

INFORMATION GUIDE FOR TELEPHONICALLY (FAX) REPORTED SIRs
(USFK REG 190-40)

To ensure that the USFK Provost Marshal has sufficient information for evaluation and transmittal to higher headquarters, the following information will be completed on all SIRs.

1. DATE/TIME REPORTED		2. REPORTING AGENCY	
3. CATEGORY OF INCIDENT		4. MPR NUMBER	5. SIR NUMBER
6. TYPE OF INCIDENT			
7. DATE/TIME OF INCIDENT		8. LOCATION	

9. WAS INCIDENT RACIALLY MOTIVATED:

10. PERSONNEL INVOLVED (COMPLETE ON ALL INDIVIDUALS INVOLVED)

a. NAME: (Check One) SUBJECT VICTIM COMPLAINANT WITNESS

b. GRADE	c. SSN	d. RACE	e. SEX
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f. AGE	g. SECURITY CLEARANCE	h. DUTY POSITION
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i. UNIT OF ASSIGNMENT	j. DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF
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k. ALCOHOL/DRUGS INVOLVED:

a. NAME: (Check One) SUBJECT VICTIM COMPLAINANT WITNESS

b. GRADE	c. SSN	d. RACE	e. SEX
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f. AGE	g. SECURITY CLEARANCE	h. DUTY POSITION
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i. UNIT OF ASSIGNMENT	j. DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF
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k. ALCOHOL/DRUGS INVOLVED:

a. NAME: (Check One) SUBJECT VICTIM COMPLAINANT WITNESS

b. GRADE	c. SSN	d. RACE	e. SEX
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f. AGE	g. SECURITY CLEARANCE	h. DUTY POSITION
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i. UNIT OF ASSIGNMENT	j. DUTY STATUS <input type="checkbox"/> ON <input type="checkbox"/> OFF
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k. ALCOHOL/DRUGS INVOLVED:

REMARKS:

11. VEHICLES

a. VEHICLE	b. MAKE	c. MODEL	d. YEAR	e. LICENSE/USA NUMBER
f. BUMPER NUMBER	g. DAMAGE			
a. VEHICLE	b. MAKE	c. MODEL	d. YEAR	e. LICENSE/USA NUMBER
f. BUMPER NUMBER	g. DAMAGE			

12. SUMMARY: