

MILITARY POLICE REPORT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

MILITARY POLICE REPORT NUMBER	DATE (YYYYMMDD)	ORI NUMBER	USACRC CONTROL NUMBER
THRU	TO	FROM	

SECTION I - ADMINISTRATION

1. REPORT TYPE <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE (YYYYMMDD)	4c. COMPLAINT RECEIVED BY <input type="checkbox"/> In Person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> Referral	5a. CLEARANCE REASON <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused to Cooperate <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension 6a. MP ACTION <input type="checkbox"/> MPI <input type="checkbox"/> Civil Authorities <input type="checkbox"/> CID <input type="checkbox"/> Traffic <input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD) 7. INVOLVEMENT <input type="checkbox"/> Hate <input type="checkbox"/> Domestic <input type="checkbox"/> Death <input type="checkbox"/> Gang <input type="checkbox"/> Trainee <input type="checkbox"/> Extremist	2. STATUS <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action 4b. COMPLAINT TIME (24 HR)	6b. DATE REFERRED (YYYYMMDD)
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SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)

1a. OFFENSE NO.	1b. SUBJECT NO. INVOLVEMENT	1c. VICTIM NO. INVOLVEMENT	1d. NIBRS LOCATION CODE	1e. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES <input type="checkbox"/> YES <input type="checkbox"/> NO See DA Form 3975-1
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)			1i. OFFENSE LOCATION ADDRESS	
2a. BEGIN DATE (YYYYMMDD)	3. TYPE OF CRIMINAL ACTIVITY (Check up to three) <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming			4. OFFENSE STATUTORY BASIS <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	
2b. BEGIN TIME (24 Hour)				5. OFFENDER USED (Check up to three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input type="checkbox"/> N Not Applicable	
2c. END DATE (YYYYMMDD)					
2d. END TIME (24 Hour)					

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)

- | | | |
|---------------------------------|-------------------------------------|----------------------------------------|
| 01 Air/Bus/Train Terminal | 10 Field/Woods/Training Area | 19 Rental/Storage Facility |
| 02 Bank/Credit Union | 11 Government/Public Building | 20 Residence/Quarters/Barracks/BEQ/BOQ |
| 03 Bar/Officer/NCO Club | 12 Grocery Store/Commissary | 21 Restaurant/Dining Facility |
| 04 Church/Synagogue Temple | 13 Highway/Road/Alley/Street | 22 School/College |
| 05 Commercial Office Building | 14 Hotel/Motel/VAQ/VEQ/TLQ | 23 Service/Gas Station |
| 06 Construction Site | 15 Jail/Prison/Corrections Facility | 24 Specialty Store/Concessionaire |
| 07 Convenience Store/Shoppette | 16 Lake/Waterway/Ocean | 25 Child Care Facility/Home Day Care |
| 08 Dept/Discount Store/Exchange | 17 Liquor Store/Class VI | |
| 09 Drug Store/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 OTHER (Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives	<input type="checkbox"/>	
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	99 None
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation	<input type="checkbox"/>	Forcible Entry
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown	<input type="checkbox"/>	No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)		9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES	
<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed by Private Citizen
<input type="checkbox"/>	2 Assault on Law officer	<input type="checkbox"/>	21 Criminal Killed by Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Weapon Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved	<input type="checkbox"/>	A Criminal attacked police officer and that police officer killed the criminal
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		<input type="checkbox"/>	B Criminal attacked police officer and was killed by another police officer
		<input type="checkbox"/>	C Criminal attacked a civilian
		<input type="checkbox"/>	D Criminal attempted flight from a crime
		<input type="checkbox"/>	E Criminal killed in commission of a crime
		<input type="checkbox"/>	F Criminal resisted arrest
		<input type="checkbox"/>	G Unable to determine

SECTION III - SUBJECT (For additional subjects, complete DA Form 3975-2)

