

REPORTS AND FORMS PREPARATION GUIDE
FOR THE NAVY SECURITY FORCE

APRIL 1991



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COMMANDER,
NAVAL INVESTIGATIVE SERVICE COMMAND
DIRECTORATE OF NAVAL SECURITY

OVERVIEW

PURPOSE

This "REPORTS AND FORMS PREPARATION GUIDE FOR THE NAVY SECURITY FORCE" describes how to prepare commonly used forms cited in the Navy Law Enforcement Manual (OPNAVINST 5580.1 series) and includes a completed example for each form. Also included are four forms from Motor Vehicle Traffic Supervision, Chapter 6, (OPNAVINST 11200.5C).

GUIDE USE

This Guide may be used exactly as written, or adapted to local situations. When local procedures do not provide detailed instructions for completing a particular form, it may be used as a recommended approach.

Whenever possible, the form entries should be typed or printed legibly in black ink.

CHANGES

Comments and recommendations concerning this Guide may be sent to Commander, Naval Investigative Service Command (Code 02), Washington, DC 20388-5024.

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U.S. Department of Justice
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REPORTS AND FORMS PREPARATION GUIDE
FOR THE NAVY SECURITY FORCE

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SECTION 1

DEPARTMENT OF THE NAVY INCIDENT/COMPLAINT REPORT (OPNAV 5527/1)

A. Purpose. Security personnel use this form as a means for collecting information and reporting criminal complaints and significant incidents. These reports are sent to a suspect's command or supervisor for appropriate administrative or disciplinary action. A copy is also provided to the Naval Investigative Service Command (NISCOM) for record and statistical purposes. If an investigation is warranted, the completed form is the basis used by Security Department Investigators or NIS for opening the investigation. Security personnel must ensure their reports are complete and accurate, reporting only those facts having a direct bearing on the case, and not include their personal opinions. Vague statements ("I think ..." or "I believe ...") should not be used.

B. Procedures. This guide describes step-by step procedures for completing the blocks in Incident/Complaint Report (OPNAV Form 5527/1). Figures 1-1 through 1-9 depict the blanks in each section. Attachment (1) provides a sample of a completed OPNAV 5527/1.

1. Blocks 1 through 3 (Figure 1-1).

a. Block 1, From. Enter the title Security Officer or Chief of Police.

b. Block 2, To. Enter the title of the ultimate recipient of the report, normally the Commanding Officer.

c. Block 3, Via. Enter the Commanding Officer of the Security Officer or Chief of Police initiating the report if the recipient is outside the command.

Note: Since the Incident/Complaint Report (ICR) is also distributed outside the command, the name of the command must also appear in all of the blocks. For example:

- o Security Officer, Naval Air Station Bravo
- o Commanding Officer, Attack Squadron Four
- o Commanding Officer, Naval Air Station Bravo

DEPARTMENT OF THE NAVY	
INCIDENT /COMPLAINT REPORT	
1. FROM	
2. TO	
3. VIA	

Figure 1-1

2. Blocks 4 through 7 (Figure 1-2).

a. Block 4, Case Control Number (CCN). The CCN will consist of four groups and be separated by hyphens: DATE-UIC-SEQUENCE NUMBER-CASE CATEGORY.

(1) The date will be written; day, month, year, using seven characters (e.g., 01JAN90, 25MAY90). No spaces are used between the day, month and year. The date of the CCN will always be the date that the information concerning the incident or complaint was first received by the Security Department.

(2) Enter the Unit Identification Code (UIC) of the initiating Security Department. Do not use any other UIC.

(3) Enter the sequence number, which is a three digit number assigned by the Security Department, starting each calendar year with 000 and ending with 999 and then repeat. This number is designed to allow the Security Department to account for all ICRs and to allow the Uniform Crime Reporting system to identify missing ICRs.

(4) Enter the category indicator code which is the final group of three characters. This group describes the particular type of complaint, incident or investigation being reported. If an incident or complaint involves more than one offense, the category indicator for the most serious offense is used. Category indicator codes can be found in Appendix B, OPNAVINST 5580.1 (series).

(5) Sample CCNs:

(a) 15JAN9_-12345-037-7G2. This CCN reports a simple assault at Naval Air Station Bravo reported on 15 January 199_ and indicates 37th report of the year.

(b) 03MAR9_-23456-365-9D1. This CCN reports police assistance during a medical emergency at Naval Station Charlie on 3 March 199_.

(c) 26APR9_-34567-274-6S2. This CCN reports a larceny of government funds on the USS DELTA reported on 26 April 199_.

b. Block 5, Date Submitted to Addressee. Self-explanatory

c. Block 6, Return to Police Admin Not Later Than. This block will be filled in if a response is required from the recipient, otherwise, leave blank.

d. Block 7, Type Report. This block tells the addressee how this report has been classified. If Info or Supplemental is marked, no reply is needed, but if Report of Action is marked, the addressee must complete block 24 on page 3 of the ICR and return one copy to the originator.

4. CASE CONTROL NUMBER (CCN)	5. DATE SUBMITTED TO ADDRESSEE	6. RETURN TO POLICE ADMIN NOT LATER THAN
7. TYPE REPORT <input type="checkbox"/> Info (No reply required) <input type="checkbox"/> Supplemental (No reply required) <input type="checkbox"/> Report of Action (See page 3)		

Figure 1-2

3. Blocks 8 and 9 (Figure 1-3).

a. Block 8, Incident/Complaint. Describe the incident or complaint and the location where it took place. The description will normally be the same as the description of the category indicator from the CCN. Example descriptions:

(1) Simple Assault, Enlisted Club, Building 14, NAS Bravo

(2) Child Neglect, Quarters 2103-A, NAS Bravo

Note: Security personnel may also cite the appropriate violation of criminal statute or article of the UCMJ in addition to the description of the violation, in accordance with local Standard Operating Procedures (SOP).

b. Block 9, When and How Received. Enter the time and date that the incident or complaint was reported to a member of the Security Department. Use military time (e.g., 2300, 1530) and the date will be written the same as in block 4 (e.g., 15JAN90). Place an "X" in the appropriate box designating how the incident/complaint was received.

8. INCIDENT/COMPLAINT (Specify type and location)				
9. WHEN & HOW RECEIVED	Hour	Date	<input type="checkbox"/> Crimestop Call <input type="checkbox"/> In Person <input type="checkbox"/> By Telephone <input type="checkbox"/> By Radio <input type="checkbox"/> By Mail	

Figure 1-3

4. Blocks 10 through 15 (Figure 1-4).

a. Block 10, Involvement. Place an "X" in the appropriate box to indicate if drugs and/or alcohol are involved. Only one block should be checked (most serious).

(1) Other (List). Reserved for future use.

(2) Drugs. This box may be checked on a basis of observation by police personnel, admission of a suspect, witness statement, physical evidence or medical evidence. This box must be checked in situations in which suspects are arrested for drug related offenses (possession, sale, etc.).

(3) Alcohol. This block may be checked based on the observations of police personnel, statements of witnesses, chemical test, breath test or physical evidence (empty beer cans in a vehicle involved in an accident, for example). This box must be checked in situations in which suspects are arrested for specific alcohol related offenses (e.g., drunken driving, drunk and disorderly).

b. Block 11, Assumed by NIS. Place an "X" in the appropriate box.

(1) Yes. A case which is assumed by NIS.

(2) No. A case which is not assumed by NIS.

(3) N/A. A case which is not within the jurisdiction of NIS.

c. Blocks 12 and 13, Hour and Date. Indicate in these boxes the hour and date that the incident/complaint actually occurred. If the exact time or date is unknown, an approximate time period will be shown, such as 2330-0200, 23-24JAN9__.

d. Block 14, Received By. Type or print the name, rank/grade and position of the person within the Security Department who initially received information on the incident or complaint.

e. Block 15, Type of Incident. Check the box which best describes the type of incident reported.

10. INVOLVEMENT <input type="checkbox"/> Other (List) <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol		11. ASSUMED BY NIS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		12. HOUR	13. DATE
14. RECEIVED BY (Typed or printed name, rank and position)		15. TYPE OF INCIDENT <input type="checkbox"/> Complaint <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Military Offense <input type="checkbox"/> Traffic			

Figure 1-4

5. Block 16, Persons Related to Report (Figure 1-5).

a. All persons related to the report are listed in these blocks. The top line (line 1) of each block must be completed for all persons. The area below the dotted line (line 2) must be completed only for suspects and victims. All identifiers in block 16 will be separated by a slash ("/").

(1) CATEGORY. Identifies the relationship of the person to the report (A - Suspect, B - Victim, C Complainant, D - Witness, E - Police, F - Sponsor).

(2) NAME: Enter the FULL name of the individual (last name, first name, middle name). If there is no middle name enter (NMN).

(3) RANK AND BRANCH: For military personnel enter the individual's rate or rank (not paygrade) and branch of service (retired military enter "RET" after branch of service). For government civilian personnel enter the individual's position classification rating. For military dependents enter "DEP WIFE", "DEP SON", etc. For civilians with no government affiliation, enter "CIV".

(4) SSN: Enter the individual's social security number. In the case of foreign nationals, local policy may direct that the employee's service number or host country identification number be entered. In the case of children under age having no SSN, enter N/A.

(5) DUTY STATION/UIC: For active duty military and government civilian personnel enter the individual's duty station and UIC. For all others enter the residential address.

(6) DPOB. Enter date/place of birth (e.g., 24SEP63/Boston, MA). If unknown, enter "UNK".

(7) SEX. Enter "M" for males and "F" for females. No other entries are acceptable.

(8) RACE. Use one of the following codes for the person's race/population group:

- (a) R - Red (American Indian)
- (b) M - Yellow (Asian/Mongoloid)
- (c) N - Black (Negroid/African)
- (d) C - White (Caucasian)
- (e) X - Other (all other racial groups)
- (f) Z - Unknown

(9) HEIGHT. Enter the height in feet and inches (e.g., 5'10").

(10) WEIGHT. Enter the weight in pounds (e.g., 160)

(11) HAIR. Enter the predominant natural hair color. The color observed should be checked against the color shown on the individual's identification card or drivers license. If the hair has been dyed, make an appropriate entry, such as "brown-dyed red". If the person is completely bald (be alert for wigs and toupees), enter "bald". In the case of partial baldness, the color of hair is entered and a remark is made under "Identifying Marks" on the extent of baldness.

(12) EYES. Enter the color of the iris of the eye. It is incorrect to enter the condition, such as "bloodshot". The standard colors and authorized abbreviations to be used are:

- (a) Brown - BRN
- (b) Blue - BLU
- (c) Hazel - HAZ
- (d) Green - GRN

(13) IDENTIFYING MARKS. List any identifying marks, such as partial baldness, scars and tattoos together with their location on the body and a brief description, such as partially bald, 2" diameter back of head; scar, 2" left inner wrist; tattoo, heart, right bicep. Give a word description rather than a diagram or picture. If there are no identifying marks, indicate "NONE".

16. PERSONS RELATED TO REPORT (Continue on Page 2 or add pages, if necessary) (Insert appropriate category letter before each name) A - SUSPECT B - VICTIM C - COMPLAINANT D - WITNESS E - POLICE F - SPONSOR		
CATEGORY (See above)	NAME/RANK & BRANCH/SSN/DUTY STATION/AIC (Enter on line 1 for all categories)	DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS (Enter on line 2 for suspects and victims)

Figure 1-5

6. Block 17, Details of Incident (Figure 1-6)

a. The Details of Incident block comprises all of page 2 of the ICR. If more space is required to enter data use an additional page for block 17.

(1) This block will contain a concise/complete statement of facts relating to the alleged offense or incident.

(2) It is recommended that this be done in chronological order in most cases.

(3) To ensure completeness check by asking, WHO, WHAT, WHEN, WHERE, WHY and HOW. Details should be included in attached statements or other appended documents such as hospital reports, photographs, field test reports, etc. Details of the incident would include such things as the patrolman's actions, a complete description of any missing property (including nomenclature, serial numbers, model numbers, or other identifying data), and whether the property was lost or damaged government or personal property, and its estimated value. Be sure to completely describe persons involved but not named. Indicate the duty status of persons involved and their organizations, if not listed in block 16. Provide the organization of the sponsor of any military dependent involved. Opinions, recommendations or prior offenses should not be included in the ICR.

Note: If transporting females you may add beginning and ending mileage and time. Also, if force or restraining device were used you may want to document that information in your report. Follow local SOP.

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)
17. DETAILS OF INCIDENT (Who, what, where, how, why? Attach relevant statements.)

Figure 1-6

7. Blocks 18 and 19 (Figure 1-7).

a. **Block 18, Enclosures.** This block lists all attached supporting documents, photographs, sketches, etc., by name. For example:

- (1) Statement of WILLIAMSON (witness)
- (2) Rights Advisement and Statement of JONES (suspect)
- (3) Statement of WHITE (victim)
- (4) Medical report regarding WHITE
- (5) Facial photos (3) of WHITE
- (6) Rough sketch of crime scene

b. **Block 19, Evidence.** This block is not designed to be a replacement for the Evidence/Property Custody Receipt (OPNAV 5527/22), see Section 9, and therefore need not be as complete. If the Evidence/Property Custody Receipt is one of the enclosures because the incident/complaint is being referred to another agency, simply indicate "See enclosure ()" in block 19. The evidence seized during the investigation surrounding this incident should be listed by giving a brief description and the location, if the evidence is not attached as an enclosure. For example:

- (1) Blood-stained hammer (Security Dept. Evidence Locker)
- (2) Blood-stained shirt (Security Dept. Evidence Locker)
- (3) Negatives of photos of WHITE (Case file)

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)	
18. ENCLOSURES (Statements and receipts)	19. EVIDENCE (List and describe)

Figure 1-7

8. Blocks 20 through 23 (Figure 1-8).

a. **Block 20, Referred To.** This block indicates who was notified regarding the incident/complaint. Normally, a more detailed, corresponding entry is made at the end of the narrative in block 17. For example:

(1) If an "X" appears in the square before Patrol, block 17 may reflect: MA2 STARK (Traffic Division) was notified and responded to the scene.

(2) If an "X" appears in the square before NIS, block 17 may reflect: SA Ralph C. HERR (NISRA Pensacola) was notified by telephone at 0500, 24JAN9__, and declined investigative jurisdiction in this matter, indicating the seizure was a "user" amount of marijuana.

(3) If an "X" appears in the square before investigations, block 17 may reflect: Investigator John J. HALLETT (Security Department Investigations) was contacted by telephone at 2310, 08JUN9__, and assumed investigative control of this incident.

b. **Block 21, Distribution.** The original report and enclosures are sent to the suspect's commanding officer. Copy 1, with all enclosures, is always sent to NISCOM Code 24. (Change 1 of 17JUN88 deleted requirement to send via NISRA, therefore, after the words "Copy 1: NISHQ" draw a line through the words "via NISRA." Copy 2 may be directed to a victim's command, the command of a second suspect (if different from the primary suspect's command), or to the files of the Security Department. Additional copies may be sent to other officials or commands in accordance with local SOP.

c. **Block 22, Reporting Official.** The typed or printed name, rank and title of the individual who prepared the ICR is identified with the reporting official's signature.

d. **Block 23, Approving Official.** The typed or printed name, rank and title of the supervisor who reviewed and approved the contents of the ICR is identified with the supervisor's signature. Local SOP will dictate the approving official in the Security Department.

20. REFERRED TO <input type="checkbox"/> Patrol <input type="checkbox"/> NIS <input type="checkbox"/> Other Agency (specify) <input type="checkbox"/> Investigations <input type="checkbox"/> File	21. DISTRIBUTION ORIG: _____ COPY 1: NISHO and HHS/OP _____ COPY 2: _____
22. REPORTING OFFICIAL TYPED NAME, RANK/TITLE & SIGNATURE	23. APPROVING OFFICIAL TYPED NAME, RANK/TITLE & SIGNATURE

Figure 1-8

9. Block 24, Report of Action Taken (Figure 1-9).

a. This block is reserved for the commanding officer of the subject. When block 7 is checked in the Report of Action square, the receiving command/unit/department will report, to the originator of the ICR, what administrative, nonjudicial or judicial action was taken against the subject by the suspense date which is indicated in block 6.

24. REPORT OF ACTION TAKEN (To be completed by the addressee when so indicated in block 7. Return one copy to originator to meet suspense date indicated in block 6.)			
a. FROM		b. DATE	
c. TO			
d. VIA			
e. SUBJECT		f. RANK	g. SSN
h. ACTION TAKEN	<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> NON-JUDICIAL	<input type="checkbox"/> JUDICIAL
i. DATE ACTION COMPLETED			
j. DETAILS (Specify type administrative action taken, non-judicial punishment imposed, or judicial results, as applicable.) (For multiple subjects, use additional page(s) to reflect action taken.)			
k. TYPED NAME AND TITLE		l. SIGNATURE	

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Figure 1-9

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SAMPLE

DEPARTMENT OF THE NAVY INCIDENT /COMPLAINT REPORT			
1. FROM SECURITY OFFICER, NAVAL AIR STATION BRAVO			
2. TO COMMANDING OFFICER, ATTACK SQUADRON FOUR			
3. VIA COMMANDING OFFICER, NAVAL AIR STATION BRAVO			
4. CASE CONTROL NUMBER (CCN) 15JAN9-12345-037-7G2		5. DATE SUBMITTED TO ADDRESSEE 16JAN9	6. RETURN TO POLICE ADMIN NOT LATER THAN 16FEB9
7. TYPE REPORT <input type="checkbox"/> Info (No reply required) <input type="checkbox"/> Supplemental (No reply required) <input checked="" type="checkbox"/> Report of Action (See page 3)			
8. INCIDENT/COMPLAINT (Specify type and location) SIMPLE ASSAULT, ENLISTED CLUB, BUILDING 14, NAS BRAVO			
9. WHEN & HOW RECEIVED Hour: 2300 Date: 15JAN9	<input type="checkbox"/> Crimestop Call <input type="checkbox"/> In Person <input checked="" type="checkbox"/> By Telephone <input type="checkbox"/> By Radio <input type="checkbox"/> By Mail		
10. INVOLVEMENT <input type="checkbox"/> Other (List) <input type="checkbox"/> Drugs <input checked="" type="checkbox"/> Alcohol	11. ASSUMED BY NIS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		12. HOUR 2310
13. DATE 15JAN9		14. RECEIVED BY (Typed or printed name, rank and position) ADAMS, SAMUEL TERRY/MA2/DISPATCHER	
15. TYPE OF INCIDENT <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Offense <input type="checkbox"/> Traffic			
16. PERSONS RELATED TO REPORT (Continue on Page 2 or add pages, if necessary) (Insert appropriate category letter before each name) A - SUSPECT B - VICTIM C - COMPLAINANT D - WITNESS E - POLICE F - SPONSOR			
CATEGORY (See above)	NAME/RANK & BRANCH/SSN/DUTY STATION/UIC DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS (Enter on line 1 for all categories) (Enter on line 2 for suspects and victims)		
C	RILEY, PETER JAMES/ABFC USN/123-45-6789/NAS BRAVO/12345		
B	POWELL, ERWIN PAUL/PNSN USN/123-45-6789/NAS BRAVO/12345 4JUL69/NEW YORK, NY/M/N/5'10/168/BLACK/BRN/HORSE SHOE SCAR RIGHT THIGH		
A	JONES, GEORGE WILSON/ABF3 USN/123-45-6789/ATTACK SQUADRON FOUR/23456 14FEB70/CLEVELAND, OH/M/N/5'9/172/BLACK/BRN/NONE		
D	WILLIAMSON, DEANE FRANCIS/HM1 USN/123-45-6789/NAS BRAVO/12345		
E	JAMESON, JOANN RENEE/MA1 USN/123-45-6789/NAS BRAVO/12345		

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SAMPLE OPNAV 5527/1

ATTACHMENT (1)
Page 1 of 3

SAMPLE

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)

17. DETAILS OF INCIDENT (Who, what, where, how, why? Attach relevant statements.)

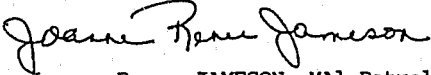
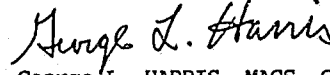
AT APPROXIMATELY 2330, MAL JAMESON WAS DISPATCHED TO THE ENLISTED CLUB TO INVESTIGATE A DISTURBANCE. UPON ARRIVAL, THE CLUB MANAGER, ABFC RILEY, APPROACHED MAL JAMESON STATING THAT HE HAD POWELL, THE VICTIM OF AN ASSAULT, IN HIS OFFICE. RILEY FURTHER STATED THAT POWELL WAS STRUCK BY AN UNKNOWN SUSPECT WHO LEFT THE CLUB SHORTLY AFTER STRIKING THE VICTIM. RILEY ADVISED MAL JAMESON THAT HE DID NOT WITNESS THE INCIDENT BUT IDENTIFIED WILLIAMSON AS A WITNESS.

AT 2346 MAL JAMESON INTERVIEWED WILLIAMSON WHO ADVISED THAT SHE OBSERVED POWELL SITTING AT THE BAR QUIETLY DRINKING A BEER. SHE FURTHER ALLEGED THAT JONES WALKED UP BEHIND POWELL AND STRUCK POWELL IN THE HEAD KNOCKING HIM TO FLOOR. JONES THEN LEFT THE CLUB. MAL JAMESON RECORDED WILLIAMSON'S STATEMENT AND IT IS ENCLOSURE (1) OF THIS REPORT.

AT 0020 ON 16 JAN 89, MAL JAMESON ARRIVED AT BEQ 46 AND AFTER CHECKING WITH THE BEQ OFFICE, LEARNED THAT JONES LIVED IN ROOM 456. MAL JAMESON FOUND JONES IN HIS ROOM WHERE SHE ADVISED JONES OF HIS RIGHTS UNDER ARTICLE 31 OF THE UCMJ, ENCLOSURE (2) OF THIS REPORT.

AT APPROXIMATELY 0031 JONES ADMITTED THAT HE HAD STRUCK POWELL IN THE BACK OF THE HEAD, WITHOUT PROVOCATION. JONES STATED HE HAD BEEN DRINKING VODKA FOR SEVERAL HOURS AND DID NOT REMEMBER WHY HE STRUCK POWELL. JONES'S STATEMENT WAS RECORDED CONTINUING ON ENCLOSURE (2).

AT 0050 JONES WAS PLACED UNDER APPREHENSION AND TRANSPORTED TO THE SQUADRON DUTY OFFICES OF ATTACK SQUADRON FOUR WHERE HE WAS RELEASED TO THE SQUADRON DUTY OFFICER.

DEPARTMENT OF THE NAVY INCIDENT / COMPLAINT REPORT (Continued)			
18. ENCLOSURES (Statements and receipts) (1) STATEMENT OF WILLIAMSON (WITNESS) (2) RIGHTS ADVISEMENT AND STATEMENT OF JONES (SUSPECT)		19. EVIDENCE (List and describe) NONE.	
20. REFERRED TO <input type="checkbox"/> Patrol <input type="checkbox"/> Investigations <input type="checkbox"/> NIS <input type="checkbox"/> File <input checked="" type="checkbox"/> Other Agency (specify) <u>CO ATTACK SQUADRON FOUR</u>		21. DISTRIBUTION ORIG: <u>CO ATTACK SQUADRON FOUR</u> COPY 1: NISHO CHIEF COPY 2: CO NAS BRAVO	
22. REPORTING OFFICIAL TYPED NAME, RANK/TITLE & SIGNATURE <div style="text-align: center;">  Joanne Renee JAMESON, MA1 Patrol Officer </div>		23. APPROVING OFFICIAL TYPED NAME, RANK/TITLE & SIGNATURE <div style="text-align: center;">  George L. HARRIS, MACS, Chief of Police </div>	
24. REPORT OF ACTION TAKEN (To be completed by the addressee when so indicated in block 7. Return one copy to originator to meet suspense date indicated in block 6.)			
a. FROM		b. DATE	
c. TO			
d. VIA			
e. SUBJECT		f. RANK	g. SSN
h. ACTION TAKEN	<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> NON-JUDICIAL	<input type="checkbox"/> JUDICIAL
i. DATE ACTION COMPLETED			
j. DETAILS (Specify type administrative action taken, non-judicial punishment imposed, or judicial results, as applicable.) <div style="text-align: center; font-size: small;">(For multiple subjects use additional page(s) to reflect action taken.)</div>			
k. TYPED NAME AND TITLE		l. SIGNATURE	

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SECTION 2

DEPARTMENT OF THE NAVY VOLUNTARY STATEMENT (OPNAV 5527/2)

A. Purpose. Security personnel use this form to record the voluntary statements of victims and witnesses. Written statements are taken whenever a victim or witness can provide credible information concerning an offense or incident. Negative statements, such as, "I didn't see the fight", should be avoided unless there is a specific reason to document the denial. This completed form is an attachment to the Incident/Complaint Report (OPNAV 5527/1).

B. Procedures. The recorded statements may be typed or handwritten, either by security personnel (interviewer) or the victim/witness making the statement. The victim or witness is the author of this statement, therefore, if the form is completed by security personnel, it will be done as part of an interview using the words of the victim or witness providing information during the interview. This guide describes step-by-step procedures for completing the form and Attachment (1) provides a sample of a completed Voluntary Statement (OPNAV 5527/2).

1. Block 1, Place. The exact location where the statement was taken.

2. Block 2, Date. The date the statement was taken.

3. Opening Paragraph. This preprinted paragraph will contain:

a. On the first blank line, after the word "I", enter the victim's or witness' full name, rank/rate (military), branch of service (military) and social security number (SSN).

b. On the second blank line, after the words "statement to", enter the interviewer's full name, rate/rank (military), and SSN.

c. On the third blank line, after the words "I know to be", enter the interviewer's position (i.e., Police Officer, Investigator, etc.) and command.

d. On the blank section, after the words "my knowledge of", insert the reason that the statement is being taken. For example:

(1) "Theft of a 10-speed bicycle at the Navy Exchange".

(2) "Breaking of windows at NAVSTA recreation center".

(3) "Striking of a blue Ford on South Street and leaving the scene".

4. **Recorded Statement.** After the reason for the statement, enter the recorded statement in the blank space provided (if the statement exceeds the space provided on this form use blank paper for continuation pages). The recorded statement shall include the following:

a. **IDENTIFICATION PARAGRAPH.** This paragraph contains sufficient information to identify the victim/witness and to allow for future contact of this individual. The information should include work address, work phone number, home address and home phone number.

b. **NARRATIVE SECTION.** This section contains a comprehensive narrative of the details concerning the offense/incident in the words of the victim or witness. When the statement is handwritten or typed by the interviewer, care should be exercised, so that the terms and wording used are those of the victim or witness, and not the words of the interviewer.

c. **CLOSING PARAGRAPH.** This paragraph states how many pages the statement consists of, who prepared the document (e.g., "typed by me", "typed by Patrolman Jones in my presence") and a statement concerning the truth and completeness of the statement.

5. **After the Statement is Prepared.**

a. Any mistake by either the victim/witness or the interviewer preparing the statement will be crossed out, without obliterating the error, corrected and initialed by the victim/witness.

b. If a statement does not complete the full page, a diagonal line will be drawn from the last paragraph to the bottom opposite corner of the page. The words "End of Statement" will be handwritten on the line by the victim/witness.

6. **Signature.** The victim/witness will sign on the blank line on the bottom of the page above "Date _____ Time _____." The victim/witness will also sign at the bottom of continuation pages, if used, and will insert on all pages the date and time of statement.

a. Each page should be numbered sequentially, "Page 1 of __, Page 2 of __, etc".

7. **Oath or Affirmation.** Upon completion of the statement an oath or affirmation will be administered in accordance with local Standard Operating Procedures (SOP), but should be in the following format in the lower left corner of OPNAV 5527/2 as follows:

"SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME".

Signature of Administering Official.

Date/Time of Oath or Affirmation.

SAMPLE

<p>DEPARTMENT OF THE NAVY</p> <p>VOLUNTARY STATEMENT</p>	<p>1. PLACE SECURITY DEPARTMENT, BUILDING 428 NAS BRAVO</p> <p>2. DATE 03SEP9</p>
---	---

I, Ronald Paul CAPLAN, RM3, USN, make the following
free and voluntary statement to George Robert SCANLAN, MA1 USN,
whom I know to be an investigator with NAS Bravo Security Department.

I make this statement of my own free will and without any threats or promises extended to me. I fully understand
that this statement is given concerning my knowledge of

I am assigned to the USS Ranger (CV-61) in the Communications
Division. My shipboard extension is 325. I live at BEQ 197 NAS
Bravo, Phone (619) 529-2930. My SSN is 432-56-7890.

