

INVESTIGATOR DATA FORM

For use of this form, see AR 190-30; the proponent agency is OPMG.

1. DATE (YYYYMMDD)			2. TIME RECEIVED		7. CASE NUMBER		
3. OFFENSE					8. ASSIGNED TO		
4. SUBJECT					9. TYPE OF ACTION		
5. VICTIM					10. REPORTS		
					TYPE	SUSPENSE	COMPLETE
6. CASE DESCRIPTION							
11. OTHER ACTION			12. FUNDS				
ACTION	RQRD	COMPL	DATE (YYYYMMDD)	AMOUNT			
CRIMINAL INFO							
EVIDENCE CUST							