



BCI FINGERPRINT ARREST CARD FIELDS

LEAVE BLANK		STATE USAGE	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME FIRST NAME MIDDLE NAME				BCI#	LEAVE BLANK		
ITN:		1	2							
STATE USAGE			ALIASES	CONTRIBUTOR		DATE OF BIRTH DOB				
SIGNATURE OF PERSON FINGERPRINTED		18	3	4		5				
THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES			DATE ARRESTED OR RECEIVED COA	SEX	RACE	HGT.	WGHT.	EYES	HAIR	PLACE OF BIRTH COB
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. USE	6	7	8	9	10	11	12
CHARGE	20		PH. NO. FBI	LEAVE BLANK						
FINA. DISPOSITION	21		RE NO. SD	CLASS						
			SOCIAL SECURITY NO. SOC	REF						
				INSD CLASS - FPO						
22		22	22		22		22			
1. R. THUMB	2. R. INDEX		3. R. MIDDLE	4. R. RING	5. R. LITTLE					
22		22	22		22		22			
6. L. THUMB	7. L. INDEX		8. L. MIDDLE	9. L. RING	10. L. LITTLE					
22			22	22	22					
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY			L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

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Bureau of Criminal Investigation		P.O. Box 385, London, Ohio 43140	Phone (740) 845-2212
<p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO PALM PRINTS TAKEN? </p> <p style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO PHOTO AVAILABLE? </p> <p>IF ARREST FINGERPRINT SENT BCI PREVIOUSLY AND BCI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____</p> <p>STATUTE CITATION (SEE INSTRUCTIONS NO. 11 CIT)</p> <p>1. _____</p> <p>2. 23</p> <p>3. _____</p> <p>ARREST DISPOSITION (SEE INSTRUCTIONS NO. 8 ADM)</p> <p>EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.</p> <p>OCCUPATION _____</p> <p>RESIDENCE OF PERSON FINGERPRINTED _____</p> <p>SCARS, MARKS, TATTOOS, AND AMPUTATIONS SMT _____</p> <p>BASIS FOR CAUTION (CC) _____</p> <p>DATE OF OFFENSE (DD) _____ SKIN TONE (SKN) _____</p> <p>OLN _____ CITIZENSHIP (CIT) _____</p> <p style="text-align: center;">VICTIM INFO</p> <p>CHILD <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED <input type="checkbox"/></p> <p>SEX OFFENDER Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: center;">ADDITIONAL INFORMATION</p>	<p><small>Instructions:</small></p> <ol style="list-style-type: none"> 1. Until otherwise directed, complete this form in addition to FBI form FD-249 (rev. 4-25-71), and forward directly to the Ohio State Bureau of Criminal Investigation (BCI). 2. Fingerprints should be submitted by arresting agency only (multiple prints on same charge should not be submitted by other agencies such as jails, receiving agencies, etc.) Request copies of BCI identification record for all other interested agencies in block below. Give complete mailing address, including zip code. 3. Type or print all information. 4. Note amputations in proper finger blocks. 5. List final disposition in block on front side. If not now available, submit later on BCI form 2-71 for completion of record. If final disposition not available show pre-trial or arresting agency disposition, e.g. released, to formal charge, bail, turned over to, etc., in the arrest disposition block provided on this side. 6. Make certain all impressions are legible, fully ruled and classifiable. 7. Caution-check box on front if caution statement indicated, basis for caution (CC) must give reason for caution, e.g. armed and dangerous, suicidal, etc. 8. Miscellaneous number (M.N.) should include such number as military service, passport, and/or veterans administration (identify type of number). 9. Provide statute citation, identifying specific chapter and section Ohio Revised Code is abbreviated ORC, (example: ORC 2901.12 would be used for robbery); if violation is against city ordinance only, see ORC 109.50. 10. All information requested is essential. <p>REPLY DESIRED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><small>(REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)</small></p> <p><small>IF COLLECT TYPE OR COLLECT TELEPHONE REPLY DESIRED, INDICATE HERE (NONE SENT ON ALL UNKNOWN RECEASERS)</small></p> <p>WIRE REPLY <input type="checkbox"/> TELEPHONE REPLY <input type="checkbox"/> TELEPHONE NO. AND AREA CODE _____</p> <p><small>SEND COPY TO: NAME, QUANTITY AND ADDRESS</small></p> <p>LEAVE BLANK</p>		

BCI FINGERPRINT ARREST CARD FIELDS

1. ITN Number – **required field**
2. Name – **required field**
3. Alias
4. ORI of arresting agency – **required field**
5. Date of birth – **required field**
6. Sex – **required field** (can only use ones provided)
7. Race – **required field** (if you are unsure of what race the person is refer to the handout provided from the FBI)
8. Height
9. Weight
10. Eyes
11. Hair
12. Place of birth
13. Date of arrest – **required field**
14. OCA – arrest number
15. FBI – no need to include this – this field is already on CCH
16. SID – BCI number – no need to include this – this field is already on CCH if a repeat offender and if not the computer assigns one
17. SSN – not required but extremely helpful
18. Signature of person fingerprinted
19. Signature of official taking fingerprints
20. Charge – **required field** – must have literal translation if you are including the code
21. Final disposition – outcome of the case after having been to court
22. Fingerprints – **required field** – if the person has a missing finger or you are unable to print for any reason you **MUST** write that reason in the field
23. Statute Citation (back of card) – **required field**