

INCIDENT REPORT			INCIDENT NUMBER		REPORT TYPE: <input type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLEMENTAL		
<small>AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103 and EO 9397 PRIVACY ACT STATEMENT PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken. ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings. DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.</small>							
SECTIONS OR BLOCKS THAT DO NOT APPLY TO A REPORTED OFFENSE SHOULD BE LEFT BLANK							
SECTION I. ADMINISTRATIVE							
DATE REC'D (YYYYMMDD)		TIME REC'D (24 Hour)	INCIDENT RECEIVED: <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Radio <input type="checkbox"/> By Alarm <input type="checkbox"/> By Crime Stop Call/ 911 <input type="checkbox"/> Other:				
SECTION II. COMPLAINANT (If not Victim/Witness) (Use "Complainant/Witness/Sponsor" Addendum sheet for additional Complainants)							
LAST NAME (include Jr., Sr., II, III, etc.)		FIRST	MIDDLE		SSN/ALIEN REG. #:	GRADE/RANK	
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____			STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)				
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)					UIC/RUC	WORK TELEPHONE	
ADDRESS			CITY		STATE	ZIP CODE	
SECTION III. OFFENSE (Use "Offense" Addendum for additional Offenses)							
DATE(S) OF INCIDENT: (YYYYMMDD) From: To:		TIME(S) OF INCIDENT: (24 Hour) From: To:		OFFENSE STATUS: (Check Only One Per Offense) 1. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 2. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED 3. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED			
OFFENSE DATA							
No.	STATUTORY BASIS (SEE CODE BELOW)	OFFENSE DESCRIPTION			LOCATION/ADDRESS	ON BOARD MILITARY INSTALLATION (YES/NO)	
1.							
2.							
3.							
*STATUTORY BASIS CODES: (U) UCMJ (F) Federal (S) State (L) Local (X) Foreign		WEATHER CONDITIONS: (Max. 3) <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Foggy <input type="checkbox"/> Ice <input type="checkbox"/> Snow <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____			LIGHTING: <input type="checkbox"/> Daylight <input type="checkbox"/> Dark (Lighted) <input type="checkbox"/> Dusk <input type="checkbox"/> Dark (Not Lighted) <input type="checkbox"/> Dawn <input type="checkbox"/> Unknown		
OFFENDER USED		TYPE WEAPON/FORCE USED (Max 3) (Enter in box an "A" if fully automatic weapon; "M" if manual; "S" if semi-automatic)					
<input type="checkbox"/> Alcohol		<input type="checkbox"/> Firearm (Not Listed)	<input type="checkbox"/> Knife/Cutting Tool	<input type="checkbox"/> Poison	<input type="checkbox"/> Asphyxiation		
<input type="checkbox"/> Drugs/Narcotics		<input type="checkbox"/> Handgun	<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Explosives	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Computer Equipment		<input type="checkbox"/> Rifle	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Fire/Incendiary	<input type="checkbox"/> None		
<input type="checkbox"/> Not applicable		<input type="checkbox"/> Shotgun	<input type="checkbox"/> Bodily Force (Hands/Feet)	<input type="checkbox"/> Narcotic/Drug	<input type="checkbox"/> Other (Specify) _____		
LOCATION OF OFFENSE (Enter 1, 2, or 3 if multiple offenses occurred at different)			<input type="checkbox"/> U.S. & Possessions <input type="checkbox"/> Outside U.S. & Possessions				
<input type="checkbox"/> Exchange/Dept/Discount Store	<input type="checkbox"/> Air/Bus/Train Terminal	<input type="checkbox"/> Rental/Storage Facility	<input type="checkbox"/> Dining Facility/Restaurant				
<input type="checkbox"/> School (Elem, High/College)	<input type="checkbox"/> Training/Service School	<input type="checkbox"/> Lake/Waterway/Ocean	<input type="checkbox"/> Bank/Credit Union				
<input type="checkbox"/> NCO Club/Officer Club/Bar	<input type="checkbox"/> Training Area/Field/Woods	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Service/Gas Station				
<input type="checkbox"/> Government/Public Building	<input type="checkbox"/> Highway/Road/Alley/Sidewalk	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> On Board Ship				
<input type="checkbox"/> BOQ/CBQ/ Lodge/Hotel	<input type="checkbox"/> Commissary/Grocery Store	<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> On Board Aircraft				
<input type="checkbox"/> Package/Liquor Store	<input type="checkbox"/> Chapel/Church/Synagogue	<input type="checkbox"/> Specialty Store/Concessionaire	<input type="checkbox"/> Other (Specify) _____				
<input type="checkbox"/> Shoppette/Convenience Store	<input type="checkbox"/> Commercial/Office Building	<input type="checkbox"/> Quarters/Barracks/Residence/Berthing	<input type="checkbox"/> Unknown				
<input type="checkbox"/> Corrections Facility/Jail/Prison	<input type="checkbox"/> Recreation Area/Park	<input type="checkbox"/> Motor Pool/Parking Lot/Garage					
TYPE OF CRIMINAL ACTIVITY (If larceny, forgery, pornography, gambling, drugs or weapons violation) (MAX 3)							
<input type="checkbox"/> Buying/Receiving		<input type="checkbox"/> Operating/Promoting/Assisting		<input type="checkbox"/> Destruction/Vandalism			
<input type="checkbox"/> Cultivating/Manufacturing/Publishing		<input type="checkbox"/> Possessing/Concealing		<input type="checkbox"/> Harassment/Stalking			
<input type="checkbox"/> Distributing/Selling		<input type="checkbox"/> Transporting/Transmitting/Importing		<input type="checkbox"/> Other: (Specify) _____			
<input type="checkbox"/> Exploiting Children		<input type="checkbox"/> Using/Consuming					

