

Appendix C. CLEOC Forms Reference

Table of Contents

- 1. Accident Report 6
 - 1.1 Traffic Accident Report 6
 - 1.2 Vehicle Associated with Accident Report 7
 - 1.3 Person(s) Associated with Accident Report (Arrestee Driver)..... 8
 - 1.4 Person(s) Associated with Accident Report (Victim Driver) 9
 - 1.5 Person(s) Associated with Accident Report (Witness Occupant) 10
 - 1.6 Person(s) Associated with Accident Report (Victim Pedestrian)..... 11
 - 1.7 Company/Organization associated with Accident Report..... 12
 - 1.8 Property associated with Accident Report 13
 - 1.9 Narcotics Associated with Accident Report..... 14
 - 1.10 Offense associated with Accident Report..... 15
 - 1.11 Administrative Disposition for Accident Report 16
 - 1.12 Narrative for Accident Report 17
 - 1.13 Administrative for Accident Report 18
 - 1.14 Traffic Accident Report 1 of 2..... 19
 - 1.15 Traffic Accident Report 2 of 2..... 20
- 2. Evidence Disposition 21
 - 2.1 Evidence Disposition through Incident Search 21
 - 2.2 Search for Specific Incident 22
 - 2.3 Search Criteria 23
 - 2.4 Administrative 24
 - 2.5 Vehicle in Evidence Disposition 25
 - 2.6 Property in Evidence Disposition..... 26
- 3. Incident Report 27
 - 3.1 Incident Administration..... 27
 - 3.2 Offense Administration 28
 - 3.3 Person associated with Incident (Arrestee)..... 29
 - 3.4 Person associated with Incident (Suspect) 30
 - 3.5 Person associated with Incident (Victim) 31
 - 3.6 Person associated with Incident (Witness)..... 32
 - 3.7 Person Associated with Incident (Complainant) 33
 - 3.8 Person associated with Incident (Sponsor) 34

3.9 Person Associated with Incident (Reporting Officer)	35
3.10 Person Associated with Incident (Additional Officer).....	36
3.11 Organization Associated with Incident	37
3.12 Property Associated with Incident.....	38
3.13 Narcotics Associated with Incident.....	39
3.14 Vehicle Associated with Incident.....	40
3.15 Administrative Disposition	41
3.16 Incident Narrative and Enclosures.....	42
3.17 Administrative	43
3.18 Incident Report.....	44
3.19 Incident Report and Cover Sheet.....	45
4. USMC/USN Investigations.....	46
4.1 Incident Administration.....	46
4.2 Offense Administration	47
4.3 Person Associated with Investigation (Subject)	48
4.4 Person Associated with Investigation (Co-Subject).....	49
4.5 Biographical Details 7 of 7 (Subject/Co-Subject).....	50
4.6 Person Associated with Investigation (Victim)	51
4.7 Person Associated with Investigation (Witness)	52
4.8 Person Associated with Investigation (Sponsor)	53
4.9 Person Associated with Investigation (Reporting Official)	54
4.10 Company Associated with Investigation.....	55
4.11 Property Associated with Investigation.....	56
4.12 Narcotics Associated with Investigation.....	57
4.13 Vehicle Associated with Investigation.....	58
4.14 Disposition / Distribution Information	59
4.15 Reference(s) / Action/Lead(s).....	60
4.16 Case Summary / Exhibit(s)	61
4.17 Investigation Administrative.....	62
4.18 Report of Investigation	63
4.19 Report of Investigation Cover Sheet.....	64
5. NCIS Investigations	65
5.1 CLEOC Homepage	65
5.2 CLEOC Sign-On Page.....	66
5.3 CLEOC System News Page.....	67

5.4 My Cases (Current Pending Cases and Approvals)	68
5.5 Document Approval.....	69
5.6 Search Incident Query	70
5.7 Search Incident Query Results.....	71
5.8 User Administration List	72
5.9 User Administration Account (1 of 2)	73
5.10 User Administration Account (2 of 2)	74
5.11 Background Records Check Query.....	75
5.12 Background Records Results.....	76
5.13 Background Record (Individual).....	77
5.14 Vehicle Registration (from Background Record)	78
5.15 Company/Unit/Activity/Organization Background Record	79
5.16 Case Administration.....	80
5.17 Case Summary	81
5.18 Offense.....	82
5.19 Person Associated with Investigation (Subject/Co-Subject, 1 of 2)	83
5.20 Person Associated with Investigation (Subject/Co-Subject, 2 of 2)	84
5.21 Alias Information	85
5.22 Person Associated with Investigation (Victim, 1 of 2)	86
5.23 Person Associated with Investigation (Victim, 2 of 2)	87
5.23 Company/Unit/Activity/Organization Associated with Investigation (1 of 2).....	88
5.24 Company/Unit/Activity/Organization Associated with Investigation (2 of 2).....	89
5.25 Property Associated with Investigation.....	90
5.26 Narcotics Associated with Investigation.....	91
5.27 Vehicle Associated with Investigation	92
5.28 Report Summary	93
5.29 Report of Investigation Input.....	94
5.30 Investigative Action Input	95
5.31 View Report	96
5.32 View Form.....	97
5.33 View/Respond to Task	98
5.34 CLEOC Compliance Check	99
5.35 Disposition Summary	100
5.36 Commander's Action	101
5.37 Add New Offense (Commander's Action).....	102

5.38 Add New Sanction (Commander's Action)	103
5.39 Results of Court-Martial.....	104
5.40 Add New Charge (Result of Court-Martial).....	105
5.41 Add New Sentence (Result of Court-Martial)	106
5.42 Civilian Trial Information	107
5.43 Add New Charge (Civilian Trial Information)	108
5.44 Add New Disposition Action (Civilian Trial Information)	109
6. Lost and Found.....	110
6.1 Lost and Found Property Details	110
6.2 Search Associated with Lost and Found	111
7. Search Incidents	112
7.1 Incident Search Form (Main)	112
7.2 Specific Incident Search Form	113
7.3 Search Results (1 of 2)	114
7.4 Search Results (2 of 2)	115
8.1 User List	116
8.2 User Administration	117
8.3 Main Menu Permissions	118
9. Vehicle Registration	119
9.1 Vehicle Registration Details (Person)	119
9.2 Vehicle Registration Details (Vehicle).....	120
9.3 Search Results 1 of 2 (within Registration Module)	121
9.4 Search Results 2 of 2 (with Background information)	122
9.5 Vehicle Registration Information	123
9.6 Vehicle Registration Temporary Pass	124
9.7 Vehicle Registration Information	125
10. Weapons Registration Details	126
11. Pet Registration Details.....	127
12. Desk Journal Details	128
13. Communications Log Details.....	129

1. Accident Report

1.1 Traffic Accident Report

Traffic Accident Incident Reporting

Type of Accident :

Incident Received : Date Received : (YYYYMMDD) Time Received : (24 Hour)

Incident Subject :

Case Category Code :

Project Identifier Code : Organization Identification Code :

Date(s) of Incident (YYYYMMDD) From : To : Time(s) of Incident (24 Hour) From : To :

Property Damage : Number of Vehicles Involved : 0 Number Killed : 0 Number Injured : 0

Location

Kind of Locality :

Road or Street on Which Accident Occurred : Off Base :

City State/Territory Zip/Postal Code Country

At Intersection	Name of Intersecting Street :	<input type="text"/>	
Not At Intersection	Name of Nearest Intersecting Street/Highway or Other Permanent Identifying Landmark	Number of Feet	Direction
	<input type="text"/>	<input type="text"/>	<input type="text"/>

If Accident Occurred Off Navy Base And Outside City Limits

Indicate Miles From of City or Town

Lighting

Dark (Lighted) Dark (Not Lighted) Dawn Daylight Dusk

Weather

Foggy Rain Snow Cloudy Ice Clear Other

Journal Narrative (For Journal Entry Only) Perform Spell Check Incident Included in Journal :

Please Indicate the Location for this Journal Entry on the First Line

JOURNAL NOTIFICATIONS - If you run out of space for notifications, submit form and more will appear (4 additional each time)

Time	Date	Office/Section Notified	Name of Person Notified	Remove ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.2 Vehicle Associated with Accident Report

VEHICLE for Traffic Incident 12777700002

Important Information : Please Use YYYYMMDD Format For All Date Fields

Vehicle Identification

VIN :

Vehicle Tag Number : Vehicle Tag State/Territory :

Vehicle Tag Country : Vehicle Tag Expires :

Color : Year : Make :

Style : Model : Doors :

Registered Installation : DOD Decal :

Current Owner Name :

Owner Type :

Inspection State/Territory : Inspection Expires :

Lien Holder :

Insurance Company : Policy Number : Expires :

Other Identifying Marks :

Traffic Control/Road Conditions

Driving Lanes	Character	Surface	Conditions	Road Defects	Traffic Control
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Conditions that were previously selected for this vehicle will have a star next to the entry and will be selected, to remove entries from this vehicle, deselect them using the CTRL key. To add multiple entries, use the CTRL key while selecting entry

Contributing Circumstances and Drivers's Actions

Vehicle Defects :

Direction Headed :

Estimated distance when danger was first noticed (Feet) :

Estimated speed when danger was first noticed (MPH) :

Estimated speed at impact (MPH) :

Distance traveled after impact (Feet) :

Lawful Speed (MPH) :

Vehicle Damage Information

1	2	3	4	5	6	Areas Damaged <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12	13	14	15	7	8	
FRONT						

Severity of Damage :

Towed By : Towed To :

Vehicle Property Disposition Information

Evidence/Impound/Property Log # : Estimated Vehicle Value :

Recovered Date : Date Returned :

Stolen : Reported Stolen Date :

Impounded : Impound Inventory Done :

Impounded Date : Released from Impound :

OCONUS Vehicle Information

JCI Company : SOFA Status :

JCI Policy Number : JCI Expires :

Number of Cylinders : HorsePower : Weight :

1.3 Person(s) Associated with Accident Report (Arrestee Driver)

Person for Traffic Incident 12/7/77/0002

Important Information: Please Use YYYYMMDD Format For All Date Fields
 Important Information: Person Type is not required if a Traffic Role is selected

Person Role: [Person] Person Traffic Role: [Decreased]

Remember to SEARCH for a person before entering data.

Person ID Type: [Person ID]

Last Name: [] First Name: [] Middle Name: [] Maiden Name: [] Sr., Jr., III etc.: []

Title: [] Security Clearance: []

Drivers License Number: [] Drivers License State/Territory: [] Drivers License Country: []

Type of Service: [] Branch: [] Rank: []

Civilian Type: [] Employee Type: []

Date of Birth: [] City of Birth: [] State/Territory of Birth: [] Country of Birth: []

Known Alias (AKA): []

Appearance Information

Weight: [] Pounds Height: [] Inches
 Race: [] Gender: [] Ethnicity: []
 Hair Color: [] Eye Color: []

Location Information

Organization Unit: [] Work Phone: []
 UIC: [] Home Phone: []
 Duty Station / Employer: [] On Base Personnel: [Yes]
 Home Address: [] Resident Status: []
 City: [] State/Territory: []
 Country: [] Zip/Postal Code: []

Death Information

Estimated Date of Death: From: [] To: [] Estimated Time of Death: From: [] To: []
 Manner of Death: []
 Cause of Death: []

Fingerprint Information

Fingerprint Card Submitted: [] FBI # Number: []

Arrestee Information

Date Arrested/Approached: [] (YYYYMMDD)
 Type of Arrest/Approach: [] Arrestee Suspect Was Armed With (Max. 2): []
 Arrest/Citation Number: [1277770002]
 Multiple Incidents Cleared: [Not Applicable]
 Disposition of Person Under 18: []
 Subject Detained On Base: []
 Arrest/Approach Offense: []

Driver/Occupant Information

Seat Position Chart: [] Vehicle: []
 Seat Position: [] Apparent Broken Bones: []
 Injuries: [] (Max. 5) Apparent Minor Injury: []
 Loss of Teeth: []
 Seat Belt Use: []

Driver Additional Information

Chemical Test Given: [] Chemical Test Refused: [] BAC %: []
 Limitations on License/Permit: [] Driving Experience: []
 Describe Limitations (if Yes): []

Driver's Actions: [Hold Down the CTRL Key to Select Multiple Actions]
 Contributing Circumstances: [Hold Down the CTRL Key to Select Multiple Circumstances]

Suspect/Arrestee Relationship Information

Suspect Related To Offense: [] Victim Related to Suspect: []
 Offense #: [] Description Related Involvement: [] Victim Relationship: []

Suspect/Arrestee Appearance Information

Dexterity: [] Build: []

Hair: [Bald, Coarse, Collar, Fine, Long, Receding, Short, Shoulder, Thick, Thinning]
 Hair Style: [Afro, Braided, Bushy, Curly, Dreadlocks, Greasy, Part L/R, Ponytail]
 Facial Hair: [Beard, Clean, Goatee, Lower Lip, Medium, Mustache, Sideburns, Unshaven]
 Complexion: [Acne, Clear, Dark, Flushed, light, Medium, Pocked, Ruddy, Tanned]

Appearance: [Cap/Hat, Dirty, Disguised, Flashy, Glasses, Gloves, Mask, Military, Neat, Outdoors]
 Dress: [AF Uniform, Army Uniform, Athletic Attire, Business Attire, CG Uniform, Camouflage, Casual Attire, Gang Attire, Marine Uniform, Navy Uniform]
 Speech: [Accent, Lisp, Loud, Mumbles, Quiet, Rapid, Slow, Stutters]
 Demeanor: [Angry, Apologetic, Calm, Compliant, Disoriented, Irrational, Nervous, Obscure, Polite, Sopor]

Suspect/Arrestee ID Marks Section

ID Mark	Location	Description of Mark	Delete Mark?
[]	[]	[]	[New]
[]	[]	[]	[New]
[]	[]	[]	[New]
[]	[]	[]	[New]
[]	[]	[]	[New]
[]	[]	[]	[New]
[]	[]	[]	[New]

1.4 Person(s) Associated with Accident Report (Victim Driver)

Person for Traffic Incident 1277770002

Important Information : Please Use YYYYMMDD Format For All Date Fields
Important Information : Person Type is not required if a Traffic Role is selected

Person Role: Victim | Person Traffic Role: Driver | Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: | Person ID:

Last Name: | First Name: | Middle Name: | Maiden Name: | Sr., Jr., III etc.:

Title: | Security Clearance:

Drivers License Number: | Drivers License State/Territory: | Drivers License Country:

Type of Service: | Branch: | Rank:

Civilian Type: | Employee Type:

Date Of Birth: | City of Birth: | State/Territory of Birth: | Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds | Height: Inches

Race: | Gender: | Ethnicity:

Hair Color: | Eye Color:

Location Information

Organization/Unit: | Work Phone:

UIC: | Home Phone:

Duty Station / Employer: | On Base Personnel:

Home Address: | Resident Status:

City: | State/Territory:

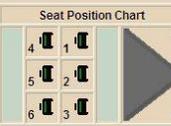
Country: | Zip/Postal Code:

Death Information

Estimated Date of Death: From: To: | Estimated Time of Death: From: To:

Manner of Death: | Cause of Death:

Driver/Occupant Information

Seat Position Chart:  | Vehicle: | Seat Position:

Injury(s) (Max. 5): | Apparent Broken Bones: | Apparent Minor Injury: | Loss of Teeth:

Seat Belt Use:

Driver Additional Information

Chemical Test Given: | Chemical Test Refused: | BAC %:

Limitations on License/Permit: | Driving Experience:

Describe Limitations (if Yes):

Driver's Actions	Contributing Circumstances
Hold Down the CTRL Key to Select Multiple Actions	Hold Down the CTRL Key to Select Multiple Circumstances
<ul style="list-style-type: none"> Avoiding Vehicle or Object Backing Caused Driver to Dodge Caused Pedestrian to Dodge Going Straight Ahead 	<ul style="list-style-type: none"> Allowing a person to operate a vehicle while intoxicated Allowing unlicensed person to operate vehicle Careless Driving Conviction of violation of Art 211, Japanese penal code DWI - BAC .10% or more or under the influence of illegal drugs

Witness/Victim Information

DD2701 Issued: | Date Notified:

Victim Relationship Information

Victim Related to Offense	Victim Related to Suspect
Offense - Description Related?	Suspect/Arrestee Relationship

1.5 Person(s) Associated with Accident Report (Witness Occupant)

Person for Traffic Incident 12777700002

Important Information : Please Use YYYYMMDD Format For All Date Fields
Important Information : Person Type is not required if a Traffic Role is selected

Person Role: Person Traffic Role: Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Death Information

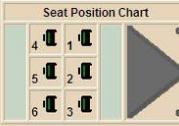
Estimated Date of Death: From: To:

Estimated Time of Death: From: To:

Manner of Death:

Cause of Death:

Driver/Occupant Information

Seat Position Chart:  Vehicle:

Seat Position:

Injury(s):

Seat Belt Use:

Witness/Victim Information

Date Issued: Date Modified:

1.6 Person(s) Associated with Accident Report (Victim Pedestrian)

Person for Traffic Incident 127777700002

Important Information : Please Use YYYYMMDD Format For All Date Fields
Important Information : Person Type is not required if a Traffic Role is selected

Person Role: Victim Person Traffic Role: Pedestrian Deceased: Deceased

Remember to SEARCH for a person before entering data.

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Death Information

Estimated Date of Death

From: To: Estimated Time of Death

From: To:

Manner of Death:

Cause of Death:

Pedestrian Information

Pedestrian Was Going: Along/Across/Into (Street, Road or Highway):

From: To:

Pedestrian Actions

Hold Down the CTRL Key to Select Multiple Actions

- Coming from Behind Parked Vehicle
- Crossing Against Signal
- Crossing not at Intersection
- Crossing with Signal
- Crossing, No Signal

Witness/Victim Information

DD2701 Issued: Date Notified:

Victim Relationship Information

Victim Related to Offense Offense - Description Related?	Victim Related to Suspect Suspect/Arrestee Relationship
-------------------------------------------------------------	------------------------------------------------------------

Victim Information

Injury Type (Max. 5)

- Apparent Broken Bones
- Apparent Minor Injury
- Loss of Teeth
- None

1.7 Company/Organization associated with Accident Report

The screenshot shows a web application interface for entering data for a traffic incident. At the top, there is a navigation bar with several icons. Below it, a blue header bar contains the text "Company/Organization/Unit for Traffic Incident 127777700002". A red banner below the header reads "Important Information : Please Use YYYYMMDD Format For All Date Fields".

The form fields are organized as follows:

- ID Type:** A dropdown menu.
- Involvement:** A dropdown menu.
- Company/Organization/Unit Name:** A text input field.
- Company/Organization/Unit ID:** A text input field.
- Victim Type (FOR VICTIM'S ONLY):** A dropdown menu.
- Additional Information:** A section header.
- Business Type:** A dropdown menu.
- Government Type:** A dropdown menu.
- Funding Type:** A dropdown menu.
- Phone:** A text input field.
- Fax:** A text input field.
- UIC:** A text input field.
- Address:** Two stacked text input fields.
- City:** A text input field.
- State/Territory:** A dropdown menu.
- Country:** A dropdown menu.
- Zip/Postal Code:** A text input field.
- Alias:** A text input field.

1.8 Property associated with Accident Report

Property Item for Incident Number 12777700002

Property Description

Other (Specify)

Reason Loss or Recovery	Quantity	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>

Make/Model	Size	Serial #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Color	Value	Secure / Unsecure
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner Disposition of Property

Date Seized/Recovered Date Returned/Disposed

Date Entered as Evidence Current Days in Custody

Evidence/Property Room Log #

Lab Information

Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New

1.9 Narcotics Associated with Accident Report

Narcotics Item for Incident Number 12777700002				
Drug Type	<input type="text"/>	Measurement	<input type="text"/>	
Reason Loss or Recovery	<input type="text"/>	Description	<input type="text"/>	
Narcotics Actual/Suspected	Quantity	Street Value (in whole US dollars)	Secure / Unsecure	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner	<input type="text"/>	Disposition of Narcotics	<input type="text"/>	
Date Lost	<input type="text"/>	Date Seized/Recovered	<input type="text"/>	
Date Returned/Disposed	<input type="text"/>	Date Entered as Evidence	<input type="text"/>	
Current Days in Custody	Evidence/Property Room Log #		<input type="text"/>	
Lab Information				
Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New

1.10 Offense associated with Accident Report

OFFENSE for Incident Number 127777700002

Statutory Basis: UCMJ

Offense: Offense Status: On Board Military Installation:

LOCATION INFORMATION

Location of Offense:

Detailed Address Description:

City: State/Territory: Country: Zip/Postal Code:

OFFENSE RELATIONS

Victims Related to this Offense
Victim - Name Related?

Suspects Related to this Offense
Suspect - Name Related Involvement

OFFENDER(S) USED

Alcohol: Drugs/Narcotics: Computer Equipment:

VICTIM(S) USED

Alcohol: Drugs/Narcotics:

Type of Weapon/Force Used
Hold Down the CTRL Key to Select Multiple Weapons

- Asphyxiation
- Blunt Object (Club, Hammer, Blackjack, etc)
- Explosives
- Explosives (Civilian/Commercial)
- Explosives (Improvised Explosive Device (IED))

Type of Criminal Activity
Hold Down the CTRL Key to Select Multiple Activities

- Buying/Receiving
- Cultivating/Manufacturing/Publishing
- Destruction/Vandalism
- Distributing/Selling
- Exploiting Children

Weapons or Criminal Activities that were previously selected for this offense will have a star next to the entry and will be selected, to remove these entries from this offense, deselect them using the CTRL key

BURGLARY/B & E ONLY

of Premises Entered:

Entry Type: Condition of Premise:

Method of Entry:

- Bodily Force
- Cut Hole In Wall
- Delivery
- Door Kicked In
- Door Knob Twist

Tools Used:

- Bar/Pipe
- Bodily Force
- Bolt Cutters
- Chopping Tool
- Explosive

BIAS MOTIVATION
Select Only One

- Anti-Agnostic
- Anti-Alaskan
- Anti-American Indian
- Anti-Arab
- Anti-Asian
- Anti-Bisexual
- Anti-Black
- Anti-Catholic
- Anti-Female Homosexual
- Anti-Heterosexual
- Anti-Hispanic

VEHICLE INFORMATION

Vehicles Related to this Offense

Vehicle	Related?	Status

1.11 Administrative Disposition for Accident Report

The screenshot shows a web application interface with a top navigation bar containing various icons. The main content area is titled "ADMINISTRATIVE DISPOSITION (FOR MP ADMIN USE ONLY)".

At the top of the form, there are two input fields: "Incident Status/Cleared Exceptionally:" followed by a dropdown menu, and "Date Cleared:" followed by a text input field.

