stolen/Fraudulent Identifiers**

 **LW - Locate Wanted Person**

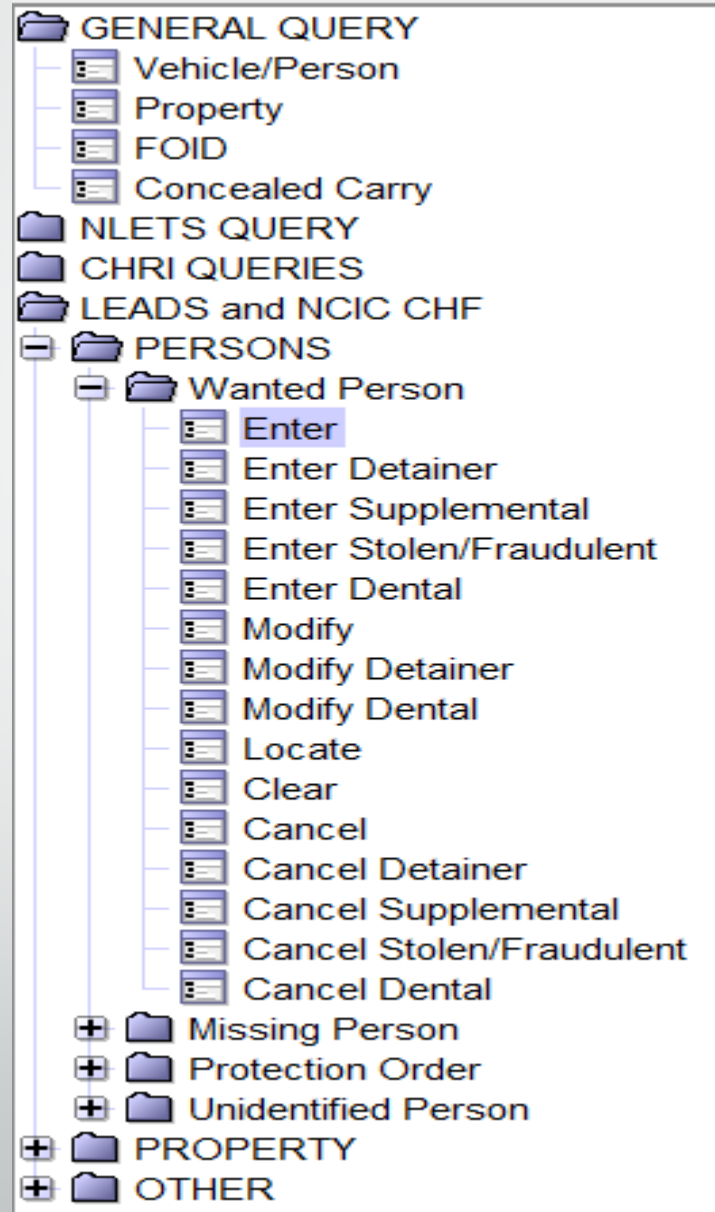
 **XNS - NCIC Cancel Stolen/fraudulent Identifiers**

 **ED - NCIC Enter Dental**

 **CW - NCIC Clear Wanted Person**

 **XD - NCIC Cancel Dental**

FORMS TREE



Header Information

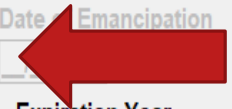
* Message Key: EW = Wanted Person
ORI: IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD
Offense Information:
* Date of Warrant: / /
* Offense: Original Offense
warrant #: Court Identifier: Additional Offense



* Extradition Limitation: Court Limits: Geographic Area

Personal Information

Caution/Medical Condition
* 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: Date Emancipation:
Operator's License State: Operator's License #: Expiration Year:



Vehicle Information

Vehicle Color: Vehicle Year: Vehicle Make: Vehicle Model:
Vehicle Styl: VIN #:
License Month: License Year: License State: License Type: License #:

