REPORTING REQUIREMENT: EXEMPT-LAW ENFORCEMENT

NONCRIMINAL DAMAGE REPORT

PROVOST MARSHAL OFFICE MARINE CORPS BASE, CAMP LEJEUNE, NORTH CAROLINA

PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice NM05580-1 Security Incident System (January 9, 2007, 72 FR 959) **AUTHORITY**: 10 U.S.C. 5013, 10 U.S.C. 5041, and E.O. 9397. **PRINCIPLE**: Individuals involved in or witnessing or reporting incidents requiring the attention of base, station, or activity security personnel. **PURPOSE:** To track and prosecute offenses, counsel victims, and other administrative actions; to support insurance claims and civil litigation; to revoke base, station or activity driving privileges. **ROUTINE USE:** May specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a (b)(3). **DISCLOSURE:** mandatory.

TIME REPORTED _____ DATE REPORTED _____ TIME OCCURRED _____ DATE OCCURED _____

1) COMPLAINTANT:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ JR/SR _____ SSN/ALIEN REG# _____ RANK _____

BRANCH OF SERVICE: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ US MARINES ☐ COAST GUARD OTHER _____

STATUS: ☐ REGULAR ☐ RESERVES ☐ NATIONAL GUARD ☐ CIVILIAN EMPLOYEE ☐ CIVILIAN OTHER _____

DUTY STATION EMPLOYER: _____ WORK TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

2) SPONSOR:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____ JR/SR _____ SSN/ALIEN REG# _____ RANK _____

BRANCH OF SERVICE: ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ US MARINES ☐ COAST GUARD OTHER _____

STATUS: ☐ REGULAR ☐ RESERVES ☐ NATIONAL GUARD ☐ CIVILIAN EMPLOYEE ☐ CIVILIAN OTHER _____

DUTY STATION EMPLOYER: _____ WORK TELEPHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

3) VEHICLE INFORMATION (FOR VEHICLE DAMAGE ONLY:

MAKE: _____ MODEL: _____ YEAR: _____ COLOR: _____

DECAL: _____ LICENSE #: _____ STATE: _____ VIN: _____

4) WHAT HAPPENED (FOR VEHICLE DAMAGE ONLY): _____

LOCATION: _____

MOVING OR PARKED: ☐ M ☐ P ESTIMATED VALUE OF DAMAGE: _____

WHAT DAMAGED THE VEHICLE? (MARK THE APPROPRIATE AREAS):

ROCK ☐ GLASS ☐ METAL ☐ PAINT ☐ TREE BRANCH ☐ TREE ☐ WIRE ☐

ICE ☐ PIPE ☐ UNKNOWN ☐ OTHER: _____

TYPE OF DAMAGE: DENT ☐ SCRATCH ☐ BREAK ☐

LOCATION AND EXTENT OF DAMAGE (SIZE, LENGTH, DEPTH): _____

HOW DID THE DAMAGE HAPPEN?: _____

5) STATEMENT OF _____ FIRST _____ MI _____ LAST

I HAVE READ THIS STATEMENT, WHICH I HAVE MADE. I HAVE INITIALED ALL ERRORS AND CORRECTIONS. THE CONTENTS OF THIS STATEMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ TIME: _____ DATE: _____

SUBSCRIBED AND SWORN BEFORE ME AT _____ _____ CAMP LEJEUNE, NORTH CAROLINA ON

YYYYMMDD _____

SIGNATURE: _____ PRINT NAME: _____ SECTION: _____

SIGNATURE OF PERSON AUTHORIZED TO ADMINISTER OATH. AUTHORITY: ARTICLE 136(b) (4), UCMJ