The form is divided into two main sections:

- DISTRIBUTION:** A list of checkboxes for distribution categories:
 - OTHER [text input]
 - COMMANDING OFFICER
 - LEGAL OFFICER
 - FAMILY ADVOCACY
 - EQUAL OPPORTUNITY
 - MEDICAL/MENTAL HEALTH
 - DRUG AND ALCOHOL (DAPA)
- REFERRED TO/ASSUMED BY:** A table with four rows, each starting with a dropdown menu set to "INACTIVE" and followed by a case number label and a text input field:
 - INACTIVE [dropdown] NCIS Case # [text input]
 - INACTIVE [dropdown] INVESTIGATIONS (CID, AID) Case # [text input]
 - INACTIVE [dropdown] LOCAL POLICE Case # [text input]
 - INACTIVE [dropdown] OTHER Case # [text input]

1.12 Narrative for Accident Report

The interface includes a top navigation bar with a green checkmark, a magnifying glass, and a refresh icon. A secondary bar contains various utility icons. The main content area is titled 'NARRATIVE' and contains a large, empty text box. To the right of the text box is a 'Perform Spell Check' button. Below the text box is a section for enclosures, starting with the text: 'ENCLOSURE(S) If you run out of space for enclosures, submit form and more will appear (15 additional each time)'. This section contains a table with the following structure:

ENCLOSURE #	DESCRIPTION <i>(Add all Attached Supporting Documents. i.e. Statements, Photographs, Sketches, etc.)</i>	Delete From List ?
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New
<input type="text"/>	<input type="text"/> <input type="button" value="Browse..."/>	New

1.13 Administrative for Accident Report

Administrative		
Incident Type : Traffic Accident		
Case Control Number	Start Date	End Date
10JAN12-22DC-00002-14DMA	20120110 00:50	20120110 00:50
Show Details		
Offense(s)		
Offense Description	Offense Status	
Reckless Driving: Personal Injury	Completed	
		Show Details Remove Offense
Traffic Citation(s)		
Driver(s)		
	Name	ID Type/Number
Arrestee	SMITH , KELLY	SSN/111223333
		Show Details Remove Person
Victim	SMITH , KELLY	SSN/111223333
		Show Details Remove Person
Occupant(s)		
	Name	ID Type/Number
Witness	SMITH , KELLY	SSN/111223333
		Show Details Remove Person
Pedestrian(s)		
	Name	ID Type/Number
Witness	SMITH , KELLY	SSN/111223333
		Show Details Remove Person
Complainant(s)		
	Name	ID Type/Number
Victim(s) Not Directly Involved in Accident		
	Name	ID Type/Number
Witness(s) Not Directly Involved in Accident		
	Name	ID Type/Number
Sponsor(s) Not Directly Involved in Accident		
	Name	ID Type/Number
Suspects/Arrestee(s) Not Directly Involved in Accident		
	Name	ID Type/Number
Vehicle(s)		
	Vehicle Description	
	TESTA2 TESTA2 2005 Green -- AL TESTA2	
	Show Details Remove Vehicle	
Property		
	Evidence Log Number	Property Description Type Property Loss/Etc.
Narcotics		
	Evidence Log Number	Narcotics Description Reason Loss/Recovery
Reporting Official		
	Type	Name
Additional Police Officer(s) (Other than Reporting Official)		
	Rank	Name
Approving Official(s)		
	Approving Official	Level Approved
	Master Sergeant USMCTESTLE, L	1
Administrative Disposition (FOR MP ADMIN USE ONLY)		
	DISTRIBUTION	REFERRED TO/ASSUMED BY
	DRUG AND ALCOHOL (DAPA)	
	LEGAL OFFICER	
	COMMANDING OFFICER	
Narrative/Enclosure(s)		
	On 12Jan2012, MP was notified of a traffic accident in which they responded and took care of everything they needed to. Semper Fl.	
	4. VEHICULAR STATEMENT OF VICTIM	

1.14 Traffic Accident Report 1 of 2

Revision 1 [View](#)
[Save to Disk](#)



WARNING

U.S. MARINE CORPS - Traffic Accident Report

**THE ATTACHED DOCUMENTATION IS THE PROPERTY OF THE
PROVOST MARSHAL'S OFFICE**

This document must not be left unattended or where an unauthorized person may have access to it. When not in use, it must be stored in a safe place. While this document is in your possession, it is your responsibility that the information contained herein is not released to unauthorized persons.

DATE: 18-JAN-2012
CASE CONTROL NUMBER: 10JAN12-22DC-00002-14DMA

From : _____

To : _____

1. The attached documentation is furnished for official purposes only and may not be filed permanently in personnel records.
2. No part of this documentation may be further disseminated, including to subject or counsel, without prior specific authorization from the U.S. Marine Corps Headquarters.
3. The attached documentation must be:
 Destroyed when no longer required by addressee Returned to sender within 30 days

Enter Approval Authority Name

FOR OFFICIAL USE ONLY
IF CLASSIFIED - OPNAVINST 5510.1 APPLIES

2. Evidence Disposition

2.1 Evidence Disposition through Incident Search



2.2 Search for Specific Incident

The screenshot shows a web browser window with a search form titled "Search for a Specific Incident". The form includes instructions on how to use wildcards and date formats. The search criteria are organized into several sections: "Date Incident Reported" with radio buttons for "Is" and "Between"; "Installation" with a dropdown menu; "Incident Year (YY)" and "Last 5 Numbers of CCN" with text input fields; "Case Category Code" and "Project Identifier Code" with dropdown menus; and "Identification Number (SSN)" with fields for "Last Name", "First Name", and "Address". At the bottom, there is a "View Reports Not Final Approved:" dropdown, a "Reset Form" button, and a "Begin Search" button.

Search for a Specific Incident

You may search for an incident using from one to all of the parameters listed below
A percent sign (%) may be used as a wildcard character.
Incident Year defaults to current year.
CCN's have been split into the Installation, Incident Year, and Last 5 of CCN fields

Note: All date formats must be in (YYYYMMDD)

Date Incident Reported: Is
 Between And

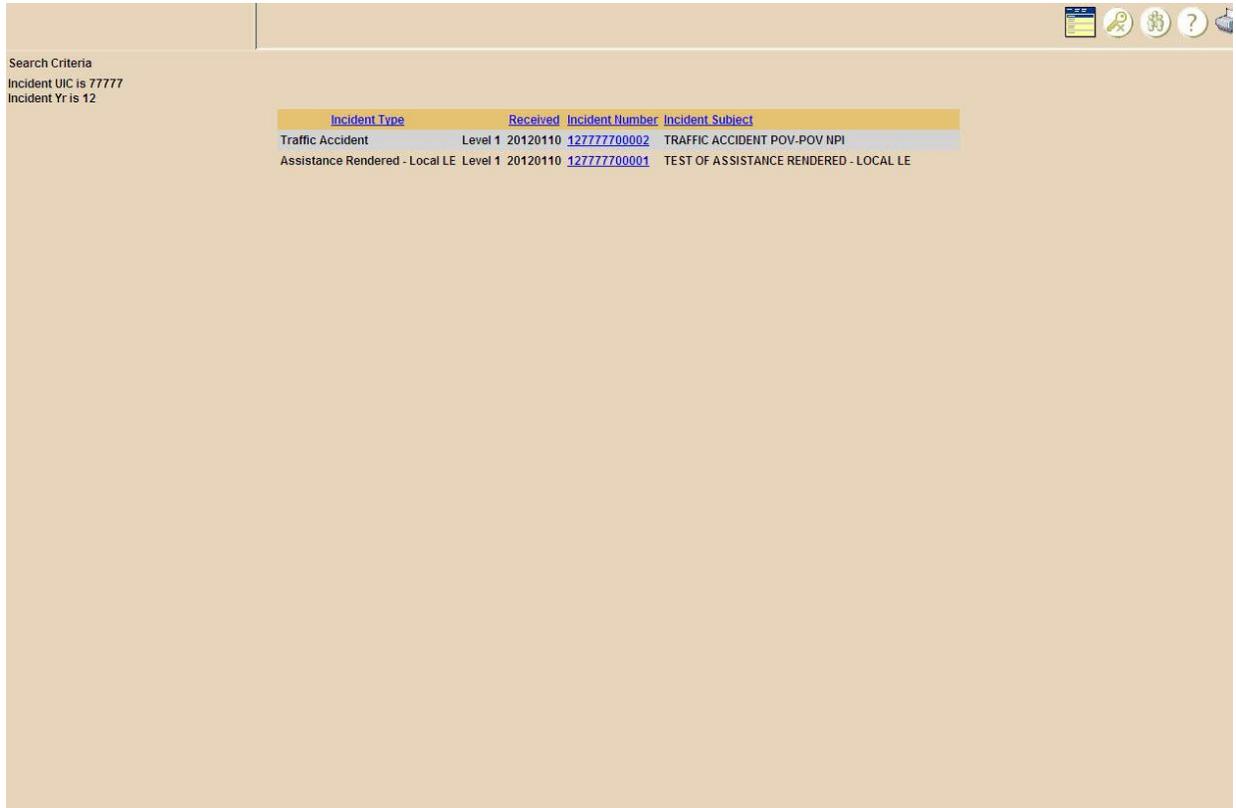
Installation: Incident Year (YY): Last 5 Numbers of CCN:

Case Category Code: Project Identifier Code:

Identification Number (SSN): Last Name: First Name: Address:

View Reports Not Final Approved:

2.3 Search Criteria



The screenshot shows a search results interface. On the left, under 'Search Criteria', it lists 'Incident UIC is 77777' and 'Incident Yr is 12'. The main area contains a table with the following data:

<u>Incident Type</u>	<u>Received</u>	<u>Incident Number</u>	<u>Incident Subject</u>
Traffic Accident	Level 1 20120110	127777700002	TRAFFIC ACCIDENT POV-POV NPI
Assistance Rendered - Local LE	Level 1 20120110	127777700001	TEST OF ASSISTANCE RENDERED - LOCAL LE

2.4 Administrative

Administrative				
Incident Number		Incident Type : Traffic Accident		
10-JAN-12-22DC-00002-14DMA	Report Number	Start Date	End Date	
	127777700002	20120110 00:50	20120110 00:50	
Vehicle(s)				
#	Vehicle Description	Modified By This Report		
1	TESTA2 TESTA2 2005 Green -- AL TESTA2	Show Details		
Property Other than Vehicles Involved				
#	Property Description	Type Property Loss/Etc.	Modified By This Report	
1	Vehicle Parts/Accessories	Damaged/Destroyed/Vandalized	Show Details	

2.5 Vehicle in Evidence Disposition

VEHICLE for Traffic Incident 12777700002

Important Information : Please Use YYYYMMDD Format For All Date Fields

Vehicle Identification

VIN : TESTA1S2

Vehicle Tag Number : TESTA2 Vehicle Tag State/Territory : Alabama

Vehicle Tag Country : United States Vehicle Tag Expires : [dd]

Color : Green Year : 2005 Make : TESTA2

Style : Pickup Model : TESTA2 Doors : []

Registered Installation : SPAWAR SYSTEMS CENTER ATLANTIC (DOD Decal : CLEOCTESTA2

Current Owner Name : 111223333-ZAMON, ANDREW

Owner Type : []

Inspection State/Territory : [] Inspection Expires : [dd]

Lien Holder : []

Insurance Company : [] Policy Number : [] Expires : [dd]

Other Identifying Marks : []

Traffic Control/Road Conditions

Driving Lanes	Character	Surface	Conditions	Road Defects	Traffic Control
<ul style="list-style-type: none"> Divided Highway * Flightline Four Lane Loading Zone One Lane 	<ul style="list-style-type: none"> Level * Curve Down-Grade Straight Up-Grade 	<ul style="list-style-type: none"> Concrete * Blacktop Brick Dirt Grass 	<ul style="list-style-type: none"> Wet * Dry Ice Mud Snow 	<ul style="list-style-type: none"> Loose Material * Defective Shoulder Holes, Ruts, Bumps No Defects 	<ul style="list-style-type: none"> No Traffic Signal * Flashing Light Manned One Way Street Solid Center Line

Conditions that were previously selected for this vehicle will have a star next to the entry and will be selected, to remove entries from this vehicle, deselect them using the CTRL key. To add multiple entries, use the CTRL key while selecting entry

Contributing Circumstances and Drivers's Actions

Vehicle Defects:

- Defective Brakes *
- Broken Throttle
- Defective Brake Lights
- Defective Head Lights
- Defective Tail Lights

Direction Headed : North

Estimated distance when danger was first noticed (Feet) : []

Estimated speed when danger was first noticed (MPH) : []

Estimated speed at impact (MPH) : []

Distance traveled after impact (Feet) : []

Lawful Speed (MPH) : []

Vehicle Damage Information

1	2	3	4	5	6	Areas Damaged <ul style="list-style-type: none"> 10 - Left Front Door * 1 - Front Right 11 - Left Front Quarter-Panel 12 - Front Left 13 - Hood
12	13	14	15	7	8	
FRONT						

Severity of Damage : Functional Damage

Towed By : [] Towed To : []

Vehicle Property Disposition Information

Evidence/Impound/Property Log # : [] Estimated Vehicle Value : []

Recovered Date : [dd] Date Returned : [dd]

Stolen : [] Reported Stolen Date : [dd]

Impounded : [] Impound Inventory Done : []

Impounded Date : [dd] Released from Impound : [dd]

OCONUS Vehicle Information

JCI Company : [] SOFA Status : []

JCI Policy Number : [] JCI Expires : [dd]

Number of Cylinders : [] HorsePower : [] Weight : []

2.6 Property in Evidence Disposition

Property Item for Incident Number 1277770002

Property Description: Vehicle Parts/Accessories

Other (Specify):

Reason Loss or Recovery: Damaged/Destroyed/Vandalized

Quantity: 3

Description: BRAKE DRUMS

Make/Model: UNKNOWN

Size:

Serial #: N/A

Color: Aluminum

Value:

Secure / Unsecure: Unsecure

Owner: Private/Personal

Disposition of Property: Evidence

Date Seized/Recovered: 20120117

Date Returned/Disposed:

Date Entered as Evidence: 20120117

Current Days in Custody: 1

Evidence/Property Room Log #: 001-12

Lab Information

Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
				New
				New

3. Incident Report

3.1 Incident Administration

INCIDENT ADMINISTRATIVE SECTION

Type of Incident	Date Received (YYYYMMDD)	Time Received (24 Hour)	Incident Received Via
Criminal Offense	20110916	1230	By Telephone

Case Category Code :	TK - Visa Applicant
Project Identifier Code :	MA
Organization Identification Code :	25PE - MCB Camp Pendleton

Date(s) of Incident (YYYYMMDD)	Time(s) of Incident (24 Hour)
From: 20110916 To: 20110916	From: 1300 To: 1330

Incident Subject : VHS MIL POL TESTING

Lighting
 Dark (Lighted)
 Dark (Not Lighted)
 Dawn
 Daylight
 Dusk

Weather
 Foggy
 Rain
 Snow
 Cloudy
 Ice
 Clear
 Other

NCIS Notified: Yes **Date Notified:** 20110916 **Result:** Declined

Reason for Declination: Criteria does not meet serious crime **Decline Other:**

Journal Narrative (For Journal Entry Only) **Incident included in Journal :** No

Please Indicate the Location for this Journal Entry on the First Line

TEST

JOURNAL NOTIFICATIONS - If you run out of space for notifications, submit form and more will appear (4 additional each time)

Time	Date	Office/Section Notified	Name of Person Notified	Remove ?
1345	20110916	NCIS	sophia smith	No

3.2 Offense Administration

OFFENSE for Incident Number 11777700003

Statutory Basis: Local

Offense: Bribery - Giving Bribe
Offense Status: Attempted
On Board Military Installation: Yes

LOCATION INFORMATION

Location of Offense: Air/Bus/Train Terminal

Detailed Address Description: TEST

City: TEST
 State/Territory: Massachusetts
 Country: United States
 Zip/Postal Code: 12345

OFFENSE RELATIONS

Victims Related to this Offense	Suspects Related to this Offense								
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Victim - Name</th> <th style="text-align: left;">Related?</th> </tr> <tr> <td>SMITH, ALAN</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Victim - Name	Related?	SMITH, ALAN	<input checked="" type="checkbox"/>	<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Suspect - Name</th> <th style="text-align: left;">Related Involvement</th> </tr> <tr> <td>PLOTT, CHRISTOPHE</td> <td>Accessory</td> </tr> </table>	Suspect - Name	Related Involvement	PLOTT, CHRISTOPHE	Accessory
Victim - Name	Related?								
SMITH, ALAN	<input checked="" type="checkbox"/>								
Suspect - Name	Related Involvement								
PLOTT, CHRISTOPHE	Accessory								

OFFENDER(S) USED

Alcohol: No
 Drugs/Narcotics: No
 Computer Equipment: Unknown

VICTIM(S) USED

Alcohol: No
 Drugs/Narcotics: No

Type of Weapon/Force Used
Hold Down the CTRL Key to Select Multiple Weapons

Asphyxiation
 Blunt Object (Club, Hammer, Blackjack, etc)
 Explosives
 Explosives (Civilian/Commercial)
 Explosives (Improvised Explosive Device (IED))

Type of Criminal Activity
Hold Down the CTRL Key to Select Multiple Activities

Buying/Receiving
 Cultivating/Manufacturing/Publishing
 Destruction/Vandalism
 Distributing/Selling
 Exploiting Children

Weapons or Criminal Activities that were previously selected for this offense will have a star next to the entry and will be selected, to remove these entries from this offense, deselect them using the CTRL key

BURGLARY/B & E ONLY

of Premises Entered: 1

Entry Type: [Dropdown]

Condition of Premise: [Dropdown]

Method of Entry: [Dropdown]	Tools Used: [Dropdown]
----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

BIAS MOTIVATION
Select Only One

No Bias *
 Anti-Agnostic
 Anti-Alaskan
 Anti-American Indian
 Anti-Arab
 Anti-Asian
 Anti-Bisexual
 Anti-Black
 Anti-Catholic
 Anti-Female Homosexual
 Anti-Heterosexual

VEHICLE INFORMATION

Vehicles Related to this Offense		
Vehicle	Related?	Status

3.3 Person associated with Incident (Arrestee)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Arrestee Deceased: No

Remember to SEARCH for a person before entering data.

Person ID Type: Person ID

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.

Title: Security Clearance

Drivers License Number: Drivers License State/Territory: Drivers License Country

Type of Service: Branch: Rank

Civilian Type: Employee Type

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel: Yes

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Fingerprint Information

Fingerprint Card Submitted: FBI # Number:

Arrestee Information

Date Arrested/Apprehended (YYYYMMDD):

Type of Arrest/Apprehension:

Arrest/Citation Number: 11777700003

Multiple Incidents Cleared: Not Applicable

Disposition of Person Under 18:

Subject Detained On-Base:

Arrest/Apprehension Offense:

Arrestee/Suspect Was Armed With (Max. 2):

- Unnamed
- Club/Blackjack/Brass Knuckles
- Firearm (type not stated)
- Handgun (Automatic)
- Handgun (Manual)
- Handgun (Semi-automatic)
- Lethal Cutting Instrument
- Other Fire Arms
- Rifle (Automatic)

Suspect/Arrestee Relationship Information

Suspect Related To Offense

Offense # - Description Related Involvement

1 - Bribery - Giving Bribe

Victim Related to Suspect

Victim Relationship

SMITH, ALAN

Suspect/Arrestee Appearance Information

Dexterity: Build:

Hair: Hair Style: Facial Hair: Complexion:

Appearance: Dress: Speech: Demeanor:

Suspect/Arrestee ID Marks Section

ID Mark:	Location:	Description of Mark:	Delete Mark?
			New

3.4 Person associated with Incident (Suspect)

Person for Incident 1177770003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Is Suspect Unknown? Deceased

Remember to SEARCH for a person before entering data.

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches
 Race: Gender: Ethnicity:
 Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:
 UIC: Home Phone:
 Duty Station / Employer: On Base Personnel:
 Home Address: Resident Status:
 City: State/Territory:
 Country: Zip/Postal Code:

Suspect/Arrestee Relationship Information

Suspect Related To Offense		Victim Related to Suspect	
Offense # - Description	Related Involvement	Victim	Relationship
1 - Bribery - Giving Bribe	<input type="text"/>	SMITH, ALAN	<input type="text"/>

Suspect/Arrestee Appearance Information

Dexterity: Build:

Hair	Hair Style	Facial Hair	Complexion
Bald Coarse Collar Fine Long Receding Short Shoulder Thick Thinning	Afro Braided Bushy Comrow Crewcut Curly Dreadlocks Greasy Part L/R Ponytail	Beard Clean Goatee Lower Lip Medium Mustache Sideburns Unshaven	Acne Clear Dark Freckled Light Medium Pocked Ruddy Tanned

Appearance	Dress	Speech	Demeanor
Cap/Hat Dirty Disguised Flashy Glasses Gloves Mask Military Neat Odorous	AF Uniform Army Uniform Athletic Attire Business Attire CG Uniform Camouflage Casual Attire Gang Attire Marine Uniform Navy Uniform	Accent Lisp Loud Mumbles Quiet Rapid Slow Stutters	Angry Apologetic Calm Competent Disordered Irrational Nervous Obscene Polite Stupor

Suspect/Arrestee ID Marks Section

ID Mark	Location	Description of Mark	Delete Mark?
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New

3.5 Person associated with Incident (Victim)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Victim Deceased: No

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance: Security Clearance

Drivers License Number: Drivers License State/Territory: Drivers License State/Territory Drivers License Country: Drivers License Country

Type of Service: Type of Service Branch: Branch Rank: Rank

Civilian Type: Civilian Type Employee Type: Employee Type

Date Of Birth: City of Birth: State/Territory of Birth: State/Territory of Birth Country of Birth: Country of Birth

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Race Gender: Gender Ethnicity: Ethnicity

Hair Color: Hair Color Eye Color: Eye Color

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel: Yes

Home Address: Resident Status: Resident Status

City: State/Territory: State/Territory

Country: Country Zip/Postal Code:

Witness/Victim Information

DD2701 Issued: DD2701 Issued Date Notified:

Victim Relationship Information

Victim Related to Offense		Victim Related to Suspect	
Offense - Description	Related?	Suspect/Arrestee	Relationship
1 - Bribery - Giving Bribe	<input type="checkbox"/>	PLOTT, CHRISTOPHE	Relationship

Victim Information

Injury Type (Max. 5)

- Apparent Broken Bones
- Apparent Minor Injury
- Loss of Teeth
- None
- Other Major Injury

3.6 Person associated with Incident (Witness)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Witness/Victim Information

DD2701 Issued: Date Notified:

3.7 Person Associated with Incident (Complainant)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Complainant Deceased: No

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: ▼ Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance: ▼

Drivers License Number: Drivers License State/Territory: ▼ Drivers License Country: ▼

Type of Service: ▼ Branch: ▼ Rank: ▼

Civilian Type: ▼ Employee Type: ▼

Date Of Birth: City of Birth: State/Territory of Birth: ▼ Country of Birth: ▼

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: ▼ Gender: ▼ Ethnicity: ▼

Hair Color: ▼ Eye Color: ▼

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel: Yes ▼

Home Address: Resident Status: ▼

City: State/Territory: ▼

Country: ▼ Zip/Postal Code:

3.8 Person associated with Incident (Sponsor)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Sponsor Relationships

Person	Relationship to sponsor

3.9 Person Associated with Incident (Reporting Officer)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Reporting Official Deceased: No

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: [Dropdown] Person ID: [Text]

Last Name: [Text] First Name: [Text] Middle Name: [Text] Maiden Name: [Text] Sr., Jr., III etc.: [Text]

Title: [Text]

Security Clearance: [Dropdown]

Drivers License Number: [Text] Drivers License State/Territory: [Dropdown] Drivers License Country: [Dropdown]

Type of Service: [Dropdown] Branch: [Dropdown] Rank: [Dropdown]

Civilian Type: [Dropdown] Employee Type: [Dropdown]

Date Of Birth: [Text] City of Birth: [Text] State/Territory of Birth: [Dropdown] Country of Birth: [Dropdown]

