



NIC # _____

OCA# _____

NCIC

STOLEN/MISSING WEAPON ENTRY

Make of Gun _____ Caliber _____ Model _____

Serial Number _____ Date of Theft/Recovery _____

Type of Weapon (check one in Column 1 and one in Column 2)

- | | |
|--|---|
| <input type="checkbox"/> Pistol | <input type="checkbox"/> Automatic |
| <input type="checkbox"/> Shotgun/Pistol | <input type="checkbox"/> Bolt Action |
| <input type="checkbox"/> Rifle | <input type="checkbox"/> Derringer |
| <input type="checkbox"/> Shotgun | <input type="checkbox"/> Double Barrel |
| <input type="checkbox"/> Assault Rifle | <input type="checkbox"/> Semi-Automatic |
| <input type="checkbox"/> Machine Guns/ Sub | <input type="checkbox"/> Blank |
| <input type="checkbox"/> Silencer | <input type="checkbox"/> Level Action |
| <input type="checkbox"/> Other | <input type="checkbox"/> Pump Action |
| | <input type="checkbox"/> Revolver |
| | <input type="checkbox"/> Single Shot |

Misc. Info (Barrel Length, Finish, Grips, etc.) _____

Requesting Officer _____ Unit# _____
Print

Date Entered _____ Entered by _____ Second Party _____

Revised June 5, 2021

