

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

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

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

SECTION II - OFFENSE

1a. OFFENSE NO.	1b. SUBJECT NO. INVOLVEMENT	1c. VICTIM NO. INVOLVEMENT	1d. NIBRS LOCATION CODE	1e. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES <input type="checkbox"/> YES <input type="checkbox"/> NO
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1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)	1i. OFFENSE LOCATION ADDRESS
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2a. BEGIN DATE (YYYYMMDD)	3. TYPE OF CRIMINAL ACTIVITY (Check up to three) <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	4. OFFENSE STATUTORY BASIS <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check up to three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24 Hour)			
2c. END DATE (YYYYMMDD)			
2d. END TIME (24 Hour)			

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:
F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/> 11 Firearm (Unk Type)	<input type="checkbox"/> 35 Motor Vehicle	<input type="checkbox"/> 90 OTHER (Specify)
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> 50 Poison	
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> 60 Explosives	
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 65 Fire/Incendiary	<input type="checkbox"/> 99 None
<input type="checkbox"/> 40 Personal Weapons	<input type="checkbox"/> 70 Narcotics/Drugs	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____ <input type="checkbox"/> Forcible Entry <input type="checkbox"/> No Forcible Entry
<input type="checkbox"/> 20 Knife/Cutting Instrument	<input type="checkbox"/> 85 Asphyxiation	
<input type="checkbox"/> 30 Blunt Object	<input type="checkbox"/> 95 Unknown	

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES <input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal <input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer <input type="checkbox"/> C Criminal attacked a civilian <input type="checkbox"/> D Criminal attempted flight from a crime <input type="checkbox"/> E Criminal killed in commission of a crime <input type="checkbox"/> F Criminal resisted arrest <input type="checkbox"/> G Unable to determine
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10. BIAS MOTIVATION (As applicable) YES NO UNKNOWN

1a. OFFENSE NO.	1b. SUBJECT NO. INVOLVEMENT	1c. VICTIM NO. INVOLVEMENT	1d. NIBRS LOCATION CODE	1e. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES <input type="checkbox"/> YES <input type="checkbox"/> NO
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)			1i. OFFENSE LOCATION ADDRESS	
2a. BEGIN DATE (YYYYMMDD)	3. TYPE OF CRIMINAL ACTIVITY (Check up to three)			4. OFFENSE STATUTORY BASIS	5. OFFENDER USED (Check up to three)
2b. BEGIN TIME (24 Hour)	<input type="checkbox"/> B Buying/Receiving			<input type="checkbox"/> A UCMJ	<input type="checkbox"/> A Alcohol
2c. END DATE (YYYYMMDD)	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing			<input type="checkbox"/> B Non-Criminal Fatality	<input type="checkbox"/> C Computer Equipment
2d. END TIME (24 Hour)	<input type="checkbox"/> D Distributing/Selling			<input type="checkbox"/> C State	<input type="checkbox"/> D Drugs/Narcotics
	<input type="checkbox"/> E Exploiting Children			<input type="checkbox"/> D Local	<input type="checkbox"/> N Not Applicable
	<input type="checkbox"/> O Operating/Promoting/Assisting			<input type="checkbox"/> E Foreign	
	<input type="checkbox"/> P Possessing/Concealing			<input type="checkbox"/> F Federal, Non-UCMJ	
	<input type="checkbox"/> T Transporting/Importing				
	<input type="checkbox"/> U Using/Consuming				
6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether: F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown					
<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 OTHER (Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives	<input type="checkbox"/>	99 None
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____ <input type="checkbox"/> Forcible Entry <input type="checkbox"/> No Forcible Entry	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown		
8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)			9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES		
<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed by Private Citizen	<input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal	
<input type="checkbox"/>	2 Assault on Law officer	<input type="checkbox"/>	21 Criminal Killed by Law Enforcement	<input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer	
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon	<input type="checkbox"/> C Criminal attacked a civilian	
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident	<input type="checkbox"/> D Criminal attempted flight from a crime	
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident	<input type="checkbox"/> E Criminal killed in commission of a crime	
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Weapon Handling	<input type="checkbox"/> F Criminal resisted arrest	
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings	<input type="checkbox"/> G Unable to determine	
<input type="checkbox"/>	8 Other Felony Involved				
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					

1a. OFFENSE NO.	1b. SUBJECT NO. INVOLVEMENT	1c. VICTIM NO. INVOLVEMENT	1d. NIBRS LOCATION CODE	1e. <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES <input type="checkbox"/> YES <input type="checkbox"/> NO
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)			1i. OFFENSE LOCATION ADDRESS	
2a. BEGIN DATE (YYYYMMDD)	3. TYPE OF CRIMINAL ACTIVITY (Check up to three)			4. OFFENSE STATUTORY BASIS	5. OFFENDER USED (Check up to three)
2b. BEGIN TIME (24 Hour)	<input type="checkbox"/> B Buying/Receiving			<input type="checkbox"/> A UCMJ	<input type="checkbox"/> A Alcohol
2c. END DATE (YYYYMMDD)	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing			<input type="checkbox"/> B Non-Criminal Fatality	<input type="checkbox"/> C Computer Equipment
2d. END TIME (24 Hour)	<input type="checkbox"/> D Distributing/Selling			<input type="checkbox"/> C State	<input type="checkbox"/> D Drugs/Narcotics
	<input type="checkbox"/> E Exploiting Children			<input type="checkbox"/> D Local	<input type="checkbox"/> N Not Applicable
	<input type="checkbox"/> O Operating/Promoting/Assisting			<input type="checkbox"/> E Foreign	
	<input type="checkbox"/> P Possessing/Concealing			<input type="checkbox"/> F Federal, Non-UCMJ	
	<input type="checkbox"/> T Transporting/Importing				
	<input type="checkbox"/> U Using/Consuming				

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:
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<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 OTHER (Specify)		
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison				
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives				
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	99 None		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____			
<input type="checkbox"/>	20 Knife/Cutting	<input type="checkbox"/>	85 Asphyxiation				
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown				
				<input type="checkbox"/>	Forcible Entry	<input type="checkbox"/>	No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)

<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed by Private Citizen
<input type="checkbox"/>	2 Assault on Law officer	<input type="checkbox"/>	21 Criminal Killed by Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Weapon Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved		

9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES

<input type="checkbox"/>	A Criminal attached police officer and that police officer killed the criminal
<input type="checkbox"/>	B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/>	C Criminal attacked a civilian
<input type="checkbox"/>	D Criminal attempted flight from a crime
<input type="checkbox"/>	E Criminal killed in commission of a crime
<input type="checkbox"/>	F Criminal resisted arrest
<input type="checkbox"/>	G Unable to determine

10. BIAS MOTIVATION (As applicable) YES NO UNKNOWN