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| **CATCH A Serial Offender Program Entry Details** | **OMB Control Number: 0703-0069****Expiration Date: XX/XX/XX** |
| **Victim Record Number: (VRN)****DSAID Number: (DSAID)**Form Printed Date: (Printed Date)Report Manager: (Report Manager) | **Mailing Address**NCIS HeadquartersATTN: 023E CATCH27130 Telegraph RoadQuantico, VA 22134 |
| **Agency Disclosure Notice**The public reporting burden for this collection of information, 0704-0553, is estimated to average 20 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. |
| Only one field is needed to submit an entry, however the more information that is provided the more likely the CATCH program will be able to match the suspect to other potential entries or investigations. The most useful information is suspect name, rank and military affiliation; suspect phone number or social media profile; and date and location of the assault. |
| **Suspect Details** |
| First Name | Middle Name | Last Name | Rank/Grade | Unit/Command |
| Service Member[ ]  AIR FORCE [ ]  ARMY [ ]  COAST GUARD [ ]  MARINE CORPS [ ]  NAVY [ ]  SPACE FORCE [ ]  NATIONAL GUARD [ ]  CIV |
| Alias / Nickname | Social Media Name or Link |
| Phone Number | Email Address |
| Race | Gender | Current Age | Height Feet Inches | Weight | Eye Color | Hair Color |
| Visible Scars, Tattoos, Marks |
| How do you know suspect? |
| Vehicle Information (Make, Model, Year, Color, State, Plate Number) |
| **Incident Details** |
| Incident Time | Month Day Year | Incident Location (Barracks, Hotel Room, Residence, etc.) |
| Street Address | City/Installation | State | Zip Code | Country |
| Additional Details |