This afternoon, about 1430, I was at the Exchange at NAS Bravo
looking at stereo equipment. I was with a friend, RMSN JOHNSON from
the RANGER. I left the Exchange about 1515 and waited outside for
JOHNSON who was still inside. I saw a white male in dungarees leave
the Exchange with two boxes that looked like stereo equipment. He
put them down on the ground next to the door and went back into the
building. Just then a white male picked up the boxes and walked west
from the Exchange. I yelled at him, and so did the owner who just
returned with more boxes. The white male suspect started to run, and
dropped the boxes. The owner chased him and caught up with him by
the cafeteria. Just then security arrived and took custody of the
white male suspect. The man they had in custody was the same man I
saw take the boxes from the front of the Exchange.

The above statement consists of one page, typed by investigator
SCANLAN in my presence as we discussed the contents. I have read
this statement and it is true and complete to the best of my
knowledge.

End of Statement

Subscribed and sworn to before
me at NAS Bravo on 03SEP199_, 1600

George R. Scanlan

Ronald P. Caplan
Date 03SEP199 Time 1600

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SECTION 3

DEPARTMENT OF THE NAVY MILITARY SUSPECT'S ACKNOWLEDGEMENT AND WAIVER OF RIGHTS (OPNAV 5527/3)

A. Purpose. Security personnel use this form to document a military suspect's waiver of rights. It is completed after an Article 31 warning is provided to the suspect and the suspect acknowledges understanding of one's rights, states that he/she does not want to speak with a lawyer and is willing to make a statement. Space is provided at the bottom of the form for the suspect to make or begin a written statement.

Note: The suspect's statement must always begin on the same page as the waiver of rights. This statement is made part of the waiver of rights form, so that it may be positively demonstrated in court that the suspect made a knowing decision to waive rights and fully understood those rights.

B. Procedures. Security personnel (interviewer) must prepare OPNAV 5527/3 prior to questioning the military suspect. The form may be typed or handwritten by the interviewer. This guide describes step-by-step procedures and Attachment (1) provides a sample of a completed Military Suspect's Acknowledgement and Waiver of Rights (OPNAV 5527/3).

1. Place. The exact location in which the advisement and written statement is taking place is stated on this line.

2. Opening Paragraph. The blank lines in this paragraph will contain:

a. On the first blank line, after the word "I", enter the suspect's full name, rate/rank, branch of service.

b. On the second blank line, after the words "have been advised by," the interviewer must be fully identified by entering rate/rank (military), full name, position (i.e., Patrolman, Police Investigator, etc.) and command.

c. On the third and fourth blank lines, after the words "that I am suspected of", the nature of the offense(s) is entered. To ensure that the suspect is fully aware of the nature of the offense(s), enter the offense(s) in understandable terms and be as specific as possible. Legal terms should be avoided. For example:

(1) "Theft of a typewriter from NAS Supply" (rather than "larceny of government property").

(2) "Breaking windows at NAVSTA recreation center" (rather than "malicious destruction of government property").

(3) "Striking a blue Ford on South Street and leaving the scene" (rather than "hit and run").

3. **Advisement Paragraph.** The five (5) rights the suspect must be advised of are detailed in this paragraph. The interviewer should read each of these rights aloud to the suspect.

4. **Waiver of Rights Statement, Signature, Date and Time.** The interviewer or suspect can read aloud the preprinted paragraph which begins "I understand my rights". Suspects desiring to waive their rights should sign and enter date and time.

5. **Witnessed.** The waiver of rights can be executed without having witnesses present. However, if at all possible, have at least one witness present during the reading of the rights and the signing of the waiver. The witness(es) will sign on the blank line(s) after the word "Witnessed".

6. **Suspects Statement.** Some suspects may be reluctant to make a written statement and it is not absolutely necessary. The case will be stronger and the suspect is less likely to have a "convenient" memory lapse if a statement is committed to paper. The suspect or interviewer should:

- a. Enter the date and time of the statement.
- b. On the blank line after the words, "At this time I", enter full name, rate/rank.
- c. Begin the written statement on the same page as the waiver of rights (space provided at the bottom of form) and continue on blank paper, as necessary.
- d. Sign at the bottom of each page.
- e. Each page should be numbered sequentially, "Page 1 of __, Page 2 of __, etc".

7. **Oath or Affirmation.** Upon completion of the statement an oath or affirmation will be administered in accordance with local Standard Operating Procedures (SOP), but should be in the following format in the lower left corner of OPNAV 5527/2 as follows:

"SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME".

Signature of Administering Official.

Date/Time of Oath or Affirmation.

DEPARTMENT OF THE NAVY

MILITARY SUSPECT'S ACKNOWLEDGEMENT AND WAIVER OF RIGHTS

Place: Building 1325, Security Office
NAS Bravo

I, Jonathan Paul WILLIAMSON, ABF3, USN
have been advised by Jerome Rodgers DAVIS, MA1 Investigator, Security Department
that I am suspected of Striking a senior Petty Officer

I have also been advised that:

- (1) I have the right to remain silent and make no statement at all;
- (2) Any statement I do make can be used against me in a trial by court-martial or other judicial or administrative proceeding;
- (3) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at no cost to the United States, a military lawyer appointed to act as my counsel at no cost to me, or both;
- (4) I have the right to have my retained civilian lawyer and/or appointed military lawyer present during this interview; and
- (5) I may terminate this interview at any time, for any reason.

I understand my rights as related to me and as set forth above. With that understanding, I have decided that I do not desire to remain silent, consult with a retained or appointed lawyer, or have a lawyer present at this time. I make this decision freely and voluntarily. No threats or promises have been made to me.

Signature: Jonathan Paul Williamson
Date & Time: 12DEC9 ; 1700

Witnessed: Lester K. Moore
Alfred R. Wright

Date & Time: 12DEC9 ; 1701

At this time, I, Jonathan Paul Williamson, USN, 123-45-6789
desire to make the following voluntary statement. This statement is made with an understanding of my rights as set forth above. It is made with no threats or promises having been extended to me. I am assigned to the USS RANGER (CV-61) in the Fuels Division. My shipboard extension is 3-9102. I live aboard the RANGER. My SSN is 123-45-6789.

I came to work this afternoon and was about 10 minutes late reporting for duty. My supervisor, ABF1 Nelson called me into his office and asked why I was late for work. I told him that I had trouble getting my car started because of the cold weather. Nelson then told me he was going to put me on report because this was the

page 1 of 2 pages

SAMPLE

Statement of ABF3, Jonathan Paul WILLIAMSON continued:

second time this week I was late. I asked Petty Officer Nelson not to do that because if I went to Mast again the Captain would take away my crow. He told me he had no choice. I got very angry and told Petty Officer Nelson that I was tired of his bull and threw my baseball cap at him striking him in the face. Petty Officer Nelson told me to stand right there in the office but I left and slammed the door to his office. I then went back to my compartment to cool off.

The above statement consists of two pages, typed by MA1 Davis in my presence as we discussed the contents. I have read this statement and it is true and complete to the best of my knowledge.

Jonathan Paul Williamson
Date: 12DEC9 Time: 1710

Subscribed and sworn to before
me at NAS Bravo on 12DEC9_, 1710

Jerome Rodgers Davis

page 2 of 2 pages

SECTION 4

DEPARTMENT OF THE NAVY CIVILIAN SUSPECT'S ACKNOWLEDGEMENT AND WAIVER OF RIGHTS (OPNAV 5527/4)

A. Purpose. Security personnel use this form to document a civilian suspect's waiver of rights. The waiver of rights form is nearly identical to the form used for military suspects described in Section 3 of this guide. A civilian suspect, not subject to UCMJ, is given a Miranda warning vice the Article 31 warning prior to completion of OPNAV 5527/4. Space is provided at the bottom of the form for the suspect to make or begin a written statement.

Note: The suspect's statement must always begin on the same page as the waiver of rights. This statement is made part of the waiver of rights form, so that it may be positively demonstrated in court that the suspect made a knowing decision to waive rights and fully understood those rights.

B. Procedures. Security personnel (interviewer) must execute the OPNAV 5527/4 prior to questioning the civilian suspect. The form may be typed or handwritten by the interviewer. This guide describes step-by-step procedures and Attachment (1) provides a sample of a completed Civilian Suspect's Acknowledgement and Waiver of Rights (OPNAV 5527/4).

1. Place. The exact location in which the advisement and written statement is taking place is stated on this line.

2. Opening Paragraph. The blank lines in this paragraph will contain:

a. On the first blank line, after the word "I", enter the suspect's full name.

b. On the second blank line, after the words "have been advised by", the interviewer must be fully identified by entering rate/rank (military), full name, position (e.g., Patrolman, Police Investigator, etc.) and command.

c. On the third and fourth blank lines, after the words "that I am suspected of", the nature of the offense(s) is entered. To ensure that the suspect is fully aware of the nature of the offense(s), enter the offense(s) in understandable terms and be as specific as possible. Legal terms should be avoided, see examples in Section 3.

Note: The only difference in the opening paragraph between military suspects (Section 3) and civilian suspects is in the identification of the suspect on the first blank line.

3. Advisement Paragraph. The five (5) rights the suspect must be advised of are detailed in this paragraph. The interviewer should read each of these rights aloud to the suspect.

Note: There is a difference between military (OPNAV 5527/3) and civilian (OPNAV 5527/4) in Advisement (2), (3) and (4). Refer to Attachment (1) in Sections 2, 3 and 4 of this guide.

4. **Waiver of Rights Statement, Signature, Date and Time.** The interviewer or suspect can read aloud the preprinted paragraph which begins "I understand my rights". Suspects desiring to waive their rights should sign and enter date and time.

5. **Witnessed.** The waiver of rights can be executed without having witnesses present. However, if at all possible, have at least one witness present during the reading of the rights and the signing of the waiver. The witness(es) will sign on the blank line(s) after the word "Witnessed".

6. **Suspects Statement.** Some suspects may be reluctant to make a written statement and it is not absolutely necessary. The case will be stronger and the suspect is less likely to have a "convenient" memory lapse if a statement is committed to paper. The suspect or interviewer should:

- a. Enter the date and time of the statement.
- b. On the blank line after the words, "At this time, I", enter full name.
- c. Begin the written statement on the same page as the waiver of rights (space provided at the bottom of form) and continue on blank paper, as necessary.
- d. Sign at the bottom of each page.
- e. Each page should be numbered sequentially, "Page 1 of __, Page 2 of __, etc".

7. **Oath or Affirmation.** Upon completion of the statement an oath or affirmation will be administered in accordance with local Standard Operating Procedures (SOP), but should be in the following format in the lower left corner of OPNAV 5527/2 as follows:

"SUBSCRIBED AND SWORN TO (OR AFFIRMED) BEFORE ME".

Signature of Administering Official.

Date/Time of Oath or Affirmation.

SAMPLE

DEPARTMENT OF THE NAVY

CIVILIAN SUSPECT'S ACKNOWLEDGEMENT AND WAIVER OF RIGHTS

Place: Building 1325, Security Office

NAS Bravo

I, Jonathan Paul WILLIAMSON

have been advised by MAJ, Jerome Rodgers Davis, Investigator Security Dept.

that I am suspected of assault

I have also been advised that:

- (1) I have the right to remain silent and make no statement at all;
- (2) Any statement I do make can be used against me in a court of law or other judicial or administrative proceeding;
- (3) I have the right to consult with a lawyer prior to any questioning. This lawyer may be a civilian lawyer retained by me at no cost to the United States, or, if I cannot afford a lawyer, one will be appointed to represent me at no cost to me.
- (4) I have the right to have my retained or appointed lawyer present during this interview; and
- (5) I may terminate this interview at any time, for any reason.

I understand my rights as related to me and as set forth above. With that understanding, I have decided that I do not desire to remain silent, consult with a retained or appointed lawyer, or have a lawyer present at this time. I make this decision freely and voluntarily. No threats or promises have been made to me.

Signature: Refused to sign

Date & Time: 17 JUN 9 : 1630

Witnessed:

Jerome Rodgers Davis
Alfred E. Jones

Date & Time: _____

At this time, I, _____
desire to make the following voluntary statement. This statement is made with an understanding of my rights as set forth above. It is made with no threats or promises having been extended to me.

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SECTION 5

DEPARTMENT OF THE NAVY PERMISSIVE AUTHORIZATION FOR SEARCH AND SEIZURE (OPNAV 5527/16)

A. Purpose. Security personnel use this form to document that consent for a search was provided by the individual having a proprietary interest in the place to be searched. In order for evidence, obtained through a consent search, to be admissible in court, voluntariness of the consent must be demonstrated. The form is completed after the individual has been orally advised of the constitutional right to refuse to permit this search in the absence of a search authorization, and prior to beginning a search.

Note: Refer to OPNAVINST 5580.1, chapter 4 (0404.), regarding oral consent authorization in emergency situations and on search policies and procedures.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/16. Figures 5-1 through 5-4 depict the blanks in each section. Attachment (1) provides a sample of a completed Permission Authorization for Search and Seizure (OPNAV 5527/16).

1. Block 1, Advisory (Figure 5-1). The blank lines in this block can be typed or handwritten by the individual requesting the search.

a. On the first blank line, after the word "I", enter the full name of the individual permitting the search. In addition, for military include the rank/rate and branch of service.

b. On the second blank line, after the words "after being advised by", enter the full name and position (e.g., Command Investigator) of the individual requesting the search. In addition, for military include the rank/rate.

c. On the third blank line, after the words "that the", enter the name of the organization conducting the investigation.

d. On the fourth and fifth blank lines, after the words "is conducting an investigation into the offense(s) of", enter the nature of the offense(s) being investigated. Use understandable terms and be as specific as possible to insure that the individual permitting the search is fully aware of the offense(s) being investigated. Legal terms should be avoided. For example:

(1) "Theft of a stereo receiver from Barracks 3215, NAVSTA San Diego".

(2) "Theft of a car radio from a blue Ford parked in Barracks 3217 parking lot".

e. On the sixth through tenth blank lines, after the words "have been requested to permit search of my", enter the area where permission to search is being requested. If more than one area is to be searched, include the additional areas. When the area to be searched is a room in the barracks or a housing unit, etc., use the specific room number or address. If a vehicle is to be searched, include the year, make, model, tag number and where the vehicle is located. For example:

(1) "Barracks Room #217, Barracks 3217, NAVSTA San Diego".

(2) "123 South Street, NAVSTA San Diego".

(3) "1978 Chevrolet Monza, CA registration 128ABC, parked in Barracks 3217 parking lot at NAVSTA San Diego".

DEPARTMENT OF THE NAVY	
PERMISSIVE AUTHORIZATION FOR SEARCH AND SEIZURE	
1. ADVISORY	
I, (full name) _____	
after being advised by _____	
that the _____	
is conducting an investigation into the offense(s) of _____	
have been requested to permit a search of my _____	

Figure 5-1

2. Block 2, Constitutional Right (Figure 5-2). The individual permitting the search should understand their constitutional right to refuse to consent to any search in the absence of a search warrant; and nevertheless decided to permit the search.

2. CONSTITUTIONAL RIGHT
I have been informed of my constitutional right to refuse to permit this search in the absence of a search warrant. In full understanding of this right, I have nevertheless decided to permit this search to be made.

Figure 5-2

3. Block 3, Permission (Figure 5-3). The blank lines in this block can be typed or handwritten by the individual requesting the search.

a. On the first blank line, after the words "This search may be conducted on (date)", enter the exact date the search is to be accomplished (e.g., 14JAN199__).

b. On the second blank line, after the word "by", enter the name(s), position and organization of the individual(s) who will be conducting the search. In addition, for military include the rank/rate.

c. On the third line strike out words which are not applicable "him/her/them".

3. PERMISSION
This search may be conducted on (date) _____
by _____
and I hereby give him/her/them my permission to remove and retain any property or papers found during the search which are desired for investigative purposes.

Figure 5-3

4. Blocks 4 Through 6 (Figure 5-4).

a. Block 4, Free Decision. The individual permitting the search will personally date and sign the authorization.

b. Block 5, Witnesses. If there are any witnesses to the search, other than the individual authorizing the search and the individuals conducting the search, ensure that their signatures appear in this block.

Note: If any question about the search is raised in court, witnesses can be invaluable in proving the voluntariness of the search.

c. Block 6, Times of Search. Enter the time the search began and the time the search ended.

4. FREE DECISION	
I make this decision freely and voluntarily and it is made with no threats having been made or promises extended to me.	
a. Date	b. Signature
5. WITNESSES	
b. Signature	b. Signature
6. TIMES OF SEARCH	
a. Start	b. End

OPNAV 5527/16 (12-82)

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Figure 5-4

SAMPLE

DEPARTMENT OF THE NAVY PERMISSIVE AUTHORIZATION FOR SEARCH AND SEIZURE	
1. ADVISORY	
I, (full name) <u>William Robert SMITH, RMSN, USN</u> after being advised by <u>Investigator John L. CLARK</u> that the <u>Security Department, Naval Air Station Bravo</u> is conducting an investigation into the offense(s) of <u>theft of a stereo receiver from</u> <u>barracks 3215, NAS Bravo</u> have been requested to permit a search of my <u>Barracks Room #217, Barracks 3215,</u> <u>NAS Bravo; and my vehicle, 1978 Chevrolet Monza, CA registration 128 ABC, parked in</u> <u>the Barracks 3217 parking lot at NAS Bravo</u>	
2. CONSTITUTIONAL RIGHT	
I have been informed of my constitutional right to refuse to permit this search in the absence of a search warrant. In full understanding of this right, I have nevertheless decided to permit this search to be made.	
3. PERMISSION	
This search may be conducted on (date) <u>16SEP9</u> by <u>Investigator John L. CLARK and Patrolman Robert G. ROBERTS, NAS Bravo Security Dept.</u> and I hereby give him/her/them my permission to remove and retain any property or papers found during the search which are desired for investigative purposes.	
4. FREE DECISION	
I make this decision freely and voluntarily and it is made with no threats having been made or promises extended to me.	
a. Date <u>16SEP9</u>	b. Signature <u>William Robert Smith</u>
5. WITNESSES	
b. Signature <u>John L. Clark</u>	b. Signature <u>Robert G. Roberts</u>
6. TIMES OF SEARCH	
a. Start <u>1600</u>	b. End <u>1730</u>

OPNAV 5527/16 (12-82)

S/N 0107-LF-055-2780

SAMPLE OPNAV 5527/16

ATTACHMENT (1)

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SECTION 6

DEPARTMENT OF THE NAVY AFFIDAVIT FOR SEARCH AUTHORIZATION (OPNAV 5527/10)

A. Purpose. Security personnel (Affiant) use this form to request a command authorized search when probable cause exists. This affidavit must be completed and then presented to the commanding officer having jurisdiction over the area of which the search is requested. Note: Use of this form must be coordinated with local JAG.

B. Procedures. This guide describes step-by-step procedures for completing OPNAV 5527/10. Figures 6-1 through 6-6 depict the blanks in each section. Attachment (1) provides a sample of a completed Affidavit for Search Authorization (OPNAV 5527/10).

1. Title, Address and Identification (Figure 6-1).

a. The title or "style" of the case appears at the top of the form. Below the abbreviation "VS.", insert full name of the person who has proprietary interest in the premises to be searched.

b. After the words, "Before the", enter the title and command of the person authorized to permit the search.

DEPARTMENT OF THE NAVY	
AFFIDAVIT FOR SEARCH AUTHORIZATION	
UNITED STATES OF AMERICA	
VS.	
Before the	<i>(Identify person by title and command)</i>

Figure 6-1

2. Identity of Person or Premises to be Searched (Figure 6-2)

a. After the words "The undersigned, being duly sworn, requests authority to search", enter the identity of the person or the exact location of the area where permission to search is being requested. If more than one area is required to be searched, include the additional areas. If areas to be searched are not located within the same general vicinity, use separate search authorizations, each supported by probable cause. When the area is a room in the barracks or a housing unit, use the specific room number or address. If a vehicle is required to be searched, include the year, make, model, tag number and where the vehicle is located.

<p>The undersigned, being duly sworn, requests authority to search: <i>(Identify the person and/or describe the premises with particularity and in detail)</i></p>
--

Figure 6-2

3. Identification of the Property Being Searched (Figure 6-3)

a. After the words, "Believing that there is now being concealed certain property, namely", enter a description of the property for which the search is being requested. If the property has characteristics, such as, brand name, model number, serial number, and/or markings which make it unique, enter this in the description.

<p>Believing that there is now being concealed certain property, namely: <i>(Here describe the property)</i></p>
--

Figure 6-3

4. Offense (Figure 6-4).

a. After the words, "the offense(s) of", enter the offense(s) being investigated. Use understandable terms and be as specific as possible. Legal terms should be avoided.

The request for authorization to search and seize is made in connection with an investigation into the offense(s) of:

Figure 6-4

5. Facts and Circumstances (Figure 6-5).

a. This part of the form states reasons which support the Affiant's belief that the property sought is in the place of the requested search.

b. After the words, "informant, are as follows", a narrative is entered which tells the reason(s) the Affiant believes that the property required in the investigation of the offense(s) cited in the search area will be found. In this narrative make reference to the attached Incident/Complaint Report (ICR) and sworn statement(s).

Note: If more space is needed than what is available on this form, then the statement will be made on an attached separate, sworn affidavit. In this case, enter "See attached sworn affidavit".

The facts and circumstances known to me tending to establish the foregoing grounds for authorization to search and seize, including comments demonstrating the reliability of the information and/or informant, are as follows:

(Attach separate, sworn affidavit if more space needed)

Figure 6-5

6. Signatures (Figure 6-6).

a. Signature of Affiant. The individual requesting the search authorization will personally sign the form and be sworn before an individual of the command authorized to administer the oath or affirmation.

b. The day, month and year will be entered when the oath or affirmation is administered.

c. The person administering the oath or affirmation will personally sign the form and include rank, service and title.

			_____ <i>Signature of Affiant</i>
Sworn to before me, and subscribed in my presence, this	day of	19	
			_____ <i>Signature of Person Administering Oath</i>
			_____ <i>Rank, Service, Title</i>

OPNAV 5527/10 (12-82)

SN 0107-LF-055-2750

★ U. S. GPO 1983-639-002/2008 Region 3-11

Figure 6-6

DEPARTMENT OF THE NAVY
AFFIDAVIT FOR SEARCH AUTHORIZATION

UNITED STATES OF AMERICA

VS.

JOHN WILLIAM ADAMS

Before the Commanding Officer, Naval Air Station, Bravo
(Identify person by title and command)

The undersigned, being duly sworn, requests authority to search: The portion of Room 217
(Identify the person and/or describe the premises with particularity and in detail)
occupied by AN John William ADAMS in Barracks 12, Naval Air Station, Bravo

Believing that there is now being concealed certain property, namely: One Sansui stereo receiver,
(Here describe the property)
model number Z-7000, serial number 987-65432. Receiver is described as black
painted metal with silver knobs. The victim's social security number 159-33-1198
is etched into the metal above the model number.

The request for authorization to search and seize is made in connection with an investigation into
the offense(s) of: Theft of a stereo receiver from Barracks 10, Naval Air Station,
Bravo on 04OCT199_

The facts and circumstances known to me tending to establish the foregoing grounds for authoriza-
tion to search and seize, including comments demonstrating the reliability of the information and/or
informant, are as follows:

(Attach separate, sworn affidavit if more space needed)

SEE ATTACHED SWORN AFFIDAVIT.

Signature of Affiant

Sworn to before me, and subscribed in my presence, this day of 19

Signature of Person Administering Oath

Rank, Service, Title

SAMPLE OPNAV 5527/10

ATTACHMENT (1)
Page 1 of 2

SAMPLE

SWORN AFFIDAVIT FOR SEARCH AUTHORIZATION IN THE CASE OF:
UNITED STATES OF AMERICA VS. JOHN WILLIAM ADAMS:

On 04 October 199_, AD3 Robert L. JONES, USN reported the theft of a Sansui stereo receiver described above to the Security Department of NAS Bravo. An Incident/Complaint Report (ICR) with the sworn statement of the victim was completed.

On 15 October 199_, at about 0900, AD2 Steven WILLIAMS, USN, observed a similar appearing stereo in Room 217, Barracks 12, NAS Bravo. WILLIAMS was acting as the recorder on an authorized health and comfort inspection.

WILLIAMS copied the serial number of the receiver as 987-65432 and described the receiver as a Sansui, model Z-7000, painted black metal with silver knobs and the number 159-33-1198 etched into the metal.

WILLIAMS was able to identify the receiver described because he is a roommate of the victim and was aware of the theft and was familiar with the stereo.

John William ADAMS is currently the only occupant of Room 217, Barracks 12, NAS Bravo.

John P. Carter
Signature of Affiant

Sworn to before me, and
subscribed in my presence this 16th day of October 199_

Arnold K. Astor
Signature of Person Administering Oath

LT, USN, JAG
Rank, Service, Title

SECTION 7

DEPARTMENT OF THE NAVY COMMAND AUTHORIZATION FOR SEARCH AND SEIZURE (OPNAV 5527/9)

A. Purpose. Provides security personnel (Affiant), when granted by the authority of the commanding officer, the authorization to conduct an authorized search and to seize the property, if found. It is the responsibility of the Affiant to prepare OPNAV 5527/9 for the signature of the person in the command authorized to permit the search and seizure. This form is completed and presented with the Affidavit for Search Authorization (OPNAV 5527/10), discussed in Section 6 of this guide. Note: Use of this form must be coordinated with local JAG.

B. Procedures. This guide describes step-by-step procedures for completing OPNAV 5527/9. Figures 7-1 through 7-4 depict the blanks in each section. Attachment (1) provides a sample of a completed Command Authorization for Search and Seizure (OPNAV 5527/9).

1. Title, Address and Identification (Figure 7-1).

a. The title or "style" of the case appears at the top of the form. Insert the full name on the line below "VS." of the individual having proprietary interest in the premises to be searched.

b. After the word "To", enter the name(s) and organization(s) of all individuals who will be participating in the search, e.g., Investigator John R. Carter, NAS Bravo Security Department.

c. After the words "Affidavit(s) having been made before me by", enter the name of the individual who prepared and presented the Affidavit for Search Authorization, OPNAV 5527/10.

DEPARTMENT OF THE NAVY	
COMMAND AUTHORIZATION FOR SEARCH AND SEIZURE	
UNITED STATES OF AMERICA	
VS.	

To	
Affidavit(s) having been made before me by	

Figure 7-1

2. Premises (Figure 7-2).

a. After the line "That there is reason to believe that on the person and/or on the premises known as:", enter the exact area to be searched. If more than one area is to be searched, include the additional areas. Be as specific as possible and include as much detail as necessary to completely identify the person and/or premises to be searched.

b. Strike out the word which is not applicable. If one area is to be searched use the word "is", if more than one area to be searched use the word "are".

That there is reason to believe that on the person of and/or on the premises known as:
Identify the person and/or describe the premises with particularity and in detail

which is/are under my jurisdiction,

Figure 7-2

3. **Property (Figure 7-3).** After the line "There is now being concealed certain property namely": enter a full description of the property, including quantity, for which the search will be conducted. If the property has characteristics such as, brand name, model number, serial number and/or markings which make it unique, enter this in the description.

There is now being concealed certain property, namely:
Here describe the property

Figure 7-3

a. Enter the date (day, month and year) that this form, with the Affidavit for Search Authorization (OPNAV 5527/10), will be presented for the commanding officer's authorization.

b. Enter the rank, branch of service, title and command of the person authorized to permit the search.

Note: If approved, the person authorized to permit the search will sign on the signature line.

YOU ARE HEREBY AUTHORIZED TO SEARCH the person and/or place named for the property specified and if the property is found there to seize it, leaving a copy of this authorization and receipt for the property taken. You will provide a signed receipt to this command, containing a full description of every item seized.

Dated this day of 19

Rank, Service, Title

Commands

SN 0107-LF-055-2745

Figure 7-4

5. Distribution of OPNAV 5527/9. When the Command Authorization for Search and Seizure is signed, copies should be made prior to the commencement of the actual search.

a. The original of the Command Authorization for Search and Seizure form should be retained, since it will be necessary to introduce it in court if any of the seized property is used as evidence.

b. The individual(s) having proprietary interest over the premises being searched should be present. A copy of the signed authorization form must be handed to the individual and sufficient time given to read it. The individual must be provided a receipt for any property seized, see Section 9 of this guide.

c. Occasionally, a search authorization may be served on an unoccupied premise, vehicle, shipping container, etc. In such situations, a command representative should be present to witness the search. A copy of the authorization will be given to the representative for delivery to the suspect. Two copies of the receipt for property seized must be left at the premises.

DEPARTMENT OF THE NAVY

COMMAND AUTHORIZATION FOR SEARCH AND SEIZURE

UNITED STATES OF AMERICA

VS.

JOHN WILLIAM ADAMS

To Investigator John R. CARTER, NAS Bravo Security Department

Affidavit(s) having been made before me by John R. CARTER

That there is reason to believe that on the person of and/or on the premises known as: Room #217,
Identify the person and/or describe the premises with particularity and in detail
Barracks 12, Naval Air Station, Bravo

which is ~~XXX~~ under my jurisdiction,

There is now being concealed certain property, namely: One Sansui stereo receiver, model Z-7000
Here describe the property
serial number 987-65432

I am satisfied that there is probable cause to believe that the property so described is being concealed on the person and/or premises above described and that grounds for application for issuance of a command authorized search exist as stated in the supporting affidavit(s).

