



Type of Breach:			
<b>Lost Information or Equipment:</b>	Yes	<b>Unauthorized Disclosure:</b> (e.g., email sent to incorrect address, oral or written disclosure to unauthorized person, disclosing documents publicly with sensitive information not redacted)	Yes
	No		No
<b>Stolen Information or Equipment:</b>	Yes	<b>Unauthorized Access:</b> (e.g., an unauthorized employee or contractor accesses information or an information system)	Yes
	No		No
<b>Unauthorized Equipment:</b> (e.g., using an unauthorized personal device, server, or email account to store PII)	Yes	<b>Unauthorized Use:</b> (e.g., employee with agency-authorized access to database or file accesses and uses information for personal purposes rather than for official purposes)	Yes
	No		No

Storage Medium:					
<b>Laptop or Tablet:</b>	Yes	No	<b>Smartphone:</b>	Yes	No
<b>Desktop:</b>	Yes	No	<b>Paper files:</b>	Yes	No
<b>IT System:</b> (e.g., Intranet/Shared Drive)	Yes	No	<b>Oral Disclosure:</b>	Yes	No
<b>External Storage Device:</b> (e.g., CD, DVD, USB Drive)	Yes	No			
<b>Email:</b> (Provide the relevant email address, the agency, and a description of the e-mail server (e.g., cloud, personal, private))					
<b>Other:</b> (Provide a detailed description of the medium)					

Reported to US-CERT, Law Enforcement, or Congress:					
<b>Reported to US-CERT:</b>	Yes	No	<b>If any are yes, complete the following:</b>		
<b>Reported to Law Enforcement:</b>	Yes	No			
<b>Reported to Congress:</b>	Yes	No			
<b>Name of recipient(s):</b>					
<b>Title of recipient(s):</b>					
<b>Email of recipient(s):</b>					
<b>Phone of recipient(s):</b>					
<b>Agency and Component:</b>					
<b>Date and Time of the Report:</b>					

Number of Individuals and Safeguards:		
<b>Number of individuals potentially affected by the breach:</b>		
<b>Was the information unstructured:</b> (e.g., open fields on a form or survey)	Yes	No
<b>Was the information encrypted via a NIST-validated method:</b>	Yes	No
<b>Does a duplicate set of the potentially compromised information exist:</b>	Yes	No

**Additional Information:**

**Internal breach (e.g., within the agency's network), external, both, or unknown:**

**What counter measures, if any, were enabled when the breach occurred:**

(List all applicable counter measures and whether each one was NIST certified (e.g., hard drive encryption on laptop, encryption of electronic files, password on smartphone)

**What steps, if any, have already been taken to mitigate potential harm:**

(e.g., calling or sending separate email(s) to recipient(s) of an unauthorized email to request deletion of original email, contacting web publishing to remove unredacted documents from public website)

**Do you have knowledge that any information involved in the breach was intentionally stolen or misused:**

(If yes, describe the basis for your knowledge and how the information may have been misused (e.g., evidence of identity theft, hacking, adverse publicity)

**Data Elements and Information Types:**

**Identifying Numbers**

Social Security number	Truncated or Partial Social Security number
Driver's License Number	License Plate Number
DEA Registration Number	File/Case ID Number
Patient ID Number	Health Plan Beneficiary Number
Student ID Number	Federal Student Aid Number
Passport number	Alien Registration Number
DOD ID Number	DOD Benefits Number
Employee Identification Number	Professional License Number
Taxpayer Identification Number	Business Taxpayer Identification Number (sole proprietor)
Credit/Debit Card Number	Business Credit Card Number (sole proprietor)
Vehicle Identification Number	Business Vehicle Identification Number (sole proprietor)
Personal Bank Account Number	Business Bank Account Number (sole proprietor)
Personal Device Identifiers or Serial Numbers	Business device identifiers or serial numbers (sole proprietor)
Personal Mobile Number	Business Mobile Number (sole proprietor)

Biographical Information			
Name (including nicknames)	Gender		Race
Date of Birth (Day, Month, Year)	Ethnicity		Nationality
Country of Birth	City or County of Birth		Marital Status
Citizenship	Immigration Status		Religion/Religious Preference
Home Address	Zip Code		Home Phone or Fax Number
Spouse Information	Sexual Orientation		Children Information
Group/Organization Membership	Military Service Information		Mother's Maiden Name
Business Mailing Address (sole proprietor)	Business Phone or Fax Number (sole proprietor)		Global Positioning System (GPS)/Location Data
Personal e-mail address	Business e-mail address		Employment Information
Personal Financial Information (including loan information)	Business Financial Information (including loan information)		Alias (e.g., username, screenname)
Education Information	Resume or curriculum vitae		Professional/personal references

Biometrics/Distinguishing Features/Characteristics			
Fingerprints	Palm prints		Vascular scans
Retina/Iris Scans	Dental Profile		Scars, marks, tattoos
Hair Color	Eye Color		Height
Video recording	Photos		Voice/Audio Recording
DNA Sample or Profile	Signatures		Weight

Medical/Emergency Information			
Physical Health Information	Mental Health Information		Disability Information
Workers' Compensation Information	Patient ID Number		Emergency Contact Information

Device Information			
Device settings or preferences (e.g., security level, sharing options, ringtones)	Cell tower records (e.g., logs, user location, time)		Network communications data

Specific Information/File Types			
Taxpayer Information/Tax Return Information	Law Enforcement Information		Security Clearance/ Background Check Information
Civil/Criminal History Information/Police Record	Academic and Professional Background Information		Health Information
Case files	Personnel Files		Credit History Information

Additional Information			