Stolen/Fraudulent Identifier Information



Personal Information

Name Date of Birth Social Security # Miscellaneous #

Operator License Information

Operator License State Operator License # Expiration Year

Optional Address Information

Type Documented Date

Street # Street Name City Name State Zip Code

County



Optional Linkage Information

Notify Agency Linkage Agency ID Linkage Case #



Miscellaneous Information

Agency Case Number

Agency Case #

Submit

Clear

Close

EW - Enter Wanted Person

Header Information

- * Message Key
 - EW1 = Wanted Person - LEADS Only
 - EW = Wanted Person
 - EW-C = Wanted Person - Caution
 - EW1 = Wanted Person - LEADS Only
 - EW1C = Wanted Person - Caution - LEADS Only
 - ET = Wanted Person - Temporary
 - ET-C = Wanted Person - Temporary - Caution
 - ET1 = Wanted Person - Temporary - LEADS Only
 - ET1C = Wanted Person - Temporary - Caution - LEADS Only
- Caution/Medical Condition**
- 00 = Armed and dangerous
 - 01 = Other (Identify in the MIS Field)
 - 05 = Violent tendencies
 - 10 = Martial arts expert
 - 15 = Explosive expertise
 - 20 = Known to abuse drugs
 - 25 = Escape risk
 - 30 = Sexually violent predator-Contact ORI
 - 40 = International Flight Risk
 - 50 = Heart condition
 - 55 = Alcoholic
 - 60 = Allergies
 - 65 = Epilepsy
 - 70 = Suicidal
 - 80 = Medication required
 - 85 = Hemophiliac
 - 90 = Diabetic

ORI
 IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Type of message (1 - 7 alphanumeric)
 Original Offense Warrant # Court Identifier Additional Offense

Geographic Area

* Race Date of Birth Age Place of Birth

Skin Tone Scars, Marks, Tattoos Ethnicity

Security # FBI /UCN # State ID # Miscellaneous # Fingerprint Classification

Date of Emancipation

Expiration Year

Vehicle Year Vehicle Make Vehicle Model

License Type License #

Birth Social Security # Miscellaneous #

Expiration Year

QH - Summary History

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

Required Field

* Purpose C = Criminal Justice ▼

* Attention HUTCHINSON

* Requester HUTCHINSON

By NAM/DOB By NAM/SID By NAM/FBI By SOC/MNU

Required Information

* Name DELCID,ZOILA B

* Sex F = Female ▼

* Race U = Unknown ▼

* Date of Birth 08/23/1989

Submit

Clear

Close

After submitting the QH format, here is the criminal history response received. I have the option to choose FBI Record OR Enter Wanted from this format.

Summary:

QH: NAM=DELCID,ZOILA B SEX=F RAC=U DOB=19890823

View Message Details

7L01 NCIC RESPONSE

IL0849624

THIS NCIC INTERSTATE IDENTIFICATION INDEX RESPONSE IS THE RESULT OF YOUR INQUIRY ON NAM/DELCID,ZOILA B SEX/F RAC/U DOB/19890823 PUR/C ATN/HUTCHINSON

FBI Record

Enter Wanted

NAME	FBI NO	INQUIRY DATE
DELCID,ZOILA	5513147	2021/06/09

SEX	RACE	BIRTH DATE	HEIGHT	WEIGHT	EYES	HAIR	PHOTO
F	W	1989/08/23	507	190	BRO	BLK	N

BIRTH PLACE
GUATEMALA

FINGERPRINT CLASS PATTERN CLASS

ALIAS NAMES
CASTRO,ZOILA BETZABE DEL CID MOLINA,ZOILA BETZABE
DEL CID,ZOILA BETZABE

OTHER
BIRTH DATES SOCIAL SECURITY MISC NUMBERS
1989/08/26 336-08-4866 AR-A087117967

IDENTIFICATION DATA UPDATED 2012/02/07

THE CRIMINAL HISTORY RECORD IS MAINTAINED AND AVAILABLE FROM THE FOLLOWING:

ILLINOIS - STATE ID/IL10756091

THE RECORD(S) CAN BE OBTAINED THROUGH THE INTERSTATE IDENTIFICATION

When I selected the FBI record option, this is the format that comes up and the FBI number is pre-populated.



QR - CHRI Rapsheet

Header Information

ORI

Required Information

* Purpose

* Attention

* Requester

One of the Following

FBI /UCN#

State ID #

Optional Information

Department/Agency

Address/P.O. Box

City, State

Zip Code

Building



EW - Enter Wanted Person

Header Information

* Message Key ORI

EW = Wanted Person []

Offense Information

* Date of Warrant * Offense Original Offense Warrant # Court Identifier Additional Offense

[] [] [] [] [] []

* Extradition Limitation * Court Limits Geographic Area

[] [] []

Personal Information

Caution/Medical Condition

[]

* Name * Sex * Race Date of Birth Age Place of Birth

DELCID,ZOILA B F = Female W = White 08/23/1989 [] []

* Height * Weight * Hair Color * Eye Color Skin Tone Scars, Marks, Tattoos Ethnicity

