

REQUEST FOR MILITARY POLICE REPORT

MPR # _____

Control # _____

FOIA # _____

AUTHORITY: Title 10, USC Section 3013, Title 5, USC Section 2951: E.O. 9397 Social Security Number (SSN) and AR 190-45, Law enforcement reporting.

PURPOSE: To document and identify records within Military Police Information Management System.

ROUTINE USES: Information provided may be further disclosed to Federal, State, and Local law enforcement agencies, prosecutors, and courts.

DISCLOSURE: Disclosure is voluntary. However, failure to provide all the requested information could lead to denial of request.

(PLEASE PRINT AND FILL IN ALL BLANK SPACES)

DATE OF REQUEST _____

NAME _____ **RANK** _____
(Individual involved)

SSN _____

DATE OF INCIDENT _____

TYPE OF INCIDENT _____

WHO IS THE REQUESTED REPORT FOR:

VICTIM / INSURANCE / REPORT OF SURVEY / INVESTIGATION / UNIT / LAWYER
(Circle One)

NAME _____ **RANK** _____
(Requestor)

UNIT OR ADDRESS _____
(If the report is not processed before you depart the installation it will be mailed to address listed)

REQUESTOR'S RELATIONSHIP TO CASE

DAY TIME PHONE # _____ **EVENING PHONE #** _____

NOTE: Subjects of Military Police Reports must request a copy through their attorney if the case is pending or through the Crime Records Center (CRC) if the case is completed. Please allow a minimum of 7 working days from the date of incident for completion. If the report is continued by the Traffic, or Military Police Investigations Sections, it may take considerably longer for completion pending additional information or completed investigations. However you will be contacted at the above listed phone number(s) when the report is ready for pick up.

INDIVIDUAL RECEIVING INFORMATION:

PRINTED NAME: _____

SIGNATURE: _____

DATE RECEIVED: _____