



BCI FINGERPRINT ARREST CARD FIELDS

LEAVE BLANK		STATE USAGE		TYPE OR PRINT ALL INFORMATION IN BLACK				BCI#		LEAVE BLANK	
ITN: 1		854862 C		LAST NAME NAM		FIRST NAME		MIDDLE NAME			
STATE USAGE		ALIASES		CONTRIBUTOR		ORI		DATE OF BIRTH DOB			
SIGNATURE OF PERSON FINGERPRINTED		3		4				Month		Day	
18										5	
THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES				DATE ARRESTED OR RECEIVED DOA		SEX		RACE		HGT.	
DATE		SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OCA		6		7		8	
19		19		14		6		7		8	
CHARGE		FBI NO. FBI		SID NO. SID		WGT.		EYES		HAIR	
20		15		16		9		10		11	
FINAL DISPOSITION		SOCIAL SECURITY NO. SOC		REF.		12		PLACE OF BIRTH POB			
21		17									
		CAUTION									
22		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		22	
6. L. THUMB		7. L. INDEX		8. L. MIDDLE		9. L. RING		10. L. LITTLE			
22		22		22		22		22		22	
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB		R. THUMB		RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY					

PALM PRINTS TAKEN?		YES ☐	NO ☐
PHOTO AVAILABLE?		YES ☐	NO ☐
IF ARREST FINGERPRINT SENT BCI PREVIOUSLY AND BCI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____			
STATUTE CITATION (SEE INSTRUCTIONS NO. 9) <u>CIT</u> 1. _____ 2. 23 3. _____			
ARREST DISPOSITION (SEE INSTRUCTIONS NO. 5) <u>ADN</u>			
EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.			
OCCUPATION _____			
RESIDENCE OF PERSON FINGERPRINTED _____			
SCARS, MARKS, TATTOOS, AND AMPUTATIONS <u>SMT</u>			
BASIS FOR CAUTION <u>ICQ</u>			
DATE OF OFFENSE <u>DOQ</u>		SKIN TONE <u>SKN</u>	
OLN _____		CITIZENSHIP <u>CIZ</u>	
VICTIM INFO CHILD ☐ ELDERLY ☐ DISABLED ☐			
SEX OFFENDER		Y ☐	N ☐
ADDITIONAL INFORMATION			

Instructions

1. Until otherwise directed, complete this form in addition to FBI form FD-249 (rev. 4-26-71), and forward directly to the Ohio State Bureau of Criminal Identification and 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, no formal charge, bail, turned over to, etc., in the arrest disposition block provided on this side.
6. Make certain all impressions are legible, fully rolled and classifiable.
7. Caution-check box on front if caution statement indicated, basis for caution (ICO) must give reason for caution, e.g., armed and dangerous, suicidal, etc.
8. Miscellaneous number (MNU)-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 109.60.
10. All information requested is essential.

DNA COLLECTED? YES ☐ NO ☐IF COLLECT WIRE OR COLLECT TELEPHONE REPLY DESIRED.
INDICATE HERE: (WIRE SENT ON ALL UNKNOWN DECEASED)WIRE REPLY ☐ TELEPHONE REPLY ☐ TELEPHONE NO. AND AREA CODE _____

SEND COPY TO: NAME, ORINUMBER AND ADDRESS

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BCI FINGERPRINT ARREST CARD FIELDS

1. ITN Number – **required field**
2. Name – **required field**
3. Alias
4. ORI of arresting agency – **required field and must be a law enforcement agency**
5. Date of birth – **required field**
6. Sex – **required field** (can only use ones listed in specifications)
7. Race – **required field** (if you are unsure of what race the person is refer to FBI definitions)
8. Height
9. Weight
10. Eyes
11. Hair
12. Place of birth
13. Date of arrest – **required field** (date fingerprinted)
14. OCA – arrest number
15. FBI – no need to include this – this filed is already in CCH
16. SID or BCI number – no need to include this – this field is already in CCH if a repeat offender and if not, CCH assigns one
17. SSN – not required by extremely helpful
18. Signature of person fingerprinted
19. Signature of official taking fingerprints
20. Charge – **required field** – literal translation of the Ohio Revised Code or Statute Citation
21. Final disposition – court outcome of the case
22. Fingerprints – **required fields** – If the person has a missing finger or your are unable to fingerprint them for any reason, you **MUST** write that reason in the corresponding field(s)
23. Statute Citation (back of card) – **required field**