



DEPARTMENT OF THE ARMY
U. S. ARMY CRIMINAL INVESTIGATION COMMAND
Field Investigative Unit
7701 Telegraph Road
Alexandria, VA 22315

REPLY TO
ATTENTION OF

CISA-FOP (195-2b)

16 Nov 04

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID Report of Investigation - Initial/Final SSI - 0037-04-CID201-54050-5C2B

(U)

1. (U) DATES/TIMES/LOCATION OF OCCURRENCES: 1. 18 Mar 2004/0001 - 21 Mar 2004/2400; [REDACTED]

b7c-1, b6-1

2. (U) DATE/TIME REPORTED: 29 Jul 04, 1030

3. (U) INVESTIGATED BY: SA [REDACTED]; SA [REDACTED]

b7c-1, b6-1, b7c

b7c-1, b6-1, b2

(U)

4. (U) SUBJECT: 1. [REDACTED], (US Army Reserve); [REDACTED] City

b7c-5, b6-5

b7c-5, b6-5

Unknown, [REDACTED], M; [REDACTED]

b7c-5, b6-5

[REDACTED] Washington, D.C. 20310-0001; DF; [REDACTED]

b7c-5, b6-5

LTC; [REDACTED] (NFI); Assault

b7c-5, b6-5

(U) b7c-5, b6-5

5. (U) VICTIM: 1. Unidentified Detainees, [REDACTED] Afghanistan; Assault

b7c-4, b6-4

6. (U) INVESTIGATIVE SUMMARY:

(U)

(U) On 29 Sep 04, this office received a Request for Investigation (RFI 0587-04-CID001) from Headquarters, U.S. Army Criminal Investigation Command (USACIDC), 6010 6th Street, Fort Belvoir, VA 22060, via the Fort Belvoir Resident Agency. The RFI pertained to alleged abuse of multiple detainees [REDACTED]

b7c-1, b6-1

b7c-4, b6-4

(U)

(U) An AR 15-6 investigation conducted by the Combined/Joint Task Force (CJTF 180) disclosed that [REDACTED] committed the offense of assault when he kicked, punched and choked multiple detainees while deployed in Afghanistan in support of the CJTF.

b7c-5, b6-5

STATUTES: Article 128, UCMJ: Assault

b7c-1, b6-1

[REDACTED]

b7c-1, b6-1

[REDACTED]

0000001

[REDACTED] b7c-1, b6-1

CISA-FOP

SUBJECT: CID Report of Investigation - Initial/Final SSI - 0037-04-CID201-54050-5C2B

EXHIBITS/SUBSTATANTION:

ATTACHED:

(U)

[REDACTED] 1. Agents Investigation Report (AIR) of SA [REDACTED] documenting the receipt of the RFI, coordination with the Fort Belvoir Resident Agency and receipt of the [REDACTED] b7c-1, b6-1

(U) 2. AIR of SA [REDACTED] Fort Belvoir Resident Agency, 3rd MP Group (CID), Fort Belvoir, VA 22060 documenting his receipt of the RFI and coordination with the Military District of Washington, Staff Judge Advocates Office, Fort McNair, Washington, D.C.

(U)

[REDACTED] 3. [REDACTED] b7c-1, b6-1

NOT ATTACHED: None.

The originals of exhibit 1 and 2 are forwarded with the USACRC copy of this report. The original of exhibit 3 is retained by the CJTF-180.

(U)

[REDACTED] STATUS: This is a Final "C" Report. This investigation is terminated in accordance with CID-R 195-1, Chapter 4-17(12). The Commander has already taken action, which was less than a court proceeding and no further investigative assistance is required by the prosecutor as probable cause exists to believe [REDACTED] committed the offense of assault.

Remaining Leads: Identify and interview detainees. b7c-5, b6-5

(U)

[REDACTED] On 26 Apr 04, [REDACTED] received a General Officer Memorandum of Reprimand, [REDACTED] from the MG Eric T. OLSON, Commander, Headquarters, Combined/Joint Task Force (CJTF)-76, Operation Enduring Freedom, Bagram Airfield, Afghanistan.

(U) AGENTS COMMENT: Delay in reporting was due to the OPSEC and security classification review of this report by the Defense Intelligence Agency.

b7c-1, b6-1, b2

REPORT PREPARED BY:

[REDACTED]

Special Agent

REPORT APPROVED BY:

[REDACTED] b7c-3, b6-3

Commanding

[REDACTED] b7c-1, b6-1

000002

1 of 5 Encl 1

[REDACTED] b7c-1, b6-1
CISA-FOP

SUBJECT: CID Report of Investigation - Initial/Final SSI - 0037-04-CID201-54050-5C2B

DISTRIBUTION:

1- Director, US Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060

1- THRU: Office of the Staff Judge Advocate, Military District of Washington, 103 Third Avenue, Fort Lesley J. McNair, DC 20319

TO: Commander, US Army Military District of Washington, 103 Third Avenue, Fort Lesley J. McNair, DC 20319

1- Commander, USACIDC, ATTN: CIOP-COP-CO, 6010 6th Street, Fort Belvoir, VA 22060 (Less Exhibits)

1- Defense Intelligence Agency, Office of the Inspector General, ATTN: [REDACTED] b7c-3, b6-3
Washington, D.C. 20340-5100

1- File

[REDACTED] b7c-1, b6-1

0000003

AGENTS INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER

0037-04-CID201-54050

Page 1 of 1 Pages

DETAILS:

(U) About 1030, 29 Sep 04, Special Agent in Charge (SAC) [redacted] Fort Belvoir Resident Agency, 3rd MP Group (CID) Fort Belvoir, VA 22060, briefed SA [redacted] on a classified Request for Investigation his office received from HQ, USACIDC pertaining to detainee abuse committed by [redacted] b7c-1, b6-1, b2 b7c-5, b6-5

[redacted] SAC [redacted] stated he already coordinated with the Military District of Washington (MDW) Staff Judge Advocates Office and was advised they were already aware of the AR 15-6, as their office had reviewed the investigation and the Commander, MDW deferred action on [redacted] to the Theater Commander in Afghanistan. He also advised the AR 15-6 was also reviewed by an SJA in the CJTF 180, and is documented in the AR 15-6. Both Staff Judge Advocate Offices opined there was sufficient probable cause to believe [redacted] committed the offense of assault and no additional investigation was warranted, nor would any additional action be taken against [redacted] as he received General Officer Memorandum of Reprimand from the Commander, Combined/Joint Task Force -76. b7c-5, b6-5 b7c-5, b6-5

(U) SAC [redacted] provided SA [redacted] the [redacted] classified SECRET//NOFORN (Exhibit 2). b7c-1, b6-1 b7c-1, b6-1 b7c-1, b6-1

(U) On 1 Oct 04, SA [redacted] provided SA [redacted] with an AIR documenting his receipt of the RFI and his coordination with the MDW Staff Judge Advocates Office (Exhibit 3). b7c-1, b6-1 b7c-1, b6-1

(U) On 1 Oct 04, this report was submitted to the Security Manger, this office, to coordinate with DIA to have an OPSEC and security classification review conducted of this report prior to its dispatch.

(U) On 15 Nov 04, the report was received and the OPSEC and security classification review had been conducted by DIA.

///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA [redacted] b7c-1, b6-1, b2		Field Investigative Unit, Bldg 2591, 7701 Telegraph Road, Alexandria, VA 22315	
SIGNATURE [redacted]		DATE	EXHIBIT
		1 Oct 04	1

[redacted] b7c-1, b6-1

Page(s)

6-234

Referred to:

Department of Defense
Defense Intelligence Agency
Freedom of Information Act
DAN-1A (FOIA)

Arlington, Virginia 22202-4704

Mr. Robert Richardson

Phone: (202)231-3916

E-mail: FOIA@dia.mil

MPC

00544-2004 MPC 146

Pertains to USACIDC ROI

0153-04-CID 146-71446

Previously Released on

27 OCT 04

MILITARY POLICE REPORT

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

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 00544-2004-MPC146	DATE (YYYY/MM/DD) 2004/08/11	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER MATTYDALE, NY US 13211	FROM: ATTN: PROVOST MARSHAL'S OFFICE P.O. BOX 105066 FORT IRWIN, CA US 92310	

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input checked="" type="checkbox"/> Complaint	3. EVALUATION: <input type="checkbox"/> Founded <input checked="" type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2004/08/05	4c. COMPLAINT RECEIVED BY: <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 checked="" type="checkbox"/> Other (Specify): D/SSG [REDACTED] 67C-3106-3	5a. CLEARANCE REASON: <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	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD):	7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist
2. STATUS: <input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 1900	6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify):	6b. DATE REFERRED: (YYYY/MM/DD): 2004/08/05		

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 10	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5C1J	1h. OFFENSE DESCRIPTION(s): AGGRAVATED ASSAULT - BY KICKING (ART 128, UCMJ) (UNFOUNDED) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: UNKNOWN LOCATION AF	
2a. BEGIN DATE: (YYYY/MM/DD): 2002/10/07	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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			4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001					
2c. END DATE: (YYYY/MM/DD): 2003/06/30					
2d. END TIME: (24hr.): 2359					

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/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 checked="" type="checkbox"/>	90 Other(Specify)	KICKING
<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): ██████████ <i>07C-5, 66-5</i>	1c. SSN/FNN/ALIEN REG NO: SSN ██████████ <i>07C-5 66-5</i>	1d. PROTECTED IDENTITY:		
1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): ██████████	1g. POB: City, State, Country: ██████████ <i>07C-5 66-5</i>	1h. GRADE: SGT	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS: NONE KNOWN	1l. CITIZENSHIP: <input checked="" 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"/> R Regular <input checked="" type="checkbox"/> V Reserves	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: 403 D CIVIL AFFAIRS BN	2b. INSTALLATION/CITY: MATTYDALE	2d. Zip/APO: 13211	2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3c. STATE/COUNTRY:	3d. ZIP/APO:	

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 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 checked="" 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 checked="" type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: UNKNOWN	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors): UNKNOWN
	11. OFFENDER'S DISPOSITION: RELEASED TO UNIT BY CID	

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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td>13 Rifle</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>14 Shotgun</td> <td></td><td></td> </tr> </table>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	13 Rifle			<input type="checkbox"/>	14 Shotgun		
<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument																			
<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																			
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)																			
<input type="checkbox"/>	13 Rifle																					
<input type="checkbox"/>	14 Shotgun																					

000002

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD):		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 checked="" type="checkbox"/> No		16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None		16b. ALCOHOL/DRUG TEST RESULTS:
			15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" 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"/> M 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 checked="" type="checkbox"/> No		

Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN,		1c. SSN/FNN/ALIEN REG NO: SSN		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 (YYYY/MM/DD):	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"/> 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. TYPE OF VICTIM: <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 checked="" type="checkbox"/> I Individual <input type="checkbox"/> U Unknown		4b. SEX <input checked="" 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 Range (Specify):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION Yes No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Athies/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
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6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <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 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></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 type="checkbox"/> VO Offender	<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit
<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																											
8. INJURY TYPE (Check up to five) <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>		<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																			
<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required																												

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ 67C-1, 66-1	1d. SSN/FNN/Alien Reg No: SSN ██████████ 67C-1, 66-1
1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):	
1f. 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	1g. DOB (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: 1j. HOME PHONE: 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: CID 3LF18 BLDG #402	2b. INSTALLATION/CITY: FORT IRWIN
2c. STATE/COUNTRY: CA US	2d. ZIP/APO: 92310
2e. UNIT PHONE: 67C-1 ██████████ 66-1	
3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:
	3c. STATE/COUNTRY:
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required
5. NUMBER OF VICTIMS (0) AND WITNESSES (0) 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"/> A Federal
<input type="checkbox"/> 1 None				<input type="checkbox"/> U Unsecured	<input type="checkbox"/> B State
<input type="checkbox"/> 2 Burned				<input type="checkbox"/> Z Unknown	<input type="checkbox"/> C City
<input type="checkbox"/> 3 Counterfeited/Forged					<input type="checkbox"/> D County/Borough
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized					<input type="checkbox"/> E Foreign Govt.
<input type="checkbox"/> 5 Recovered					<input type="checkbox"/> F Private
<input type="checkbox"/> 6 Seized					<input type="checkbox"/> U Unknown
<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

Section VII - Narrative

FINAL STATUS:

ON 0900 ON 27 AUG 04 THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT THE INVESTIGATION DID NOT ESTABLISH PROBABLE CAUSE TO BELIEVE SGT [REDACTED] COMMITTED THE OFFENSE OF AGGRAVATED ASSAULT AND CRUELTY AND MALTREATMENT, AS INITIALLY ALLEGED. A REVIEW OF THE AFOREMENTIONED CD'S DID NOT REVEAL ANY PHOTOGRAPHS DEPICTING ANY DETAINEES BEING ABUSED OR MISTREATED. THIS IS A FINAL REPORT. CID REPORT #0153-2004-MPC146-71446

b7c-5
b6-5

2ND STATUS:

AT 0900 ON 5 AUG 04, THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT THE PURPOSE OF THIS STATUS REPORT IS TO REPORT THE INTERVIEWS OF [REDACTED] AND SGT [REDACTED] FURTHER IDENTIFY SGT [REDACTED] AND TO UNFOUND THE OFFENSE OF AGGRAVATED ASSAULT, CRUELTY AND MALTREATMENT. [REDACTED] WAS INTERVIEWED AND STATED HER HUSBAND, SGT [REDACTED] GAVE HER SEVEN CD'S WITH IMAGES OF DETAINEES POSSIBLY BEING ABUSED. [REDACTED] STATED SGT [REDACTED] GAVE HER THESE CD'S AFTER HE RETURNED FROM HIS DEPLOYMENT IN AFGHANISTAN. A FURTHER REVIEW OF THE AFOREMENTIONED CD'S DID NOT REVEAL ANY PICTURES DEPICTING ANY DETAINEES BEING ASSAULTED OR MISTREATED. SGT [REDACTED] WAS INTERVIEWED AND CONFIRMED THAT HE GAVE THE AFOREMENTIONED CD'S TO [REDACTED] AFTER HE RETURNED FROM HIS DEPLOYMENT FROM AFGHANISTAN. SGT [REDACTED] DENIED ASSAULTING OR MISTREATING ANY DETAINEES OR PRISONERS DURING HIS DEPLOYMENT. SGT [REDACTED] STATED COPIES OF THESE CD'S WERE DISTRIBUTED TO SOLDIERS THROUGHOUT THE UNIT FOR THEM TO KEEP AS SOUVENIRS OF THE DEPLOYMENT TO AFGHANISTAN. INVESTIGATION CONTINUES BY USACIDC. CID REPORT #0153-2004-CID146-71446

b7c-5
b6-5

INITIAL STATUS:

AT 0900 ON 5 AUG 04 THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT ON 30 JUL 04, THE FORT IRWIN CID OFFICE WAS NOTIFIED BY SA [REDACTED] AIR FORCE OFFICE OF SPECIAL INVESTIGATIONS (AFOSI), NELLIS AFB, LAS VEGAS, NV 89191, THAT [REDACTED] REPORTED HER HUSBAND, SGT [REDACTED] GAVE HER A COMPACT DISC CONTAINING IMAGES DETAILING POSSIBLE ABUSE OF DETAINEES. PRELIMINARY INVESTIGATION REVEALED SGT [REDACTED] PROVIDED [REDACTED] A DC CONTAINING IMAGES DEPICTING POSSIBLE IMAGES OF DETAINEES BEING ABUSED. THESE IMAGES WERE TAKEN WHILE SGT [REDACTED] WAS DEPLOYED IN SUPPORT OF US MILITARY OPERATIONS IN AFGHANISTAN. INVESTIGATION CONTINUES BY USACIDC. CID REPORT #0153-2004-CID146-71446

b7c-7
b6-7

b7c-4,5
b6-4,5

1. Enclosures: b7c-5, b6-5 S1 [REDACTED]: CID REPORT [1]	2. Distribution: FILE	3. Name: b7c-3, b6-3 [REDACTED]
		4. Grade: CPT
		5. Title Of Reporting Official: OPERATIONS OFFICER
		6. Signature:

