
WARNING

USAF Security Forces Incident Report

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DATE:

CASE CONTROL NUMBER:

From: _____

To: _____

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Enter Approval Authority Name

FOR OFFICIAL USE ONLY

INCIDENT REPORT	INCIDENT NUMBER	REPORT TYPE
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The information herein is FOR OFFICIAL USE ONLY (FOUO) information which must be protected under the Freedom of Information Act (5 U.S.C. 552) and/or the Privacy Act of 1974 (5 U.S.C. 552a). Unauthorized disclosure or misuse of this PERSONAL INFORMATION may result in disciplinary action, criminal and/or civil penalties.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 9013; 44 U.S.C. 3103 and E.O. 9397 (SSN), as amended (E.O. 13478).

PRINCIPAL PURPOSE: Used to record information and details of criminal activity which may require investigative action by commanders, supervisors, security forces, AFOSI 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 criminal and/or civil proceedings.

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

SYSTEM OF RECORDS NOTICE (SORN): Air Force Justice Information System (AFJIS), F031 AF SF B.

SECTION I. ADMINISTRATIVE

DATE REC'D (YYYYMMDD)	TIME REC'D (24 Hour)	INCIDENT RECEIVED
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SECTION II. COMPLAINANT

LAST NAME	FIRST	MIDDLE	SSN/ALIEN REGISTRATION
GRADE/RANK	BRANCH OF SERVICE	STATUS	
DUTY STATION/EMPLOYER		UIC	WORK TELEPHONE
ADDRESS	CITY	STATE	ZIP

SECTION III. OFFENSE

OFFENSE NUMBER	DATE/TIME From:	DATE/TIME To:	STATUS	STATUTORY BASIS
ON MILITARY INSTALLATION	OFFENSE DESCRIPTION	LOCATION/ADDRESS		
WEATHER CONDITIONS	LIGHTING	OFFENDER USED		
TYPE OF WEAPON/FORCE USED	LOCATION OF OFFENSE	TYPE OF CRIMINAL ACTIVITY		

VEHICLE DESCRIPTION

VEHICLE STATUS	YEAR	MAKE	MODEL	STYLE
COLOR	LICENSE PLATE #	STATE	VIN	
OWNER NAME		OTHER IDENTIFYING MARKS		

BURGLARY/B & E

FORCED OR NO FORCE	NUMBER OF PREMISES ENTERED	
METHOD OF ENTRY	CONDITION OF PREMISE	TOOLS USED

BIAS MOTIVATION

SECTION III. OFFENSE

OFFENSE NUMBER	DATE/TIME From:	DATE/TIME To:	STATUS	STATUTORY BASIS
ON MILITARY INSTALLATION	OFFENSE DESCRIPTION	LOCATION/ADDRESS		

						INCIDENT NUMBER		
WEATHER CONDITIONS			LIGHTING			OFFENDER USED		
TYPE OF WEAPON/FORCE USED			LOCATION OF OFFENSE			TYPE OF CRIMINAL ACTIVITY		
VEHICLE DESCRIPTION								
VEHICLE STATUS			YEAR		MAKE		MODEL	STYLE
COLOR		LICENSE PLATE #	STATE		VIN			
OWNER NAME				OTHER IDENTIFYING MARKS				
BURGLARY/B & E								
FORCED OR NO FORCE				NUMBER OF PREMISES ENTERED				
METHOD OF ENTRY			CONDITION OF PREMISE			TOOLS USED		
BIAS MOTIVATION								
SECTION III. OFFENSE								
OFFENSE NUMBER		DATE/TIME From:		DATE/TIME To:		STATUS	STATUTORY BASIS	
ON MILITARY INSTALLATION		OFFENSE DESCRIPTION			LOCATION/ADDRESS			
WEATHER CONDITIONS			LIGHTING			OFFENDER USED		
TYPE OF WEAPON/FORCE USED			LOCATION OF OFFENSE			TYPE OF CRIMINAL ACTIVITY		
VEHICLE DESCRIPTION								
VEHICLE STATUS			YEAR		MAKE		MODEL	STYLE
COLOR		LICENSE PLATE #	STATE		VIN			
OWNER NAME				OTHER IDENTIFYING MARKS				
BURGLARY/B & E								
FORCED OR NO FORCE				NUMBER OF PREMISES ENTERED				
METHOD OF ENTRY			CONDITION OF PREMISE			TOOLS USED		
BIAS MOTIVATION								
SECTION IV. PROPERTY								
CODE	TYPE	QTY	DESCRIPTION		MAKE/MODEL	SERIAL #	COLOR	VALUE

