

ACP Incident Report

Access Denied

Access Granted

Date

ACP #

Vehicles:

- Suspicious vehicle
- No-DOD Decal
- Expired Temp. Registration
- Explosive Residue Detected
- Type _____
- Cargo Seals
- Unauthorized weapons
- Other: _____

Persons:

- Suspicious Person
- No identification
- False ID
- Expired DL/ID
- Other: _____

Activity:

- Surveillance type activities
- Questions about installation security
- Questions about deploying units
- Gang Activity (specify on reverse)
- Drug Activity (specify on reverse)
- Other: _____

(Describe suspicious activity and other details on reverse.)

Vehicle: Year _____ Make _____ Model _____ Color _____ Type: _____

(POV, U-haul, Delivery,

Transport)

License Plate/ State: _____ Number: _____

If commercial vehicle:

Carrier/Shipper: _____

Destination: _____

Person: _____ Rank: _____ Sex: _____

Race: _____ DOB: _____ HT: _____ WT: _____ Hair: _____ Eyes: _____

Unit/Address: _____ Visible scars/tattoos: _____

Driver's License: State _____ Number: _____ Other Forms of Identification: _____

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