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 00544-2004-MPC146	DATE(YYYY/MM/DD) 2004/08/11	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER 403 D CIVIL AFFAIRS BN MATTYDALE,NY US 13211	FROM: ATTN: PROVOST MARSHAL'S OFFICE P.O. BOX 105066 FORT IRWIN, CA US 92310	

Section II - Offense

1a. OFFENSE NO. 2	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 10	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5Y2E	1h. OFFENSE DESCRIPTION(s): CRUELTY OF SUBORDINATES (ART 93, UCMJ) (UNFOUNDED) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: UNKNOWN LOCATION AF	

2a. BEGIN DATE: (YYYY/MM/DD): 2002/10/07	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001			
2c. END DATE: (YYYY/MM/DD): 2003/06/30			
2d. END TIME: (24hr.): 2359			

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)	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES
<input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved	<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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	

006006

MPC

01101-2004-MPC552

Pertains to USACIDC ROI

0100-04-CID452-63608

Previously Released on

1 DEC 04

MILITARY POLICE REPORT

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

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 01101-2004-MPC552	DATE (YYYY/MM/DD) 2004/05/18	ORI NUMBER NY02200DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER 2-14 IN C CO FORT DRUM, NY US 13602	FROM: ATTN: DIRECTORATE OF EMERGENCY SERVICES P10715 MT BELVEDERE BLVD FORT DRUM, NY US 13602
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Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input checked="" type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2004/05/17	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input checked="" 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):	5a. CLEARANCE REASON: <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 checked="" type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 2004/05/18 7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic <input type="checkbox"/> Gang <input type="checkbox"/> Extremist	2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 2315 6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD): 2004/05/17
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Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 10	1e. <input checked="" type="checkbox"/> Attempted <input type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5C1N	1h. OFFENSE DESCRIPTION(s): AGGRAVATED ASSAULT ARTICLE 128 UCMJ (OFF POST)			1i. OFFENSE LOCATION ADDRESS: UNKNOWN ADDRESS IZ	
2a. BEGIN DATE: (YYYY/MM/DD): 2003/08/01	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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			4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001					
2c. END DATE: (YYYY/MM/DD): 2004/03/31					
2d. END TIME: (24hr.): 2359					

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

000001

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:

<input type="checkbox"/>	F - Fully Automatic	<input type="checkbox"/>	S - Semi-Automatic	<input type="checkbox"/>	M - Manual	<input type="checkbox"/>	U - Unknown	<input type="checkbox"/>	90 Other(Specify)
<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	60 Explosives	<input type="checkbox"/>	99 None
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	70 Narcotics/Drugs	<input type="checkbox"/>	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	85 Asphyxiation	<input type="checkbox"/>	
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>		<input type="checkbox"/>		<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 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): ██████████ b7c-5, 66-5	1c. SSN/FNN/ALIEN REG NO: SSN ██████████ b7c-5, 66-5	1d. PROTECTED IDENTITY: ██████████
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): ██████████	1g. POB: City, State, Country: ██████████ b7c-5, 66-5	1h. GRADE: PVT	1i. HOME PHONE: ██████████	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:		
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <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"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: 2-14 IN C CO, WALVCO 10110 N RIVA RIDGE	2b. INSTALLATION/CITY: FORT DRUM	2c. STATE/COUNTRY: NY US	2d. Zip/APO: 13602	2e. UNIT PHONE:
3a. RESIDENCE STREET ADDRESS: ██████████ b7c-5, 66-5	3b. INSTALLATION/CITY: ██████████ b7c-5, 66-5	3c. STATE/COUNTRY: ██████████ b7c-5, 66-5	3d. ZIP/APO: ██████████ b7c-5, 66-5		

4a. HAIR COLOR <input type="checkbox"/> Brown <input checked="" 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 checked="" 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 checked="" 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 5 ft. 10 in. 4f. WEIGHT: 175	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SEX <input checked="" 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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown
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8. ETHNICITY <input checked="" type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: ██████████ b7c-5, 66-5	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors): BLACK SHORTS, RED T-SHIRT, WH/RED SNEAKERS
11. OFFENDER'S DISPOSITION:		

12. SECURITY CLEARANCE <input checked="" 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 checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	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 checked="" type="checkbox"/> <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> <input type="checkbox"/> 12 Handgun <input type="checkbox"/> <input type="checkbox"/> 13 Rifle <input type="checkbox"/> <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> <input type="checkbox"/> 15 Other (Specify)
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15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD):	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: SEE BLOCK #10

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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input checked="" type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN "EPW"	1c. SSN/FNN/ALIEN REG NO: SSN	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'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:	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: UNKNOWN ADDRESS	2b. INSTALLATION/CITY:	2d. Zip/APO:	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: IZ	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:			

4a. TYPE OF VICTIM: <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 checked="" type="checkbox"/> I Individual <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic <input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

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

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ ██████████ ██████████	1d. SSN/FNN/Alien Reg No: ██████████ ██████████ 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):
1f. 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	1g. DOB (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: 1j. HOME PHONE: 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: USACIDC MD1	2b. INSTALLATION/CITY: FORT DRUM 2c. STATE/COUNTRY: NY US 2d. ZIP/APO: 13602 2e. UNIT PHONE: 2f. RESIDENCE STREET ADDRESS: 2g. INSTALLATION/CITY: 2h. STATE/COUNTRY:
3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY: 3c. STATE/COUNTRY:
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required
5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

Section VI - Property

1a. ITEM NO: 1	1b. CODE: 40	1c. QUANTITY: 1	1d. VALUE:	1e. DESCRIPTION PHOTOGRAPH	1f. SERIAL NUMBER:
1g. DATE RECOVERED (YYYY/MM/DD): 2004/05/17		1h. DATE RETURNED (YYYY/MM/DD):		1i. SECURITY <input checked="" type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	1j. PROPERTY OWNERSHIP. <input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> B State <input checked="" type="checkbox"/> F Private <input type="checkbox"/> C City <input type="checkbox"/> U Unknown <input type="checkbox"/> D County/Borough
1k. PROPERTY LOSS TYPE (Check all that apply)					
<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 checked="" 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

Section VII - Narrative

ON 20040417 MILITARY POLICE DESK SGT REPORTED THAT PVT ██████████ POSSESSED PHOTOGRAPHS DEPICTING SUSPECTED ABUSE OF A WAR (EPW) WHICH MAY HAVE OCCURRED WHILE DEPLOYED IN IRAQ. WHILE STATE POLICE WERE INVESTIGATING A VERBAL DOMESTIC INCIDENT, IT WAS DISCOVERED THAT PVT ██████████ POSSESSED A PHOTOGRAPH OF HIMSELF POINTING WHAT APPEARS TO BE A PISTOL AT AN UNIDENTIFIED (EPW), WHOSE HANDS WERE TIED AND HIS HEAD COVERED LAYING DOWN. ON 20040418 ██████████ WAS INTERVIEWED AND READ HIS RIGHTS WHICH HE WAIVED RENDERING A WRITTEN STATEMENT ADMITTING TO BEING PHOTOGRAPHED WHILE POINTING A BB GUN AT AN (EPW) AND THAT THE INCIDENT OCCURRED WHILE DEPLOYED WITH HIS UNIT. ██████████ STATED THAT ELEMENTS OF HIS UNIT WERE SUPPORTING SPECIAL FORCES UNITS IN THE AREA AT THE TIME OF THE INCIDENT. ██████████ DENIED POINTING AN ACTUAL PISTOL AT THE (EPW), BUT RATHER USING A BB GUN IN LIEU OF HIS ASSIGNED WEAPON. ██████████ ALSO STATED THAT AS PART OF HIS (EPW) HANDLING PROCEDURES, HE WAS DIRECTED BY THE SPECIAL FORCES SOLDIERS TO MAINTAIN HIS WEAPON POINTED AT THE (EPW). ██████████ STATED THAT HE WAS UNABLE TO POSITIVELY IDENTIFY THE INDIVIDUAL WHO PHOTOGRAPHED HIM AT THE TIME OF THE INCIDENT. ON 20040518 BASED ON THE EVALUATION AND THE SENSITIVITY OF THE INFORMATION, THE BATTALION OPERATIONS OFFICER DIRECTED THIS INVESTIGATION BE REPORTED UNDER SSI CRITERIA.

0705
665

1. Enclosures:	2. Distribution: DES	3. Name: <u>LAG3, 66-3</u> ██████████
		4. Grade: GS13
		5. Title Of Reporting Official: DIRECTOR, DES
		6. Signature:

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

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 01101-2004-MPC552	DATE(YYYY/MM/DD) 2004/05/18	ORI NUMBER NY02200DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER 10110 N RIVA RIDGE FORT DRUM, NY US 13602	FROM: ATTN: DIRECTORATE OF EMERGENCY SERVICES P10715 MT BELVEDERE BLVD
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SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS	<input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness	<input checked="" type="checkbox"/> Military Police
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1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ b7c-1, b6-1	1d. SSN/FNN/Alien Reg No: ██████████ b7c-1, b6-1	1e. CITIZENSHIP	<input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien
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1f. 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	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"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: USACIDC MD1		2b. INSTALLATION/CITY: FORT DRUM	2d. ZIP/APO: 13602	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: NY US	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:		
		3c. STATE/COUNTRY:			

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701
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000006

MPC

02348-2004-MPC013.

Pertains to USACIDC ROI

0147-04-CID013-64389

Previously Released on

26 FEB 05 .

MILITARY POLICE REPORT

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

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 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER 1ST BN, 15TH IN (MECH) (1/15TH IN) FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2004/04/15	4c. COMPLAINT RECEIVED BY: <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 checked="" type="checkbox"/> Other (Specify): CID	5a. CLEARANCE REASON: <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 checked="" type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic <input type="checkbox"/> Gang <input type="checkbox"/> Extremist
2. STATUS: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 0900	6a. MP ACTION: <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD):	

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 13	1e. <input checked="" type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(S): 6E1D1	1h. OFFENSE DESCRIPTION(S): RAPE OF A FOREIGN NATIONAL - BY FORCE (ARTICLE #120, UCMJ)			1i. OFFENSE LOCATION ADDRESS: UNKNOWN LOCATIONS IZ	
2a. BEGIN DATE: (YYYY/MM/DD): 2003/03/01	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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		4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable	
2b. BEGIN TIME (24hr.): 0001					
2c. END DATE: (YYYY/MM/DD): 2003/07/12					
2d. END TIME: (24hr.): 0001					

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/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:

<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"/>	
<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 checked="" 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

A Criminal attacked police officer and that police officer killed the criminal

B Criminal attacked police officer and was killed by another police officer

C Criminal attacked civilian

D Criminal attempted flight from a crime

E Criminal killed in commission of a crime

F Criminal resisted arrest

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): UNKNOWN SOLDIERS,	1c. SSN/FNN/ALIEN REG NO: SSN	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD):	1g. POB: City, State, Country:	1h. GRADE:	1i. HOME PHONE:
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input checked="" 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"/> R Regular <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"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS: 1ST BN, 15TH IN (MECH) (1/15TH IN), WAR00A BLDG 9055	2b. INSTALLATION/CITY: FORT BENNING	2d. Zip/APO: 31905	
	2c. STATE/COUNTRY: GA US	2e. UNIT PHONE:		2f. ZIP/APO:
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 <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 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) <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)
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0040032

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 (YYYY/MM/DD):	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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN IRAQI FEMALE,	1c. SSN/FNN/ALIEN REG NO: SSN	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'l Empl. <input checked="" 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:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input checked="" type="checkbox"/> Country (Specify): IZ <input type="checkbox"/> Resident Alien:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> 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. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input checked="" type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old <input type="checkbox"/> Years Old Range (Specify):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)		
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <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 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 type="checkbox"/> VO Offender	<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit
<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																										
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<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																											
8. INJURY TYPE (Check up to five) <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 checked="" type="checkbox"/> M Minor Injury</td> <td style="border: none;"><input type="checkbox"/> Z None</td> </tr> </table>		<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 checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																			
<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 checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																											
9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required																												

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police	
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ 07C-1, 06-1	1d. SSN/FNN/Alien Reg No: SSN ██████████ 07C-1, 06-1	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):
1f. 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	1g. DOB (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: 1j. HOME PHONE: 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: 86TH MP DET (CID) AUGMENTATION WEOZ99 BLDG 108	2b. INSTALLATION/CITY: FORT BENNING	2d. ZIP/APO: 31905
3a. RESIDENCE STREET ADDRESS: 	2c. STATE/COUNTRY: GA US	2e. UNIT PHONE:
	3b. INSTALLATION/CITY: 	3d. ZIP/APO:
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) 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 <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown		1j. PROPERTY OWNERSHIP <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		1k. PROPERTY LOSS TYPE (Check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> 1 None</td> <td style="width:50%; border: none;"><input type="checkbox"/> 5 Recovered</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2 Burned</td> <td style="border: none;"><input type="checkbox"/> 6 Seized</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3 Counterfeited/Forged</td> <td style="border: none;"><input type="checkbox"/> 7 Stolen</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4 Damaged/Destroyed/Vandalized</td> <td style="border: none;"></td> </tr> </table>		<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	
<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	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

Section VII - Narrative

CID INITIATED INVESTIGATION SUBSEQUENT REVIEW OF A MAY 2004 PLAYBOY MAGAZINE ARTICLE TITLED "DEATH AND DISHONOR", WHEREIN SOLDIERS ASSIGNED TO THE 3RD INFANTRY BRIGADE, FORT BENNING, GA, ALLEGED SOLDIERS OF THE 1/15TH INFANTRY, COMMITTED NUMEROUS WAR CRIMES AGAINST IRAQI NATIONALS AND SOLDIERS WHILE DEPLOYED IN SUPPORT OF OPERATION ENDURING FREEDOM, IRAQ; AND SUBSEQUENT A REQUEST FOR INVESTIGATION BY COL [REDACTED] COMMANDER, 3RD INFANTRY BRIGADE, FORT BENNING, GA 31905. 67c-3,66-3

SOLDIERS WHO WERE QUOTED IN THE ARTICLE ALLEGED SOLDIERS OF THE 3RD INFANTRY BRIGADE COMMITTED THE BELOW-CITED CRIMES: (EFFORTS TO AUTHENTICATE THE VALIDITY OF THE QUOTES IN THE ARTICLE ARE ON-GOING)

RAPED IRAQI FEMALE NATIONALS WHILE ON PATROL AND WHILE GUARDING A MALL IN BAGHDAD.

SHOT AN UNARMED IRAQI NATIONAL IN THE LEG WHILE HE WAS FLEEING, HOG-TIED HIM AND THREW HIM INTO A BRADLEY FIGHTING VEHICLE WHERE SEVERAL SOLDIERS PHYSICALLY ASSAULTED HIM WHILE HOG-TIED.

