

MILITARY POLICE REPORT - ADDITIONAL SUBJECTS

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

**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	
	1j. WORK PHONE	1k. NICKNAMES/ALIAS	1i. HOME PHONE	
	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER	1l. CITIZENSHIP <input type="checkbox"/> US Country (Specify) <input type="checkbox"/> Resident Alien	
	2a. ORGANIZATION, UIC, AND STREET ADDRESS	2b. INSTALLATION/CITY	1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, AND STREET ADDRESS	2c. STATE/COUNTRY	2d. ZIP/APO	
		2e. UNIT PHONE		
	3a. RESIDENCE STREET ADDRESS	3b. INSTALLATION/CITY	2f. ZIP/APO	
		3c. STATE/COUNTRY		
	4a. HAIR COLOR <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)	4b. EYE COLOR <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	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Black <input type="checkbox"/> Dark <input type="checkbox"/> Dark Brown <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium <input type="checkbox"/> Medium Brown <input type="checkbox"/> Ruddy <input type="checkbox"/> Yellow <input type="checkbox"/> Sallow <input type="checkbox"/> Olive	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	7. RACE <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	
8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION 11. OFFENDER'S DISPOSITION	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)		

