Directorate of Emergency Services
Law Enforcement Division
13635 South Dakota Avenue, Bldg. 1000
Fort Leonard Wood, MO 65473
(573) 596-0588 Fax (573) 596-4993

PERSON REQUESTING REPORT: **SELF** ◯ **UNIT** ◯ **BUSINESS** ◯

Law Enforcement Report Number (LER):_____

Status:

_____

INFORMATION OF SUBJECT OR VICTIM:

LAST, FIRST MI:

SSN: EMAIL:

UNIT OR HOME ADDRESS:

DAYTIME NUMBER EVENING NUMBER:

DATE OF INCIDENT: LOCATION OF INCIDENT:

TYPE OF INCIDENT:

SIGNATURE: DATE:

OR

PERSON OR BUSINESS REQUESTING REPORT OTHER THAN THE SUBJECT:

LAST, FIRST MI: PHONE:

SIGNATURE: EMAIL:

PLEASE ALLOW 10 WORKING DAYS AFTER TIME OF REQUEST

DATE GIVEN/EMAILED/FAXED TO CUSTOMER:

POLICE RECORDS CLERK INITIALS:

Submit electronically to: scot.c.mathenia.civ@army.mil AND adrienne.m.bott.civ@army.mil