

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**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				
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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	
	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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	2a. ORGANIZATION, UIC, AND STREET ADDRESS		2b. INSTALLATION/CITY		2d. ZIP/APO	
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	3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY		3d. ZIP/APO	
			3c. STATE/COUNTRY			
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