



DEPARTMENT OF THE ARMY  
OFFICE OF THE PROVOST MARSHAL GENERAL  
2800 ARMY PENTAGON  
WASHINGTON, DC 20310-2800

DAPM-MPO-LE

AUG 24 2011

MEMORANDUM FOR RECORD

SUBJECT: Justification for the Use of the Social Security Number (SSN) for DA Form 3975

1. This memorandum addresses the Department of the Army (DA) Form 3975, *Military Police Report*. The DA Form 3975 is a multipurpose form used by law enforcement personnel to record all information or complaints received or observed by the Military Police and to report information concerning investigations conducted by civilian law enforcement agencies related to matters of concern to the Army. The DA Form 3975 also serves as a record of all Military/ DA Civilian Police and Military/DA Civilian Police Investigator activity. The DA Form 3975 is also used to advise commanders and supervisors of offenses and incidents involving personnel or property associated with their command or functional responsibility, to report information developed by commanders investigating incidents or conducting inspections that result in the disclosure of evidence that a criminal offense has been committed, and to match individual subjects with individual victims or witnesses and founded criminal offenses.

2. Justification for retention of the SSN is based on the Law Enforcement Use Case from DTM 07-015-USD(R&R). The SSN is essential to provide detailed information necessary for Army officials and commanders to discharge their responsibilities for maintaining discipline, law, and order through investigation of complaints and possible criminal prosecution, civil court action, or regulatory order. There is no other Personally Identifiable Information that is exclusively unique to an individual and almost every law enforcement agency uses the SSN as identity data for individuals. A unique identification number cannot be developed as Army law enforcement frequently index individuals who have no DoD affiliation as the subjects of their reports. In addition, a DoD identification number would be meaningless to civilian law enforcement agencies. Without the SSN, criminal history records could not be accurately retrieved and the probability of misidentifying an individual as an offender or not identify an offender would increase significantly. Law enforcement personnel must be able to report and track individuals through the use of the SSN. Interoperability with organizations beyond the DOD is necessary and includes, but is not limited to, checks of the National Crime Information Center; state criminal histories; and Federal Bureau of Investigation records checks.

3. Authority for use of the SSN is found in Executive Order 9397 (SSN); 10 U.S.C. 3013, *Secretary of the Army*; 18 U.S.C. 44, *Brady Handgun Violence Prevention Act*; 28 U.S.C. 534, *Uniform Crime Reporting Act*; 42 U.S.C. 10606, *Victims Rights and Restitution Act of 1990*; DoD Directive 10310.1, *Victim and Witness Assistance*; and AR 190-45, *Military Police Law Enforcement Reporting*.

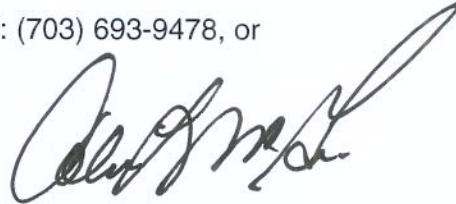
4. The SSN in the DA Form 3975 cannot be truncated or masked. A thorough effort has been made to evaluate the risk associated with the form, and reasonable steps were taken to reduce the use of the SSN and protect it where the use is still required.

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5. The System of Records Notice for A0190-45 OPMG, Military Police Reporting System (MPRS)(July 7, 2008, 73 FR 38419) which contains this data is enclosed. Authority for maintenance of the system: 10 U.S.C. 3013, Secretary of the Army; 18 U.S.C. 44, Brady Handgun Violence Prevention Act; 28 U.S.C. 534, Uniform Crime Reporting Act; 42 U.S.C. 10606, Victims Rights and Restitution Act of 1990; DoD Directive 10310.1, Victim and Witness Assistance; Army Regulation 190-45, Military Police Law Enforcement Reporting and E.O. 9397 (SSN).

6. The POC is LTC (P) John V. Bogdan, COM: (703) 693-9478, or john.bogdan@conus.army.mil.



COLLEEN L. McGUIRE  
Brigadier General, USA  
Provost Marshal General

Encl  
as



**A0190-45 OPMG**

**System name:**

Military Police Reporting System (MPRS)(July 7, 2008, 73 FR 38419)

**System location:**

Decentralized to Army installations which created the Military Police Report. Official mailing addresses are published as an appendix to the Army's compilation of systems of records notices. The official copy of the military police report and other law enforcement related documents may be sent to the U.S. Army Crime Records Center, 6010 6<sup>th</sup> Street, Fort Belvoir, VA 22060-5585. Automated records of the Military Police Report are maintained in the Offense Reporting System (ORS) ORS-2 program managed by the Deputy Chief of Staff for Operations and Plans, 400 Army Pentagon, Washington, DC 20310-0400.

