

## MILITARY POLICE REPORT - ADDITIONAL VICTIMS

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

**This form is a continuation of SECTION IV, 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.

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

### SECTION IV - VICTIM

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  YES  NO (Check applicable bias)

<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic (Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religions <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
---	--	--

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

1a. VICTIM NO.	1b. NAME <i>(Last, First, Middle Name, Jr., Sr., III)</i>	1c. SSN/FNN/ALIEN REG NUMBER	1d. PROTECTED IDENTITY	
1e. CATEGORY		1f. DOB <i>(YYYYMMDD)</i>	1g. POB <i>(City, State, Country)</i>	
<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		1i. HOME PHONE	1j. WORK PHONE	
		1k. NICKNAMES/ALIAS	1n. DRIVER'S LICENSE NUMBER	
		1l. CITIZENSHIP	1m. COMPONENT	1o. IS LICENSE
		<input type="checkbox"/> US	<input type="checkbox"/> G National Guard	<input type="checkbox"/> FR Foreign State <i>(Specify)</i>
	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> R Regular	<input type="checkbox"/> IT International	
	<input type="checkbox"/> Country <i>(Specify)</i>	<input type="checkbox"/> V Reserves		
2a. ORGANIZATION, UIC, AND STREET ADDRESS		2b. INSTALLATION/CITY	2d. ZIP/APO	
3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY	2e. UNIT PHONE	
		3b. INSTALLATION/CITY	3d. ZIP/APO	
		3c. STATE/COUNTRY		

4a. TYPE OF VICTIM	4b. SEX	4c. AGE	4d. RACE	4e. ETHNICITY
<input type="checkbox"/> B Business	<input type="checkbox"/> Male	<input type="checkbox"/> Under 24 Hours	<input type="checkbox"/> A Asian/Pacific Islander	<input type="checkbox"/> H Hispanic
<input type="checkbox"/> F Financial	<input type="checkbox"/> Female	<input type="checkbox"/> 1-6 Days Old	<input type="checkbox"/> B Black	<input type="checkbox"/> N Not of Hispanic Origin
<input type="checkbox"/> G Government	<input type="checkbox"/> Unknown	<input type="checkbox"/> 7-364 Days Old	<input type="checkbox"/> I American Indian/Alaskan Native	<input type="checkbox"/> U Unknown
<input type="checkbox"/> I Individual	<input type="checkbox"/> R Religious Org	____ Years Old	<input type="checkbox"/> W White	
<input type="checkbox"/> R Religious Org	<input type="checkbox"/> S Society/Public	AGE RANGE <i>(Specify)</i>	<input type="checkbox"/> U Unknown	
<input type="checkbox"/> S Society/Public	<input type="checkbox"/> Other			
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown			

5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Check applicable bias)</i>	
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic <i>(Moslem)</i> <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religions <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

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