

Landing page | [Getting Started](#) | [FAQ](#) | [Privacy Notice](#)

The CATCH Program gives people making a Restricted Sexual Assault Report an opportunity to anonymously disclose suspect information to help the Department of Defense identify repeat offenders.

OMB Control Number: 0703-0069

OMB Expiration Date: XX/XX/XXXX

Accept

Click the *Accept* button to make a CATCH entry.



CATCH a Serial Offender Program

Thank you for considering participation in this program!

Privacy Act Statement

AUTHORITY: Section 543 of public law 113-291; the National Defense Authorization Act (NDAA); and System of Records Notice (SORN) N05580-2, Restricted Sexual Assault Serial Offender Database (CATCH).

PRINCIPAL PURPOSE(S): This information will be compared to other records of sexual assault including restricted and unrestricted reports for the purpose of detecting serial sexual offenders. Sources of other sexual assault reports could include investigative reports prepared by MCIOs, DON, Department of Defense (DoD), or other Federal state, local, tribal, or foreign law enforcement or investigative bodies. This information will not however be made a part of this system of records and no investigative information will be collected or stored under this system. If an alleged offender is suspected to have committed other sexual assaults, the victim providing the restricted information will be contacted and offered the opportunity to make an unrestricted report.

ROUTINE USE(S): The DoD Blanket Routine Uses do not apply. This is by law, a restricted database used exclusively to identify repeat or serial sexual assault offenders. It will be used for no other purpose.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in the inability to compare other records of restricted and unrestricted reports to detect serial sexual offenders.

Agency Disclosure Notice

The public reporting burden for this collection of information, 0703-0069, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc.alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.



(877) 995-5247

www.safehelpline.org

If you need to speak to someone immediately: Contact the DoD Safe Helpline.

If you need to speak to someone immediately, you can reach the DoD Safe Helpline for anonymous and confidential, 24/7 support at (877) 995-5247 or www.safehelpline.org.

Safe Helpline is the DoD's sole sexual assault hotline, and provides specialized services including one-on-one crisis intervention and support, peer-to-peer support, information, resources and self-care exercises, available anytime and anywhere (in the U.S. or overseas).



ABOUT CATCH

CATCH allows adult sexual assault victims to anonymously provide incident details with the objective to determine whether their details might be a match to other incident details, which can result in the discovery of a serial sexual offender. All CATCH data is protected as Unclassified, For Official Use Only, Law Enforcement Sensitive, Privacy Act Information.

IT PROBLEMS?

If you are having trouble logging in, or for any other issues you encounter with this site, please contact the SARC who provided your credentials.

Catch Victim Information Screenshots

Contents

Victim Submittal form Screenshots:	1
<i>Victim logs into the Victim site</i>	2
<i>Incident Start Page</i>	3
<i>Victim Enters Incident Details</i>	4
<i>Victim Adds Suspect Information</i>	5
Add Suspect Pop up window	6
<i>Victim adds Vehicle information:</i>	7
<i>Victim Adds Weapons, Threats, Intoxicants, Media</i>	8
<i>Victim Reviews all entered information and submits</i>	9
<i>Review page continued:</i>	10
Printable Form given to the Victim	10
Catch Submittal Form:	10

Victim Submittal form Screenshots:

Note: Victim Signs into the CATCH victim site with Credentials Provided by the SARC

Victim logs into the Victim site



[Landing page](#) | [Getting Started](#) | [FAQ](#) | [Privacy Notice](#)

Log In

Enter the credentials provided by your assigned SARC to access the application.

User Name

Password

Show Password

Log In



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www.safehelpline.org

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INCIDENT 2021-NAVY-00202

A horizontal navigation bar with six buttons: "Start" (teal), "Incident Details", "Suspects", "Vehicle", "Weapons Threats Intoxicants Media" (stacked text), and "Review".

Start

Not all questions must be answered to submit a CATCH entry, but at least one entry must be made before you can submit a report. Answer what you feel comfortable answering. To save information, you must go to the Review page to review your entry(ies), then select "Submit Report". Your information will not be saved until you select "Submit Report".