SECTION III. OFFENSE (cont.)				BURGLARY/B & E ONLY: <input type="checkbox"/> Force <input type="checkbox"/> No Force <input type="text"/> # of Premises Entered			
VEHICLE DESCRIPTION				METHOD OF ENTRY (Max. 3)			
VEH STATUS <input type="checkbox"/> Suspect <input type="checkbox"/> Stolen <input type="checkbox"/> Recovered <input type="checkbox"/> Target		YEAR	MAKE	MODEL	CONDITION OF PREMISE (Max. 1) <input type="checkbox"/> Occupied <input type="checkbox"/> Unoccupied <input type="checkbox"/> Vacant (Temp. Unocc.) <input type="checkbox"/> Vacant		TOOLS USED (Max. 3) <input type="checkbox"/> Bar/Pipe <input type="checkbox"/> Pry Tool <input type="checkbox"/> Bodily Force <input type="checkbox"/> Saw/Drill <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Wire <input type="checkbox"/> Chopping Tool <input type="checkbox"/> Screwdriver <input type="checkbox"/> Explosive <input type="checkbox"/> Missile <input type="checkbox"/> Gripping Tool <input type="checkbox"/> Unknown <input type="checkbox"/> Hammer <input type="checkbox"/> Other:
STYLE <input type="checkbox"/> Sedan (2DR/4DR) <input type="checkbox"/> R/V / Camper <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Pickup <input type="checkbox"/> Tractor Trailer <input type="checkbox"/> Boat <input type="checkbox"/> Other: _____		COLOR	LICENSE PLATE #	STATE	<input type="checkbox"/> Door Knob Twist <input type="checkbox"/> Door Kicked In <input type="checkbox"/> Door Open/Unlocked <input type="checkbox"/> Door Pried <input type="checkbox"/> Door Other <input type="checkbox"/> Delivery <input type="checkbox"/> Garage <input type="checkbox"/> Bodily Force <input type="checkbox"/> Sliding Door <input type="checkbox"/> Door Type Other <input type="checkbox"/> Lock Cut/Removed <input type="checkbox"/> Lock Forced/Broken <input type="checkbox"/> Lock Forced (Hasp) <input type="checkbox"/> Lock Pried <input type="checkbox"/> Lock Other <input type="checkbox"/> Remain On Premise <input type="checkbox"/> Tunneled <input type="checkbox"/> Screen Cut <input type="checkbox"/> Screen Pried <input type="checkbox"/> Screen Removed <input type="checkbox"/> Screen Other <input type="checkbox"/> Window Broken <input type="checkbox"/> Window Cut <input type="checkbox"/> Window Open/Unlocked <input type="checkbox"/> Window Pried Open <input type="checkbox"/> Window Removed <input type="checkbox"/> Window Other <input type="checkbox"/> Cut Hole in Wall <input type="checkbox"/> Unknown <input type="checkbox"/> Other: _____		
VIN				OWNER NAME			
OTHER IDENTIFYING MARKS							

BIAS MOTIVATION (X) (All Hate/Bias Motivated Offenses Must be Reported to NCIS)

<input type="checkbox"/> None	<input type="checkbox"/> Anti-Alaskan Native	<input type="checkbox"/> Anti-Catholic	<input type="checkbox"/> Anti-Agnostic
<input type="checkbox"/> Anti-White	<input type="checkbox"/> Anti-Asian	<input type="checkbox"/> Anti-Islamic (Moslem)	<input type="checkbox"/> Anti-Homosexual
<input type="checkbox"/> Anti-Black	<input type="checkbox"/> Anti-Pacific Islander	<input type="checkbox"/> Anti-Protestant	<input type="checkbox"/> Anti-Male Homosexual
<input type="checkbox"/> Anti-Arab	<input type="checkbox"/> Anti-Other Ethnicity/Origin	<input type="checkbox"/> Anti-Multi-Religious Group	<input type="checkbox"/> Anti-Female Homosexual
<input type="checkbox"/> Anti-Hispanic	<input type="checkbox"/> Anti-Multi-Racial Group	<input type="checkbox"/> Anti-Other Religion	<input type="checkbox"/> Anti-Heterosexual
<input type="checkbox"/> Anti-American Indian	<input type="checkbox"/> Anti-Jewish	<input type="checkbox"/> Anti-Atheism	<input type="checkbox"/> Anti-Bisexual

SECTION IV. PROPERTY (Use "Property" Addendum sheet for additional Property)

CODE (a)	TYPE (b)	QTY	DESCRIPTION	MAKE/MODEL	SIZE	SERIAL#	COLOR	VALUE	S/U (c)	OWNER (d)	DISP. (e)	# VEH. RECOVERED	DATE RECOVERED

a. PROPERTY DESCRIPTION CODE

01 - Aircraft	12 - Farm Equipment	23 - Office-Type Equipment	34 - Structures - Storage
02 - Alcohol	13 - Firearms	24 - Other Motor Vehicles	35 - Structures - Other
03 - Automobile	14 - Gambling Equipment	25 - Purse/Handbag/Wallet	36 - Tools - Power/Hand
04 - Bicycle	15 - Heavy Construction Equip.	26 - Radio/TV/VCR	37 - Trucks
05 - Bus	16 - Household Goods	27 - Recording - Audio/Visual	38 - Vehicle Parts/Accessories
06 - Clothes/Furs	17 - Jewelry/Precious Metals	28 - Recreational Vehicle	39 - Watercraft
07 - Computer Hard/Software	18 - Livestock	29 - Structures - Single Occupancy	77 - Other (Specify)
08 - Consumable Goods	19 - Merchandise	30 - Structures - Other Dwellings	88 - Pending Inventory
09 - Credit/Debit Cards	20 - Money	31 - Structures - Commercial/Bus.	99 - Special Category
10 - Drugs/Narcotics	21 - Negotiable Instruments	32 - Structures - Industrial/Manuf.	
11 - Drug/Narcotic Equipment	22 - Nonnegotiable Instruments	33 - Structures - Public/Community	

b. TYPE PROPERTY LOSS/ETC. CODE	c. S/U CODE	d. OWNERSHIP CODE	e. DISPOSITION OF PROPERTY CODE
(1) None (2) Burned (3) Counterfeited/Forged (4) Damaged/Destroyed (5) Recovered (6) Seized/Impounded (7) Stolen (8) Unknown (9) Lost & Found	(S) SECURE (U) UNSECURE	(A) Federal Gov. (B) State Gov. (C) City Gov. (D) County Gov. (E) Foreign Gov. (F) Private/Personal	(E) Evidence (R) Return to Owner (S) Safekeeping

SUSPECTED DRUG INVOLVEMENT			f. DRUG TYPE			g. TYPE DRUG MEASUREMENT		
DRUG TYPE (f)	EST. QUANTITY	MEASUREMENT (g)	(A) "CRACK" cocaine (B) Cocaine (C) Hashish (D) Heroin (E) Marijuana (F) Morphine	(G) Opium (H) Other Narcotics (I) LSD (J) PCP (K) Other Hallucinogens (L) Amphetamines	(M) Other Stimulants (N) Barbiturates (O) Other Depressants (P) Other Drugs (U) Unknown Drug (X) Over 3 Drug Types	WEIGHT (GM) Gram (KG) Kilogram (OZ) Ounce (LB) Pound	CAPACITY (ML) Milliliter (LT) Liter (FO) Fluid Ounce (GL) Gallon	UNITS (DU) Dosage UNIT (Pills, etc.) (NP) Number of Plants

SECTION V. VICTIM (Use "Victim" Addendum sheet if more than one victim)				VICTIM#	DD2701 ISSUED	VICTIM RELATED TO OFFENSE # 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10
				YES	NO	VICTIM RELATED TO SUSPECT # 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10

LAST NAME (include Jr., Sr., II, III, etc.)		FIRST	MIDDLE	SSN/ALIEN REG. #:	GRADE/RANK
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____			STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)		
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)				UIC/RUC	WORK TELEPHONE
ADDRESS			CITY	STATE	ZIP CODE
DOB	SEX Male Female Unknown	RACE White Black American Indian	ASIAN Unknown	ETHNICITY Hispanic Non-Hispanic Unknown	RESIDENT STATUS Resident Nonresident Unknown

SECTION V. VICTIM (Cont.)																	
TYPE OF VICTIM				AGGRAVATED ASSAULT CIRCUMSTANCES (Max 2)				INJURY TYPE (Max 5)									
<input type="checkbox"/> Individual	<input type="checkbox"/> Religious Org'n	<input type="checkbox"/> Argument	<input type="checkbox"/> Assault on LE Officer	<input type="checkbox"/> None	<input type="checkbox"/> Minor Injury												
<input type="checkbox"/> Business	<input type="checkbox"/> Society/Public	<input type="checkbox"/> Drug Dealing	<input type="checkbox"/> Other Felony Involved	<input type="checkbox"/> Broken Bones	<input type="checkbox"/> Major Injury												
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Other	<input type="checkbox"/> Gangland	<input type="checkbox"/> Other Circumstances	<input type="checkbox"/> Poss. Int. Injuries	<input type="checkbox"/> Loss of Teeth												
<input type="checkbox"/> Government	<input type="checkbox"/> Unknown	<input type="checkbox"/> Juvenile Gang	<input type="checkbox"/> Unknown	<input type="checkbox"/> Severe Laceration	<input type="checkbox"/> Unconsciousness												
<input type="checkbox"/> Law Enforcement		<input type="checkbox"/> Lovers' Quarrel/Domestic															
RELATIONSHIP OF VICTIM TO SUSPECT (For multiple suspect's relationships, enter suspect's number in block)																	
<input type="checkbox"/> Spouse	<input type="checkbox"/> Grandparent	<input type="checkbox"/> Stepsibling	<input type="checkbox"/> Babysittee (Baby)	<input type="checkbox"/> Employee													
<input type="checkbox"/> Com-Law Spouse	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Other Family	<input type="checkbox"/> Boy/Girl Friend (B/G Friend)	<input type="checkbox"/> Employer													
<input type="checkbox"/> Parent	<input type="checkbox"/> In-Law	<input type="checkbox"/> Acquaintance	<input type="checkbox"/> Child of "B/G" Friend	<input type="checkbox"/> Otherwise Known													
<input type="checkbox"/> Sibling	<input type="checkbox"/> Stepparent	<input type="checkbox"/> Friend	<input type="checkbox"/> Homosexual Relationship	<input type="checkbox"/> Relationship Unknown													
<input type="checkbox"/> Child	<input type="checkbox"/> Stepchild	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Ex-Spouse	<input type="checkbox"/> Stranger													
SECTION VI. WITNESS/SPONSOR																	
(Use "Complainant/Witness/Sponsor" Addendum sheet if more than one Witness/Sponsor)								TYPE/SEQUENCE #		DD2701 ISSUED							
								<input type="checkbox"/> WITNESS #		<input type="checkbox"/> SPONSOR #							
				YES		NO											
LAST NAME (include Jr., Sr., II, III, etc.)			FIRST		MIDDLE		SSN/ALIEN REG. #:		GRADE/RANK								
BRANCH OF SERVICE:				STATUS:													
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE				<input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD													
<input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____				<input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)													
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)							UIC/RUC		WORK TELEPHONE								
ADDRESS					CITY			STATE		ZIP CODE							
SECTION VII. SUSPECT/ARRESTEE (Use "Suspect/Arrestee" Addendum sheet if more than one Suspect/Arrestee)																	
TYPE/SEQUENCE #			SUSPECT/ARRESTEE RELATED TO OFFENSE #			INVOLVEMENT											
<input type="checkbox"/> SUSPECT #			<input type="checkbox"/> ARRESTEE #			<input type="checkbox"/> PRINCIPAL <input type="checkbox"/> ACCESSORY <input type="checkbox"/> CONSPIRATOR <input type="checkbox"/> SOLICITOR											
LAST NAME (include Jr., Sr., II, III, etc.)			FIRST		MIDDLE		SSN/ALIEN REG. #:		GRADE/RANK								
BRANCH OF SERVICE:				STATUS:													
<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE				<input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD													
<input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____				<input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)													
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)							UIC/RUC		WORK TELEPHONE								
ADDRESS					CITY			STATE		ZIP CODE							
HAIR COLOR		EYE COLOR		HEIGHT		WEIGHT		DOB		POB							
ALIAS (AKA)				SEX		RACE		ETHNICITY		RESIDENT STATUS							
				<input type="checkbox"/> Male		<input type="checkbox"/> White <input type="checkbox"/> Asian		<input type="checkbox"/> Hispanic		<input type="checkbox"/> Resident							
				<input type="checkbox"/> Female		<input type="checkbox"/> Black <input type="checkbox"/> Unknown		<input type="checkbox"/> Non-Hispanic		<input type="checkbox"/> Nonresident							
				<input type="checkbox"/> Unknown		<input type="checkbox"/> American Indian		<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown							
DESCRIPTION																	
HAIR (Max. 2)		HAIR STYLE (Max. 2)		FACIAL HAIR (Max. 3)		COMPLEXION (Max. 2)		APPEARANCE (Max. 3)		IDENTIFYING MARKS (Max. 3)		DESCRIPTION:					
<input type="checkbox"/> Unknown <input type="checkbox"/> Bald <input type="checkbox"/> Receding <input type="checkbox"/> Short <input type="checkbox"/> Collar <input type="checkbox"/> Shoulder <input type="checkbox"/> Long <input type="checkbox"/> Coarse <input type="checkbox"/> Fine <input type="checkbox"/> Thick <input type="checkbox"/> Thinning <input type="checkbox"/> Wiry <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Afro <input type="checkbox"/> Braided <input type="checkbox"/> Bushy <input type="checkbox"/> Crewcut <input type="checkbox"/> Greasy <input type="checkbox"/> Recruit <input type="checkbox"/> Ponytail <input type="checkbox"/> Processed <input type="checkbox"/> Straight <input type="checkbox"/> Curly <input type="checkbox"/> Wig <input type="checkbox"/> Part L/R <input type="checkbox"/> Dreadlocks <input type="checkbox"/> Cornrow <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Clean <input type="checkbox"/> Medium <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Lower Lip <input type="checkbox"/> Beard <input type="checkbox"/> Sideburns <input type="checkbox"/> Unshaven <input type="checkbox"/> Other: _____ BUILD (Max. 1) <input type="checkbox"/> Unknown <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Muscular		<input type="checkbox"/> Unknown <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Freckled <input type="checkbox"/> Tanned <input type="checkbox"/> Acne <input type="checkbox"/> Pocked <input type="checkbox"/> Ruddy <input type="checkbox"/> Clear <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Dirty <input type="checkbox"/> Disguised <input type="checkbox"/> Flashy <input type="checkbox"/> Military <input type="checkbox"/> Unkempt <input type="checkbox"/> Odorous <input type="checkbox"/> Neat <input type="checkbox"/> Cap/Hat <input type="checkbox"/> Sunglasses <input type="checkbox"/> Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Tattoo <input type="checkbox"/> Scar <input type="checkbox"/> Mark LOCATION (Max. 3) <input type="checkbox"/> Eye (Left/Right) <input type="checkbox"/> Face <input type="checkbox"/> Scalp <input type="checkbox"/> Teeth <input type="checkbox"/> Hand (Left/Right) <input type="checkbox"/> Foot (Left/Right) <input type="checkbox"/> Leg (Left/Right) <input type="checkbox"/> Arm(Left/Right) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Hip (Left/Right) <input type="checkbox"/> Stomach <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Buttocks <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Gang Attire <input type="checkbox"/> Camouflage <input type="checkbox"/> Swimwear <input type="checkbox"/> Western Attire <input type="checkbox"/> Ragged Attire <input type="checkbox"/> Athletic Attire <input type="checkbox"/> Business Attire <input type="checkbox"/> Navy Uniform <input type="checkbox"/> AF Uniform <input type="checkbox"/> Army Uniform <input type="checkbox"/> Marine Uniform <input type="checkbox"/> CG Uniform <input type="checkbox"/> Police Uniform <input type="checkbox"/> No Attire (Naked) <input type="checkbox"/> Casual Attire <input type="checkbox"/> Other: _____		<input type="checkbox"/> Unknown <input type="checkbox"/> Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Mumbles <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Stutters <input type="checkbox"/> Other: _____ HANDS (Max. 1) <input type="checkbox"/> Unknown <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous		<input type="checkbox"/> Unknown <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Disordered <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Polite <input type="checkbox"/> Competent <input type="checkbox"/> Stupid <input type="checkbox"/> Violent <input type="checkbox"/> Obscene <input type="checkbox"/> Talkative <input type="checkbox"/> Other: _____	