**Categories of individuals covered by the system:**

Any individual who is the subject, victim, complainant, witness, or suspect in a criminal, civil, or traffic offense.

**Categories of records in the system:**

Criminal information or investigative files involving the Army which may consist of military police reports or similar reports containing investigative data, supporting or sworn statements, affidavits, provisional passes, receipts for prisoners or detained persons, reports of action taken, and disposition of cases.

**Authority for maintenance of the system:**

10 U.S.C. 3013, Secretary of the Army; 18 U.S.C. 44, Brady Handgun Violence Prevention Act; 28 U.S.C. 534, Uniform Crime Reporting Act; 42 U.S.C. 10606, Victims Rights and Restitution Act of 1990; DoD Directive 10310.1, Victim and Witness Assistance; Army Regulation 190-45, Military Police Law Enforcement Reporting and E.O. 9397 (SSN).

**Purpose(s):**

To provide detailed information necessary for Army officials and commanders to discharge their responsibilities for maintaining discipline, law, and order through investigation of complaints and incidents and possible criminal prosecution, civil court action, or regulatory order.

This system contains information which may be used, as permitted by the Privacy Act and other pertinent laws, for employee personnel actions and determinations concerning, but not limited to security clearances, recruitment, retention, and placement.

Statistical data are derived from individual report and stored in automated media at major Army commands and Headquarters, Department of the Army, for the purposes of (1) Developing crime trends by major categories (e.g., crimes against persons, drug crimes, crimes against property, fraud crimes, and other offenses); (2) developing law enforcement and crime prevention programs to reduce or deter crime within Army communities; and (3) to satisfy statutory reporting requirements.

**Routine uses of records maintained in the system, including categories of users and the purposes of such uses:**

In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

Information may be disclosed to federal, state, and local (including Foreign Government) agencies for investigation and prosecution when cases are either within their jurisdiction or when concurrent jurisdiction applies. These include: Federal Bureau of Investigation, Drug Enforcement Administration, U.S. Customs Service, Bureau of Alcohol, Tobacco and Firearms, U.S. District Courts, U.S. Magistrates.

To victims and witnesses of a crime for purposes of providing information, consistent with the requirements of the Victim and Witness Assistance Program, regarding the investigation and disposition of an offense.

The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.

Policies and practices for storing, retrieving, accessing, retaining, and disposing of records in the system:

**Storage:**

Paper records in file folders and electronic storage media.

**Retrievability:**

By individual's name, date of birth, Social Security Number, and case number.

**Safeguards:**

Access to information is controlled; limited to authorized personnel having official need therefore. Terminals are under supervision control from unauthorized use. Access to information is also controlled by a system of assigned passwords for authorized users of terminals.

**Retention and disposal:**

Criminal investigations data/information is sent to the Crime Records Center where it is retained 40 years after date of final report, all other data/information in the file is destroyed after 5 years.

**System manager(s) and address:**

Deputy Chief of Staff for Operations and Plans, 400 Army Pentagon, Washington, DC 20310-0400.

**Notification procedure:**

Individuals seeking to determine whether information about themselves is contained in this system should address written inquiries to the Commander, U.S. Army Crime Records Center, 6010 6<sup>th</sup> Street, Fort Belvoir, VA 22060-5585.

Individual should provide the full name, Social Security Number, date and place of the incident.

**Record access procedures:**

Individuals seeking access to information about themselves contained in this system should address written inquiries to the Commander, U.S. Army Crime Records Center, 6010 6<sup>th</sup> Street, Fort Belvoir, VA 22060-5585.

Individual should provide the full name, Social Security Number, date and place of the incident.

**Contesting record procedures:**

The Army's rules for accessing records, and for contesting contents and appealing initial agency determinations are contained in Army Regulation 340-21; 32 CFR part 505; or may be obtained from the system manager.

**Record source categories:**

From the individual; witnesses; victims; Military Police and/or U.S. Army Criminal Investigation Command special agents; informants; investigative and law enforcement persons of Federal, state, local and foreign government agencies; any source that may supply pertinent information.

