

# MISSOURI STATE HIGHWAY PATROL

## SECURITY INCIDENT REPORT

(NONCRIMINAL JUSTICE AGENCIES)

PLEASE PRINT OR TYPE

Agency Information			
Agency Name		Agency ORI/OCA	
Address	City	State	Zip Code
Area Code and Telephone Number		Fax Number	
Point of Contact			
Last Name		First Name	
Email Address		Area Code and Telephone Number	
Incident Details			
Date of Incident		Time of Incident Discovery (e.g., 1400)	
Location of Incident			
Systems/Data Affected		Method of Detection	
Nature of the Incident (Please Check One)			
<input type="checkbox"/> Systems/Data Misuse <input type="checkbox"/> Virus/Malware <input type="checkbox"/> Network Intrusion <input type="checkbox"/> Data Loss/Data Breach <input type="checkbox"/> Unauthorized Access <input type="checkbox"/> Denial of Service <input type="checkbox"/> Unauthorized Changes <input type="checkbox"/> Theft/Loss of Device <input type="checkbox"/> Other (Explain)			
Incident Description			
Current Incident Status (Please Check One)			
<input type="checkbox"/> Contained <input type="checkbox"/> Uncontained <input type="checkbox"/> Investigating <input type="checkbox"/> Other (Explained in Incident Description)			
System Impact (Please Check One)			
<input type="checkbox"/> Complete Outage <input type="checkbox"/> Partial Outage <input type="checkbox"/> No Impact <input type="checkbox"/> Other (Explained in Incident Description)			
CJIS Information Security Unit (ISU) Assistance requested (Please Check One)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Resolution			

Return completed form to:

MSHP  
 CJIS Security Unit  
 PO Box 9500  
 Jefferson City, MO 65102-9500  
 Fax: (573) 526-6290  
[cjissecurity@mshp.dps.mo.gov](mailto:cjissecurity@mshp.dps.mo.gov)  
 For questions, call (573) 526-6153 ext 2658