YOU ARE HEREBY AUTHORIZED TO SEARCH the person and/or place named for the property specified and if the property is found there to seize it, leaving a copy of this authorization and receipt for the property taken. You will provide a signed receipt to this command, containing a full description of every item seized.

Any assistance desired in conducting this search will be furnished by this command.

Dated this 15th day of October 19 9_

Roger D. Simpson
Signature of Person Authorizing Search

CAPT, USN, Commanding Officer
Rank, Service, Title

Naval Air Station, Bravo
Command

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SECTION 8

DEPARTMENT OF THE NAVY EVIDENCE TAG (OPNAV 5527/17A AND 17B) and EVIDENCE TAPE (OPNAV 5527/23)

A. Purpose.

1. EVIDENCE TAG. This form is used to identify each item of evidence obtained by security personnel. There are two types of tag: Form 5527/17A is a card with a string for tying the tag to the evidence Form 5527/17B is an adhesive label. The tag used depends on the kind of article being tagged for identification.

2. EVIDENCE TAPE. This form is used for marking evidence and for sealing the evidence stored in paper or plastic bags. The OPNAV 5527/23 form is a strip on which individual adhesive backed labels are attached for "peel off". After the evidence is tagged, the Evidence Tape is attached.

B. Procedures. Enter the appropriate data on the EVIDENCE TAG, at the time the evidence is seized or collected. The security person who obtained the evidence completes all of the blocks, except where noted. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/17A and 17B. Attachment (1) provides a sample of a completed Evidence Tag (OPNAV 5527/17A and 17B), and an example of Evidence Tape (OPNAV 5527/23).

1. Block 1, Case Control Number (CCN). Enter the CCN from the original Incident Complaint Report (ICR).

2. Block 2, Item No. Assign a separate letter (e.g., "A," "B," "C," etc.) for each item of evidence. In cases where like items of evidence are found at the same location and are already grouped together, the same letter can be used for all items, e.g., "A", four black government briefcases.

3. Block 3, Log Number. The Evidence Custodian will fill in this block when the evidence and Evidence/Property Custody Receipt (OPNAV 5527/22) are received. The number consists of two groups of numbers separated by a dash (-); the first group is a three digit chronological number starting with 001 of the custody receipts for that year, and the second group consists of the last two digits of the calendar year (e.g., 001-9_ for the first evidence custody receipt for calendar year 199_).

4. Block 4, Code. The Evidence Custodian will complete this block. This is a letter code for disposal action taken. Refer to Section 9, page 9-4 for the code descriptions.

5. Block 5, Name of Person Submitting. Enter full name of the security person obtaining evidence at the location.

6. Block 6, Description of Article. Enter a detailed description of the article. Include all pertinent information, such as, make, model number, serial number, and identifying marks.

7. Block 7, Name of Person from Whom Property Seized.

a. When the property is seized from an individual, enter full name.

b. When property is not received from an individual, enter "N/A" and include an appropriate term such as, "Crime Scene".

SAMPLE

EVIDENCE TAG AND TAPE

DEPARTMENT OF THE NAVY EVIDENCE TAG				1. CASE CONTROL NUMBER (CCN) 15DEC9 -23490-128-6S1
2. ITEM NO. A	3. LOG NUMBER 099-9	4. CODE --	5. NAME OF PERSON SUBMITTING Robert B. Toliver, MA1	
6. DESCRIPTION OF ARTICLE (Include quantity) one grinder wheel, USN 45-34522, gray in color with #PWC-667 stenciled in black paint on the wheel housing.				
7. NAME OF PERSON FROM WHOM PROPERTY SEIZED N/A				

OPNAV 5527/17A (12-82) SN 0107-LF-055-2785

EVIDENCE TIE-ON TAG (OPNAV 5527/17A)

DEPARTMENT OF THE NAVY EVIDENCE TAG				1. CASE CONTROL NUMBER (CCN) 15DEC9 -23490-128-6S1
2. ITEM NO. A	3. LOG NUMBER 099-9	4. CODE --	5. NAME OF PERSON SUBMITTING Robert B. Toliver, MA1	
6. DESCRIPTION OF ARTICLE (Include quantity) one grinder wheel, USN 45-34522, gray in color with #PWC-667 stenciled in black paint on the wheel housing.				
7. NAME OF PERSON FROM WHOM PROPERTY SEIZED N/A				

OPNAV 5527/17B (12-82) SN 0107-LF-055-2787

EVIDENCE STICK-ON TAG (OPNAV 5527/17B)

DEPARTMENT OF THE NAVY EVIDENCE

EVIDENCE TAPE (OPNAV 5527/23)

SAMPLE OPNAV 5527/17A and 17B
SAMPLE OPNAV 5527/23

ATTACHMENT (1)

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SECTION 9

DEPARTMENT OF THE NAVY EVIDENCE/PROPERTY CUSTODY RECEIPT (OPNAV 5527/22)

A. Purpose. Security personnel use this multi-copy form to document the acquisition, chain of custody and disposition of evidence seized by security personnel and to assure continued accountability. The Custody Receipt is maintained until the final disposition of the evidence/property is accomplished. If the Custody Receipt (also called the "chain of custody") is not properly maintained, the item(s) which it documents may not be admissible in court. Each individual in the chain of custody is responsible for an item of evidence, including its care, safekeeping and preservation while under their control.

B. Procedures. All of the blocks, except where noted, are completed by the security person who initially received the evidence/property. The information can be typed or handwritten. This guide describes step-by-step procedures for completing the blocks in Evidence/Property Custody Receipt (OPNAV 5527/22). Figures 9-1 through 9-6 depict the blanks in each section. Attachment (1) provides a sample of a completed OPNAV 5527/22.

1. Blocks 1 through 3 (Figure 9-1).

a. Block 1, Case Control Number (CCN). Enter the CCN from the original Incident Complaint Report (ICR). The Evidence Tag(s) will have the same CCN, see Section 8 of this guide.

b. Block 2, Receiving Activity. Enter the name of the activity which has received the evidence/property.

c. Block 3, Location. Enter the location of the receiving activity.

DEPARTMENT OF THE NAVY		1. CASE CONTROL NUMBER(CCN)
EVIDENCE/PROPERTY CUSTODY RECEIPT		
2. RECEIVING ACTIVITY	3. LOCATION	

Figure 9-1

2. Blocks 4 through 6 (Figure 9-2).

a. Block 4, Name, Grade and Title of Person from Whom Received. This block is primarily used to document the individual turning the evidence/property over to the Security Department. This information is documented on the Evidence Tag, see Section 8.

(1) When the evidence is received from an individual, mark "OWNER" or "OTHER" block as appropriate, and enter the following:

(a) NAME. Full name.

(b) GRADE. For military personnel rate or rank; government civilian personnel the position classification rating; military dependents "DEP WIFE", "DEP SON", etc.; and civilians with no government affiliation, "CIV".

(c) TITLE. If applicable, e.g., Barracks Chief, Duty Driver, etc.

(2) When evidence is not received from an individual, the "OTHER" block will be marked and an appropriate term such as, "Crime Scene" will be entered in this block.

b. Block 5, Address. Enter the address of the person from whom the evidence/property was received. If it was not received from an individual, enter "N/A." This information is on the Evidence Tag, see Section 8.

c. Block 6, Work Phone. Enter the work telephone number of the individual, if military, from whom the evidence was received. For all others enter the home telephone number. This information is on the Evidence Tag, see Section 8.

4. NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED	5. ADDRESS (Include ZIP code)
<input type="checkbox"/> OWNER <input type="checkbox"/> OTHER	6. WORK PHONE

Figure 9-2

3. Blocks 7 through 10 (Figure 9-3).

a. Block 7, Location of Property When Obtained. Enter in detail the EXACT location the evidence/property was obtained.

b. Block 8, Purpose for Which Obtained. Mark the appropriate box to describe the purpose for which the evidence/property was obtained. If "OTHER" is marked, enter a brief description in the space provided (e.g., "Left by owner").

c. Block 9, Time/Date Obtained. Enter the exact time and date the evidence/property was obtained by security personnel.

d. Block 10, Log Number. This block will be filled in by the Evidence Custodian or alternate. See Section 8, Evidence Tag, block 3 on page 8-1 for a description of the Log Number.

7. LOCATION OF PROPERTY WHEN OBTAINED			
8. PURPOSE FOR WHICH OBTAINED		9. TIME/DATE OBTAINED	10. LOG NUMBER
<input type="checkbox"/> FOUND	<input type="checkbox"/> IMPOUNDED	<input type="checkbox"/> EVIDENCE	<input type="checkbox"/> OTHER _____

Figure 9-3

4. Blocks 11 through 16 (Figure (9-4)).

a. Block 11, Item. Alphabetically identify each item of evidence with the first item being "A", the second "B", etc. The same letter should appear on the Evidence Tag attached to the corresponding evidence/property, see Section 8. In the event that all letters (A-Z) are used, continue using double letters, i.e., AA, BB, etc.

b. Block 12, Quantity. Enter the number of each item of evidence listed on the Evidence Tag. For example, if there are four briefcases listed as Item A, the Quantity is "4".

c. Block 13, Disposal Action. This block is used by the Evidence Custodian or alternate to enter a number and letter code. These codes are described in block 20 of this form. This code is also used on the Evidence Tag.

d. Block 14, Description of Article. Enter a description of each item of evidence, detailed accurately and based upon what is actually observed about the item at the time it is acquired.

(1) List the brand, model number and serial number.

(2) List identifying marks.

(3) Describe the physical characteristics and condition of the item(s), especially if they appear to be valuable. Any obvious damage should also be noted.

(4) Estimate current value based on your experience and any records or information provided by the victim. To determine if estimating current value is appropriate, check your local Standard Operating Procedures (SOP) or local JAG.

Note:

(1) Additional Evidence/Property Custody Receipts may be used as continuation sheets to list additional items in blocks 11 through 14. If continuation sheets are necessary, the first six blocks will be filled in exactly as found on the first form, except that in block 1, to the right of the CCN the page number will be entered, i.e., "Page One", "Page Two", etc.

(2) After the last item has been listed, type or draw a solid line, "Xs" or astericks (*), at the bottom of the entry to the margin on each side of the form (block 11 to block 14). Under the line enter the words "LAST ITEM".

f. Block 16, Name and Signature of Receiving Person. Enter the printed or typed name with the signature of the security person who first received the evidence/property at the location.

Note: The Evidence/Property Custody Receipt (OPNAV 5527/22) has a hardcopy identification part attached as the back page of this multi-copy form. It only includes blocks 1 through block 16. This hardcopy is provided to the person identified in block 4 as a receipt for the property and must be presented to obtain release (if appropriate) of the items listed.

11. ITEM	12. QUANTITY	13. DISPOSAL ACTION	14. DESCRIPTION OF ARTICLE--MODEL NUMBER, SER. NO., IDENTIFYING MARKS, CONDITION, AND VALUE WHEN APPROPRIATE.
15. NAME AND SIGNATURE OF WITNESS <i>(If available)</i>			16. NAME AND SIGNATURE OF RECEIVING PERSON

Figure 9-4

5. Block 17, Chain of Custody (Figure 9-5).

a. This area of the form establishes accountability. Each of the sub-blocks in block 17 must be completed as each person in the chain releases and receives the evidence/property, until the final disposition of the evidence/property is made. This block is continued on the back of the page, with a reminder to remove and reverse the carbons before completing the form.

(1) In the block labeled "ITEM", enter the alphabetic identification from column 11 of each item transferred to the custody of another individual. For example, if several, or all, items are transferred enter as appropriate, "A through "L", "C and D", etc.

(2) In the next block, enter the date and time of the transaction.

(3) In the block labelled "Released By", enter the name and organization, with the signature of the person releasing the evidence.

(4) In the "Received By" block, enter the name and organization, with the signature of the individual receiving the evidence/property. If the items are placed in temporary storage pending pickup by the Evidence Custodian, enter wording such as "Temporary Evidence Locker Number One", etc.

(5) In the block labelled "Purpose", state the purpose of the transaction (e.g., "Temporary Storage", "Returned to Owner", etc.).

Note: On the front page, in the bottom right-hand corner of the form is the word "Location". This is intended for the use of the Evidence Custodian to indicate where the items listed on the form are stored.

17. CHAIN OF CUSTODY						
ITEM	DATE & TIME	RELEASED BY		RECEIVED BY		PURPOSE
		NAME	ORGANIZATION	NAME	ORGANIZATION	
		SIGNATURE		SIGNATURE		
		SIGNATURE		SIGNATURE		
		SIGNATURE		SIGNATURE		

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CHAIN OF CUSTODY CONTINUED ON REVERSE

LOCATION _____

Figure 9-5

6. Blocks 18 through 20 (Figure 9-6).

a. Block 18, Remarks. This is a blank space in which additional information concerning the evidence/property can be recorded.

b. Block 19, Final Disposal Action. Enter the typed or printed name, grade/rank and organization of the individual with final disposal authority.

c. Block 20, Person(s) Receiving Items/Witnessing Destruction. List all individuals and their organizations, along with their signatures, who witness the final disposal and/or receive the evidence/property. If additional space is needed, the list can be continued in block 18. Below this information is the listing of code letters to use in block 13 (Disposal Action).

18. REMARKS		
19. FINAL DISPOSAL ACTION		
FINAL DISPOSAL AUTHORITY		
NAME <i>(Typed or Printed)</i>	GRADE/RANK	ORGANIZATION
20. PERSON(S) RECEIVING ITEMS/WITNESSING DESTRUCTION		
NAME	ORGANIZATION	SIGNATURE/DATE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
CONTINUE IN REMARKS IF NECESSARY		
<small>INDICATE IN DISPOSAL ACTION COLUMN (ON FRONT) BY NUMBER AND LETTER CODE PERSON(S) RECEIVING OR WITNESSING ACTION AND TYPE OF ACTION. RETURNED TO INDIVIDUAL OWNER (I), RETURNED TO COMMAND (C), TURNED INTO SUPPLY (S), TO ANOTHER AGENCY (A), TO NIS (N), DESTROYED (D), OTHER METHOD (M). (EXPLAIN IN REMARKS.)</small>		

OPNAV 5527/22 (12-82) BACK

Figure 9-6

SAMPLE

DEPARTMENT OF THE NAVY				1. CASE CONTROL NUMBER(CCN)	
EVIDENCE/PROPERTY CUSTODY RECEIPT				15DEC9 -23490-128-6S1	
2. RECEIVING ACTIVITY Security Department			3. LOCATION NAS Bravo		
4. NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER Morris R. Davis, YN3 Barracks Firewatch			5. ADDRESS (Include ZIP code) Patrol Squadron 21, NAS Bravo, 99999		
6. WORK PHONE 123-4567					
7. LOCATION OF PROPERTY WHEN OBTAINED Locker #21, Room 112, 1st Deck, Barracks B265, NAS Bravo					
8. PURPOSE FOR WHICH OBTAINED <input type="checkbox"/> FOUND <input type="checkbox"/> IMPOUNDED <input checked="" type="checkbox"/> EVIDENCE <input type="checkbox"/> OTHER			9. TIME/DATE OBTAINED 1730/15DEC9		10. LOG NUMBER
11. ITEM	12. QUANTITY	13. DISPOSAL ACTION	14. DESCRIPTION OF ARTICLE--MODEL NUMBER, SER. NO., IDENTIFYING MARKS, CONDITION, AND VALUE WHEN APPROPRIATE.		
A	1		Grinder wheel, USN 45-34522, gray in color with #PWC stenciled in black paint on the wheel housing, estimated value \$30.00		
B	1		Socket set, 3/4 inch, stenciled with PWC 5, estimated value \$29.00		
C	1		Screw driver, straight slot, stenciled USN 16, estimated value \$3.00		
D	1		Screw driver, phillips head, stenciled PWC 5, estimated value \$3.00		
E	1		Partial roll of duct tape USN stock #21-445-8894, estimated value \$5.00		
F	1		Panasonic electric typewriter, serial #23884957, with minor property tag #8354, estimated value \$450.00		
***** LAST ITEM					
15. NAME AND SIGNATURE OF WITNESS (If available) William B. Links MAC William B. Links			16. NAME AND SIGNATURE OF RECEIVING PERSON Sarah L. Mason MA1 Sarah L. Mason		
17. CHAIN OF CUSTODY					
ITEM	DATE & TIME	RELEASED BY	RECEIVED BY	PURPOSE	
A-F	15DEC9 - 1845	NAME Sarah L. Mason ORGANIZATION NAS Bravo Security SIGNATURE <i>Sarah L. Mason</i>	NAME Temporary Evidence ORGANIZATION Locker #1 SIGNATURE	Temporary Storage	
A-F	16DEC9 - 0730	NAME Temporary Evidence ORGANIZATION Locker #1 SIGNATURE	NAME Larry P. Morrison ORGANIZATION NAS Bravo Security SIGNATURE <i>Larry P. Morrison</i>	Evidence Custodian	
F	16DEC9 - 0930	NAME Larry P. Morrison ORGANIZATION NAS Bravo Security SIGNATURE <i>Larry P. Morrison</i>	NAME James R. Jones ORGANIZATION NAS Bravo NISRA SIGNATURE <i>James R. Jones</i>	Referred to NIS	

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CHAIN OF CUSTODY CONTINUED ON REVERSE

LOCATION _____

SAMPLE OPNAV 5527/22

ATTACHMENT (1)
Page 1 of 2

SAMPLE

NOTE: REMOVE AND REVERSE CARBONS BEFORE COMPLETING THIS SIDE.

17. CHAIN OF CUSTODY (CONTINUED)				
ITEM	DATE & TIME	RELEASED BY	RECEIVED BY	PURPOSE
		NAME	NAME	
		ORGANIZATION	ORGANIZATION	
		SIGNATURE	SIGNATURE	
		NAME	NAME	
		ORGANIZATION	ORGANIZATION	
		SIGNATURE	SIGNATURE	
		NAME	NAME	
		ORGANIZATION	ORGANIZATION	
		SIGNATURE	SIGNATURE	
		NAME	NAME	
		ORGANIZATION	ORGANIZATION	
		SIGNATURE	SIGNATURE	

18. REMARKS

19. FINAL DISPOSAL ACTION

FINAL DISPOSAL AUTHORITY

NAME (Typed or Printed)	GRADE/RANK	ORGANIZATION
-------------------------	------------	--------------

20. PERSON(S) RECEIVING ITEMS/WITNESSING DESTRUCTION

	NAME	ORGANIZATION	SIGNATURE/DATE
1.			
2.			
3.			
4.	CONTINUE IN REMARKS IF NECESSARY		

INDICATE IN DISPOSAL ACTION COLUMN (ON FRONT) BY NUMBER AND LETTER CODE PERSON(S) RECEIVING OR WITNESSING ACTION AND TYPE OF ACTION. RETURNED TO INDIVIDUAL OWNER (I), RETURNED TO COMMAND (C), TURNED INTO SUPPLY (S), TO ANOTHER AGENCY (A), TO NIS (N), DESTROYED (D), OTHER METHOD (M). (EXPLAIN IN REMARKS.)

SECTION 10

DEPARTMENT OF THE NAVY TELEPHONIC THREAT COMPLAINT (OPNAV 5527/8)

A. Purpose. Department of Navy personnel use this form to record and report any bomb threats and other threatening communications received by telephone. This form should be kept in close proximity to telephones. The completed OPNAV 5527/8 form is distributed to locations that are likely targets for bomb threats such as, quarterdecks, Officer of the Day (OOD) phones, police and fire dispatchers, schools, etc. It is also an enclosure to the Incident/Complaint Report (ICR), OPNAV 5527/1, see Section 1 of this guide.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/8. Figures 10-1 through 10-8 depict the blanks in each section. Attachment (1) provides a sample of a completed Telephonic Threat Complaint (OPNAV 5527/8).

1. Block 1, Command (Figure 10-1)

a. Enter the name and address of the command, e.g., Aircraft Repair Facility, NAS Bravo, and the main telephone number for the command receiving the threat.

DEPARTMENT OF THE NAVY		IF BOMB THREAT, ASK THE CALLER <ul style="list-style-type: none">• WHEN IS THE BOMB TO GO OFF?• WHERE IS THE BOMB TO GO OFF?• WHAT KIND OF BOMB IS IT?• WHAT DOES THE BOMB LOOK LIKE?• WHERE ARE YOU CALLING FROM?
TELEPHONIC THREAT COMPLAINT		
1. COMMAND		
a Name & Address		b Phone No

Figure 10-1

2. Block 2, Complainant (Figure 10-2)

a. If the complainant is the person who received the call, enter "see Section 3". Many times the person receiving the call will not be the same person who calls the Security Department. For example, the telephone watch on the quarterdeck may receive a call and report it to the OOD who then calls Security. In this case, the OOD is the complainant. The full name of the complainant is entered, social security number (SSN), rate/rank and branch of service and the organization when applicable, e.g., LT William R. Chevers, USN, 321-12-3456, OOD.

2. COMPLAINANT
a. Name

Figure 10-2

3. Block 3, Person Receiving Call (Figure 10-3)

a. All of block 3 concerns the person who actually received the telephone threat. To provide identification of the person answering the telephone (recipient) and speaking with the caller, enter in blocks 3.a. through 3.d., the recipient's full name, rate/rank and branch of service, date and place of birth (DPOB), name and address of the command, and work and home phone numbers.

3. PERSON RECEIVING CALL	
a. Name	b. Date & Place of Birth
c. Command Name & Address	d. Phone Number (Work) (Home)

Figure 10-3

4. Block 4, Telephone Call Received On (Figure 10-4)

a. Enter the telephone number, including area code, of the telephone on which the call was received, and the location, e.g., Quarterdeck, Bldg. #1, NAS. Mark an "X" in the applicable box to indicate where the telephone number is listed.

4. TELEPHONE CALL RECEIVED ON	
a. Phone Number (Include area code)	b. Location
c. Phone number listed in ("X" all that apply)	
<input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input type="checkbox"/> Local Directory	
<input type="checkbox"/> Unlisted <input type="checkbox"/> Other (list)	

Figure 10-4

5. Block 5, Details of Call (Figure 10-5)

a. Enter in the appropriate boxes the date, day of the week and the time the call was received, e.g., 08AUG9__, Thursday, 2330.

5. DETAILS OF CALL		
a. Date	b. Day of Week	c. Time

Figure 10-5

6. Block 6, Context of Conversation (Figure 10-6)

a. Enter the conversation exactly as it occurred on the RECIPIENT and CALLER lines 6.a. through 6.f. If more space is needed, continue on the reverse side of the form, indicating "Recipient" or "Caller" for each part of the conversation.

b. If the call is a bomb threat, attempt to get answers to the following questions:

- (1) When is the bomb to go off?
- (2) Where is the bomb to go off?
- (3) What kind of bomb is it?
- (4) What does the bomb look like?
- (5) Where are you calling from?

6. CONTEXT OF CONVERSATION
a. Recipient "
b. Caller "
c. Recipient "
d. Caller "
e. Recipient "
f. Caller "

Figure 10-6

7. Blocks 7 and 8 (Figure 10-7)

a. Block 7, Background Noises. Describe any types of background noises that were heard during the conversation, e.g., music and voices that would indicate a restaurant/bar.

b. Block 8, Information About Caller/Characteristics. Enter the details about the caller as appropriate in boxes 8.a. through 8.g. Indicate whether the caller is male or female, enter approximate age - such as "young adult", race if distinguishable, any type of national or regional accent detected in the callers voice, the approximate educational level of the caller, the caller's attitude - calm, nervous, and any additional information about the caller which might be helpful for identification, e.g., voice or speech peculiarities, repeated phrases or words, etc..

7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space is needed, continue on reverse.)			
8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS			
a. Sex	b. Age	c. Race	d. Accent
e. Educational Level		f. Attitude (Calm, Nervous, Serious)	
g. Other			

Figure 10-7

8. Blocks 9 through 11 (Figure 10-8)

a. Block 9, Witnesses. Mark the applicable box with an "X" to indicate whether there was a witness to the call. If there was a witness enter the name, rate/rank and organization assigned.

b. Block 10, Suspicions as to Callers Identity. Enter an "X" in the applicable box if the recipient of the call has any suspicion as to the caller's identity.

c. Block 11, Notification of Authority. Enter an "X" in the applicable box(es) to indicate all of the authorities notified of this Telephonic Threat Complaint.

Note: Notification of other agencies not specified in block 11 can be detailed in the ICR.

9. WERE THERE ANY WITNESSES TO THE CALL? <input type="checkbox"/> No <input type="checkbox"/> Yes (List name)	10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? <input type="checkbox"/> No <input type="checkbox"/> Yes (List name)
11. NOTIFICATION OF AUTHORITY ("X" all notified)	
<input type="checkbox"/> CO <input type="checkbox"/> XO <input type="checkbox"/> OOD <input type="checkbox"/> Security <input type="checkbox"/> NISRA <input type="checkbox"/> Telephone Company <input type="checkbox"/> EOD <input type="checkbox"/> Fire Dept	

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Figure 10-8

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SAMPLE

DEPARTMENT OF THE NAVY TELEPHONIC THREAT COMPLAINT		IF BOMB THREAT, ASK THE CALLER • WHEN IS THE BOMB TO GO OFF? • WHERE IS THE BOMB TO GO OFF? • WHAT KIND OF BOMB IS IT? • WHAT DOES THE BOMB LOOK LIKE? • WHERE ARE YOU CALLING FROM?	
1. COMMAND			
a. Name & Address		b. Phone No.	
Aircraft Repair Facility, NAS Bravo		342-8050	
2. COMPLAINANT			
a. Name LT William R. CHEVERS, USN, 321-12-3456, OOD			
3. PERSON RECEIVING CALL			
a. Name SN Mary Ellen WASHINGTON, USN		b. Date & Place of Birth 25 May 64, Detroit, MI	
c. Command Name & Address NAS Bravo AIMD		d. Phone Number (Work) 344-3204 (Home) 344-3010 (Bks)	
4. TELEPHONE CALL RECEIVED ON			
a. Phone Number (Include area code) (111) 342-8050		b. Location Quarterdeck, Bldg. #1, NAS	
c. Phone number listed in ("x" all that apply)			
<input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input checked="" type="checkbox"/> Local Directory <input type="checkbox"/> Unlisted <input type="checkbox"/> Other (list)			
5. DETAILS OF CALL			
a. Date 08 Aug 9		b. Day of Week Thursday	
c. Time 2330			
6. CONTEXT OF CONVERSATION			
a. Recipient NAS Bravo Quarterdeck, SN Washington.			
b. Caller Is this the airport?			
c. Recipient It's the Naval Air Station.			
d. Caller That's OK, cause I put a bomb on an airplane.			
e. Recipient What? What airplane?			
f. Caller You'll find out. // Hung up.			
7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space is needed, continue on reverse.)			
Music and voices (similar to a bar)			
8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS			
a. Sex Male		b. Age young adult	
c. Race caucasian		d. Accent local	
e. Educational Level unknown		f. Attitude (Calm, Nervous, Serious)	
g. Other sounded under the influence of alcohol.			
9. WERE THERE ANY WITNESSES TO THE CALL? <input type="checkbox"/> No		10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes (List name) LT CHEVERS, OOD		<input type="checkbox"/> Yes (List name)	
11. NOTIFICATION OF AUTHORITY ("X" all notified)			
<input checked="" type="checkbox"/> CO <input type="checkbox"/> XO <input checked="" type="checkbox"/> OOD <input checked="" type="checkbox"/> Security <input checked="" type="checkbox"/> NISRA <input type="checkbox"/> Telephone Company <input checked="" type="checkbox"/> EOD <input checked="" type="checkbox"/> Fire Dept			

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SAMPLE OPNAV 5527/8

ATTACHMENT (1)

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SECTION 11

THE DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (OPNAV 5527/1A)

A. Purpose. This is a supplement to the Incident/Complaint Report (ICR), OPNAV 5527/1 and is used in all instances of traffic accidents involving Navy vehicles or on Navy property. An ICR must also be completed, with a narrative report of the accident in block 17 of the ICR form, see Section 1, ICR, Details of Incident on page 1-6 of this guide. The majority of traffic accidents result in some sort of claim, either against an individual driver, an insurance company, or the U.S. Government. The ICR and Traffic Accident Report are the basis for any action taken. Also, in disputed cases police officers are often called upon to testify regarding the details of a traffic accident. The reports are used as a basis for their testimony, which may be several months or years after the accident occurred. Therefore, these forms must be accurate and complete.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/1A. Figures 11-1 through 11-16 depict the blanks in each section. Attachment (1) provides a sample of a completed Traffic Accident Report (OPNAV 5527/1A).

1. Case Control Number, Date of Accident, Time, and Day of Collision Blocks (Figure 11-1).

a. Located at the top right hand corner of the form is the block labelled Case Control Number (CCN), enter the same CCN as identified on the ICR.

b. Enter year, month and day on which accident occurred, e.g., 9__ 11 22 for 22 November 199__.

c. Enter time that accident actually took place in twenty-four hour notation, e.g., 1610, not the time of the report.

d. Mark "X" in the box next to the day of the week on which the accident occurred.