SECTION VII. SUSPECT/ARRESTEE (cont.)

ARRESTEE ONLY	TYPE OF ARREST	MULTIPLE CLEARANCE	ARRESTEE WAS ARMED WITH (<i>X up to Two</i>)		DISPOSITION OF JUVENILE
	On-View	<input type="checkbox"/> Multiple <input type="checkbox"/> Count Arrestee <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unarmed	<input type="checkbox"/> Lethal Cutting Instrument	<input type="checkbox"/> Handled within Department <input type="checkbox"/> Referred to other Authority
	Summons/Cited		<input type="checkbox"/> Handgun	<input type="checkbox"/> Club/Blackjack/Brass Knuckles	
	Taken into Custody		<input type="checkbox"/> Rifle	<input type="checkbox"/> Other (Specify) _____	
DATE ARRESTED:		<input type="checkbox"/> Shotgun			

SECTION VIII. ADDITIONAL POLICE OFFICERS (*Use Narrative Section, for additional Police Officers (Other than Reporting Official)*)

1. LAST	FIRST	MI	2. LAST	FIRST	MI
GRADE/RANK	DUTY STATION/EMPLOYER	BADGE #	GRADE/RANK	DUTY STATION/EMPLOYER	BADGE #

SECTION IX. NARRATIVE (WHO, WHAT, WHEN, WHERE, WHY, HOW) (*Use "Narrative" Addendum sheet if more space is required*)

ENCLOSURE(S) (*List additional "Enclosures" in the Narrative Section*)

ENCL #	DESCRIPTION (<i>List all Attached Supporting Documents i.e., statements, Photographs, sketches, etc.</i>)

SECTION X. REPORTING/APPROVING OFFICIALS

REPORTING OFFICIAL (<i>NAME, RANK, TITLE & SIGNATURE</i>)	DATE	APPROVING OFFICIAL (<i>NAME, RANK, TITLE & SIGNATURE</i>)	DATE
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SECTION XI. ADMINISTRATIVE DISPOSITION (ADMIN USE ONLY)

VICTIM/WITNESS NOTIFICATION: <i>(DD Form 2701 provided)</i> <input type="checkbox"/> # VICTIMS NOTIFIED <input type="checkbox"/> # WITNESSES NOTIFIED	INCIDENT STATUS: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> CLEARED BY APPREHENSION <input type="checkbox"/> CLEARED EXCEPTIONALLY	CLEARED EXCEPTIONALLY: <input type="checkbox"/> DEATH OF OFFENDER <input type="checkbox"/> PROSECUTION DECLINED <input type="checkbox"/> EXTRADITION DECLINED	DATE CLEARED: <input type="checkbox"/> REFUSED TO COOPERATE <input type="checkbox"/> JUVENILE NO CUSTODY <input type="checkbox"/> NOT APPLICABLE
REFERRED TO/ASSUMED BY: NCIS Case #: _____ INVESTIGATIONS Case #: _____ LOCAL POLICE Case #: _____ OTHER (<i>Specify</i>) _____		DISTRIBUTION: <input type="checkbox"/> COMMANDING OFFICER <input type="checkbox"/> MEDICAL/MENTAL HEALTH <input type="checkbox"/> LEGAL OFFICER/SJA <input type="checkbox"/> DRUG & ALCOHOL (DAPA) <input type="checkbox"/> FAMILY ADVOCACY <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> EQUAL OPPORTUNITY	

INCIDENT REPORT ADDENDUM - COMPLAINANT/WITNESS/SPONSOR

INCIDENT NUMBER

REPORT TYPE:

- INITIAL
 SUPPLEMENTAL

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103; and EO 9397

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.

DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

This form is used with OPNAV 5527/1, "Incident Report" to record information on additional Complainants, Witnesses, or Sponsors.

SEQUENCE NUMBER	CATEGORY (x) <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> SPONSOR	DD2701 ISSUED YES NO	
LAST NAME (include Jr., Sr., II, III, etc.)	FIRST	MIDDLE	SSN/ALIEN REG. #:
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____		STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)	
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)		UIC/RUC	WORK TELEPHONE
ADDRESS		CITY	STATE ZIP CODE

SEQUENCE NUMBER	CATEGORY (x) <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> SPONSOR	DD2701 ISSUED YES NO	
LAST NAME (include Jr., Sr., II, III, etc.)	FIRST	MIDDLE	SSN/ALIEN REG. #:
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____		STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)	
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)		UIC/RUC	WORK TELEPHONE
ADDRESS		CITY	STATE ZIP CODE

SEQUENCE NUMBER	CATEGORY (x) <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> SPONSOR	DD2701 ISSUED YES NO	
LAST NAME (include Jr., Sr., II, III, etc.)	FIRST	MIDDLE	SSN/ALIEN REG. #:
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____		STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)	
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)		UIC/RUC	WORK TELEPHONE
ADDRESS		CITY	STATE ZIP CODE

SEQUENCE NUMBER	CATEGORY (x) <input type="checkbox"/> COMPLAINANT <input type="checkbox"/> WITNESS <input type="checkbox"/> SPONSOR	DD2701 ISSUED YES NO	
LAST NAME (include Jr., Sr., II, III, etc.)	FIRST	MIDDLE	SSN/ALIEN REG. #:
BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____		STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)	
DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)		UIC/RUC	WORK TELEPHONE
ADDRESS		CITY	STATE ZIP CODE

INCIDENT REPORT ADDENDUM - SUSPECT/ARRESTEE

INCIDENT NUMBER

REPORT TYPE:

- INITIAL
 SUPPLEMENTAL

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103; and EO 9397 **PRIVACY ACT STATEMENT**
PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.
ROUTINE USES: Information may be disclosed to local, county, state and federal law enforcement or investigatory authorities for investigation and possible criminal prosecution or civil court action. Information extracted from this form may be used in other related criminal and/or civil proceedings.
DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.

This form is used with OPNAV 5527/1, "Incident Report" to record information on additional Suspects or Apprehendees.

TYPE/SEQUENCE # <input type="checkbox"/> SUSPECT # <input type="checkbox"/> ARRESTEE #	SUSPECT/ARRESTEE RELATED TO OFFENSE # 0 1 0 2 0 3 0 4 0 5 0 6 0 7 0 8 0 9 0 10	INVOLVEMENT <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> ACCESSORY <input type="checkbox"/> CONSPIRATOR <input type="checkbox"/> SOLICITOR
---	---	---

LAST NAME (include Jr., Sr., II, III, etc.)	FIRST	MIDDLE	SSN/ALIEN REC. #:	GRADE/RANK
---	-------	--------	-------------------	------------

BRANCH OF SERVICE: <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER: _____	STATUS: <input type="checkbox"/> REG. (ACTIVE) <input type="checkbox"/> RESERVE <input type="checkbox"/> RETIRED <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> FAM. MEM. <input type="checkbox"/> CIVILIAN EMP. <input type="checkbox"/> CIVILIAN (NO GOV. AFF.)
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DUTY STATION/EMPLOYER (INCLUDE DEPARTMENT/COMMAND/DIVISION/UNIT/etc.)	UIC/RUC	WORK TELEPHONE
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ADDRESS	CITY	STATE	ZIP CODE
---------	------	-------	----------

HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DOB	POB
------------	-----------	--------	--------	-----	-----

ALIAS (AKA)	SEX	RACE	ETHNICITY	RESIDENT STATUS
	Male	White	Asian	Resident
	Female	Black	Unknown	Non-Resident
	Unknown	American Indian	Unknown	Unknown