INCIDENT NUMBER

S/U	OWNER	DISPOSITION	# VEHICLE RECOVERED	DATE RECOVERED
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SUSPECTED DRUG INVOLVEMENT

DRUG TYPE	ESTIMATED QUANTITY	MEASUREMENT
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SECTION IV. PROPERTY

CODE	TYPE	QTY	DESCRIPTION	MAKE/MODEL	SERIAL #	COLOR	VALUE
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SUSPECTED DRUG INVOLVEMENT

DRUG TYPE	ESTIMATED QUANTITY	MEASUREMENT
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SECTION V. VICTIM

VICTIM NUMBER	VICTIM RELATED TO OFFENSE NUMBER	VICTIM RELATED TO SUSPECT/SUBJECT
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DD2701 ISSUED	LAST NAME	FIRST	MIDDLE	SSN/ALIEN REGISTRATION
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GRADE/RANK	BRANCH OF SERVICE	STATUS
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DUTY STATION/EMPLOYER	UIC	WORK TELEPHONE
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ADDRESS	CITY	STATE	ZIP
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DOB	POB	SEX	RACE	ETHNICITY	RESIDENT STATUS
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TYPE OF VICTIM	AGG ASSAULT/HOMICIDE CIRCUMSTANCES	INJURY TYPE
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RELATIONSHIP OF VICTIM TO SUSPECT/SUBJECT

SECTION V. VICTIM

VICTIM NUMBER	VICTIM RELATED TO OFFENSE NUMBER	VICTIM RELATED TO SUSPECT/SUBJECT
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DD2701 ISSUED	LAST NAME	FIRST	MIDDLE	SSN/ALIEN REGISTRATION
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GRADE/RANK	BRANCH OF SERVICE	STATUS
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DUTY STATION/EMPLOYER	UIC	WORK TELEPHONE
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ADDRESS	CITY	STATE	ZIP
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DOB	POB	SEX	RACE	ETHNICITY	RESIDENT STATUS
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TYPE OF VICTIM	AGG ASSAULT/HOMICIDE CIRCUMSTANCES	INJURY TYPE
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RELATIONSHIP OF VICTIM TO SUSPECT/SUBJECT

SECTION V. VICTIM

VICTIM NUMBER	VICTIM RELATED TO OFFENSE NUMBER	VICTIM RELATED TO SUSPECT/SUBJECT
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DD2701 ISSUED	LAST NAME	FIRST	MIDDLE	SSN/ALIEN REGISTRATION
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						INCIDENT NUMBER	
GRADE/RANK		BRANCH OF SERVICE			STATUS		
DUTY STATION/EMPLOYER				UIC	WORK TELEPHONE		
ADDRESS				CITY		STATE	ZIP
DOB	POB	SEX	RACE	ETHNICITY		RESIDENT STATUS	
TYPE OF VICTIM		AGG ASSAULT/HOMICIDE CIRCUMSTANCES			INJURY TYPE		
RELATIONSHIP OF VICTIM TO SUSPECT/SUBJECT							
SECTION VI. WITNESS/SPONSOR							
TYPE			DD2701 ISSUED				
LAST NAME			FIRST	MIDDLE		SSN/ALIEN REGISTRATION	
GRADE/RANK		BRANCH OF SERVICE			STATUS		
DUTY STATION/EMPLOYER				UIC	WORK TELEPHONE		
ADDRESS				CITY		STATE	ZIP
SECTION VI. WITNESS/SPONSOR							
TYPE			DD2701 ISSUED				
LAST NAME			FIRST	MIDDLE		SSN/ALIEN REGISTRATION	
GRADE/RANK		BRANCH OF SERVICE			STATUS		
DUTY STATION/EMPLOYER				UIC	WORK TELEPHONE		
ADDRESS				CITY		STATE	ZIP
SECTION VII. SUSPECT/SUBJECT							
SUSPECT/SUBJECT		SUSPECT/SUBJECT RELATED TO OFFENSE				INVOLVEMENT	
LAST NAME			FIRST	MIDDLE		SSN/ALIEN REGISTRATION	
GRADE/RANK		BRANCH OF SERVICE			STATUS		
DUTY STATION/EMPLOYER				UIC	WORK TELEPHONE		
ADDRESS				CITY		STATE	ZIP
HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DATE OF BIRTH		PLACE OF BIRTH	
ALIAS/MAIDEN NAME		SEX	RACE		ETHNICITY	RESIDENT STATUS	
DESCRIPTION							

