



BCI FINGERPRINT ARREST CARD FIELDS

LEAVE BLANK		STATE USAGE	TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME, DOM				FIRST NAME	MIDDLE NAME	BCIN	LEAVE BLANK	
ITN:		1	2								
STATE USAGE		ALIASES		CONTRIBUTOR		DATE OF BIRTH DOB					
SIGNATURE OF PERSON FINGERPRINTED		3		4		5					
18											
THIS DATA MAY BE COMPUTRIZED IN LOCAL, STATE AND NATIONAL FILES		DATE ARRESTED OR RECEIVED OOA		SEX	RACE	HRT.	WGL	EYES	HAIR	PLACE OF BIRTH DOB	
DATE	SIGNATURE OF OFFICIAL TAKING FINGERPRINTS		YOUR NO. OOA	6	7	8	9	10	11	12	
	19		14	LEAVE BLANK							
CHARGE		PH. NO. FBI		CLASS							
20		15									
FINAL DISPOSITION		RD. NO. SD		REF							
21		16									
		SOCIAL SECURITY NO. SOC		NSIC CLASS - FPO							
		17									
		CALCOM									
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	22							
LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY		L. THUMB	R. THUMB	RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY							

BCI FINGERPRINT ARREST CARD FIELDS

Bureau of Criminal Investigation P.O. Box 386, London, Ohio 43140 Phone (740) 846-2212		BCI 017
<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> <hr/> <p>IF ARREST FINGERPRINT SENT BCI PREVIOUSLY AND BCI NO. UNKNOWN, FURNISH ARREST NO. _____ DATE _____</p> <hr/> <p>STATUTE CITATION (SEE INSTRUCTIONS NO. 9 CIT)</p> <p>1. _____</p> <p>2. 23</p> <p>3. _____</p> <hr/> <p>ARREST DISPOSITION (SEE INSTRUCTIONS NO. 5 <u>ADD</u>)</p> <hr/> <p>EMPLOYER: IF U.S. GOVERNMENT, INDICATE SPECIFIC AGENCY. IF MILITARY, LIST BRANCH OF SERVICE AND SERIAL NO.</p> <hr/> <p>OCCUPATION</p> <hr/> <p>RESIDENCE OF PERSON FINGERPRINTED</p> <hr/> <p>SCARS, MARKS, TATTOOS, AND AMPUTATIONS SMT</p> <hr/> <p>BASIS FOR CAUTION <u>CC</u></p> <hr/> <p>DATE OF OFFENSE <u>DD</u> SKIN TONE <u>SKN</u></p> <hr/> <p>OLN CITIZENSHIP <u>CIT</u></p> <hr/> <p style="text-align: center;">VICTIM INFO</p> <p>CHILD <input type="checkbox"/> ELDERLY <input type="checkbox"/> DISABLED <input type="checkbox"/></p> <hr/> <p>SEX OFFENDER Y <input type="checkbox"/> N <input type="checkbox"/></p> <p style="text-align: center;">ADDITIONAL INFORMATION</p>	<p>Instructions</p> <ol style="list-style-type: none"> 1. Unless otherwise directed, complete this form in addition to FBI form FD-249 (rev. 4-28-71), and forward direct 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 jail, 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 inked 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 (MN.) 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 109.56). 10. All information requested is essential. <hr/> <p>REPLY DESIRED? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="font-size: x-small;">(REPLY WILL BE SENT IN ALL CASES IF SUBJECT FOUND TO BE WANTED)</p> <hr/> <p style="font-size: x-small;">IF COLLECT, TYPE OR COLLECT TELEPHONE; REPLY DESIRED (INDICATE HERE: PHONE SENT OR ALL UNKNOWN DEVICES)</p> <p>WIRE REPLY <input type="checkbox"/> TELEPHONE REPLY <input type="checkbox"/> TELEPHONE NO. AND AREA CODE _____</p> <hr/> <p>SEND COPY TO: NAME, ROOM/NUMBER AND ADDRESS</p> <hr/> <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**