1a. SUBJECT NO.	1b. NAME (Last, First, Middle, Jr., Sr., III)	1c. SSN/FNN/ALIEN REG NO	1d. PROTECTED IDENTITY	
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov Empl <input type="checkbox"/> U Foreign Nat Empl <input type="checkbox"/> V Other Foreign Nat <input type="checkbox"/> W Retired Military	1f. DOB (YYYYMMDD)	1g. POB (City, State, Country)	1h. GRADE	
	1i. HOME PHONE	1j. WORK PHONE	1k. NICKNAMES/ALIAS	
	1l. CITIZENSHIP <input type="checkbox"/> US Country (Specify) <input type="checkbox"/> Resident Alien	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER	1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International
	2a. ORGANIZATION, UIC, AND STREET ADDRESS	2b. INSTALLATION/CITY	2d. ZIP/APO	
	2c. STATE/COUNTRY	2e. UNIT PHONE		
	3a. RESIDENCE STREET ADDRESS	3b. INSTALLATION/CITY	3d. ZIP/APO	
	3c. STATE/COUNTRY			

4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) <input type="checkbox"/>	5. JUVENILE <input type="checkbox"/> YES <input type="checkbox"/> NO	7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown
9. IDENTIFYING MARKS AND LOCATION			10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)		

8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	11. OFFENDER'S DISPOSITION
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12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH (Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 15 Other (Specify) <input type="checkbox"/> 12 Handgun _____ <input type="checkbox"/> 13 Rifle _____ <input type="checkbox"/> 14 Shotgun _____ <input type="checkbox"/> 16 Lethal Cutting Instrument
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15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)		15c. APPREHENSION DATE (YYYYMMDD)		15d. APPREHENDING PMO (UIC/MPC)		15f. HOW DRESSED AT TIME OF APPREHENSION			
				15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.							
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)			15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None		16b. ALCOHOL/DRUG TESTING RESULTS				
15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		16c. ILLNESS/INJURY								16d. ALCOHOL/DRUG INVOLVEMENT REMARKS	
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)		17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine			<input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines			<input type="checkbox"/> M Other stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> U Unknown Type Drug			
17c. DRUG TEST AND MEASUREMENT (i.e., parts per million, cubic centimeters, etc.)						17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO					
SECTION IV - VICTIM (For additional victims, complete DA Form 3975-3)											
1a. VICTIM NO.		1b. NAME (Last, First, Middle Name, Jr., Sr., III)			1c. SSN/FNN/ALIEN REG NUMBER			1d. PROTECTED IDENTITY			
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYYMMDD)		1g. POB (City, State, Country)			1h. GRADE				
		1i. HOME PHONE		1j. WORK PHONE		1k. NICKNAMES/ALIAS					
		1l. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify)		1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER'S LICENSE NUMBER					
						1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International					
		2a. ORGANIZATION, UIC, AND STREET ADDRESS			2b. INSTALLATION/CITY		2d. ZIP/APO				
					2c. STATE/COUNTRY		2e. UNIT PHONE				
		3a. RESIDENCE STREET ADDRESS			3b. INSTALLATION/CITY		3d. ZIP/APO				
					3c. STATE/COUNTRY						
4a. TYPE OF VICTIM <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old ____ Years Old AGE RANGE (Specify)		4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown			4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown		
5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO (Check applicable bias)											
<input type="checkbox"/> AA Anti-Atheist/Agnostic		<input type="checkbox"/> AK Anti-Female Homosexual		<input type="checkbox"/> AU Anti-Protestant		<input type="checkbox"/> AV Anti-White		<input type="checkbox"/> AW Anti-Homosexual Bias			
<input type="checkbox"/> AB Anti-Alaskan Native		<input type="checkbox"/> AL Anti-Heterosexual		<input type="checkbox"/> AV Anti-White		<input type="checkbox"/> AZ Anti-Other Ethnicity		<input type="checkbox"/> BA Anti-Mental Disability			
<input type="checkbox"/> AC Anti-American Indian		<input type="checkbox"/> AM Anti-Hispanic		<input type="checkbox"/> AY Anti-Other Religions		<input type="checkbox"/> BB Anti-Physical Disability		<input type="checkbox"/> BC Sexual Harassment			
<input type="checkbox"/> AD Anti-Arab		<input type="checkbox"/> AN Anti-Islamic (Moslem)		<input type="checkbox"/> AZ Anti-Other Ethnicity		<input type="checkbox"/> BA Anti-Mental Disability		<input type="checkbox"/> AX Unknown Bias			
<input type="checkbox"/> AE Anti-Asian		<input type="checkbox"/> AO Anti-Jewish		<input type="checkbox"/> BA Anti-Mental Disability		<input type="checkbox"/> BB Anti-Physical Disability					
<input type="checkbox"/> AG Anti-Bisexual		<input type="checkbox"/> AQ Anti-Male Homosexual		<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> BB Anti-Physical Disability					
<input type="checkbox"/> AH Anti-Black		<input type="checkbox"/> AR Anti-Multi-Racial Group		<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> BB Anti-Physical Disability					
<input type="checkbox"/> AI Anti-Catholic		<input type="checkbox"/> AS Anti-Multi-Religious Group		<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> BB Anti-Physical Disability					
		<input type="checkbox"/> AT Anti-Pacific-Islander		<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> BB Anti-Physical Disability					