DESCRIPTION

HAIR <i>(Max. 2)</i>	HAIR STYLE <i>(Max. 2)</i>	FACIAL HAIR <i>(Max. 3)</i>	COMPLEXION <i>(Max. 2)</i>	APPEARANCE <i>(Max. 3)</i>	IDENTIFYING MARKS <i>(Max. 3)</i>	DESCRIPTION:
<input type="checkbox"/> Unknown <input type="checkbox"/> Bald <input type="checkbox"/> Receding <input type="checkbox"/> Short <input type="checkbox"/> Collar <input type="checkbox"/> Shoulder <input type="checkbox"/> Long <input type="checkbox"/> Coarse <input type="checkbox"/> Fine <input type="checkbox"/> Thick <input type="checkbox"/> Thinning <input type="checkbox"/> Wiry <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Afro <input type="checkbox"/> Braided <input type="checkbox"/> Bushy <input type="checkbox"/> Crewcut <input type="checkbox"/> Greasy <input type="checkbox"/> Recruit <input type="checkbox"/> Ponytail <input type="checkbox"/> Processed <input type="checkbox"/> Straight <input type="checkbox"/> Curly <input type="checkbox"/> Wig <input type="checkbox"/> Part L/R <input type="checkbox"/> Dreadlocks <input type="checkbox"/> Cornrow <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Clean <input type="checkbox"/> Medium <input type="checkbox"/> Mustache <input type="checkbox"/> Goatee <input type="checkbox"/> Lower Lip <input type="checkbox"/> Beard <input type="checkbox"/> Sideburns <input type="checkbox"/> Unshaven <input type="checkbox"/> Other: _____ BUILD <i>(Max. 1)</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Thin <input type="checkbox"/> Medium <input type="checkbox"/> Heavy <input type="checkbox"/> Muscular	<input type="checkbox"/> Unknown <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark <input type="checkbox"/> Freckled <input type="checkbox"/> Tanned <input type="checkbox"/> Acne <input type="checkbox"/> Pocked <input type="checkbox"/> Ruddy <input type="checkbox"/> Clear <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Dirty <input type="checkbox"/> Disguised <input type="checkbox"/> Flashy <input type="checkbox"/> Military <input type="checkbox"/> Unkempt <input type="checkbox"/> Odorous <input type="checkbox"/> Neat <input type="checkbox"/> Cap/Hat <input type="checkbox"/> Sunglasses <input type="checkbox"/> Glasses <input type="checkbox"/> Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Other: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> Tattoo <input type="checkbox"/> Scar <input type="checkbox"/> Mark LOCATION <i>(Max. 3)</i> <input type="checkbox"/> Eye (Left/Right) <input type="checkbox"/> Face <input type="checkbox"/> Scalp <input type="checkbox"/> Teeth <input type="checkbox"/> Hand (Left/Right) <input type="checkbox"/> Foot (Left/Right) <input type="checkbox"/> Arm (Left/Right) <input type="checkbox"/> Shoulder (L/R) <input type="checkbox"/> Hip (Left/Right) <input type="checkbox"/> Stomach <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Buttocks <input type="checkbox"/> Other: _____	DRESS <i>(Max. 3)</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Gang Attire <input type="checkbox"/> Camouflage <input type="checkbox"/> Swimwear <input type="checkbox"/> Western Attire <input type="checkbox"/> Ragged Attire <input type="checkbox"/> Athletic Attire <input type="checkbox"/> Business Attire <input type="checkbox"/> Navy Uniform <input type="checkbox"/> AF Uniform <input type="checkbox"/> Army Uniform <input type="checkbox"/> Marine Uniform <input type="checkbox"/> CG Uniform <input type="checkbox"/> Police Uniform <input type="checkbox"/> No Attire (Naked) <input type="checkbox"/> Casual Attire <input type="checkbox"/> Other: _____ SPEECH <i>(Max. 2)</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Accent <input type="checkbox"/> Lisp <input type="checkbox"/> Loud <input type="checkbox"/> Mumbles <input type="checkbox"/> Quiet <input type="checkbox"/> Rapid <input type="checkbox"/> Slow <input type="checkbox"/> Stutters <input type="checkbox"/> Other: _____ HANDS <i>(Max. 1)</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed <input type="checkbox"/> Ambidextrous DEMEANOR <i>(Max. 3)</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Calm <input type="checkbox"/> Disordered <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Polite <input type="checkbox"/> Stupor <input type="checkbox"/> Competent <input type="checkbox"/> Violent <input type="checkbox"/> Obscene <input type="checkbox"/> Talkative <input type="checkbox"/> Other: _____

ARRESTEE ONLY	TYPE OF ARREST	MULTIPLE CLEARANCE	ARRESTEE WAS ARMED WITH (X up to Two)		DISPOSITION OF JUVENILE
	<input type="checkbox"/> On-View <input type="checkbox"/> Summons/Cited <input type="checkbox"/> Taken Into Custody	<input type="checkbox"/> Multiple <input type="checkbox"/> Count Arrestee <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Unarmed <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle <input type="checkbox"/> Shotgun	<input type="checkbox"/> Lethal Cutting Instrument <input type="checkbox"/> Club/Blackjack/Brass Knuckles <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Handed within Department <input type="checkbox"/> Referred to other Authority
	DATE ARRESTED: _____				

ADDITIONAL REMARKS:

INCIDENT REPORT ADDENDUM - OFFENSE

INCIDENT NUMBER

REPORT TYPE:

- INITIAL
 SUPPLEMENTAL

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103; and EO 9397

PRIVACY ACT STATEMENT

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanding officers, supervisors, security police, NCIS special agents, etc. Used to provide information to the appropriate individuals within DoD organizations who ensure that proper legal and administrative action is taken.

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This form is used with OPNAV 5527/1, "Incident Report" to record information on additional Offense(s)

OFFENSE STATUS: (Check Only One Per Offense)

- | | | | | | | |
|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 4. | 5. | 6. | 7. | 8. | 9. | 10. |
| <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED | <input type="checkbox"/> ATTEMPTED |
| <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> COMPLETED |

OFFENSE DATA

No.	STATUTORY BASIS <small>(SEE CODE BELOW)</small>	OFFENSE DESCRIPTION	LOCATION/ADDRESS	ON BOARD MILITARY INSTALLATION <small>(YES/NO)</small>
4.				
5.				
6.				
7.				
8.				
9.				
10.				