ASSAULTED SEVERAL EPW'S WHILE IN CUSTODY, AND DUG INSIDE WOUNDS OF EPW'S WHILE THEY WERE INCAPACITATED.

COMMITTED RULES OF ENGAGEMENT VIOLATIONS, BY INDISCRIMINATELY SHOOTING UNARMED CIVILIAN VEHICLES WHILE OPERATED AND OCCUPIED BY LOCAL IRAQI CIVILIAN WOMEN AND CHILDREN. ADDITIONALLY, WOULD "LEVEL EVERYTHING IN A FOUR BLOCK RADIUS" AFTER OTHER UNITS HAD SAFELY PASSED THROUGH THE AREA.

THE ARTICLE ALSO ALLEGED POSSIBLE GENEVA CONVENTION VIOLATIONS, SPECIFICALLY, SHOOTING WOUNDED IRAQI SOLDIERS.

LASTLY, THE ARTICLE FURTHER ALLEGED LARCENY VIOLATIONS AND OTHER MISCONDUCT VIOLATIONS. INVESTIGATION CONTINUES BY CID.

2ND STATUS:

THIS STATUS REPORT WAS GENERATED TO LIFT THE RESTRICTED DISTRIBUTION OF THIS INVESTIGATION TO CID CHANNELS ONLY. FURTHER, TO REPORT INVESTIGATIVE FINDINGS.

A THOROUGH INVESTIGATION OF THE BELOW CITED ALLEGATIONS DID NOT DEVELOP SUFFICIENT EVIDENCE TO PROVE OR DISPROVE THE ALLEGATIONS OCCURRED AS WRITTEN IN THE PLAYBOY ARTICLE. AFTER CONDUCTING NUMEROUS INTERVIEWS OF UNIT PERSONNEL ASSIGNED TO B CO 1/15TH IN, FT BENNING, GA, THIS INVESTIGATION COULD NOT DETERMINE THE ALLEGED INCIDENTS ACTUALLY OCCUR OR DID NOT OCCUR. FURTHER COMPLICATING INVESTIGATIVE EFFORTS WAS THE ALLEGED POTENTIAL VICTIMS COULD NOT BE IDENTIFIED, LOCATED OR INTERVIEWED. IN ADDITION, THERE ARE INDICATIONS THE AUTHOR OF THE ARTICLE DID NOT VERIFY OR VALIDATE THE INFORMATION COLLECTED PRIOR TO PUBLISHING THE ARTICLE.

THE INDIVIDUALS QUOTED IN THE ARTICLE WERE INTERVIEWED AND THEY INDICATED THEY DID NOT MAKE THE STATEMENTS IN THE ARTICLE, OR THEIR STATEMENTS WERE TAKEN OUT OF CONTEXT AND MISREPRESENTED. FURTHER, OTHER MEMBERS OF B CO 1/15TH IN, WERE INTERVIEWED AND THEY INDICATED THAT THE ARTICLE WAS GROSSLY UNTRUE.

1. Enclosures:	2. Distribution:	3. Name: PATROL
		4. Grade: E-
		5. Title Of Reporting Official: MP
		6. Signature:

Section VII - Narrative (Con't)

THE ARTICLE INDICATED THAT IRAQI WOMEN WERE RAPED BY UNIT MEMBERS. IT WAS DETERMINED THAT APPROXIMATELY FOUR MEMBERS OF B CO 1/15TH IN, DID HAVE SEX WITH PROSTITUTES; HOWEVER, NEITHER THEY, NOR ANY OTHER SOLDIERS INTERVIEWED ALLEGED ANY WOMEN WERE RAPED. TWO OF THE SOLDIERS ADMITTED TO HAVING SEX WITH WOMEN AND PAYING THEM; HOWEVER, STATED THERE WAS NO FORCE INVOLVED. THIS INFORMATION WAS TURNED OVER TO THE UNIT FOR FURTHER INVESTIGATION.

IT WAS DETERMINED THAT THE ALLEGATION THAT AN IRAQI PRISONER WAS SHOT IN THE LEG WHILE TRYING TO FLEE, HOG-TIED AND BEATEN, COULD NOT BE PROVED OR DISPROVED AS PORTRAYED IN THE ARTICLE. HOWEVER, INTERVIEWS INDICATED THAT THERE WAS A YOUNG IRAQI WHO WAS TAKEN INTO CUSTODY AFTER HE FLED FROM A DISTURBANCE WITH AN OLDER IRAQI, FLEXI-CUFFED BEHIND HIS BACK AND TRANSPORTED IN A BRADLEY FIGHTING VEHICLE. NON OF THE INTERVIEWS REVEALED THAT HE WAS SHOT, HOG-TIED OR BEATEN.

IT WAS FURTHER DETERMINED THAT WOMEN AND CHILDREN WERE SHOT BY UNIT MEMBERS AS CITED IN THE ARTICLE; HOWEVER, THEY WERE CONSIDERED COMBATANTS. VEHICLES WOULD PENETRATE A ROAD BLOCK AND THE UNIT WOULD FIRE WARNING SHOTS TO GET THE VEHICLE TO TURN AROUND. THERE WERE INSTANCES WERE VEHICLES WOULD CONTINUE TOWARD THEIR POSITIONS, AND THE UNIT WOULD FIRE INTO THE VEHICLE, KILLING THE OCCUPANTS. IT WAS LATER DETERMINED THAT SOME OF THE VEHICLES CONTAINED WOMEN AND CHILDREN, WHICH WAS UNKNOWN AT THE TIME OF THE ENGAGEMENT.

INTERVIEWS DETERMINED THE UNIT DID NOT "LEVEL EVERYTHING IN A FOUR BLOCK RADIUS", AND DID NOT KILL WOUNDED IRAQI SOLDIERS AS CITED IN THE ARTICLE. THE UNIT TOOK SEVERAL EPW'S FROM EACH ENGAGEMENT THEY WERE INVOLVED IN AND WOULD OBTAIN CLEARANCE FORM THE UNIT COMMANDER TO ENGAGE COMBATANTS. UNIT MEMBERS DID STATE THEY WOULD GO HOUSE TO HOUSE AND LOOK FOR ENEMY SOLDIERS, BUT THEY DID NOT KILL INNOCENT CIVILIANS.

INTERVIEWS ALSO DETERMINED THE ONLY LOOTING THAT OCCURRED INVOLVED WATCHES AND CIGARETTES, BUT THAT WAS QUICKLY RESOLVED BY THE UNIT COMMANDER DURING THE WAR. THERE WERE ALLEGATIONS IN THE ARTICLE THAT A UNIT MEMBER HAD A JEWEL BOX THAT WAS STOLEN, BUT THERE WAS NO ONE THAT COULD SUBSTANTIATE THOSE ALLEGATIONS. FURTHER, THE ARTICLE ALLEGED THE SAME UNIT MEMBER HAD AN IRAQI SKULL POSTED ON A STICK OUTSIDE THEIR ENCAMPMENT. IT WAS DETERMINED THE SKULL WAS A PLASTIC MEDICAL SKULL WHICH WAS DECORATED AND POSTED AS A PRANK.

THERE ARE INDICATION THAT THE ALLEGATION OF ABUSE OF AN EPW WHILE IN CUSTODY

1. Enclosures: (con't)

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Section VII - Narrative (Con't)

COULD HAVE OCCURRED; HOWEVER, NO DIRECT WITNESSES AND THE SUSPECT IS DECEASED. THERE WAS NO CREDIBLE INFORMATION DEVELOPED SUFFICIENT ENOUGH TO SUBSTANTIATE THE ALLEGATION. INVESTIGATION CONTINUES BY CID.

FINAL STATUS:

THIS IS A FINAL REPORT. THIS INVESTIGATION WAS TERMINATED IN ACCORDANCE WITH CIDR 195-1, CHAPTER 4-17(6) IN THAT THE SPECIAL AGENT IN CHARGE DETERMINED THAT FURTHERANCE OF THIS INVESTIGATION WOULD BE OF LITTLE OR NO VALUE OR LEADS REMAINING TO BE DEVELOPED WERE NOT SIGNIFICANT. INVESTIGATION COMPLETED BY CID.

1. Enclosures: (cont)

MILITARY POLICE REPORT - ADDITIONAL OFFENSES
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 02348-2004-MPC013-2	DATE(YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING,GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

Section II - Offense

1a. OFFENSE NO. 2	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 2-4	1d. NIBRS LOCATION CODE: 15	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5C1N	1h. OFFENSE DESCRIPTION(s): AGGRAVATED ASSAULT (ARTICLE #128, UCMJ)			1i. OFFENSE LOCATION ADDRESS: UNKNOWN LOCATIONS IZ	

2a. BEGIN DATE: (YYYY/MM/DD): 2003/03/01	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001			
2c. END DATE: (YYYY/MM/DD): 2003/07/12			
2d. END TIME: (24hr.): 0001			

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 checked="" type="checkbox"/> 95 Unknown	

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____
 Forcible Entry No Forcible Entry

<p>8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Argument</td> <td><input type="checkbox"/> 20 Criminal Killed By Private Citizen</td> </tr> <tr> <td><input type="checkbox"/> 2 Assault on Law Officer</td> <td><input type="checkbox"/> 21 Criminal Killed By Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> 3 Drug Dealing</td> <td><input type="checkbox"/> 30 Child Playing With Weapon</td> </tr> <tr> <td><input type="checkbox"/> 4 Gangland</td> <td><input type="checkbox"/> 31 Gun Cleaning Accident</td> </tr> <tr> <td><input type="checkbox"/> 5 Juvenile Gang</td> <td><input type="checkbox"/> 32 Hunting Accident</td> </tr> <tr> <td><input type="checkbox"/> 6 Domestic Quarrel</td> <td><input type="checkbox"/> 33 Other Negligent Wpn Handling</td> </tr> <tr> <td><input type="checkbox"/> 7 Mercy Killing</td> <td><input type="checkbox"/> 35 Other Negligent Killings</td> </tr> <tr> <td><input type="checkbox"/> 8 Other Felony Involved</td> <td></td> </tr> </table>	<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		<p>9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES</p> <table style="width:100%;"> <tr> <td><input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal</td> </tr> <tr> <td><input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer</td> </tr> <tr> <td><input type="checkbox"/> C Criminal attacked civilian</td> </tr> <tr> <td><input type="checkbox"/> D Criminal attempted flight from a crime</td> </tr> <tr> <td><input type="checkbox"/> E Criminal killed in commission of a crime</td> </tr> <tr> <td><input type="checkbox"/> F Criminal resisted arrest</td> </tr> <tr> <td><input type="checkbox"/> G Unable to determine</td> </tr> </table>	<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
<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																							
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<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																								
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<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																								
<p>10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																								

000008

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

**This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

MILITARY POLICE REPORT NUMBER 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

Section II - Offense

1a. OFFENSE NO. 3	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 3	1d. NIBRS LOCATION CODE: 15	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
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1g. OFFENSE CODE(S): 5Y2B0	1h. OFFENSE DESCRIPTION(S): FAIL TO OBEY GENERAL ORDER - OTHER (ARTICLE #92, UCMJ)	1i. OFFENSE LOCATION ADDRESS: UNKNOWN LOCATIONS IZ
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2a. BEGIN DATE: (YYYY/MM/DD): 2003/03/01	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001			
2c. END DATE: (YYYY/MM/DD): 2003/07/12			
2d. END TIME: (24hr.): 0001			

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"/> 13 Rifle	<input checked="" type="checkbox"/> 60 Explosives	<input checked="" type="checkbox"/> 99 None
<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"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 35 Other Negligent Killings	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
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10. BIAS MOTIVATION (As applicable) Yes No Unknown

000009

MILITARY POLICE REPORT - ADDITIONAL VICTIMS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION IV, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

SECTION IV - VICTIM

1a. VICTIM NO: 2	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN IRAQI MALE,	1c. SSN/FNN/ALIEN REG NO: SSN	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'l Empl. <input checked="" 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:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien: <input checked="" type="checkbox"/> Country (Specify): IZ	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify):		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:		3d. Zip/APO:	
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:		3d. ZIP/APO:	

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
---	---	--	--	--

5. BIAS MOTIVATION Yes No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
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6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)	7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse </td> <td style="width:33%; vertical-align: top;"> <input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender </td> </tr> </table>	<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender	8. INJURY TYPE (Check up to five) <input type="checkbox"/> B Broken Bones <input type="checkbox"/> I Possible Internal <input type="checkbox"/> L Severe Laceration <input checked="" type="checkbox"/> M Minor Injury <input type="checkbox"/> O Major Injury <input type="checkbox"/> T Tooth Loss <input type="checkbox"/> U Unconsciousness <input type="checkbox"/> Z None
<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender		
9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required				

MILITARY POLICE REPORT - ADDITIONAL VICTIMS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION IV, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
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THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905
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SECTION IV - VICTIM

1a. VICTIM NO: 3	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN IRAQI CITIZENS,	1c. SSN/FNN/ALIEN REG NO: SSN	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'l Empl. <input checked="" 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:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Resident Alien: <input checked="" type="checkbox"/> Country (Specify): IZ	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. Zip/APO:		
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY:	2e. UNIT PHONE:		

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION Yes No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Athiest/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
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6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild <input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse <input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> 1 CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender	7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit
8. INJURY TYPE (Check up to five) <input type="checkbox"/> B Broken Bones <input type="checkbox"/> I Possible Internal <input type="checkbox"/> L Severe Laceration <input type="checkbox"/> M Minor Injury <input type="checkbox"/> O Major Injury <input type="checkbox"/> T Tooth Loss <input type="checkbox"/> U Unconsciousness <input checked="" type="checkbox"/> Z None	
9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	

MILITARY POLICE REPORT - ADDITIONAL VICTIMS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION IV, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

SECTION IV - VICTIM

1a. VICTIM NO: 4	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN IRAQI SOLDIERS,	1c. SSN/FNN/ALIEN REG NO: SSN	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 checked="" 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:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien: IZ	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. 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 checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION Yes No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Athiest/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic (Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
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6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)	7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit
<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild <input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee (baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse <input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender	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 checked="" type="checkbox"/> M Minor Injury <input type="checkbox"/> Z None
	9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

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 02348-2004-MPC013-2	DATE (YYYY/MM/DD) 2004/07/28	ORI NUMBER GAUSA01DM	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, Jr., Sr., III): ██████████ <i>BTCL 1061</i>	1d. SSN/FNN/Alien Reg No: SSN ██████████	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
	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, And STREET ADDRESS: 86TH MP DET (CID) AUGMENTATION WEOZ99 BLDG 108		2b. INSTALLATION/CITY: FORT BENNING	2d. ZIP/APO: 31905
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: GA US	2e. UNIT PHONE:
			3b. INSTALLATION/CITY:	3d. ZIP/APO:
		3c. STATE/COUNTRY:		
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701

MPC

02814-2003-MPC093

Pertains to USACIDC ROI

0353-03-C10093-45256

Previously Released on

1 DEC 04 .

MILITARY POLICE REPORT

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

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 02814-2003-MPC093-1	DATE (YYYY/MM/DD) 2003/12/23	ORI NUMBER GA08901DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER	FROM: ATTN: POLICE SERVICES BR 236 HUNT CIRCLE SUITE 100 FORT STEWART, GA US 31314

