

DEPARTMENT OF UNITY
Global Criminal Intelligence Service
OPERATIONS INCIDENT REPORT



Use this form to report accidents, injuries, medical situations, criminal activities, traffic incidents, or student behavior incidents. If possible, a report should be completed within 24 hours of the event.

Date of Report: _____ PIV#: _____

Personnel Name: _____

SUSPECT INVOLVED

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

SUSPECT INVOLVED

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

SUSPECT INVOLVED

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Department of Unity Official Operations Incident Report

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

WITNESS INFORMATION

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

WITNESS INFORMATION

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

WITNESS INFORMATION

Full Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____

Phone Number: _____ Email: _____

Department of Unity Official Operations Incident Report

VICTIM INFORMATION

Full Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____
Phone Number: _____ Email: _____

VICTIM INFORMATION

Full Name: _____ Address: _____
City: _____ State: _____ Zip: _____
Identification: Drivers Licence DoD Identification State ID

Name on ID: _____ Expires: _____ ID#: _____
Phone Number: _____ Email: _____

INCIDENT INFORMATION

Date: _____ Time: _____ Location: _____
Address: _____
Description: _____

Department of Unity Official Operations Incident Report

INJURIES

Date: _____ Time: _____ Location: _____

Address: _____

Injuries Sustained: _____

Treatments Rendered: _____

OFFICIAL USE ONLY

Department of Unity Official Operations Incident Report

Intelligence Operator: _____ GCIS#: _____

Print Name and Date

Signature