Known Alias (AKA): [Text]

Appearance Information

Weight: [Text] Pounds Height: [Text] Inches

Race: [Dropdown] Gender: [Dropdown] Ethnicity: [Dropdown]

Hair Color: [Dropdown] Eye Color: [Dropdown]

Location Information

Organization/Unit: [Text] Work Phone: [Text]

UIC: [Text] Home Phone: [Text]

Duty Station / Employer: [Text] On Base Personnel: Yes [Dropdown]

Home Address: [Text] Resident Status: [Dropdown]

City: [Text] State/Territory: [Dropdown]

Country: [Dropdown] Zip/Postal Code: [Text]

3.10 Person Associated with Incident (Additional Officer)

Person for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Additional Officer Deceased: No

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

3.11 Organization Associated with Incident

Company/Organization/Unit for Incident 11777700003

Important Information: Please Use YYYYMMDD Format For All Date Fields

ID Type: Company/Organization/Unit ID:

Involvement: Victim Type:
(FOR VICTIM'S ONLY)

Company/Organization/Unit Name:

Additional Information

Business Type: Government Type: Funding Type:

Phone: Fax: UIC:

Address:

City: State/Territory:

Country: Zip/Postal Code:

Alias:

3.12 Property Associated with Incident

Property Item for Incident Number 11777700003

Property Description

Other (Specify)

Reason Loss or Recovery	Quantity	Description
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>

Make/Model	Size	Serial #
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>
Color	Value	Secure / Unsecure
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>

Owner	Disposition of Property
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date Seized/Recovered	Date Returned/Disposed
<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
Date Entered as Evidence	Current Days in Custody
<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>
Evidence/Property Room Log #	
<input style="width: 95%;" type="text"/>	

Lab Information				
Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	New
<input style="width: 95%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 20%;" type="text"/>	<input style="width: 95%;" type="text"/>	New

3.13 Narcotics Associated with Incident

Narcotics Item for Incident Number 11777700003				
Drug Type			Measurement	
Reason Loss or Recovery	Description			
Narcotics Actual/Suspected	Quantity	Street Value (in whole US dollars)	Secure / Unsecure	
Owner		Disposition of Narcotics		
Date Lost		Date Seized/Recovered		
Date Returned/Disposed		Date Entered as Evidence		
Current Days in Custody	Evidence/Property Room Log #			
Lab Information				
Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
				New
				New

3.14 Vehicle Associated with Incident

VEHICLE for Incident 11777700003

Important Information : Please Use YYYYMMDD Format For All Date Fields

Vehicle Identification

VIN :

Vehicle Tag Number : Vehicle Tag State/Territory :

Vehicle Tag Country : Vehicle Tag Expires :

Color : Year : Make :

Style : Model : Doors :

Registered Installation : DOD Decal :

Current Owner Name :

Owner Type :

Inspection State/Territory : Inspection Expires :

Lien Holder :

Insurance Company : Policy Number : Expires :

Other Identifying Marks :

Vehicle Damage Information

1	2	3	4	5	6
12	13	14	15	7	
	11	10	9	8	

FRONT

Areas Damaged

- 1 - Front Right
- 10 - Left Front Door
- 11 - Left Front Quarter-Panel
- 12 - Front Left
- 13 - Hood

Severity of Damage :

Towed By : Towed To :

Vehicle Property Disposition Information

Evidence/Impound/Property Log # : Estimated Vehicle Value :

Recovered Date : Date Returned :

Stolen : Reported Stolen Date :

Impounded : Impound Inventory Done :

Impounded Date : Released from Impound :

OCONUS Vehicle Information

JCI Company : SOFA Status :

JCI Policy Number : JCI Expires :

Number of Cylinders : HorsePower : Weight :

3.15 Administrative Disposition

ADMINISTRATIVE DISPOSITION (FOR MP ADMIN USE ONLY)

Incident Status/Cleared Exceptionally: Date Cleared:

DISTRIBUTION	REFERRED TO/ASSUMED BY
<input type="checkbox"/> OTHER <input type="text"/>	INACTIVE <input type="text"/> NCIS Case # <input type="text"/>
<input type="checkbox"/> COMMANDING OFFICER	INACTIVE <input type="text"/> INVESTIGATIONS (CID, AID) Case # <input type="text"/>
<input type="checkbox"/> LEGAL OFFICER	INACTIVE <input type="text"/> LOCAL POLICE Case # <input type="text"/>
<input type="checkbox"/> FAMILY ADVOCACY	INACTIVE <input type="text"/> OTHER Case # <input type="text"/>
<input type="checkbox"/> EQUAL OPPORTUNITY	
<input type="checkbox"/> MEDICAL/MENTAL HEALTH	
<input type="checkbox"/> DRUG AND ALCOHOL (DAPA)	

3.16 Incident Narrative and Enclosures

The screenshot shows a web interface for entering an incident narrative and attachments. At the top, there is a navigation bar with a green checkmark icon, a magnifying glass, and a circular refresh icon. To the right of the navigation bar is a toolbar with various icons for editing, saving, and printing. Below the navigation bar is a large text area labeled "NARRATIVE" with a "Perform Spell Check" button. Below the narrative area is a section for enclosures, titled "ENCLOSURE(S) If you run out of space for enclosures, submit form and more will appear (15 additional each time)". This section contains a table with 15 rows, each with an "ENCLOSURE #" column, a "DESCRIPTION (Add all Attached Supporting Documents i.e. Statements, Photographs, Sketches, etc.)" column, a "Browse..." button, and a "Delete From List ?" column.

ENCLOSURE #	DESCRIPTION (Add all Attached Supporting Documents i.e. Statements, Photographs, Sketches, etc.)	Browse...	Delete From List ?
		Browse...	New

3.17 Administrative

Administrative		
Incident Type : Criminal Offense		
Case Control Number	Start Date	End Date
16SEP11-25PE-00003-1KMA	20110916 13:00	20110916 13:30
Show Details		
Offense(s)		
Offense Description	Offense Status	
Bribery - Giving Bribe	Attempted	
		Show Details Remove Offense
Complainant(s)		
Name	ID Type/Number	
Victim(s)		
Name	ID Type/Number	
SMITH , ALAN	SSN/023503136	
		Show Details Remove Person
Witness(s)		
Name	ID Type/Number	
Sponsor(s)		
Name	ID Type/Number	
Suspects/Arrestee(s)		
Name	ID Type/Number	
PLOTT , CHRISTOPHE	SSN/616051656	
		Show Details Disposition Remove Person
Vehicle(s)		
Vehicle Description		
Property		
Evidence Log Number	Property Description	Type Property Loss/Etc.
Narcotics		
Evidence Log Number	Narcotics Description	Reason Loss/Recovery
Reporting Official		
Type	Name	
Additional Police Officer(s) (Other than Reporting Official)		
Rank	Name	
Approving Officials(s)		
Approving Official		Level Approved
Gunnery Sergeant USMCTESTLEA, L		4
Gunnery Sergeant USMCTESTLEA, L		1
Administrative Disposition (FOR MP ADMIN USE ONLY)		
DISTRIBUTION	REFERRED TO/ASSUMED BY	
Narrative/Enclosure(s)		

3.18 Incident Report

Revision 1 View
Save to Disk



INCIDENT REPORT		INCIDENT NUMBER	REPORT NUMBER	REPORT TYPE
		16SEP11-2EPE-00003-KKMA	11777700003 REVISION 1	INITIAL
PRIVACY ACT STATEMENT				
<p>AUTHORITY: 5 U.S.C. 552; 10 U.S.C. 5031; 44 U.S.C. 3102 and 50 307</p> <p>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 DoC organizations who ensure that proper legal and administrative action is taken.</p> <p>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.</p> <p>DISCLOSURE IS VOLUNTARY: SSN is used to positively identify the individual making the statement and as a conduit to check past criminal activity records.</p>				
SECTION I. ADMINISTRATIVE				
Incident Subject: VHS MIL POL TESTING				
Date Received	Time Received	Incident Received By	Start Date / Time of Incident	End Date / Time of Incident
16-SEP-2011	1230		16-SEP-2011 1300	16-SEP-2011 1330
Weather: Cloudy		Lighting: Dark (Lighted)		
SECTION II. COMPLAINT(S)				
SECTION III. OFFENSE(S)				
OFFENSE				
Offense	Bribery - Giving Bribe	Statutory Basis	Local	On Base: YES Offense Status: ATTEMPTED
Location	TEST TEST Massachusetts		Location Type: Air/Bus/Train Terminal	
Bias Motivation: No Bias				
Offender Used: _____ Type/Weapon/Force Used: _____				
Type of Criminal Activity: _____				
SECTION IV. PROPERTY				
SECTION IV. PROPERTY - NARCOTICS				
SECTION IV. PROPERTY - VEHICLES				
SECTION V. VICTIM(S)				
VICTIM		Victim Type	Individual	DDOT/VI Issued
Name	SMITH, ALAN R		SSN	02503136
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
	CIVILIAN	EMPLOYEE - Contractor	28-DEC-1956	SPRINGFIELD MA, United States
Sex: Male	Race: White	Ethnicity: Not Hispanic	Resident of Jurisdiction	
Address 6539 BONDAGE LN NW SILVERDALE, WA, United States 98363				
Organization	TSAV TECH SUBASE		UIC / RUC	Work Telephone
				136 4412
ADDITIONAL VICTIM INFORMATION				
Offenses Committed Against This Victim: 1 - Bribery - Giving Bribe				
Relationship of Victim to Suspect(s): PLOTT, CHRISTOPHE - Stepmother				
Narrating Official Circumstances: None				
SECTION VI. WITNESS/SPONSOR - WITNESS(S)				
SECTION VI. WITNESS/SPONSOR - SPONSOR(S)				
SECTION VII. SUSPECT(S) / ARRESTEE(S)				
SUSPECT				
Name	PLOTT, CHRISTOPHE M		SSN	616051656
Branch of Service	Personnel Type	Status	Date of Birth	Place of Birth
	UNKNOWN		31-JAN-1975	TEST MN, United States
Address DS S, HES BAS 7257500				
Organization			UIC / RUC	Work Telephone
Copies/Alia: _____				
ADDITIONAL SUSPECT / ARRESTEE INFORMATION				
Offenses Committed by This Suspect/Arrestee: Bribery - Giving Bribe - Accessory				
SUSPECT / ARRESTEE DESCRIPTION				
Sex: Male	Race: Mixed	Ethnicity: Not Hispanic	Resident of Jurisdiction	
Hair Color: Blond	Eye Color: Brown	Height (inches): 67	Weight (lbs): 176	Body Build
Hair Style(s): _____	Facial Hair: _____	Appearance: _____		
Complexion: _____	Speech: _____	Demeanor: _____		
IDENTIFYING MARKS				
Type	Location	Description		
ARRESTEE INFO				
Date Arrested:	Type of Arrest:			
Multiple Clearance:	Disposition of Juvenile:			
Suspect Was Armed With: _____				
SECTION VIII. ADDITIONAL POLICE OFFICERS				
SECTION IX. NARRATIVE				
ENCLOSURE(S)				
ENCL # _____ DESCRIPTION				
SECTION X. REPORTING/PROVING OFFICIALS				
Reporting Official	Date	Approving Official	Date	
		USMC/STELA, L. Guimery Sergeant CLEOC Base Admin	17-NOV-2011 FINAL APPROVED ON 17-SEP-2011	
SECTION XI. ADMINISTRATIVE DISPOSITION				
Victim/Witness Notification	Incident Status	Date Cleared		
0 Victims Notified	0 Witnesses Notified			
Referred To/Assumed By: _____				
Distribution: _____				

3.19 Incident Report and Cover Sheet

Revision 1	View
Save to Disk	

WARNING

U.S. MARINE CORPS - Military Police Report

**THE ATTACHED DOCUMENTATION IS THE PROPERTY OF THE
PROVOST MARSHAL'S OFFICE**

This document must not be left unattended or where an unauthorized person may have access to it. When not in use, it must be stored in a safe place. While this document is in your possession, it is your responsibility that the information contained herein is not released to unauthorized persons.

DATE: 17-NOV-2011
CASE CONTROL NUMBER: 16SEP11-25PE-00003-1KMA

From: _____

To: _____

1. The attached documentation is furnished for official purposes only and may not be filed permanently in personnel records.
2. No part of this documentation may be further disseminated, including to subject or counsel, without prior specific authorization from the U.S. Marine Corps Headquarters.
3. The attached documentation must be:
 Destroyed when no longer required by addressee Returned to sender within 30 days

Enter Approval Authority Name

FOR OFFICIAL USE ONLY

IF CLASSIFIED - OPNAVINST 5510.1 APPLIES

4. USMC/USN Investigations

4.1 Incident Administration

INCIDENT ADMINISTRATIVE SECTION
CRIMINAL INVESTIGATION DIVISION

Type of Incident: Date Received (YYYYMMDD): Time Received (24 Hour): Incident Received Via:

Criminal Investigation: ROI Date: Include Financial Caveat:

Initial ROI Status: Case Category Code:

Project Identifier Code: Organization Identification Code:

Date(s) of Incident (YYYYMMDD): From: To: Time(s) of Incident (24 Hour): From: To:

Incident Subject:

Lighting
 Dark (Lighted) Dark (Not Lighted) Dawn Daylight Dusk

Weather
 Foggy Rain Snow Cloudy Ice Clear Other:

NCIS Notified: Date Notified: Result:

Reason for Declination: Decline Other:

Journal Narrative (For Journal Entry Only) Incident Included in Journal:

Please Indicate the Location for this Journal Entry on the First Line

JOURNAL NOTIFICATIONS - If you run out of space for notifications, submit form and more will appear (4 additional each time)

Time	Date	Office/Section Notified	Name of Person Notified	Remove ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4.2 Offense Administration

OFFENSE			
Statutory Basis UCMJ			
Offense	Offense Status	On Board Military Installation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
LOCATION INFORMATION			
Organization/Unit (For Search Use Only): <input type="text"/>			
Location of Offense <input type="text"/>			
Detailed Address Description: <input type="text"/>			
City	State/Territory	Country	Zip/Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
OFFENSE RELATIONS			
Victims Related to this Offense		Suspects Related to this Offense	
Victim - Name Related?		Suspect - Name Related Involvement	
OFFENDER(S) USED			
Alcohol	Drugs/Narcotics	Computer Equipment	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
VICTIM(S) USED			
Alcohol	Drugs/Narcotics		
<input type="text"/>	<input type="text"/>		
Type of Weapon/Force Used		Type of Criminal Activity	
Hold Down the CTRL Key to Select Multiple Weapons		Hold Down the CTRL Key to Select Multiple Activities	
<ul style="list-style-type: none"> Asphyxiation Blunt Object (Club, Hammer, Blackjack, etc) Explosives Explosives (Civilian/Commercial) Explosives (Improvised Explosive Device (IED)) 		<ul style="list-style-type: none"> Buying/Receiving Cultivating/Manufacturing/Publishing Destruction/Vandalism Distributing/Selling Exploiting Children 	
Weapons or Criminal Activities that were previously selected for this offense will have a star next to the entry and will be selected, to remove these entries from this offense, deselect them using the CTRL key			
BURGLARY/B & E ONLY		BIAS MOTIVATION	
# of Premises Entered <input type="text"/>		Select Only One	
Entry Type	Condition of Premise	<ul style="list-style-type: none"> Anti-Agnostic Anti-Alaskan Anti-American Indian Anti-Arab Anti-Asian Anti-Bisexual Anti-Black Anti-Catholic Anti-Female Homosexual Anti-Heterosexual Anti-Hispanic 	
Method of Entry	Tools Used		
<ul style="list-style-type: none"> Bodily Force Cut Hole In Wall Delivery Door Kicked In Door Knob Twist 	<ul style="list-style-type: none"> Bar/Pipe Bodily Force Bolt Cutters Chopping Tool Explosive 		
VEHICLE INFORMATION			
Vehicles Related to this Offense			
Vehicle Related? Status			

4.3 Person Associated with Investigation (Subject)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role:
Is Subject Unknown?:
Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type:

Last Name:

Title:

Drivers License Number:

Type of Service:

Civilian Type:

Date Of Birth:

Known Alias (AKA):

Supplemental:

Appearance Information

Weight: Pounds

Race:

Hair Color:

Location Information

Organization/Unit:

UIC:

Duty Station / Employer:

Home Address:

City:

Country:

Death Information

From: To:

Manner of Death:

Cause of Death:

Fingerprint Information

Fingerprint Card Submitted:

Arrest/Apprehension Information

Date Arrested/Apprehended (YYYYMMDD):

Type of Arrest/Apprehension:

Arrest/Citation Number:

Multiple Incidents Cleared:

Disposition of Person Under 18:

Subject Detained On-Base:

Arrest/Apprehension Offense:

Person ID:

First Name:

Middle Name:

Maiden Name:

Sr., Jr., III etc.:

Security Clearance:

Drivers License State/Territory:

Drivers License Country:

Branch:

Employee Type:

State/Territory of Birth:

Country of Birth:

Height: Inches

Gender:

Eye Color:

Ethnicity:

Work Phone:

Home Phone:

On Base Personnel:

Resident Status:

State/Territory:

Zip/Postal Code:

Estimated Date of Death

From: To:

Estimated Time of Death

From: To:

FBI III Number:

Arrestee/Subject Was Armed With (Max. 2):

- Unarmed
- Club/Blackjack/Brass Knuckles
- Firearm (type not stated)
- Handgun (Automatic)
- Handgun (Manual)
- Handgun (Semi-automatic)
- Lethal Cutting Instrument
- Other Fire Arms
- Rifle (Automatic)

4.4 Person Associated with Investigation (Co-Subject)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Co-Subject | Is Co-Subject Unknown?: No | Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: | Person ID:

Last Name: | First Name: | Middle Name: | Maiden Name: | Sr., Jr., III etc.:

Title: | Security Clearance:

Drivers License Number: | Drivers License State/Territory: | Drivers License Country:

Type of Service: | Branch: | Rank:

Civilian Type: | Employee Type:

Date Of Birth: | City of Birth: | State/Territory of Birth: | Country of Birth:

Known Alias (AKA):

Supplemental:

Appearance Information

Weight: Pounds | Height: Inches

Race: | Gender: | Ethnicity:

Hair Color: | Eye Color:

Location Information

Organization/Unit: | Work Phone:

UIC: | Home Phone:

Duty Station / Employer: | On Base Personnel:

Home Address: | Resident Status:

City: | State/Territory:

Country: | Zip/Postal Code:

Death Information

Estimated Date of Death: From: To: | Estimated Time of Death: From: To:

Manner of Death:

Cause of Death:

Fingerprint Information

Fingerprint Card Submitted: | FBI III Number:

Arrest/Apprehension Information

Date Arrested/Apprehended (YYYYMMDD):

Type of Arrest/Apprehension:

Arrest/Citation Number: 2012

Multiple Incidents Cleared:

Disposition of Person Under 18:

Subject Detained On-Base:

Arrest/Apprehension Offense:

Arrestee/Subject Was Armed With (Max. 2):

- Unarmed
- Club/Blackjack/Brass Knuckles
- Firearm (type not stated)
- Handgun (Automatic)
- Handgun (Manual)
- Handgun (Semi-automatic)
- Lethal Cutting Instrument
- Other Fire Arms
- Rifle (Automatic)

4.5 Biographical Details 7 of 7 (Subject/Co-Subject)

Subject/CoSubject Relationship Information

Subject Related To Offense Offense # - Description Related Involvement 1 - UCMJ 129 (Burglary) <input type="text"/>	Victim Related to Subject Victim Relationship JONES, MARY <input type="text"/> SMITH, ROBERT <input type="text"/>
-------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

Subject/CoSubject Appearance Information

Dexterity Build

Hair <input type="text" value="Shoulder"/> <ul style="list-style-type: none"> Bald Coarse Collar Fine Long Receding Short Thick Thinning 	Hair Style <input type="text" value="Ponytail"/> <ul style="list-style-type: none"> Afro Braided Bushy Comrow Crewcut Curly Dreadlocks Greasy Part L/R 	Facial Hair <input type="text" value="Beard"/> <ul style="list-style-type: none"> Clean Goatee Lower Lip Medium Mustache Sideburns Unshaven 	Complexion <input type="text" value="Clear"/> <ul style="list-style-type: none"> Acne Dark Freckled Light Medium Pocked Ruddy Tanned
Appearance <input type="text" value="Neat"/> <ul style="list-style-type: none"> Cap/Hat Dirty Disguised Flashy Glasses Gloves Mask Military Odorous 	Dress <input type="text" value="Business Attire"/> <ul style="list-style-type: none"> AF Uniform Army Uniform Athletic Attire CG Uniform Camouflage Casual Attire Gang Attire Marine Uniform Navy Uniform 	Speech <input type="text" value="Quiet"/> <ul style="list-style-type: none"> Accent Lisp Loud Mumbles Rapid Slow Stutters 	Demeanor <input type="text" value="Calm"/> <ul style="list-style-type: none"> Angry Apologetic Competent Disordered Irrational Nervous Obscene Polite Stupor

Subject/CoSubject ID Marks Section

ID Mark :	Location :	Description of Mark :	Delete Mark?
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New

4.6 Person Associated with Investigation (Victim)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Supplemental:

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

Death Information

Estimated Date of Death: From: To: Estimated Time of Death: From: To:

Manner of Death:

Cause of Death:

Witness/Victim Information

DD2701 Issued: Date Notified:

Victim Relationship Information

Victim Related to Offense Offense - Description Related?	Victim Related to Suspect Suspect/Arrestee Relationship
-------------------------------------------------------------	------------------------------------------------------------

Victim Information

Injury Type (Max. 5)

- Apparent Broken Bones
- Apparent Minor Injury
- Loss of Teeth
- None
- Other Major Injury

4.7 Person Associated with Investigation (Witness)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role
Witness

Deceased

Remember to SEARCH for a person before entering data.

Person Information Person ID Type Last Name Title Drivers License Number Type of Service Civilian Type Date Of Birth Known Alias (AKA) Supplemental : Appearance Information Weight : Pounds Race : Hair Color : Location Information Organization/Unit : UIC : Duty Station / Employer : Home Address : City : Country : Death Information From : To : Manner of Death Cause of Death Witness/Victim Information Date Issued : Date Modified :	Person ID First Name Security Clearance Drivers License State/Territory Branch Employee Type City of Birth State/Territory of Birth Height : Inches Gender : Eye Color : Work Phone : Home Phone : On Base Personnel : Resident Status : State/Territory : Zip/Postal Code : Estimated Date of Death From : To : Estimated Time of Death From : To :	Middle Name Maiden Name Drivers License Country Rank Country of Birth Ethnicity : Sr., Jr., III etc.	
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--

4.8 Person Associated with Investigation (Sponsor)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Sponsor | Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: | Person ID:

Last Name: | First Name: | Middle Name: | Maiden Name: | Sr., Jr., III etc.:

Title: | Security Clearance:

Drivers License Number: | Drivers License State/Territory: | Drivers License Country:

Type of Service: | Branch: | Rank:

Civilian Type: | Employee Type:

Date Of Birth: | City of Birth: | State/Territory of Birth: | Country of Birth:

Known Alias (AKA):

Supplemental:

Appearance Information

Weight: Pounds | Height: Inches

Race: | Gender: | Ethnicity:

Hair Color: | Eye Color:

Location Information

Organization/Unit: | Work Phone:

UIC: | Home Phone:

Duty Station / Employer: | On Base Personnel:

Home Address: | Resident Status:

City: | State/Territory:

Country: | Zip/Postal Code:

Death Information

Estimated Date of Death: From: To: | Estimated Time of Death: From: To:

Manner of Death:

Cause of Death:

Sponsor Relationships

4.9 Person Associated with Investigation (Reporting Official)

Person

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Reporting Official Deceased:

Remember to SEARCH for a person before entering data.