**Exemptions claimed for the system:**

Parts of this system may be exempt pursuant to 5 U.S.C. 552a(j)(2) if the information is compiled and maintained by a component of the agency which performs as its principle function any activity pertaining to the enforcement of criminal laws.

An exemption rule for this system has been promulgated in accordance with requirements of 5 U.S.C. 553(b)(1), (2), and (3), (c) and (e) and published in 32 CFR part 505. For additional information contact the system manager.



# MILITARY POLICE REPORT

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

## 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 I - ADMINISTRATION

<b>1. REPORT TYPE</b> <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION</b> <input type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE (YYYYMMDD)</b>  <b>4b. COMPLAINT TIME (24 HR)</b>	<b>4c. COMPLAINT RECEIVED BY</b> <input type="checkbox"/> In Person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> OTHER (Specify)  <input type="checkbox"/> Referral	<b>5a. CLEARANCE REASON</b> <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused to Cooperate <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension  <b>6a. MP ACTION</b> <input type="checkbox"/> MPI <input type="checkbox"/> Civil Authorities <input type="checkbox"/> CID <input type="checkbox"/> Traffic <input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	<b>5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD)</b>  <b>7. INVOLVEMENT</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Hate</td> <td style="border: none;"><input type="checkbox"/> Domestic</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Death</td> <td style="border: none;"><input type="checkbox"/> Gang</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Trainee</td> <td style="border: none;"><input type="checkbox"/> Extremist</td> </tr> </table>	<input type="checkbox"/> Hate	<input type="checkbox"/> Domestic	<input type="checkbox"/> Death	<input type="checkbox"/> Gang	<input type="checkbox"/> Trainee	<input type="checkbox"/> Extremist
<input type="checkbox"/> Hate	<input type="checkbox"/> Domestic									
<input type="checkbox"/> Death	<input type="checkbox"/> Gang									
<input type="checkbox"/> Trainee	<input type="checkbox"/> Extremist									
<b>2. STATUS</b> <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action					<b>6b. DATE REFERRED (YYYYMMDD)</b>					

## SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)

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 See DA Form 3975-1		
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s)			1i. OFFENSE LOCATION ADDRESS			
2a. BEGIN DATE (YYYYMMDD)	<b>3. TYPE OF CRIMINAL ACTIVITY (Check up to three)</b> <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			<b>4. OFFENSE STATUTORY BASIS</b> <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		<b>5. OFFENDER USED (Check up to three)</b> <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)							

## NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)

- |                                 |                                     |  |
|---------------------------------|-------------------------------------|--|
| 01 Air/Bus/Train Terminal       | 10 Field/Woods/Training Area        | 19 Rental/Storage Facility             |
| 02 Bank/Credit Union            | 11 Government/Public Building       | 20 Residence/Quarters/Barracks/BEQ/BOQ |
| 03 Bar/Officer/NCO Club         | 12 Grocery Store/Commissary         | 21 Restaurant/Dining Facility          |
| 04 Church/Synagogue Temple      | 13 Highway/Road/Alley/Street        | 22 School/College                      |
| 05 Commercial Office Building   | 14 Hotel/Motel/VAQ/VEQ/TLQ          | 23 Service/Gas Station                 |
| 06 Construction Site            | 15 Jail/Prison/Corrections Facility | 24 Specialty Store/Concessionaire      |
| 07 Convenience Store/Shoppette  | 16 Lake/Waterway/Ocean              | 25 Child Care Facility/Home Day Care   |
| 08 Dept/Discount Store/Exchange | 17 Liquor Store/Class VI            |  |
| 09 Drug Store/Hospital/Clinic   | 18 Motor Pool/Parking Lot/Garage    | 27 Training Center/Service School      |
|                                 |                                     | 28 On Board Ship                       |

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"/>	
<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	<input type="checkbox"/>	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation	<input type="checkbox"/>	
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown	<input type="checkbox"/>	

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) \_\_\_\_\_

Forcible Entry     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 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

