WARNING

USAF Security Forces Incident Report

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From:	
To:	
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FOR OFFICIAL USE ONLY

INCIDENT REPORT

INCIDENT NUMBER

REPORT TYPE

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. ADMIN	ISTRATIVE												
DATE REC'D (YYYYMM	DD)		TIME RE	EC'D (24 Ho	ur)				IN	NCIDENT	RECEIVED)	
SECTION II. COMP	LAINANT												
LAST NAME			FI	RST	MIDDLE						SSN/A	LIEN REGIST	TRATION
GRADE/RANK		BRANCH	OF SER	/ICE	STAT				TATU	JS	•		
DUTY STATION/EMPLO	YER				uic				IIC	WORK TELEPHONE			
ADDRESS					CITY				STATE	1		ZIP	
SECTION III. OFFE	NSE												
OFFENSE NUMBER		DATE/TII	ME From:			DATE/TIME T	0:			STA	ATUS	STATUTOR	RY BASIS
ON MILITARY INSTALL	ATION	OFFENS	E DESCRI	IPTION			I	LOCA	TION	/ADDRES	SS		
WEATHER CONDITION	WEATHER CONDITIONS LIGHTING						OFFENDER USED						
TYPE OF WEAPON/FORCE USED LOCATION OF OFFENS										TYI	PE OF CRI	MINAL ACTIV	/ITY
VEHICLE DESCRIP	TION												
VEHICLE STATUS YEAR					MAKE			MODEL			STYLE		
COLOR	LICENSE PLA	TE#	STATE	<u>'</u>		VIN						1	
OWNER NAME OTHER ID							NG N	/ARK	S				
BURGLARY/B & E													
FORCED OR NO FORCE	E					NUMBER OF	PRE	MISE	S EN	TERED			
METHOD OF ENTRY CONDITIO						F PREMISE			TOOLS USED				
				BIA	AS N	OTIVATION			1				
SECTION III. OFFE	NSE												
OFFENSE NUMBER		DATE/TII	ME From:			DATE/TIME T	0:			STA	ATUS	STATUTOR	RY BASIS
ON MILITARY INSTALL	ON MILITARY INSTALLATION OFFENSE DESCRIPTION						ı	LOCA	TION	/ADDRES	SS	ı	

										INC	IDENT NUMBE	ER			
WEATHER CONDIT	TIONS	L	IGHTING				OF	FENDE	R USE	D					
TYPE OF WEAPON	/FORCE USED	LOCATION OF OFFENSE							TYPE OF CRIMINAL ACTIVITY						
VEHICLE DESC	RIPTION														
/EHICLE STATUS		Y	EAR		MAK	E			MOD	EL		STYLE			
COLOR	LICENSE PLA	TE#	STATE			VIN			•						
OWNER NAME	-				ОТНЕ	ER IDENT	TFYING	MARKS	3						
BURGLARY/B	& E														
FORCED OR NO F	ORCE					NUMBEI	R OF PR	REMISES	S ENTI	EREC)				
METHOD OF ENTR	Υ			CONDITIC	N OF	PREMIS	E		TOOL	S US	SED				
				ВІ	AS M	OTIVATIO	ON								
SECTION III. OI	FFENSE														
OFFENSE NUMBEI	र	DATE	/TIME From:	;	DATE/TIME To:			9	STATUS	STATUTOR	Y BASIS				
ON MILITARY INST	ALLATION	OFFE	NSE DESCR	IPTION				LOCA	TION/A	ADDR	RESS				
WEATHER CONDIT	TIONS	L	IGHTING				OF	FENDE	R USE	D					
TYPE OF WEAPON	/FORCE USED	L	OCATION O	F OFFENSI	E		•			1	TYPE OF CRIM	IINAL ACTIV	ITY		
VEHICLE DESC	RIPTION	<u> </u>													
/EHICLE STATUS		Y	EAR		MAK	E			MOD	EL		STYLE			
COLOR	LICENSE PLA	TE#	STATE			VIN									
OWNER NAME	·		·		ОТНЕ	ER IDENT	TFYING	MARKS	3						
BURGLARY/B	& E														
FORCED OR NO FO	ORCE					NUMBEI	R OF PR	REMISES	S ENTI	EREC)				
METHOD OF ENTR	Y			CONDITIC	N OF	PREMIS	E		TOOL	_S US	SED				
				BI	AS M	OTIVATIO	ON		l						
SECTION IV. PI	ROPERTY														
	TYPE	QTY	DESCRIPT	ION			MAKE/	MODEL	5	SERIA	AL#	COLOR	VALUE		

									INCIDE	NT NUI	MBER		
S/U	OWNER	DISPO	SPOSITION				# VEHICLE RECOVERED				DATE RECOVERED		
SUSPECTED D	RUG INVOLVEN	IENT											
DRUG TYPE			ESTIMATED QU	ANTIT	Υ			MEAS	UREMENT				
SECTION IV. PF	ROPERTY												
CODE	TYPE	QTY	DESCRIPTION				AKE/MODEL SERIAL #				COLOR	VALUE	
SUSPECTED D	RUG INVOLVEN	IENT											
DRUG TYPE					ESTIMATED QU	ANTIT	Υ			MEAS	UREMENT		
SECTION V. VIC	СТІМ												
VICTIM NUMBER		VI	CTIM RELATI	ED TO (OFFENSE NUMBE	ΞR		VICTII	M RELATE	D TO	SUSPECT/SUB.	JECT	
DD2701 ISSUED	LAST NAME	•			FIRST		М	IIDDLE		SSN	I/ALIEN REGIS	TRATION	
GRADE/RANK	•	BRAN	ICH OF SERV	ICE				STATU	JS				
DUTY STATION/EM					UIC		WORK	K TELEPHONE					
ADDRESS		СІТҮ						STATE	ZIP				
DOB	РОВ	SE	SEX RACE				ETHN	NICITY			RESIDENT STA	ATUS	
TYPE OF VICTIM	1	AC	GG ASSAULT	/HOMIC	CIDE CIRCUMSTANCES INJUR					PE			
RELATIONSHIP OF	VICTIM TO SUSPE	CT/SU	BJECT					<u> </u>					
SECTION V. VIC	CTIM												
VICTIM NUMBER		VI	CTIM RELATI	ED TO	OFFENSE NUMBE	ER		VICTII	M RELATE	D TO	SUSPECT/SUB.	JECT	
DD2701 ISSUED	LAST NAME				FIRST			IDDLE SSI			SN/ALIEN REGISTRATION		
GRADE/RANK		BRAN	ICH OF SERV	ICE				STATU	JS				
DUTY STATION/EM	PLOYER							UIC		WORK	TELEPHONE		
ADDRESS				CITY	ļ	ļ		STATE	ZIP				
DOB	РОВ	SE	SEX RACE					NICITY			RESIDENT STA	ATUS	
TYPE OF VICTIM	CIDE CIRCUMSTA	NCES		IN	IJURY TY	PE							
RELATIONSHIP OF	VICTIM TO SUSPE	CT/SU	BJECT										
SECTION V. VIC	CTIM												
VICTIM NUMBER		VI	CTIM RELATI	ED TO (OFFENSE NUMBE	ER		VICTII	M RELATE	D TO	SUSPECT/SUB.	JECT	
DD2701 ISSUED	LAST NAME				FIRST		М	IIDDLE		SSN	I/ALIEN REGIS	TRATION	

								INCIDENT	Γ NUN	IBER	
GRADE/RANK		В	BRANCH OF SE	RVICE			STATUS	S			
DUTY STATION/EMP	PLOYER					UIC WORK TELEPHONE					
ADDRESS						CITY			:	STATE	ZIP
DOB	РОВ		SEX	RACE		ETHN	ICITY		ı	RESIDENT STA	ATUS
TYPE OF VICTIM			AGG ASSAU	ILT/HOMIC	IDE CIRCUMSTANCE	S	IN	IURY TYPE	= '		
RELATIONSHIP OF	VICTIM TO S	USPEC	T/SUBJECT								
SECTION VI. WI	TNESS/SP	ONSO	R								
TYPE				DD2701 IS	SUED						
LAST NAME				FIRST		MIDDLE			SSN	ALIEN REGIS	TRATION
GRADE/RANK		В	BRANCH OF SE	RVICE			STATUS	3			
DUTY STATION/EMF	PLOYER						UIC	W	ORK	TELEPHONE	
ADDRESS				CITY					:	STATE	ZIP
SECTION VI. WI	TNESS/SP	ONSO	R								
ТҮРЕ				DD2701 IS	SUED						
LAST NAME				FIRST		MIDDLE	<u> </u>		SSN	ALIEN REGIS	TRATION
GRADE/RANK		В	BRANCH OF SE	RVICE			STATUS	3			
DUTY STATION/EMF	PLOYER	l					UIC	W	ORK	TELEPHONE	
ADDRESS						CITY			!	STATE	ZIP
SECTION VII. SU	JSPECT/SI	JBJEC	CT			_					
SUSPECT/SUBJECT		SUSPE	CT/SUBJECT F	RELATED T	O OFFENSE				l	INVOLVEMENT	Γ
LAST NAME		MIDDLE			SSN/ALIEN REGISTRATION						
GRADE/RANK			STATUS	3							
DUTY STATION/EMF	PLOYER						UIC	W	ORK	TELEPHONE	
ADDRESS						CITY	1	<u> </u>	!	STATE	ZIP
HAIR COLOR	EYE COLO	R	HEIGHT		WEIGHT	DATE	OF BIRT	Н	1	PLACE OF BIR	rTH
ALIAS/MAIDEN NAM	IE	SEX		RACE	1	ETHN	ICITY			RESIDENT STA	ATUS
		!		<u> </u>	DESCRIPTION						