507 190 BLK = Black BRO = Brown [] [] []

Citizenship Social Security # FBI /UCN # State ID # Miscellaneous # Fingerprint Classification

[] 336084866 551314VC7 [] AR-A087117967 []

DNA DNA Location Date of Emanicipation

[] [] []

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

[] [] []

EN-ENTER WANTED SUPPLEMENTAL (AKA ALIAS)

EN - Enter Wanted Supplemental


Header Information

Message Key **ORI**
EN = Enter Supplemental IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

* LEADS # * Name
[] []

Supplemental Data

Caution/Medical Condition
[]  Can add an additional caution/medical condition here

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

Header Information

* Message Key ORI

THE MKE CAN BE MODIFIED IN LEADS

Record Identifiers

* LEADS # * Name

IN NCIC, THE MESSAGE KEY CAN ONLY BE MODIFIED "UP" – FOR EXAMPLE, NO CAUTION TO CAUTION

Modifiable Fields

Message Information

MKE ORI Name of Validator

Offense Information

Date of Warrant Offense Original Offense Warrant # Court Identifier Additional Offense

Extradition Limitation Court Limits Geographic Area

Personal Information

Caution/Medical Condition

Name Sex Race Date of Birth Age Place of Birth

Height Weight Hair Color Eye Color Skin Tone Scars, Marks, Tattoos Ethnicity

Citizenship State ID # Social Security # FBI /UCN# Miscellaneous # Fingerprint Classification

DNA DNA Location Date of Emanicipation

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 #

Address Information

Type Documented Date

Street # Street Name City Name State Zip Code

County

Optional Linkage Information

Notify Agency Linkage Agency ID Linkage Case #

Miscellaneous Information

Agency Case Number

Agency Case #

Modify Wanted Person
Format Continued

Submit

Clear

Close

ENS – NCIC ENTER STOLEN/FRAUDULENT IDENTIFIERS

ENS - NCIC Enter Stolen/Fraudulent Identifiers

Header Information

ORI
IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

* LEADS # * Name

Stolen/Fraudulent Data

Name	Name	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Date of Birth	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security #	Miscellaneous #	
<input type="text"/>	<input type="text"/>	
Operator's License State	Operator's License #	Expiration Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

	/	X	V	M	O	D	F	L	C	R		/	X	V	M	O	D	F	L	C	R		/	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"/>											

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.

LW - Locate Wanted Person

Header Information

Message Key: LW = Locate Wanted Person

ORI: IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

LEADS Locate | NCIC Locate

Record Identifiers

* LEADS # * Name

Required Information

* Date of Recovery: 02/19/2021

* Extradition

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



← NCIC statistics only – not required

LW - Locate Wanted Person

Header Information

Message Key: LW = Locate Wanted Person

ORI: IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

LEADS Locate | NCIC Locate

Record Identifiers

Name NCIC # Agency Case #

Required Information

* Date of Recovery: 03/01/2021

* Extradition

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



← NCIC statistics only – not required

NCIC FUNCTION
AT THIS TIME

DW - Enter Detainer

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

Record Identifiers

* **LDS #**

* **Name**

Required Information

* **Date of Detainer**

* **Detainer Case #**

* **Incarceration Agency**

Optional Information

Incarceration Start Date

Sentence Expiration Date

Place of Incarceration

Submit **Clear** **Close**

MDW - NCIC Modify Detainer



Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Record Identifiers

* LDS #

* Name

Modifiable Fields

Date of Detainer

Detainer Case #

Incarceration Agency

Incarceration Start Date

Sentence Expiration Date

Place of Incarceration

Name of Validator

Submit

Clear

Close

CW – NCIC CLEAR WANTED PERSON

Formerly
known as
CANCEL

CW - NCIC Clear Wanted Person

Header Information

Message Key: **CW = Clear Wanted Person**

ORI: **IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD**

Record Identifiers

* LEADS #:

* Name:

Other Information

* Date of Clear: **02/19/2021**

Reason For Removal:

Recovering Agency ID #:

Recovering Agency Case #:

Person Armed:

Hit Results:

Persons Apprehended:

Missing Persons Found:

Value of Recovered:

Value of Other:

Value of Contraband:

