

OFFENSE/INCIDENT REPORT <i>(ER 190-1-50)</i>		RCS: DAEN-PM7
REPORT NO.	MPI/CID NO.	DATE OF REPORT
TO		FROM
1. OFFENSE/INCIDENT	<input type="checkbox"/> PERSON <input type="checkbox"/> PROPERTY <input type="checkbox"/> FRAUD <input type="checkbox"/> SEX OFFENSE	CORPS EMPLOYEE INVOLVED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NUMBER INVOLVED _____ AS VICTIM _____ SUBJECT _____
2. LOCATION <i>(Include county, state or territory in which person, installation facility or recreation area involved is located.)</i>		TIME _____ DATE _____ DATE <i>(Occurred overnight or weekend)</i> _____
3. REPORTED BY		ADDRESS
4. TYPE/STATUS OF REPORT		
<input type="checkbox"/> CLOSED <input type="checkbox"/> INITIAL <input type="checkbox"/> FOLLOW-UP <input type="checkbox"/> ADD-ON <input type="checkbox"/> CMOIR		
5. DETAILS <i>(who, what, when, where, why, how)</i> , SUPPORTING PHOTOGRAPHS, NEWSPAPER ARTICLES, ETC., MAY BE ATTACHED DO NOT ATTACH REPORTS FROM OTHER AGENCIES. IF ADDITIONAL SPACE IS REQUIRED, USE SEPARATE SHEET.		
6. <input type="checkbox"/> REPORTED <input type="checkbox"/> REFERRED TO <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> SHERIFF <input type="checkbox"/> STATE POLICE <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> FBI <input type="checkbox"/> OTHER <i>(Specify)</i>		
7. RECOMMENDED PREVENTIVE CORRECTIVE ACTION, IF APPROPRIATE		
8. DOLLAR VALUE		
a. GOVERNMENT PROPERTY \$ _____		a. COBTRACTOR PROPERTY \$ _____
9. OCCURRED ON/AGAINST		INVOLVED
<input type="checkbox"/> CORPS PERSONNEL, EQUIPMENT OR PROPERTY OTHER THAN RECREATION AREAS <input type="checkbox"/> RECREATION AREAS <input type="checkbox"/> PRIVATE PERSONNEL OR PROPERTY		<input type="checkbox"/> VANDALISM TO CORPS PROPERTY <input type="checkbox"/> LARCENY OF CORPS PROPERTY <input type="checkbox"/> OTHER
NAME, GRADE AND TITLE OF REPORTING OFFICER		SIGNATURE