

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 Headquarters ATTN: 023E CATCH 27130 Telegraph Road Quantico, VA 22134				
Agency Disclosure Notice <p>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.</p>									
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 <input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> NATIONAL GUARD <input type="checkbox"/> 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									