XW – CANCEL WANTED PERSON

Formerly known
as VOID

XW - Cancel Wanted Person

Header Information

* Message Key

ORI

Record Identifiers

* LEADS # * Name

Required Information

* Date of Cancellation

Optional Information

Removal Reason

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

XNS - NCIC Cancel Stolen/fraudulent Identifiers

Header Information

ORI

IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

Record Identifiers

* LEADS # * Name

Supplemental Data

Name

Name

Name

Date of Birth Date of Birth Date of Birth Social Security # Miscellaneous #

 ▼

Operator's License State

▼

Operator's License #

Expiration Year

Submit

Clear

Close

XD - NCIC Cancel Dental

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

Record Identifiers

* NCIC #

* Agency Case #

Submit **Clear** **Close**



XDW - NCIC Cancel Detainer



Header Information

ORI ▼

Record Identifiers

* **LDS #**

* **Name**

Required Fields

* **Detainer Case #**

Submit

Clear

Close

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD ▼

* Destination 1

Destination 2 DZY

Destination 3

Destination 4

Request Information

* Request #

* Confirmation Priority

* Agency Case #

LDS #

NCIC #

Hit Information

* Request Type

License # MP = Missing Person

VIN # PO = Protection Order

Vehicle Year SA = Stolen Article

Vehicle Make SB = Stolen Boat

SG = Stolen Gun

SL = Stolen License Plate

SP = Stolen Part

▼

Requester's Information

* Requestor

* Requesting Agency ILLINOIS STATE POLICE

* Phone #

Extension

Fax #

Court Order #

Warrant #

Remarks Section

Submit

Clear

Close



Confirmation Response

YQ.CP0000022
FROM: (CP0000022)
TO: (XMLNEILL)
*MRI0058766

HIT CONFIRMATION REQUEST - SECOND NOTICE
RESPONSE PRIORITY :URGENT!-RESPOND WITHIN 10 MINUTES

New Hit Confirmation! ✕

 **You Have Received**

A New Hit Confirmation!

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

* Destination 1

Destination 2 DZY

Destination 3

Destination 4

Response Information

* Confirmation Status

Confirmation Hours

* Agency Case #

LDS #

NCIC #

Hit Information

* Hit Type

License # MP = Missing Person

VIN # PO = Protection Order

Vehicle Year SA = Stolen Article

Vehicle Make SB = Stolen Boat

SG = Stolen Gun

SL = Stolen License Plate

SP = Stolen Part

Confirmer's Information

* Confirmer

* Confirming Agency ILLINOIS STATE POLICE

* Phone #

Extension

FAX #

Court Order #

Warrant #

Remarks Section

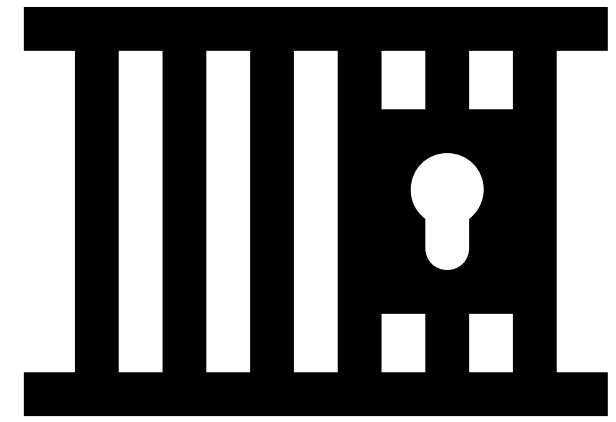
Empty text area for remarks.

Submit

Clear

Close

LET'S MAKE A
WANTED
PERSON ENTRY



Header Information

* Message Key * ORI

EW-C = Wanted Person - Caution IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

Offense Information

* Date of Warrant * Offense * Original Offense * Warrant # * Court Identifier * Additional Offense

03/30/2021 1211 = Robbery - Banking - Type Inst

* Extradition Limitation * Court Limits * Geographic Area

1 = Full extradition N = No

Personal Information

Caution/Medical Condition

15 = Explosive expertise

* Name * Sex * Race * Date of Birth * Age * Place of Birth

STAR,PATRICK W M = Male U = Unknown 07/05/2002 18 CA = California

* Height * Weight * Hair Color * Eye Color * Skin Tone * Scars, Marks, Tattoos * Ethnicity

600 220 BLN = Blond or Strawberry BLU = Blue LGT = Light TAT LF ARM = Tatoo on Forearm, left

Citizenship * Social Security # * FBI /UCN # * State ID # * Miscellaneous # * Fingerprint Classification

