MILITARY POLICE DESK BLOTTER For use of this form, see AR 190-45; the proponent agency is PMG.	DATE *(YYYYMMDD)* *(From 0001 hours to 2400 hours)*	PAGE NO. NO. OF PAGES

UNIT OR STATION DESIGNATION

ENTRY NO.	TIME	SUMMARY OF COMPLAINT, INCIDENT, POLICE INFORMATION	SUMMARY OF ACTION TAKEN	ENTERED BY