10. BIAS MOTIVATION (As applicable)     YES     NO     UNKNOWN

**SECTION III - SUBJECT (For additional subjects, complete DA Form 3975-2)**

1a. SUBJECT NO.	1b. NAME (Last, First, Middle, Jr., Sr., III)	1c. SSN/FNN/ALIEN REG NO	1d. PROTECTED IDENTITY
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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	1i. HOME PHONE
	1j. WORK PHONE	1k. NICKNAMES/ALIAS		1l. CITIZENSHIP <input type="checkbox"/> US Country (Specify) <input type="checkbox"/> Resident Alien
	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER	1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, AND STREET ADDRESS		2b. INSTALLATION/CITY	2d. ZIP/APO
	3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY	2e. UNIT PHONE
			3b. INSTALLATION/CITY	3d. 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"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	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
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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 (Specify)	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 (Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)
--	---	--



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 (Specify)		15c. APPREHENSION DATE (YYYYMMDD)		15d. APPREHENDING PMO (UIC/MPC)		
				15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.		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 (Specify)			15h. FBI FORM 249 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	
15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO			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 (Specify)		17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines <input type="checkbox"/> M Other stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> U Unknown Type Drug						
17c. DRUG TEST AND MEASUREMENT (i.e., parts per million, cubic centimeters, etc.)					17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SECTION IV - VICTIM (For additional victims, complete DA Form 3975-3)</b>								
1a. VICTIM NO.		1b. NAME (Last, First, Middle Name, Jr., Sr., III)			1c. SSN/FNN/ALIEN REG NUMBER		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'l Empl <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYYMMDD)		1g. POB (City, State, Country)		1h. GRADE		
		1i. HOME PHONE		1j. WORK PHONE		1k. NICKNAMES/ALIAS		
		1l. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify)		1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER'S LICENSE NUMBER		
				1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT 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. TYPE OF VICTIM <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old ____ Years Old AGE RANGE (Specify)		4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown		
						4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown		
5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO (Check applicable bias)								
<input type="checkbox"/> AA Anti-Atheist/Agnostic		<input type="checkbox"/> AK Anti-Female Homosexual		<input type="checkbox"/> AU Anti-Protestant		<input type="checkbox"/> AV Anti-White		
<input type="checkbox"/> AB Anti-Alaskan Native		<input type="checkbox"/> AL Anti-Heterosexual		<input type="checkbox"/> AW Anti-Homosexual Bias		<input type="checkbox"/> AY Anti-Other Religions		
<input type="checkbox"/> AC Anti-American Indian		<input type="checkbox"/> AM Anti-Hispanic		<input type="checkbox"/> AZ Anti-Other Ethnicity		<input type="checkbox"/> BA Anti-Mental Disability		
<input type="checkbox"/> AD Anti-Arab		<input type="checkbox"/> AN Anti-Islamic (Moslem)		<input type="checkbox"/> BB Anti-Physical Disability		<input type="checkbox"/> BC Sexual Harassment		
<input type="checkbox"/> AE Anti-Asian		<input type="checkbox"/> AO Anti-Jewish		<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> AX Unknown Bias		
<input type="checkbox"/> AG Anti-Bisexual		<input type="checkbox"/> AQ Anti-Male Homosexual						
<input type="checkbox"/> AH Anti-Black		<input type="checkbox"/> AR Anti-Multi-Racial Group						
<input type="checkbox"/> AI Anti-Catholic		<input type="checkbox"/> AS Anti-Multi-Religious Group						
		<input type="checkbox"/> AT Anti-Pacific-Islander						



**6. RELATIONSHIP OF VICTIM TO OFFENDER** (For multiple offender relationships, enter the subject's number)

- |   |   |   |
|---|---|---|
| <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         |
| <input type="checkbox"/> AC Sibling       | <input type="checkbox"/> BA Neighbor                | <input type="checkbox"/> BY Employee                |
| <input type="checkbox"/> AD Parent        | <input type="checkbox"/> BB Com. Law Spouse         | <input type="checkbox"/> BZ Employer                |
| <input type="checkbox"/> AE Parent-in-Law | <input type="checkbox"/> BC Acquaintance            | <input type="checkbox"/> BX Stranger                |
| <input type="checkbox"/> AF Step Child    | <input type="checkbox"/> BD Baby-Sittee (baby)      | <input type="checkbox"/> CA Otherwise Known         |
| <input type="checkbox"/> AG Grandparent   | <input type="checkbox"/> BE Boy/Girlfriend          | <input type="checkbox"/> CB Relationship Unknown    |
| <input type="checkbox"/> AH Step-Parent   | <input type="checkbox"/> BF Child of Boy/Girlfriend | <input type="checkbox"/> VO Offender                |
| <input type="checkbox"/> AK Grandchild    | <input type="checkbox"/> BH Former Spouse           |   |