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2003/11/19	4c. COMPLAINT RECEIVED BY: <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 checked="" type="checkbox"/> Other (Specify): CID	5a. CLEARANCE REASON: <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	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist	2. STATUS: <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 0214	6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD): 2003/11/14
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Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 10	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5Y2E	1h. OFFENSE DESCRIPTION(s): CRUELTY OR MALTREATMENT OF ENEMY PRISONERS OF WAR (ARTICLE #93, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: CAMP RED BAGHDAD, IZ	
2a. BEGIN DATE: (YYYY/MM/DD): 2003/04/25	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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			4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001	2c. END DATE: (YYYY/MM/DD): 2003/08/15			2d. END TIME: (24hr.): 2359	

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

000001

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): UNKNOWN,	1c. SSN/FNN/ALIEN REG NO: SSN	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 (YYYY/MM/DD):	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"/> 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) <input type="checkbox"/> 16-20 <input type="checkbox"/> 21-25 <input type="checkbox"/> 26-30 <input type="checkbox"/> 31-35 <input type="checkbox"/> 36-40 <input type="checkbox"/> 41-45 <input type="checkbox"/> 46-50 <input type="checkbox"/> 51-55 <input type="checkbox"/> 56-60 <input type="checkbox"/> 61-65 <input type="checkbox"/> 66-70 <input type="checkbox"/> 71-75 <input type="checkbox"/> 76-80 <input type="checkbox"/> 81-85 <input type="checkbox"/> 86-90 <input type="checkbox"/> 91-95 <input type="checkbox"/> 96-100	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
6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4e. HEIGHT	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: 11. OFFENDER'S DISPOSITION: AT LARGE	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td>13 Rifle</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>14 Shotgun</td> <td></td><td></td> </tr> </table>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	13 Rifle			<input type="checkbox"/>	14 Shotgun		
<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument																			
<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																			
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)																			
<input type="checkbox"/>	13 Rifle																					
<input type="checkbox"/>	14 Shotgun																					

000002

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 (YYYY/MM/DD):	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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN,	1c. SSN/FNN/ALIEN REG NO: SSN	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'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:	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"/> R Regular <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"/> 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. 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"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic <input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> AA Spouse</td> <td><input type="checkbox"/> AV Step-Sibling</td> <td><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td><input type="checkbox"/> AB Child</td> <td><input type="checkbox"/> AZ Friend</td> <td><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td><input type="checkbox"/> AC Sibling</td> <td><input type="checkbox"/> BA Neighbor</td> <td><input type="checkbox"/> BY Employee</td> </tr> <tr> <td><input type="checkbox"/> AD Parent</td> <td><input type="checkbox"/> BB Com. Law Spouse</td> <td><input type="checkbox"/> BZ Employer</td> </tr> <tr> <td><input type="checkbox"/> AE Parent-in-Law</td> <td><input type="checkbox"/> BC Acquaintance</td> <td><input type="checkbox"/> BX Stranger</td> </tr> <tr> <td><input type="checkbox"/> AF Step Child</td> <td><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td><input type="checkbox"/> AG Grandparent</td> <td><input type="checkbox"/> BE Boy/Girlfriend</td> <td><input checked="" type="checkbox"/> 1 CB Relationship Unknown</td> </tr> <tr> <td><input type="checkbox"/> AH Step-Parent</td> <td><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td><input type="checkbox"/> VO Offender</td> </tr> <tr> <td><input type="checkbox"/> AK Grandchild</td> <td><input type="checkbox"/> BH Former Spouse</td> <td></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 checked="" type="checkbox"/> 1 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 <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required
<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																										
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<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 checked="" type="checkbox"/> 1 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																											

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ b7c-1, b6-1	1d. SSN/FNN/Alien Reg No: ██████████ b7c-1, b6-1	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):		
1f. 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
	1k. WORK PHONE:	1l. NICKNAMES/ALIASES:		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: 30TH MP SET CID	2b. INSTALLATION/CITY: FT STEWART	2d. ZIP/APO: 31314	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: GA US	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) 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 <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	1j. PROPERTY OWNERSHIP <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	
1k. PROPERTY LOSS TYPE (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	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

Section VII - Narrative

INVESTIGATION BY CID REVEALED THAT BETWEEN THE ABOVE TIMES, DATE AND LOCATION, MEMBERS OF B CO, 3/7TH INF REGIMENT, WERE ASSIGNED TO CAMP RED, BAGHDAD, IRAQ AND WERE REQUIRED TO DETAIN INDIVIDUALS FOUND LOOTING IRAQI PROPERTY FROM CAMP RED. ON 14 NOV 03, ██████████ STATED DURING FREQUENT VISITS TO CAMP RED, ██████████ WITNESSED SELECTED IRAQI DETAINEES BEING PLACED IN A SEGREGATED HOLDING AREA, WITH SAND BAGS COVERING THEIR HEADS AND MADE TO STAND ON BRICKS WITH THEIR ARMS BEHIND THEIR HEADS. ██████████ RELATED IF THE DETAINEES GOT OFF THE BRICKS THEY WERE "MANHANDLED" BY THE UNIT PERSONNEL, THEY WERE INFORMED BY THE UNIT NOT TO GIVE THE DETAINEES ANY FOOD OR WATER. ██████████ STATED ██████████ HEARD THAT DETAINEES WERE PLACED ON A SIDEWALK AND A BRADLEY FIGHTING VEHICLE WAS BACKED UP ON TO THE SIDEWALK TO "SPOOK" THE DETAINEES ON THE GROUND. ██████████ RELATED ██████████ DID NOT WITNESS ANY DETAINEES BEING PHYSICALLY ABUSED OR ASSAULTED BUT FELT THE TREATMENT THUS FAR WAS CRUEL. ON 14 NOV 03, THE UNIT 1SG WAS INTERVIEWED AND RELATED HE VISITED CAMP RED ONCE A DAY TO DELIVER FOOD AND DID NOT WITNESS ANY MEMBERS OF THE UNIT MISTREATING THE DETAINEES. THE 1SG RELATED THAT DETAINEES WERE PLACED IN THE SEGREGATED HOLDING AREA WHEN THEY WERE DISRUPTIVE AND WOULD NOT LISTEN TO U S PERSONNEL. THE 1SG ALSO STATED SANDBAGS WERE PLACED OVER THE DETAINEES HEADS TO PREVENT THEM FROM VIEWING THE COMMAND POST AND SLEEPING AREAS OF US PERSONNEL OUTSIDE THE HOLDING FACILITY. FURTHERMORE THE 1SG STATED THE DETAINEES WERE PROVIDED FOOD, WATER AND MEDICAL ATTENTION IF REQUIRED. ON 14 NOV 03, THE HOLDING AREA NCOIC WAS INTERVIEWED AND STATED THAT UPON THEIR ARRIVAL AT CAMP RED, LOCAL CIVILIANS BEGAN LOOTING THE PROPERTY FROM CAMP RED AND HE RECEIVED ORDERS TO DETAIN THE LOOTERS AND HOLD THEM FOR 24 HRS PRIOR TO RELEASING THEM. HE FURTHER STATED ONCE DETAINED, THE INDIVIDUALS WHO BECAME EITHER BELLIGERENT OR VIOLENT WOULD BE PLACED IN A SEGREGATED HOLDING AREA OUTSIDE THE HOLDING FACILITY. SANDBAGS WOULD BE PLACED OVER THEIR HEADS TO LIMIT THEIR VIEW OF UNIT PERSONNEL AND EQUIPMENT AS WELL AS, TO PREVENT THEM FROM BITING OR HURTING OTHER DETAINEES. THE NCOIC FURTHER STATED A NUMBER OF DETAINEES WOULD ATTEMPT TO JUMP OVER THE CONCERTINA WIRE SURROUNDING THE SEGREGATED HOLDING AREA, THEREFORE THEY WOULD BE REQUIRED TO STAND ON A TALL BRICK TO LIMIT THEIR MOVEMENT. THE NCOIC STATED HIS SOLDIERS USED THE APPROPRIATE LEVELS OF FORCE WHEN DETAINING THE INDIVIDUALS AND HE DID NOT OBSERVE ANY US PERSONNEL MISTREATING OR ABUSING THE DETAINEES. : FURTHER INVESTIGATION BY CID REVEALED THAT THERE WAS INSUFFICIENT EVIDENCE TO PROVE OR DISAPROVE THAT THE ABOVE OFFENSE OCCURED AS ALLEGED. THE INVESTIGATION DISCLOSED SOLDIERS FROM B CO, 3/7 INF BN, ESTABLISHED CAMP RED TO TRAIN THE IRAQI POLICE FORCE AND TO DETAIN ANY IRAQI NATIONALS WHO WERE CAUGHT COMMITTING CRIMES WITHIN THE CITY OF BAGHDAD, IRAQ. INVESTIGATION FURTHER REVEALED CAMP RED'S STANDARD OPERATING PROCEDURE (SOP) PERTAINING TO IRAQI DETAINEES WHO BECAME VIOLENT, WERE TO BE SEPARATED AWAY FROM THE OTHER INMATES, TIE THEIR HANDS BEHIND THEM AND COVER THEIR HEADS WITH EMPTY SANDBAGS, WHICH WAS A SECURITY MEASURE TO ENSURE THEY DID NOT HURT THEMSELVES, OTHER INMATES, OR U.S. SOLDIERS. THIS IS A FINAL REPORT.

b7c-4
b6-4

1. Enclosures:	2. Distribution:	3. Name: <u>b7c-3, b6-3</u> ██████████
		4. Grade: 1LT, MP
		5. Title Of Reporting Official: CHIEF, POLICE SERVICES
		6. Signature:

MPC

03241-2003-MPC093

Pertains to USACIDC ROI

0353-03-CID093-45256

Previously Released on

1 DEC 04

MILITARY POLICE REPORT

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

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 03241-2003-MPC093	DATE (YYYY/MM/DD) 2003/12/23	ORI NUMBER GA08901DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: ATTN: POLICE SERVICES BR 236 HUNT CIRCLE SUITE 100 FORT STEWART, GA US 31314	

Section I - Administration

1. REPORT TYPE: <input checked="" type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2003/11/14	4c. COMPLAINT RECEIVED BY: <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 checked="" type="checkbox"/> Other (Specify): CID	5a. CLEARANCE REASON: <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 checked="" type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD):	7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist
2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 0930	6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)		6b. DATE REFERRED: (YYYY/MM/DD):	

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 10	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(S): 5Y2E	1h. OFFENSE DESCRIPTION(S): CRUELTY OR MALTREATMENT OF ENEMY PRISONERS OF WAR (ARTICLE #93, UCMJ) (ON POST)			1i. OFFENSE LOCATION ADDRESS: CAMP RED BAGHDAD, IZ 96426	
2a. BEGIN DATE: (YYYY/MM/DD): 2003/04/25	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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		4. OFFENSE STATUTORY BASIS: <input checked="" 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		5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 0001					
2c. END DATE: (YYYY/MM/DD): 2003/08/15					
2d. END TIME: (24hr.): 2359					

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

000001

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): UNKNOWN,	1c. SSN/FNN/ALIEN REG NO: SSN	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 checked="" 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:	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"/> R Regular <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"/> 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 checked="" 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 checked="" type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
	11. OFFENDER'S DISPOSITION: UNKNOWN	

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 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"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 15 Other (Specify) <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun
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000002

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 (YYYY/MM/DD):		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 checked="" type="checkbox"/> No		16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None		16b. ALCOHOL/DRUG TEST RESULTS:
15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" 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"/> M 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 checked="" type="checkbox"/> No		

Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN		1c. SSN/FNN/ALIEN REG NO: SSN		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 (YYYY/MM/DD):	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"/> Country (Specify): <input type="checkbox"/> Resident Alien:		
1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> 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. TYPE OF VICTIM: <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 checked="" type="checkbox"/> U Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown	4c. AGE <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):	4d. 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 checked="" type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input checked="" type="checkbox"/> U Unknown
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5. BIAS MOTIVATION Yes No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Athiest/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias
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6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> AA Spouse</td> <td><input type="checkbox"/> AV Step-Sibling</td> <td><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td><input type="checkbox"/> AB Child</td> <td><input type="checkbox"/> AZ Friend</td> <td><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td><input type="checkbox"/> AC Sibling</td> <td><input type="checkbox"/> BA Neighbor</td> <td><input type="checkbox"/> BY Employee</td> </tr> <tr> <td><input type="checkbox"/> AD Parent</td> <td><input type="checkbox"/> BB Com. Law Spouse</td> <td><input type="checkbox"/> BZ Employer</td> </tr> <tr> <td><input type="checkbox"/> AE Parent-in-Law</td> <td><input type="checkbox"/> BC Acquaintance</td> <td><input type="checkbox"/> BX Stranger</td> </tr> <tr> <td><input type="checkbox"/> AF Step Child</td> <td><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td><input type="checkbox"/> AG Grandparent</td> <td><input type="checkbox"/> BE Boy/Girlfriend</td> <td><input type="checkbox"/> CB Relationship Unknown</td> </tr> <tr> <td><input type="checkbox"/> AH Step-Parent</td> <td><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td><input type="checkbox"/> VO Offender</td> </tr> <tr> <td><input type="checkbox"/> AK Grandchild</td> <td><input type="checkbox"/> BH Former Spouse</td> <td></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 type="checkbox"/> VO Offender	<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory Conspiracy <input checked="" type="checkbox"/> Principle Solicit
<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																											
8. INJURY TYPE (Check up to five) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> B Broken Bones</td> <td><input type="checkbox"/> O Major Injury</td> </tr> <tr> <td><input type="checkbox"/> I Possible Internal</td> <td><input type="checkbox"/> T Tooth Loss</td> </tr> <tr> <td><input type="checkbox"/> L Severe Laceration</td> <td><input type="checkbox"/> U Unconsciousness</td> </tr> <tr> <td><input type="checkbox"/> M Minor Injury</td> <td><input type="checkbox"/> Z None</td> </tr> </table>		<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																			
<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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required																												

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ 76-3 66-3	1d. SSN/FNN/Alien Reg No: SSN	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
	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"/> IT International <input type="checkbox"/> Other (Specify):		
	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. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) 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 <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown		1j. PROPERTY OWNERSHIP <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	
1k. PROPERTY LOSS TYPE (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	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

Section VII - Narrative

INVESTIGATION BY CID REVEALED THAT THERE WAS INSUFFICIENT EVIDENCE TO PROVE OR DISAPROVE THAT THE ABOVE OFFENSE OCCURED AS ALLEGED. THE INVESTIGATION DISCLOSED SOLDIERS FROM B CO, 3/7 INF BN, ESTABLISHED CAMP RED TO TRAIN THE IRAQI POLICE FORCE AND TO DETAIN ANY IRAQI NATIONALS WHO WERE CAUGHT COMMITTING CRIMES WITHIN THE CITY OF BAGHDAD, IRAQ. INVESTIGATION FURTHER REVEALED CAMP RED'S STANDARD OPERATING PROCEDURE (SOP) PERTAINING TO IRAQI DETAINEES WHO BECAME VIOLENT, WERE TO BE SEPERATED AWAY FROM THE OTHER INMATES, TIE THEIR HANDS BEHIND THEM AND COVER THEIR HEADS WITH EMPTY SANDBAGS, WHICH WAS A SECURITY MEASURE TO ENSURE THEY DID NOT HURT THEMSELVES, OTHER INMATES, OR U.S. SOLDIERS. THIS IS A FINAL REPORT.