Person Information

Person ID Type: Person ID:

Last Name: First Name: Middle Name: Maiden Name: Sr., Jr., III etc.:

Title: Security Clearance:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Type of Service: Branch: Rank:

Civilian Type: Employee Type:

Date Of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Known Alias (AKA):

Supplemental:

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit: Work Phone:

UIC: Home Phone:

Duty Station / Employer: On Base Personnel:

Home Address: Resident Status:

City: State/Territory:

Country: Zip/Postal Code:

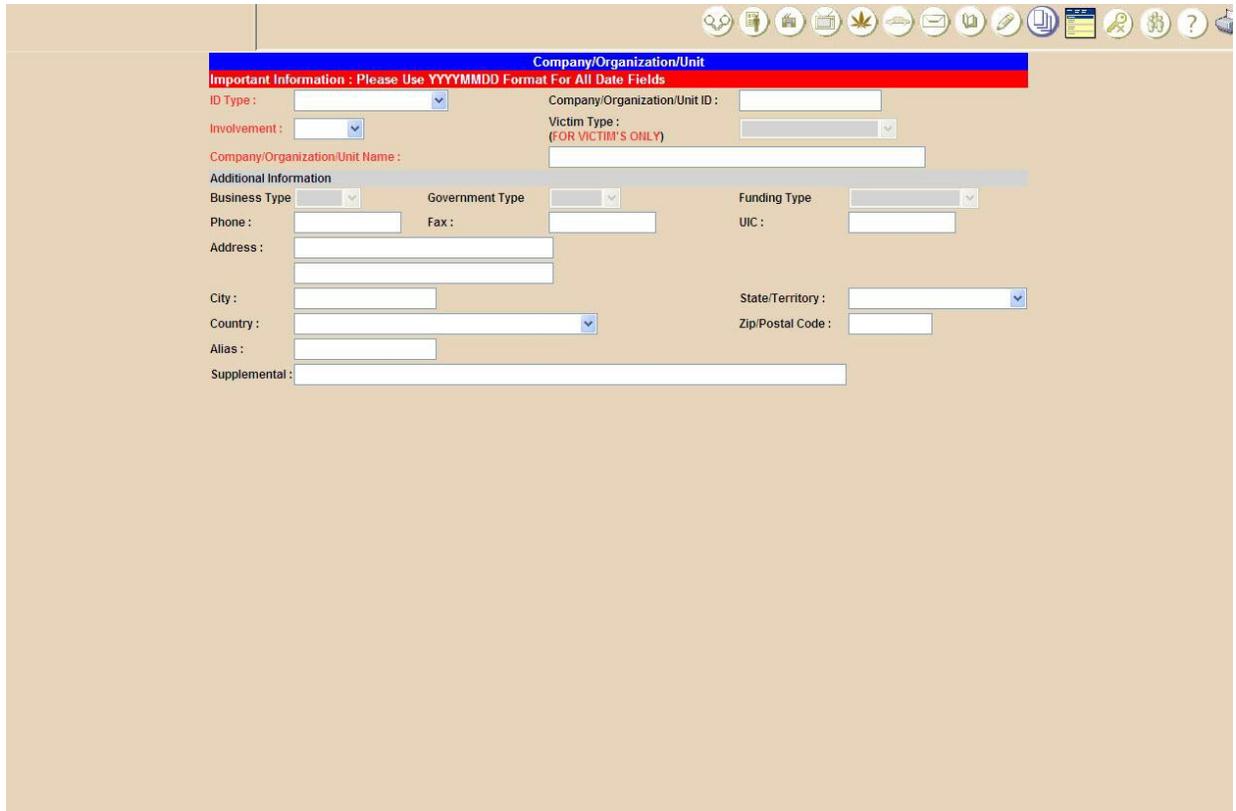
Death Information

Estimated Date of Death: From: To:

Estimated Time of Death: From: To:

Manner of Death:

4.10 Company Associated with Investigation



The screenshot shows a web application interface for entering information about a company or organization. At the top, there is a toolbar with icons for search, print, save, refresh, and other functions. Below the toolbar is a blue header bar with the text "Company/Organization/Unit". Underneath the header is a red banner with the text "Important Information : Please Use YYYYMMDD Format For All Date Fields". The form contains several input fields and dropdown menus:

- ID Type:** A dropdown menu.
- Involvement:** A dropdown menu.
- Company/Organization/Unit Name:** A text input field.
- Company/Organization/Unit ID:** A text input field.
- Victim Type:** A dropdown menu with the text "(FOR VICTIM'S ONLY)" below it.
- Additional Information:** A section header for a group of fields.
 - Business Type:** A dropdown menu.
 - Government Type:** A dropdown menu.
 - Funding Type:** A dropdown menu.
 - Phone:** A text input field.
 - Fax:** A text input field.
 - UIC:** A text input field.
 - Address:** Two stacked text input fields.
 - City:** A text input field.
 - Country:** A dropdown menu.
 - State/Territory:** A dropdown menu.
 - Zip/Postal Code:** A text input field.
 - Alias:** A text input field.
 - Supplemental:** A text input field.

4.11 Property Associated with Investigation

Property Item				
Property Description	<input type="text"/>			
Other (Specify)	<input type="text"/>			
Reason Loss or Recovery	Quantity	Description		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Make/Model	Size	Serial #		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Color	Value	Secure / Unsecure		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Owner	<input type="text"/>	Disposition of Property	<input type="text"/>	
Date Seized/Recovered	<input type="text"/>	Date Returned/Disposed	<input type="text"/>	
Date Entered as Evidence	<input type="text"/>	Current Days in Custody	<input type="text"/>	
Evidence/Property Room Log #	<input type="text"/>			
Lab Information				
Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New

4.12 Narcotics Associated with Investigation

Narcotics				
Drug Type	<input type="text"/>	Measurement	<input type="text"/>	
Reason Loss or Recovery	<input type="text"/>	Description	<input type="text"/>	
Narcotics Actual/Suspected	Quantity	Street Value (in whole US dollars)	Secure / Unsecure	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Owner	<input type="text"/>	Disposition of Narcotics	<input type="text"/>	
Date Lost	<input type="text"/>	Date Seized/Recovered	<input type="text"/>	
Date Returned/Disposed	<input type="text"/>	Date Entered as Evidence	<input type="text"/>	
Current Days in Custody	Evidence/Property Room Log #		<input type="text"/>	
Lab Information				
Lab Sent To	Date Sent	Date Returned	Registered Mail Number	Delete From List ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	New

4.13 Vehicle Associated with Investigation

VEHICLE

Important Information : Please Use YYYYMMDD Format For All Date Fields

Vehicle Identification

VIN :

Vehicle Tag Number : Vehicle Tag State/Territory :

Vehicle Tag Country : Vehicle Tag Expires :

Color : Year : Make :

Style : Model : Doors :

Registered Installation : DOD Decal :

Current Owner Name :

Owner Type :

Inspection State/Territory : Inspection Expires :

Lien Holder :

Insurance Company : Policy Number : Expires :

Other Identifying Marks :

Vehicle Damage Information

Areas Damaged

- 1 - Front Right
- 10 - Left Front Door
- 11 - Left Front Quarter-Panel
- 12 - Front Left
- 13 - Hood

Severity of Damage :

Towed By : Towed To :

Vehicle Property Disposition Information

Evidence/Impound/Property Log # : Estimated Vehicle Value :

Recovered Date : Date Returned :

Stolen : Reported Stolen Date :

Impounded : Impound Inventory Done :

Impounded Date : Released from Impound :

4.14 Disposition / Distribution Information

The screenshot shows a web application interface with a toolbar at the top containing icons for search, home, print, refresh, save, undo, redo, print, help, and other functions. The main content area is a form with the following sections:

- DISPOSITION**: A dropdown menu for "Disposition Code".
- DISTRIBUTION**: Four text input fields labeled "FILE:", "ACTION:", "INFO:", and "NCISHQ:".
- COMMAND AFFECTED**: A table with three columns: "COMMAND", "UIC", and "Delete From List?".

COMMAND AFFECTED		
COMMAND	UIC	Delete From List ?
		New

4.15 Reference(s) / Action/Lead(s)

REFERENCE(S) If you run out of space for references, submit form and more will appear (5 additional each time)

REFERENCE	REFERENCE DATE (YYYYMMDD)	DESCRIPTION	Delete From List ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New
<input type="text"/>	<input type="text"/>	<input type="text"/>	New

ACTION/LEAD(S) If you run out of space for action/lead(s), submit form and more will appear (3 additional each time)

PURPOSE CODE	ORGANIZATION	DESCRIPTION	Perform Spell Check	Delete From List ?
<input type="text"/>	<input type="text"/> (For Multiple/Not Listed Organizations)	<input type="text"/>	<input type="button" value="Perform Spell Check"/>	New
<input type="text"/>	<input type="text"/> (For Multiple/Not Listed Organizations)	<input type="text"/>	<input type="button" value="Perform Spell Check"/>	New
<input type="text"/>	<input type="text"/> (For Multiple/Not Listed Organizations)	<input type="text"/>	<input type="button" value="Perform Spell Check"/>	New

4.17 Investigation Administrative

Administrative		
Incident Type : Criminal Offense		
Case Control Number	Start Date	End Date
09MAR11-44NQ-00001-13XMA	20110309 08:00	20110309 08:00
Show Details		
Criminal Investigation Information		
Current Transfers/Action Leads		
Base : MCB CAMP BUTLER JAPAN	Transfer Date : 27-SEP-2011	Remove
Base : MCB QUANTICO	Transfer Date : 27-SEP-2011	Remove
Action Lead/Transfer Investigation to another CID Office		
Offense(s)		
Offense Description	Offense Status	
UCMJ 129 (Burglary)	Completed	Show Details Remove Offense
Complainant(s)		
Name	ID Type/Number	
Victim(s)		
Name	ID Type/Number	
TAKEN , IGOT	SSN/125474789	Show Details Remove Person
Witness(s)		
Name	ID Type/Number	
Sponsor(s)		
Name	ID Type/Number	
Subject/CoSubject(s)		
Name	ID Type/Number	
DUMMY , TEST	SSN/125456987	Show Details Disposition Remove Person
Vehicle(s)		
Vehicle Description		
Property		
Evidence Log Number	Property Description	Type Property Loss/Etc.
Narcotics		
Evidence Log Number	Narcotics Description	Reason Loss/Recovery
Reporting Official/Lead Investigator		
Type	Name	
Additional Police Officer(s)/Criminal Investigator(s) (Other than Reporting Official/Lead Investigator)		
Rank	Name	
Approving Officials(s)		
Approving Official		Level Approved
Staff Sergeant USMCTESTINV, L		1
Case Summary/Exhibit(s)		
test		

4.18 Report of Investigation



U.S. MARINE CORPS Criminal Investigation Division

REPORT OF INVESTIGATION (PENDING) 27SEP11

NARCOTICS CONTROL: 07SEP11-31CP-01126-71MA

S/PINGREE, THOMAS RAY ALBERT/LANCE CORPORAL USMC
M/W/S/09-70-465/154/AB/BE/PORT CITY, VT
DUSTA, VMU-2, MACG-28, 2DMAW

X/WISE, TRENTON LEE/LANCE CORPORAL USMC
M/W/S/52-07-0448/24SEP89/COLORADO SPRINGS, CO
DUSTA, VMU-2, MACG-28, 2DMAW

COMMAND/VMU-2, MACG-28, 2DMAW/01490

MADE BY/M. W. DURANT, CRIMINAL INVESTIGATOR, CID, MCAS CHERRY POINT, NC

CASE SUMMARY

- Investigation was initiated on 07Sep11, after Sgt/Maj Christopher J. CAMPBELL, VMU-2, MACG-28, 2DMAW, requested investigative assistance after PFC Jacob T. BAILEY, VMU-2, MACG-28, 2DMAW, reported S/PINGREE and X/WISE were smoking Spice on 06Sep11, in PFC BAILEY's and X/WISE's barracks room, Room #231, Barracks #4296, MCAS Cherry Point, NC.
- On 07Sep11, PFC BAILEY was interviewed and stated when he returned to his barracks room on 06Sep11, he detected the scent of what he believed to be Spice and observed S/PINGREE and X/WISE playing X-Box within the room. PFC BAILEY stated when he asked X/WISE what the smell was, X/WISE avoided answering the questions and replied, "Is it that obvious?" and "Do you want some?" PFC BAILEY stated he informed Cpl Michael B. BUSEY and Sgt Jose D. ROQUE, VMU-2, MACG-28, 2DMAW, Non-Commissioned Officers in his chain of command, about this incident, exhibit (1) pertains.
- On 07Sep11, LCpl Corey L. HIETT, VMU-2, MACG-28, 2DMAW, identified as S/PINGREE's roommate, was interviewed to ascertain his knowledge of S/PINGREE and X/WISE smoking Spice; however, LCpl HIETT did not have any information pertinent to this investigation, exhibit (2) pertains.
- On 07Sep11, S/PINGREE was interrogated and admitted smoking Spice with X/WISE. S/PINGREE admitted he bought the Spice from a tobacco shop in Havelock, NC, and smoked Spice with X/WISE on 02Sep11, 04Sep11, and 06Sep11, in X/WISE's room, exhibit (3) pertains.
- On 07Sep11, X/WISE was interrogated and admitted smoking Spice with S/PINGREE. X/WISE admitted he was in his room when S/PINGREE approached him on 03Sep11, and asked if he wanted to smoke Spice. X/WISE admitted he agreed and the two smoked Spice in X/WISE's room on several occasions between 03Sep11 and 06Sep11, exhibit (4) pertains.
- On 07Sep11, a permissive search of X/WISE's and PFC BAILEY's barracks room and X/WISE's privately owned vehicle was conducted; however, the searches did not result in the discovery of any items of evidentiary value, exhibit (5) pertains.
- On 07Sep11, a permissive search of S/PINGREE's and LCpl HIETT's room and S/PINGREE's privately owned vehicle was conducted. The search of LCpl HIETT's personal property did not result in the discovery of any items of evidentiary value. The search of S/PINGREE's personal property resulted in the discovery of three open Spice packages within S/PINGREE's trash and one open Spice package within S/PINGREE's secretary. The search of S/PINGREE's privately owned vehicle resulted in the discovery of one open Spice package. All items were photographed, seized, and entered into evidence under log #099-11 and #100-11, exhibit (6) pertains.
- On 07Sep11, as a result of S/PINGREE and X/WISE admitted recent Spice use, their on base dining privileges were suspended and their Department of Defense vehicle decals were removed, exhibits (7) and (8) pertains.
- On 21Sep11, Cpl BUSEY was interviewed and stated on 06Sep11, he was informed by PFC BAILEY of S/PINGREE and X/WISE smoking Spice within his barracks room. Cpl BUSEY stated he informed Sgt ROQUE and they agreed to report this incident to Sgt Terry L. ALCORN, VMU-2, MACG-28, 2DMAW, the following day, exhibit (9) pertains.
- On 23Sep11, Sgt ROQUE was interviewed and stated he was informed by Cpl BUSEY and PFC BAILEY of S/PINGREE and X/WISE smoking Spice on 06Sep11. Sgt ROQUE stated he entered the room in an attempt to catch S/PINGREE and X/WISE smoking Spice himself. Sgt ROQUE stated he spent approximately one and a half hours with S/PINGREE and X/WISE; however, Sgt ROQUE could not detect an odor of Spice from the room or bathroom and did not observe S/PINGREE or X/WISE acting unusual. Sgt ROQUE stated he informed Cpl BUSEY of his findings at which time they agreed to report this incident the following day, exhibit (10) pertains.
- On 21Sep11, Sgt ALCORN was interviewed and stated he was informed by Cpl BUSEY on 07Sep11, S/PINGREE and X/WISE were reported smoking Spice in X/WISE's barracks room on 06Sep11. Sgt ALCORN stated he separated the Marines involved and notified the chain of command of this incident, exhibit (11) pertains.
- All investigative activity has been completed; therefore, this investigation is pending the adjudication of S/PINGREE and X/WISE.
- On 27Sep11, LCpl Mikal HUBER, Commanding Officer, VMU-2, MACG-28, 2DMAW, was notified of the status of this investigation.

STATUTES

(1) ARTICLE 112A - UCMJ DRUGS: POSSESS SCHEDULE I, II, OR III DRUGS

EXHIBIT(S) - ATTACHED

- STATEMENT OF PFC BAILEY/07SEP11
- STATEMENT OF LCPL HIETT/07SEP11
- RIGHTS WAIVER AND STATEMENT OF S/PINGREE/07SEP11
- RIGHTS WAIVER AND STATEMENT OF X/WISE/07SEP11
- IA, RESULTS OF SEARCH/07SEP11
- IA, RESULTS OF SEARCH/07SEP11
- SUSPENSION OF DRIVING PRIVILEGES OF S/PINGREE/07SEP11
- SUSPENSION OF DRIVING PRIVILEGES OF X/WISE/07SEP11
- STATEMENT OF CPL BUSEY/21SEP11
- IA, RESULTS OF INTERVIEW OF SGT ROQUE/23SEP11
- STATEMENT OF SGT ALCORN/21SEP11

PARTICIPATING INVESTIGATOR(S)

P. C. PERKINS, CRIMINAL INVESTIGATOR, CID, MCAS CHERRY POINT, NC
M. R. PILLITU, INVESTIGATOR, CID, MCAS CHERRY POINT, NC
M. L. STUART, CRIMINAL INVESTIGATOR, CID, MCAS CHERRY POINT, NC
N. R. VANEFFEN, CRIMINAL INVESTIGATOR, CID, MCAS CHERRY POINT

DISTRIBUTION

NCISHQ, CLEOC
INFO, CO, VMU-2, MACG-28, 2DMAW
FILE, (169-11)

4.19 Report of Investigation Cover Sheet

ONLY ROI 0311
[View](#) [Save to Disk](#)



WARNING

U.S. MARINE CORPS - Report of Investigation

**THE ATTACHED DOCUMENTATION IS THE PROPERTY OF THE
CRIMINAL INVESTIGATION DIVISION**

This document must not be left unattended or where an unauthorized person may have access to it. When not in use, it must be stored in a safe place. While this document is in your possession, it is your responsibility that the information contained herein is not released to unauthorized persons. Requests for access to or disclosure of the attached document(s) must be referred to the originating command's Criminal Investigation Division Officer.

DATE: 08-FEB-2012
CASE CONTROL NUMBER: 09MAR11-44INQ-00001-13XMA

From : _____

To : _____

1. The attached documentation is furnished for official purposes only and may not be filed permanently in personnel records.
2. No part of this documentation may be further disseminated, including to subject or counsel, without prior specific authorization from the U.S. Marine Corps Criminal Investigation Division Headquarters.
3. The attached documentation must be:
 Destroyed when no longer required by addressee Returned to sender within 30 days

Enter Approval Authority Name

FOR OFFICIAL USE ONLY
IF CLASSIFIED - OPNAVINST 5510.1 APPLIES

5. NCIS Investigations

5.1 CLEOC Homepage

Department of the Navy
Consolidated Law Enforcement Operations Center

[Version 5.2](#)

This site is for official use only

[Click here to continue](#)

5.2 CLEOC Sign-On Page

Welcome to CLEOC

User Name

Password

The CLEOC system will auto-capitalize user names, however, passwords are still case sensitive. Users are reminded to ensure the CAPS LOCK function is turned OFF prior to entry of the user name to avoid complications.

The NCIS IT Solution Center is unable to assist Navy, Marine Corps, and DoD Law Enforcement employees with password resets or new account requests due to security requirements. If you need password assistance, need a new account, or have a question about CLEOC, contact your local base administrator. For all other problems, please contact the NCIS IT Solution Center at: itsc@ncis.navy.mil or (571) 305-9999.

5.3 CLEOC System News Page

)



You are logged on as User: DIEDERICHSENR
You are logged on from: 0023 - CRIMINAL INVESTIGATIONS DIRECTORATE
You have **SYSTEM ADMINISTRATOR** access!
[Current Pending Cases and Approvals](#)

CLEOC System News

Subject: Disposition Module Release (CLEOC 5.2)

On 20JUN13, CLEOC 5.2 was released which improved the existing Disposition module and added the ability for the user to add a File Destruction Date in the Case Status section of the Case Administration screen. Listed below are the updates included in the CLEOC 5.2 release:

1. The Disposition module was revised and improved to allow for accurate entry of disposition actions for military, civilian and non-person subjects. Detailed guidance for disposition entry can be found in Section 17 of the NCIS CLEOC User Guide V5.2 located on the NCIS Lighthouse Portal under Publications>Reference Manuals and User Guides. The User Guide is also available on CLEOC via the help (?) icon.
2. A File Destruction Date field has been added to the Case Status section of the Case Administration screen. The File Destruction Date refers to the date the local case file was destroyed. For detailed information regarding local file retention and destruction refer to NCIS-1 CHAPTER 19 TITLE: FILE RETENTION AND DISPOSAL OF CLOSED INVESTIGATIONS, OPERATIONS, SOURCES AND SECURITY CLEARANCE ADJUDICATION CASES.
3. Section 5 (Case Management/Reporting) of the NCIS CLEOC User Guide has been updated to provide additional guidance for canned (standardized) reports and adhoc (customized) queries.

If you have any questions or require assistance, please contact those within your Field Office who attended the training session. If additional assistance is required please contact the NCIS IT Solutions Center at ITSC@ncis.navy.mil, or 571-305-9999 ext. 2.

