

# REQUEST FOR MILITARY POLICE REPORT

**(PLEASE PRINT AND FILL IN ALL REQUIRED BLANK SPACES)**

**NAME** \_\_\_\_\_ **RANK** \_\_\_\_\_  
(Required) (Individual involved)

**SSN** \_\_\_\_\_

**DATE OF INCIDENT** \_\_\_\_\_ (Required)

**TYPE OF INCIDENT** \_\_\_\_\_ (Required)

**WHO IS THE REQUESTED REPORT FOR:** (Required)

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

**NAME** \_\_\_\_\_ **RANK** \_\_\_\_\_  
(Required) (Requestor)

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

**RELATIONSHIP TO CASE** \_\_\_\_\_  
(Required)

**DAY TIME PHONE #** \_\_\_\_\_ **EVENING PHONE \$** \_\_\_\_\_  
(Required)

**DATE OF REQUEST** \_\_\_\_\_  
(Required)

**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:** \_\_\_\_\_