NOTIFICATIONS: MPDO (SFC [REDACTED] 0223 HRS, 23 DEC 03

BLOTTER EXTRACTS TO: [REDACTED] IG

1. Enclosures:	2. Distribution:	3. Name: 67C-3, 66-3 [REDACTED]
		4. Grade: 1LT, MP
		5. Title Of Reporting Official: CHIEF, POLICE SERVICES
		6. Signature:

000005

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

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 03241-2003-MPC093	DATE(YYYY/MM/DD) 2003/12/23	ORI NUMBER GA08901DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: ATTN: POLICE SERVICES BR 236 HUNT CIRCLE SUITE 100 FORT STEWART, GA US 31314	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ OTC-3,66-3	1d. SSN/FNN/Alien Reg No: SSN	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
	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"/> IT International <input type="checkbox"/> Other (Specify):		
	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. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

000006

MPC

00134-2003-MPC023

Pertains to USACIDC ROI

0114-02-CID369-23525

Previously Released on

1 DEC 04

MILITARY POLICE REPORT

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

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 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER BAGRAM AF, AE AF 09354	FROM: ATTN: LT [REDACTED] b7c-3, b6-3 ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2003/05/25	3c. COMPLAINT RECEIVED BY: <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 checked="" type="checkbox"/> Other (Specify): D/SGT [REDACTED] b7c-3, b6-3	5a. CLEARANCE REASON: <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	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input checked="" type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist
2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 1416	6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD): 2002/09/25	

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1-2-3-4	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)	
1g. OFFENSE CODE(S): 5H1A	1h. OFFENSE DESCRIPTION(S): MURDER - BY SHOOTING (ARTICLE #118, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: ROAD ADJACENT TO U.S. FIRE BASE, LWARA, AE AF		
2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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			4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable	
2b. BEGIN TIME (24hr.): 1500	2c. END DATE: (YYYY/MM/DD): 2002/08/28		2d. END TIME: (24hr.): 1800			

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/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 | 26 Recreation Area/Park |
| 09 Drug Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

0000001

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 checked="" 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): [REDACTED]
 1c. SSN/FNN/ALIEN REG NO: [REDACTED] SSN 676-5166-5
 1d. PROTECTED IDENTITY: [REDACTED]

1e. CATEGORY:

<input checked="" 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 (YYYY/MM/DD): [REDACTED]
 1g. POB: City, State, Country: [REDACTED] 676-5166-5
 1h. GRADE: CPT
 1i. HOME PHONE: [REDACTED]

1j. WORK PHONE: [REDACTED]
 1k. NICKNAMES/ALIAS: [REDACTED]

1l. CITIZENSHIP: US Country (Specify):
 Resident Alien:

1m. COMPONENT G Nat'l Guard R Regular V Reserves
 1n. DRIVER LICENSE NO: [REDACTED]
 1o. IS LICENSE FR Foreign State (Specify):
 IT International

2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG
 2b. INSTALLATION/CITY: BAGRAM AF
 2c. STATE/COUNTRY: AE AF
 2d. Zip/APO: 09354
 2e. UNIT PHONE: [REDACTED]

3a. RESIDENCE STREET ADDRESS: [REDACTED]
 3b. INSTALLATION/CITY: [REDACTED]
 3c. STATE/COUNTRY: [REDACTED]
 3d. ZIP/APO: [REDACTED]

4a. HAIR COLOR: Brown Blond Black Gray Red White Other (Specify)

4b. EYE COLOR: Brown Black Gray Blue Green Hazel Violet

4c. COMPLEXION: Albino Black Dark Dark Brown Fair Light Light Brown Medium Medium Brown Ruddy Yellow Sallow Olive

4d. AGE RANGE (Specify): [REDACTED]
 4e. HEIGHT: [REDACTED]
 4f. WEIGHT: [REDACTED]

5. JUVENILE: Yes No
 6. SEX: Male Female Unknown
 7. RACE: A Asian/Pac. Islander B Black I American Indian/Alaskan Native W White U Unknown

8. ETHNICITY: H Hispanic N Not of Hispanic Origin U Unknown

9. IDENTIFYING MARKS AND LOCATION:
 10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors): [REDACTED]
 11. OFFENDER'S DISPOSITION: [REDACTED]

12. SECURITY CLEARANCE: None Confidential Secret Top Secret Other (Specify)

13. MARITAL STATUS: Annulled Divorced Divorce Decree, Not Finalized Legally Separated Married Single Widowed

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"/>	16 Lethal Cutting Instrument
<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)
<input type="checkbox"/>	13 Rifle		
<input type="checkbox"/>	14 Shotgun		

000002

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:
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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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
	15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): SAYARI, MOHAMED	1c. SSN/FNN/ALIEN REG NO: SSN	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 checked="" 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: AF	1h. GRADE: CIV	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: MORGAH	3d. ZIP/APO:		
	3c. STATE/COUNTRY: AF				

4a. TYPE OF VICTIM: <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 checked="" type="checkbox"/> I Individual <input type="checkbox"/> U Unknown	4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)																											
<table border="0"> <tr> <td><input type="checkbox"/> AA Anti-Atheist/Agnostic</td> <td><input type="checkbox"/> AK Anti-Female Homosexual</td> <td><input type="checkbox"/> AU Anti-Protestant</td> </tr> <tr> <td><input type="checkbox"/> AB Anti-Ataskan 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><input type="checkbox"/> AD Anti-Arab</td> <td><input type="checkbox"/> AN Anti-Islamic(Moslem)</td> <td><input type="checkbox"/> AY Anti-Other Religion</td> </tr> <tr> <td><input type="checkbox"/> AE Anti-Asian</td> <td><input type="checkbox"/> AO Anti-Jewish</td> <td><input type="checkbox"/> AZ Anti-Other Ethnicity</td> </tr> <tr> <td><input type="checkbox"/> AG Anti-Bisexual</td> <td><input type="checkbox"/> AQ Anti-Male Homosexual</td> <td><input type="checkbox"/> BA Anti-Mental Disability</td> </tr> <tr> <td><input type="checkbox"/> AH Anti-Black</td> <td><input type="checkbox"/> AR Anti-Multi-Racial Group</td> <td><input type="checkbox"/> BB Anti-Physical Disability</td> </tr> <tr> <td><input type="checkbox"/> AI Anti-Catholic</td> <td><input type="checkbox"/> AS Anti-Multi-Religious Group</td> <td><input type="checkbox"/> BC Sexual Harassment</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AT Anti-Pacific-Islander</td> <td><input type="checkbox"/> AX Unknown Bias</td> </tr> </table>	<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant	<input type="checkbox"/> AB Anti-Ataskan 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"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion	<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity	<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability	<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability	<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AX Unknown Bias
<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant																									
<input type="checkbox"/> AB Anti-Ataskan 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"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion																									
<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity																									
<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability																									
<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability																									
<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment																									
	<input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AX Unknown Bias																									

6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)			7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit	
<input type="checkbox"/> AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship	8. INJURY TYPE (Check up to five)	
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee	<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known	9a. DD FORM 2701 PROVIDED VICTIM	
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input checked="" type="checkbox"/> 4 CB Relationship Unknown	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender	9b. IF NOT PROVIDED, WHY NOT?	
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		<input type="checkbox"/> Declined	<input checked="" type="checkbox"/> Not Required

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1		1b. STATUS <input type="checkbox"/> Civil Authorities <input checked="" 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): ██████████ b7c-4, b6-4		1d. SSN/FNN/Alien Reg No: SSN	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input checked="" type="checkbox"/> Country (Specify):	
1f. CATEGORY: <input checked="" 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE: SSG	1j. HOME PHONE:
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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: A CO 519TH MI BN	2b. INSTALLATION/CITY: BAGRAM AF	2d. ZIP/APO: 09354	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:.			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) 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)			1l. SECURITY		1m. PROPERTY OWNERSHIP
<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	<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	

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

Section VII - Narrative

"THIS IS AN OPERATION STROGGOLD INVESTGATION"
 THIS INVESTIGATION WAS INITIATED UPON NOTIFICATION FROM SSG [REDACTED], THAT HE WAS SUSPICIOUS OF THE SHOOTING DEATH OF MR. SAYARI BY A SPECIAL FORCES TEAM. INVESTIGATION ESTABLISHED PROBABLE CAUSE TO BELIEVE SFC [REDACTED], SSG [REDACTED], CPT [REDACTED], AND SSG [REDACTED] COMMITTED THE OFFENSES OF MURDER AND CONSPIRACY WHEN THEY CONSPIRED TO LURE MR SAYARI INTO AN AMBUSH TO MURDER HIM. SFC [REDACTED] AND SSG [REDACTED] SHOT AND KILLED MR SAYARI UPON DETAINING HIM. INVESTIGATION ESTABLISHED PROBABLE CAUSE TO BELIEVE CPT [REDACTED] COMMITTED THE OFFENSES OF DERELICTION OF DUTY AND OBSTRUCTION OF JUSTICE WHEN HE VIOLATED THE UNIT STANDARD OPERATING PROCEDURES (SOP) FOR DETAINING CAPTIVES AND INSTRUCTED SFC [REDACTED] (FORMELY SSG) TO NOT FORWARD CERTAIN INCRIMINATING PHOTOGRAPHS OF SAYARI'S BODY, AND TO DESTROY THEM. SFC [REDACTED] AND SFC [REDACTED] COMMITTED THE OFFENSE OF DERELICTION OF DUTY WHEN THEY VIOLATED SOP FOR DETAINING CAPTIVES. SSG [REDACTED] DID NOT COMMIT THE OFFENSE OF DERELICTION OF DUTY AS HE WAS NOT DIRECTLY INVOLVED IN HANDLING A DETAINED CAPTIVE. INVESTIGATION ESTABLISHED PROBABLE CAUSE TO BELIEVE CW2 [REDACTED] COMMITTED THE OFFENSE OF ACCESSORY AFTER THE FACT WHEN HE TOOK THE WEAPON THAT MR SAYARI ALLEDGEDLY HAD PRIOR TO THE SHOOTING AND LOST IT. THIS IS A FINAL REPORT.

b7c-4, b6-4

b7c-5
b6-5

1. Enclosures:	2. Distribution:	3. Name: b7c-3, b6-3 [REDACTED]
		4. Grade: CPT
		5. Title Of Reporting Official: PROVOST MARSHAL
		6. Signature:

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

**This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-3, 66-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354
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Section II - Offense

1a. OFFENSE NO. 2	1b. SUBJECT NO. INVOLVEMENT: 1-2-3-4	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
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1g. OFFENSE CODE(S): 7X2	1h. OFFENSE DESCRIPTION(S): CONSPIRACY TO COMMIT OTHER CRIMES AGAINST PROPERTY (ARTICLE #134, UCMJ) (OFF POST)	1i. OFFENSE LOCATION ADDRESS: ROAD ADJACENT TO U.S. FIRE BASE, LWARA, AE AF
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2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three): <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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)	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES
<input type="checkbox"/> 1 Argument	<input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal
<input type="checkbox"/> 2 Assault on Law Officer	<input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/> 3 Drug Dealing	<input type="checkbox"/> C Criminal attacked civilian
<input type="checkbox"/> 4 Gangland	<input type="checkbox"/> D Criminal attempted flight from a crime
<input type="checkbox"/> 5 Juvenile Gang	<input type="checkbox"/> E Criminal killed in commission of a crime
<input type="checkbox"/> 6 Domestic Quarrel	<input type="checkbox"/> F Criminal resisted arrest
<input type="checkbox"/> 7 Mercy Killing	<input type="checkbox"/> G Unable to determine
<input type="checkbox"/> 8 Other Felony Involved	
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	

0000006

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

**This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: b7c-3, b6-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section II - Offense

1a. OFFENSE NO. 3	1b. SUBJECT NO. INVOLVEMENT: 5	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
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1g. OFFENSE CODE(s): 5X4	1h. OFFENSE DESCRIPTION(s): SOLICITATION - TO SEDITION, ACCESSORY AFTER THE FACT (ARTICLE #78, UCMJ) (ON POST)	1i. OFFENSE LOCATION ADDRESS: AE AF
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2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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
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10. BIAS MOTIVATION (As applicable) Yes No Unknown

0000007

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

**This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354		FROM: 67C-3, 106-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section II - Offense

1a. OFFENSE NO. 4	1b. SUBJECT NO. INVOLVEMENT: 1-2-4	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 5Y2D	1h. OFFENSE DESCRIPTION(s): DERELICTION OF DUTY (ARTICLE #92, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: AE AF	

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <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	4. OFFENSE STATUTORY BASIS: <input checked="" 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	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

0000008

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

**This form is a continuation of SECTION II, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-1,66-1 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section II - Offense

1a. OFFENSE NO. 5	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(S): 7X6	1h. OFFENSE DESCRIPTION(S): OBSTRUCTION OF JUSTICE (ARTICLE #134, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: AE AF	

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):	4. OFFENSE STATUTORY BASIS:	5. OFFENDER USED (Check Up To Three)
2b. BEGIN TIME (24hr.): 1500	<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	<input checked="" 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	<input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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) <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 Argument</td> <td><input type="checkbox"/> 20 Criminal Killed By Private Citizen</td> </tr> <tr> <td><input type="checkbox"/> 2 Assault on Law Officer</td> <td><input type="checkbox"/> 21 Criminal Killed By Law Enforcement</td> </tr> <tr> <td><input type="checkbox"/> 3 Drug Dealing</td> <td><input type="checkbox"/> 30 Child Playing With Weapon</td> </tr> <tr> <td><input type="checkbox"/> 4 Gangland</td> <td><input type="checkbox"/> 31 Gun Cleaning Accident</td> </tr> <tr> <td><input type="checkbox"/> 5 Juvenile Gang</td> <td><input type="checkbox"/> 32 Hunting Accident</td> </tr> <tr> <td><input type="checkbox"/> 6 Domestic Quarrel</td> <td><input type="checkbox"/> 33 Other Negligent Wpn Handling</td> </tr> <tr> <td><input type="checkbox"/> 7 Mercy Killing</td> <td><input type="checkbox"/> 35 Other Negligent Killings</td> </tr> <tr> <td><input type="checkbox"/> 8 Other Felony Involved</td> <td></td> </tr> </table>	<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 <table style="width:100%;"> <tr> <td><input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal</td> </tr> <tr> <td><input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer</td> </tr> <tr> <td><input type="checkbox"/> C Criminal attacked civilian</td> </tr> <tr> <td><input type="checkbox"/> D Criminal attempted flight from a crime</td> </tr> <tr> <td><input type="checkbox"/> E Criminal killed in commission of a crime</td> </tr> <tr> <td><input type="checkbox"/> F Criminal resisted arrest</td> </tr> <tr> <td><input type="checkbox"/> G Unable to determine</td> </tr> </table>	<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
<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																							
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<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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown																								

0000009

MILITARY POLICE REPORT - ADDITIONAL SUBJECTS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION III, DA Form 3975.
Please attach it to DA Form 3975 when completed.