5.4 My Cases (Current Pending Cases and Approvals)



MY Cases							
Active Cases PDF EXCEL							
Case Type	CCN	Case Title	Case Agent	Supervisor	Due Date		
CCN Generation Only	09MAY13-CBPW-0019-5ICI				20130514		
CCN Generation Only	08MAY13-CBPW-0018-5ICI				20130513		
CCN Generation Only	01MAR13-CBPW-0011-XXIP				20130501		
CCN Generation Only	14FEB13-CBPW-0007-XXIP				20130612		
CCN Generation Only	19DEC12-CBPW-6026-XXIP				20130709		
CCN Generation Only	19DEC12-CBPW-6025-XXIP				20130611		
CCN Generation Only	17DEC12-CBPW-6024-XXIP				20130614		
CCN Generation Only	17DEC12-CBPW-6023-XXIP				20130616		
CCN Generation Only	26JUN12-CBPW-0091-XXIP				20130612		
CCN Generation Only	04JUN12-CBPW-0082-XXIP				20130529		
Active Leads PDF EXCEL							
CCN	Lead	Lead Agent	Supervisor	Due Date			
21JUL12-FAAJ-0138-8FNA	Please provide One-Net support concerning US Navy email a			20130516			
21JUL12-FAAJ-0138-8FNA	Utilizing Exhibit (1), please conduct a forensic examination of :			20130515			
30APR13-FAAJ-0054-8BNA	Please image and index laptop computer listed as item A of			20130516			
01OCT10-SWND-0817-4MNA	Please obtain the NMCI emails for the individuals identified in the Narrative o			20130522			
12APR13-SNMQ-0105-8SMA	Perform forensic analysis on the cellular phone seized from Usi			20130523			
27DEC12-MWPE-6128-4EMA	It is requested coordination be made with MCNOSC and obtain all electronic			20130606			
15MAR13-FEYK-0103-8SNA	Lead tasking requesting cyber support in obtaining FE.NAVY.MIL emails for			20130603			
25JAN12-HIHN-0028-8BNA	Conduct reviews of popular social media sites and government			20130516			
06MAR13-FECN-0006-8SNA	please conduct a search of Smartphone			20130504			
06NOV12-FEXO-6003-8BNA/T	Assist FAJ with field review of witnesses' computers for child pornograph			20130530			
Pending Documents PDF EXCEL							
Lead	Received	Report Stage	CCN	Case Title	Case Agent	IA Title	Document
Lead	20130511	REVIEW	21JUL12-FAAJ-0138-8FNA				ROI
Lead	20130510	REVIEW	30APR13-FAAJ-0054-8BNA				ROI
Lead	20130510	REVIEW	01OCT10-SWND-0817-4MNA				ROI
Outstanding Leads PDF EXCEL							
CCN	Lead	Lead Office	Lead Agent	Due Date			
Notifications PDF EXCEL							
Received	CCN	Case Title	Message				
20130512	21JUL12-FAAJ-0138-8FNA						
20130508	21MAR12-HIMI-0031-8BNA						
20130425	09AUG12-SEKW-0026-7HNA/T						
20130419	13APR12-DCQV-0098-6SMA/T						

5.5 Document Approval

DOCUMENT APPROVAL
NAVAL CRIMINAL INVESTIGATIVE SERVICE

CCN: 20JUN13-0023-0047-8SMA
Agent: ROBERT DIEDERICHSEN, CLEOC System Administrator
Doc Type: ROI

Case Title: I/TEST

View in Full Screen

U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE

REPORT OF INVESTIGATION (INTERIM) 26JUN13

SEXUAL ASSAULT - ADULT (II) CONTROL: 20JUN13-0023-0047-8SMA/T

I/TEST

COMMAND/NONE/00000

MADE AT/0023/CRIMINAL INVESTIGATIONS DIRECTORATE/ [REDACTED] ,
CLEOC SYSTEM ADMINISTRATOR

NARRATIVE

DISTRIBUTION
NCISHQ:0015



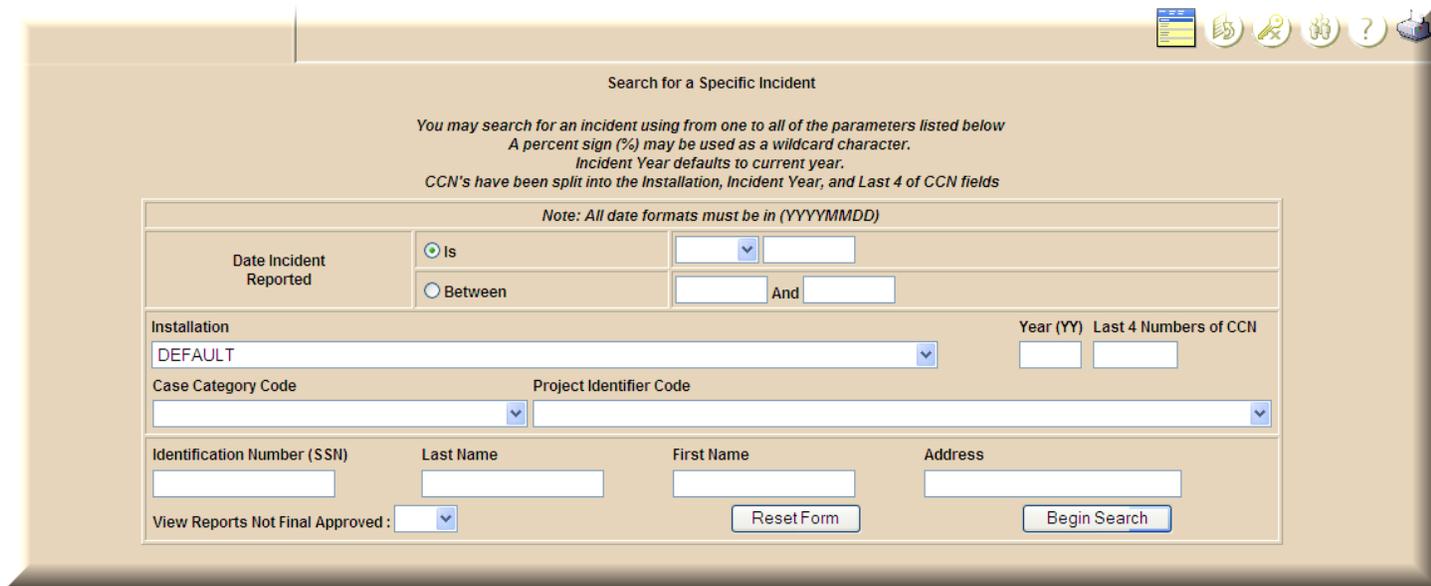
Approved
 Disapproved
 Date:
By:

Remarks

Prior Approvals/Disapprovals

Approved?	Date	Approved By	Remarks
✓	20130626	[REDACTED]	

5.6 Search Incident Query



The screenshot shows a web application interface for searching incidents. At the top right, there are several small icons: a document, a magnifying glass, a key, a question mark, and a printer. The main heading is "Search for a Specific Incident". Below this, there are three lines of instructional text: "You may search for an incident using from one to all of the parameters listed below", "A percent sign (%) may be used as a wildcard character.", and "Incident Year defaults to current year." A note states "CCN's have been split into the Installation, Incident Year, and Last 4 of CCN fields". Another note specifies "Note: All date formats must be in (YYYYMMDD)".

The search form is organized into several sections:

- Date Incident Reported:** Includes radio buttons for "Is" and "Between". The "Is" option has a dropdown menu and a text input field. The "Between" option has two text input fields separated by the word "And".
- Installation:** A dropdown menu currently showing "DEFAULT".
- Year (YY) Last 4 Numbers of CCN:** Two separate text input fields.
- Case Category Code:** A dropdown menu.
- Project Identifier Code:** A dropdown menu.
- Identification Number (SSN):** A text input field.
- Last Name:** A text input field.
- First Name:** A text input field.
- Address:** A text input field.
- View Reports Not Final Approved:** A dropdown menu.
- Buttons:** "Reset Form" and "Begin Search".

5.7 Search Incident Query Results



Search Criteria

Incident UIC is 0023

Incident Yr is 13

Case Type	Status	Control Date	CCN	Case Title
Criminal Intelligence Report (INFO)	Closed	20130110	10JAN13-0023-0001-7ECR	I/SEX EXTORTION
Criminal Intelligence Report (INFO)	Closed	20130114	14JAN13-0023-0002-8ECR	I/NCMEC REPRESENTATIVE/CYBERTIPLINE REPORT 1724236 REGARDING DOD INTEREST
Criminal Intelligence Report (INFO)	Closed	20130115	15JAN13-0023-0003-4HCR	I/POTENTIAL SUSPICIOUS FINANCIAL TRANSACTIONS BY USN OFFICER
Criminal Intelligence Report (INFO)	Closed	20130115	15JAN13-0023-0004-4HCR	I/SUSPECTED FINANCIAL TRANSACTIONS BY ACTIVE DUTY USMC MEMBER
Criminal Intelligence Report (INFO)	Closed	20130115	15JAN13-0023-0005-8ECR	I/NCMEC REPRESENTATIVE/CYBERTIPLINE REPORT 1749609 REGARDING DOD INTEREST
Criminal Intelligence Report (INFO)	Open	20130116	16JAN13-0023-0006-8ECR	I/NCMEC REPRESENTATIVE/CYBERTIPLINE REPORT 1724964 REGARDING DOD INTEREST
Criminal Intelligence Report (INFO)	Closed	20130117	17JAN13-0023-0007-8ECR	I/NCMEC REPRESENTATIVE/CYBERTIPLINE REPORT 1761975 REGARDING DOD INTEREST
Criminal Intelligence Report (INFO)	Closed	20130118	18JAN13-0023-0008-4ACR	I/ALLEGED UNFAIR TRADE PRACTICES BY THE BOEING COMPANY FOR THE F/A-18 PRODUCTION CONTRACT
Criminal Intelligence Report (INFO)	Closed	20130122	22JAN13-0023-0009-6SCR	I/APPLICANT WITH ANOTHER U.S. GOVERNMENT AGENCY REPORTS THEFT OF U.S. NAVY ISSUED EQUIPMENT
Criminal Intelligence Report (INFO)	Closed	20130122	22JAN13-0023-0010-8ECR	I/NCMEC REPRESENTATIVE/CYBERTIPLINE REPORT 1765930 REGARDING DOD INTEREST

5.8 User Administration List

CLEOC USERS ACTIVE 1 (MARINE 0 / NAVY 0 / NCIS 1) : TOTAL 19217					
Current Office : 0023 - CRIMINAL INVESTIGATIONS DIRECTORATE					<input type="button" value="Show List"/>
0023 - CRIMINAL INVESTIGATIONS DIRECTORATE USERS					
User Name	Last Name	First Name	Last Accessed	Title	Status
000000000	00000000	0000	08-MAY-2013 1541	Representative	Inactive
000000000	000000	000000	04-DEC-2012 1145	Representative	Inactive
000000000	000000	000000	09-MAY-2013 1410	Special Agent	Inactive
000000000	00000000	000000	08-MAY-2013 1435	Special Agent	Inactive
000000000	000000	000000	02-MAY-2013 1421	Representative	Inactive
000000000	000000	000000	05-APR-2013 1448	Supervisory Special Agent	Inactive
000000000	00000000	000000	10-MAY-2013 0958	Representative	Inactive
000000000	00000000	000000	10-MAY-2013 1550	Representative	Inactive

5.9 User Administration Account (1 of 2)

USER ADMIN

User Name User Approval Level: CASE APPROVAL

Person ID Type: SSN Person ID: _____

Last Name: _____ First Name: _____ Middle Name: _____

User Email Address: _____

Branch: _____ Rank: _____

Office: 0023 - CRIMINAL INVESTIGATIONS DIRECTORATE Title: _____

Use the Search icons to populate or clear the Supervisor or Acting Supervisor values

Supervisor: [Search Icon] _____

Acting Supervisor: [Search Icon] _____

Squad: _____

Password: _____ Retype Password: _____

CLEOC Groups

IS USER A CLEOC SYSTEM ADMINISTRATOR: No

NCIS INVESTIGATOR	No	BRANCH SEARCH	Yes
NCIS OFFICE ADMINISTRATOR	No	GLOBAL SEARCH	Yes
NCIS HQ ADMINISTRATOR	No	FIELD OFFICE USER	No
NCIS USER ADMINISTRATOR	No	FIELD OFFICE ADMINISTRATOR	No

5.10 User Administration Account (2 of 2)



MAIN MENU PERMISSIONS	
Background Records Check	Menu Item Allowed: Yes
Create New Case	Menu Item Allowed: Yes
My Cases	Menu Item Allowed: Yes
Search Cases	Menu Item Allowed: Yes

5.11 Background Records Check Query














Important Information : Please Use YYYYMMDD Format For All Date Fields

Person ID Type Person ID

Person Information

Last Name First Name Middle Name Sr., Jr., III etc.

Drivers License Number Drivers License State/Territory Drivers License Country

Branch Rank Type of Service

Civilian Type Employee Type

Date Of Birth (YYYYMMDD)

City of Birth State/Territory of Birth Country of Birth

Appearance Information

Weight Pounds Height Inches

Race Gender Ethnicity

Hair Color Eye Color

Location Information

Organization/Unit Work Phone

Duty Station / Employer

Home Address Home Phone

City State/Territory

Country Zip/Postal Code

5.12 Background Records Results

Search Criteria
Last Name is like MOUSE

Identification Number	Name	Branch	Investigative Agency
00000001	MOUSE, ADAM Seaman	Navy	No Cases
00000002	MOUSE, ADAM		No Cases
00000003	MOUSE, EDWARD Seaman	Navy	No Cases
00000004	MOUSE, JIMMY Staff Sergeant	Marine Corps	No Cases
00000005	MOUSE, MICKEY Ensign	Navy	No Cases
00000006	MOUSE, MICKEY Petty Officer Third Class	Navy	No Cases
00000007	MOUSE, MINNIE		No Cases
00000008	MOUSEL, AMANDA Seaman Apprentice	Navy	No Cases
00000009	MOUSEL, MELANIE		No Cases
00000010	MOUSEL, ROGER Major	Marine Corps	No Cases
00000011	MOUSEL, TODD Lieutenant Junior Grade	Navy	No Cases
00000012	MOUSER, ADAM		No Cases
00000013	MOUSER, AMANDA		No Cases
00000014	MOUSER, ANDREW Seaman	Navy	No Cases
00000015	MOUSER, ASHTON Seaman	Navy	No Cases
00000016	MOUSER, BRETT Petty Officer First Class	Navy	No Cases
00000017	MOUSER, CHARLOTTE Technical Sergeant	Air Force	No Cases
00000018	MOUSER, CHRISTOPHER Seaman	Navy	No Cases
00000019	MOUSER, CHRISTOPHER		No Cases
00000020	MOUSER, CLIFTON		No Cases

5.13 Background Record (Individual)

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person ID Type SSN Person ID XXXXXXXXXX

Person Information

Last Name	First Name	Middle Name	Sr., Jr., III etc.
MOUSE	MICKEY	DAVID	
Drivers License Number	Drivers License State/Territory	Drivers License Country	
XXXXXXXXXX	CA	United States	
Branch	Rank	Type of Service	
Navy	Petty Officer Third Class	Regular (Active)	
Civilian Type	Employee Type		
			
Date Of Birth (YYYYMMDD)	XXXXXXXXXX		
City of Birth	State/Territory of Birth	Country of Birth	
	New Mexico		

Appearance Information

Weight 750 Pounds	Height Inches
Race White	Gender Male Ethnicity Unknown
Hair Color White	Eye Color Violet

Location Information

Organization/Unit 	Work Phone
Duty Station / Employer 	
Home Address 	Home Phone
City 	State/Territory California
Country 	Zip/Postal Code 96601

Vehicles Registered

DOD/Temp Decal	VIN	License Tag	State/Territory	Make	Model	Style	Color	Year
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	CA	XXXXXXXXXX	XXXX			
XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	CA	XXXXXXXXXX	XXXX			

Current Animals Registered

No Known Pet Information Currently Exists On This Person

Current Weapons Registered

No Known Weapon Information Currently Exists On This Person

Current and Past Citation Information

No Known Citation Information Currently Exists On This Person

Current and Past Restriction/Revocation Information

No Known Restriction/Revocation Information Currently Exists On This Person

Debarments

No Known Debarments Currently Exist On This Person

Current and Past Incident Information

No Known Criminal/Traffic Information Currently Exists On This Person

Known Criminal Accomplices

5.14 Vehicle Registration (from Background Record)

Registration Information			
Base Registered :	<input type="text"/>	Registration Expiration Date :	<input type="text"/>
Decal Type :	<input type="text"/>	DOD Decal Number :	<input type="text"/>
Person Registered to Vehicle :	<input type="text"/>		
Primary Driver or Additional Driver :	<input type="text" value="Primary"/>		
Vehicle Identification			
VIN :	<input type="text"/>		
Vehicle Tag Number :	<input type="text"/>	Vehicle Tag State/Territory :	<input type="text"/>
Vehicle Tag Country :	<input type="text"/>	Vehicle Tag Expires :	<input type="text"/>
Current Owner Name :	<input type="text"/>		
Power Of Attorney Name :	<input type="text"/>		
Inspection State/Territory :	<input type="text"/>	POA Expires :	<input type="text"/>
Lien Holder :	<input type="text"/>		
Insurance Company :	<input type="text"/>	Policy Number :	<input type="text"/>
Color :	<input type="text"/>	Expires :	<input type="text"/>
Style :	<input type="text"/>	Year :	<input type="text"/>
		Make :	<input type="text"/>
		Model :	<input type="text"/>
		Doors :	<input type="text"/>
Other Identifying Marks :	<input type="text"/>		
Other Vehicle Information			
Stolen :	<input type="text"/>	Reported Stolen Date :	<input type="text"/>
Impounded :	<input type="text"/>	Recovered Date :	<input type="text"/>
Impounded Date :	<input type="text"/>	Impound Inventory Done :	<input type="text"/>
		Released from Impound :	<input type="text"/>
Restriction Information			
Temporary Pass	<input type="text"/>		

5.15 Company/Unit/Activity/Organization Background Record

Company/Organization/Unit

Important Information : Please Use YYYYMMDD Format For All Date Fields

ID Type Company/Organization/Unit ID

Company/Organization/Unit Name

Additional Information

Business Type Government Type Funding Type

Phone Fax UIC

Address

City State/Territory

Country Zip/Postal Code

Alias

5.16 Case Administration

CASE ADMINISTRATIVE SECTION	
NAVAL CRIMINAL INVESTIGATIVE SERVICE	
NCISHQ Administration	
SI/DSI <input type="text" value="NA"/>	Designated By <input type="text"/>
Reason for SI/DSI <input type="text"/>	
Void Case <input type="text" value="NO"/>	Date Voided <input type="text"/>
Reason for Void <input type="text"/>	
Cold Case Information	
Cold Case <input type="text" value="NO"/>	Cold Case Status <input type="text"/>
Cold Case Tier <input type="text"/>	
Case Status Information	
Status <input type="text" value="Open"/>	Unpublished ROIs: 0 Unpublished IAs: 0 Open Leads: 0
Due Date <input type="text" value="20130402"/>	Date Closed <input type="text"/>
Ext Ret Date <input type="text"/>	File Destruction Date <input type="text"/>
Reason for Administrative Closure <input type="text"/>	
Remarks <input type="text"/>	
Case Initiation Factors	
Case Title <input type="text" value="S/TESTING, TESTING/UNK"/>	
Control Date <input type="text" value="20130228"/>	Reason Initiated <input type="text" value="Audit"/>
Type of Case <input type="text" value="Criminal Offense"/>	Investigative Role <input type="text" value="Control Office (NCIS Only)"/>
Date(s) of Incident <input type="text"/>	Office Code <input type="text" value="66666 - NCIS TESTING UIC"/>
From <input type="text" value="20130228"/>	Case Category <input type="text" value="6G - Counterfeiting"/>
To <input type="text" value="20130228"/>	Project Identifier <input type="text" value="MA - Standard Marine Corps Investigation"/>
Time(s) of Incident <input type="text"/>	Control Office <input type="text" value="66666 - NCIS TESTING UIC"/>
From <input type="text" value="0200"/>	Priority Level <input type="text" value="II"/>
To <input type="text" value="0200"/>	Group <input type="text" value="NA"/>
Case Agent <input type="text" value="NFPV - NICOLA ALLEN, Office Administrator"/>	Participating Agent <input type="text"/>
Supervisor <input type="text" value="66666 - HEIDI PLOTT, CLEOC System Administrator"/>	Acting Supervisor <input type="text"/>
Squad <input type="text" value="TECH"/>	
Additional Case Information	
Command Affected <input type="text" value="TEST"/>	Source of Information <input type="text" value="Navy Base Police"/>
Command UIC <input type="text" value="TEST"/>	Source Case or File Number <input type="text"/>
	Asset Number <input type="text"/>
Case Dissemination/Restriction Factors	
Show Case on Background Check? <input type="text" value="NO"/>	RMS/Dossier Nbr <input type="text" value="28FEB1366660001"/>
Share with D-DEx/LInX <input type="text" value="YES"/>	Date Not Shareable <input type="text"/>
Reason Not Shareable <input type="text"/>	
Incident Clearance Reason	
Incident Clearance Reason <input type="text"/>	Cleared Exceptionally <input type="text"/>
Date Cleared <input type="text"/>	
Investigative Techniques Used	
<input type="button" value="Add"/> <input type="button" value="Remove"/> <input type="button" value="Reset"/>	
Technique <input type="text"/>	Approval Date <input type="text"/>
Death Investigation Information	
<input type="button" value="Add"/> <input type="button" value="Remove"/> <input type="button" value="Reset"/>	
Reviewed By <input type="text"/>	Date Reviewed <input type="text"/>

5.17 Case Summary

CASE SUMMARY		
NAVAL CRIMINAL INVESTIGATIVE SERVICE		
Administrative		
Case Control Number		Case Type : Criminal Offense
20JUN13-0023-0047-8SMA	Control Office	0023
Show Details		
Offense(s)		
Offense Description	Offense Status	
Abusive Sexual Contact	Completed	
Show Details		Remove Offense
Victim(s)		
Name	ID Type/Number	
Witness(s)		
Name	ID Type/Number	
Subject/CoSubject(s)		
Name	ID Type/Number	
Vehicle(s)		
Vehicle Description		
Property		
Evidence Log Number	Property Description	Type Property Loss/Etc.
Narcotics		
Evidence Log Number	Narcotics Description	Reason Loss/Recovery

5.18 Offense



Offense for Case 20JUN13-0023-0048-GRMA

Statutory Basis

Offense Offense Status On Board Military Installation

LOCATION INFORMATION

Location of Offense

X/Latitude Y/Longitude

Detailed Address Description :

City State/Territory Country Zip/Postal Code

OFFENSE RELATIONS

Victims Related to this Offense	Offenders Related to this Offense
Victim - Name Related?	Offender - Name Related Involvement

OFFENDER(S) SUSPECTED OF USING

Alcohol Drugs/Narcotics Computer Equipment

VICTIM(S) SUSPECTED OF USING

Alcohol Drugs/Narcotics

Type of Weapon/Force Used
Hold Down the CTRL Key to Select Multiple Weapons

- Asphyxiation
- Blunt Object (Club, Hammer, Blackjack, etc)
- Explosives
- Explosives (Civilian/Commercial)
- Explosives (Improvised Explosive Device (IED))

Type of Criminal Activity
Hold Down the CTRL Key to Select Multiple Activities

- Buying/Receiving
- Cultivating/Manufacturing/Publishing
- Destruction/Vandalism
- Distributing/Selling
- Exploiting Children

Weapons or Criminal Activities that were previously selected for this offense will have a star next to the entry and will be selected, to remove these entries from this offense, deselect them using the CTRL key

BURGLARY/B & E ONLY

of Premises Entered

Entry Type Condition of Premise

<p>Method of Entry</p> <ul style="list-style-type: none"> Bodily Force Cut Hole In Wall Delivery Door Kicked In Door Knob Twist 	<p>Tools Used</p> <ul style="list-style-type: none"> Bar/Pipe Bodily Force Bolt Cutters Chopping Tool Explosive
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BIAS MOTIVATION

Select Only One

- No Bias
- Unknown Bias
- Anti-Agnostic
- Anti-Alaskan
- Anti-American Indian
- Anti-Arab
- Anti-Asian
- Anti-Bisexual
- Anti-Black
- Anti-Catholic
- Anti-Female Homosexual

VEHICLE INFORMATION

Vehicles Related to this Offense		
Vehicle	Related?	Status

5.19 Person Associated with Investigation (Subject/Co-Subject, 1 of 2)

Person for Case 28FEB13-66666-0001-6GMA

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role: Co-Subject | Is Co-Subject Unknown?: | Deceased:

Person Information Remember to SEARCH for a person before entering data.

