

NRC FORM 135 (4-95)		U.S. NUCLEAR REGULATORY COMMISSION		1. REPORT NUMBER		2. DATE AND TIME OF REPORT	
SECURITY INCIDENT REPORT				09/02		08/18/04 09:40 AM	
						3. DATE AND TIME OF INCIDENT	
						08/16/04 21:00 Hours	
4. BUILDING		5. ROOM		6. NAME OF PERSON REPORTING THE INCIDENT		7. TELEPHONE NUMBER	
<input checked="" type="checkbox"/> OWFN <input type="checkbox"/> TWFN		[REDACTED]		[REDACTED]		[REDACTED]	
8. NAME(S) OF PERSON(S) INVOLVED							
[REDACTED]							
[REDACTED]							
[REDACTED]							
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"/> OTHER (G)	
<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] informed [REDACTED] that Tuesday Evening(AUGUST 17TH), at approximately 17:00 Hours, she noticed \$60.00 Dollars missing from her wallet [REDACTED] asked [REDACTED] when she last saw the money in question [REDACTED] told [REDACTED] that she last saw her money on Sunday Night(AUGUST 15TH), at an undetermined time [REDACTED] stated her purse was unsecured in a drawer adjacent from her desk during the time in question [REDACTED] asked [REDACTED] to keep her purse secured as well as she could in the future [REDACTED] didn't notice any unusual individuals in her work space. [REDACTED] reported this incident to [REDACTED] who took an incident report [REDACTED] had no further information pertaining to this incident, and forwarded this incident to Internal Security for further investigation and review [REDACTED] notified FEDERAL PROTECTIVE SERVICE OPERATOR#29 at 09:55 Hours.</p>							
11. PROPERTY MISSING / STOLEN:				<input checked="" type="checkbox"/> PERSONAL		<input type="checkbox"/> GOVERNMENT	
DESCRIPTION OF ITEM		MODEL	DOLLAR VALUE (Estimated)		NRC TAG NUMBER		
			\$60.00				
BRAND NAME		SERIAL NUMBER	DATE AND TIME LAST SEEN		DATE AND TIME DISCOVERED MISSING		
			08/15/04 UNKNOWN		08/17/04 17:00 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)		IRM			
<input type="checkbox"/> FACILITY MANAGEMENT BRANCH							
<input type="checkbox"/> BUILDING ON-CALL ENGINEER							
SIGNATURE -- REPORTING OFFICER		DATE		SIGNATURE -- APPROVING SUPERVISOR		DATE	
[REDACTED]		[REDACTED]		[REDACTED]		8/18/04	
13. REVIEW							
PROJECT MANAGER / ASSISTANT PROJECT MANAGER REVIEW					INITIALS	DATE	
[REDACTED]					[REDACTED]	08/18/04	
SECURITY REVIEW					INITIALS	DATE	
[REDACTED]					[REDACTED]	[REDACTED]	

PERSONAL E-MAIL STATEMENT

(b)(7)c

D/16