**7. VICTIM INVOLVEMENT**

<input type="checkbox"/> Accessory Conspiracy	<input type="checkbox"/> Principle Solicit
---	--

**8. INJURY TYPE** (Check up to five)

<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None

**9a. DD FORM 2701 PROVIDED VICTIM**

YES  NO

**9b. IF NOT PROVIDED, WHY NOT?**

Declined  Not Required

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

<b>1a. PERSON RELATED TO REPORT NUMBER</b>		<b>1b. STATUS</b> <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police	
<b>1c. NAME</b> (Last, First, Middle Name, Jr., Sr., III)		<b>1d. SSN/FNN/ALIEN REG NO.</b>	
		<b>1e. CITIZENSHIP</b> <input type="checkbox"/> US <input type="checkbox"/> Resident Alien	
		<b>Country</b> (Specify)	
<b>1f. CATEGORY</b>	<input type="checkbox"/> A Army	<b>1g. DOB</b> (YYYYMMDD)	<b>1h. POB</b> (City, State, County)
	<input type="checkbox"/> C Coast Guard		<b>1i. GRADE</b>
	<input type="checkbox"/> F Air Force		<b>1j. HOME PHONE</b>
	<input type="checkbox"/> H Public Health	<b>1k. WORK PHONE</b>	<b>1l. NICKNAMES/ALIAS</b>
	<input type="checkbox"/> M Marine		<b>1m. COMPONENT</b>
	<input type="checkbox"/> N Navy		<input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
	<input type="checkbox"/> O NOAA	<b>1n. DRIVER LICENSE NUMBER</b>	<b>1o. IS LICENSE</b> State (Specify) <input type="checkbox"/> Foreign <input type="checkbox"/> International
	<input type="checkbox"/> P Family Member	<b>2a. ORGANIZATION, UIC, AND STREET ADDRESS</b>	<b>2b. INSTALLATION/CITY</b>
	<input type="checkbox"/> Q Civil Service		<b>2d. ZIP/APO</b>
	<input type="checkbox"/> R Civilian		<b>2c. STATE/COUNTRY</b>
<input type="checkbox"/> S Contractor		<b>2e. UNIT PHONE</b>	
<input type="checkbox"/> T Other Gov. Empl.	<b>3a. RESIDENCE STREET ADDRESS</b>	<b>3b. INSTALLATION/CITY</b>	
<input type="checkbox"/> U Foreign Nat'l Empl.		<b>3d. ZIP/APO</b>	
<input type="checkbox"/> V Other Foreign Nat'l		<b>3c. STATE/COUNTRY</b>	
<input type="checkbox"/> W Retired Military			
<b>4a. DD FORM 2701 PROVIDED VICTIM/WITNESS</b>		<b>4b. IF NOT PROVIDED, WHY NOT?</b>	
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> Declined <input type="checkbox"/> Not Required	
<b>5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701</b>			

**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
<b>1g. DATE RECOVERED</b> (YYYYMMDD)		<b>1h. DATE RETURNED</b> (YYYYMMDD)		<b>1i. SECURITY</b>	<b>1j. PROPERTY OWNERSHIP</b>
				<input type="checkbox"/> S Secured	<input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt.
				<input type="checkbox"/> U Unsecured	<input type="checkbox"/> B State <input type="checkbox"/> F Private
				<input type="checkbox"/> Z Unknown	<input type="checkbox"/> C City <input type="checkbox"/> U Unknown
					<input type="checkbox"/> D County/Borough
<b>1k. PROPERTY LOSS TYPE</b> (Check all that apply)					
<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 (Specify)
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	
10 Drugs/Narcotics (See below)	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	41 Pending Inventory
			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



**MILITARY POLICE REPORT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 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 <b>00003-2011-MPC000</b>	DATE (YYYY/MM/DD) <b>2010/06/10</b>	ORI NUMBER <b>VA20301DM</b>	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER	FROM: DES 2610 WASHINGTON, DC US 23603