Person ID Type: | Person ID: | Security Clearance:

Last Name: | First Name: | Middle Name: | Cadency (Jr, Sr):

Title: | Country of Citizenship:

Supplemental:

Birth Information: Date: | City: | State/Territory of Birth: | Country of Birth:

Driver's License Information: Number: | State/Territory: | Country:

US Military Service: Retired?: | Type of Service: | Branch: | Rank:

Civilian Status: Government Contractor?: | Type: | Status: | Pay Grade:

Dependent Status: Type: | Sponsor: |

General Appearance Information: Gender: | Height: Inches | Hair Color: | Race: | Weight: Pounds | Eye Color: | Ethnicity:

Location Information: Organization/Unit: | UIC: | Duty Station: | Employer (CIV Only): | Work Phone: | Primary Email:

Home Address: | City: | State/Territory: | Country: | Zip Code: | Home Phone:

Death Information: Official Date of Death: | Official Time of Death: | Manner of Death: | Cause of Death:

Fingerprint / DNA Information: Fingerprints Submitted (FD249): | FBI III Number: | DNA Card Submitted:

5.20 Person Associated with Investigation (Subject/Co-Subject, 2 of 2)

Arrest/Apprehension Information															
Date Arrested/Apprehended (YYYYMMDD)	<input type="text"/>	Offender Was Armed With (Max. 2)													
Type of Arrest/Apprehension	<input type="text"/>	<ul style="list-style-type: none"> Unnamed Club/Blackjack/Brass Knuckles Firearm (type not stated) Handgun (Automatic) Handgun (Manual) Handgun (Semi-automatic) Lethal Cutting Instrument Other Fire Arms 													
Arrest/Citation Number	<input type="text"/>														
Multiple Incidents Cleared	<input type="text"/>														
Disposition of Person Under 18	<input type="text"/>														
Offender Detained On-Base	<input type="text"/>														
Arrest/Apprehension Offense	<input type="text"/>														
Offender Relationship Information															
Offense # - Description		Related Involvement	Victim												
1 - UCMJ 81 (Conspiracy)		<input type="text"/>	SOCIETY,												
			Victim(s) Related to Offender Relationship												
<table border="1"> <thead> <tr> <th colspan="2">Offender Related To Offense(s)</th> <th colspan="2">Victim(s) Related to Offender</th> </tr> <tr> <th>Offense # - Description</th> <th>Related Involvement</th> <th>Victim</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>1 - UCMJ 81 (Conspiracy)</td> <td><input type="text"/></td> <td>SOCIETY,</td> <td><input type="text"/></td> </tr> </tbody> </table>				Offender Related To Offense(s)		Victim(s) Related to Offender		Offense # - Description	Related Involvement	Victim	Relationship	1 - UCMJ 81 (Conspiracy)	<input type="text"/>	SOCIETY,	<input type="text"/>
Offender Related To Offense(s)		Victim(s) Related to Offender													
Offense # - Description	Related Involvement	Victim	Relationship												
1 - UCMJ 81 (Conspiracy)	<input type="text"/>	SOCIETY,	<input type="text"/>												
Appearance Information															
Dexterity	<input type="text"/>	Build	<input type="text"/>												
Hair	Hair Style	Facial Hair	Complexion												
<ul style="list-style-type: none"> Bald Coarse Collar Fine Long Receding Short Shoulder Thick Thinning 	<ul style="list-style-type: none"> Crewcut Curly Dreadlocks Greasy Part L/R Ponytail Processed Recruit Straight Wig 	<ul style="list-style-type: none"> Beard Clean Goatee Lower Lip Medium Mustache Sideburns Unshaven 	<ul style="list-style-type: none"> Acne Clear Dark Freckled Light Medium Pocked Ruddy Tanned 												
Appearance	Dress	Speech	Demeanor												
<ul style="list-style-type: none"> Cap/Hat Dirty Disguised Flashy Glasses Gloves Mask Military Neat Odorous 	<ul style="list-style-type: none"> AF Uniform Army Uniform Athletic Attire Business Attire CG Uniform Camouflage Casual Attire Gang Attire Marine Uniform Navy Uniform 	<ul style="list-style-type: none"> Accent Lisp Loud Mumbles Quiet Rapid Slow Stutters 	<ul style="list-style-type: none"> Angry Apologetic Calm Competent Disordered Irrational Nervous Obscene Polite Stupor 												
ID Marks Information															
ID Mark	Location	Description of Mark	Delete Mark?												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
<input type="text"/>	<input type="text"/>	<input type="text"/>	New												
Known Aliases															
<input type="button" value="Add"/>	<input type="button" value="Edit"/>	<input type="button" value="Remove"/>	<input type="button" value="Reset"/>												
Desc	Name	Title													

5.21 Alias Information

Alias information

Alias Type Save Cancel

Last Name First Name Middle Name

Person ID Type Person ID Security Clearance

Gender Race

Birth Information		Status	
Date	<input type="text" value=""/> <input type="text" value=""/>	Military/Civilian	<input type="text" value=""/>
City	<input type="text" value=""/>	Type of Service	<input type="text" value=""/>
State/Territory of Birth	<input type="text" value=""/>	Branch	<input type="text" value=""/>
Country of Birth	<input type="text" value=""/>	Rank	<input type="text" value=""/>

5.22 Person Associated with Investigation (Victim, 1 of 2)

The screenshot shows a web application window titled "Person for Case 28FEB13-66666-0001-6GMA". A red banner at the top contains the text "Important Information : Please Use YYYYMMDD Format For All Date Fields". Below this, there are two dropdown menus: "Person Role" set to "Victim" and "Deceased" set to "Yes".

The main form area is titled "Person Information" and includes a reminder: "Remember to SEARCH for a person before entering data." The form is divided into several sections:

- Person ID and Security Clearance:** Includes a "Person ID Type" dropdown, a "Person ID" text field, and a "Security Clearance" dropdown.
- Name and Title:** Includes "Last Name", "First Name", "Middle Name", and "Cadency (Jr, Sr)" text fields, and a "Title" text field.
- Country of Citizenship:** A dropdown menu.
- Supplemental:** A text field with a help icon.
- Birth Information:** Includes "Date" (with a calendar icon), "City", "State/Territory of Birth" (dropdown), and "Country of Birth" (dropdown).
- Driver's License Information:** Includes "Number", "State/Territory" (dropdown), and "Country" (dropdown).
- US Military Service:** Includes "Retired?" (checkbox), "Type of Service" (dropdown), "Branch" (dropdown), and "Rank" (dropdown).
- Civilian Status:** Includes "Government Contractor?" (checkbox), "Type", "Status", and "Pay Grade" (dropdown).
- Dependent Status:** Includes "Type" (dropdown), "Sponsor" (text field), and a "Sponsor Details" button.

5.23 Person Associated with Investigation (Victim, 2 of 2)

General Appearance Information			
Gender	<input type="text"/>	Height	<input type="text"/> Inches
Race	<input type="text"/>	Weight	<input type="text"/> Pounds
Ethnicity	<input type="text"/>	Hair Color	<input type="text"/>
Eye Color <input type="text"/>			
Location Information			
Organization/Unit	<input type="text"/>	Home Address	<input type="text"/>
UIC	<input type="text"/>	City	<input type="text"/>
Duty Station	<input type="text"/>	State/Territory	<input type="text"/>
Employer (CIV Only)	<input type="text"/>	Country	<input type="text"/>
Work Phone	<input type="text"/>	Zip Code	<input type="text"/>
Primary Email	<input type="text"/>	Home Phone	<input type="text"/>
Death Information			
Official Date of Death	<input type="text"/>	Official Time of Death	<input type="text"/>
Manner of Death	<input type="text"/>	Cause of Death	<input type="text"/>
Was Victim Deployed to a Combat Zone? <input type="text"/>			
Witness/Victim Information			
DD2701 (VWAP) Issued	<input type="text"/>	Date Issued	<input type="text"/>
Financial Waiver Signed	<input type="text"/>	Date Signed	<input type="text"/>
Victim Relationship Information			
Victim Related to Offense(s)	Related?	Offender	Victim Related to Offender(s)
Offense - Description	<input type="checkbox"/>	JONES, ROBERT	Relationship <input type="text"/>
1 - UCMJ 81 (Conspiracy)			
Victim Information			
Injury Type (Max. 5)			
<input type="text"/> Apparent Broken Bones <input type="text"/> Apparent Minor Injury <input type="text"/> Loss of Teeth <input type="text"/> None <input type="text"/> Not Applicable			
Known Aliases			
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Remove"/> <input type="button" value="Reset"/>			
Desc	Name	Title	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

5.23 Company/Unit/Activity/Organization Associated with Investigation (1 of 2)

Person for Case 28FEB13-66666-0001-6GMA

Important Information : Please Use YYYYMMDD Format For All Date Fields

Person Role
Witness

Person Information Remember to SEARCH for a person before entering data.

Person ID Type Person ID Security Clearance

Last Name First Name Middle Name Cadency (Jr, Sr)

Title Country of Citizenship

Birth Information **Driver's License Information**

Date Number

City State/Territory

State/Territory of Birth Country

Country of Birth

US Military Service **Civilian Status** **Dependent Status**

Retired? Government Contractor? Type

Type of Service Type Sponsor

Branch Status Sponsor Details

Rank Pay Grade

General Appearance Information

Gender Height Inches Hair Color

Race Weight Pounds Eye Color

Ethnicity

Location Information

Organization/Unit Home Address

UIC City

Duty Station State/Territory

Employer (CIV Only) Country

Work Phone Zip Code

Primary Email Home Phone

Witness/Victim Information

DD2701 (VWAP) Issued Date Issued

5.24 Company/Unit/Activity/Organization Associated with Investigation (2 of 2)

Company/Organization/Unit for Case 28FEB13-66666-0001-6GMA

Important Information : Please Use YYYYMMDD Format For All Date Fields

ID Type : Company/Organization/Unit ID :

Involvement : Victim Type :
 (FOR VICTIM'S ONLY)

Company/Organization/Unit Name :

Additional Information

Business Type Government Type Funding Type

Phone : Fax : UIC :

Address :

City : State/Territory :

Country : Zip/Postal Code :

Supplemental :

Known Aliases

Name	Location

Victim Information

DD2701 Issued : Date Notified :

Financial Waiver Signed : Date Signed :

Victim Relationship Information

Victim Related to Offense		Victim Related to Offender	
Offense - Description	Related?	Offender	Relationship
1 - UCMJ 81 (Conspiracy)	<input type="checkbox"/>	JONES, ROBERT	<input type="text"/>

5.25 Property Associated with Investigation

Property Item for Case 28FEB13-66666-0001-6GMA

Property Description

Other (Specify)

NCIS Recovery Office

Reason Loss or Recovery	Quantity	Description
<input type="text"/>	<input type="text"/>	<input type="text"/>

Make/Model	Size	Serial #
<input type="text"/>	<input type="text"/>	<input type="text"/>

Color	Value	Secure / Unsecure
<input type="text"/>	<input type="text"/>	<input type="text"/>

Owner **Disposition of Property**

Date Seized/Recovered **Date Returned/Disposed**

Date Entered as Evidence **Current Days in Custody**

Evidence/Property Room Log #

5.26 Narcotics Associated with Investigation

Narcotics Item for Case 28FEB13-66666-0001-6GMA

Drug Type	<input type="text"/>	Measurement	<input type="text"/>
Reason Loss or Recovery	<input type="text"/>	Description	
NCIS Recovery Office	<input type="text"/>		
Predominant Source	<input type="text"/>		
Narcotics Actual/Suspected	Quantity	Street Value (in whole US dollars)	Secure / Unsecure
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner	<input type="text"/>	Disposition of Narcotics	<input type="text"/>
Date Lost	<input type="text"/>	Date Seized/Recovered	<input type="text"/>
Date Returned/Disposed	<input type="text"/>	Date Entered as Evidence	<input type="text"/>
Current Days in Custody	Evidence/Property Room Log #		<input type="text"/>

5.27 Vehicle Associated with Investigation

Vehicle for Case 28FEB13-66666-0001-6GMA

Important Information : Please Use YYYYMMDD Format For All Date Fields

Vehicle Identification

VIN :

Vehicle Tag Number : Vehicle Tag State/Territory :

Vehicle Tag Country : Vehicle Tag Expires :

Color : Year : Make :

Style : Model : Doors :

Registered Installation : DOD Decal :

Current Owner Name :

Owner Type :

Inspection State/Territory : Inspection Expires :

Lien Holder :

Insurance Company : Policy Number : Expires :

Other Identifying Marks :

Vehicle Property Disposition Information

Evidence/Impound/Property Log # : Estimated Vehicle Value :

Recovered Date : Date Returned :

Stolen : Reported Stolen Date :

Impounded : Impound Inventory Done :

Impounded Date : Released from Impound :

5.28 Report Summary

REPORT SUMMARY

Report of Investigation (ROI) and Investigative Action (IA)

Document Type	IA Title	Status	Date	Reported By	Office	Stage
▼						
ROI		INTERIM	20130528	DIEDERICHSEN, ROBERT	0023	REVIEW
IA	RESULTS OF INTERVIEW		20130529	DIEDERICHSEN, ROBERT	0023	DRAFT

Uploads

Description	File	Associated Report	Enclosure	Exhibit	ROI Date

Published Reports

Document Type	Status	Reported By	Office	Date of Report	Published Date	IA Title
ROI	OPEN	NCISTESTIA, L	66666	20130228	20130412	
IA		PLOTT, HEIDI	66666	20130301	20130412	

Administrative and Investigative Tasking

Type	Date Initiated	Description of Task	Lead Office	Lead Agent	Date Assigned	Due Date	Date Completed
▼							

5.29 Report of Investigation Input

Report of Investigation (ROI)

ROI Header

CCN: 20JUN13-0023-0047-85MAT Classification: For Official Use Only

Date of Report: 20130626 Status: INTERIM Stage of Report: REVIEW

Media At Location: 0023-CRIMINAL INVES Reported By: ROBERT DIEDERICHSEN, CLEO Transfer To:

Made at Preview:

Project Title (Pseudonym)

Title:

Caveats

Financial Privacy
Grand Jury
QUI TAM
Bank Secrecy Act

Active Investigation completed:

Approved for Release by: Approved Date:

Reference(s)

Add Remove Reset

Reference	Reference Date	Description

Exhibit(s)

Add Remove Reset Add IA

#	Description/Distribution	Uploaded File

Participant(s)

Add Remove Reset Preview

Last Name	First Name	MI	Title	Office

Participant Preview:

Action

Add Remove Reset Preview

Office	Response Required	Task	Distribution Method

Action Preview:

Distribution Information

Add Remove Reset Preview

Office	External Office/Location	Contact	Distribution Method
0015 - INFORMATION TECHNOLOGY DIRECTC			

Distribution Preview:

Executive Summary

Edit in Full Screen

Narrative

Edit in Full Screen

5.30 Investigative Action Input

Investigative Action (IA)

IA Header

CCN: 20JUN13-0023-0047-8SMA Classification: For Official Use Only

Date of Report: 20130626 Stage of Report: DRAFT

Reported By: ROBERT DIEDERICHSEN, CLEO Office: 0023 - CRIMINAL IN

Primary Title:
I/TEST

IA Title:

Caveats ⓘ

- Financial Privacy
- Grand Jury
- QUI TAM
- Bank Secrecy Act

Action Taken

Edit in Full Screen

Enclosure(s)

Letter	Description	File
--------	-------------	------

5.31 View Report



U.S. NAVAL CRIMINAL INVESTIGATIVE SERVICE

REPORT OF INVESTIGATION (OPEN) 20JUN13

SEXUAL ASSAULT - ADULT (II) CONTROL: 20JUN13-0023-0047-8SMA

I/TEST

COMMAND/NONE/00000

MADE AT/0023/CRIMINAL INVESTIGATIONS DIRECTORATE/ROBERT DIEDERICHSEN,
CLEOC SYSTEM ADMINISTRATOR

NARRATIVE

DISTRIBUTION
NCISHQ:0015



5.32 View Form

Report of Investigation (ROI)

ROI Header

CCN: 21JUL12-FAJ-0138-BFNA Classification: For Official Use Only

Date of Report: 20121120 Status: INTERIM Stage of Report: PUBLISHED

Made At Location: FEAJ - RESIDENT AGENCY Reported By: Transfer To:

Made at Preview: MADE AT FEAJ/ RESIDENT AGENCY AT SUGI SPECIAL AGENT

Project Title (Pseudonym):

Caveats

Financial Privacy
Grand Jury
QUI TAM
Bank Secrecy Act

Active Investigation completed:

Approved for Release by: Approved Date: 20121122

Reference(s)

Add Remove Reset

Reference	Reference Date	Description
A	20120921	NCISRA Atsugi, Japan ROI (INTERIM) (Contains Exhibits 1-10)

Exhibit(s)

Add Remove Reset Add IA

#	Description/Distribution	Uploaded File
11	RESULTS OF YAMATO POLICE DNA EXAMINATION/23	<input checked="" type="checkbox"/>

Participant(s)

Add Remove Reset Preview

Last Name	First Name	MI	Title	Office
ENARI	Hiroshi		INVESTIGATOR	NCISRA Atsugi, Japan

Participant Preview:

Action

Add Remove Reset Preview

Office	Response Required	Task	Distribution Method

Action Preview:

Distribution Information

Add Remove Reset Preview

Office	External Office/Location	Contact	Distribution Method
FEYR - RESIDENT AGENCY YOKOSUKA			
FEAJ - RESIDENT AGENCY ATSUGI			
External	Command		Hand Carry
3362 - FAMILY AND SEXUAL VIOLENCE/THRE			

Distribution Preview:

Executive Summary

Perform a Spell Check Edit in Full Screen

Executive Summary content area.

Narrative

Perform a Spell Check Edit in Full Screen

Narrative content area.

5.33 View/Respond to Task

Administrative Tasks and Investigative Leads

Lead/Task Header

CCN: 28FEB13-66666-0001-6GMA Date Task Initiated: 20130528 Lead Office: 2GVI

Cancel Lead

Lead Assigned To: Date Assigned: Lead Due Date: 20130625 

Lead Supervisor:  **Acting Lead Supervisor:**  **Participating Agent:** 

Lead Squad: 

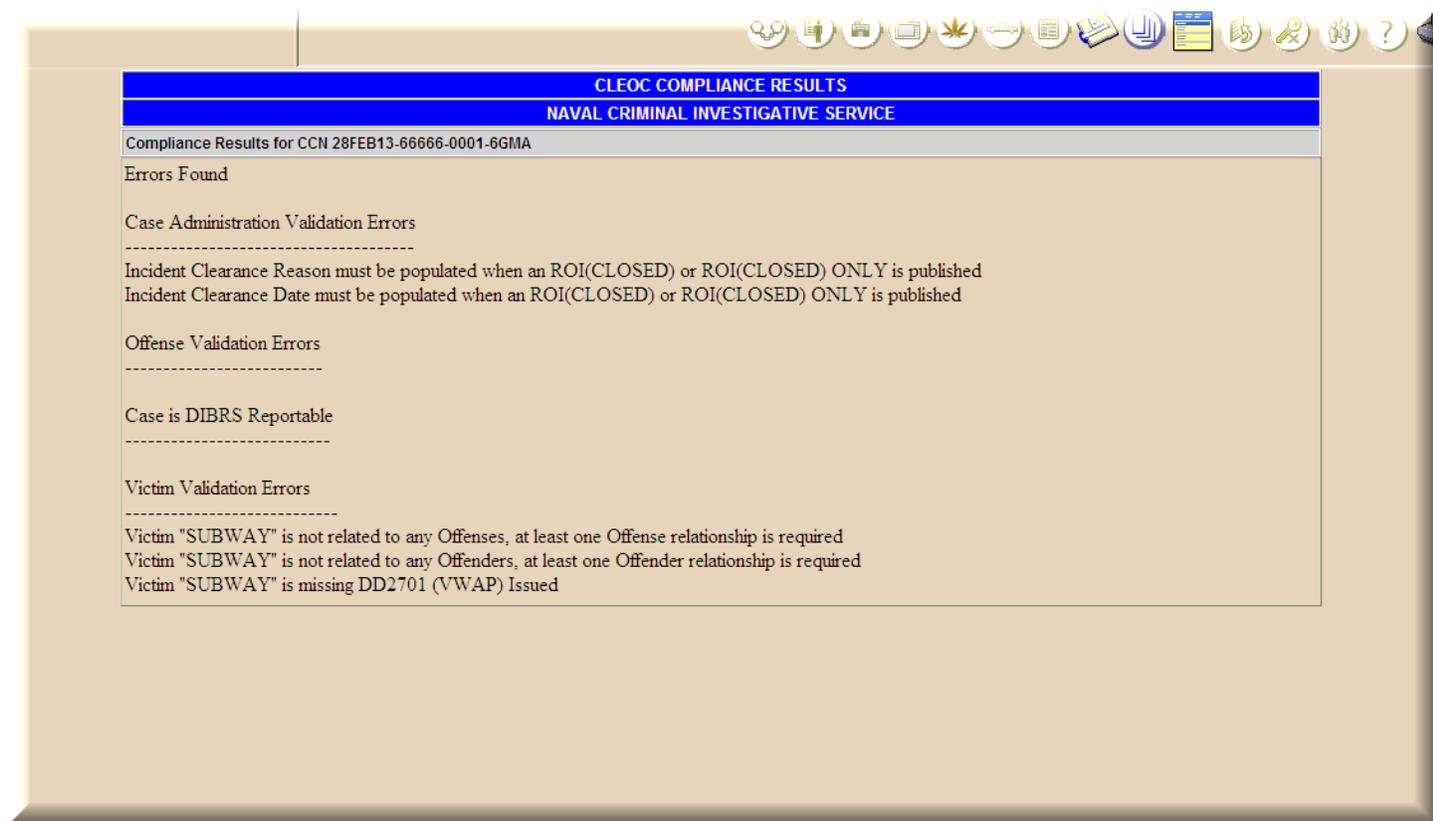
Description of Lead/Task:

Conduct polygraph S/JONES and report results to case agent.

Report of Investigation (ROI) and Investigative Action (IA) 

Document Type	IA TITLE	Status	Date	Reported By	Office	Stage
<input type="text"/> 						

5.34 CLEOC Compliance Check



The screenshot displays a software window titled "CLEOC COMPLIANCE RESULTS" for the "NAVAL CRIMINAL INVESTIGATIVE SERVICE". The window shows compliance results for case number "CCN 28FEB13-66666-0001-6GMA". The results are categorized into "Errors Found", which includes "Case Administration Validation Errors", "Offense Validation Errors", "Case is DIBRS Reportable", and "Victim Validation Errors".

