

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) <input type="checkbox"/> YES <input type="checkbox"/> NO
			4e. HEIGHT	5. JUVENILE
		4f. WEIGHT	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	
		10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)	11. OFFENDER'S DISPOSITION	

12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other <i>(Specify)</i>	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH <i>(Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown)</i> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 15%;">1 Unarmed</td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 70%;"></td> <td style="width: 5%;"><input type="checkbox"/></td> <td style="width: 15%;">17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td> <td>11 Firearm <i>(Unk Type)</i></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td>15 Other Firearm <i>(Specify)</i></td> </tr> <tr> <td><input type="checkbox"/></td> <td>12 Handgun _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>13 Rifle _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>14 Shotgun _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td>16 Lethal Cutting Instrument</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	11 Firearm <i>(Unk Type)</i>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	15 Other Firearm <i>(Specify)</i>	<input type="checkbox"/>	12 Handgun _____						<input type="checkbox"/>	13 Rifle _____						<input type="checkbox"/>	14 Shotgun _____						<input type="checkbox"/>	16 Lethal Cutting Instrument					
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15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other <i>(Specify)</i>	15c. APPREHENSION DATE <i>(YYYYMMDD)</i> 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc	15d. APPREHENDING PMO <i>(UIC/MPC)</i> 15f. HOW DRESSED AT TIME OF APPREHENSION																																										
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities <i>(Specify)</i>	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TESTING RESULTS																																										
16c. ILLNESS/INJURY		16d. ALCOHOL/DRUG INVOLVEMENT REMARKS																																											
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other <i>(Specify)</i>	17b. DRUG TYPE <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><input type="checkbox"/> A "Crack" Cocaine</td> <td style="width: 33%;"><input type="checkbox"/> G Opium</td> <td style="width: 33%;"><input type="checkbox"/> M Other stimulants</td> </tr> <tr> <td><input type="checkbox"/> B Cocaine</td> <td><input type="checkbox"/> H Other Narcotics</td> <td><input type="checkbox"/> N Barbiturates</td> </tr> <tr> <td><input type="checkbox"/> C Hashish</td> <td><input type="checkbox"/> I LSD</td> <td><input type="checkbox"/> O Other Depressants</td> </tr> <tr> <td><input type="checkbox"/> D Heroin</td> <td><input type="checkbox"/> J PCP</td> <td><input type="checkbox"/> P Other Drugs</td> </tr> <tr> <td><input type="checkbox"/> E Marijuana</td> <td><input type="checkbox"/> K Other Hallucinogens</td> <td><input type="checkbox"/> Q Steroids</td> </tr> <tr> <td><input type="checkbox"/> F Morphine</td> <td><input type="checkbox"/> L Amphetamines/Methamphetamines</td> <td><input type="checkbox"/> U Unknown Type Drug</td> </tr> </table>			<input type="checkbox"/> A "Crack" Cocaine	<input type="checkbox"/> G Opium	<input type="checkbox"/> M Other stimulants	<input type="checkbox"/> B Cocaine	<input type="checkbox"/> H Other Narcotics	<input type="checkbox"/> N Barbiturates	<input type="checkbox"/> C Hashish	<input type="checkbox"/> I LSD	<input type="checkbox"/> O Other Depressants	<input type="checkbox"/> D Heroin	<input type="checkbox"/> J PCP	<input type="checkbox"/> P Other Drugs	<input type="checkbox"/> E Marijuana	<input type="checkbox"/> K Other Hallucinogens	<input type="checkbox"/> Q Steroids	<input type="checkbox"/> F Morphine	<input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> U Unknown Type Drug																								
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17c. DRUG TEST AND MEASUREMENT <i>(i.e., parts per million, cubic centimeters, etc.)</i> 		17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO																																											