**Section I - Administration**

<b>1. REPORT TYPE:</b> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION:</b> <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE:</b> (YYYY/MM/DD): <b>2010/06/10</b>	<b>4c. COMPLAINT RECEIVED BY:</b> <input type="checkbox"/> In person <input type="checkbox"/> 911 <input checked="" type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> Other (Specify):	<b>5a. CLEARANCE REASON:</b> <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension	<b>5b. EXCEPTIONAL CLEARANCE DATE:</b> (YYYY/MM/DD):  <b>7. INVOLVEMENT:</b> <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic <input type="checkbox"/> Gang <input type="checkbox"/> Extremist
<b>2. STATUS:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input checked="" type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME:</b> (24hr.): <b>1425</b>	<b>6a. MP ACTION:</b> <input checked="" type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	<b>6b. DATE REFERRED:</b> (YYYY/MM/DD): <b>2011/08/09</b>	

**Section II - Offense**

<b>1a. OFFENSE NO.</b> <b>1</b>	<b>1b. SUBJECT NO. INVOLVEMENT:</b> <b>1</b>	<b>1c. VICTIM NO. INVOLVEMENT:</b> <b>1</b>	<b>1d. NIBRS LOCATION CODE:</b> <b>01</b>	<b>1e.</b> <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	<b>1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
<b>1g. OFFENSE CODE(s):</b> <b>7G1A1</b>	<b>1h. OFFENSE DESCRIPTION(s):</b> <b>LARCENY OF PRIVATE PROPERTY - \$100 &amp; OVER/NOT POL ITEMS, OR FUNDS, OR AUTOMOBILE, OR FROM TROOP BILLETS (NATIONAL, USA) (ON POST)</b>			<b>1i. OFFENSE LOCATION ADDRESS:</b> <b>DC US</b>	
<b>2a. BEGIN DATE:</b> (YYYY/MM/DD): <b>2010/01/04</b>	<b>3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):</b> <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			<b>4. OFFENSE STATUTORY BASIS:</b> <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	<b>5. OFFENDER USED (Check Up To Three)</b> <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
<b>2b. BEGIN TIME (24hr.):</b> <b>1537</b>					
<b>2c. END DATE:</b> (YYYY/MM/DD):					
<b>2d. END TIME:</b> (24hr.):					

**NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES**

- |                               |                               |  |
|-------------------------------|-------------------------------|--|
| 01 Air/Bus/Train Terminal     | 10 Field/Woods/Training Area  | 19 Rental/Storage Facility             |
| 02 Bank/Credit Union          | 11 Government/Public Building | 20 Residence/Quarters/Barracks/BEQ/BOQ |
| 03 Bar/Officer/NCO Club       | 12 Grocery Store/Commissary   | 21 Restaurant/Dining Facility          |
| 04 Church/Synagogue/Temple    | 13 Highway/Road/Alley/Street  | 22 School/College                      |
| 05 Commercial Office Building | 14 Hotel/Motel/VAQ/VEQ/TLQ    | 23 Service/Gas Station                 |

06 Construction Site	15 Jail/Prison/Corrections Facility	24 Specialty Store/Concessionare	
07 Convenience Store/Shoppette	16 Lake/Waterway/Ocean	25 Child Care Facility/Home Day Care	
08 Dept/Discount Store/Exchange	17 Liquor/Store/Class VI	26 Recreation Area/Park	
09 Drug Stor/Hospital/Clinic	18 Motor Pool/Parking Lot/Garage	27 Training Center/Service School	28 On Board Ship

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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"/>	99 None
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives		
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs		
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown		

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) \_\_\_\_\_  
 Forcible Entry  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 Wpn 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 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 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

**Section III - Subject**

1a. SUBJECT NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): <b>TESTER, BOBO</b>	1c. SSN/FNN/ALIEN REG NO: <b>333-33-3333</b>	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input checked="" type="checkbox"/> D DOD-NSPS <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	1f. DOB (YYYY/MM/DD):	1g. POB: City, State, Country:	1h. GRADE: <b>YA2</b>	1i. HOME PHONE:
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves <input type="checkbox"/> R Regular	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, 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. 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"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify)	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
4e. HEIGHT	6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4f. WEIGHT:		

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	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized	14. SUBJECT ARMED WITH ( Check up to 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown ) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type)	16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles
---	--	---	---

<input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	<input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> <input type="checkbox"/> 15 Other (Specify)
---	---	---	---