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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: b7c-5,66-5 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354
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Section III - Subject

1a. SUBJECT NO: 2	1b. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] b7c-5,66-5	1c. SSN/FNN/ALIEN REG NO: SSN [REDACTED] b7c-5,66-5	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): [REDACTED] b7c-5,66-5	1g. POB: CITY, STATE, COUNTRY: [REDACTED] b7c-5,66-5	1h. GRADE: SFC	1i. HOME PHONE: [REDACTED] b7c-5,66-5	
	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 checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER LICENSE NO: [REDACTED] b7c-5,66-5	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG		2b. INSTALLATION/CITY: BAGRAM AF	2d. Zip/APO: 09354	
	3a. RESIDENCE STREET ADDRESS: [REDACTED] b7c-5,66-5		2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY: [REDACTED] b7c-5,66-5	3d. ZIP/APO: [REDACTED] b7c-5,66-5		
		3c. STATE/COUNTRY: [REDACTED] b7c-5,66-5			

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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown
		4e. HEIGHT	6. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
		4f. WEIGHT:			

8. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1 Unarmed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td><td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td><td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle				<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun			
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																											
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<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle																														
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun																														

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD): 15a. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:
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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 checked="" type="checkbox"/> No 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
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16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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 <table border="1"> <tr> <td><input type="checkbox"/> A "Crack" Cocaine</td> <td><input type="checkbox"/> G Opium</td> <td><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																	

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 checked="" type="checkbox"/> No
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MILITARY POLICE REPORT - ADDITIONAL SUBJECTS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION III, DA Form 3975.
Please attach it to DA Form 3975 when completed.

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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: <i>67C-5,66-3</i> ATTN: LT ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354
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Section III - Subject

1a. SUBJECT NO: 3	1b. NAME (Last, First, Middle Name, JR., Sr., III): <i>67C-5,66-5</i>	1c. SSN/FNN/ALIEN REG NO: SSN <i>67C-5,66-5</i>	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): <i>67C-5,66-5</i>	1g. POB: CITY, STATE, COUNTRY: <i>67C-5,66-5</i>	1h. GRADE: SSG	1i. HOME PHONE: <i>67C-5,66-5</i>	
	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 Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: <i>67C-5,66-5</i>	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	2c. STATE/COUNTRY: AE AF	2d. Zip/APO: 09354	2e. UNIT PHONE:
	3a. RESIDENCE STREET ADDRESS: <i>67C-5,66-5</i>	3b. INSTALLATION/CITY: <i>67C-5,66-5</i>	3c. STATE/COUNTRY: <i>67C-5,66-5</i>	3d. ZIP/APO: <i>67C-5,66-5</i>	

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 checked="" type="checkbox"/> No	6. SEX <input checked="" 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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown
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8. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
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<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>																												

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD): 	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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY: 	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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 <table border="1"> <tr> <td><input type="checkbox"/></td><td>A "Crack" Cocaine</td> <td><input type="checkbox"/></td><td>G Opium</td> <td><input type="checkbox"/></td><td>M Other Stimulants</td> </tr> <tr> <td><input type="checkbox"/></td><td>B Cocaine</td> <td><input type="checkbox"/></td><td>H Other Narcotics</td> <td><input type="checkbox"/></td><td>N Barbiturates</td> </tr> <tr> <td><input type="checkbox"/></td><td>C Hashish</td> <td><input type="checkbox"/></td><td>I LSD</td> <td><input type="checkbox"/></td><td>O Other Depressants</td> </tr> <tr> <td><input type="checkbox"/></td><td>D Heroin</td> <td><input type="checkbox"/></td><td>J PCP</td> <td><input type="checkbox"/></td><td>P Other Drugs</td> </tr> <tr> <td><input type="checkbox"/></td><td>E Marijuana</td> <td><input type="checkbox"/></td><td>K Other Hallucinogens</td> <td><input type="checkbox"/></td><td>Q Steroids</td> </tr> <tr> <td><input type="checkbox"/></td><td>F Morphine</td> <td><input type="checkbox"/></td><td>L Amphetamines/Methamphetamines</td> <td><input type="checkbox"/></td><td>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																																
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<input type="checkbox"/>	F Morphine	<input type="checkbox"/>	L Amphetamines/Methamphetamines	<input type="checkbox"/>	M 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 checked="" type="checkbox"/> No
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0000013

MILITARY POLICE REPORT - ADDITIONAL SUBJECTS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION III, DA Form 3975.
Please attach it to DA Form 3975 when completed.

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)
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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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-3, 66-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354
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Section III - Subject

1a. SUBJECT NO: 4	1b. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] 67C-5, 66-5	1c. SSN/FNN/ALIEN REG NO: SSN [REDACTED] 67C-5, 66-5	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): [REDACTED] 67C-5, 66-5	1g. POB: CITY, STATE, COUNTRY: [REDACTED] 67C-5, 66-5	1h. GRADE: SSG	1i. HOME PHONE: [REDACTED]	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien: <input type="checkbox"/> Country (Specify):		
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: [REDACTED] 67C-5, 66-5	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	2d. Zip/APO: 09354	2e. UNIT PHONE:	
	2c. STATE/COUNTRY: AE AF	2f. INSTALLATION/CITY: [REDACTED] 67C-5, 66-5	3d. ZIP/APO: [REDACTED]	3e. STATE/COUNTRY: [REDACTED] 67C-5, 66-5	

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 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 checked="" 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 checked="" type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1 Unarmed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																											
<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)																											
<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>																												

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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 (YYYY/MM/DD):	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 checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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MILITARY POLICE REPORT - ADDITIONAL SUBJECTS

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

**This form is a continuation of SECTION III, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: <i>67C-3, 66-3</i> ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section III - Subject

1a. SUBJECT NO: 5	1b. NAME (Last, First, Middle Name, JR., Sr., III): <i>[REDACTED] 67C-5, 66-5</i>	1c. SSN/FNN/ALIEN REG NO: SSN <i>[REDACTED] 67C-5, 66-5</i>	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" 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 (YYYY/MM/DD): <i>[REDACTED]</i>	1g. POB: CITY, STATE, COUNTRY: <i>[REDACTED] 67C-5, 66-5</i>	1h. GRADE: CWO2	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <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"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF		2d. Zip/APO: 09354	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF		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)	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 checked="" type="checkbox"/> U Unknown
			4e. HEIGHT	6. SEX <input checked="" 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 checked="" type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td> <td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td> <td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle				<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun			
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																											
<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)																											
<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle																														
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun																														

15a. SUBJECT INVOLVEMENT <input checked="" 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 (YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:
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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 checked="" type="checkbox"/> No 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
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16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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 checked="" type="checkbox"/> No
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0000017

MILITARY POLICE REPORT - ADDITIONAL VICTIMS
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION IV, DA Form 3975.
Please attach it to DA Form 3975 when completed.

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: <i>LAC-3, 66-3</i> ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

SECTION IV - VICTIM

1a. VICTIM NO: 2	1b. NAME (Last, First, Middle Name, JR., Sr., III): U.S. GOVERNMENT,	1c. SSN/FNN/ALIEN REG NO: SSN	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 (YYYY/MM/DD):	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"/> 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:		3b. INSTALLATION/CITY: BAGRAM AF		3d. Zip/APO: 09354
			2c. STATE/COUNTRY: AE AF		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"/> R Religious Org <input type="checkbox"/> F Financial <input type="checkbox"/> S Society/Public <input checked="" type="checkbox"/> G Government <input type="checkbox"/> O Other <input type="checkbox"/> I Individual <input type="checkbox"/> U Unknown		4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <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):	4d. 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. 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 checked="" type="checkbox"/> No (Check Applicable Bias)					
<input type="checkbox"/> AA Anti-Athies/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic		<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander		<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias	
6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)			7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit		
<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 checked="" type="checkbox"/> 1 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			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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			9b. IF NOT PROVIDED, WHY NOT? <i>0000000000</i> <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.

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 00134-2003-MPC259	DATE(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-3, 66-3 ATTN: LT ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): 67C-3, 66-3	1d. SSN/FNN/Alien Reg No: SSN 67C-3, 66-3	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. CATEGORY: <input checked="" 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	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE: SA	1j. HOME PHONE:
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"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):			
2a. ORGANIZATION, UIC, And STREET ADDRESS: 87TH MP DET	2b. INSTALLATION/CITY: BAGRAM AF	2d. ZIP/APO: 09354		
3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:		
	3b. INSTALLATION/CITY:	3d. ZIP/APO:		
	3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

0000019



DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND

ALCID Memorandum 012-04
7 June 2004
CIOP-COP-PO (195)

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ALCID Memorandum 012-04, Chapter 5, CID Regulation 195-1, Criminal Investigation Operational Procedures, 15 January 2004.

1 References:

- a. 10 U.S.C. 1471, Forensic Pathology Investigations.
- b. DoD Directive 2310.1, "DOD Program for Enemy Prisoners of War and other Detainee", 18 Aug 04.
- c. DoD Directive 5100.77, "DoD Law of War Program", 9 Dec 98.
- d. DoD Directive 5154.24, "Armed Forces Institute of Pathology", 3 Oct 01
- e. DoD Instruction 5154.30, "Armed Forces Institute of Pathology Operations", 18 Mar 03.
- f. CID Regulation 195-1, Criminal Investigation Operational Procedures, 15 January 2004.

2. The purpose of this ALCID is to establish interim policy concerning the investigation and autopsy of detainee deaths occurring in the custody of the Armed Forces of the United States in a deployed environment. This policy remains in effect until future publication of Department of Defense directives.

3. Effective immediately, CIDR 195-1, paragraph 5-24, is amended as follows:

000001

CIOP-COP-PO

SUBJECT: ALCID Memorandum 012-04, Chapter 5, CID Regulation 195-1
Criminal Investigation Operational Procedures, 15 January 2004.

5-24. Supervisory considerations for death investigations

a. & b. No change.

c. (1) & (2) No change.

(3) Added: In the case of a death of any person held as a detainee under the custody of the U.S. Army, the commander of the detention facility (or if the death did not occur in a facility, the commander of the unit exercising custody of the individual) will immediately report the death to Army law enforcement authorities. For the purposes of this policy a detainee is defined as "any person captured or otherwise detained by an armed force. The detention need not occur at a MP controlled detention facility and may include checkpoints and cordon and search operations." Once notified of the death, the responsible CID element will expeditiously contact the Office of the Armed Forces Medical Examiner, which will determine whether an autopsy will be performed. Upon determination of death, the controlling CID element will ensure the remains of the decedent are placed in a clean body bag and secured. The remains will not be washed and all items on or in the body will be left undisturbed except for weapons, ammunition, and other items that pose a threat to human life. The body will not be released from US Custody without written authorization or prior approval from the Armed Forces Medical Examiner. Determination of the cause and manner of death in these cases will be the sole responsibility of the Armed Forces Medical Examiner or other physician designated by the Armed Forces Medical Examiner.

d. thru j. No change

4. This change has been updated in the electronic version of CIDR 195-1.

5. Point of contact (POC) for HQ, USACIDC Investigative Operations is CW3

b7c-1, b6-1

[REDACTED] DSN 656-[REDACTED], commercial [REDACTED] or e-mail: b7c-1, b6-1
[REDACTED]@belvoir.army.mil. (Policy Tasker 0052-04). b7c-1, b6-1

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FOR THE COMMANDER:

[REDACTED SIGNATURE] 4125075

Colonel, GS
Deputy Chief of Staff, G-3

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DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND

ALCID Memorandum 015-02
3 April 2002
CIOP-COP-PO

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: ALCID Memorandum 015-02, Chapter 4 (Administration of Investigations), CID Regulation 195-1, Criminal Investigation Operational Procedures, 1 January 2002.

1. References:

- a. Geneva Convention, 12 August 1949
- b. Manual for Courts-Martial United States, 21 July 2000
- c. DoD Directive 2310.1, DoD Program For Enemy Prisoners Of War (POW) And Other Detainees (Short Title: DoD Enemy POW Detainee Program), 18 August 1994
- d. DoD Directive 5100.77, DoD Law Of War Program, 9 December 1998
- e. AR 190-8, Enemy Prisoners of War (EPW), Retained Personnel (RP), Civilian Internees (CI) and other Detainees, 1 October 1997
- f. AR 195-2, Criminal Investigation Activities, 30 October 1985.
- g. CID Regulation 195-1, Criminal Investigation Operational Procedures, 1 January 2002.

2. The purpose of this ALCID is to clarify existing guidance concerning the initiation of reports of investigations regarding abuse of prisoners and detainees in deployed situations.

3. Effective immediately, paragraph 4-40d, reference 1g above, is added as follows:

000001

CIOP-COP-PO

SUBJECT: ALCID Memorandum 015-02, Chapter 4 (Administration of Investigations), CID Regulation 195-1, Criminal Investigation Operational Procedures, 1 January 2002.

4-40. Initiation of ROIs in Deployment Situations

Paragraphs a - c: (No change)

d. (Added) Investigations Involving, Enemy Prisoners of War (EPW), Retained Personnel (RP), Civilian Internees (CI) and other Detainees (OD).

(1) AR 190-8 is a multi-service regulation that applies to the Army, Navy, Air Force and Marine Corps (OPNAVINST 3461.6, AFJI 31-304, and MCO 3461.1), and implements DoD Directive 2310.1 and DoD Directive 5100.7. AR 190-8 directs that all allegations of criminal acts or war crimes committed by or against EPW/RP/CI/OD be reported to CID.

(2) IAW 190-8, all persons captured, detained, interned or otherwise held in US Armed Forces custody will be given humanitarian care and treatment from the moment they fall into the hands of the U.S. forces until final release. It is DoD, Army and command policy that inhumane treatment of EPW, CI, RP, and OD is prohibited and cannot be justified by the stress of combat or by deep provocation. All prisoners, detainees, and internees will receive humane treatment without regard to race, nationality, religion, political opinion, sex or other criteria. IAW AR 901-8, they will be protected against all acts of violence to include rape, forced prostitution, assault, theft, bodily injury, reprisals of any kind, insults and public curiosity. AR 190-8 specifically prohibits murder, torture, corporal punishment, mutilation, collective punishments, execution without proper trial, and all cruel and degrading treatment.

(3) Inhumane treatment is a serious and punishable violation under international law and the UCMJ. IAW AR 190-8, AR 195-2 and CIDR 195-1 (especially paragraphs 4-40a-c above), CID elements receiving allegations of felony criminal acts or war crimes committed by or against EPW/RP/CI/OD will investigate such allegations as an ROI. IAW AR 195-2, CID may adjust its normal investigative purview to include lesser crimes or misdemeanors if it would better serve the supported commander or the overall law enforcement goal.

(4) If the U.S. Armed Forces element conducts a commander's inquiry (an AR 15-6 investigation or equivalent) prior to notifying CID of an allegation involving felony criminal acts or war crimes committed by or against an EPW/RP/CI/OD, the supporting CID element will obtain a copy of and review the inquiry to determine if it thoroughly and fairly investigated the incident(s). If the US Armed Forces element did not conduct a commander's inquiry or if further investigative efforts are deemed appropriate, the supporting CID element will initiate an ROI to continue the investigation.

CIOP-COP-PO

SUBJECT: ALCID Memorandum 015-02, Chapter 4 (Administration of Investigations), CID Regulation 195-1, Criminal Investigation Operational Procedures, 1 January 2002.

4. This change has been updated in the electronic version of CIDR 195-1. The change will be incorporated in the updated hard copy version of CIDR 195-1 when published.

5. The POC for this memorandum is CW3 [REDACTED] Policy Branch (Policy Tasker 065-02), DSN: 656 [REDACTED] email: [REDACTED]@belvoir.army.mil.