										INCIDEN	IT NUME	BER		
HAIR	1	HAIR ST	YLE		FACIAL HAIR			COMPLEXION				APPEARANCE		
DENTIFYING MARKS	ENTIFYING MARKS DRESS				SPEE	СН		DEMEANOR				DEXTERITY		
SUBJECT ON	ILY	TYPE OF	ARREST			MULTIPLE CL	EARANC	E		SUBJEC	T WAS A	AS ARMED WITH		
						DISPOSITION	N							
SECTION VII. SU	SPECT/	SUBJE	CT											
SUSPECT/SUBJECT		SUSP	ECT/SUBJE	CT RELA	ATED T	O OFFENSE					IN	IVOLVEMENT		
AST NAME				FIR	ST		MIC	DDLE			SSN/A	ALIEN REGIST	RATION	
GRADE/RANK			BRANCH OF	SERVI	CE		<u>'</u>		STATU	S	•			
OUTY STATION/EMP	LOYER								UIC	V	VORK TELEPHONE			
ADDRESS							С	ITY			S	TATE	ZIP	
HAIR COLOR	EYE COL	OR.	HEIGHT		WEIGHT			DATE OF BIRTH			Р	PLACE OF BIRTH		
ALIAS/MAIDEN NAMI	AS/MAIDEN NAME SEX			RAG	RACE			ETHNICITY			R	RESIDENT STATUS		
						DESCRIPTION	N							
HAIR		HAIR ST	YLE		FACIAL HAIR			COMPLEXION				APPEARANCE		
DENTIFYING MARKS	3	DRESS			SPEECH			DEMEANOR			DEXTERITY			
SUBJECT ON	ILY	TYPE OF	ARREST		MULTIPLE CLEARA			ANCE SUBJEC			CT WAS ARMED WITH			
						DISPOSITION	N							
SECTION VIII. AD	DITION	AL PO	LICE OFFI	CERS										
AST NAME				FIR	ST		MIC	DDLE			GRADE/RANK			
OUTY STATION/EMP	LOYER			I			<u> </u>							
SECTION VIII. AD	DITION	AL PO	LICE OFFI	CERS										
				FIR	ST		MIC	DDLE			GRAD E-4	DE/RANK		
DUTY STATION/EMP	LOYER										1			
SECTION VIII. AD	DITION	AI PO	LICE OFFI	CFRS										
AST NAME				FIR			MIC	MIDDLE GI			GRAD	DE/RANK		
DUTY STATION/EMP	LOYER													
SECTION IX NA	DD A TIVI) WHAT 1	WHEN	\A/LIE	EDE HOW!								

INCIDENT NUMBER

ENCLOSURE(S)				·						
SECTION X. REPORTING/APPROVING OFFICIALS										
REPORTING OFFICIAL PRINTED NAME, RAN	IK, TITLE		DATE	REPORTING OFFIC	CIAL SIGNATURE					
APPROVING OFFICIAL PRINTED NAME, RAN	IK, TITLE		DATE	APPROVING OFFICIAL SIGNATURE						
SECTION XI. ADMINISTRATIVE DISI	POSITION (ADMI	N USE ONLY								
/ICTIM/WITNESS NOTIFICATION	INCIDENT STATUS		CLEARED EXCEP	TIONALLY	DATE CLEARED					
# VICTIMS NOTIFIED										
# WITNESSES NOTIFIED										
REFERED TO/ ASSUMED BY		DISTRIBUTION								

INCIDENT NUMBER