6. RELATIONSHIP OF VICTIM TO OFFENDER <i>(For multiple offender relationships, enter the subject's number)</i>			7. VICTIM INVOLVEMENT	
<input type="checkbox"/> AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship	<input type="checkbox"/> Accessory	<input type="checkbox"/> Principle
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family	<input type="checkbox"/> Conspiracy	<input type="checkbox"/> Solicit
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee	8. INJURY TYPE <i>(Check up to five)</i>	
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee <i>(baby)</i>	<input type="checkbox"/> CA Otherwise Known	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown	<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender	9a. DD FORM 2701 PROVIDED VICTIM	
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		<input type="checkbox"/> YES	<input type="checkbox"/> NO
			9b. IF NOT PROVIDED, WHY NOT?	
			<input type="checkbox"/> Declined	<input type="checkbox"/> Not Required

SECTION V - PERSONS RELATED TO REPORT *(For additional persons related to report, complete DA Form 3975-4)*

1a. PERSON RELATED TO REPORT NUMBER		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police			
		<input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. NAME <i>(Last, First, Middle Name, Jr., Sr., III)</i>		1d. SSN/FNN/ALIEN REG NO.	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien		
		<input type="checkbox"/> Country <i>(Specify)</i>			
1f. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB <i>(YYYYMMDD)</i>	1h. POB <i>(City, State, County)</i>		1i. GRADE	
		1k. WORK PHONE	1l. NICKNAMES/ALIAS		1j. HOME PHONE
		1n. DRIVER LICENSE NUMBER	1o. IS LICENSE	State <i>(Specify)</i> Other <i>(Specify)</i>	
			<input type="checkbox"/> Foreign		
			<input type="checkbox"/> International		
		2a. ORGANIZATION, UIC, AND STREET ADDRESS		2b. INSTALLATION/CITY	2d. ZIP/APO
				2c. STATE/COUNTRY	2e. UNIT PHONE
		3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY	3d. ZIP/APO
				3c. STATE/COUNTRY	
		4a. DD FORM 2701 PROVIDED VICTIM/WITNESS	4b. IF NOT PROVIDED, WHY NOT?		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701
	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> Declined <input type="checkbox"/> Not Required			

SECTION VI - PROPERTY *(For additional Property, complete DA Form 3975-5)*

1a. ITEM NO.	1b. CODE	1c. QUANTITY	1d. VALUE	1e. DESCRIPTION	1f. SERIAL NUMBER
1g. DATE RECOVERED <i>(YYYYMMDD)</i>		1h. DATE RETURNED <i>(YYYYMMDD)</i>		1i. SECURITY	1j. PROPERTY OWNERSHIP
				<input type="checkbox"/> S Secured	<input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt.
				<input type="checkbox"/> U Unsecured	<input type="checkbox"/> B State <input type="checkbox"/> F Private
				<input type="checkbox"/> Z Unknown	<input type="checkbox"/> C City <input type="checkbox"/> U Unknown
					<input type="checkbox"/> D County/Borough
1k. PROPERTY LOSS TYPE <i>(Check all that apply)</i>					
<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered				
<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized				
<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen				
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized					

PROPERTY DESCRIPTION CODE TABLE

01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER <i>(Specify)</i>
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	
10 Drugs/Narcotics <i>(See below)</i>	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category

DRUG/NARCOTIC MEASURES

GM-Gram KG-Kilogram OZ-Ounce LB-Pound FO-Fluid Ounce GL-Gallon LT-Liter ML-Milliliter DU-Dosage Unit NP-Number of Plants

SECTION VII - NARRATIVE

1. ENCLOSURES

2. DISTRIBUTION

3. NAME

4. GRADE

5. TITLE OF REPORTING OFFICIAL

6. SIGNATURE