STATUS OF FORCES INCIDENT REPORT

(AE Reg 550-50/CNE-C6F Inst 5820.8K/USAFE Inst 51-706)

Date (YYYYMMDD)

Data required by the Privacy Act of 1974

Authority: Art VII, NATO SOFA; Art 19, NATO SOFA Supplementary Agreement; 10 USC 3012.

Principal purpose(s): To notify appropriate U.S. Forces agencies of a concurrent jurisdiction offense (an offense subject to the criminal jurisdiction of the U.S. Forces and the host state) in order that a request for waiver of jurisdiction may be sent to appropriate host-country authorities.

Routine uses: This form is used in USEUCOM for the above-described purpose. It is completed by the unit commander on first learning of an incident that may result in the exercise of foreign criminal jurisdiction over a member of his or her command. The completed report is sent to the appropriate legal liaison authority (Germany) or U.S. country representative (other countries). Information from this form is the basis for the commander's request to host-country legal authorities for waiver of jurisdiction. See routine uses set forth at 40 Federal Register 35151.

Mandatory or voluntary disclosure and effect on individual not providing information: Disclosure by individual is not mandatory due to protection against self-incrimination. If the individual does not volunteer information, the individual's commanding officer or the liaison officer must obtain the information from U.S. or foreign police files.

must obtain the information	r iroin 0.3. or loreign p	Olice files.					
То	From						
Identity of subject (Submit separate report for each subject.)							
Name (Last, first, MI)	Ra	ank and pay grade	SSN		Organization and A	APO	
Duty status Lea	ave [Pass		AWOL		Official duty	
Investigated by					Security aspects		
Local police Ye	es No M	ilitary police	Yes	No	Yes	No	
Rotation date (DEROS)	Separation date	Date a	nd place of bi	irth	Home of record (C	omplete address)	
		Inci	dent				
Nature (Describe what happened in general, including a description of personal injuries and/or property damage.)							
Place (Street and city or town where the incident occurred.)							
Property damage (Estimated total amount.)			Time and date (When incident occurred.)				
	Complet	e this section if in	cident is a t	raffic acc			
Traffic accident	Vehicle 1			Vehicle 2			
Military vehicle	Yes		No		Yes	No No	
Military vehicle on official dispatch	Yes		No		Yes	No	
POV license number							
Insurance company							
Owner							
Driver							

Identity of victims (Name, address, nationality, injurie	s, if any.)						
Alcohol involved							
No Yes Blood and alcohol test %	Observations	Name of offender, victim, other					
Remarks							
Typed name, grade, title, organization, and							
Typed name, grade, title, organization, and telephone no. of individual preparing the report	Date (YYYYMMDD)	Signature					
Instructions (Read carefully.)							
1. This form will be used to report all incidents (AE Reg 550-50/CNE-C6F Inst 5820.8K/USAFE Inst 51-706) involving U.S. personnel, except those involving a purely military offense (for example, AWOL, disrespect to superior officer).							
2. Reporting responsibility (AE Reg 550-50/CNE-C6F Inst 5820.8K/USAFE Inst 51-706 and AE Reg 550-56/USNAVEUR Inst 5820.13F/							

- USAFE Inst 51-705) in the case of military personnel and their Family members rests with the commander of the individual's unit or unit assigned for TDY. In the case of members of the civilian component and their Family members, reporting responsibility rests with the commanding officer of the installation where the individual is employed.
- 3. This report must be submitted by the unit commander immediately on notice of a violation of law except when information concerning an incident is obtained from the U.S. country representative or local legal liaison authority.