

| | | | |
|---|---|--|--------------------|
| CLUE REPORT | 1. INCIDENT NAME | 2. DATE | 3. INCIDENT NUMBER |
| 4. CLUE NUMBER | 5. DATE/TIME LOCATED | 6. TEAM THAT LOCATED CLUE | |
| 7. NAME OF INDIVIDUAL THAT LOCATED CLUE | | | |
| 8. DESCRIPTION OF CLUE | | | |
| 9. LOCATION FOUND | | | |
| 10. TO INVESTIGATIONS | | | |
| <input type="checkbox"/> URGENT REPLY NEEDED , TEAM STANDING BY TIME _____ | | | |
| <input type="checkbox"/> INFORMATION ONLY | | | |
| 11. INSTRUCTIONS TO TEAM | | | |
| <input type="checkbox"/> COLLECT | | | |
| <input type="checkbox"/> MARK AND LEAVE | | | |
| <input type="checkbox"/> DISREGARD | | | |
| <input type="checkbox"/> OTHER _____ | | | |
| CLUE PROBABILITIES TO BE COMPLETED BY PLANS | | | |
| 12. CLUE PROBABILITY | 13. PROBABILITY REPORT | | |
| <input type="checkbox"/> VERY LIKELY A GOOD CLUE | | | |
| <input type="checkbox"/> PROBABLY A GOOD CLUE | | | |
| <input type="checkbox"/> MAY BE A GOOD CLUE | | | |
| <input type="checkbox"/> PROBABLY NOT A GOOD CLUE | | | |
| <input type="checkbox"/> VERY LIKELY NOT A GOOD CLUE | | | |
| <input type="checkbox"/> DON'T KNOW | | | |
| COPIES <input type="checkbox"/> PLANS | | | |
| <input type="checkbox"/> INVESTIGATIONS | <input type="checkbox"/> ATTACH TO CLUE | | |
| <input type="checkbox"/> DEBRIEFING | <input type="checkbox"/> OTHER _____ | | |
| 14. PREPARED BY | | 15. CLUE & SEGMENT PROBABILITIES PREPARED BY | |