DNA * DNA Location * Date of Emancipation

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 #

Stolen/Fraudulent Identifier Information

Personal Information

<u>N</u> ame	<u>D</u> ate of Birth	<u>S</u> ocial Security #	<u>M</u> iscellaneous #
SQUAREPANTS, SPONGE BOB	09/18/2002		

Operator License Information

<u>O</u> perator License State	<u>O</u> perator License #	<u>E</u> xpiration Year

Optional Address Information

<u>T</u> ype	<u>D</u> ocumented Date			
Residence (Last Known)	__/__/__			
<u>S</u> treet #	<u>S</u> treet Name	<u>C</u> ity Name	<u>S</u> tate	<u>Z</u> ip Code
1113	JEFFERSON AVE	JOHNSTONCITY	IL = Illinois	62951
<u>C</u> ounty				
WILLIAMSON				

Optional Linkage Information

<u>N</u> otify Agency	<u>L</u> inkage Agency ID	<u>L</u> inkage Case #

Miscellaneous Information

Agency Case Number

<u>A</u> gency Case #
ABC123

Submit

Clear

Close

ENTER ACKNOWLEDGEMENT

Received Time:	11:22:41 03-30-21	Source ORI:	IL0849624
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Summary:	EW-C: NAM=STAR,PATRICK W SEX=M RAC=U
----------	--------------------------------------

View Message Details

MESSAGE ACCEPTED - DZY 00016 AT 11:22 03/30/2021
MRI-001548

LEADS NUMBER IS
PREPOPULATED ON
THE FORMAT



EIM - Enter Image

Header Information

ORI IL0849624 = ISP INFORMATION SERVICES BUREAU SPRINGFIELD

LEADS NCIC Only

* LDS # W21A0169

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
- 1123456780.jpg
- 1123456789.jpg
- IMG_0924 (002).jpeg
- PATRICK STAR.png

File Name: PATRICK STAR.png

Files of Type: Image Files

Open Cancel

Received Time: 11:38:05 03-30-21 Source ORI: IL0849624

Summary: EIM: LDS=W21A0169 IMT=M

View Message Details

[Query Image](#) [Modify](#) [Cancel](#)

CHF
EDZY LDS/W21A0169 IMAGE **ENTER ACKNOWLEDGEMENT**

ORI/IL0849624 ORA/ISP INFORMATION SERVICES BUREAU SPRINGFIELD
ENT/DZY OPR/HUTCHIT DTE/2021-03-30 11:38 DLU/2021-03-30 11:38 NIC/W740012104

RECORD ENTERED INTO LEADS AND NCIC
IMN/I010044037 IMT/M NIC/W740012104 LDS/W21A0169
MRI 1575 IN: FH1 109 AT 30MAR2021 11:38:05
OUT: DZY 11 AT 30MAR2021 11:38:05

WARNING - THE SUBJECT IDENTIFIED IN THIS RECORD IS KNOWN TO USE THE **

**** FOLLOWING STOLEN OR FALSE (S/F) IDENTIFICATION DOCUMENTS. ****

**** USE CAUTION IN VERIFYING THE IDENTITY OF THIS PERSON. ****

**** * * * * ***

**** STOLEN/FRAUDULENT INFORMATION ****

S/F NAM/SQUAREPANTS, SPONGE BOB

S/F DOB/2002-09-18



INQUIRY ON LEADS NUMBER AFTER ENTRY

QDZY LDS/W21A0169 WANTED PERSON - CAUTION

OFF/1211 ROBBERY - BANKING-TYPE INST

EXL/1 - FULL EXTRADITION

DOW/2021-03-30

CMC/15 EXPLOSIVE EXPERTISE

NAM/STAR, PATRICK W SEX/M RAC/U POB/CA

DOB/2002-07-05 AGE/18 HGT/600 WGT/220 HAI/BLN EYE/BLU SKN/LGT SMT/TAT LF ARM

ADD/01 RESIDENCE (LAST KNOWN)

SNU/1113 SNA/JEFFERSON AVE

CTY/JOHNSTONCITY COU/WILLIAMSON STA/IL ZIP/62951

OCA/ABC123

ORI/IL0849624 ORA/ISP INFORMATION SERVICES BUREAU SPRINGFIELD

ENT/DZY OPR/HUTCHIT DTE/2021-03-30 11:22 DLU/2021-03-30 11:22 NIC/W740012104

CONFIRM WITH ORI

IMN/I010044037 IMT/M

IMAGE TYPE:M

NAM:STAR, PATRICK W DOB:20020705

RAC:U HGT:600 WGT:220 DOI:

