

NRC FORM 135 (4-95)		U.S. NUCLEAR REGULATORY COMMISSION		1. REPORT NUMBER		2. DATE AND TIME OF REPORT	
<h1>SECURITY INCIDENT REPORT</h1>				08-27		08/18/04      09:40 hrs	
						3. DATE AND TIME OF INCIDENT	
						08/16/04      21:00 hrs	
4. BUILDING		5. ROOM		6. NAME OF PERSON REPORTING THE INCIDENT		7. TELEPHONE NUMBER	
<input checked="" type="checkbox"/> OWFN <input type="checkbox"/> TWFN							
8. NAME(S) OF PERSON(S) INVOLVED							
<div style="border: 1px solid black; height: 20px; width: 100%;"></div> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>							
FPS/RCC OPERATOR #29							
9. TYPE OF INCIDENT							
<input checked="" type="checkbox"/> THEFT (A)		<input type="checkbox"/> BUILDING PROBLEM (D)		<input type="checkbox"/> SECURITY INFRACTION (F)			
<input type="checkbox"/> SECURITY SYSTEMS PROBLEM (C)		<input type="checkbox"/> MEDICAL EMERGENCY (E)		<input type="checkbox"/> OTHER (G)			
10. NARRATIVE							
<p>On Wednesday August 18, 2004, [redacted] responded to [redacted] to take a Theft Report from [redacted]. [redacted] informed [redacted] that Monday, August 16, 2004 at approximately 21:00 hrs, she noticed (\$80.00) missing from her wallet. [redacted] stated that she last saw her money on Monday, August 16, 2004 at approximately 08:30 hrs when she purchased a cup of coffee. [redacted] stated her purse was under her desk unsecured during the time in question. [redacted] stated that she thought she might have dropped her money, but wasn't sure. [redacted] didn't notice any unusual individuals in her work space. [redacted] asked [redacted] to keep her purse secured. At 08:00hrs [redacted] advised [redacted] (SB) of the incident. FEDERAL PROTECTIVE SERVICE OPERATOR#29 was also notified.</p>							
11. PROPERTY MISSING / STOLEN:		<input checked="" type="checkbox"/> PERSONAL		<input type="checkbox"/> GOVERNMENT			
DESCRIPTION OF ITEM		MODEL		DOLLAR VALUE (Estimated)		NRC TAG NUMBER	
				\$80.00			
BRAND NAME		SERIAL NUMBER		DATE AND TIME LAST SEEN		DATE AND TIME DISCOVERED MISSING	
				08/16/04      08:30 Hours		08/16/04      21:00 Hours	
12. NOTIFICATION							
DESCRIPTION		TIME NOTIFIED		DESCRIPTION		TIME NOTIFIED	
<input type="checkbox"/> 911				<input checked="" type="checkbox"/> DIVISION OF SECURITY		[redacted] 08:00 Hours)	
<input checked="" type="checkbox"/> GSA / RCC		OPERATOR#29(09:55 Hours		<input type="checkbox"/> IRM			
<input type="checkbox"/> FACILITY MANAGEMENT BRANCH							
<input type="checkbox"/> BUILDING ON-CALL ENGINEER							
SIGNATURE -- REPORTING OFFICER		DATE		SIGNATURE -- APPROVING SUPERVISOR		DATE	
				[redacted]		8/18/04	
13. REVIEW							
PROJECT MANAGER / ASSISTANT PROJECT MANAGER REVIEW						INITIALS	
[redacted]						[redacted]	
SECURITY REVIEW						DATE	
						08/18/04	

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