

APPENDIX D  
OFFENSE/INCIDENT REPORT  
(ENG Form 4337)

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