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	

6. CASE DESCRIPTION

11. OTHER ACTION			12. FUNDS			
ACTION	RQRD	COMPL	DATE *(YYYYMMDD)*	AMOUNT		
CRIMINAL INFO						
EVIDENCE CUST						