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<b>15a. SUBJECT INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	<b>15b. APPREHENSION TYPE</b> <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	<b>15c. APPREHENSION DATE</b> (YYYY/MM/DD):  <b>15e. DETENTION TYPE</b> <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	<b>15d. APPREHENDING PMO (UIC/MPC):</b>  <b>15f. HOW DRESSED AT TIME OF APPREHENSION:</b>																		
<b>15g. DISPOSITION OF PERSON UNDER 18 YEARS</b> <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	<b>15h. FBI FORM 249 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>15i. FBI FORM R-84 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>16a. INVOLVEMENT</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	<b>16b. ALCOHOL/DRUG TEST RESULTS:</b>																		
<b>16c. ILLNESS/INJURY:</b>		<b>16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:</b>																			
<b>17a. CHEMICAL TEST TYPE</b> <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	<b>17b. DRUG TYPE</b> <table style="width:100%; border: none;"> <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"/> M 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"/> M Unknown Type Drug
<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"/> M Unknown Type Drug																			
<b>17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)</b>		<b>17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			

**Section IV - Victim**

<b>1a. VICTIM NO:</b> 1	<b>1b. NAME (Last, First, Middle Name, JR., Sr., III):</b> NONE,	<b>1c. SSN/FNN/ALIEN REG NO:</b>	<b>1d. PROTECTED IDENTITY:</b>												
<b>1e. CATEGORY:</b> <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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	<b>1f. DOB (YYYY/MM/DD):</b>	<b>1g. POB: City, State, Country:</b>	<b>1h. GRADE:</b>												
	<b>1j. WORK PHONE:</b>	<b>1k. NICKNAMES/ALIAS:</b>													
	<b>1l. CITIZENSHIP:</b> <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	<b>1m. COMPONENT</b> <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves <input type="checkbox"/> R Regular	<b>1n. DRIVER LICENSE NO:</b>												
	<b>1o. IS LICENSE</b> <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		<b>1i. HOME PHONE:</b>												
	<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b>		<b>2b. INSTALLATION/CITY:</b>	<b>2d. Zip/APO:</b>											
	<b>2c. STATE/COUNTRY:</b>		<b>2e. UNIT PHONE:</b>												
<b>3a. RESIDENCE STREET ADDRESS:</b>		<b>3b. INSTALLATION/CITY:</b>	<b>3d. ZIP/APO:</b>												
<b>3c. STATE/COUNTRY:</b>															
<b>4a. TYPE OF VICTIM:</b> <input type="checkbox"/> B Business <input type="checkbox"/> R Religious Org <input type="checkbox"/> F Financial <input type="checkbox"/> S Society/Public <input type="checkbox"/> G Government <input type="checkbox"/> O Other <input type="checkbox"/> I Individual <input type="checkbox"/> U Unknown	<b>4b. SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<b>4c. AGE</b> <input checked="" type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old ___ Years Old Range (Specify):	<b>4d. RACE</b> <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												
<b>4e. ETHNICITY</b> <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown															
<b>5. BIAS MOTIVATION</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No ( Check Applicable Bias )  <table style="width:100%; border: none;"> <tr> <td style="width:33%;"><input type="checkbox"/> AA Anti-Athiest/Agnostic</td> <td style="width:33%;"><input type="checkbox"/> AK Anti-Female Homosexual</td> <td style="width:33%;"><input type="checkbox"/> AU Anti-Protestant</td> </tr> <tr> <td><input type="checkbox"/> AB Anti-Alaskan Native</td> <td><input type="checkbox"/> AL Anti-Heterosexual</td> <td><input type="checkbox"/> AV Anti-White</td> </tr> <tr> <td><input type="checkbox"/> AC Anti-American Indian</td> <td><input type="checkbox"/> AM Anti-Hispanic</td> <td><input type="checkbox"/> AW Anti-Homosexual Bias</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AN Anti-Islamic(Moslem)</td> <td><input type="checkbox"/> AY Anti-Other Religion</td> </tr> </table>				<input type="checkbox"/> AA Anti-Athiest/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant	<input type="checkbox"/> AB Anti-Alaskan Native	<input type="checkbox"/> AL Anti-Heterosexual	<input type="checkbox"/> AV Anti-White	<input type="checkbox"/> AC Anti-American Indian	<input type="checkbox"/> AM Anti-Hispanic	<input type="checkbox"/> AW Anti-Homosexual Bias		<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion
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	<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion													