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT					CASE CONTROL NUMBER	
(SUPPLEMENT TO INCIDENT/COMPLAINT REPORT)						
DATE OF ACCIDENT			TIME (USE 2400 HOURS)	DAY OF COLLISION		
YR	MO	DAY		<input type="checkbox"/> SUNDAY <input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> MONDAY <input type="checkbox"/> FRIDAY	<input type="checkbox"/> TUESDAY <input type="checkbox"/> SATURDAY

Figure 11-1

2. Location (Figure 11-2)

a. Indicate with an "X" whether the accident happened on or off a Navy base.

b. Enter route number or name of the highway or street on which the accident occurred. If the accident is in an intersection, the major through street of the intersection is used as the street on which the accident happened. The words "in an intersection" mean the area within imaginary lines drawn from the edges of the streets through the intersection.

c. If accident happened on a Navy base, enter name and location of the base. If in a city, enter name of the city and state. If in a foreign country, enter name of base, state, district or province, and country.

d. If accident occurred in an intersection, enter name of intersecting street or highway in the proper box.

e. In the next block, enter the name of the nearest intersecting street or a permanent landmark if the accident did not happen in an intersection, e.g., a highway mile marker or a building.

f. In block labelled "No. of Feet", enter the distance in feet from centerline of nearest intersecting street, or nearest point on the landmark, to the point of initial impact (first harmful event).

g. Enter compass direction (east, west, etc.) FROM intersection or landmark TO location of accident.

h. In appropriate block, enter the number of miles and compass direction FROM nearest base or city if accident occurred neither in a city nor on a Navy base. Also, indicate if the mileage is from the city limits or from the center of town (for the purpose of this information, a Navy base will be considered a city or town).

i. Mark "X" in the box which best describes kind of area in which accident happened. If none of those provided is appropriate, mark "OTHER" and give a brief description.

LOCATION	NAVY BASE <input type="checkbox"/> ON <input type="checkbox"/> OFF		ROAD OR STREET ON WHICH ACCIDENT OCCURRED		NAME AND LOCATION OF NAVY BASE, CITY, STATE, ETC.	
	AT INTERSECTION	NAME OF INTERSECTING STREET	NOT AT INTERSECTION	NAME OF NEAREST INTERSECTING ST., HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK		NO. OF FEET
	IF ACCIDENT OCCURRED OFF NAVY BASE AND OUTSIDE CITY LIMITS INDICATE _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER OF CITY OF TOWN				KIND OF LOCALITY <input type="checkbox"/> BARRACKS <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> MFG. OR INDUST	
					<input type="checkbox"/> OPEN COUNTRY <input type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER	

Figure 11-2

3. Type Accident (Figure 11-3)

a. Indicate with an "X" the box which best describes the type of accident. If more than one impact occurred, mark only the description of the initial impact. If "OTHER" is marked, briefly describe the accident in the space provided.

b. Enter TOTAL number of vehicles involved. If there are more than two vehicles additional OPNAV 5527/1A forms must be used, see note under 4. below.

c. In column headed "Severity", enter number of killed and injured. Explain the disposition of the victims in block 17, "Details of Incident" of the ICR. Even if there is no visible sign of an injury, if an individual complains of pain, dizziness, etc., record it as an injury.

d. Mark an "X" in the box next to "Property Damage Only," if appropriate.

TYPE ACCI- DENT	TYPE ACCIDENT				TOTAL NO. OF VEHICLES IN- VOLVED	SEVERITY	
	<input type="checkbox"/> VEHICLE-VEHICLE	<input type="checkbox"/> VEHICLE-PEDICYCLE	<input type="checkbox"/> STOLEN VEHICLE	<input type="checkbox"/> OTHER		NO. KILLED	NO. INJURED
	<input type="checkbox"/> VEHICLE-OBJECT	<input type="checkbox"/> VEHICLE-RR TRAIN	<input type="checkbox"/> SINGLE VEHICLE (NON COLLISION)			<input type="checkbox"/> PROPERTY DAMAGE ONLY	
	<input type="checkbox"/> VEHICLE PEDESTRIAN	<input type="checkbox"/> HIT & RUN					

Figure 11-3

4. Weather, Light and Road Conditions (Figure 11-4)

a. Mark "X" in box to LEFT of description for EACH vehicle in the columns for driving lanes, character, surface, conditions, defects, weather, and light. When marking any of the "OTHER" boxes in the columns, explain in block 17, "Details of Incident" of the ICR.

Note: More than two vehicles involved in a traffic accident require additional OPNAV 5527/1A forms. For this section as well as other sections which call for a vehicle number, enter the proper number(s) in each VEHICLE column. For example, vehicles 3 and 4 are entered on the second form, vehicles 5 and 6 on the third form, etc.

WEATHER, LIGHT AND ROAD CONDITIONS	VEHICLE 1 2		DRIVING LANES		VEHICLE 1 2		CHAR- ACTER		VEHICLE 1 2		SURFACE		VEHICLE 1 2		CONDI- TIONS		VEHICLE 1 2		DEFECTS		WEATHER		LIGHT	
			ONE	1			STRAIGHT					CONCRETE				DRY				HOLES, RUTS, BUMPS, ETC.		CLEAR		DAYLIGHT
			TWO	1 1			CURVE					BLACKTOP				WET				LOOSE MATERIAL OR SURFACE		RAIN		DAWN
			THREE OR MORE	1 1 1			LEVEL					BRICK				MUD				DEFECTIVE SHOULDER		FOG		DUSK
			DIVIDED HIGHWAY				GRADE					GRAVEL				SNOW				NO DEFECTS		SNOWING		DARK ST LIGHTS
			OTHER				OTHER					OTHER				OTHER				OTHER		OTHER		DARK NO ST. LIGHTS

Figure 11-4

5. Traffic Control (Figure 11-5)

a. Indicate with an "X" in box to the LEFT of the "traffic control description" which affected either vehicle in the corresponding space. If none of the list is appropriate, in the block labelled "OTHER", enter the appropriate description.

TRAFFIC CONTROL	VEHICLE 1		VEHICLE 2		VEHICLE 1		VEHICLE 2		OTHER (EXPLAIN)		
	1	2	1	2	1	2	1	2			
			STOP & GO SIGNAL			FLASHING LIGHT			WARNING SIGN		ONE WAY STREET
			NO TRAFFIC SIGNAL			MAINED			SOLID CENTER LINE		STOP SIGN

Figure 11-5

6. Vehicle No. 1/Vehicle No. 2 Description (Figure 11-6)

a. If it's a Navy vehicle, enter the Navy registration painted on the side or rear of the vehicle and "USN." Note: On unmarked Navy owned vehicles this number is often imprinted on the wheel well inside the trunk. If it's a GSA or privately owned vehicle enter the license tag number and "GSA" or the appropriate state of registration. Except in cases where dual responsibility is determined, Vehicle #1 may be identified as the vehicle at fault. While not a requirement this method establishes consistency in investigating motor vehicle mishaps.

b. Enter make of the vehicle, the common abbreviation is acceptable, e.g., Chev. for Chevrolet, etc.

c. Enter last two digits of the vehicle's model year.

d. Enter body type, the common abbreviation will suffice (SW for station wagon, 2-dr. sed. for two-door sedan, etc.).

e. If there is a base decal or unit identifying symbol on the bumper, enter the space provided. If a base decal, include the color of the background of the installation name.

f. Mark "X" in appropriate box to indicate if vehicle is government or privately owned.

g. If the driver is NOT the registered owner, enter the owner's last name, first name and middle initial. If the owner IS the driver, enter N/A. This information will be included in the next section of the report. If the vehicle is government owned, enter U. S. Government/USN or USMC, USAF, etc.

h. Enter complete address of the registered owner, if not the driver. If the owner is military or civil service, include the unit or shop.

i. Enter the name and address of the owner's insurance company. If the vehicle is a government vehicle, enter U. S. Government.

VEHICLE NO. 1	USN REGISTRATION OR LICENSE NO.	MAKE	YEAR	BODY TYPE	VEHICLE NO. 2	USN REGISTRATION OR LICENSE NO.	MAKE	YEAR	BODY TYPE
	MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT		MARKINGS/DECAL NO.			<input type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT
	REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)					REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.)			
	ADDRESS OF OWNER					ADDRESS OF OWNER			
	NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT					NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT			

Figure 11-6

7. Driver No. 1/Driver No. 2 Information (Figure 11-7)

a. Enter the full name of the driver. If the driver is also the owner, enter in parentheses the word "OWNER". If the individual is military include rate and rank, if civil service the classification rating. Except in cases where dual responsibility is determined Driver #1 may be identified as the driver at fault. While not a requirement, this method establishes consistency in investigating motor vehicle mishaps.

b. Enter Social Security Number (SSN), age as determined from the date of birth (DOB) on the driver's license and indicate whether the driver is male or female.

c. Enter driver's license/permit number and the issuing state or agency. If a government license, include the issuing installation

d. If there are no limitations or restrictions listed on the license, mark an "X" in the box next to the word "NO". If there are limitations or restrictions, mark "YES" and describe the limitations, e.g., corrective lenses, motorcycle only, etc.

e. When recording the number of years of driving experience, record the number related by the driver, unless it is obviously wrong. In that case, enter "UNK" for "unknown."

f. On the bottom of page one of the form is a section labelled "CODES" (see Figure 11-10, page 11-6 of this guide). It gives the codes for category, injury, seat belt usage and seat position of the individual. Enter the appropriate codes in the spaces provided.

DRIVER NO. 1	NAME (LAST, FIRST, M.I.) AND ADDRESS		SSN	
	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	DRIVER'S LICENSE/PERMIT NUMBER		STATE	
	LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> YES (SPECIFY) <input type="checkbox"/> NO		DRIVING EXPERIENCE (YEARS)	
	CODES (1) CAT	(2) INJ	(3) SEAT BELT	(4) SEAT POS
DRIVER NO. 2	NAME (LAST, FIRST, M.I.) AND ADDRESS		SSN	
	AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	DRIVER'S LICENSE/PERMIT NUMBER		STATE	
	LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> YES (SPECIFY) <input type="checkbox"/> NO		DRIVING EXPERIENCE (YEARS)	
	CODES (1) CAT	(2) INJ	(3) SEAT BELT	(4) SEAT POS

Figure 11-7

8. Occupants (Figure 11-8)

a. Enter names and addresses of all occupants other than the drivers, if military include the rate/rank, if civil service include the classification rating.

b. In appropriate blocks, enter the vehicle in which each individual was an occupant, the age, "M" for male or "F" for female as appropriate, and additional code information, see Figure 11-10, below for category, injury, seat belt and seat position of the individual.

OCCUPANTS	NAME AND ADDRESS						VEH. NO.	CODES → AGE SEX		CATE- GORY (1)	IN- JURY (2)	SEAT BELT (3)	SEAT POSI- TION (4)

Figure 11-8

9. Pedestrian (Figure 11-9)

a. Enter name, address, age, "M" for male or "F" for female as appropriate, category and injury codes (see Figure 11-10 below) for each pedestrian involved in the accident. If more than one pedestrian was involved, number the pedestrians and enter the information for additional pedestrians in block 17 of the ICR.

b. In appropriate blocks, enter information which best describes the pedestrian's actions at the time of the accident.

For illustration purposes only


CODES →		CATE- GORY (1)	IN- JURY (2)
AGE	SEX		

PEDESTRIAN	NAME AND ADDRESS		
	PEDESTRIAN WAS GOING: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY): _____ FROM (NW TO SW CORNER, OR EAST TO WEST SIDE, ETC): _____ TO: _____		
	CROSSING WITH SIGNAL	CROSSING NO SIGNAL	STANDING ON ROADWAY
	CROSSING AGAINST SIGNAL	HITCHING ON VEHICLE	COMING FROM BEHIND PARKED
	CROSSING NOT AT INTERSECTION	PLAYING ON ROADWAY	PUSHING OR WORKING ON VEHICLE
		WALKING IN ROAD AGAINST TRAFFIC	WALKING IN ROAD WITH TRAFFIC
			OTHER

Figure 11-9

10. Codes (Figure 11-10)

a. To more efficiently use space on the OPNAV 5527/1A, the category, injury class, shoulder/lap belts, and seat position have been assigned code letters. These codes are provided at the bottom of page one under the "CODES" section of the form.

CODES	(1) CATEGORY	(2) INJURY CLASS	(3) SHOULDER/LAP BELTS	(4) SEAT POSITION
	A. NAVY OFFICER B. NAVY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER	A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN	A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED U. UNKNOWN	 7. OTHER POSITION (BUS-MOTORCYCLE) 8. POSITION UNKNOWN

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Figure 11-10

11. Witnesses (Figure 11-11)

a. Enter the names, addresses and telephone numbers of all witnesses other than the occupants. Since these individuals may be contacted at a much later date for related court actions, include work telephone numbers, if available.

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (Continued)		
WITNESSES	NAME AND ADDRESS	TELEPHONE NUMBER

Figure 11-11

12. Vehicle Damage (Figure 11-12)

a. On the diagrams of the vehicles, circle the number of EACH damage area for EACH vehicle, as illustrated in the upper right-hand corner of the example blank.

b. Shade the area of the most severe impact, as illustrated in the upper right-hand corner of the example block.

c. Draw an arrow, as also illustrated in the example block, to show the principal direction of force applied to each vehicle by the object with which it collided.

d. Place "X" in the box which most accurately describes the severity of damage for each vehicle.

e. In "TOWED BY" block, enter name of towing company which towed the vehicle, if appropriate.

f. In the "TO" block, enter location to which the vehicle was towed.

g. Describe any damage done to property other than a vehicle, including the location and owner's name, if known. If space is insufficient, enter the words "See ICR, block 17" and include the information there. If no other property damage was done enter "N/A".

VEHICLE DAMAGE INSTRUCTIONS		EXAMPLE	
1. In each box, circle the number of each damaged area. 2. Shade area of severest impact. 3. Draw arrow(s) to show principal direction of force.			
DAMAGED VEHICLE NO. 1 		DAMAGED VEHICLE NO. 2 	
SEVERITY OF DAMAGE: VEHICLE NO. 1 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE		SEVERITY OF DAMAGE: VEHICLE NO. 2 <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE	
TOWED BY _____		TOWED BY _____	
TO _____		TO _____	
DAMAGE TO PROPERTY (OTHER THAN VEHICLE) _____			

Figure 11-12

13. Sketch and Description of Collision (Figure 11-13)

a. This section is intended as a sketch and does not require a scale drawing. If the accident is serious in nature, make a scale drawing and indicate in this section "See attached scale drawing." In the upper right-hand corner of the sketch block, draw an arrow in the small circle to indicate the compass direction "North". Then in the sketch, provide the following details about the accident in the graph area of the sketch block.

- (1) Identify:
 - (a) Roadway
 - (b) Roadway features
 - (c) Vehicles (Number each vehicle the same as shown in part 6, Vehicle No. 1/Vehicle No. 2 Description.)
 - (d) Pedestrians
 - (e) Objects on and off the roadway
 - (f) Traffic controls
 - (g) Skidmarks
 - (h) Unusual road or temperature condition (ice patch, road construction, etc.)
 - (i) Permanent reference points (e.g., numbered buildings, houses, utility poles or fire hydrants), should be noted to facilitate reconstruction of accident scene and identify the point of impact.
- (2) Show vehicle position before impact.
- (3) Locate the probable point of impact and show vehicle, pedestrian or object positions at impact.
- (4) Locate vehicle, object or pedestrian positions after impact.

b. A narrative description of the collision must be stated in block 17, page 2, of the ICR. Indicate what probably happened BEFORE, DURING and AFTER the accident. Include any information which could not be incorporated into the sketch or scale drawing such as, driver disability, reduced visibility, pedestrian clothing color or other visibility information, road construction or repair work, etc.


*SKETCH OF COLLISION	
1. Identify: Roadway & roadway features Vehicles Pedestrians Objects on/off roadway Traffic controls Skidmarks Unusual/temperature conditions (ice patch, construction areas, etc.) 2. Locate probable point of impact 3. Show vehicle, pedestrian or object positions at impact 4. Show probable vehicle or pedestrian paths before and after collision	<div style="text-align: right;">DRAW ARROW SHOWING NORTH IN CIRCLE</div> 
DESCRIPTION OF COLLISION	In Block 17, Incident/Complaint Report, (OPNAV 5527/1), indicate what probably happened before, during and after the crash. Include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.

Figure 11-13

14. Driver's Action Before Accident (Figure 11-14)

a. In the first column, mark an "X" in the box which most closely indicates the direction of each vehicle before the accident.

b. In the appropriate columns, place an "X" for each vehicle in the box to the left of the description which best describes each driver's action before the accident.

c. The last column, enter the feet or miles per hour (MPH) information requested in the five appropriate blocks for each vehicle.

DRIVER'S ACTION BEFORE ACCIDENT	DIRECTION HEADED				DRIVER	CHECK ONE OR MORE	DRIVER	CHECK ONE OR MORE	VEHICLE	SPECIFY FEET/MPH
	N	S	E	W	1	2	1	2	1	2
						BACKING		OVERTAKING OR PASSING		ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET)
						GOING STRAIGHT AHEAD		AVOIDING VEH/OBJ		ESTIMATED SPEED WHEN DANGER WAS FIRST NOTICED (MPH)
VEH 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		MAKING LEFT TURN		SLOWING OR STOPPING		ESTIMATED SPEED AT IMPACT (MPH)
						SKIDDING		STOP IN TRAFFIC LANE		DISTANCE TRAVELED AFTER IMPACT (FEET)
VEH 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		MAKING RIGHT TURN		OTHER (SPECIFY)		LAWFUL SPEED (MPH)
						MAKING "U" TURN				

Figure 11-14

15. Contributing Circumstances (Figure 11-15)

a. Mark an "X" in the appropriate box to the left of the description of circumstances for EACH driver, if applicable. One or more boxes may be marked. Any circumstances not listed may be described in the box "OTHER".

b. If alcohol or drugs were involved, indicate in the appropriate box by marking an "X" to the left of the description. The box(es) may be marked on a basis of observation by police personnel or admission of the subject. Indicate in the appropriate box(es) if a chemical test was administered, and if so the results. If alcohol was involved, a DD Form 1920, Alcohol Influence Report, must be attached to this report and the appropriate box marked so indicating. See Section 13 of this guide.

c. In the last column of the block, mark an "X" to the left of the description in the appropriate box of any automobile defects, if applicable.

CONTRIBUTING CIRCUMSTANCES	DRIVER 1	CHECK ONE OR MORE	DRIVER 2	CHECK ONE OR MORE	DRIVER 3	CHECK ONE OR MORE	DRIVER 4	CHECK ONE	VEHICLE 1	CHECK ONE OR MORE
	1		2		3		4	1	2	
		EXCEEDING SPEED LIMIT		NO OR IMPROPER SIGNAL		ALCOHOL INVOLVED		CHEMICAL TEST GIVEN		DEFECTIVE BRAKE
		SPEED EXCESSIVE FOR CONDITIONS		DISREGARDED TRAFFIC SIGNAL		DRUGS INVOLVED		CHEMICAL TEST REFUSED		DEFECTIVE HEADLIGHTS
		FAILED TO YIELD		IMPROPER TURN		ABILITY IMPAIRED		TEST RESULTS		DEFECTIVE REAR LIGHTS
		DISREGARDED STOP SIGNAL		UNKNOWN		ABILITY NOT IMPAIRED	DRIVER NO 1	DRIVER NO 2		TIRES WORN OR SMOOTH
		VISION OBSTRUCTED		OTHER (SPECIFY)		UNKNOWN	BAC %	BAC		TIRES PUNCTURES OR BLOWN
		FOLLOWING TOO CLOSE				SEE ATTACHED DD FORM 1920 - ALCOHOLIC INFLUENCE REPORT				OTHER (SPECIFY)
		IMPROPER OVERTAKING								

Figure 11-15

16. Police Activity (Figure 11-16)

a. Enter names of all individuals apprehended/arrested, as applicable.

b. Enter charges for which they were apprehended/arrested. If the Armed Forces Traffic Ticket DD Form 1408 or the United States District Court Violation Notice DD Form 1805 were issued, be sure to include the serial numbers for each one issued.

c. Indicate time police were notified (e.g., 1615) and time they arrived (e.g., 1627).

d. If investigation extended beyond the scene of the accident, include any other location where the investigation was conducted.

e. If investigation or accident was off-base, enter the name of the individual and agency conducting an investigation.

f. Place an "X" in the appropriate boxes to indicate if DD Form 518, Accident Identification Card and SF 91, Operator's Report of Motor Vehicle Accident were completed by the driver(s) of any government vehicle. Indicate whether the forms were completed on the scene. If they were not, explain.

POLICE ACTIVITY	NAME OF PERSON(S) APPREHENDED	CHARGES	
	TIME POLICE NOTIFIED (HOUR):	TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR):	
	WHERE ELSE WAS INVESTIGATION MADE:	DID MILITARY OPERATOR COMPLETE DD FORM 518, "ACCIDENT IDENTIFICATION CARD"	YES NO
IF OFF BASE, WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE)	DID MILITARY OPERATOR COMPLETE STANDARD FORM 91 "OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT"		
	WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN)		

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Figure 11-16

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SAMPLE

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT										CASE CONTROL NUMBER	
(SUPPLEMENT TO INCIDENT/COMPLAINT REPORT)										22NOV9-12345-325-7T3	
DATE OF ACCIDENT		TIME (USE 2400 HOURS)		DAY OF COLLISION		SUNDAY		MONDAY		TUESDAY	
MO 11 DAY 22		1610		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
NAVY BASE		ROAD OR STREET ON WHICH ACCIDENT OCCURRED				NAME AND LOCATION OF NAVY BASE, CITY, STATE, ETC.					
ON OFF		Driver Road				NAS Bravo, Gulfport, Mississippi					
AT INTERSECTION		NAME OF INTERSECTING STREET		NOT AT INTERSECTION		NAME OF NEAREST INTERSECTING ST. HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK		NO. OF FEET		DIRECTION	
Edwards Street											
IF ACCIDENT OCCURRED OFF NAVY BASE AND OUTSIDE CITY LIMITS INDICATE: MILES ON DS DE DW FROM CITY LIMITS CENTER OF CITY OF TOWN											
KIND OF LOCALITY: BARRACKS RESIDENTIAL MFG. OR INDUST OPEN COUNTRY SCHOOL OR PLAYGROUND BUSINESS OTHER											
TYPE ACCIDENT: VEHICLE-VEHICLE VEHICLE-PEDESTRIAN STOLEN VEHICLE OTHER VEHICLE-OBJECT VEHICLE-RR TRAIN SINGLE VEHICLE (NON COLLISION) VEHICLE-PEDESTRIAN HIT & RUN											
TOTAL NO. OF VEHICLES INVOLVED: 2 SEVERITY: NO. KILLED 1 NO. INJURED 1 NO. PROPERTY DAMAGE ONLY											
WEATHER, LIGHT AND ROAD CONDITIONS											
VEHICLE 1: DRIVING LANE ONE STRAIGHT SURFACE CONCRETE CONDITION DRY DEFECTS NONE WEATHER CLEAR LIGHT DAYLIGHT											
VEHICLE 2: DRIVING LANE TWO CURVE BLACKTOP WET DEFECTS HOLES, POTS, BUMPS, ETC. WEATHER RAIN LIGHT DAWN											
VEHICLE 3: DRIVING LANE THREE OR MORE LEVEL BRICK MUD DEFECTS LOOSE MATERIAL OR DEFECTIVE SHOULDER WEATHER FOG LIGHT DUSK											
VEHICLE 4: DRIVING LANE DIVIDED HIGHWAY GRADE GRAVEL SNOW NO DEFECTS WEATHER SNOWING LIGHT DARK ST. LIGHTS											
VEHICLE 5: DRIVING LANE OTHER OTHER OTHER OTHER OTHER OTHER											
TRAFFIC CONTROL: STOP & GO SIGNAL FLASHING LIGHT WARNING SIGN ONE WAY STREET NO TRAFFIC SIGNAL MANNED SOLID CENTER LINE STOP SIGN											
VEHICLE NO. 1: USN REGISTRATION OR LICENSE NO. MAKE YEAR BODY TYPE MARKINGS/DECAL NO. PRIVATELY OWNED GOVERNMENT REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.) ADDRESS OF OWNER NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT											
USN-12-14692 Dodge 88 SW N/A U. S. Government/NAS Bravo/Public Works U. S. Government											
VEHICLE NO. 2: USN REGISTRATION OR LICENSE NO. MAKE YEAR BODY TYPE MARKINGS/DECAL NO. PRIVATELY OWNED GOVERNMENT REGISTERED OWNER (IF NOT DRIVER) (LAST, FIRST, M.I.) ADDRESS OF OWNER NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT											
LRD-117 Buick 88 2DR SED Blue/12345 N/A Action, 1400 Powers Ave. Gulfport, MS 23521											
DRIVER NO. 1: NAME (LAST, FIRST, M.I.) AND ADDRESS SSN AGE SEX DRIVER'S LICENSE/PERMIT NUMBER STATE LIMITATIONS ON LICENSE/PERMIT YES (SPECIFY) NO DRIVING EXPERIENCE (YEARS) CODES (1) CAT B (2) INJ F (3) SEAT BELT (4) POS 1											
TOLIVER, James D. ABFN Attack Squadron Nine 123-45-6789 18 MALE FLORIDA 2											
DRIVER NO. 2: NAME (LAST, FIRST, M.I.) AND ADDRESS SSN AGE SEX DRIVER'S LICENSE/PERMIT NUMBER STATE LIMITATIONS ON LICENSE/PERMIT YES (SPECIFY) NO DRIVING EXPERIENCE (YEARS) CODES (1) CAT A (2) INJ H (3) SEAT BELT C (4) POS 1											
WILLIAMS, John R. LT 744 Newport Rd Gulfport, MS 23456 123-45-6789 27 MALE NEW YORK 10											
OCCUPANTS: NAME AND ADDRESS VEH. NO. AGE SEX CATE. GORY INJURY SEAT BELT SEAT POSITION											
Robin C. Williams, 744 Newport RD. Gulfport, MS 23456 2 27 F F H C 3											
Jerry L. Williams, 44 Newport RD. Gulfport, MS 23455 2 5 M F H C 6											
CDR Lawrence T. Wilson, 123 Fourth St. Gulfport, MS 23458 1 41 M A H A 6											
PEDESTRIAN: NAME AND ADDRESS N/A											
PEDESTRIAN WAS GOING: ON DS DE DW ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY): FROM (NW TO SW CORNER, OR EAST TO WEST SIDE, ETC.): TO:											
CROSSING WITH SIGNAL CROSSING NO SIGNAL STANDING ON ROADWAY WALKING IN ROAD AGAINST TRAFFIC											
CROSSING AGAINST SIGNAL HITCHING ON VEHICLE COMING FROM BEHIND PARKED WALKING IN ROAD WITH TRAFFIC											
CROSSING NOT AT INTERSECTION PLAYING ON ROADWAY PUSHING OR WORKING ON VEHICLE OTHER											
CODES: (1) CATEGORY (2) INJURY CLASS (3) SHOULDER/LAP BELTS (4) SEAT POSITION											
A. NAVY OFFICER B. NAVY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED U. UNKNOWN 7. OTHER POSITION (BUS-MOTORCYCLE) 8. POSITION UNKNOWN											

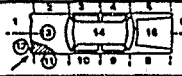
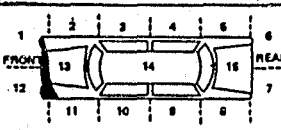
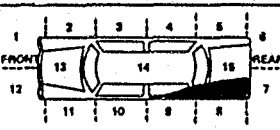

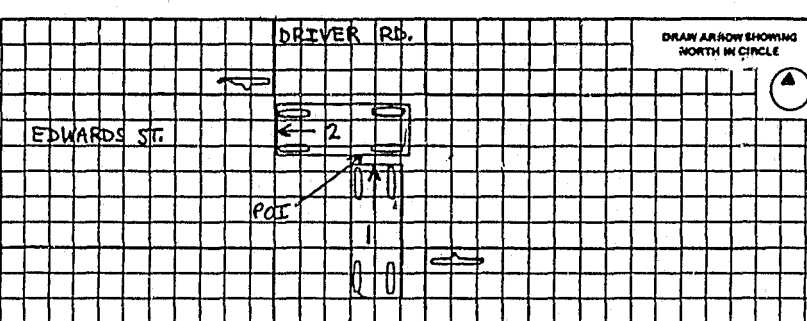
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SN 0107-4F-055-2707

SAMPLE OPNAV 5527/1A

ATTACHMENT (1)
Page 1 of 2

SAMPLE

DEPARTMENT OF THE NAVY TRAFFIC ACCIDENT REPORT (Continued)												
WITNESSES	NAME AND ADDRESS						TELEPHONE NUMBER					
	N/A											
VEHICLE DAMAGE INSTRUCTIONS 1. In each box, circle the number of each damaged area. 2. Shade area of severest impact. 3. Draw arrow(s) to show principal direction of force.						EXAMPLE 						
DAMAGED VEHICLE NO. 1 			DAMAGED VEHICLE NO. 2 			DAMAGED TRAILER, MOTORCYCLE, ETC. SKETCH DAMAGE 						
SEVERITY OF DAMAGE: VEHICLE NO. 1 <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE			SEVERITY OF DAMAGE: VEHICLE NO. 2 <input checked="" type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE			SEVERITY OF DAMAGE: (OTHER VEHICLE) <input type="checkbox"/> DISABLING DAMAGE <input type="checkbox"/> OTHER M.V. DAMAGE <input type="checkbox"/> FUNCTIONAL DAMAGE <input type="checkbox"/> NO DAMAGE						
TOWED BY U. S. Government			TOWED BY Wilson Wrecker			TOWED BY						
TO Public Works			TO Wilson Buick			TO						
DAMAGE TO PROPERTY (OTHER THAN VEHICLE)												
*SKETCH OF COLLISION <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 1. Identify: Roadway & roadway features Vehicles Pedestrians Objects on/off roadway Traffic controls Skidmarks Unusual/temperature conditions (Ice patch, construction areas, etc.) 2. Locate probable point of impact 3. Show vehicle, pedestrian or object positions at impact 4. Show probable vehicle or pedestrian paths before and after collision </div> <div style="width: 60%; text-align: center;">  </div> </div>												
DESCRIPTION OF COLLISION In Block 17, Incident/Complaint Report, (OPNAV 5527/1), indicate what probably happened before, during and after the crash, include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.												
DRIVER'S ACTION BEFORE ACCIDENT	DIRECTION HEADED		DRIVER 1		DRIVER 2		VEHICLE 1		VEHICLE 2		SPECIFY FEET/MPH	
	N S E W		X X		X X		1 0		25 25		ESTIMATED DISTANCE WHEN DANGER WAS FIRST NOTICED (FEET)	
	VEH 1		VEH 2		VEH 1		VEH 2		VEH 1		VEH 2	
	VEH 2		VEH 1		VEH 1		VEH 2		VEH 1		VEH 2	
CONTRIBUTING CIRCUMSTANCES	DRIVER 1		DRIVER 2		DRIVER 3		VEHICLE 1		VEHICLE 2		CHECK ONE OR MORE	
	X		X		X		X		X		X	
	X		X		X		X		X		X	
	X		X		X		X		X		X	
POLICE ACTIVITY	NAME OF PERSON(S) APPREHENDED						CHARGES					
	James D. Toliver (operator vehicle 1)						Failure to obey stop sign/ticket# 1234					
	TIME POLICE NOTIFIED (HOUR) 1615						TIME POLICE ARRIVED AT SCENE OF ACCIDENT (HOUR) 1627					
	WHERE ELSE WAS INVESTIGATION MADE						DID MILITARY OPERATOR COMPLETE DD FORM 518, "ACCIDENT IDENTIFICATION CARD"					
IF OFF BASE, WHO ELSE CONDUCTED AN INVESTIGATION (IF OTHER AGENCY CONDUCTED COMPLETE INVESTIGATION, SO INDICATE)						DID MILITARY OPERATOR COMPLETE STANDARD FORM 91 "OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT"						
						WAS FORM COMPLETED FROM ON SCENE INVESTIGATION (IF NOT EXPLAIN)						

SECTION 12

DEPARTMENT OF THE NAVY OPERATOR'S REPORT OF A MOTOR VEHICLE ACCIDENT REPORT (SF 91)

A. Purpose. This form must be carried in a Navy owned vehicle at all times. The driver uses it to report any accidents involving the Navy vehicle. The driver (military or civilian) completes the form at the scene of the accident, if possible. In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40, U.S.C. Section 491, and disclosure of the information by a federal employee is mandatory. Completion of the SF 91 is the first step in the government's investigation of a motor vehicle accident. Therefore, it is important for security personnel to be familiar with the SF 91, whether as a driver of a Navy vehicle or to provide any needed assistance for completing the form.