*** STATUTORY BASIS CODES: (U) UCMJ (F) Federal (S) State (L) Local (X) Foreign**

LOCATION OF OFFENSE (Enter 1, 2, or 3 if multiple offenses occurred at different locations)

<input type="checkbox"/> Exchange/Dept/Discount Store	<input type="checkbox"/> Air/Bus/Train Terminal	<input type="checkbox"/> Rental/Storage Facility	<input type="checkbox"/> Dining Facility/Restaurant
<input type="checkbox"/> School(Elem,High)/College	<input type="checkbox"/> Training/Service School	<input type="checkbox"/> Lake/Waterway/Ocean	<input type="checkbox"/> Bank/Credit Union
<input type="checkbox"/> NCO Club/Officer Club/Bar	<input type="checkbox"/> Training Area/Field/Woods	<input type="checkbox"/> Construction Site	<input type="checkbox"/> Service/Gas Station
<input type="checkbox"/> Government/Public Building	<input type="checkbox"/> Highway/Road/Alley/Sidewalk	<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> On Board Ship
<input type="checkbox"/> BOQ/CBQ/ Lodge/Hotel	<input type="checkbox"/> Commissary/Grocery Store	<input type="checkbox"/> Child Care Facility	<input type="checkbox"/> On Board Aircraft
<input type="checkbox"/> Package/Liquor Store	<input type="checkbox"/> Chapel/Church/Synagogue	<input type="checkbox"/> Specialty Store/Concessionaire	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Shoppette/Convenience Store	<input type="checkbox"/> Commercial/Office Building	<input type="checkbox"/> Quarters/Barracks/Residence/Berthing	<input type="checkbox"/> Unknown
<input type="checkbox"/> Corrections Facility/Jail/Prison	<input type="checkbox"/> Recreation Area/Park	<input type="checkbox"/> Motor Pool/Parking Lot/Garage	

ADDITIONAL REMARKS:

**INCIDENT REPORT ADDENDUM -
PROPERTY**

INCIDENT NUMBER

REPORT TYPE:

- INITIAL
 SUPPLEMENTAL

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 301; 10 U.S.C. 5031; 44 U.S.C. 3103; and EO 9397

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This form is used with OPNAV 5527/1, "Incident Report" to record information on additional information on Property

CODE (a)	TYPE (b)	QTY	DESCRIPTION	MAKE/MODEL	SIZE	SERIAL #	COLOR	VALUE	S/U (c)	OWNER (d)	DISP. (e)	# VEHICLES RECOVERED	DATE RECOVERED

a. PROPERTY DESCRIPTION CODE TABLE

01 - Aircraft	12 - Farm Equipment	23 - Office-Type Equipment	34 - Structures - Storage
02 - Alcohol	13 - Firearms	24 - Other Motor Vehicles	35 - Structures - Other
03 - Automobile	14 - Gambling Equipment	25 - Purse/Handbag/Wallet	36 - Tools - Power/Hand
04 - Bicycle	15 - Heavy Construction Equip.	26 - Radio/TV/VCR	37 - Trucks
05 - Bus	16 - Household Goods	27 - Recording - Audio/Visual	38 - Vehicle Parts/Accessories
06 - Clothes/Furs	17 - Jewelry/Precious Metals	28 - Recreational Vehicle	39 - Watercraft
07 - Computer Hard/Software	18 - Livestock	29 - Structures - Single Occupancy	77 - Other (Specify)
08 - Consumable Goods	19 - Merchandise	30 - Structures - Other Dwellings	88 - Pending Inventory
09 - Credit/Debit Cards	20 - Money	31 - Structures - Commercial/Bus.	99 - Special Category
10 - Drugs/Narcotics	21 - Negotiable Instruments	32 - Structures - Industrial/Manuf	
11 - Drug/Narcotic Equipment	22 - Nonnegotiable Instruments	33 - Structures - Public/Commercial	

b. TYPE PROPERTY LOSS/ETC. CODE

c. S/U CODE

d. OWNERSHIP CODE

e. DISPOSITION OF PROPERTY CODE

(1) None	(4) Damaged/Destroyed	(7) Stolen	(S) SECURE	(A) Federal Gov.	(D) County Gov.	(E) Evidence
(2) Burned	(5) Recovered	(8) Unknown	(U) UNSECURE	(B) State Gov.	(E) Foreign Gov.	(R) Return to Owner
(3) Counterfeited/Forged	(6) Seized/Impound	(9) Lost & Found		(C) City Gov.	(F) Private/Personal	(S) Safekeeping

SUSPECTED DRUG INVOLVEMENT

f. DRUG TYPE

g. TYPE DRUG MEASUREMENT

DRUG TYPE (f)	EST. QUANTITY	MEASUREMENT (g)	(A) "CRACK" Cocaine	(G) Opium	(M) Other Stimulants	WEIGHT (GM) Gram	CAPACITY (ML) Milliliter
			(B) Cocaine	(H) Other Narcotics	(N) Barbituates	(KG) Kilogram	(LT) Liter
			(C) Hashish	(I) LSD	(O) Other Depressants	(OZ) Ounce	(FO) Fluid Ounce
			(D) Heroin	(J) PCP	(P) Other Drugs	(LB) Pound	(GL) Gallon
			(E) Marijuana	(K) Other Hallucinogens	(U) Unknown Drug	UNITS	
			(F) Morphine	(L) Amphetamines	(X) Over 3 Drug Types	(DU) Dosage Unit (Pills, etc.)	(NP) Number of Plants