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 Civil Authorities Military Police Complaint Witness Sponsor 1e. CITIZENSHIP 1c. NAME (Last, First, Middle Name, Jr., Sr., III) 1d. SSN/FNN/ALIEN REG NO. US Resident Alien Country (Specify) 1f. CATEGORY 1g. DOB (YYYYMMDD) 1h. POB (City, State, County) 1i. GRADE 1j. HOME PHONE A Army C Coast Guard F Air Force 1k. WORK PHONE 11. NICKNAMES/ALIAS 1m. COMPONENT G Nat'l Guard H Public Health R Regular V Reserves M Marine 1n. DRIVER LICENSE NUMBER 1o. IS LICENSE State (Specify) Other (Specify) N Navy Foreign O NOAA International P Family Member 2a. ORGANIZATION, UIC, AND STREET ADDRESS 2b. INSTALLATION/CITY 2d. ZIP/APO Q Civil Service R Civilian 2c. STATE/COUNTRY 2e. UNIT PHONE S Contractor 3b. INSTALLATION/CITY T Other Gov. Empl. 3a. RESIDENCE STREET ADDRESS 3d. ZIP/APO U Foreign Nat'l Empl. V Other Foreign Nat'l 3c. STATE/COUNTRY W Retired Military 4a. DD FORM 2701 PROVIDED 4b. IF NOT PROVIDED, WHY NOT? 5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED VICTIM/WITNESS WITH DD FORM 2701 Declined Not Required YES

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1a. PERSON RELATED TO REPORT NUMBER			1b. STATUS Civil A				uthorities Complaint Sponsor Witn			Military Police	
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