

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

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.

| | | | |
|----------------------------------|--------------------|---------------|--------------------------|
| 1. MILITARY POLICE REPORT NUMBER | 2. DATE (YYYYMMDD) | 3. ORI NUMBER | 4. USACRC CONTROL NUMBER |
| 5. THRU | 6. TO | 7. FROM | |

SECTION V - PERSONS RELATED TO REPORT

| | | | | |
|--|---|--|---|----------------|
| 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 (Last, First, Middle Name, Jr., Sr., III) | | 1d. SSN/FNN/ALIEN REG NO. | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify) | |
| 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 (YYYYMMDD) | 1h. POB (City, State, County) | | |
| | 1i. GRADE | 1j. HOME PHONE | | |
| | 1k. WORK PHONE | 1l. NICKNAMES/ALIAS | | |
| | 1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves | | | |
| | 1n. DRIVER LICENSE NUMBER | 1o. IS LICENSE State (Specify) Other (Specify) <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 <input type="checkbox"/> YES <input type="checkbox"/> NO | | 4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required | |
| | | 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 | | |

| | | | | | | |
|--|--|--|--|---|---|--|
| 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 (Last, First, Middle Name, Jr., Sr., III) | | 1d. SSN/FNN/ALIEN REG NO. | | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify) | | |
| 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 (YYYYMMDD) | 1h. POB (City, State, County) | | 1i. GRADE | 1j. HOME PHONE | |
| | 1k. WORK PHONE | 1l. NICKNAMES/ALIAS | | 1m. COMPONENT <input type="checkbox"/> R Regular | <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves | |
| | 1n. DRIVER LICENSE NUMBER | 1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International | State (Specify) | | Other (Specify) | |
| | 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 <input type="checkbox"/> YES <input type="checkbox"/> NO | | 4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required | | 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 | |

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| 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 (YYYYMMDD) | 1h. POB (City, State, County) | | 1i. GRADE | 1j. HOME PHONE | |
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| | 1n. DRIVER LICENSE NUMBER | 1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International | State (Specify) | | Other (Specify) | |
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| | | | 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 <input type="checkbox"/> YES <input type="checkbox"/> NO | | 4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required | | 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 | |