CLEOC COMPLIANCE RESULTS
NAVAL CRIMINAL INVESTIGATIVE SERVICE

Compliance Results for CCN 28FEB13-66666-0001-6GMA

Errors Found

Case Administration Validation Errors

Incident Clearance Reason must be populated when an ROI(CLOSED) or ROI(CLOSED) ONLY is published
Incident Clearance Date must be populated when an ROI(CLOSED) or ROI(CLOSED) ONLY is published

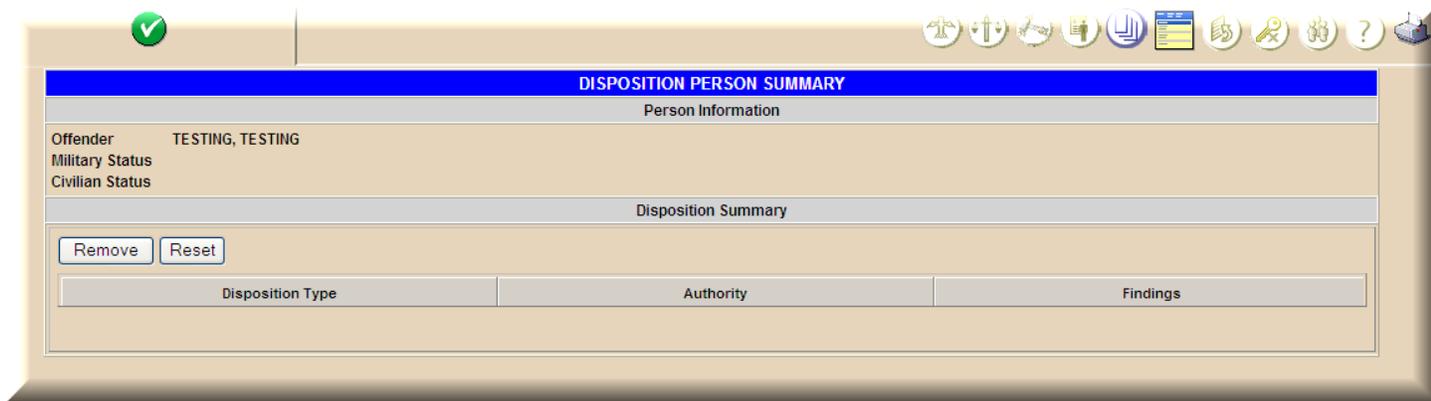
Offense Validation Errors

Case is DIBRS Reportable

Victim Validation Errors

Victim "SUBWAY" is not related to any Offenses, at least one Offense relationship is required
Victim "SUBWAY" is not related to any Offenders, at least one Offender relationship is required
Victim "SUBWAY" is missing DD2701 (VWAP) Issued

5.35 Disposition Summary



The image shows a software interface for a 'Disposition Person Summary'. At the top left is a green checkmark icon. At the top right is a toolbar with icons for navigation and help. The main content area is divided into sections: a blue header 'DISPOSITION PERSON SUMMARY', a 'Person Information' section with fields for 'Offender' (TESTING, TESTING), 'Military Status', and 'Civilian Status', a 'Disposition Summary' section with 'Remove' and 'Reset' buttons, and a table with columns for 'Disposition Type', 'Authority', and 'Findings'.

DISPOSITION PERSON SUMMARY		
Person Information		
Offender	TESTING, TESTING	
Military Status		
Civilian Status		
Disposition Summary		
<input type="button" value="Remove"/> <input type="button" value="Reset"/>		
Disposition Type	Authority	Findings

5.36 Commander's Action

Commanders Action

PERSON INFORMATION

Offender: TESTING, TESTING

Military Status:

Civilian Status:

Fingerprint Disp (R-84) Submitted:

DISPOSITION AUTHORITY

Action Taken:

Sexual Harassment Related:

Non-Judicial Action Authority:

Discharge Type:

OFFENSES

Add Remove Edit Reset

Offense Description	Offense Status	Involvement

SANCTIONS

Add Remove Edit Reset

Sanction Type	Sanction Suspended	Sanction Amount	Sanction Days	Grades Reduced

5.37 Add New Offense (Commander's Action)

OFFENSE

Statutory Basis **Offense**

Offense Status **Involvement**

**UCMJ 134 Other Information
(Assimilated Crimes)**

Done Internet 100%

5.38 Add New Sanction (Commander's Action)

Sanctions Form Fields:

- Sanction Type:
- Sanction Suspended:
- Sanction Form:
- On Record:
- Sanction Amount:
- Sanction Days:
- Grades Reduced:

5.39 Results of Court-Martial

Results of Court-Martial

PERSON INFORMATION

Offender: TESTING, TESTING

Military Status:

Civilian Status:

Fingerprint Disp (R-84) Submitted:

DISPOSITION AUTHORITY

Findings/Sentence Authority: Findings/Sentence Report Date:

Court Type: Date Adjudged:

Conditions of Pre-Trial Agreement: Exceptional Trial Clearance:

Discharge Type:

CHARGES

Add Remove Edit Reset

Charge Description	Charge Status	Involvement	Plea	Findings

SENTENCES

Add Remove Edit Reset

Sentence Type	Sentence Suspended	Sentence Days	Sentence Amount (\$)	Grades Reduced

5.40 Add New Charge (Result of Court-Martial)

CHARGE

Statutory Basis: UCMJ

Charge Status: [Dropdown]

Plea: [Dropdown]

Lesser Charge: [Text Field]

Charge: [Text Field]

Involvement: [Dropdown]

Findings: [Dropdown]

UCMJ 134 Other Information (Assimilated Crimes): [Text Area]

Save Cancel

Done Internet 100%

5.41 Add New Sentence (Result of Court-Martial)

New Sentence - Microsoft Internet Explorer provided by NMCI

https://testcleoc.ncis.navy.mil/pls/cp/CLEOC_PORTAL.dispo_court_martial.addsentencespopup

SENTENCE

Sentence Type

Sentence Suspended

Sentence Days

Sentence Amount (Whole Dollars)

Sentence Grades Reduces

Save Cancel

Done Internet 100%

5.42 Civilian Trial Information

✓

Civilian Trial Information

PERSON INFORMATION

Offender: TESTING, TESTING

Military Status:

Civilian Status:

Fingerprint Disp (R-84) Submitted:

DISPOSITION AUTHORITY

Date of Case Presentation:

Authority:

State:

US Attorney:

Action Taken:

Date of Indictment/Criminal Information Filed:

Prosecution Declined?:

Declination Reason:

Other Authority:

Country:

Reason No Action Taken:

Court Type:

Date of Case Declination:

CHARGES

Charge Description	Charge Status	Involvement	Plea	Findings

DISPOSITION ACTIONS

Disposition Action	Term (Days)	Suspended Term (Days)	Amount Whole Dollars	Other Disposition Action

5.43 Add New Charge (Civilian Trial Information)

The screenshot shows a Microsoft Internet Explorer window titled "New Charge - Microsoft Internet Explorer provided by NMCI". The address bar contains the URL: https://testcleoc.ncis.navy.mil/pls/cp/CLEOC_PORTAL.dispo_civ_trial.addchargespopup. The page content is titled "CHARGE" and features a form with the following fields:

Statutory Basis	<input type="text"/>	Charge	<input type="text"/>
Charge Status	<input type="text"/>	Involvement	<input type="text"/>
Plea	<input type="text"/>	Findings	<input type="text"/>

At the bottom of the form are two buttons: "Save" and "Cancel". The browser's status bar at the bottom shows "Done", a lock icon, "Internet", and a zoom level of "100%".

5.44 Add New Disposition Action (Civilian Trial Information)

The screenshot shows a Microsoft Internet Explorer window titled "New Sentence - Microsoft Internet Explorer provided by NMCI". The address bar contains the URL: https://testcleoc.ncis.navy.mil/pls/cp/CLEOC_PORTAL.dispo_civ_trial.addsentencespopup. The page content is titled "SENTENCE" and contains the following form fields:

- Disposition Action**: A dropdown menu.
- Term (Days)**: A text input field.
- Suspended Term (Days)**: A text input field.
- Amount (Whole Dollars)**: A text input field.
- Other Disposition Action**: A large text area with scrollbars.

At the bottom of the form are two buttons: "Save" and "Cancel". The browser's status bar at the bottom shows "Done", a lock icon, "Internet", and a zoom level of "100%".

6. Lost and Found

6.1 Lost and Found Property Details

The screenshot shows a web application interface for recording lost and found property. The form is titled "Lost and Found Property Item" and is organized into several sections:

- Header:** A blue bar with the title "Lost and Found Property Item".
- Identification:** Fields for "CLEOC Property Tag (Search Only) :", "Evidence/Property Room Log #", "Property Description" (with a dropdown), and "Other (Specify)".
- Person Information:** Fields for "Person Name that Found Property", "Home Phone Number", and "Work Phone Number".
- Property Details:** A table with columns "Type Property Loss/Etc.", "Quantity", and "Description".
- Physical Attributes:** Fields for "Make/Model", "Size", "Serial #", "Color" (with a dropdown), "Value", and "S/U" (with a dropdown).
- Timeline:** Fields for "Days In Custody :", "Owner" (with a dropdown), "Disposition of Property" (with a dropdown), "Date Found", and "Date Disposed Of".
- Narrative:** A "Property Narrative" text area with a "Perform Spell Check" button.

The form is set against a light brown background and includes standard web browser navigation icons at the top.

6.2 Search Associated with Lost and Found

Search Incidents

My Cases

Military Police Reporting

Accident Investigation Reporting

Traffic Enforcement ▶

Evidence Room ▶

Jou Lost and Found
Evidence Disposition

Communications Log ▶

Reports ▶

Background Records Check

Debarment

7. Search Incidents

7.1 Incident Search Form (Main)



7.2 Specific Incident Search Form



Search for a Specific Incident

*You may search for an incident using from one to all of the parameters listed below
A percent sign (%) may be used as a wildcard character.
Incident Year defaults to current year.
CCN's have been split into the Installation, Incident Year, and Last 5 of CCN fields*

Note: All date formats must be in (YYYYMMDD)

Date Incident Reported	<input checked="" type="radio"/> Is	<input type="text"/>	<input type="text"/>		
	<input type="radio"/> Between	<input type="text"/>	And	<input type="text"/>	
Installation	Incident Year (YY)	Last 5 Numbers of CCN			
DEFAULT	<input type="text"/>	<input type="text"/>			
Case Category Code	Project Identifier Code				
<input type="text"/>	<input type="text"/>				
Identification Number (SSN)	Last Name	First Name	Address		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
View Reports Not Final Approved:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7.3 Search Results (1 of 2)

Incident Type	Received	Incident Number	Incident Subject
Assistance Rendered - Local LE Level 1	20120110	10JAJ12-24LE-00001-11X0A	TEST OF ASSISTANCE RENDERED - LOCAL LE
Traffic Accident	Level 1 20120110	10JAJ12-22DC-00002-14D0A	TRAFFIC ACCIDENT POV-POV NPI

7.4 Search Results (2 of 2)

Search Criteria
Incident UIC is 02301
Incident Yr is 12

Incident Type	Level	Received	Incident Number	Incident Subject
Medical Assist	Level 3	20120101	01JAN12-39KH-00001-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 4	20120101	01JAN12-39KH-00002-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 4	20120101	01JAN12-39KH-00003-12BMA	MEDICAL ASSISTANCE / SUICIDAL IDEATION
Fire Dept. Assist	Level 4	20120102	02JAN12-39KH-00004-12XMA	CORROSION ALARM (WATER MAIN BREAK)
Criminal Offense	Level 4	20120102	02JAN12-39KH-00005-11DIMA	OVUII (HASP)
Medical Assist	Level 4	20120102	02JAN12-39KH-00006-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120102	02JAN12-39KH-00007-6TMA	LARCENY OF PRIVATE PROPERTY
Criminal Offense	Level 2	20120103	03JAN12-39KH-00008-8UMA	DAMAGE TO PRIVATE PROPERTY
Criminal Offense	Level 2	20120103	03JAN12-39KH-00009-11XMA	DAMAGE TO PRIVATE PROPERTY
Criminal Offense	Level 3	20120103	03JAN12-39KH-00010-6TMA	LARCENY OF PRIVATE PROPERTY (RECOVERED)
		20120101	Investigation 01JAN12-39KH-00011-7NMA	CID Official Investigation
		20120101	Investigation 01JAN12-39KH-00012-7NMA	CID Official Investigation
Criminal Offense	Level 3	20120103	03JAN12-39KH-00013-11XMA	DRIVING ON SUSPENDED DRIVER'S LICENSE
Criminal Offense	Level 4	20120103	03JAN12-39KH-00014-7VMA	ABUSE FAMILY (HASP)
Criminal Offense	Level 3	20120103	03JAN12-39KH-00015-7GMA	ASSAULT
Medical Assist	Level 2	20120104	04JAN12-37NW-00016-12BMA	MEDICAL ASSISTANCE
Traffic Accident	Level 2	20120104	04JAN12-39KH-00017-10XMA	Multiple Motor Vehicle Collision
Criminal Offense	Level 3	20120107	07JAN12-39KH-00018-6TMA	LARCENY OF PERSONAL PROPERTY
Medical Assist	Level 3	20120104	04JAN12-39KH-00019-12BMA	MEDICAL ASSIST
Medical Assist	Level 4	20120105	05JAN12-39KH-00020-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120104	04JAN12-39KH-00021-14XMA	VIOLATION OF LEARNERS PERMIT RESTRICTION
Criminal Offense	Level 3	20120104	04JAN12-39KH-00022-10XMA	DRIVING ON SUSPENDED/REVOKED DRIVERS LICENSE
Criminal Offense	Level 3	20120105	05JAN12-39KH-00023-10XMA	OVUII (HASP)
Medical Assist	Level 4	20120106	06JAN12-39KH-00024-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120107	07JAN12-39KH-00025-6TMA	LARCENY OF PRIVATE PROPERTY
Medical Assist	Level 4	20120107	07JAN12-39KH-00026-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120107	07JAN12-39KH-00027-6TMA	SHOPLIFTING
		20120107	Investigation 07JAN12-39KH-00028-6TMA	CID Official Investigation
Criminal Offense	Level 4	20120107	07JAN12-39KH-00029-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 4	20120107	07JAN12-39KH-00030-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 3	20120108	08JAN12-39KH-00031-12BMA	MEDICAL ASSISTANCE
		20120108	Investigation 08JAN12-39KH-00032-7NMA	CID Official Investigation
Medical Assist	Level 4	20120108	08JAN12-39KH-00033-12BMA	MEDICAL ASSISTANCE
Traffic Accident	Level 1	20120107	07JAN12-39KH-00034-14DIMA	Multiple Motor Vehicle Collision
Criminal Offense	Level 3	20120109	09JAN12-39KH-00035-6SMA	LARCENY OF GOVERNMENT PROPERTY
Criminal Offense	Level 4	20120109	09JAN12-39KH-00036-11DIMA	OVUII, 202 BRAC (HASP)
Medical Assist	Level 4	20120109	09JAN12-39KH-00037-12BMA	MEDICAL ASSISTANCE
		20120109	Investigation 09JAN12-39KH-00038-6SMA	CID Official Investigation
Medical Assist	Level 4	20120109	09JAN12-39KH-00039-12BMA	MEDICAL ASSISTANCE
		20120110	Investigation 10JAN12-39KH-00040-7NMA	CID Official Investigation
Medical Assist	Level 4	20120110	10JAN12-39KH-00041-12BMA	MEDICAL ASSISTANCE
Traffic Accident	Level 1	20120110	10JAN12-39KH-00042-14CIMA	SINGLE MOTOR VEHICLE COLLISION
Medical Assist	Level 3	20120110	10JAN12-39KH-00043-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 3	20120110	10JAN12-39KH-00044-12BMA	MEDICAL ASSISTANCE
Fire Dept. Assist	Level 4	20120111	11JAN12-39KH-00045-10AMA	FIRE ALARM (FIRE WORKS)
Medical Assist	Level 4	20120111	11JAN12-39KH-00046-12BMA	MEDICAL ASSISTANCE
		20120111	Investigation 11JAN12-39KH-00047-2AMA	CID Official Investigation
Medical Assist	Level 4	20120111	11JAN12-41CS-00048-12B	MEDICAL ASSISTANCE
MP Response - Non Criminal	Level 3	20120111	11JAN12-39KH-00049-14XMA	DRIVING WITH EXPIRED DRIVER'S LICENSE
Medical Assist	Level 4	20120111	11JAN12-39KH-00050-12BMA	MEDICAL ASSISTANCE
		20120111	Investigation 11JAN12-39KH-00051-7NMA	CID Official Investigation
Criminal Offense	Level 3	20120111	11JAN12-39KH-00052-11DIMA	DRIVING WHILE INTOXICATED
Criminal Offense	Level 3	20120112	12JAN12-39KH-00053-11XMA	DRIVING WITHOUT HAWAII NO-FAULT INSURANCE
Medical Assist	Level 3	20120112	12JAN12-39KH-00054-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120112	12JAN12-39KH-00055-11DIMA	DUI (BRAC .067) DRIVING UNDER THE INFLUENCE/ DRIVING WHILE ON BASE SUSPENSION
		20120113	Investigation 13JAN12-39KH-00056-7VMA	CID Official Investigation
Traffic Accident	Level 2	20120113	13JAN12-41CS-00057-14DIMA	MULTIPLE MOTOR VEHICLE COLLISION (HIT AND RUN)
Criminal Offense	Level 3	20120113	13JAN12-39KH-00058-11EIMA	UNREGISTERED FIREARM
Medical Assist	Level 2	20120114	14JAN12-39KH-00059-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 3	20120115	15JAN12-39KH-00060-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120115	15JAN12-39KH-00061-11AAMA	HARASSMENT (HASP)
Medical Assist	Level 3	20120115	15JAN12-39KH-00062-12BMA	MEDICAL ASSISTANCE
Medical Assist	Level 3	20120115	15JAN12-39KH-00063-12BMA	MEDICAL ASSISTANCE
Criminal Offense	Level 3	20120116	16JAN12-39KH-00064-3AMA	UNDERAGE CONSUMPTION (126% BRAC)
Criminal Offense	Level 3	20120116	16JAN12-39KH-00065-6TMA	LARCENY OF PRIVATE PROPERTY
Medical Assist	Level 3	20120116	16JAN12-39KH-00066-12BMA	SUICIDE ATTEMPT
Criminal Offense	Level 3	20120116	16JAN12-39KH-00067-6UMA	DAMAGED TO GOVERNMENT PROPERTY
		20120116	Investigation 16JAN12-39KH-00068-7NMA	CID Official Investigation
Medical Assist	Level 3	20120116	16JAN12-39KH-00069-12BMA	ATTEMPTED SUICIDE
Criminal Offense	Level 3	20120117	17JAN12-39KH-00070-11DIMA	DRIVING UNDER THE INFLUENCE
Medical Assist	Level 2	20120117	17JAN12-39KH-00071-10XMA	MEDICAL ASSISTANCE
Medical Assist	Level 2	20120117	17JAN12-39KH-00072-12BMA	MEDICAL ASSISTANCE

8. User Administration

8.1 User List

USMC TESTING UIC USERS					
User Name	Last Name	First Name	Last Accessed	Title	Status
CALICAR	CALICA	ROY	UNKNOWN	Watch / Platoon Commander	Inactive
CAMPEWR	CAMPEN	RICHARD	UNKNOWN	Operations Military Policeman	Inactive
GOMEZM7560	GOMEZ	MIGUEL	UNKNOWN	Operations Military Policeman	Inactive
HOYN	HOY	NATHANIEL	UNKNOWN	Operations Military Policeman	Inactive
MANNIONK	MANNION	KATHRYN	UNKNOWN	Watch / Platoon Commander	Inactive
MARINE1	MARINE	1	17-SEP-2011 1435	Investigator	Inactive
MCLAUGHLIN	MCLAUGHLIN	NICHOLAS	UNKNOWN	Watch / Platoon Commander	Inactive
MCTEAGUEM	MCTEAGUE	MICHAEL	UNKNOWN	Provost Marshal	Inactive
PLOTTH5907	PLOTT	HEIDI	13-OCT-2011 1519	CLEOC System Administrator	Inactive
SEMMENA	SEMMEN	ATOM	UNKNOWN	Operations Military Policeman	Inactive
TESTT	TEST	TESTING	19-SEP-2011 1529	Traffic Court	Inactive
TETS	TET	SCOTT	17-SEP-2011 1501	CLEOC Base Admin	In-Shop
USMCTESTIAL4	USMCTESTIA	L	21-OCT-2011 1141	CID Chief Investigator	Inactive
USMCTESTIHVL1	USMCTESTINV	L	06-OCT-2011 1244	Criminal Investigator	Inactive
USMCTESTINVL4	USMCTESTINV	L	02-NOV-2011 1003	CID OIC	Inactive
USMCTESTINVR0	USMCTESTINV	R	08-APR-2011 1053	Criminal Investigator	Inactive
USMCTESTINVL2	USMCTESTINV	L	17-SEP-2011 1515	Criminal Investigator	Inactive
USMCTESTINVL3	USMCTESTINV	L	21-SEP-2011 1341	Criminal Investigator	Inactive
USMCTESTLERO	USMCTESTLE	R	08-APR-2011 1052	Patrolman	Inactive
USMCTESTLEL2	USMCTESTLE	L	16-NOV-2011 1116	Operations Military Policeman	Inactive
USMCTESTLEL3	USMCTESTLE	L	17-SEP-2011 1556	Patrolman	Inactive
USMCTESTLEL4	USMCTESTLE	L	17-NOV-2011 1549	Operations Chief	Active
USMCTESTLEL1	USMCTESTLE	L	06-OCT-2011 1241	Patrolman	Inactive
USMCTESTLEAL4	USMCTESTLEA	L	17-NOV-2011 1549	CLEOC Base Admin	Active

8.2 User Administration

The screenshot displays the 'USER ADMIN' web interface. At the top, there are navigation icons including a green checkmark, a magnifying glass, a refresh icon, and a help icon. The main content area is a form with a blue header bar labeled 'USER ADMIN'. The form contains the following fields and sections:

- User Name:** USMCTESTLEL4
- User Approval Level:** LEVEL IV APPROVAL (dropdown)
- Person ID Type:** Unit or Activity (dropdown)
- Person ID:** USMCTESTLEL4
- Last Name:** USMCTESTLE
- First Name:** L
- Middle Name:** 4
- Branch:** Marine Corps (dropdown)
- Rank:** Master Sergeant (dropdown)
- User Email Address:** test@navy.mil
- Supervisor:** (dropdown)
- UIC:** USMC TESTING UIC (dropdown)
- TITLE:** Operations Chief (dropdown)
- CLEOC Groups:** (CLEOC INTERNAL DEVELOPER GROUP VISIBLE FIELD) IS USER A DEVELOPER: No (dropdown)
- Permissions Table:**

CLEOC SYSTEM ADMINISTRATOR	No	NCIS ADMINISTRATOR	No
BASE ADMINISTRATOR	No	NCIS INVESTIGATOR	No
REGION ADMINISTRATOR	No	ECHELON ADMINISTRATOR	No
REGION USER	No	ECHELON II USER	No
MULTI BASE APPROVAL	No	INVESTIGATOR ADMINISTRATOR	No
MULTI SERVICE REPORTING	No	INVESTIGATOR	No
BRANCH SEARCH	Yes	GLOBAL SEARCH	Yes
OCONUS	Yes	CORRECTIONS	No
- Buttons:** Main Menu Permissions, Terminate User Account, Reset Password.