B. Procedures. Follow the local Standard Operating Procedures (SOP) of the organization where the report will be submitted. This guide describes step-by-step procedures for completing the blocks in SF 91. Figures 12-1 through 12-9 depict the blanks in each section. Attachment (1) provides a sample of a completed Operator's Report of Motor Vehicle Accident (SF 91).

1. Organization/Location Assigned, Operator Data (Figure 12-1)

a. Heading. Enter the name of the organization and command to which the driver is assigned, and the unit, building number, and work telephone number.

b. Block 1, Operator Data. Enter the name, age of operator, rank/rate or title, service number or social security number, home address and telephone number of the driver. If applicable, enter the Government motor vehicle permit number.

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT <small>This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on page 4.</small>		DEPARTMENT OR AGENCY			
		NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED			
1. OPERATOR DATA	Print clearly	LAST NAME	FIRST NAME	MIDDLE INITIAL	AGE
	RANK, RATING OR TITLE		SERVICE NUMBER OR SOCIAL SECURITY NO.		GOVT. MOTOR VEHICLE OPERATOR PERMIT NO.
	HOME ADDRESS (Number, street, city, State, ZIP code)				HOME TELEPHONE NO.

Figure 12-1

2. Block 2, Accident Time and Location (Figure 12-2)

a. Fill in day, month and year the accident occurred (e.g., 14/07/9__), day of the week and time (e.g., Wednesday, 1300), and driver's number of hours on duty prior to the accident.

b. Enter exact location where trip originated (e.g., Building 123, NAS Bravo), destination of trip (e.g., Building 456, NAS Bravo), and the purpose of the trip (e.g., deliver mail).

2. ACCIDENT TIME AND LOCATION	ACCIDENT OCCURRED	DATE	DAY OF WEEK	TIME	a.m. p.m.	NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT
	PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)					
	ORIGIN OF TRIP			DESTINATION		
	PURPOSE OF TRIP					

Figure 12-2

3. Block 3, Federal Vehicle (Figure 12-3)

a. Enter year and make of the Navy vehicle, type, and registration or other identification. For example, 1988 Dodge Van USN 94 12345.

b. Indicate part and area of vehicle damage, e.g., right front fender dented. Using definitions of "Minor - less than \$100", "Moderate - \$100 to \$200", and "Major - over \$200", give an estimate of the degree of damage to the part and area such as, right front fender dented (moderate). In addition, the operator should provide an estimate, in dollars of the amount of damage.

c. Mark appropriate box to indicate whether this was a backing accident and if a guide was available. If yes, indicate whether the guide was used.

3. FEDERAL VEHICLE (Including privately owned Federally operated)	MAKE	TYPE	REGISTRATION NUMBER OR OTHER IDENTIFICATION	
	PARTS OF VEHICLE DAMAGED (Describe)			OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
	IF THIS WAS A BACKING ACCIDENT, WAS A GUIDE AVAILABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF "Yes," was guide used? <input type="checkbox"/> YES <input type="checkbox"/> NO

Figure 12-3

4. Blocks 4 and 5 (Figure 12-4)9

a. Block 4, Other Vehicle Involved.

(1) Enter make, type and year of the vehicle, e.g., Chevrolet, 2 door Sedan 1986. Give the operator's state permit number, e.g., 1234567 KY, and vehicle license number and state, e.g., 505123 KY.

(2) Enter name and address of operator of the vehicle.

(3) Enter name and address of the owner of vehicle, or "same" if driver of vehicle is the owner.

(4) The parts of vehicle damaged block is completed the same as 3.b. for the Federal Vehicle.

b. Block 5, Other Property Damaged. If property other than the vehicle was damaged, describe the property damaged and the degree of damage and location. For example, one 4-foot steel post bent (minor)/Northeast corner of Building 91 damaged (major). If there was no other property damaged enter "None".

4. OTHER VEHICLE INVOLVED (If more than one, show in item 12, Page 3)	MAKE		TYPE		YEAR	
	OPERATOR'S STATE PERMIT NUMBER				VEHICLE LICENSE NUMBER AND STATE	
	OPER- ATED BY	NAME				
		HOME ADDRESS (Number, street, city, State, ZIP code)				
	OWNED BY	NAME				
		ADDRESS (Number, street, city, State, ZIP code)				
	PARTS OF VEHICLE DAMAGED (Describe)					OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
5. OTHER PROPERTY DAMAGED (Explain, if more space is needed, continue in item 12, Page 3.)						

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STANDARD FORM 91 PAGE 1 (REV. 11-76)

Figure 12-4

5. Blocks 6 through 9 (Figure 12-5)

a. Block 6, Persons Injured. Security personnel should assist in getting all information for these sections. Enter names, addresses and telephone numbers of persons injured. They could be very important to the case.

b. **Block 7, Occupants in Your Vehicle.** Enter the names, addresses and telephone numbers of any occupants in your vehicle.

c. **Block 8, Occupants In Other Vehicle.** Enter the names, addresses and telephone numbers of any occupants in the other vehicle(s) for witness(es).

d. **Block 9, Witness and Police.** Enter the name(s) and address(es) of any witnesses to the accident. In addition, enter the police officer's name and rank, badge number, and precinct or headquarters.

	NAMES	HOME ADDRESSES	
6. PERSONS INJURED			
7. OCCUPANTS IN YOUR VEHICLE			
8. OCCUPANTS IN OTHER VEHICLE(S)			
9. WITNESSES AND POLICE			
	POLICE OFFICER	BADGE NUMBER	PRECINCT OR HEADQUARTERS

Figure 12-5

6. Block 10, Accident Condition (Figure 12-6)

a. Indicate for the Federal vehicle (#1) and other vehicle (#2) in appropriate columns, direction of travel, side of the street or highway, and approximate speed. For example, (#1) North-Right-15-20 - (#2) South-Left-25-30.

b. Enter condition of the roadway (dry), weather (clear), and type of roadway (concrete).

c. Explain other information such as, stop signs, traffic signals, etc., if possible. An additional sheet of paper may be used if necessary.

10. ACCIDENT CONDITIONS	INDICATE:	FEDERAL VEHICLE (Includes privately owned Federally operated)		OTHER VEHICLE (2)
	DIRECTION OF TRAVEL			
	SIDE OF STREET OR HIGHWAY			
	APPROXIMATE SPEED	MILES PER HOUR		MILES PER HOUR
	CONDITION OF ROADWAY (Wet or dry, icy, etc.)	WEATHER (Clear, foggy, rain, snow, etc.)	TYPE OF ROADWAY (concrete, macadam, etc.)	
	OTHER INFORMATION (Explain stop signs, traffic signals, obstructions, etc.)			

STANDARD FORM 91 PAGE 2 (REV. 11-76)

Figure 12-6

7. Blocks 11 and 12 (Figure 12-7)

a. Block 11, Events After Accident. If known, enter who gave medical aid if any was given, where the injured person was taken, and the condition of the other driver. If the driver or person injured made statements about the cause of the accident and extent of personal property damage, relate the information and give the name and address. Also, include the name and address of any other people hearing such statements.

b. Block 12, Other Vehicle or Property Involved Continuation. This block is used if a third vehicle is involved, and is completed as in block 4, Other Vehicle Involved, see page 12-3.








11. EVENTS AFTER ACCIDENT	STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN		WHERE WAS INJURED TAKEN	
	CONDITION OF OTHER DRIVER			
	If other driver or persons injured made statements as to cause of accident and extent of personal or property damage, relate conversation, also, give names and addresses of others hearing such statements.			
12. OTHER VEHICLE OR PROPERTY INVOLVED CONTINUATION—If more than one vehicle involved	MAKE		TYPE	YEAR
	OPERATOR'S STATE PERMIT NUMBER		VEHICLE LICENSE NUMBER AND STATE	
	OPER- ATED BY	NAME		
		HOME ADDRESS (Number, street, city, State, ZIP code)		
	OWNED BY	NAME		
		ADDRESS (Number, street, city, State, ZIP code)		
	PARTS OF VEHICLE DAMAGED (Describe)			OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
				\$
OTHER PROPERTY DAMAGED (Explain)				

Figure 12-7

8. Block 13, Diagram What Happened (Figure 12-8)

a. Using the symbols given at the top of this block diagram, show how the accident occurred. In the right-hand corner of the block, draw an arrow in the circle to indicate the compass direction of "North". It is very important to give street names, parking lot space number, pier number, building number, etc., on the diagram.

13. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW

1. Number Federal vehicle as 1 - other vehicle as 2 - additional vehicle as 3, and show direction of travel by arrow (Example →   ←)	3. Show pedestrian by  O
2. Use solid line to show path before accident  Broken line after accident ----- 	4. Show railroad by 
	5. Give name or numbers of streets or highways
	6. Indicate north by arrow in the circle 

Note: Illustration enlarged to show detail.

STANDARD FORM 91 PAGE 3 (REV. 11-76)

Figure 12-8

9. Block 14, Operator's Statement of Accident and Use of Safety Equipment (Figure 12-9)

a. On last page of this report, page 4, the Navy driver describes how the accident occurred. This statement should include the action of the vehicles such as, direction, lane, speed, etc.

b. Mark "X" in the appropriate boxes to indicate whether vehicle was equipped with seat belts. If so, whether they were being used when accident occurred.

[illegible]

12-8


14. OPERATOR'S STATEMENT OF ACCIDENT AND USE OF SAFETY EQUIPMENT

Tell in your own way how the accident happened. I was driving north on Ward Road, stopped in the left lane for red signal light at Robertson Street. My vehicle was struck in the right front fender by a red Chevrolet.

WAS VEHICLE EQUIPPED WITH SEAT BELTS? ☒ YES ☐ NO If "Yes," were they in use at time of accident? ☒ YES ☐ NO

Have you answered ALL the questions as completely as possible?

In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as it is the first step in the Government's investigation of a motor vehicle accident. The principal purposes for which the information is intended to be used are to provide necessary data for use by legal counsel in legal actions resulting from the accident and to provide accident information/statistics for use in analyzing accident causes and developing methods of reducing accidents. Routine use of the information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

OPERATOR SIGN HERE  DATE SIGNED 14 July 199

U.S. GPO 1985-491 248 27643

STANDARD FORM 91 PAGE 4 (REV. 11-76)

OPERATOR'S REPORT OF MOTOR VEHICLE ACCIDENT

DEPARTMENT OR AGENCY Public Works Center, NAS Bravo

NAME AND LOCATION OF ORGANIZATION TO WHICH YOU ARE ASSIGNED Public Works Truck Driver Unit Building 65 NAS Bravo (Work Phone Number)

This form is to be completed by the Government operator at the time and the scene of the accident if possible. See the Privacy Act Statement on page 4.

1. OPERATOR DATA

LAST NAME FIRST NAME MIDDLE INITIAL AGE
Doe John J 48

RANK, RATING OR TITLE SERVICE NUMBER OR SOCIAL SECURITY NO. GOVT. MOTOR VEHICLE OPERATOR PERMIT NO.
SN 570-36-0994 N/A

HOME ADDRESS (Number, street, city, State, ZIP code) HOME TELEPHONE NO.
BEQ 95 NAS Bravo 123-4567

ACCIDENT DATE DAY OF WEEK TIME NUMBER OF HOURS ON DUTY PRIOR TO ACCIDENT
14/07/9 Wednesday 1300 5

PLACE OF ACCIDENT (If in city, give number, street, city and State, if outside city limits, indicate mileage to nearest city, or other landmark.)
on Ward Road at Robertson Street, NAS Bravo

2. ACCIDENT TIME AND LOCATION

ORIGIN OF TRIP DESTINATION
Building 123 NAS Bravo Building 456 NAS Bravo

PURPOSE OF TRIP
Delivery Mail

3. FEDERAL VEHICLE (including management, federally owned)

MAKE TYPE REGISTRATION NUMBER OR OTHER IDENTIFICATION
1988 Dodge Van USN 94 12345

PARTS OF VEHICLE DAMAGED (Describe) OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
Right front fender dented (moderate) Estimate

IF THIS WAS A BACKING ACCIDENT, WAS A GUIDE AVAILABLE? ☐ YES ☒ NO If "Yes," was guide used? ☐ YES ☐ NO

MAKE TYPE YEAR
Chevrolet 2 Dr Sedan 1986

OPERATOR'S STATE PERMIT NUMBER VEHICLE LICENSE NUMBER AND STATE
1234567 KY 505123 KY

4. OTHER VEHICLE INVOLVED (If more than one, itemize in item 12, page 3)

OPERATED BY NAME
Jones, James

HOME ADDRESS (Number, street, city, State, ZIP code)
1234 B Street, NAS Bravo

OWNED BY NAME
Jones, James or (same)

ADDRESS (Number, street, city, State, ZIP code)
same as above

PARTS OF VEHICLE DAMAGED (Describe) OPERATOR'S ESTIMATED AMOUNT OF DAMAGE
Right Front? Minor, Moderate or Major? Left Side? Minor - less than \$100 Rear End? Moderate - \$100 to \$200 Major - over \$200 Estimate

5. OTHER PROPERTY DAMAGED (Explain. If more space is needed, continue in item 12, page 3.)
None, or one 4-foot steel post bent (minor) Northeast corner of building 91 damaged (major)

91-108



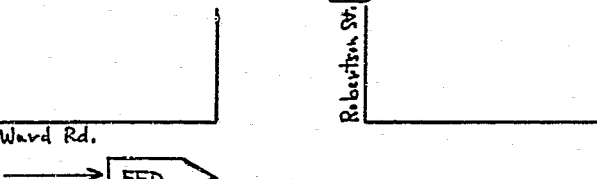
STANDARD FORM 91 PAGE 1 (REV. 11-76)
Prescribed by GSA, FPMR 101-39-6

SAMPLE

ATTACHMENT (1)
Page 1 of 2

SAMPLE SF 91

6. PERSONS IN YOUR VEHICLE INJURED	NAMES		HOME ADDRESSES	
	Brown, Betty O.		NAS Bravo 1234 First St., (123-4567)	
7. OCCUPANTS IN YOUR VEHICLE	Brown, Betty O.		NAS Bravo 1234 First St., (123-4567)	
	If known			
8. OCCUPANTS IN OTHER VEHICLE(S)	Very important to get			
	names, addresses and			
	phone numbers			
9. WITNESSES AND POLICE	POLICE OFFICER MA2 Richard L. Smith		BADGE NUMBER #123	PRECINCT OR HEADQUARTERS Station or City
10. ACCIDENT CONDITIONS	INDICATE: FEDERAL VEHICLE (Includes privately owned Federally operated)		OTHER VEHICLE (2)	
	DIRECTION OF TRAVEL North		South	
	SIDE OF STREET OR HIGHWAY Right		Left	
	APPROXIMATE SPEED 15-20		MILES PER HOUR 25-30	MILES PER HOUR
	CONDITION OF ROADWAY (Wet or dry, icy, etc.) Dry	WEATHER (Clear, foggy, rain, snow, etc.) Clear	TYPE OF ROADWAY (concrete, macadam, etc.) Concrete	
	OTHER INFORMATION (Explain stop signs, traffic signals, obstructions, etc.) Use extra sheets if necessary.			

11. EVENTS AFTER ACCIDENT	STATE WHO GAVE MEDICAL AID, IF ANY WAS GIVEN		WHERE WAS INJURED TAKEN		
	If known		If known		
	CONDITION OF OTHER DRIVER				
	If known				
12. OTHER VEHICLE OR PROPERTY INVOLVED CONTINUATION — If more than one vehicle involved	MAKE		TYPE	YEAR	
	N/A				
	OPERATOR'S STATE PERMIT NUMBER		VEHICLE LICENSE NUMBER AND STATE		
	OPER- ATED BY	NAME			
		HOME ADDRESS (Number, street, city, State, ZIP code)			
	OWNED BY	NAME			
		ADDRESS (Number, street, city, State, ZIP code)			
	PARTS OF VEHICLE DAMAGED (Describe)			OPERATOR'S ESTIMATED AMOUNT OF DAMAGE	
	(Only if third vehicle is involved.)			\$ Estimate	
	OTHER PROPERTY DAMAGED (Explain)				
None or					
13. DIAGRAM WHAT HAPPENED BY USING THESE SYMBOLS, BELOW	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>1. Number Federal vehicle as 1-vehicle vehicle as 2-motorized vehicle as 3, and show direction of travel by arrow</p> <p>(Example:  <p>4. Show position by   </p></p></div></div>				

SECTION 13

DEPARTMENT OF THE NAVY ALCOHOLIC INFLUENCE REPORT (DD FORM 1920)

A. Purpose. This form is used when there is alcohol involvement in incidents and accidents. It is used for specific alcohol related offenses such as drunk and disorderly conduct, and the circumstances surrounding a driver suspected of being under the influence of alcohol. The DD Form 1920 is completed for every individual apprehended and is an enclosure to the Incident/Complaint Report (ICR), OPNAV 5527/1, see Section 1 of this guide. Whenever there is alcohol involvement in a traffic accident, attach the completed DD Form 1920 to the Traffic Accident Report (OPNAV 5527/1A), see Section 11 of this guide. Submit the two reports as an enclosure to the ICR.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in DD Form 1920. Figures 13-1 through 13-7 depict the blanks in each section. Attachment (1) provides a sample of a completed Alcoholic Influence Report (DD Form 1920).

1. Heading (Figure 13-1)

a. INSTALLATION. Print name of installation submitting the report in this blank.

b. VIOLATION REPORT NUMBER. Enter the traffic ticket number from the Armed Forces Traffic Ticket DD Form 1408 or the violation number from the United States District Court Violation Notice DD Form 1805.

c. ACCIDENT REPORT NUMBER. The Case Control Number (CCN) from the original ICR is entered in this block regardless if accident related or not.

d. DATE, TIME AND LOCATION OF ACCIDENT OR INCIDENT. Self-explanatory.

e. DATE AND TIME IN CUSTODY. Enter date and time the suspect was placed under apprehension.

f. APPREHENDING OFFICER. Enter full name.

g. NAME OF SUBJECT. Enter full name.

h. GRADE/CATEGORY. For military, enter the subject's rate or rank (not paygrade) and branch of service (retired military enter "RET" after branch of service). For government civilian personnel, enter the subject's position classification rating. For military dependents enter, "DEP WIFE", "DEP SON", etc. For civilians with no government affiliation, enter "CIV".

i. SSN. Enter subject's social security number.

j. UNIT OF ASSIGNMENT/ADDRESS. For active duty military and government civilian personnel, enter the subject's duty station and UIC. For all others enter the residential address.

k. DRIVER, PASSENGER, PEDESTRIAN. Mark appropriate block with "X" to show the subject's situation of driver, passenger or pedestrian.

l. AGE. Enter subject's age.

m. SEX. Mark appropriate box with an "X" to indicate whether subject is male or female.

n. APPROXIMATE WEIGHT. Enter subject's approximate weight in pounds.

o. OPERATOR'S LICENSE NUMBER. Enter operators license number.

p. STATE. Enter name of State which issued driver license.

ALCOHOLIC INFLUENCE REPORT					
INSTALLATION			VIOLATION REPORT NO.		ACCIDENT REPORT NO.
DATE, TIME AND LOCATION OF ACCIDENT OR INCIDENT			DATE AND TIME IN CUSTODY		APPREHENDING OFFICER
NAME OF SUBJECT			GRADE/CATEGORY		SSN
UNIT OF ASSIGNMENT/ADDRESS				<input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	
AGE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	APPROX WEIGHT	OPERATOR'S LICENSE NO.		STATE

Figure 13-1

2. Observations (Figure 13-2)

a. MADE BY. Enter name, grade, SSN, and organization of the person making the observation.

b. WITNESSED BY. Enter name, grade, SSN, and organization of the person witnessing.

c. CLOTHES. Describe by type and color the clothes worn by the subject. Check the applicable box for the condition of the clothes.

d. BREATH. Enter "X" in the appropriate box for odor of alcoholic beverage detected on the subject's breath.

e. **ATTITUDE.** Enter "X" in the appropriate box(es) to indicate the subject's attitude.

f. **UNUSUAL ACTIONS.** Enter "X" in the appropriate box(es) to indicate any unusual actions of the subject.

g. **SPEECH.** Enter "X" in the appropriate box(es) to indicate the type of speech of the subject, e.g., slurred, mumbled, not understandable, etc.

h. **SPONTANEOUS ACTS.** Enter any actions the subject made without being directed to e.g., statements, walking, turning, etc.

i. **WHAT FIRST LEAD YOU TO SUSPECT ALCOHOLIC INFLUENCE.** Record in this block what first led you to believe the subject was under the influence of alcohol. This statement establishes probable cause.

j. **SIGNS OR COMPLAINT OF ILLNESS OR INJURY.** Enter any sign(s) of illness or injury to the subject.

Check all applicable boxes describing conditions observed, i.e., more than one box may be checked to describe conditions observed.	
SECTION I - OBSERVATIONS	
MADE BY (Name, grade, SSN & organization)	WITNESSED BY (Name, grade, SSN & organization)
CLOTHES (Describe type & color)	HAT OR CAP
	JACKET OR COAT
	SHIRT OR DRESS
	PANTS OR SKIRT
	CONDITION <input type="checkbox"/> Disorderly <input type="checkbox"/> Disarranged <input type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input type="checkbox"/> Orderly <table border="1"> <tr> <td>DESCRIBE</td> </tr> </table>
DESCRIBE	
BREATH	ODOR OF ALCOHOLIC BEVERAGE <input type="checkbox"/> Strong <input type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cocky <input type="checkbox"/> Cooperative <input type="checkbox"/> Polite
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input type="checkbox"/> Crying <input type="checkbox"/> Laughing
SPEECH	<input type="checkbox"/> Not understandable <input type="checkbox"/> Mumbled <input type="checkbox"/> Slurred <input type="checkbox"/> Mush mouthed <input type="checkbox"/> Confused <input type="checkbox"/> Thick tongued <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Fair <input type="checkbox"/> Good
SPONTANEOUS ACTS (Statements, walking, turning, etc)	
INDICATE BRIEFLY WHAT FIRST LED YOU TO SUSPECT ALCOHOLIC INFLUENCE	SIGNS OR COMPLAINT OF ILLNESS OR INJURY

Figure 13-2

3. Performance Tests (Figure 13-3)

a. ADMINISTERED BY. Enter name, grade, SSN, and organization of the officer administering the performance test.

b. DATE/TIME TESTS PERFORMED. Enter date and time the performance test was administered.

c. BALANCE. Enter "X" in the appropriate box to indicate if the subject was able to maintain his balance, e.g., swaying, wobbling, needed support, etc.

d. WALKING. Enter "X" in the appropriate box to indicate if the subject was staggering, falling, swaying, etc., while walking.

e. TURNING. Enter "X" in the appropriate box to indicate if the subject was hesitant, sure, unsure, etc., while turning.

f. FINGER TO NOSE. Enter "X" in the appropriate box to indicate if the subject was able to perform the finger to nose test.

g. COINS. Enter "X" in the appropriate box to indicate if the subject was able to perform the coin test.

h. BALANCE DURING COIN TEST. State coordination of subject while picking up the coins, e.g., able to maintain balance, lost balance, unsure, etc.

i. ABILITY TO UNDERSTAND INSTRUCTIONS. Enter "X" in the appropriate box to indicate the ability of the subject to understand instructions.

j. EFFECTS OF ALCOHOL. Enter "X" in the appropriate box to indicate the effects of alcohol on the subject.

k. REMARKS. Enter any information the officer thinks is pertinent to the case.

SECTION II - PERFORMANCE TESTS (Warning of rights in accordance with separate departmental policy is required for military personnel)	
ADMINISTERED BY (Name, grade, SSN & organization)	
DATE & TIME TESTS PERFORMED	
BALANCE	<input type="checkbox"/> Falling <input type="checkbox"/> Needed support <input type="checkbox"/> Wobbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure
WALKING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure
TURNING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input type="checkbox"/> Hesitant <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure
FINGER TO NOSE	<div>RIGHT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure</div> <div>LEFT <input type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure</div>
COINS	<div><input type="checkbox"/> Unable <input type="checkbox"/> Fumbling <input type="checkbox"/> Slow <input type="checkbox"/> Sure</div> <div><input type="checkbox"/> Other</div>
BALANCE DURING COIN TEST	
<div>ABILITY TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> Extreme <input type="checkbox"/> Obvious <input type="checkbox"/> Slight</div> <div><input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> None ABILITY TO DRIVE <input type="checkbox"/> Unfit <input type="checkbox"/> Fit</div>	
REMARKS	

DD FORM 1920
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Figure 13-3

4. Interview (Figure 13-4)

a. **QUESTIONS/BLANKS.** This section is located on the back page and is used by the interviewer to question the subject. These questions are to enable the interviewer to judge the subject's response and to also test the subject's memory for certain facts.

b. **INTERVIEWER TO FILL IN ACTUAL.** The interviewer must state the time, day of the week, date, and the interviewer's full name.

c. **ADDITIONAL INTERVIEWER QUESTIONS.** This section is also used by the interviewer to gather information from the subject to determine if the subject is under a doctor's care, or on any prescribed medication. The remainder of the questions in this section are designed to determine if there are factors other than alcohol which might have affected the subject's ability to operate a motor vehicle. For example, symptoms of diabetic insulin shock are identical to the symptoms of drunkenness.

d. **HANDWRITING SPECIMEN.** In this block, the interviewer will have the subject provide a handwriting sample by either signing their signature or writing something else that the subject chooses.

SECTION III - INTERVIEW (Warning of rights in accordance with separate departmental policy is required for all personnel)				
Were you operating a vehicle? _____ Where were you going? _____				
What street or highway were you on? _____ Direction of travel? _____				
Where did you start from? _____ What time did you start? _____ What time is it now? _____				
What city (county) are you in now? _____ What is the date? _____ What day of the week is it? _____				
INTERVIEWER TO FILL IN ACTUAL	TIME	DAY	DATE	INTERVIEWER'S NAME
When did you last eat? _____ What did you eat? _____				
What were you doing during the last three hours? _____				
Have you been drinking? _____ What? _____ How much? _____ Where? _____				
Time started? _____ Time stopped? _____ Are you under the influence of an alcoholic beverage now? _____				
What is your occupation? _____ When did you last work? _____				
Do you have any physical defects? _____ If so, what's wrong? _____				
Do you limp? _____ Have you been injured lately? _____ If so, what's wrong? _____				
Are you ill? _____ If so, what's wrong? _____				
Did you get a bump on the head? _____ Were you involved in an accident today? _____ Have you had any alcoholic beverage since the accident? _____				
If so, what? _____ Where? _____ How much? _____ When? _____				
Have you seen a doctor or dentist lately? _____ If so, who? _____ When? _____				
What for? _____ Are you taking tranquilizers, pills or medicines of any kind? _____				
If so, what kind? (Get sample) _____ Last dose? _____ Do you have epilepsy? _____ Diabetes? _____				
Do you take insulin? _____ If so, last dose? _____ Have you had any injections of any other drugs recently? _____				
If so, what for? _____ What kind of drug? _____ Last dose? _____				
When did you last sleep? _____ How much sleep did you have? _____ Are you wearing false teeth? _____ Glass eye? _____				
HANDWRITING SPECIMEN (Signature and/or anything he chooses)				

Figure 13-4

5. Chemical Test Data (Figure 13-5)

a. TYPE OF SPECIMEN. Enter "X" in the appropriate box to show the type of specimen received from the subject.

b. TIME. Enter time, date, and location of the test.

c. ADMINISTERED BY. Enter full name, grade, SSN, and organization of the individual who administered the test.

d. TEST RESULT. Enter test result.

e. TEST REFUSED, OR UNABLE TO BE ADMINISTERED, STATE REASON. Indicate whether the subject refused the test, or whether the officer was unable to administer the test and the reason the test could not be administered.

SECTION IV - CHEMICAL TEST DATA	
TYPE OF SPECIMEN <input type="checkbox"/> Blood <input type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other	TIME, DATE AND LOCATION OF TEST
ADMINISTERED BY (Name, grade, SSN & organization)	TEST RESULT
IF TEST REFUSED, OR UNABLE TO BE ADMINISTERED, STATE REASON	

Figure 13-5

6. Video Tape, Motion Picture, Voice Recordings (Figure 13-6)

a. TYPE OF COVERAGE. Enter "X" in the appropriate block to indicate the recording device used.

b. SCOPE OF COVERAGE. Enter "X" in the appropriate block to indicate the scope of coverage.

c. TAKEN BY. Enter full name, grade, SSN, and organization of the individual who operated the recording device.

d. REFERENCE CODE. This block is for the internal use of the command as prescribed in local Standard Operating Procedures (SOP).

SECTION V - VIDEO TAPE, MOTION PICTURE, VOICE RECORDINGS	
TYPE COVERAGE <input type="checkbox"/> Video tape <input type="checkbox"/> Motion picture <input type="checkbox"/> Voice	SCOPE OF COVERAGE <input type="checkbox"/> Observation <input type="checkbox"/> Performance test <input type="checkbox"/> Interview
TAKEN BY (Name, grade, SSN & organization)	REFERENCE CODE

Figure 13-6

7. Supplementary Data (Figure 13-7)

a. WITNESSES. Enter the full name, address, and telephone number of all witnesses, including their sobriety and physical condition.

b. PASSENGERS. Enter the full name, address, and telephone number of all passengers in the suspect's vehicle including their sobriety and physical condition in this block.

SECTION VI - SUPPLEMENTARY DATA				
	NAME	ADDRESS	TELEPHONE NO.	CONDITION
WITNESSES				
PASSENGERS IN SUSPECT'S VEHICLE				

GPO : 1985 O - 481-982

Figure 13-7

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SAMPLE

ALCOHOLIC INFLUENCE REPORT					
INSTALLATION NAS Bravo			VIOLATION REPORT NO. 123456		ACCIDENT REPORT NO. N/A
DATE, TIME AND LOCATION OF ACCIDENT OR INCIDENT 15AUG9, 0107, Rodgers St., NAS Bravo			DATE AND TIME IN CUSTODY 15AUG9, 0110		APPREHENDING OFFICER Elizabeth J. Williams
NAME OF SUBJECT Robert Lynn Parris			GRADE/CATEGORY SN/USN		SSN 262-90-7777
UNIT OF ASSIGNMENT/ADDRESS NAS Bravo				<input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> PEDESTRIAN	
AGE 19	SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	APPROX. HGT 180	OPERATOR'S LICENSE NO. 123456		STATE Texas
Check all applicable boxes describing conditions observed, i.e., more than one box may be checked to describe conditions observed.					
SECTION I - OBSERVATIONS					
MADE BY (Name, grade, SSN & organization) Elizabeth J. Williams, MA1, 262-90-1111 NAS Bravo			WITNESSED BY (Name, grade, SSN & organization) James R. Hunt, MAC, 262-91-7719 NAS Bravo		
CLOTHES (Describe type & color)	HAT OR CAP N/A				
	JACKET OR COAT brown leather				
	SHIRT OR DRESS red pullover				
	PANTS OR SKIRT denim				
	CONDITION <input checked="" type="checkbox"/> Soiled <input type="checkbox"/> Mussed <input type="checkbox"/> Disorderly <input type="checkbox"/> Disarranged <input type="checkbox"/> Orderly		DESCRIBE mud dried on pants and shirt		
BREATH	ODOR OF ALCOHOLIC BEVERAGE <input type="checkbox"/> Strong <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Faint <input type="checkbox"/> None				
ATTITUDE	<input type="checkbox"/> Excited <input type="checkbox"/> Hilarious <input type="checkbox"/> Talkative <input type="checkbox"/> Carefree <input checked="" type="checkbox"/> Sleepy <input type="checkbox"/> Profanity <input type="checkbox"/> Combative <input type="checkbox"/> Indifferent <input type="checkbox"/> Insulting <input type="checkbox"/> Cocky <input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Polite				
UNUSUAL ACTIONS	<input type="checkbox"/> Hiccoughing <input type="checkbox"/> Belching <input checked="" type="checkbox"/> Vomiting <input type="checkbox"/> Fighting <input checked="" type="checkbox"/> Crying <input type="checkbox"/> Laughing				
SPEECH	<input type="checkbox"/> Not understandable <input type="checkbox"/> Mumbled <input checked="" type="checkbox"/> Slurred <input type="checkbox"/> Mush mouthed <input type="checkbox"/> Confused <input checked="" type="checkbox"/> Thick tongued <input type="checkbox"/> Stuttered <input type="checkbox"/> Accent <input type="checkbox"/> Fair <input type="checkbox"/> Good				
SPONTANEOUS ACTS (Statements, walking, turning, etc) When attempting to exit vehicle SN Parris fell to his knees					
INDICATE BRIEFLY WHAT FIRST LED YOU TO SUSPECT ALCOHOLIC INFLUENCE Vehicle crossed center line			SIGNS OR COMPLAINT OF ILLNESS OR INJURY N/A		
SECTION II - PERFORMANCE TESTS (Warning of rights in accordance with separate departmental policy is required for military personnel)					
ADMINISTERED BY (Name, grade, SSN & organization) Elizabeth J. Williams, MA1, 262-90-1111 NAS Bravo				DATE & TIME TESTS PERFORMED 15AUG9, 0115	
BALANCE	<input type="checkbox"/> Falling <input checked="" type="checkbox"/> Needed support <input type="checkbox"/> Wobbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure				
WALKING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input checked="" type="checkbox"/> Stumbling <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure				
TURNING	<input type="checkbox"/> Falling <input type="checkbox"/> Staggering <input checked="" type="checkbox"/> Hesitant <input type="checkbox"/> Swaying <input type="checkbox"/> Unsure <input type="checkbox"/> Sure				
FINGER TO NOSE	RIGHT <input checked="" type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure		LEFT <input checked="" type="checkbox"/> Completely missed <input type="checkbox"/> Hesitant <input type="checkbox"/> Sure		
COINS	<input checked="" type="checkbox"/> Unable <input type="checkbox"/> Fumbling <input type="checkbox"/> Slow <input type="checkbox"/> Sure <input type="checkbox"/> Other		BALANCE DURING COIN TEST Unable to perform		
ABILITY TO UNDERSTAND INSTRUCTIONS <input type="checkbox"/> Poor <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Good			EFFECTS OF ALCOHOL <input type="checkbox"/> Extreme <input checked="" type="checkbox"/> Obvious <input type="checkbox"/> Slight <input type="checkbox"/> None ABILITY TO DRIVE <input checked="" type="checkbox"/> Unfit <input type="checkbox"/> Fit		
REMARKS					

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SAMPLE DD FORM 1920

ATTACHMENT (1)
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SAMPLE

SECTION III - INTERVIEW (Warning of rights in accordance with separate departmental policy is required for all personnel)				
Were you operating a vehicle? <u>Yes</u> Where were you going? <u>Back to the base</u>				
What street or highway were you on? <u>Roosevelt Road</u> Direction of travel? <u>North</u>				
Where did you start from? <u>EM Club</u> What time did you start? <u>2100</u> What time is it now? <u>2100</u>				
What city (county) are you in now? <u>Chicago</u> What is the date? <u>Tuesday</u> What day of the week is it? <u>Tuesday</u>				
INTERVIEWER TO FILL IN ACTUAL	TIME <u>0130</u>	DAY <u>Monday</u>	DATE <u>15AUG9</u>	INTERVIEWER'S NAME <u>Elizabeth J. Williams</u>
When did you last eat? <u>lunch time-about 1130</u> What did you eat? <u>hamburger</u>				
What were you doing during the last three hours? <u>Playing pool at the club</u>				
Have you been drinking? <u>Yes</u> What? <u>beer</u> How much? <u>two</u> Where? <u>at the club</u>				
Time started? <u>1600</u> Time stopped? <u>2100</u> Are you under the influence of an alcoholic beverage now? <u>No</u>				
What is your occupation? <u>sailor</u> When did you last work? <u>1600</u>				
Do you have any physical defects? <u>No</u> If so, what's wrong? <u>N/A</u>				
Do you limp? <u>No</u> Have you been injured lately? <u>Yes</u> If so, what's wrong? <u>I dropped a hammer on my foot</u>				
Are you ill? <u>No</u> If so, what's wrong? <u>N/A</u>				
Did you get a bump on the head? <u>No</u> Were you involved in an accident today? <u>No</u> Have you had any alcoholic beverage since the accident? <u>N/A</u>				
If so, what? <u>N/A</u> Where? <u>N/A</u> How much? <u>N/A</u> When? <u>N/A</u>				
Have you seen a doctor or dentist lately? <u>Yes</u> If so, who? <u>dentist</u> When? <u>last week</u>				
What for? <u>I had a cavity which needed fixing</u> Are you taking tranquilizers, pills or medicines of any kind? <u>No</u>				
If so, what kind? (Get sample) <u>N/A</u> Last dose? <u>N/A</u> Do you have epilepsy? <u>No</u> Diabetes? <u>No</u>				
Do you take insulin? <u>No</u> If so, last dose? <u>N/A</u> Have you had any injections of any other drugs recently? <u>No</u>				
If so, what for? <u>N/A</u> What kind of drug? <u>N/A</u> Last dose? <u>N/A</u>				
When did you last sleep? <u>Yesterday</u> How much sleep did you have? <u>15 hours</u> Are you wearing false teeth? <u>No</u> Glass eye? <u>Yes</u>				
HANDWRITING SPECIMEN (Signature and/or anything he chooses)		<u>Q. L. Parris</u>		
SECTION IV - CHEMICAL TEST DATA				
TYPE OF SPECIMEN <input type="checkbox"/> Blood <input checked="" type="checkbox"/> Breath <input type="checkbox"/> Saliva <input type="checkbox"/> Urine <input type="checkbox"/> Other			TIME, DATE AND LOCATION OF TEST <u>0215, 15AUG9, NAS Bravo</u>	
ADMINISTERED BY (Name, grade, SSN & organization) <u>Elizabeth J. Williams, MA1, 262-90-1111, NAS Bravo</u>			TEST RESULT <u>.32</u>	
IF TEST REFUSED, OR UNABLE TO BE ADMINISTERED, STATE REASON				
SECTION V - VIDEO TAPE, MOTION PICTURE, VOICE RECORDINGS				
TYPE COVERAGE <input type="checkbox"/> Video tape <input type="checkbox"/> Motion picture <input type="checkbox"/> Voice			SCOPE OF COVERAGE <input type="checkbox"/> Observation <input type="checkbox"/> Performance test <input type="checkbox"/> Interview	
TAKEN BY (Name, grade, SSN & organization)			REFERENCE CODE	
SECTION VI - SUPPLEMENTARY DATA				
WITNESSES	NAME	ADDRESS	TELEPHONE NO.	CONDITION
PASSENGERS IN SUSPECT'S VEHICLE				

SECTION 14

DEPARTMENT OF THE NAVY COMPLAINT OF STOLEN VEHICLE (OPNAV 5527/11)

A. Purpose. This form is designed for reporting the theft of a privately owned motor vehicle from a Naval installation. It must be used in conformity with local NIS policy and procedure.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/11. Figures 14-1 through 14-6 depict the blanks in each section. Attachment (1) provides a sample of a completed Complaint of Stolen Vehicle (OPNAV 5527/11).

1. Blocks 1 through 4 (Figure 14-1)

a. Block 1, Date and Time Report Received. Enter the date and time that a member of the Security Department first received information concerning the theft of the motor vehicle.

b. Block 2, Registered Owner. Enter the name and telephone number of the registered owner.

c. Block 3, Location of Vehicle When Stolen. Enter location of vehicle when it was stolen, be as specific as possible, e.g., Carport, Quarters 123-B.

d. Block 4, Date & Time Vehicle Last Seen. If unable to obtain a precise date and time, enter approximate time period, e.g., 2300-0200, 02-03SEP9__.

DEPARTMENT OF THE NAVY COMPLAINT OF STOLEN MOTOR VEHICLE	
1. DATE & TIME REPORT RECEIVED	2. REGISTERED OWNER (Name and Phone Number)
3. LOCATION OF VEHICLE WHEN STOLEN	4. DATE & TIME VEHICLE LAST SEEN

Figure 14-1

2. Block 5, Complainant (Figure 14-2)

a. NAME. Enter full name of person who is actually making the complaint.

b. RATE/RANK. Enter rate/rank and branch of service of complainant.

- c. SSN. Enter complainant's social security number.
- d. DATE AND PLACE OF BIRTH. Enter date and place of birth of complainant.
- e. SEX. Enter "male" or "female" as appropriate.
- f. RACE. Enter race of complainant.
- g. HOME ADDRESS & PHONE NUMBER. Enter complainant's home address and telephone number.
- h. DUTY STATION & PHONE NUMBER. Enter complainant's duty station and work phone number.

5. COMPLAINANT		
a. Name	b. Rate/Rank	c. SSN
d. Date & Place of Birth	e. Sex	f. Race
g. Home Address & Phone Number	h. Duty Station & Telephone Number	

Figure 14-2

3. Block 6, Vehicle Description (Figure 14-3)

- a. MAKE. Enter make of the stolen vehicle, e.g., Ford, Chevrolet, etc.
- b. BODY STYLE. Enter body style of the stolen vehicle, e.g., 2-door sedan, station wagon, van, etc.
- c. COLOR. Enter predominant color(s) of the stolen vehicle, top and bottom, as indicated.
- d. YEAR. Enter model year of the stolen vehicle.
- e. VALUE. Enter the approximate value of the stolen vehicle.
- f. LICENSE NUMBER. Enter license tag number and state.
- g. MOTOR NUMBER. Unless the vehicle's engine has been replaced, this number will be the same as the vehicle identification number (VIN). If this is the case, enter "Same as VIN", otherwise, enter the correct motor number.
- h. VEHICLE ID No. (VIN). Self explanatory.

6. VEHICLE DESCRIPTION		
a. Make		b. Body Style
c. Color (Top) (Bottom)	d. Year	e. Value
f. License Number (State)	g. Motor Number	h. Vehicle ID No. (VIN)

Figure 14-3

4. Block 7, Additional Details (Figure 14-4)

a. WAS KEY IN VEHICLE? Check appropriate box.

b. WERE DOORS LOCKED? Check appropriate box.

c. DESCRIBE DECALS ON VEHICLE. This block will provide the Security Department with additional information on the stolen vehicle and allow for the cancellation of base decals. Be certain that the color of the decal is included.

d. OTHER IDENTIFYING CHARACTERISTICS. Many times unusual markings or other characteristics will provide a quicker, more easily visible identification of the vehicle by officers on patrol.

e. VEHICLE FINANCED BY. Enter name and address of the bank, credit union, etc., which financed stolen vehicle if applicable.

f. VEHICLE INSURED BY. Enter name and address of company insuring stolen vehicle.

7. ADDITIONAL DETAILS		
a. Was key in vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	b. Were doors locked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Describe decals on vehicle	d. Other Identifying Characteristics	
e. Vehicle Financed By (Company Name and Address)	f. Vehicle Insured By (Company Name and Address)	

Figure 14-4

5. Block 8, Person To Be Contacted in Absence of Owner (Figure 14-5)

a. Enter name and telephone number of a responsible adult who can be contacted in event that vehicle is recovered and owner cannot be contacted.

8. PERSON TO BE CONTACTED IN ABSENCE OF OWNER	
a. Name & Address	b. Phone (Business & Home)

Figure 14-5

6. Blocks 9 and 10, Complainant's Statement (Figure 14-6)

a. In order for NIS to enter a stolen motor vehicle into the National Crime Information Center (NCIC) nationwide computer network, a sworn statement must be executed by the owner.

9. COMPLAINANT'S STATEMENT		
<p>I hereby swear or affirm that I have not loaned, rented or otherwise authorized any person(s) to use or operate the above described vehicle; that I have provided all facts known to me concerning its disappearance and to my knowledge it was stolen from a military reservation; that I will notify immediately if I learn the whereabouts of the vehicle; and that I will cooperate in preferring charges against and will appear as a witness against person(s) identified by authorities as responsible for the theft of the vehicle. I hereby authorize the Department of the Navy to release all information recorded hereon to my insurance company and/or any law enforcement agency.</p>		
a. Date	b. Time	c. Complainant Signature
10. SUBSCRIBED AND SWORN TO BEFORE ME		
a. Date	b. Location	c. Signature

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Figure 14-6

SAMPLE

DEPARTMENT OF THE NAVY COMPLAINT OF STOLEN MOTOR VEHICLE		
1. DATE & TIME REPORT RECEIVED 02Aug9_, 0810		2. REGISTERED OWNER (Name and Phone Number) HM2 Stanley H. HARRIS, USN 932-3366
3. LOCATION OF VEHICLE WHEN STOLEN Carport, Quarters 123-B		4. DATE & TIME VEHICLE LAST SEEN 01AUG9_, 2230
5. COMPLAINANT		
a. Name Stanley H. HARRIS	b. Rate/Rank HM2 USN	c. SSN 432-22-1010
d. Date & Place of Birth 16 May 56, Chicago, IL	e. Sex Male	f. Race Caucasian
g. Home Address & Phone Number Quarters 123-B, NAS Bravo 932-3366		h. Duty Station & Telephone Number NRMC Bravo 932-2265
6. VEHICLE DESCRIPTION		
a. Make Chevrolet		b. Body Style 2 dr Sedan
c. Color (Top) (Bottom) Yellow Brown	d. Year 1986	e. Value \$4,500.00
f. License Number (State) WAV-476 Virginia	g. Motor Number Same as VIN	h. Vehicle ID No. (VIN) 8GH9TH8423687
7. ADDITIONAL DETAILS		
a. Was key in vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		b. Were doors locked? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Describe decals on vehicle NAS Bravo Red #1235		d. Other Identifying Characteristics Cracked rear window
e. Vehicle Financed By (Company Name and Address) Navy Federal Credit Union 820 Follin Lane, Vienna, VA 12345		f. Vehicle Insured By (Company Name and Address) GEICO 5260 Western Avenue, Chevy Chase MD 23456
8. PERSON TO BE CONTACTED IN ABSENCE OF OWNER		
a. Name & Address Sally M. HARRIS, Spouse Same as 5g.		b. Phone (Business & Home) 932-3366
9. COMPLAINANT'S STATEMENT		
<p>I hereby swear or affirm that I have not loaned, rented or otherwise authorized any person(s) to use or operate the above described vehicle; that I have provided all facts known to me concerning its disappearance and to my knowledge it was stolen from a military reservation; that I will notify Security Department, NAS Bravo immediately if I learn the whereabouts of the vehicle; and that I will cooperate in preferring charges against and will appear as a witness against person(s) identified by authorities as responsible for the theft of the vehicle. I hereby authorize the Department of the Navy to release all information recorded hereon to my insurance company and/or any law enforcement agency.</p>		
a. Date 02AUG9_	b. Time 0945	c. Complainant Signature Stanley H. Harris
10. SUBSCRIBED AND SWORN TO BEFORE ME		
a. Date 02AUG9_	b. Location NAS Bravo	c. Signature Jerome R. Davis

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SECTION 15

**DEPARTMENT OF THE NAVY
VEHICLE REPORT (OPNAV 5527/12)**

Note: Refer to Sections 22-25 of this guide for samples provided by OPNAVINST 11200.5C, Chapter 6, Motor Vehicle Traffic Supervision.

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DEPARTMENT OF THE NAVY
LINEUP-ACKNOWLEDGEMENT AND WAIVER OF RIGHTS (OPNAV 5527/5)

B. Procedures. This guide describes step-by-step procedures for completing the OPNAV 5527/5. Figures 16-1 through 16-3 depict the blanks in each section. Attachment (1) provides a sample of a completed Lineup-Acknowledgement and Waiver of Rights (OPNAV 5527/5).

- DEPARTMENT OF THE NAVY
- LINEUP-ACKNOWLEDGEMENT AND WAIVER OF RIGHTS**
- Place: _____
- Date: _____

2. Preprinted Paragraph (Figure 16-2).

- 16-1

d. On third line, after words "is conducting an investigation into the offense(s) of", insert offense which is being investigated. Be as specific as possible, and avoid legal terminology. For example, assault on MS Janice T. Wilson at Navy Exchange, NAS Bravo, on 10 Jan 19__.

e. After reading each paragraph to suspect, have suspect initial to the left of first word in each of paragraphs.

I, _____, have been advised by _____ that the _____ is conducting an investigation into the offense(s) of _____ _____ and that I am to be included in a lineup or physical viewing which could implicate me in that offense.

Figure 16-2

3. Signature, Time, Witness (Figure 16-3).

a. After ensuring that the suspect fully understands the right to have an attorney present during a lineup or to consult with one, and after ensuring that suspect does NOT wish an attorney, have the suspect sign and place date and time on the appropriate lines, e.g., 10JAN19__, 1015.

b. If at all possible have a witness sign on line at bottom of form in space provided, and include branch of service and rank.

Signature: _____
Time: _____
Witnessed: _____

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Figure 16-3

DEPARTMENT OF THE NAVY

LINEUP-ACKNOWLEDGEMENT AND WAIVER OF RIGHTS

Place: NAS Bravo

Date: 10JAN9, 1015

I, Matthew Robert McCoy, SK3, USN, 123-45-6789, have been advised by
MA1 Ronald A. Horace that the Security Department, NAS Bravo
 is conducting an investigation into the offense(s) of assault on MS Janice T. Wilson at Navy Exchange,
NAS Bravo, on 10JAN199.

and that I am to be included in a lineup or physical viewing which could implicate me in that offense.

I have been advised that I have a right guaranteed by the Sixth Amendment to the U.S. Constitution to
 consult with, be assisted by or have present a military lawyer which will be provided at no cost or expense to me.

With a clear understanding of my rights as indicated above, I have decided that I do not want a lawyer
 present during this lineup.

I make this decision freely and voluntarily. No threats or promises have been made to me.

Signature: Matthew Robert McCoy

Time: 1020, 10 Jan 9

Witnessed:

Ronald A. Horace, USN, MA1

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SECTION 17

DEPARTMENT OF THE NAVY INTERVIEW/INTERROGATION LOG (OPNAV 5527/7)

A. Purpose. Prior to asking any incriminating questions, the interviewer/interrogator should ensure that the Interview/Interrogation Log is initiated and filled out legibly. This must be done for every interrogation. No questions, including those of a biographical nature, may be asked until the suspect has waived their rights. The OPNAV 5527/7 form is vital in validating testimony since it records the chronology of Article 31 or Fifth Amendment warnings, verbal admissions, written statements, breaks for food, etc. The latter is especially important since, if the interrogation is properly conducted, it will dispel suggestions of undue pressure, coercion or unreasonableness. Whenever possible, two interrogators should participate, one to log information on the form and one to conduct the interrogation.

B. Procedures. This guide describes step-by-step procedures for completing the OPNAV 5527/7. Figures 17-1 through 17-4 depict the blanks in each section. Attachment (1) provides a sample of a completed Interview/Interrogation Log (OPNAV 5527/7).

1. Block 1, Case Control Number (Figure 17-1)

a. Enter case control number (CCN) from original Incident/Complaint Report (ICR), OPNAV 5527/1.

DEPARTMENT OF THE NAVY INTERVIEW / INTERROGATION LOG	1. CASE CONTROL NUMBER (CCN)
--	------------------------------

Figure 17-1

2. Block 2, Interview Details (Figure 17-2)

a. Enter in blocks A, B and C, as appropriate, location where interview is being conducted, whether individual being interviewed/interrogated was unescorted or under guard, and date of interview.

b. In block D (1) through (11) recording interviewer/interrogator should enter information as requested. The time must be as specific and accurate.

c. In block D (11) are instructions to re-warn the individual if necessary. This is important if the breaks are for extended periods of time and will demonstrate positively in court that individual was always aware of their Article 31 or Fifth Amendment rights.

2. INTERVIEW DETAILS			
A. INTERVIEW LOCATION	B	<input type="checkbox"/> UNESCORTED <input type="checkbox"/> UNDER GUARD	C DATE OF INTERVIEW
D	ACTION	TIME	ACTION
	(1) ARRIVAL AT COMPONENT / OTHER		(8) WRITTEN STATEMENT COMMENCED
	(2) ENTERED ROOM		(9) WRITTEN STATEMENT SIGNED
	(3) QUESTIONS PRIOR TO WARNING (If any, specify)		(10) DISPOSITION OF SUSPECT
			(11) INTERROGATION BREAKS
			Food Stop
			Start
			Re-warning (if necessary)
			Rest Stop
			Start
			Re-warning (if necessary)
			Consultation Stop
			Start
	(4) WARNING BEGUN		Re-warning (if necessary)
	(5) SUSPECT WAIVES RIGHTS		Other (List) Stop
	SUSPECT EXERCISES RIGHTS		Start
	(6) SUSPECT EXECUTES A WRITTEN WAIVER		Re-warning (if necessary)
	(7) GUILT OR PARTICIPATION VERBALLY ADMITTED		

Figure 17-2

3. Block 3, Personal Data (Figure 17-3)

a. Enter in blocks A, B and C, as appropriate, name, social security number (SSN), rate/rank or civil service rating of individual being interviewed/interrogated. For individuals with no government affiliation, enter "CIV."

b. In block D, enter identification data in same manner as it would be entered in block 16 of Incident/Complaint Report (ICR), OPNAV 5527/1, refer to Section 1 of this guide.

c. Block E is used for civilians. If a member of military is being interviewed/interrogated, enter "N/A".

d. Enter individual's educational level in block F (e.g., college, high school, GED, 7th grade, etc.).

e. In block G, enter subject's citizenship.

f. Enter name and address of individual's spouse in box H, if applicable. If not, enter "N/A".

g. In block I, enter name, address and relationship of subject's next of kin.

h. Enter in block J, individual's home address of record.

i. In case of military members, enter in block K, date of last enlistment or commission. For civilians, enter last date of employment.

j. In block L, enter date individual reported to present assignment. If individual is a civilian with no government affiliation, enter "N/A".

3. PERSONAL DATA		
A. NAME (Last, First, Middle)	B. SSN	C. RANK, RATE/GRADE
D. DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS		
E. CIVILIAN OCCUPATION	F. EDUCATION	G. CITIZENSHIP
H. NAME AND ADDRESS OF SPOUSE	I. NAME ADDRESS AND RELATIONSHIP OF NEXT OF KIN	
J. SUBJECT'S HOME ADDRESS OF RECORD	K. DATE OF LAST ENLISTMENT/ EMPLOYMENT/COMMISSIONING	L. DATE REPORTED TO PRESENT ASSIGNMENT

Figure 17-3

4. Blocks 4 and 5 (Figure 17-4)

a. Block 4, Remarks. Enter any notes interviewer/interrogator has concerning the session, or any admissions of guilt (verbatim), etc., made by suspect. If additional space is needed, enter words "See reverse side" and continue on reverse side of the form.

b. Block 5, Signature of Interviewer. The interviewer/interrogator who conducted session must sign form in this block.

4. REMARKS (If more space is needed, continue on reverse.)
5. SIGNATURE OF INTERVIEWER

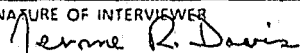
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Figure 17-4

SAMPLE

DEPARTMENT OF THE NAVY		1 CASE CONTROL NUMBER (CCN)	
INTERVIEW / INTERROGATION LOG		10OCT9_-12345-062-7R3	
2. INTERVIEW DETAILS			
A. INTERVIEW LOCATION Security Office, Building 131 NAS Bravo		B. <input checked="" type="checkbox"/> UNESCORTED <input type="checkbox"/> UNDER GUARD	
		C. DATE OF INTERVIEW 16OCT9_	
D	ACTION	TIME	ACTION
	(1) ARRIVAL AT COMPONENT / OTHER	0810	(8) WRITTEN STATEMENT COMMENCED
	(2) ENTERED ROOM	0817	(9) WRITTEN STATEMENT SIGNED
	(3) QUESTIONS PRIOR TO WARNING (If any, specify)	0818	(10) DISPOSITION OF SUSPECT
			(11) INTERROGATION BREAKS
			Food Stop
			Start
			Re-warning (if necessary)
			Rest Stop
			Start
			Re-warning (if necessary)
			Consultation Stop
	(4) WARNING BEGUN	0818	Start
	(5) SUSPECT WAIVES RIGHTS	0821	Re-warning (if necessary)
	SUSPECT EXERCISES RIGHTS		Other (List) Stop
	(6) SUSPECT EXECUTES A WRITTEN WAIVER	0821	Start
	(7) GUILT OR PARTICIPATION VERBALLY ADMITTED	0910	Re-warning (if necessary)
3. PERSONAL DATA			
A. NAME (Last, First, Middle)		B. SSN	
Powell, Robert William		411-321-9997	
C. RANK RATE GRADE		SN	
D. DPOB/SEX/RACE/HEIGHT/WEIGHT/HAIR/EYES/IDENTIFYING MARKS			
04Aug72/Yonkers, NY/M/W/69/170/Brn/Brn/Mom Tattoo w/heart upper right arm			
E. CIVILIAN OCCUPATION		F. EDUCATION	
Electrician		High School Graduate	
G. CITIZENSHIP		U.S.	
H. NAME AND ADDRESS OF SPOUSE		I. NAME ADDRESS AND RELATIONSHIP OF NEXT OF KIN	
N/A		Mr. and Mrs. William Robert Powell	
		4116 11th St.	
		Yonkers, NY	
J. SUBJECT'S HOME ADDRESS OF RECORD		K. DATE OF LAST ENLISTMENT/ EMPLOYMENT/COMMISSIONING	
4116 11th St.		30JUN9_	
Yonkers NY		L. DATE REPORTED TO PRESENT ASSIGNMENT	
		01OCT9_	
4. REMARKS (If more space is needed, continue on reverse)			
5. SIGNATURE OF INTERVIEWER			
			

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SAMPLE OPNAV 5527/7

ATTACHMENT (1)

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SECTION 18

DEPARTMENT OF THE NAVY FORENSIC EXAMINATION REQUEST (OPNAV 5527/15)

A. Purpose. Use this form to transfer evidence to another agency on a temporary basis, normally for laboratory examination purposes. The OPNAV 5527/15 and the original Evidence/Property Custody Receipt, see Section 9 of this guide, are sent with the evidence to the laboratory. This form serves as a letter of transmittal for the enclosure. Therefore, it is not necessary to prepare a separate letter of transmittal to government laboratories, e.g., the Federal Bureau of Investigation (FBI) Laboratory.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/15. Figures 18-1 through 18-5 depict the blanks in each section. Attachment (1) provides a sample of a completed Forensic Examination Request (OPNAV 5527/15).

1. Blocks 1 through 4 (Figure 18-1)

a. Block 1, Case Control Number (CCN). Enter CCN from original Incident/Complaint Report (ICR), OPNAV 5527/1.

b. Block 2, Priority of Examination. Enter "X" in appropriate block to indicate priority of examination.

c. Blocks 3, To. Enter name of receiving activity, and include to whom evidence is being delivered. For example, Supervisory Chemist, Bldg. CEP-177, Naval Station Norfolk, VA 23511-6493.

d. Block 4, From: Enter name and address of activity that is submitting evidence, e.g., Security Department, Bldg. 400, NAS Bravo 26841-2400.

<p>DEPARTMENT OF THE NAVY</p> <p>FORENSIC EXAMINATION REQUEST</p>		1. CASE CONTROL NUMBER (CCN)
		2. PRIORITY OF EXAM <input type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> As soon as possible
3. TO (Include Attention Line)	4. FROM	

Figure 18-1

2. Block 5, Case Facts (Figure 18-2)

a. Provide a brief description pertaining to the requested examination, which may assist laboratory personnel in processing the evidence. Include in this block the date and place of the crime.

5. CASE FACTS (Brief description pertaining to the requested examination which may assist laboratory personnel in processing the evidence. Include date and place of crime.)

Figure 18-2

3. Blocks 6 and 7 (Figure 18-3)

a. Block 6, Evidence Submitted. Enter item number from original Evidence/Property Custody Receipt and item description.

b. Block 7, Examinations and/or Comparisons Requested. Enter examination or comparisons requested.

6. EVIDENCE SUBMITTED	
a. Item Number	b. Item Description
7. EXAMINATIONS AND/OR COMPARISONS REQUESTED	

Figure 18-3

4. Blocks 8 through 13 (Figure 18-4)

a. Block 8, Suspect's Full Name. Self explanatory.

b. Block 9, Victim's Full Name. Self explanatory.

c. Block 10, Type of Offense. Self explanatory.

d. Block 11, Custody Document Enclosed. Indicate by marking appropriate box YES OR NO.

e. Block 12, Evidence Previously Submitted. Indicate by marking appropriate box YES OR NO. If YES is marked, list laboratory report number of prior report.

f. Block 13, Investigator's Name and Phone Number. Enter full name and office phone number of the investigator. Recommend including area code for commercial number or specifying Autovon number.

8. SUSPECT'S FULL NAME	9. VICTIM'S FULL NAME
10. TYPE OF OFFENSE	
11. IS ONE COPY OF EVIDENCE CUSTODY DOCUMENT ENCLOSED?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
12. HAS OTHER EVIDENCE PREVIOUSLY BEEN SUBMITTED FOR THIS CASE?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (List Lab Report Number)	
13. INVESTIGATOR'S NAME AND OFFICE PHONE NUMBER	

Figure 18-4

5. Blocks 14 and 15 (Figure 18-5)

a. Block 14, Disposition and Analysis of Evidence. Enter item number and desired disposition of evidence after examination.

b. Block 15, Certification. Enter date evidence was submitted and typed or printed name of individual submitting evidence (requester) and have requester sign in appropriate box.

14. DISPOSITION OF EVIDENCE AFTER ANALYSIS/COMPARISON		
a. Item Number	b. Disposition	
15. CERTIFICATION		
I CERTIFY THAT THIS EVIDENCE HAS NOT BEEN SUBJECTED TO EXAMINATION BY OTHER EXPERTS FOR THE PROSECUTION IN THE SAME SCIENTIFIC FIELD AS REQUESTED HEREIN.		
a. Date	b. Requester Typed or Printed Name	c. Requester Signature

OPNAV 5527/15 (12-82)

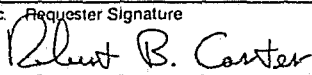
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Figure 18-5

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SAMPLE

DEPARTMENT OF THE NAVY FORENSIC EXAMINATION REQUEST		1. CASE CONTROL NUMBER (CCN) 10OCT9-62740-123-7N2
		2. PRIORITY OF EXAM <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Urgent <input type="checkbox"/> As soon as possible
3. TO (Include Attention Line) Supervisory Chemist Bldg, CEP-177 Naval Station Norfolk, VA 23511-6493	4. FROM Security Department Bldg 400 NAS Bravo 26841-2400	
5. CASE FACTS (Brief description pertaining to the requested examination which may assist laboratory personnel in processing the evidence. Include date and place of crime.) At approximately 1330, 10 Oct 199 MAL Carter was conducting a Command Authorized Search of Barrack 19, Room 342. Item A (described below) was located in a locker belonging to WILSON, James Michael, assigned to NAS Bravo. The bag and contents were located in a book which had been hollowed out by cutting out a portion of pages.		
6. EVIDENCE SUBMITTED		
a. Item Number A	b. Item Description One plastic bag with approximately 10 grams of green vegetable matter.	
7. EXAMINATIONS AND/OR COMPARISONS REQUESTED Field test conducted indicating a positive reaction for the presence of marijuana. Field Test results (OPNAV 5527/20) attached.		
8. SUSPECT'S FULL NAME WILSON, James Michael		9. VICTIM'S FULL NAME N/A
10. TYPE OF OFFENSE Possession of marijuana		
11. IS ONE COPY OF EVIDENCE CUSTODY DOCUMENT ENCLOSED? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
12. HAS OTHER EVIDENCE PREVIOUSLY BEEN SUBMITTED FOR THIS CASE? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (List Lab Report Number)		
13. INVESTIGATOR'S NAME AND OFFICE PHONE NUMBER MAL Robert B. Carter - Autovon: 123-4567 Commercial: (123) 456-4567		
14. DISPOSITION OF EVIDENCE AFTER ANALYSIS/COMPARISON		
a. Item Number	b. Disposition	
15. CERTIFICATION		
I CERTIFY THAT THIS EVIDENCE HAS NOT BEEN SUBJECTED TO EXAMINATION BY OTHER EXPERTS FOR THE PROSECUTION IN THE SAME SCIENTIFIC FIELD AS REQUESTED HEREIN.		
a. Date 12OCT9	b. Requester Typed or Printed Name MAL Robert B. CARTER	c. Requester Signature 

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SN 0107-LF-055-2775

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SAMPLE OPNAV 5527/15

ATTACHMENT (1)

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SECTION 19

DEPARTMENT OF THE NAVY
FIELD TEST RESULTS (OPNAV 5527/20)

A. Purpose. Use this form to report the informal screening test performed on a suspected controlled substance. Formal laboratory analysis should be conducted if the information is to be used as evidence in court. OPNAV Form 5527/20 is an enclosure to the Incident Complaint Report (ICR), OPNAV 5527/1, see Section 1 of this guide.

B. Procedures. This guide describes step-by-step procedures for completing the OPNAV 5527/20. Figures 19-1 and 19-2 depict the blanks in each section. Attachment (1) provides a sample of a completed Field Test Results (OPNAV 5527/20).

1. Blocks 1 through 4 (Figure 19-1)

a. Block 1, Suspect. Enter full name, rate/rank and branch of service of the suspect.

b. Block 2, Case Control Number. Enter same Case Control Number (CCN) as on original ICR.

c. Block 3, Recovered From. Enter location from which suspected controlled substance was acquired, or individual from whom recovered, if other than suspect. For example, Barracks 19, Room 342, NAS Bravo.

d. Block 4, Command Address. Enter name and address of command to which the suspect is assigned, e.g., NAS Bravo.

DEPARTMENT OF THE NAVY FIELD TEST RESULTS	
1. SUSPECT	2. CASE CONTROL NUMBER (CCN)
3. RECOVERED FROM (If other than suspect named above)	4. COMMAND ADDRESS

Figure 19-1

2. Blocks 5 through 11 (Figure 19-2)

a. Block 5, Item No. Enter alphabetic letter under which the item is listed on Evidence/Property Custody Receipt (OPNAV 5527/22), see Section 9 of this guide.

b. Block 6, Description of Evidence. Enter a brief description of suspected controlled substance being tested, e.g., approximately 10 grams of green vegetable matter.

c. Block 7, Field Test Utilized. Enter type of field test used, e.g., Duquenois Reagent.

d. Block 8, Results. Enter type of reaction obtained using field test kit, e.g., Positive - marijuana.

e. Block 9, Recovery Value. Enter recovery value (street value) for each suspected controlled substance tested.

f. Block 10, Examined By. The individual who conducted field test signs in this block.

g. Block 11, Date. Enter date field test was performed.

5. ITEM NO.	6. DESCRIPTION OF EVIDENCE	7. FIELD TEST UTILIZED	8. RESULTS	9. RECOVERY VALUE
10. EXAMINED BY			11. DATE	
This form reports the results of an informal screening test performed on the above described evidence. These findings are presumptive only; formal laboratory analysis should be conducted if such information is to be used as evidence at a court martial. This evidence will be retained for a period of 90 days, after which it will be destroyed unless otherwise requested by competent authority.				

OPNAV 5527/20 (12 82)

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Figure 19-2

DEPARTMENT OF THE NAVY
FIELD TEST RESULTS

1. SUSPECT WILSON, James Michael, SN, USN		2. CASE CONTROL NUMBER (CCN) 10OCT9_-62740-123-7N2		
3. RECOVERED FROM (If other than suspect named above) Barracks 19, Room 342, NAS Bravo		4. COMMAND ADDRESS NAS Bravo		
5. ITEM NO.	6. DESCRIPTION OF EVIDENCE	7. FIELD TEST UTILIZED	8. RESULTS	9. RECOVERY VALUE
A	One plastic bag with 10 grams (approx.) green vegetable matter.	Duquenois Reagent	Positive - Marijuana	\$20.00
10. EXAMINED BY <i>Timothy B. Fields</i>			11. DATE 10OCT9_	
This form reports the results of an informal screening test performed on the above described evidence. These findings are presumptive only; formal laboratory analysis should be conducted if such information is to be used as evidence at a court martial. This evidence will be retained for a period of 90 days, after which it will be destroyed unless otherwise requested by competent authority.				

ATTACHMENT (1)

SAMPLE OPNAV 5527/20

SAMPLE

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SECTION 20

DEPARTMENT OF THE NAVY CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL INFORMATION (OPNAV 5527/13)

A. Purpose. This form is used when an official investigation is being conducted and the investigator or agency requires an individual's financial records. Individuals must be advised of their rights under the Rights to Financial Privacy Act of 1978 prior to signing the OPNAV 5527/13. A synopsis of Federal law is printed on the back page of the form. An individual must sign this form to obtain release of any financial records in the absence of a search warrant, summons, subpoena or other similar court order. The consent is valid for no more than three months from the date of an individual's signature.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/13. Figures 20-1 through 20-3 depict the blanks in each section. Attachment (1) provides a sample of a completed Customer Consent and Authorization for Access to Financial Information (OPNAV 5527/13).

1. Opening Paragraph (Figure 20-1)

a. NAME. At the end of first line of preprinted paragraph after the word "I", enter full name of individual consenting and authorizing release of their financial records.

b. FINANCIAL INSTITUTION. On third line following word "the", enter name of financial institution having custody of records.

c. FINANCIAL RECORDS. On fourth line following the words "to disclose these financial records": enter the specific records, accounts, transactions, statements, etc., to be released.

d. AUTHORIZED RECIPIENT. On sixth line following the word "to", enter full name, rate/rank, branch of service and title of individual authorized to receive financial records from financial institution.

e. PURPOSE. In area following the words "for the following purpose(s)": enter specific purpose for which records are sought.

<p style="text-align: center;">DEPARTMENT OF THE NAVY</p> <p style="text-align: center;">CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS TO FINANCIAL INFORMATION</p>
<p>Pursuant to section 3404(a) of the Right to Financial Privacy Act of 1978, I, _____</p> <p>_____, having the explanation of my rights on the reverse side, hereby authorize</p> <p>the _____</p> <p>to disclose these financial records: _____</p> <p>to _____ for the following purpose(s):</p>

Figure 20-1

2. Customer's Name and Address (Figure 20-2)

- a. DATE. Enter date individual signed authorization.
- b. SIGNATURE. The individual giving consent and authorization signs on this line.
- c. TYPED NAME. Enter typewritten name of individual giving authorization and consent.
- d. ADDRESS OF CUSTOMER. Enter full address of individual giving consent and authorization.
- e. WITNESSES. Individual(s) witnessing signing of document should sign on this line.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed, and that this authorization is valid for no more than three months from the date of my signature.

DATE: _____

SIGNATURE: _____

TYPED NAME: _____

ADDRESS OF CUSTOMER:

WITNESSES: _____

OPNAV 5527/13 (12-82)

S/N 0107-LF-055-2765

Figure 20-2

3. Statement of Customer Rights Under the Right to Financial Privacy Act of 1978 (Figure 20-3)

a. Security personnel must ensure that individuals understand their customer rights to financial privacy stated on the back of the form prior to the signing OPNAV 5527/13. Under the last paragraph of the financial rights, titled Additional Information, enter information as to who the individual can contact for help. Follow local Standard Operating Procedures.

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed:

CONSENT TO FINANCIAL RECORDS

You may be asked to consent to the financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any consent you give is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

WITHOUT YOUR CONSENT

Without your consent, a federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose. Generally, the federal agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The federal agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a federal agency's request.

EXCEPTIONS

In some circumstances, a federal agency may obtain financial information about you without advance notice or your consent. In most of these cases, the federal agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper.

When the reason for the delay of notice no longer exists, you will usually be notified that your records were obtained.

TRANSFER OF INFORMATION

Generally, a federal agency that obtains your financial records is prohibited from transferring them to another federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

PENALTIES

If the federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or seek compliance with the law. If you win, you may be repaid your attorney's fee and costs.

ADDITIONAL INFORMATION

If you have any questions about your rights under this law, or about how to consent to release your financial records, please call the official whose name and telephone number appears below:

Name, title, telephone number

Component activity, address

DEPARTMENT OF THE NAVY

CUSTOMER CONSENT AND AUTHORIZATION FOR ACCESS
TO FINANCIAL INFORMATION

Pursuant to section 3404(a) of the Right to Financial Privacy Act of 1978, I, Jerry M. Taylor, having the explanation of my rights on the reverse side, hereby authorize the First Virginia Bank, 6194 Arlington Avenue, Falls Church, VA 22043 to disclose these financial records: checking account number 92-23456-37 records of all transactions and balances, signature cards, and all statements. Michael L. Reeves, MAL, USN, Investigator to Security Department, NAS Bravo for the following purpose(s): Investigation of larceny of cash from the EM Club on the following dates: 30 MAY, 04 JUN, 10 JUL and 03 AUG 1999.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed, and that this authorization is valid for no more than three months from the date of my signature.

DATE: 15OCT99SIGNATURE: Jerry M. TaylorTYPED NAME: Jerry M. Taylor

ADDRESS OF CUSTOMER:

Barracks 17NAS BravoWITNESSES: Michael L. Reeves

SAMPLE

**STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL
PRIVACY ACT OF 1978**

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed:

CONSENT TO FINANCIAL RECORDS

You may be asked to consent to the financial institution making your financial records available to the Government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed. Furthermore, any consent you give is effective for only three months, and your financial institution must keep a record of the instances in which it discloses your financial information.

WITHOUT YOUR CONSENT

Without your consent, a federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose. Generally, the federal agency must give you advance notice of its request for your records explaining why the information is being sought and telling you how to object in court. The federal agency must also send you copies of court documents to be prepared by you with instructions for filling them out. While these procedures will be kept as simple as possible, you may want to consult an attorney before making a challenge to a federal agency's request.

EXCEPTIONS

In some circumstances, a federal agency may obtain financial information about you without advance notice or your consent. In most of these cases, the federal agency will be required to go to court for permission to obtain your records without giving you notice beforehand. In these instances, the court will make the Government show that its investigation and request for your records are proper.

When the reason for the delay of notice no longer exists, you will usually be notified that your records were obtained.

TRANSFER OF INFORMATION

Generally, a federal agency that obtains your financial records is prohibited from transferring them to another federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

PENALTIES

If the federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or seek compliance with the law. If you win, you may be repaid your attorney's fee and costs.

ADDITIONAL INFORMATION

If you have any questions about your rights under this law, or about how to consent to release your financial records, please call the official whose name and telephone number appears below:

Robert J. Smith, LT, USN, JAG, ext. 3-7176

Name, title, telephone number

Navy Legal Service Office, NAS Bravo

Component activity, address

SECTION 21

DEPARTMENT OF THE NAVY AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS (OPNAV 5527/14)

A. Purpose. This form is used to obtain records and information from civilian medical facilities. Individual(s) must personally sign OPNAV 5527/14 to authorize release of their records. The records of medical treatment received in the U. S. Navy facilities are the property of the government, and may be obtained by police officers and investigators for official purposes. Therefore, this form is not needed for U.S. Navy medical facilities.

B. Procedures. This guide describes step-by-step procedures for completing the OPNAV 5527/14. Figures 21-1 and 22-2 depict the blanks in each section. Attachment (1) provides a sample of a completed Authority to Release Medical Information and Records (OPNAV 5527/14).

1. Date, Identification, and Authorized Representative (Figure 21-1).

a. On first line, after word "Date:", enter date individual signed release.

b. At beginning of preprinted paragraph after the words "In connection with an official investigation, I", type or print full name, rate/rank, branch of service, and social security number of person whose medical records/information are being requested.

c. On fifth line in preprinted paragraph, following line "to furnish full... to any duly authorized representative of the", enter name of the organization requesting the medical records.

DEPARTMENT OF THE NAVY

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

Date: _____

In connection with an official investigation, I, _____
hereby authorize and request any and all doctors, hospitals, and other institutions having information or
records pertaining to any medical or psychiatric examinations or treatment that I have received at any time
to furnish full and complete information relative thereto to any duly authorized representative of the

Figure 20-1

2. Specific Records/Instructions, Signature, Witness (Figure 21-2).

a. Space between last preprinted line and signature line may be used to indicate the specific records requested, or for any special instructions to civilian medical facility.

b. Individual authorizing release of medical records must sign form in space provided.

c. On line below the word "Witness", person acting as witness to signing of form signs using full name and rank.

who presents this authorization. This authorization specifically includes authority to release for examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records, and specifically includes the request that any doctors with knowledge of my case freely furnish their evaluations and/or opinions.

(Signature)

Witness:

OPNAV 5527 14 (12-82)

S/N 0107-LF-055-2770

Figure 21-2

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DEPARTMENT OF THE NAVY

AUTHORITY TO RELEASE MEDICAL INFORMATION AND RECORDS

Date: 17JUL9, 1630

In connection with an official investigation, I, Leonard Randolph Powell
hereby authorize and request any and all doctors, hospitals, and other institutions having information or records pertaining to any medical or psychiatric examinations or treatment that I have received at any time to furnish full and complete information relative thereto to any duly authorized representative of the Security Department, NAS Bravo
who presents this authorization. This authorization specifically includes authority to release for examination and reproduction all pertinent psychiatric records, reports, diagnoses and clinical records, and specifically includes the request that any doctors with knowledge of my case freely furnish their evaluations and/or opinions.

Leonard Randolph Powell
(Signature)

Witness:

Michael H. Kern

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SECTION 22

DEPARTMENT OF DEFENSE ABANDONED VEHICLE NOTICE (DD FORM 2504)

A. Purpose. Security force personnel use this multi-copy form to provide written notice to the owner of a privately owned vehicle (POV), of pending impoundment action by the Security Department. Normally this action is initiated to comply with the standards outlined in chapter 6, OPNAVINST 11200.5C, Motor Vehicle Traffic Supervision. Whenever this form is used, it must be documented by making the appropriate entry in the Desk Journal, OPNAV 5527/19.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in DD Form 2504. Figures 22-1 through 22-5 depict the blanks in each section. Attachment (1) provides a sample of a completed Abandoned Vehicle Notice (DD Form 2504).

1. Blocks 1 and 2 (Figure 22-1)

a. Block 1, Date. Enter year, month and date in numerals, e.g., 9_1014 for 14 October 199_.

b. Block 2, Time. Enter time (military) form is being prepared.

ABANDONED VEHICLE NOTICE	1. DATE (YYMMDD)	2. TIME
--------------------------	------------------	---------

Figure 22-1

2. Block 3, Vehicle Description (Figure 22-2)

a. Block 3. a., Year. Enter year of vehicle using the last two digits, e.g., 89 for 1989.

b. Block 3. b., Make. Enter make of vehicle, e.g., Ford, Buick, Oldsmobile.

c. Block 3, c., Model. Enter model of vehicle, e.g., 2 door, 4 door, station wagon, van, or pickup truck.

d. Block 3, d., Vehicle Identification Number. Self explanatory.

e. Block 3, e., Installation Decal Number. Enter installation decal number. If there is none, enter "none".

f. Block 3, f., (1) and (2), Vehicle License. Enter name of state (two letters in caps) that issued license, e.g., VA for Virginia and license number. If there is none, enter "none".

3. VEHICLE DESCRIPTION					
a. YEAR	b. MAKE	c. MODEL	d. VEHICLE IDENTIFICATION NUMBER	e. INSTALLATION DECAL NUMBER	f. VEHICLE LICENSE
					(1) State (2) License Number

Figure 22-2

3. Block 4, Location (Figure 22-3) Enter a description that accurately describes the location where the violation occurred.

4. LOCATION

Figure 22-3

4. Block 5, Telephone Number and Building Number (Figure 22-4) Enter appropriate numbers for the Security Department.

5.					
<ul style="list-style-type: none">• A law enforcement patrol has stopped and made a courtesy check to see if you needed assistance.• We urge removal of the vehicle as soon as possible.• Should this vehicle remain abandoned at this location after three working days, impoundment action will be started.	<ul style="list-style-type: none">• If you cannot remove this vehicle, please contact the following law enforcement desk. <table border="1"><tr><td>Telephone Number</td><td>Building Number</td></tr><tr><td> </td><td> </td></tr></table> <ul style="list-style-type: none">• Thank you for your cooperation.	Telephone Number	Building Number	 	
Telephone Number	Building Number				

Figure 22-4

5. Block 6, Reported By (Figure 22-5)

a. Block 6, a., Name. Enter name of person preparing form (last, first, middle initial).

b. Block 6, b., Grade. Enter grade and/or rate and rank or title of person preparing form, e.g., MA2, patrolman, sergeant or similar designations.

6. REPORTED BY	
a. NAME (Last, First, Middle Initial)	b. GRADE

DD Form 2504, OCT 87

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Figure 22-5

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SAMPLE

ABANDONED VEHICLE NOTICE				1. DATE (YYMMDD)	2. TIME				
				9_1014	1645				
3. VEHICLE DESCRIPTION									
a. YEAR	b. MAKE	c. MODEL	d. VEHICLE IDENTIFICATION NUMBER	e. INSTALLATION DECAL NUMBER TME 1307	f. VEHICLE LICENSE (1) State VA (2) License Number MBC 371				
89	Ford	S. Wgn	MST5435CS00897						
4. LOCATION									
Parking lot entrance, CPO Club, 10th Street									
5.									
<ul style="list-style-type: none">• A law enforcement patrol has stopped and made a courtesy check to see if you needed assistance.• We urge removal of the vehicle as soon as possible.• Should this vehicle remain abandoned at this location after three working days, impoundment action will be started.			<ul style="list-style-type: none">• If you cannot remove this vehicle, please contact the following law enforcement desk. <table border="1"><tr><td>Telephone Number</td><td>Building Number</td></tr><tr><td>433-9102</td><td>218</td></tr></table> <ul style="list-style-type: none">• Thank you for your cooperation.			Telephone Number	Building Number	433-9102	218
Telephone Number	Building Number								
433-9102	218								
6. REPORTED BY									
a. NAME (Last, First, Middle Initial)				b. GRADE					
Doe, John P.				MA2					

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SAMPLE DD FORM 2504

ATTACHMENT (1)

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SECTION 23

DEPARTMENT OF DEFENSE ABANDONED VEHICLE REMOVAL AUTHORIZATION (DD FORM 2505)

A. Purpose. Security force personnel use this multi-copy form when the decision is made to tow a privately owned vehicle (POV) under the provisions of chapter 6, OPNAVINST 11200.5C. Normally the removal would be authorized by the security officer, chief of police or other designated personnel within the Security Department. Check local Standard Operating Procedures (SOP) for specific guidance. This form is used when the vehicle is to be removed by a contracted (commercial) wrecker service. A completed copy of the form shall be issued to the contractor by the installation Security Department. If the vehicle is towed by the Department of Public Works, a copy of this form may be provided subject to local policy.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in DD Form 2505. Figures 23-1 through 23-4 depict the blanks in each section. Attachment (1) provides a sample of a completed Abandoned Vehicle Removal Authorization (DD Form 2505).

