

INCIDENT INFORMATION REPORT

(For use of this form see USAREC Reg 190-4)

REPORTING UNIT

1. BRIGADE/BATTALION:	2. POINT OF CONTACT (full name, rank, and telephone number) :
3. DATE AND TIME INFORMATION RECEIVED:	4. SUBJECT, DATE ASSIGNED TO USAREC, AND TIME ASSIGNED TO CURRENT DUTY POSITION:

INCIDENT INFORMATION

5. TYPE OF REPORT: <input type="checkbox"/> Initial <input type="checkbox"/> Followup <input type="checkbox"/> Final	6. DATE OF INITIAL REPORT:
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7. TYPE OF INCIDENT:

PERSONNEL INVOLVED

8. NAME (last, first):	9. AGE:	18. NAME (last, first):	19. AGE:						
10. GRADE:	11. GENDER:	12. RACE:	13. MOS:	14. MARITAL STATUS:	20. GRADE:	21. GENDER:	22. RACE:	23. MOS:	24. MARITAL STATUS:
15. DUTY POSITION:	25. DUTY POSITION:								
16. COMPONENT: <input type="checkbox"/> Civilian <input type="checkbox"/> OIF/OEF Vet <input type="checkbox"/> Regular Army (RA) <input type="checkbox"/> Reserve (AR)	26. COMPONENT: <input type="checkbox"/> Civilian <input type="checkbox"/> OIF/OEF Vet <input type="checkbox"/> Regular Army (RA) <input type="checkbox"/> Reserve (AR)								
17. COMPANY/RECRUITING STATION NAME AND RSID:	27. COMPANY/RECRUITING STATION NAME AND RSID:								

NOTE: Enter information on additional personnel involved into the Remarks section.

28. PUBLICITY: a. Adverse publicity expected? Yes No

b. Source of publicity:

29. SUMMARY OF INCIDENT:

a. Who:

b. What:

c. When:

d. Where (include ZIP Code) :

e. Why:

30. NOTIFICATION (chain of command) :

Bn Cdr Yes No Bde Cdr Yes No CG (in accordance with USAREC Reg 190-4) Yes No

31. ACTIONS TAKEN BY THE COMMAND (may require remarks in block 31) :

Alcohol or Drug Related	<input type="checkbox"/> Yes <input type="checkbox"/> No	UCMJ	<input type="checkbox"/> Yes <input type="checkbox"/> No	Force Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No
SUDCC referral	<input type="checkbox"/> Yes <input type="checkbox"/> No	LOD	<input type="checkbox"/> Yes <input type="checkbox"/> No	JPAS	<input type="checkbox"/> Yes <input type="checkbox"/> No
BDE BHC	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flagged	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. CIVILIAN ACTIONS (may require remarks below) :

Police	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Bond/Bail	<input type="checkbox"/> Yes <input type="checkbox"/> No
Court	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jail	<input type="checkbox"/> Yes <input type="checkbox"/> NO	Hospitalized	<input type="checkbox"/> Yes <input type="checkbox"/> No

33. REMARKS:

a. FOLLOWUP:

b. FINAL: