

6. RELATIONSHIP OF VICTIM TO OFFENDER <i>(For multiple offender relationships, enter the subject's number)</i>			7. VICTIM INVOLVEMENT		<input type="checkbox"/> Accessory	<input type="checkbox"/> Principle
<input type="checkbox"/> AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship				
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family	8. INJURY TYPE <i>(Check up to five)</i>			
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury		
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss		
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness		
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee <i>(baby)</i>	<input type="checkbox"/> CA Otherwise Known	<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None		
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown	9a. DD FORM 2701 PROVIDED VICTIM			
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender	<input type="checkbox"/> YES <input type="checkbox"/> NO			
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		9b. IF NOT PROVIDED, WHY NOT?			
			<input type="checkbox"/> Declined <input type="checkbox"/> Not Required			

**SECTION V - PERSONS RELATED TO REPORT *(For additional persons related to report, complete DA Form 3975-4)***

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 <i>(Last, First, Middle Name, Jr., Sr., III)</i>		1d. SSN/FNN/ALIEN REG NO.	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien			
		<input type="checkbox"/> Country <i>(Specify)</i>				
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 <i>(YYYYMMDD)</i>	1h. POB <i>(City, State, County)</i>		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 <i>(Specify)</i>		Other <i>(Specify)</i>	
		<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	

**SECTION VI - PROPERTY *(For additional Property, complete DA Form 3975-5)***

1a. ITEM NO.	1b. CODE	1c. QUANTITY	1d. VALUE	1e. DESCRIPTION	1f. SERIAL NUMBER
1g. DATE RECOVERED <i>(YYYYMMDD)</i>		1h. DATE RETURNED <i>(YYYYMMDD)</i>		1i. SECURITY <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	1j. PROPERTY OWNERSHIP <input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> B State <input type="checkbox"/> F Private <input type="checkbox"/> C City <input type="checkbox"/> U Unknown <input type="checkbox"/> D County/Borough
1k. PROPERTY LOSS TYPE <i>(Check all that apply)</i>					
<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered				
<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized				
<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen				
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized					

**PROPERTY DESCRIPTION CODE TABLE**

01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER <i>(Specify)</i>
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	
10 Drugs/Narcotics <i>(See below)</i>	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category

**DRUG/NARCOTIC MEASURES**

GM-Gram KG-Kilogram OZ-Ounce LB-Pound FO-Fluid Ounce GL-Gallon LT-Liter ML-Milliliter DU-Dosage Unit NP-Number of Plants

SECTION VII - NARRATIVE

1. ENCLOSURES

2. DISTRIBUTION

3. NAME

4. GRADE

5. TITLE OF REPORTING OFFICIAL

6. SIGNATURE