1. Block 1, Vehicle Description (Figure 23-1)

a. Block 1, a., Year. Enter year of vehicle using last two digits, e.g., 89 for 1989.

b. Block 1, b., Make. Enter make of vehicle, e.g., Ford, Buick, Oldsmobile.

c. Block 1, c., Model. Enter model of vehicle, e.g., 2 door, 4 door, station wagon, van, or pickup truck.

d. Block 1, d., Vehicle Identification Number. Enter appropriate number.

e. Block 1, e., Installation Decal Number. Enter installation decal number. If there is none, enter "none".

f. Block 1, f., (1) and (2), Vehicle License. Enter name of state (two letters in caps) that issued license, e.g., VA for Virginia and license number. If there is none, enter "none".

ABANDONED VEHICLE REMOVAL AUTHORIZATION						
1. VEHICLE DESCRIPTION						
a. YEAR	b. MAKE	c. MODEL	d. VEHICLE IDENTIFICATION NUMBER	e. INSTALLATION DECAL NUMBER	f. VEHICLE LICENSE	
					(1) State	(2) License Number

Figure 23-1

2. Block 2 and 3, Name of Towing Company and Towing Time (Figure 23-2)

a. Block 2, Name of Towing Company. Enter full name of contracted towing company.

b. Block 3, a., Date. Enter year, month and date in numeral, e.g., 9_1018 for 18 October 199_.

c. Block 3, b., Time. Enter time (military) that vehicle was removed by the contracted towing company.

2. NAME OF TOWING COMPANY	3. TOWING TIME	
	a. DATE (YYMMDD)	b. TIME (if applicable)

Figure 23-2

3. Block 4, Remarks (Figure 23-3) Enter sufficient information in this block to tie in with the previously issued Abandoned Vehicle Notice, DD Form 2504. Local SOP may specify exactly the type of information required.

4. REMARKS

Figure 23-3

4. Block 5, Certification (Figure 23-4)

a. Block 5, a., Name of Towing Company. Enter full name of the contracted towing company.

b. Block 5, b., (1), Approving Official. Enter typed or printed name of approving official. Name of person should be entered as specified (last, first, middle initial).

c. Block 5, b., (2), Date Signed. Enter date signed by the approving official, year, month and date in numerals, e.g., 9_1018 for 18 October 199_.

d. Block 5, b., (3), Signature. Approving official should sign in this block.

e. Block 5, c., DOD Component. Enter appropriate component, e.g., Navy.

5. CERTIFICATION: I certify that the above named towing company is authorized to tow the vehicle listed above under terms of an agreement between the towing company and DoD Component listed below.		
a. NAME OF TOWING COMPANY	b. APPROVING OFFICIAL	
	(1) Typed or Printed Name (Last, First, Middle Initial)	(2) Date Signed (YYMMDD)
c. DOD COMPONENT	(3) Signature	

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577260

Figure 23-4

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ABANDONED VEHICLE REMOVAL AUTHORIZATION						
1. VEHICLE DESCRIPTION						
a. YEAR 89	b. MAKE FORD	c. MODEL S.Wgn	d. VEHICLE IDENTIFICATION NUMBER MST5435CS00897	e. INSTALLATION DECAL NUMBER TME 1307	f. VEHICLE LICENSE (1) State (2) License Number VA MBC 371	
2. NAME OF TOWING COMPANY Capital Towing Service				3. TOWING TIME a. DATE (YYMMDD) b. TIME (if applicable) 9_1018 0935		
4. REMARKS Abandoned Vehicle Notice, DD Form 2504, posted 9_1014, 1645 hrs, by MA2 Doe.						
5. CERTIFICATION: I certify that the above named towing company is authorized to tow the vehicle listed above under terms of an agreement between the towing company and DoD Component listed below.						
a. NAME OF TOWING COMPANY Capital Towing Service			b. APPROVING OFFICIAL (1) Typed or Printed Name (Last, First, Middle Initial) (2) Date Signed (YYMMDD) Smith, Max R. 9_1018			
c. DOD COMPONENT Navy			(3) Signature Max R. Smith			

DD Form 2505, OCT 87

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SAMPLE DD FORM 2505

ATTACHMENT (1)

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SECTION 24

DEPARTMENT OF DEFENSE VEHICLE IMPOUNDMENT REPORT (DD FORM 2506)

A. Purpose. Security force personnel use this multi-copy form after a privately owned vehicle (POV) has been towed for a violation under the provisions of chapter 6, OPNAVINST 11200.5C, as a record of actions taken. The form shall be used whether the vehicle was towed by a contracted (commercial) towing service, or the installation Department of Public Works. It consolidates the information that was previously recorded on DD Forms 2504 and 2505 and provides additional data.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in DD Form 2506. Figures 24-1 through 24-6 depict the blanks in each section. Attachment (1) provides a sample of a completed Vehicle Impoundment Report (DD Form 2506).

1. Block 1, Vehicle Identification (Figure 24-1)

a. Block 1, a., Make. Enter make of vehicle, e.g., Ford, Buick, Oldsmobile.

b. Block 1, b., Model. Enter model of vehicle, e.g., 2 door, 4 door, station wagon, van, or pickup truck.

c. Block 1, c., Year. Enter year of vehicle in four digits, e.g., 1989.

d. Block 1, d., Color. Enter color of vehicle as appropriate, e.g., red or white over blue (white/blue).

e. Block 1, e., Vehicle Identification No. Enter appropriate number.

f. Block 1, f., (1), Vehicle License (1) Number. Enter vehicle license number. If there is none, enter "none".

g. Block 1, f., (2), State. Enter name of state (two letters in caps) that issued license, e.g., VA for Virginia. If there are none, enter "none".

h. Block 1, f., (3), Year. Enter year that license plates were issued, using all four digits, e.g., 1990.

i. Block 1, g., Mileage. Enter mileage of the vehicle as shown on the odometer.

j. Block 1, h., Decal No. Enter installation decal number. If there is none, enter "none".

VEHICLE IMPOUNDMENT REPORT				
PART I - IDENTIFICATION				
1. VEHICLE IDENTIFICATION				
a. MAKE	b. MODEL	c. YEAR	d. COLOR	e. VEHICLE IDENTIFICATION NO.
f. VEHICLE LICENSE (1) Number	(2) State	(3) Year	g. MILEAGE	h. DECAL NO.

Figure 24-1

2. Blocks 2 and 3, Registered Owner and Vehicle Operator (Figure 24-2).

a. Block 2., a., Name. Enter name of registered owner (last, first, middle initial).

b. Block 2., b., Address. Enter full mailing address of registered owner to include; street, city, state and ZIP code.

c. Block 2., c., Organization. Enter Naval activity the registered owner is assigned to if known.

d. Block 2., d., Telephone Number. Enter telephone number including area code, of registered owner.

e. Block 3 for vehicle operator is completed in the same manner as required for registered owner.

2. REGISTERED OWNER	3. VEHICLE OPERATOR
a. NAME (Last, First, MI)	a. NAME (Last, First, MI)
b. ADDRESS (Street, City, State and ZIP Code)	b. ADDRESS (Street, City, State and ZIP Code)
c. ORGANIZATION	c. ORGANIZATION
d. TELEPHONE NUMBER (Include Area Code)	d. TELEPHONE NUMBER (Include Area Code)

Figure 24-2

3. Blocks 4, 5, and 6, Reason For Impoundment, Damage To Vehicle and Condition Of Vehicle When Impounded (Figure 24-3)

a. Block 4, Reason For Impoundment. Place an "X" in all boxes that apply.

b. Block 5, a. Shade all areas on vehicle that are damaged. Shading should correspond to any comments made in block #8 concerning the condition of vehicle.

c. Block 5, b. Place an "X" in all boxes that are applicable. In those that are not applicable, mark "N/A."

d. Block 6. Place an "X" in all boxes that are applicable. In those that are not applicable, mark "N/A."


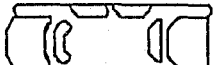
PART II - DESCRIPTION											
4. REASON FOR IMPOUNDMENT (X all that apply)				5. DAMAGE TO VEHICLE							
a. ACCIDENT		b. ABANDONED		EXAMPLE		a. SHADE DAMAGED AREA OF VEHICLE					
c. BURNED		d. ILLEGALLY PARKED									
e. DWI		f. STOLEN		FRONT							
g. OTHER (Specify)											
				b. X ALL THAT APPLY							
				Intact		Missing		Intact		Missing	
6. CONDITION OF VEHICLE WHEN IMPOUNDED (X all that apply)						Engine				Battery	
a. DOOR LOCKED		b. DOOR UNLOCKED				Mirror(s)				Jack	
c. TRUNK LOCKED		d. TRUNK UNLOCKED				Lug Wrench				Radio	
e. KEYS IN CAR		f. KEYS MISSING				Tape Deck				Spare Wheel/Tire	
g. OTHER (Specify)						LR Wheel/Tire				RR Wheel/Tire	
						RF Wheel/Tire				LF Wheel/Tire	
						Wheel Covers				CB Radio	

Figure 24-3

4. Blocks 7, 8, 9 and 10, Location Of Vehicle, Condition Of Vehicle, Personal Property Contained In Vehicle and Remarks (Figure 24-4)

a. Block 7. Enter specific location from which vehicle was removed. This information should match that entered on DD Form 2504.

b. Block 8. Enter condition of vehicle. The information contained in this block should match that contained in block #5.

c. Block 9. Inventory of all personal property shall be entered in this block. If more space is required, continue on reverse side of form.

d. Block 10. Enter any additional information in this block that may be relevant.

7. LOCATION OF VEHICLE
8. CONDITION OF VEHICLE (If more space is needed, continue on reverse.)
9. PERSONAL PROPERTY CONTAINED IN VEHICLE (If more space is needed, continue on reverse.)
10. REMARKS (If more space is needed, continue on reverse.)

Figure 24-4

5. Blocks 11, 12, 13, 14 and 15, Date Impounded, Time Impounded, Reported By, Towed By and Stored At (Figure 24-5)

a. Block 11. Enter year, month and date in numerals, e.g., 9_1018 for 18 October 199_.

b. Block 12. Enter time (military) vehicle was impounded. If vehicle was towed by contracted towing company the time should match that on DD Form 2505.

c. Block 13.

(1) Block 13, a. Enter name (last, first, middle initial), of person who prepared the original DD Form 2504.

(2) Block 13, b. Enter grade and/or rate and rank or title who prepared original DD Form 2504.

(3) Block 13, c. Enter year, month and date of numerals, e.g., 9_1014 for 14 October 199_. This date should be the same as that entered on DD Form 2505.

(4) Block 13, d. Enter Naval activity of the reporting person to include specific department.

(5) Block 13, e. Signature of person who originally prepared DD Form 2504.

d. Block 14. Enter full name of contracted towing company.

e. Block 15. Enter complete address (to include ZIP code), where vehicle is being stored.

PART III - DISPOSITION				
11. DATE IMPOUNDED (YYMMDD)	12. TIME IMPOUNDED	13. REPORTED BY		
		a. NAME (Last, First, MI)	b. RANK	c. DATE
14. TOWED BY		d. ORGANIZATION		
15. STORED AT		e. SIGNATURE		

Figure 24-5

6. Blocks 16 and 17, Witnessed By and Released By (Figure 24-6)

a. Block 16, a. Enter name (last, first and middle initial), of person who witnessed inspection and inventory of vehicle.

b. Block 16, b. Enter grade and/or rate and rank or title witness, e.g., MA2, patrolman, sergeant or similar designation.

c. Block 16, c. Enter year, month and date in numerals, e.g., 9_1018 for 18 October 199_, that vehicle inspection and inventory was witnessed.

d. Block 16, d. Enter Naval activity of witness to include specific department.

e. Block 16, e. Signature of witness.







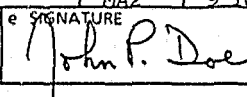
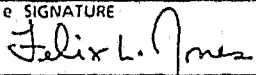
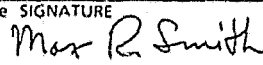
f. Block 17. Completed in the same manner as prescribed for Block #16.

16. WITNESSED BY			17. RELEASED BY		
a. NAME (Last, First, MI)	b. RANK	c. DATE	a. NAME (Last, First, MI)	b. RANK	c. DATE
d. ORGANIZATION	e. SIGNATURE		d. ORGANIZATION	e. SIGNATURE	

DD Form 2506, OCT 87

279/280

Figure 24-6

VEHICLE IMPOUNDMENT REPORT																																																																					
PART I - IDENTIFICATION																																																																					
1. VEHICLE IDENTIFICATION																																																																					
a. MAKE Ford		b. MODEL Station Wagon		c. YEAR 1989		d. COLOR Red		e. VEHICLE IDENTIFICATION NO. MST5435CS00897																																																													
f. VEHICLE LICENSE (1) Number MBC 371		(2) State VA		(3) Year 1990		g. MILEAGE 47281.7		h. DECAL NO. TME 1307																																																													
2. REGISTERED OWNER					3. VEHICLE OPERATOR																																																																
a. NAME (Last, First, MI) Johnson, Raymond J.					a. NAME (Last, First, MI) N/A																																																																
b. ADDRESS (Street, City, State and ZIP Code) 3905 Sleepy Hollow Lane Annandale, VA 22003-5407					b. ADDRESS (Street, City, State and ZIP Code)																																																																
c. ORGANIZATION LINK					c. ORGANIZATION																																																																
d. TELEPHONE NUMBER (Include Area Code) (703) 914-4847					d. TELEPHONE NUMBER (Include Area Code)																																																																
PART II - DESCRIPTION																																																																					
4. REASON FOR IMPOUNDMENT (X all that apply)					5. DAMAGE TO VEHICLE																																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%;">a. ACCIDENT</td> <td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="width: 25%;">b. ABANDONED</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>c. BURNED</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>d. ILLEGALLY PARKED</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>e. DWI</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>f. STOLEN</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td colspan="3">g. OTHER (Specify) See block #10</td> </tr> </table>					<input checked="" type="checkbox"/>	a. ACCIDENT	<input checked="" type="checkbox"/>	b. ABANDONED	<input type="checkbox"/>	c. BURNED	<input type="checkbox"/>	d. ILLEGALLY PARKED	<input type="checkbox"/>	e. DWI	<input type="checkbox"/>	f. STOLEN	<input checked="" type="checkbox"/>	g. OTHER (Specify) See block #10			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">EXAMPLE</td> <td colspan="2" style="text-align: center;">a. SHADE DAMAGED AREA OF VEHICLE</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center; vertical-align: middle;">FRONT</td> <td colspan="2" style="text-align: center;"></td> </tr> <tr> <td colspan="4" style="padding: 5px;">b. X ALL THAT APPLY</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">Intact</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;">Missing</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Engine</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Battery</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Mirror(s)</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Jack</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Lug Wrench</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Radio</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Tape Deck N/A</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Spare Wheel/Tire</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>LR Wheel/Tire</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>RR Wheel/Tire</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>RF Wheel/Tire</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>LF Wheel/Tire</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Wheel Covers</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>CB Radio N/A</td> </tr> </table>					EXAMPLE		a. SHADE DAMAGED AREA OF VEHICLE			FRONT			b. X ALL THAT APPLY				<input checked="" type="checkbox"/>	Intact	<input type="checkbox"/>	Missing	<input checked="" type="checkbox"/>	Engine	<input checked="" type="checkbox"/>	Battery	<input checked="" type="checkbox"/>	Mirror(s)	<input checked="" type="checkbox"/>	Jack	<input checked="" type="checkbox"/>	Lug Wrench	<input checked="" type="checkbox"/>	Radio	<input checked="" type="checkbox"/>	Tape Deck N/A	<input checked="" type="checkbox"/>	Spare Wheel/Tire	<input checked="" type="checkbox"/>	LR Wheel/Tire	<input checked="" type="checkbox"/>	RR Wheel/Tire	<input checked="" type="checkbox"/>	RF Wheel/Tire	<input checked="" type="checkbox"/>	LF Wheel/Tire	<input checked="" type="checkbox"/>	Wheel Covers	<input type="checkbox"/>	CB Radio N/A
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<input checked="" type="checkbox"/>	RF Wheel/Tire	<input checked="" type="checkbox"/>	LF Wheel/Tire																																																																		
<input checked="" type="checkbox"/>	Wheel Covers	<input type="checkbox"/>	CB Radio N/A																																																																		
6. CONDITION OF VEHICLE WHEN IMPOUNDED (X all that apply)																																																																					
a. DOOR LOCKED		<input checked="" type="checkbox"/>		b. DOOR UNLOCKED		<input checked="" type="checkbox"/>																																																															
c. TRUNK LOCKED		<input type="checkbox"/>		d. TRUNK UNLOCKED N/A		<input checked="" type="checkbox"/>																																																															
e. KEYS IN CAR		<input checked="" type="checkbox"/>		f. KEYS MISSING		<input type="checkbox"/>																																																															
g. OTHER (Specify) <input checked="" type="checkbox"/> Drivers door lock inoperative																																																																					
7. LOCATION OF VEHICLE Parking lot entrance, CPO Club, 10TH Street																																																																					
8. CONDITION OF VEHICLE (If more space is needed, continue on reverse.) Damage to left front fender, bumper and hood																																																																					
9. PERSONAL PROPERTY CONTAINED IN VEHICLE (If more space is needed, continue on reverse.) One (1) green blanket, one (1) pair brown shoes, one (1) pair of jumper cables, one (1) black jacket																																																																					
10. REMARKS (If more space is needed, continue on reverse.) Vehicle appears to have been damaged in a traffic accident at some unknown location and appears to have been pushed or towed to its present location.																																																																					
PART III - DISPOSITION																																																																					
11. DATE IMPOUNDED (YYMMDD) 9_1018			12. TIME IMPOUNDED 0935			13. REPORTED BY																																																															
14. TOWED BY Capital Towing Service			15. STORED AT 20388 1150 Wrecker Road, S.E., Washington, D.C.			a. NAME (Last, First, MI) Doe, John P.		b. RANK MA2		c. DATE 9_1018																																																											
16. WITNESSED BY			17. RELEASED BY			d. ORGANIZATION Security Dept. NAS Bravo		e. SIGNATURE 																																																													
a. NAME (Last, First, MI) Jones, Felix L.			b. RANK MA1		c. DATE 9_1018		a. NAME (Last, First, MI) Smith, Max R.		b. RANK LT		c. DATE 9_1018																																																										
d. ORGANIZATION Security Dept. NAS Bravo			e. SIGNATURE 			d. ORGANIZATION Security Dept. NAS Bravo			e. SIGNATURE 																																																												

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SECTION 25

DEPARTMENT OF DEFENSE NOTICE OF VEHICLE IMPOUNDMENT (DD FORM 2507)

A. Purpose. Security force personnel use this multi-copy form to provide written notice to the owner of a vehicle regarding impoundment and possible disposal if the owner fails to take action to reclaim the vehicle. Normally this action is initiated to comply with the standards outlined in chapter 6, OPNAVINST 11200.5C, Motor Vehicle Traffic Supervision. Procedures regarding disposition depend on whether the vehicle was impounded for traffic or criminal activity. This is a two sided form and care should be used to ensure that both sides are completed.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in DD Form 2507. Figures 25-1 through 25-6 depict the blanks in each section. Attachment (1) provides a sample of a completed Notice Of Vehicle Impoundment (DD Form 2507).

1. Blocks 1, 2 and 3, Date, To and From (Figure 25-1)

a. Block 1, Date. Enter year, month and date in numerals, 9_1019 for 19 October 199_.

b. Block 2, To. Enter full name and complete mailing address of vehicle owner.

c. Block 3, From. Enter full name and complete mailing address of Security Department.

NOTICE OF VEHICLE IMPOUNDMENT		1. DATE (YYMMDD)
2. TO	3. FROM	
<p>This is to notify you that the Commander of the above-named installation has directed the removal and impoundment of the vehicle described below from the listed location for being in violation of the installation traffic code.</p>		

Figure 25-1

2. Blocks 3, 4 and 5, Vehicle Identification, Location From Which Vehicle Was Removed and Location Where Vehicle Is Stored (Figure 25-2).

a. Block 3., a., Date Removed. Enter year, month and date in numerals, e.g., 9_1019 for 19 October 199_, to indicate the date vehicle was towed.

b. Block 3., b., Year. Enter year of vehicle in four digits, e.g., 1989.

c. Block 3., c., Make. Enter make of vehicle, e.g., Ford, Buick, Oldsmobile.

d. Block 3., d., Model. Enter model of vehicle, e.g., 2 door, 4 door or station wagon.

e. Block 3., e., Vehicle Identification Number. Enter appropriate number.

f. Block 3., f., Decal Number. Enter installation decal number. If there is none, enter "N/A".

g. Block 3., g., Vehicle License.

(1) Number. Enter vehicle license number. If there is none, enter "none".

(2) State. Enter name of state (two letters in caps) that issued license, e.g., VA for Virginia. If there is none, enter "none".

(3) Year. Enter year of license in four digits, e.g., 199_.

h. Block 4., Location From Which Vehicle Was Removed. Enter specific location from which vehicle was removed. This information should match that entered on DD Forms 2504 and 2506.

i. Block 5., Location Where Vehicle Is Stored. Enter name (if contracted towing company) and complete mailing address at which vehicle is stored.

3. VEHICLE IDENTIFICATION		4. LOCATION FROM WHICH VEHICLE WAS REMOVED
a. DATE REMOVED (YYMMDD)	b. YEAR	
c. MAKE	d. MODEL	
e. VEHICLE IDENTIFICATION NUMBER	f. DECAL NUMBER	5. LOCATION WHERE VEHICLE IS STORED
g. VEHICLE LICENSE		
(1) Number	(2) State	(3) Year

Figure 25-2

3. Block 6., (1) and (2), Installation Law Enforcement Office Telephone Number and Installation Law Enforcement Office Address (Figure 25-3).

a. Block 6., a., (1), Installation Law Enforcement Office Telephone Number. Enter complete telephone number (commercial) to include area code of installation Security Department.

b. Block 6., a., (2), Installation Law Enforcement Office Address. Enter complete mailing of the Security Department address to include ZIP code and office code if appropriate.

6. YOU MAY DO ONE OF THE FOLLOWING	
<p>a. Notify the Installation Law Enforcement Office listed below of your intent to reclaim. You must show intent to reclaim the vehicle within 15 days after receipt of the notice.</p>	<p><u>OR</u></p> <p>b. Sign the waiver of interest/release on the reverse side and return it within 15 days of receipt of this notice to the Installation Law Enforcement Office (include the ownership certificate if in your possession).</p>
(1) INSTALLATION LAW ENFORCEMENT OFFICE TELEPHONE NUMBER	
(2) INSTALLATION LAW ENFORCEMENT OFFICE ADDRESS	
<p>Your failure to take action on Item 6.a. or 6.b. above will constitute a waiver of interest in the vehicle and will result in disposal of the vehicle in accordance with DoD 4160.21-M, "Defense Utilization and Disposal Manual."</p>	

Figure 25-3

4. Block 7., a. and b., Authorizing Official and Signature (Figure 25-4).

a. Block 7., a., Typed Name (Last, First, Middle Initial). Enter typed name (last, first, middle initial) of authorizing official. Normally this will be the security officer, chief of police or other designated personnel within the Security Department. Check local Standard Operating Procedures (SOP) for specific guidance. Also include the rank and title of the authorizing official.

b. Block 7., b., Signature. Approving official should sign in this block.

7. AUTHORIZING OFFICIAL	
a. TYPED NAME (Last, First, Middle Initial)	b. SIGNATURE

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Figure 25-4

5. The reverse side of DD Form 2507 is normally completed by the owner and/or lienholder. Care should be taken to ensure that all necessary blocks have been completed properly. If the form is notarized, check to ensure that this block also contains the seal of notary. Local SOP should specify exact details for disposing of vehicles and your local JAG office should be consulted for legal advice.

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SAMPLE

NOTICE OF VEHICLE IMPOUNDMENT		1. DATE (YYMMDD) 9_1019	
2. TO Mr. Raymond J. Johnson 3905 Sleepy Hollow Lane Annandale, VA 22003-5407		3. FROM Security Department Bldg. 218, Code S70-T NAS Bravo, DC 20388-5024	
This is to notify you that the Commander of the above-named installation has directed the removal and impoundment of the vehicle described below from the listed location for being in violation of the installation traffic code.			
3. VEHICLE IDENTIFICATION		4. LOCATION FROM WHICH VEHICLE WAS REMOVED	
a. DATE REMOVED (YYMMDD) 9_1018	b. YEAR 1989	Parking lot entrance CPO Club 10TH Street NAS Bravo, DC 20388-5024	
c. MAKE Ford	d. MODEL Station Wagon		
e. VEHICLE IDENTIFICATION NUMBER MST5435CS00897	f. DECAL NUMBER TME 1307	5. LOCATION WHERE VEHICLE IS STORED	
g. VEHICLE LICENSE		Capital Towing Service 1150 Wrecker Road, S.E. Washington, DC 20388-5012	
(1) Number MBC 371	(2) State VA		
(3) Year 1990			
6. YOU MAY DO ONE OF THE FOLLOWING			
a. Notify the Installation Law Enforcement Office listed below of your intent to reclaim. You must show intent to reclaim the vehicle within 15 days after receipt of the notice.		OR b. Sign the waiver of interest/release on the reverse side and return it within 15 days of receipt of this notice to the Installation Law Enforcement Office (include the ownership certificate if in your possession).	
(1) INSTALLATION LAW ENFORCEMENT OFFICE TELEPHONE NUMBER (202) 433-9102			
(2) INSTALLATION LAW ENFORCEMENT OFFICE ADDRESS Security Department Bldg. 218, Code S70-T NAS Bravo, DC 20388-5024			
Your failure to take action on Item 6.a. or 6.b. above will constitute a waiver of interest in the vehicle and will result in disposal of the vehicle in accordance with DoD 4160.21-M, "Defense Utilization and Disposal Manual."			
7. AUTHORIZING OFFICIAL			
a. TYPED NAME (Last, First, Middle Initial) Smith, Max R. LT Security Officer		b. SIGNATURE <i>Max R. Smith</i>	

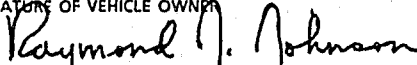
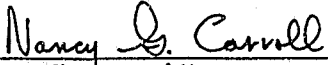
DD Form 2507, OCT 87

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SAMPLE DD FORM 2507

ATTACHMENT (1)
Page 1 of 2

SAMPLE

WAIVER OF INTEREST / RELEASE	
8. VEHICLE OWNER CERTIFICATION	
<ul style="list-style-type: none">• I certify that I am the owner of the vehicle listed in Item 3.• I hereby relinquish all right, title, and interest to said vehicle now stored at location listed in Item 5, and expressly waive time and other limitations imposed by law and regulation in the disposition of such property.• I expressly warrant that there is no lien, mortgage, or other encumbrance on the property herein abandoned as evidenced by the enclosed certificate of title and owner's registration as listed in Item 3 (if applicable), except as noted below.	<ul style="list-style-type: none">• I agree to hold and save the United States and any of its instrumentalities, officers, or employees harmless from any claim or assertion that may arise with regard to the disposition of the vehicle.• The lienholder(s) listed below has/have (has not/have not) given consent to this disposition of the property by signature below.• I understand that after the execution of this instrument I am entitled to no further notice of any action or proceeding involving disposition of the property.
a. SIGNATURE OF VEHICLE OWNER 	b. DATE SIGNED (YYMMDD) 9_1029
9. THE FOLLOWING LIENS, MORTGAGES, OR ENCUMBRANCE EXIST ON THE VEHICLE LISTED IN ITEM 3.	
a. FIRST LIEN, MORTGAGE, OR ENCUMBRANCE	
(1) NAME OF LIENHOLDER	(2) ADDRESS OF LIENHOLDER (Street, City, State, and ZIP code)
(3) AMOUNT OF LIEN	
b. SECOND LIEN, MORTGAGE, OR ENCUMBRANCE	
(1) NAME OF LIENHOLDER	(2) ADDRESS OF LIENHOLDER (Street, City, State, and ZIP code)
(3) AMOUNT OF LIEN	
10. LIENHOLDER CERTIFICATION	
I certify that as lienholder of said property, I consent to its disposition in the manner set forth above.	
a. SIGNATURE OF LIENHOLDER	b. DATE SIGNED (YYMMDD)
11. NOTARY	
Acknowledged before me by <u>Raymond J. Johnson</u> at	
<u>Annandale, Virginia</u> this <u>29th</u> day of	
<u>October</u> , 19 <u>9</u>	
 Signature of Notary	

DD Form 2507 Reverse, OCT 87

SAMPLE DD FORM 2507 REVERSE

ATTACHMENT (1)
Page 2 of 2