- **Start** - The Start button will get you back to this page.
- **Incident** - You do not need to 'save' your inputs before leaving the input page. All inputs will be retained until you Review / Submit.
- **Suspects** - For each suspect, you must select the 'Save Suspect' option at the bottom of the page after each set of suspect entries is made.
- **Vehicle** - You do not need to 'save' your inputs before leaving the input page. All inputs will be retained until you Review / Submit.
- **Weapons / Threats / Intoxicants / Media** - You do not need to 'save' your selections before leaving the input page. All selections will be retained until you Review / Submit.
- **Review** - Here you will be able to review all data entries on a single page, with separate tabs for each suspect. Please review all of your inputs prior to selecting the 'Submit Report' option.



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IT PROBLEMS?

If you are having trouble logging in, or for any other issues you encounter with this site, please contact the SARC who provided your credentials.



INCIDENT **2021-NAVY-00202**

Start	Incident Details	Suspects	Vehicle	Weapons Threats Intoxicants Media	Review
-------	-------------------------	----------	---------	--	--------

Incident Details

Incident Time	<input type="text"/>	?
Incident Month / Season	--- Select Month ---	?
Incident Day	--- Select Day ---	?
Incident Year	--- Select Year ---	?
Incident Location	<input type="text"/>	?
Street Address	<input type="text"/>	?
City / Installation	<input type="text"/>	?
State	--- Select State ---	?
Zip Code	<input type="text"/>	?
Country	--- Select Country ---	?
Additional Details	Enter additional details ?	

Victim Adds Suspect Information



INCIDENT **2021-NAVY-00202**

- Start
- Incident Details
- Suspects**
- Vehicle
- Weapons
Threats
Intoxicants
Media
- Review

Suspects Refresh [Add Suspect](#)

No Suspects

Add Suspect Pop up window

Add Suspect		2021-NAVY-00202
First Name	<input type="text"/>	?
Last Name	<input type="text"/>	?
Rank / Grade	<input type="text" value="--- Select Rank ---"/>	?
Unit	<input type="text"/>	?
Gender	<input type="text" value="--- Select Gender ---"/>	?
Race	<input type="text" value="--- Select Race ---"/>	?
Alias / Nickname / Social Media Name	<input type="text"/>	?
Age	<input type="text"/>	?
Height (Feet)	<input type="text"/>	?
Height (Inches)	<input type="text"/>	?
Weight	<input type="text"/>	?
Eye Color	<input type="text" value="--- Select Eye Color ---"/>	?
Hair Color	<input type="text" value="--- Select Hair Color ---"/>	?
Facial Hair	<input type="text"/>	?
Skin Tone	<input type="text"/>	?
Complexion	<input type="text"/>	?
Visible Scars, Tattoos, Marks	<input type="text"/>	?
Juvenile	<input type="checkbox"/> Yes	?
Phone Number	<input type="text"/>	?
Email Address	<input type="text"/>	?
Service Member	<input type="text" value="--- Select Branch of Service ---"/>	?
Injuries to Suspect	<input type="text"/>	?
Contact with Suspect	<input type="text"/>	?

Victim adds Vehicle information:



INCIDENT **2021-NAVY-00202**

Start	Incident Details	Suspects	Vehicle	Weapons Threats Intoxicants Media	Review
-------	------------------	----------	----------------	--	--------

Vehicle

Year	<input type="text"/>	?
Make	<input type="text"/>	?
Model	<input type="text"/>	?
Color	--- Select Vehicle Color ---	?
Body Style	<input type="text"/>	?
License Plate State	--- Select State ---	?
License Plate Number	<input type="text"/>	?



INCIDENT **2021-NAVY-00202**

Start Incident Details Suspects Vehicle **Weapons Threats Intoxicants Media** Review

Weapons • Threats • Intoxicants • Media

NOTE: Use the Additional Details field on the Incident Details tab to enter any additional information.

Weapons	Threats	Intoxicants	Digital Media
<input type="checkbox"/> Bodily Force (Hands/fist/feet/etc.)	<input type="checkbox"/> Physical	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Photographs
<input type="checkbox"/> Blunt Object	<input type="checkbox"/> Verbal	<input type="checkbox"/> Drugs	<input type="checkbox"/> Video
<input type="checkbox"/> Cutting Instrument	<input type="checkbox"/> Cyber/Social Media	<input type="checkbox"/> None	<input type="checkbox"/> None
<input type="checkbox"/> Explosives	<input type="checkbox"/> None	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
<input type="checkbox"/> Fire/Incendiary	<input type="checkbox"/> Unknown		
<input type="checkbox"/> Handgun			
<input type="checkbox"/> Knife			
<input type="checkbox"/> Motor Vehicle			
<input type="checkbox"/> Other			
<input type="checkbox"/> Rifle			
<input type="checkbox"/> Shotgun			
<input type="checkbox"/> Strangulation			
<input type="checkbox"/> None			
<input type="checkbox"/> Unknown			

Victim Reviews all entered information and submits



INCIDENT **2021-NAVY-00202**

Start Incident Details Suspects Vehicle Weapons Threats Intoxicants Media **Review**

Review

Submit Report

Click the *Submit Report* button to publish the incident details to the CATCH Report.