<input type="checkbox"/>	AD Anti-Arab	<input type="checkbox"/>	AO Anti-Jewish	<input type="checkbox"/>	AZ Anti-Other Ethnicity
<input type="checkbox"/>	AE Anti-Asian	<input type="checkbox"/>	AQ Anti-Male Homosexual	<input type="checkbox"/>	BA Anti-Mental Disability
<input type="checkbox"/>	AG Anti-Bisexual	<input type="checkbox"/>	AR Anti-Multi-Racial Group	<input type="checkbox"/>	BB Anti-Physical Disability
<input type="checkbox"/>	AH Anti-Black	<input type="checkbox"/>	AS Anti-Multi-Religious Group	<input type="checkbox"/>	BC Sexual Harassment
<input type="checkbox"/>	AI Anti-Catholic	<input type="checkbox"/>	AT Anti-Pacific-Islander	<input type="checkbox"/>	AX Unknown Bias

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<p>6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> AA Spouse</td> <td style="width:33%; border: none;"><input type="checkbox"/> AV Step-Sibling</td> <td style="width:33%; border: none;"><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AB Child</td> <td style="border: none;"><input type="checkbox"/> AZ Friend</td> <td style="border: none;"><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AC Sibling</td> <td style="border: none;"><input type="checkbox"/> BA Neighbor</td> <td style="border: none;"><input type="checkbox"/> BY Employee</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AD Parent</td> <td style="border: none;"><input type="checkbox"/> BB Com. Law Spouse</td> <td style="border: none;"><input type="checkbox"/> BZ Employer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AE Parent-in-Law</td> <td style="border: none;"><input type="checkbox"/> BC Acquaintance</td> <td style="border: none;"><input type="checkbox"/> BX Stranger</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AF Step Child</td> <td style="border: none;"><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td style="border: none;"><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AG Grandparent</td> <td style="border: none;"><input type="checkbox"/> BE Boy/Girlfriend</td> <td style="border: none;"><input type="checkbox"/> CB Relationship Unknown</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AH Step-Parent</td> <td style="border: none;"><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td style="border: none;"><input checked="" type="checkbox"/> VO Offender</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AK Grandchild</td> <td style="border: none;"><input type="checkbox"/> BH Former Spouse</td> <td style="border: none;"></td> </tr> </table>	<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	<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee	<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known	<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown	<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input checked="" type="checkbox"/> VO Offender	<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		<p>7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit</p> <p>8. INJURY TYPE ( Check up to five )</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> B Broken Bones</td> <td style="width:50%; border: none;"><input type="checkbox"/> O Major Injury</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> I Possible Internal</td> <td style="border: none;"><input type="checkbox"/> T Tooth Loss</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> L Severe Laceration</td> <td style="border: none;"><input type="checkbox"/> U Unconsciousness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> M Minor Injury</td> <td style="border: none;"><input type="checkbox"/> Z None</td> </tr> </table> <p>9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required</p>	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury	<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness	<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None
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<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness																																			
<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																																			

**Section V - Persons Related To Report**

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 (Last, First, Middle Name, JR., Sr., III):	1d. SSN/FNN/Alien Reg No: 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien
1f. CATEGORY:	1g. DOB (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: 1j. HOME PHONE:
<input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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	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 NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International
2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY: 3d. ZIP/APO:
3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: 2e. UNIT PHONE:
	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**

1a. ITEM NO:	1b. CODE:	1c. QUANTITY:	1d. VALUE:	1e. DESCRIPTION	1f. SERIAL NUMBER:
1g. DATE RECOVERED (YYYY/MM/DD):		1h. DATE RETURNED (YYYY/MM/DD):		1i. SECURITY	1j. PROPERTY OWNERSHIP
1k. PROPERTY LOSS TYPE ( Check all that apply )				<input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	<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
<input type="checkbox"/> 1 None	<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized	<input type="checkbox"/> 5 Recovered	<input type="checkbox"/> 6 Seized
				<input type="checkbox"/> 7 Stolen	

**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 (Specify)
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	

10 Drugs/Narcotics (See below)	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

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**Section VII - Narrative**

1. Enclosures:

2. Distribution:

3. Name:  
**BRIAN R. METTERT**

4. Grade:  
**E-7/SFC**

		5. Title Of Reporting Official: <b>OPNS SERGEANT</b>
		6. Signature:

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