8.3 Main Menu Permissions

MAIN MENU PERMISSIONS	
Military Police Reporting	Menu Item Allowed: Yes
Background Records Check	Menu Item Allowed: Yes
Search Incidents	Menu Item Allowed: Yes
Criminal Investigation Reporting	Menu Item Allowed: No
Traffic Court Docket	Menu Item Allowed: No
Vehicle Registration	Menu Item Allowed: No
Weapon Registration	Menu Item Allowed: No
LEPSAR Report	Menu Item Allowed: No
Journal Report	Menu Item Allowed: Yes
Investigative Summary Report	Menu Item Allowed: No
User Admin	Menu Item Allowed: No
Approval Status Report	Menu Item Allowed: Yes
Operations Chief Case Log (CID)	Menu Item Allowed: No
Accident Investigation Reporting	Menu Item Allowed: Yes
Debarment	Menu Item Allowed: Yes
Traffic Court/Violations	Menu Item Allowed: Yes
Journal Clerk Entry	Menu Item Allowed: Yes
Lost and Found	Menu Item Allowed: Yes
Evidence Disposition	Menu Item Allowed: Yes
Reports Not Final Approved	Menu Item Allowed: Yes
Investigations Not Final Approved	Menu Item Allowed: No
Installation Citation Report	Menu Item Allowed: No
Physical Security Reporting	Menu Item Allowed: No
Vehicle Registration Report	Menu Item Allowed: No
Current Certified LEPSAR Reports	Menu Item Allowed: No
Pet Registration	Menu Item Allowed: No
Revocation/Suspension Report	Menu Item Allowed: No
Disposition	Menu Item Allowed: No
My Cases	Menu Item Allowed: Yes
DD2701 Report	Menu Item Allowed: Yes
Search Journal Entries	Menu Item Allowed: Yes
Communication Log Entry	Menu Item Allowed: Yes
Communication Log Report	Menu Item Allowed: Yes

9. Vehicle Registration

9.1 Vehicle Registration Details (Person)

Important Information : Please Use YYYYMMDD Format For All Date Fields			
Person ID Type :	SSN	Person ID :	
Person Information			
Last Name	First Name	Middle Name	Sr., Jr., III etc.
Drivers License Number	Drivers License State/Territory	Drivers License Country	
1.			
2.			
Motorcycle Safety Card :	No	Driver Improvement Card :	No
Branch	Rank	Type of Service	
Civilian Type :		Employee Type :	
Date Of Birth : (YYYYMMDD)			
City of Birth	State/Territory of Birth	Country of Birth	
Appearance Information			
Weight :	Pounds	Height :	Inches
Race :		Gender :	Ethnicity :
Hair Color :		Eye Color :	
Location Information			
Organization/Unit :			
Visit Request Received :		Start Date :	End Date :
Work Phone :		Home Phone :	
Duty Station / Employer :		Rotation Date :	
Home Address :			Tour :
City :		State/Territory :	
Country :		Zip/Postal Code :	

9.2 Vehicle Registration Details (Vehicle)

Registration Information			
Important Information : Please Use YYYYMMDD Format For All Date Fields			
Important Information : Please Leave VIN Blank if UNKNOWN			
Important Information : Please Leave Vehicle Tag Number Blank if UNKNOWN OR TEMP			
Base Registered :	<input type="text"/>	Registration Expiration Date :	<input type="text"/>
Decal Type :	<input type="text"/>	DOD Decal Number :	<input type="text"/>
Leave Decal Number Blank if Issuing A Temporary Pass			
Person Registering Vehicle :	<input type="text"/>	Status :	Active
Vehicle Identification			
VIN :	<input type="text"/>		
Vehicle Tag Number :	<input type="text"/>	Vehicle Tag State/Territory :	<input type="text"/>
Vehicle Tag Country :	<input type="text"/>	Vehicle Tag Expires :	<input type="text"/>
Color :	<input type="text"/>	Year :	<input type="text"/>
Style :	<input type="text"/>	Model :	<input type="text"/>
Current Owner Name	<input type="text"/>		
Contractor :	<input type="text"/>		
Sub Contractor :	<input type="text"/>		
Power Of Attorney Name	<input type="text"/>		POA Expires :
Inspection State/Territory :	<input type="text"/>	Inspection Expires :	<input type="text"/>
Lien Holder :	<input type="text"/>		
Insurance Company :	<input type="text"/>	Policy Number :	<input type="text"/>
		Expires :	<input type="text"/>
Additional Information :		<input type="text"/>	
OCONUS Vehicle Information			
SOFA Status :	<input type="text"/>	Non-Operative :	<input type="text"/>
Number of Cylinders :	<input type="text"/>	HorsePower :	<input type="text"/>
		Weight :	<input type="text"/>
Other Vehicle Information			
Stolen :	<input type="text"/>	Reported Stolen Date :	<input type="text"/>
Impounded :	<input type="text"/>	Recovered Date :	<input type="text"/>
Impounded Date :	<input type="text"/>	Impound Inventory Done :	<input type="text"/>
		Released from Impound :	<input type="text"/>
Restriction Information			
Temporary Pass Restriction :	<input type="text"/>		

9.3 Search Results 1 of 2 (within Registration Module)



Search Criteria
Identification is like 111223333

Identification Number	Name	Branch
SSH 1112233331	HANSEN, ERIN GS01	DoD
SSH 1112233333	UNKNOWN9, UNKNOWN9 Seaman	Navy

Total Rows Returned : 2

9.4 Search Results 2 of 2 (with Background information)

Important Information - Please Use YYYYMMDD Format For All Date Fields

Person ID Type: Person ID:

Person Information

Last Name: First Name: Middle Name: Sr., Jr., III, etc.:

Drivers License Number: Drivers License State/Territory: Drivers License Country:

Motorcycle Safety Card: Driver Improvement Card:

Branch: Rank: Type of Service:

Civilian Type: Employee Type:

Date of Birth: City of Birth: State/Territory of Birth: Country of Birth:

Appearance Information

Weight: Pounds Height: Inches

Race: Gender: Ethnicity:

Hair Color: Eye Color:

Location Information

Organization/Unit:

Visit Request Received: Start Date: End Date:

Work Phone: Home Phone:

Duty Station / Employer: Rotation Date:

Home Address: City: State/Territory: Country: Zip/Postal Code:

Vehicles Registered

DDI/Temp Decal	VIN	License Tag	State/Territory	Make	Model	Style	Color	Year
T16534M - Exp: 20080117	3S25H44548	111 AAA	HI	HONDA	SL	Sedan (2DR-4DR)	Red	1980
ABCDFS - Exp: 20100627	TEHP VIN 1509888	123ABC	DC	C	CAPRICE	Sedan (2DR-4DR)	Black	2001

Current Animals Registered
No Known Pet Information Currently Exists On This Person

Current Weapons Registered
No Known Weapon Information Currently Exists On This Person

Current and Past Citation Information

060534A009159 - Citation 01531702185 SPEEDING/NOBWEYED STOP SIGN
054817001471 - Citation X112220123 FGJLKFJGJL SHD
084752000015 - Citation 115451177 1400 1st warning 07pm0
080321000074 - Citation 10504550 OPERATING VEHICLE WITHOUT VALID INSPECTION

Current and Past Restriction/Revocation Information
No Known Restriction/Revocation Information Currently Exists On This Person

Debarments
No Known Debarments Currently Exist On This Person

Current and Past Incident Information

Incident ID	Category	Date	Description	Role
20030308	Traffic Accident	030223100110	POV-ROLLOVER/MAJOR INJURY/MAJOR DAMAGE	Victim
20031021	Traffic Accident	030203101588	BVAHNT AND RUN/POV-UNK/MBOR DAMAGE/NO INJURY	Victim
20031021	Traffic Accident	030203101588	BVAHNT AND RUN/POV-UNK/MBOR DAMAGE/NO INJURY	Suspect/Arrestee
20050814	Criminal Offense	050921400717	CRIMINAL DOMESTIC VIOLENCE	Suspect/Arrestee
20060225	Criminal Offense	064781400011	DESTRUCTION OF GOVERNMENT PROPERTY (POST #7 GATE)	Victim
20060225	Criminal Offense	064781400011	DESTRUCTION OF GOVERNMENT PROPERTY (POST #7 GATE)	Suspect/Arrestee
20060311	Criminal Offense	064781400024	WRONGFUL DESTRUCTION OF GOVERNMENT PROPERTY (SKAGGS ISLAND)	Suspect/Arrestee
20060311	Criminal Offense	064781400024	WRONGFUL DESTRUCTION OF GOVERNMENT PROPERTY (SKAGGS ISLAND)	Victim
20060606	Traffic Accident	06463201349	TRAFFIC ACCIDENT	Suspect/Arrestee
20060712	Unsecured Building	065304300194	OPEN DOOR / BLDG. # 994 / YOUTH CENTER	Complainant
20060924	Criminal Offense	064781400139	SUSPICIOUS PERSON	Suspect/Arrestee
20070114	Criminal Offense	074811400044	ASSAULT/BATTERY	Suspect/Arrestee
20070409	INV Investigation	07001300004	Official Investigation	Subject/Co-Subject
20070728	Criminal Offense	074781400070	TRAFFIC ACCIDENT	Suspect/Arrestee
20080228	Criminal Offense	084781400017	FIRE ON CNRSV PROPERTY, NICHOLES ROAD AND PORT CHICAGO	Victim
20080228	INV Investigation	080428A00100	Official Investigation	Victim
20080303	INV Investigation	084781400019	Official Investigation	Victim
20080708	Criminal Offense	084625400205	CHILD NEGLECT	Victim
20081222	Criminal Offense	084701000532	UNDERAGE DRINKING / OPERATING A MOTOR VEHICLE ON AN EXPIRED LICENSE / POSSESSION OF ALCOHOLIC BEVERAGES WHILE UNDER THE LEGAL AGE	Victim
20090125	Criminal Offense	094701000037	DRIVING WHILE LICENSE SUSPENDED	Victim
20090214	Criminal Offense	094701000071	PROCURING ALCOHOL TO MBOR	Victim
20090214	Criminal Offense	094701000071	PROCURING ALCOHOL TO MBOR	Witness
20090314	Criminal Offense	094701000120	UNAUTHORIZED GUEST	Witness
20091031	MP Response - Non Criminal	090428A00763	REPORT OF INFORMATION (AIRCRAFT BISHAP)	Complainant
20091220	MP Response - Non Criminal	094701000481	LOST GOV'T PROPERTY	Victim
20101003	Criminal Offense	104721200315	ASSAULT	Suspect/Arrestee
20101018	MP Response - Non Criminal	100020000209	VERBAL ALTERCATION	Suspect/Arrestee
20101124	Criminal Offense	100020000243	DOMESTIC ASSAULT	Victim
20110127	MP Response - Non Criminal	110020000021	DAMAGE TO PERSONAL PROPERTY	Suspect/Arrestee
20110128	Traffic Accident	110020000022	TRAFFIC ACCIDENT WITHOUT INJURIES	Victim
20050814	Known Criminal Accomplices	050921400717	CRIMINAL DOMESTIC	Suspect/Arrestee

9.5 Vehicle Registration Information

CLEOC VEHICLE REGISTRATION		CREATED BY: HUTCHSONBM							
BASE LOCATION: USN TEST90-0C		DATE PREPARED: 29 NOV 2011							
PREPARED BY: DONITESTRGL									
Registered Driver Information									
Driver: KEEF, JOHN	Identification: 539.111222224	DOB: 12 DEC 1960	Rank: GS05						
Address: 1232 HERBERE ROAD ORLAND California United States			Status:						
Unit: NBVC ADMINISTRATION DEPT	Tour:		Rotation Date:						
Driver's License Number(s)	License State/Territory		License Country						
Work Phone: 805-862-1112	Home Phone:	805-111-2222							
Registered Vehicle Information									
VN: TEST	Tag Number: TEST	State/Territory: WA							
Decal Number: D00751	Decal Type: Enlisted Decal	Expiration: 24 JUL 2005							
Year: 2000	Color: Red	Stake: TEST	Model: CARD						
Style: Coupe	Doors: 2								
Insurance Company:	Policy Number:		Expiration:						
Additional Information:									
Entry onto military reservation by vehicle registration, whether permanent or temporary, acknowledges the compliance with Title 15, United States Code. I hereby certify I will abide by all Federal and State laws, including security regulations, traffic laws, the maintaining of insurance coverage for vehicle, and state inspections where applicable. I understand my vehicle and person is subject to search by competent authority while aboard any military reservation.									
Signature: _____									
Other Active Registrations For Driver on Vehicle									
DOO Temp	Decal	VN	License Tag	State/Territory	Stake	Model	Style	Color	Year
Other Vehicles Registered to Driver									
DOO Temp	Decal	VN	License Tag	State/Territory	Stake	Model	Style	Color	Year
T13M42	Exp: 20050729	122345F000384	1230DE	AR	FORD	EXPLORER	SUV	Purple	1999
T191395	Exp: 20041629	TESTP_VN031120	TEMP_TAG 15121		FORD	F250	SUV	Brown	2000
CLEOC18151A5	Exp: 20040504	TESTP_VN41147	TESTA5	AL	TEST	TEST	Sedan	Red	2003
CLEOC18151A1	Exp: 20040504	TESTA151	TESTA3	AL	TEST	TEST	Sedan	Blue	2004
CLEOC18151A3	Exp: 20050501	TESTA151	TESTA3	AL	TEST	TEST	Sedan	Blue	2004
TESTCLOC6A	Exp: 20050501	TESTP_VN41137	TESTA6		TEST	TEST	Tractor	Blue	2006
CLEOC18151A2	Exp: 20050502	TESTA152	TESTA2	AL	TESTA2	TESTA2	Pickup	Green	2005
T191772	Exp: 20040530	12245AB8789001	122ZYX	GA	PONTIAC	FIREBIRD	Sedan	Beige	1990
T1917831	Exp: 20040530	TESTP_VN046220	12245AB8789001	GA	PONTIAC	SUNBIRD	Sedan	Magenta	1990
T1918184	Exp: 20040524	12ALP45T8F228581	DN25009	PA	FORD	BUSTANG	Coupe	Silver	1997
T241705	Exp: 20040730	TESTP_VN150105	123ABCD	GA	CHEVROLET	CAVALIER	Sedan	Pink	2001
T317634	Exp: 20050624	TESTP_VN432130	123ABC1	GA	CHEVY	MALIBU	Sedan	Blue	2001
T549178	Exp: 20050730	TESTP_VN481512	14BC124	TX	HONDA		Sedan	Blue	2005
S180334	Exp: 19971212	HN12892639	Y057Y9852	AP	NISSAN	URUKOJIN	Sedan	White	1995
Other Drivers Registered to Vehicle									

9.6 Vehicle Registration Temporary Pass

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CLEOC NAVY DEVELOPMENT

18-JUL-2002 C 25-JUL-2002

Temporary Pass Number : T13442 Registered On : 18-JUL-2002
Expires On : 25-JUL-2002
Registered to : KEEP,JOHN
Identified By : DL

Vehicle VIN : 1J2345F009384 Vehicle State/Territory : AR
Vehicle Plate Number : 123DDE Vehicle Color : Purple
Vehicle Make : FORD Vehicle Style : SUV
Vehicle Model : EXPLORER

Restrictions : VALID DURING NORMAL WORKING HOURS ONLY

Entry onto military reservation by vehicle registration, whether permanent or temporary, acknowledges the compliance with Title 18, United States Code. I Hereby Certify I will abide by all Federal and State laws, including security regulations, traffic laws, the maintaining of insurance coverage for vehicle, and state inspections where applicable. I understand my vehicle and person is subject to search by competent authority while aboard any military reservation.

Signature : _____

Keep This Section for PMO Records

Temporary Pass Number : T13442 Registered On : 18-JUL-2002
Expires On : 25-JUL-2002
Registered to : KEEP,JOHN
Identified By : DL

Vehicle VIN : 1J2345F009384 Vehicle State/Territory : AR
Vehicle Plate Number : 123DDE Vehicle Color : Purple
Vehicle Make : FORD Vehicle Style : SUV
Vehicle Model : EXPLORER

Restrictions : VALID DURING NORMAL WORKING HOURS ONLY

Entry onto military reservation by vehicle registration, whether permanent or temporary, acknowledges the compliance with Title 18, United States Code. I Hereby Certify I will abide by all Federal and State laws, including security regulations, traffic laws, the maintaining of insurance coverage for vehicle, and state inspections where applicable. I understand my vehicle and person is subject to search by competent authority while aboard any military reservation.

9.7 Vehicle Registration Information

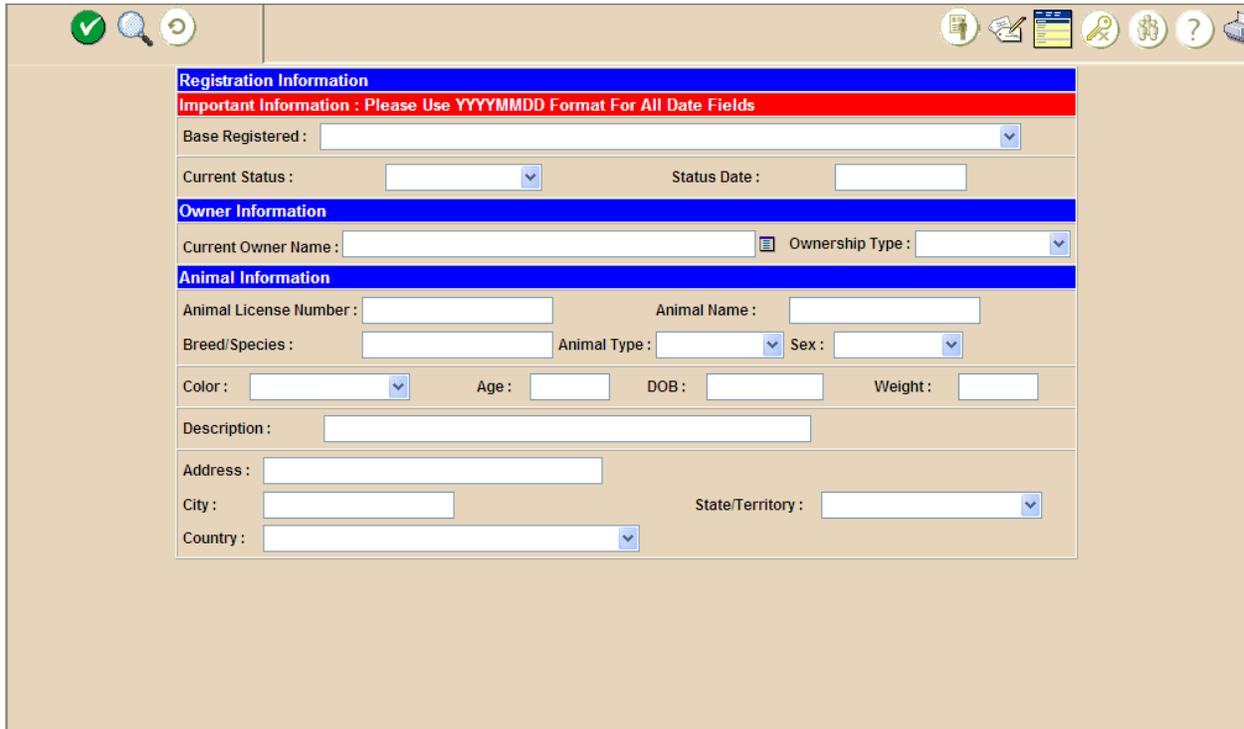
Person is Debarred			
Debarment is TEST			
Current Registration Information Click Here to View Vehicle Registration Report			
Important Information : Please Use YYYYMMDD Format For All Date Fields			
Important Information : Please Leave VIN Blank if UNKNOWN			
Important Information : Please Leave Vehicle Tag Number Blank if UNKNOWN OR TEMP			
Base Registered:	SPAWAR SYSTEMS CENTER ATLANTIC (SSC ATLANTIC)	Registration Expiration Date:	20050724
Decal Type:	Enlisted Decal	DOD Decal Number:	DOD751
Leave Decal Number Blank if Issuing A Temporary Pass			
Primary Person Registered to Vehicle:	111223334--KEEP,JOHN	Status:	Active
Is this the primary driver or an additional driver:	Primary		
Vehicle Identification			
VIN:	TEST		
Vehicle Tag Number:	TEST	Vehicle Tag State/Territory:	Washington
Vehicle Tag Country:	United States	Vehicle Tag Expires:	20060930
Color:	Red	Year:	2000
Style:	Coupe	Model:	CARD
Doors:	2		
Current Owner Name	553377037--HOWRY, JOHN		
Contractor:			
Sub Contractor:			
Power Of Attorney Name		POA Expires:	
Inspection State/Territory:		Inspection Expires:	
Lien Holder:			
Insurance Company:		Policy Number:	
Expires:			
Additional Information:			
OCONUS Vehicle Information			
SOFA Status:		Non-Operative:	
Number of Cylinders:		HorsePower:	
Weight:			
Other Vehicle Information			
Stolen:		Reported Stolen Date:	
Recovered Date:			
Impounded:		Impound Inventory Done:	
Impounded Date:		Released from Impound:	
Restriction Information			

10. Weapons Registration Details

The screenshot shows a web application interface for 'Weapons Registration Details'. The interface is organized into several distinct sections, each with a blue header bar. At the top, there is a navigation bar with several icons: a green checkmark, a magnifying glass, a circular arrow, a document, a key, a calendar, a key with a lock, a question mark, and a printer. Below the navigation bar, the form is structured as follows:

- Registration Information:** A red header bar with the text 'Important Information : Please Use YYYYMMDD Format For All Date Fields'. Below this, there is a 'Base Registered' dropdown menu and a 'Status' dropdown menu set to 'Active'.
- Owner Information:** A blue header bar. Below it, there is a 'Current Owner Name' text input field and an 'Ownership Type' dropdown menu.
- Weapon Information:** A blue header bar. Below it, there are several input fields: 'Serial Number' (text), 'Weapon Type' (dropdown), 'Make' (text), 'Model' (text), 'Caliber' (text), 'Barrel Length' (text), 'Action' (dropdown), 'Year Made (YYYY)' (text), and 'Date Purchased (YYYYMMDD)' (text). A 'Description' text area is located at the bottom of this section.
- Weapon Location Information:** A blue header bar. Below it, there are 'Address' (text), 'City' (text), 'Country' (dropdown), 'Stored At' (dropdown), and 'State/Territory' (dropdown) fields.
- Restriction Information:** A red header bar. Below it, there is a 'Weapon Restriction' text input field.

11. Pet Registration Details



The screenshot shows a web application interface for pet registration. At the top, there is a navigation bar with icons for a checkmark, search, refresh, and help. The main content area is divided into several sections:

- Registration Information**: A blue header section containing a red warning bar that reads "Important Information : Please Use YYYYMMDD Format For All Date Fields". Below this is a "Base Registered" dropdown menu.
- Owner Information**: A blue header section containing "Current Status" and "Status Date" dropdowns, and "Current Owner Name" and "Ownership Type" dropdowns.
- Animal Information**: A blue header section containing fields for "Animal License Number", "Animal Name", "Breed/Species", "Animal Type", "Sex", "Color", "Age", "DOB", and "Weight".
- Description**: A text input field for the animal's description.
- Address**: Fields for "Address", "City", "Country", and "State/Territory".

12. Desk Journal Details

DESK JOURNAL ENTRY

Type of Journal Entry

Journal Entry Date
(YYYYMMDD)

Time of Entry
(24 Hour)

Date(s) of Incident
(YYYYMMDD)

From: To:

Time(s) of Incident
(24 Hour)

From: To:

Journal Subject:

Journal Narrative

Location for this Journal Entry:

JOURNAL NOTIFICATIONS - If you run out of space for notifications, submit form and more will appear (4 additional each time)

Time	Date	Office/Section Notified	Name of Person Notified	Remove ?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

13. Communications Log Details

COMMUNICATIONS LOG BOOK
NCIS Headquarters

Time: Date (YYYYMMDD):

Unit From: Unit To:

Message