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FOR THE COMMANDER:

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[REDACTED]

Colonel, GS
Deputy Chief of Staff
for Operations

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DEPARTMENT OF THE ARMY
U. S. ARMY CRIMINAL INVESTIGATION COMMAND
6010 6TH STREET
FORT BELVOIR, VIRGINIA 22060-5506

REPLY TO
ATTENTION OF

CIOP-COP-PO

04 April 2003

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Operational Memorandum 008-03, Initiation of Reports of Investigation (ROIs) and Rights Advisements in Current Deployed Situation in CENTCOM AOR

1. References:

- a. AR 195-2, Criminal Investigation Activities, 30 October 1985.
- b. CIDR 195-1, Criminal Investigation Operational Procedures, Chapter 4, Paragraph 4-40, 1 January 2001.
- c. DoD Dir 5100.77, DoD Law of War Program, 9 December 1998.
- d. DEPSECDEF Memorandum, 25 March 2003, War Crimes and Related Investigations within the U.S. Central Command Area of Operations.
- e. CJCS Instruction 5810.01B, Implementation of the DOD Law of War Program, 25 March 2002.
- f. CENTCOM Regulation 27-1 (Law of War)
- g. FRAGO 107 to COMCFLCC OPORD 03-032, Investigation of War Crimes.
- h. Operational Memorandum 012-01, Initiation of Reports of Investigation (ROIs) and Rights Advisements in Current Deployed Situation in CENTCOM AOR (replaced by this Operational Memorandum).

2. This memorandum is initiated to clarify and re-emphasize existing policy as outlined in references above. This clarification is deemed necessary because of CID's increasing role in investigations within the CENTCOM area of responsibility. All CID elements will adhere to this guidance. Also, this memorandum replaces Operational Memorandum 012-01, 28 December 2001.

3. Prior CID operational deployments spawned a variety of ad hoc procedures for "packaging" our investigative product, with a growing tendency not to report the results of investigations by ROI when the facts did not fit neatly into the familiar circumstances of a

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SUBJECT: Operational Memorandum 008-03, Initiation of Reports of Investigation (ROIs) and Rights Advisements in Current Deployed Situation in CENTCOM AOR

garrison environment. As a result, paragraph 4-40, CIDR 195-1, was published late in 1999. The typical "non-traditional" cases usually involved civilian-on-civilian crime in a country or area that had no, or a very limited, functioning government or law enforcement system and the Army interest in or nexus to the case was unclear.

4. U.S. Forces were sometimes present in these areas as a result of an international mandate, but in all instances had a stated or implied law enforcement or peacekeeping mission. In furtherance of the U.S. Army's role and mission in these environments, senior Army commanders have historically taken full advantage of the professional investigative capabilities of the CID agents accompanying the maneuver force. Time and again, in the absence of any legitimate police authority or in conjunction with a local limited police agency, CID agents have provided a vital service to the Army, the Nation, and the international community – gathering and preserving testimony and evidence for future criminal proceedings. In the CENTCOM AOR, CID agents have been tasked to investigate war crimes and atrocities allegations and terrorist acts, as well as general crimes that may or may not involve US Army personnel/property. Consistency in the initiation and reporting of these sensitive investigative efforts will ensure documentary and physical evidence is available for the appropriate authority to properly adjudicate these cases.

5. The following paragraphs clarify the policy for the initiation of investigations in the current deployment. Paragraph 6 outlines the background and existing investigative responsibility and jurisdiction issues. Paragraphs 7 through 11 take those basics and apply them to the current deployment situation.

6. AR 195-2 and CIDR 195-1 identify four basic criteria that must exist to justify Army jurisdiction and responsibility to investigate crime.

a. There must be some credible information that a crime has occurred. A preliminary inquiry (on a 66) may be conducted to reach the credible information standard, but once that standard is reached, an ROI will be initiated if the remaining criteria below have been met. IAW CIDR 195-1, a single ROI may be "split" into multiple ROIs if there are resulting investigative or prosecutive efficiencies or effectiveness.

b. The Army must have investigative authority to investigate. Investigative authority refers to matters in which the Army has the legal authority (jurisdiction) to conduct a criminal investigation. In a deployed environment, whether combat or peacekeeping mission, there is Army investigative authority when there is an Army interest and the investigation furthers or supports the Army's mission in that area. If the Army is formally tasked to support an international entity, the use of investigative resources is an official act in furtherance of the Army's overall mission to support the approved objectives of the international entity. Unofficial investigations or investigations not in support of the Army mission are prohibited.

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SUBJECT: Operational Memorandum 008-03, Initiation of Reports of Investigation (ROIs) and Rights Advisements in Current Deployed Situation in CENTCOM AOR

c. There must be an Army interest in the case. In deployed situations, there is an Army interest in a criminal case when the case impacts the US military, its allies or the United States, when the case supports the accomplishment of the Army's mission or capabilities, or when it is requested by the senior civilian leadership within the Department of Defense or by the supported commander to further the U.S. Military's mission.

d. CID must have the responsibility to investigate (that is, the alleged crime is within our normal investigative purview). CID usually investigates the felony crimes identified in AR 195-2 and the associated civilian equivalent crimes. As noted in AR 195-2; however, CID's investigative purview can be adjusted to include lesser crimes if it would serve a better or overall law enforcement goal. In areas without MPI (or another MCIO in cases involving joint forces), CID elements may have to investigate crimes outside the normal purview.

7. In the current situation, CID will initiate and report investigations according to normal investigative procedures and standards. Further, the investigation of war crimes, atrocities, or terrorist allegations is within CID investigative purview. Any investigation of such war crime, atrocity, or terrorist allegation incidents will be reported in the ROI format to thoroughly document the investigative effort. Investigative jurisdiction for war crime investigations is laid out in DoD Dir 5100.77. The investigation of other general criminal allegations (no matter who the suspects or victims may be) as determined by the Secretary of the Army; Headquarters, CENTCOM; this headquarters; or local senior field grade commanders, are also within CID investigative purview. CENTCOM and local commanders may expand CID's investigative purview in support of CENTCOM's mission, but they will not restrict or channel any CID investigative effort. Any investigations of such incidents will also be reported in the ROI format.

8. It is a principle of this command that the reporting format for all investigations conducted by or for CID elements will be the Report of Investigation (ROI). Whenever an investigation of whatever scope (limited or full) is initiated, the results will be reported by the ROI format. Such investigations may be finalized early (Final(C)) procedures in Chapter 4, CIDR 195-1) if the original intent of the commander's request has been met, or if the completion of other outstanding leads is precluded by hostile fire, hostile territory, or other local adverse conditions. It is anticipated that many of these ROIs will be completed using the procedures for a Final (C).

9. In areas that have a functioning government and law enforcement system, CID investigative efforts will be determined by international treaty or agreement (such as a Status of Forces Agreement (SOFA)), by the policies of the host government, the U.S. Ambassador, or a US Regional Governor. When questions arise in this area as to investigative authority and responsibility, coordination will be effected with the supporting SJA or the USACIDC judge advocate. CID will conduct a collateral or joint ROI to the extent allowed by treaty or policy and local law enforcement authorities.

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SUBJECT: Operational Memorandum 008-03, Initiation of Reports of Investigation (ROIs) and Rights Advisements in Current Deployed Situation in CENTCOM AOR

10. When criminal incidents involve Army affiliated personnel (military, civilian or contractor) or Army property, the conduct of ROIs will be accomplished to the extent allowed by local environment and threat conditions. When criminal incidents involve other U.S. Services personnel or property and CID is the closest investigative force, an investigation using the ROI format will be initiated. When criminal incidents involve non-Army affiliated civilians, the conduct of ROIs will be accomplished to the extent allowed by local environment and threat conditions. Final (C) or Final Referred procedures may be used as appropriate for any of these types of investigations.

11. Rights Advisement: All members of the US military who are suspected of crimes will be advised of their rights as usual using the appropriate sections of the DA Form 3881. All US citizens who are suspected of crimes and who are in a custodial setting will be advised of their rights as usual using the appropriate section for civilians not subject to the UCMJ of the DA Form 3881. For non-US citizens suspected of crimes, final guidance is still pending.

12. Point of contact for this memorandum is CW4 [redacted] Policy Branch, [redacted], or email: [redacted]@belvoir.army.mil. Point of contact for legal issues is the MAJ [redacted] at [redacted] (DSN 656); email [redacted]@belvoir.army.mil.

FOR THE COMMANDER:

- 2 Encl
- 1. DODD 5100.77
- 2. CJCSI 5810.01B
- 3. DEPSECDEF Mem0

///ORIGINAL SIGNED/// [redacted]
Colonel, GS
Deputy Chief of Staff for Operations



DEPARTMENT OF THE ARMY
U. S. ARMY CRIMINAL INVESTIGATION COMMAND
6010 6TH STREET
FORT BELVOIR, VIRGINIA 22060-5506

REPLY TO
ATTENTION OF

CIOP-COP-PO

4 August 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Operational Memorandum 006-04, Forwarding of Original Case Files Pertaining to Detainee Abuse/Death Investigations

1. References:

- a. Army Regulation 25-400-2, The Army Records Information Management System (ARMIS), 18 Mar 03
- b. CID Regulation 195-1, Criminal Investigation Operational Procedures, 15 Jun 04.
- c. AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997

2. The investigations concerning the abuse of detained persons by U.S. military and civilian contracted personnel and the deaths of detained persons while in U.S. custody have generated significant Department of Defense, Congressional, and international attention. Several Congressional and Department of Defense task forces and commissions have been created to review divergent aspects of detainee operations as well as investigations conducted by the USACIDC. It is expected this scrutiny and oversight will continue for the foreseeable future.

3. Upon closure of any CID Action (non-Report of Investigation (ROI)), any Unfounded CID ROI, or any CID ROI with an Unknown Subject pertaining to allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person, the original case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

4. Upon the transmittal of the Final ROI of any CID ROI with a Known Subject pertaining to allegations of the abuse of detained persons by U.S. Military and contracted personnel or the death of a detained person, a copy of the case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506. The original of the case file will be retained by the CID element until the closure of the ROI. Once the ROI is closed (completion of adjudication of all subjects in CID ROIs and receipt of all Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833)), the original case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA

CIOP-COP-PO

Operational Memorandum 006-04, Forwarding of Original Case Files Pertaining to Detainee Abuse/Death Investigations

22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

5. Further, the original case file, including any Agent's Notes, of all previously closed CID Actions concerning allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person will be forwarded immediately to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

6. For the purposes of this requirement, a "detained person" is defined as any person captured or otherwise detained by an armed force. The detention need not occur at a MP controlled detention facility and may include checkpoints and cordon and search operations. "Abuse" includes, but is not limited to, punitive articles of the Uniform Code of Military Justice and/or similar provisions of Title 18, US Code.

7. The POC for HQUSACIDC Policy Branch is CW3 [REDACTED] (Policy Tasker 056-04), DSN 656 [REDACTED], or e-mail: [REDACTED]@belvoir.army.mil.

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[REDACTED]

FOR THE COMMANDER:

b7c-1, b6-1
[REDACTED]

[REDACTED]
Colonel, GS
Deputy Chief of Staff, G-3

Distribution:
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DEPARTMENT OF THE ARMY
U. S. ARMY CRIMINAL INVESTIGATION COMMAND
6010 6TH STREET
FORT BELVOIR, VIRGINIA 22060-5506

REPLY TO
ATTENTION OF

CIOP-COP-PO

13 August 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Operational Memorandum 007-04, Documentation and Utilization of ISN Numbers within CID ROI's.

References:

a. AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997

b. CID Regulation 195-1, Criminal Investigation Operational Procedures, 15 June 2004, paragraph 7-12k(11).

2. This memorandum is effective immediately. The above CID reference relates to entering aliases or other names used to identify individuals within the ROI. Aliases are not restricted to names and will include other unique identification numbers such as internment serial numbers (ISN).

3. The documentation of detained personnel within theaters of operation as subjects and victims of ROI's has caused the need for standardization of documenting the ISN as a valid form of identification. The ISN is a unique identification number assigned to each Enemy Prisoner of War (EPW), Retained Person (RP) and Civilian Internee (CI) taken into custody of the U.S. Armed Forces. CID Agents will reflect the complete ISN for detained personnel within the title portion of the ROI IAW the above reference.

4. The ISN will consist of three components, with the first two components separated by a dash as follows:

a. First Component. The first component will contain five characters. The first two will be the alpha-characters "US". The third character will be either the alpha or numeric designation for the command/theater under which the EPW, RP or CI came into the custody of the U.S. The fourth and fifth positions are alpha-characters designating the EPW, RP or CI country designation.

b. Second Component. The second component is a six character numeric identifier. These numbers will be assigned consecutively to all EPW, RP and CI processed through ISN assigning organizations. The branch PWIC will assign blocks of numbers to ISN assigning organization/elements in the supported theater.

CIOP-COP-OP

Operational Memorandum 007-04, Documentation and Utilization of ISN Numbers within CID ROI's.

c. Third component. The third component will consist of an acronym identifying the classification of the individual: Enemy Prisoner of War (EPW), Retained Person (RP), or Civilian Internee (CI), respectively. Should an individual that was initially classified as an EPW later determined to be a medically or religiously qualified retained person, the classification may be changed to "RP" with the approval of the EPW command/brigade. Example: The first EPW processed by an ISN assigning organization in a theater designated as "9" and whose country was designated by "AB" will be assigned the following ISN: US9AB-000001-EPW.

6. The POC for HQUSACIDC Policy Branch is CW3 [REDACTED] ^{b7c-1, b6-1} DSN 656-
[REDACTED], or e-mail: [REDACTED]@belvoir.army.mil. (Policy Tasker 0072-
04) ^{b7c-1, b6-1} ^{b7c-1, b6-1}

FOR THE COMMANDER:

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[REDACTED]
[REDACTED] ^{ADCS OPS}
Colonel, GS
Deputy Chief of Staff, G3

Distribution:
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DEPARTMENT OF THE ARMY
U. S. ARMY CRIMINAL INVESTIGATION COMMAND
6010 6TH STREET
FORT BELVOIR, VIRGINIA 22060-5506

REPLY TO
ATTENTION OF

CIOP-COP-PO

23 August 2004

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Change #1 to Operational Memorandum 006-04, Forwarding of Original Case Files Pertaining to Detainee Abuse/Death Investigations

1. References:

- a. Army Regulation 25-400-2, The Army Records Information Management System (ARMIS), 18 Mar 03
- b. CID Regulation 195-1, Criminal Investigation Operational Procedures, 15 Jun 04.
- c. AR 190-8, Enemy Prisoners of War, Retained Personnel, Civilian Internees and Other Detainees, 1 October 1997
- d. Operations Memorandum 006-04, Forwarding of Original Case Files Pertaining to Detainee Abuse/Death Investigations

2. The purpose of this change is to remove the requirement for the original case files of Requests For Assistance (RFA) pertaining to allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person to be forwarded to Director, U.S. Army Crime Records Center, CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506.

3. Additionally, any original documents and information (Agent's Activity Summary) contained in Raw Data Files (RDF) pertaining to allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person to be forwarded to Director, U.S. Army Crime Records Center, CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506. Only the original Tab and documents are required to be forwarded, not the entire original RDF.