					INCIDENT NUMBER	
HAIR	HAIR STYLE	FACIAL HAIR	COMPLEXION	APPEARANCE		
IDENTIFYING MARKS	DRESS	SPEECH	DEMEANOR	DEXTERITY		
SUBJECT ONLY	TYPE OF ARREST	MULTIPLE CLEARANCE		SUBJECT WAS ARMED WITH		
DISPOSITION						
SECTION VII. SUSPECT/SUBJECT						
SUSPECT/SUBJECT	SUSPECT/SUBJECT RELATED TO OFFENSE				INVOLVEMENT	
LAST NAME		FIRST	MIDDLE	SSN/ALIEN REGISTRATION		
GRADE/RANK	BRANCH OF SERVICE			STATUS		
DUTY STATION/EMPLOYER			UIC	WORK TELEPHONE		
ADDRESS			CITY	STATE	ZIP	
HAIR COLOR	EYE COLOR	HEIGHT	WEIGHT	DATE OF BIRTH	PLACE OF BIRTH	
ALIAS/MAIDEN NAME	SEX	RACE	ETHNICITY	RESIDENT STATUS		
DESCRIPTION						
HAIR	HAIR STYLE	FACIAL HAIR	COMPLEXION	APPEARANCE		
IDENTIFYING MARKS	DRESS	SPEECH	DEMEANOR	DEXTERITY		
SUBJECT ONLY	TYPE OF ARREST	MULTIPLE CLEARANCE		SUBJECT WAS ARMED WITH		
DISPOSITION						
SECTION VIII. ADDITIONAL POLICE OFFICERS						
LAST NAME		FIRST	MIDDLE	GRADE/RANK		
DUTY STATION/EMPLOYER						
SECTION VIII. ADDITIONAL POLICE OFFICERS						
LAST NAME		FIRST	MIDDLE	GRADE/RANK E-4		
DUTY STATION/EMPLOYER						
SECTION VIII. ADDITIONAL POLICE OFFICERS						
LAST NAME		FIRST	MIDDLE	GRADE/RANK		
DUTY STATION/EMPLOYER						
SECTION IX. NARRATIVE (WHO, WHAT, WHEN, WHERE, HOW)						

INCIDENT NUMBER

[Empty form area]

INCIDENT NUMBER

ENCLOSURE(S)

SECTION X. REPORTING/APPROVING OFFICIALS

REPORTING OFFICIAL PRINTED NAME, RANK, TITLE	DATE	REPORTING OFFICIAL SIGNATURE
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APPROVING OFFICIAL PRINTED NAME, RANK, TITLE	DATE	APPROVING OFFICIAL SIGNATURE
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SECTION XI. ADMINISTRATIVE DISPOSITION (ADMIN USE ONLY)
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VICTIM/WITNESS NOTIFICATION # VICTIMS NOTIFIED # WITNESSES NOTIFIED	INCIDENT STATUS	CLEARED EXCEPTIONALLY	DATE CLEARED
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REFERRED TO/ ASSUMED BY	DISTRIBUTION
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