

FOR OFFICE USE

Date of Request: _____

Pick Up Date / Time: _____

Request for Law Enforcement Report

(Reports take up to 7 Working Days to Process)

AUTHORITY: Title 10, USC Sec 3013, Title 5, USC Sec 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.

CASE NUMBER _____ **RELATIONSHIP TO CASE** _____ **SUBJECT / VICTIM**
(Circle One)

NAME OF INVOLVED PARTY OF CASE _____

SSN _____ **DOD ID NUMBER** _____

UNIT, ORGANIZATION, or ADDRESS _____

DATE OF INCIDENT _____

TYPE OF INCIDENT (Circle One) **Criminal / Traffic / Incident**

WHAT IS THE REQUESTED REPORT FOR: (example Court, Insurance, etc..) _____

REQUESTER _____
(If different then above)

RANK/GRADE _____

UNIT, ORGANIZATION, or ADDRESS _____

REQUESTOR'S RELATIONSHIP TO CASE _____

CONTACT PHONE NUMBER _____

NOTE: Individuals requesting Un-Redacted Law Enforcement Reports must request a copy through the Crime Records Center (CRC).

RELEASE OF RECORD

PRINTED NAME _____

SIGNATURE _____

DATE _____