

**MILITARY POLICE REPORT - ADDITIONAL SUBJECTS**

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

**This form is a continuation of SECTION III, 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 III - SUBJECT**

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		Country (Specify)	
	1m. COMPONENT		1n. DRIVER LICENSE NUMBER	
	<input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1o. IS LICENSE	
	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. HAIR COLOR	4b. EYE COLOR	4c. COMPLEXION		
<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)	<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	<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)	4e. HEIGHT	4f. WEIGHT	5. JUVENILE	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			6. SEX	
			<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	
8. ETHNICITY		7. RACE		
<input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown		<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)		
11. OFFENDER'S DISPOSITION				