Incident Details Edit

No Incident Details

Vehicle Edit

No Vehicle

Suspects Edit

Eddy Martin

[Redacted]

First Name [Redacted]
Last Name [Redacted]
Rank / Grade
Unit
Gender
Race
Alias / Nickname /
Social Media Name
Age
Height (Feet)
Height (Inches)
Weight
Eye Color
Hair Color
Facial Hair
Skin Tone

Weapons • Threats • Intoxicants • Media Edit

No Weapons, Threats, Intoxicants, or Digital Media

Review page continued:

Suspects Edit

Eddy Martin

[Redacted]

First Name [Redacted]
Last Name [Redacted]
Rank / Grade
Unit
Gender
Race
Alias / Nickname /
Social Media Name
Age
Height (Feet)
Height (Inches)
Weight
Eye Color
Hair Color
Facial Hair
Skin Tone
Complexion
Visible Scars, Tattoos,
Marks
Juvenile No
Phone Number
Email Address
Service Member
Injuries to Suspect
Contact with Suspect

Weapons • Threats • Intoxicants • Media Edit

No Weapons, Threats, Intoxicants, or Digital Media

Printable Form given to the Victim

SARC Clicks on the Form button → Generates form and Prints the form → Gives to the Victim to fill out

Credentials Form Add DSAID Add UR Do Not Contact

Catch Submittal Form:

CATCH A Serial Offender Program Incident Details 2021-NAVY-00202

Mailing Address
NCIS HQ
ATTN: 023A CATCH
27130 Telegraph Road
Quantico, VA 22134

Please provide as much detail as you feel comfortable with releasing.

Form Printed Date [REDACTED]

SARC [REDACTED]

Incident Details

Incident Time		Incident Date		Incident Location			
		Month	Day	Year			
Street				City / Installation	State	Zip Code	Country

Suspect

First Name		Rank / Grade		Age		Height (Feet)	
Last Name		Gender		Complexion		Height (Inches)	
Eye Color		Race		Skin Tone		Weight	
Hair Color		Email Address				Juvenile	
Facial Hair		Phone Number				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Alias / Nickname / Social Media Name

Unit	Service Member
	<input type="checkbox"/> USAF <input type="checkbox"/> ARMY <input type="checkbox"/> USCG <input type="checkbox"/> USDD <input type="checkbox"/> USMC <input type="checkbox"/> NGBU <input type="checkbox"/> NAVY

Visible Scars, Tattoos, Marks

Injuries to Suspect

Contact with Suspect

Vehicle

Year	Model	License Plate Number	Body Style
Make	Color	License Plate State	

Weapons <input type="checkbox"/> Bodily Force (Hands/fist/feet/etc.) <input type="checkbox"/> Blunt Object <input type="checkbox"/> Cutting Instrument <input type="checkbox"/> Explosives <input type="checkbox"/> Fire/Incendiary <input type="checkbox"/> Handgun <input type="checkbox"/> Knife <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other	Threats <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Cyber/Social Media <input type="checkbox"/> None <input type="checkbox"/> Unknown	Intoxicants <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> None <input type="checkbox"/> Unknown	Digital Media <input type="checkbox"/> Photographs <input type="checkbox"/> Video <input type="checkbox"/> None <input type="checkbox"/> Unknown
---	--	---	---

7/20/2021

CATCH A Serial Offender Program Incident Details

- Rifle
- Shotgun
- Strangulation
- None
- Unknown

Additional Details

Race Dropdown Mockup

Race	<input type="text" value="-- Select Race --"/>	?
Alias / Nickname / Social Media Name	<input type="text" value="-- Select Race --"/> American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White	?
Age		?

Respondents may select more than option for Race.

Ethnicity Dropdown Mockup

Ethnicity	--Select Ethnicity --	?
Alias / Nickname / Social Media Name	-- Select Ethnicity -- Hispanic or Latino Not Hispanic or Latino	?
Age		?