4. The requirements for the forwarding of original case files pertaining to detainee abuse/death investigation are:

- a. Upon closure of any non-RFA CID Action, Tab in a RDF, Unfounded CID Report of Investigation (ROI), or CID ROI with an Unknown Subject pertaining to allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person, the original case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

CIOP-COP-PO

Change #1 to Operational Memorandum 006-04, Forwarding of Original Case Files Pertaining to Detainee Abuse/Death Investigations

b. Upon the transmittal of the Final ROI of any CID ROI with a Known Subject pertaining to allegations of the abuse of detained persons by U.S. Military and contracted personnel or the death of a detained person, a copy of the case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506. The original of the case file will be retained by the CID element until the closure of the ROI. Once the ROI is closed (completion of adjudication of all subjects in CID ROIs and receipt of all Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833)), the original case file, including any Agent's Notes, will be forwarded to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

c. The original case file, including any Agent's Notes, of any previously closed Significant Data File, Target Analysis File, or ROI pertaining to allegations of the abuse of detained persons by U.S. military and contracted personnel or the death of a detained person will be forwarded immediately to Director, U.S. Army Crime Records Center, ATTN: CICR-CR, 6010 6th Street, Fort Belvoir, VA 22060-5506, where it will be retained. A copy of the case file should be retained by the CID element IAW the above references.

4. These changes will be incorporated into an update of Operational Memorandum 006-04.

5. The POC for HQUSACIDC Policy Branch is CW3 [REDACTED] (Policy Tasker 056-04), DSN 656- [REDACTED], or e-mail: [REDACTED]@belvoir.army.mil.

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FOR THE COMMANDER:

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[REDACTED]

Colonel, GS
Deputy Chief of Staff, G-3

Distribution:

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Executive Summary

18 SEP 03 .

Pertains to USACIDC ROI

0149-03-CID469-60209

Previously Released on

27 Oct 04 .

From: [REDACTED]
Sent: Thursday, September 18, 2003 09:24
To: ARMYWTCH; BG Davis, DAMO-ODZ; COL [REDACTED] USAXO; COL [REDACTED] DASXO; COL [REDACTED] CSA XO; COL [REDACTED] TIGXO; COL [REDACTED] G-3 XO; COL [REDACTED] SAXO; COL [REDACTED] ASAMRA XO; COL [REDACTED] VCSAXO; COL [REDACTED] TJAGXO; [REDACTED] OGC
Cc: [REDACTED] CW3; [REDACTED] COL [REDACTED] COL [REDACTED] COL [REDACTED] Donald Ryder; [REDACTED] COL Army G3/AOC; [REDACTED]
Subject: Exsum (EPW Shot/Killed by Soldier)
EXSUM is provided to ArmyWatch for filing purposes only as all approved distribution has been completed.

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LAW ENFORCEMENT SENSITIVE

UNCLASSIFIED

18 September

2003

EXECUTIVE SUMMARY

[U] SHOOTING OF EPW BY U.S. SOLDIER - TIKRIT, IRAQ [USACIDC]: Self-Initiated. On 15 Sep 03, CID was notified of the killing of an Iraqi enemy prisoner of war (EPW) that occurred on 11 Sep 03. SPC [REDACTED], 4th ID, a guard at an EPW facility in Tikrit, fatally shot Mr. Obeed Radad, an EPW captured on 31 Aug 03. About 2315, 11 Sep 03, Radad was confined in an isolation cell with his hands secured by flexi-cuffs. [REDACTED] claimed Radad was "fiddling" with his cuffs and trying to speak with another EPW in an adjacent cell. Radad allegedly then leaned through the concertina wire surrounding the cage. [REDACTED] claimed he thought Radad was trying to escape and shot him once through the arm and abdomen with his M-16 rifle. Radad was evacuated to a medical aid station and subsequently died at 2330, 11 Sep 03. Investigation determined [REDACTED] had not followed the use of force rules, which mandated a graduated response when using force on EPW. Interviews of other soldiers and EPW revealed on 10 Sep 03, [REDACTED] was observed yelling and acting aggressively towards Radad. Negative media attention is anticipated.

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CW3 [REDACTED] CIOP-COPA [REDACTED]
[REDACTED]@elvoir.army.mil
APPROVED BY: COL [REDACTED]

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Executive Summary

22 SEP 03 .

Pertains to USACIDC ROI

0152-03-CID469-60212

Previously Released on

1 DEC 04 .

From:
Sent:
To:

Monday, September 22, 2003 5:32 PM
ARMYWATCH; Davis, Bruce E. BG Army G3/AOC; [REDACTED] COL
USA; [REDACTED] COL DAS; [REDACTED] COL CSA; [REDACTED]

Cc:

[REDACTED] COL XO SAIG; [REDACTED] COL ARMY G-3/DAMO-
ZX; [REDACTED] COL Sec Army; [REDACTED] COL ASA-MRA; [REDACTED]
[REDACTED] COL VCSA; [REDACTED] COL OTJAG; [REDACTED] OGC
[REDACTED] LTC Army G3/AOC; [REDACTED] COL; [REDACTED]
[REDACTED] COL; [REDACTED] COL; [REDACTED] COL
[REDACTED]; Ryder, Donald J. MG; [REDACTED] COL; [REDACTED]
COL Army G3/AOC; [REDACTED] COL; [REDACTED]
MSG Army G3/AOC; [REDACTED] LTC; [REDACTED] COL
USACIDC; [REDACTED] Army G3/AOC; [REDACTED]
[REDACTED] COL; [REDACTED] CW5

b7c-1,3
b6-1,3

Subject:
EXSUM [Detainee Assaulted by Army Officer]
completed
EXSUM is provided to ArmyWatch for filing purposes only as all approved distribution has been

LAW ENFORCEMENT SENSITIVE
UNCLASSIFIED

22 Sep 03

EXECUTIVE SUMMARY

[U] THREATS/AGGRAVATED ASSAULT - TAJI, IRAQ [USACIDC]: Self-initiated. On 19 Sep 03, CID was notified that an Iraqi detainee was threatened and assaulted at the Gunner Collection Point [GCP] on 20 Aug 03. LTC [REDACTED] 2-20th FA Bn, 4ID, while conducting an interrogation of the detainee, unholstered his assigned 9mm pistol and told the detainee that he would be shot if he did not provide information regarding an alleged plot to kill LTC [REDACTED] and others. LTC [REDACTED] subsequently took the detainee outside, held the detainee's head inside a clearing barrel, and fired two shots from his pistol into the barrel while the pistol was next to the detainee's head. During the course of the interrogation and in the presence of LTC [REDACTED] three soldiers [2-SPC/1-PVT] and a local Iraqi interpreter, reportedly punched and kicked the detainee in the chest and legs multiple times. On 20 Sep 03, LTC [REDACTED] rendered a sworn statement admitting to his involvement. Investigation continues by Army CID.

b7c-5
b6-5

[REDACTED] CIOP-COP [REDACTED]
[REDACTED] elvoir.army.mil
APPROVED BY: COL [REDACTED]

b7c-1
b6-1

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Executive Summary

9 JAN 04

Pertains to USACIDC ROI

0006-04-C10259-80132

Previously Released on

14 Oct 04

From: [REDACTED]
Sent: Friday, 09 January, 2004 13:45
To: ARMYWTCH; BG Davis, DAMO-ODZ; COL [REDACTED] VCSA XO; COL [REDACTED] USAXO; COL [REDACTED] DASXO; COL [REDACTED] CSA XO; COL [REDACTED] TIGXO; COL [REDACTED] G-3 XO; COL [REDACTED] ASA (M&RA) XO; COL [REDACTED] TJAGXO; LTC [REDACTED] SAXO Acting; [REDACTED] OGC
Cc: [REDACTED] CW5; [REDACTED] COL [REDACTED] COL [REDACTED] COL [REDACTED] Donald Ryder; [REDACTED] COL Army G3/AOC; [REDACTED]
Subject: EXSUM [Mistreatment of Detainee]
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b7c-1, b6-1
b6-3, b7c-3

LAW ENFORCEMENT SENSITIVE

UNCLASSIFIED

9 Jan 04

EXECUTIVE SUMMARY

[U] DETAINEE MISTREATMENT/AGGRAVATED ASSAULT - IRAQ [USACIDC]: Self-initiated. On 7 Jan 04, Army CID was notified of a possible maltreatment and aggravated assault of an Iraqi citizen during a "knock-and-search" operation of an Iraqi house by D Co, 1/152d Inf, [FOB Kalsu, Iraq]. Four Iraqi males were detained on-site and guarded by SPC [REDACTED] 300th MP Co, Ft Riley [FOB Kalsu, Iraq]. SPC [REDACTED] ordered them to be quiet and when one attempted to communicate with SPC [REDACTED] he "butt-stroked" the detainee once to the back of the neck and once to the face, cutting the lip area of the detainee. SPC [REDACTED] then took a separate detainee to the rear of a HMMWV, asking him where any weapons were hidden. When the detainee replied there were no weapons, SPC [REDACTED] took the detainee to an adjacent field. There, he placed the muzzle of his M-4 rifle in the detainee's mouth and "dry-fired" the weapon. The Soldier then removed the weapon from the detainee's mouth and charged the weapon, chambering a loaded round. SPC [REDACTED] pointed the weapon at the detainee, but then shifted the muzzle to the side and fired a round into the ground about 5-6 feet from the detainee's feet. The detainee was then escorted back to the others where SPC [REDACTED] attempted to "butt-stroke" the detainee in the groin. The detainee attempted to avert the assault, but was hit on the inside of his right thigh. SPC [REDACTED] invoked his rights and declined to make any statement. Investigation continues by CID.

b7c-5
b6-5

COP/ [REDACTED] b7c-1, b6-1
[REDACTED] b7c-1, b6-1
[REDACTED] elvoir.army.mil

b7c-1, b6-1
[REDACTED] CIOP-

APPROVED BY: COL

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Executive Summary

19 APR 04.

Pertains to USACIDC ROI

0147-04-CID013-64389

Previously Released on

26 FEB 05.

From: [REDACTED]
Sent: Monday, 19 April, 2004 17:58
To: ARMYWTCH; BG Davis, DAMO-ODZ; COL [REDACTED] VCSA XO; COL [REDACTED] DASXO; COL [REDACTED] CSA XO; COL [REDACTED] TIGXO; COL [REDACTED] G-3 XO; COL [REDACTED] ASA (M&RA) XO; COL [REDACTED] Acting SAXO; COL [REDACTED] TJAGXO; LTC [REDACTED] SAXO Acting; [REDACTED] OGC [REDACTED] COL [REDACTED] COL [REDACTED]; COL [REDACTED]; COL [REDACTED] Donald Ryder; [REDACTED] COL Army G3/AOC; [REDACTED] [REDACTED]
Cc: [REDACTED]
Subject: EXSUM [War Crimes Allegations]
EXSUM provided to ArmyWatch for filing purposes only as all approved distribution has been completed.

b7c-1,3
b6-13

LAW ENFORCEMENT SENSITIVE

UNCLASSIFIED

19 Apr

04

EXECUTIVE SUMMARY

[U] ALLEGATIONS OF WAR CRIMES - UNKNOWN LOCATIONS, IRAQ [USACIDC]: Self-initiated. On 15 Apr 04, at the request of the commander, 3d Bde, 3d Inf Div, Ft Benning, GA, CID initiated a criminal investigation into allegations that various Soldiers of the 1/15th Inf, 3d Bde, committed numerous war crimes against Iraqi nationals while deployed in Iraq. The allegations appear in the May 2004 issue of *Playboy* magazine in an article titled "Death and Dishonor." The article contains allegations, to include, but not limited to, that Soldiers raped Iraqi females while the Soldiers were on patrol and while guarding a mall in Baghdad; shot an unarmed Iraqi national in the leg while he was fleeing, "hog-tied" him and then threw him into a Bradley Fighting Vehicle where several Soldiers physically assaulted him; mistreated EPWs while in custody; committed rules of engagement violations by shooting at unarmed civilian vehicles occupied by local Iraqi civilian women and children; shot wounded Iraqi soldiers; and committed larceny and other misconduct violations. Investigation continues by Army CID to either substantiate or disprove the allegations.

COP [REDACTED] b7c-1, b6-1

[REDACTED] b7c-1, b6-1
[REDACTED] CIOP-
[REDACTED] elvoir.army.mil
APPROVED BY: COL [REDACTED]

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b7c-1, b6-1

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Executive Summary

20 MAY 04.

Pertains to USACIDC ROI

0038-04-CID789-83.988

Previously Released on

5 NOV 04.

LAW ENFORCEMENT SENSITIVE

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20 May 04

EXECUTIVE SUMMARY

[U] REPORTED DEATH OF A IRAQI DETAINEE – BAGHDAD CORRECTIONAL AND CONFINEMENT FACILITY, BAGHDAD, IRAQ [USACIDC]: Self-initiated.

On 19 May 04, CID was notified of the death of a detainee. On 18 May 04, an Iraqi detainee was admitted to the detainee ward for abdominal pain. The detainee was coughing up blood and his vital signs were slightly elevated. The detainee was stabilized and under close observation of medical personnel. About 0800, 19 May 04, the detainee began having breathing problems and was subsequently transported to the emergency room, where life-saving measures were performed, but unsuccessful. A preliminary examination of the body revealed no signs of trauma or injury. An autopsy of the detainee is pending. Investigation continues by Army CID.

b7c-1, b6-1
b7c-1, b6-1
b7c-1
b6-1
CW3 [REDACTED] CIOP-COPA [REDACTED]
[REDACTED] elvoir.army.mil
APPROVED BY:

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Executive Summary

28 JUN 04.

Pertains to USACIDC ROI

0271-64-CID014-74360

Previously Released on

5 NOV 04.

From: [REDACTED]
Sent: Monday, 28 June, 2004 15:58
To: ARMYWTCH; COL [REDACTED] VCSA XO; COL [REDACTED] DASXO; COL [REDACTED] CSA XO; COL [REDACTED] TIGXO; COL [REDACTED] G-3 XO; COL [REDACTED] ASA (M&RA) XO; COL [REDACTED] Acting SAXO; COL [REDACTED] TJAGXO; CW5 [REDACTED] SEC Army; [REDACTED] OGC
Cc: [REDACTED] COL [REDACTED] COL [REDACTED] Donald Ryder; [REDACTED] COL Army G3/AOC; [REDACTED]
Subject: EXSUM [Iraqi Detainees Allegedly Abused]
EXSUM is provided to ArmyWatch for filing purposes only as all approved distribution has been completed.

b7c-1,3
b6-1,3

LAW ENFORCEMENT SENSITIVE

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28 Jun

04

EXECUTIVE SUMMARY

[U] ALLEGED ABUSE OF IRAQI DETAINEES - IRAQ [USACIDC]: Self-initiated. On 23 Jun 04, Army CID initiated a criminal investigation at Ft Bliss, TX upon receipt of information that a former combat medic who worked in the intensive case ward [ICW], Balad, Iraq, had allegedly told a social worker at Beaumont Army Medical Center, Ft Bliss, that he had killed numerous detainees by putting bleach in their IV bags, intentionally cutting their arteries so they would bleed out, punched them, and spit in their food. Further, that the death certificates did not indicate any foul play involving their deaths. He told the social worker if he was asked, he would deny it. When interviewed, the Soldier denied killing or abusing Iraqi detainees. He said he only performed one IV and various other duties. The Soldier claimed the social worker misinterpreted what he had said as he was very emotional when he was talking to her and he did distinguish between his feelings and dreams and reality. He said the experience he related were all dreams of engaging in this type of behavior, but he never actually followed through with it. The Soldier worked in the ICW about one month until he was assigned as the commander's driver. He deployed on 7 Jan 04 and redeployed from Iraq 31 May 04. The Soldier had met the social worker at a redeployment briefing and subsequently contacted her indicating that he wanted to talk to her, but did not tell her why. A check determined no reports of the allegations or investigations being initiated in theater involving the Soldier or the types of incidents he described. Investigation continues by Army CID.

b7c-1, b6-1
COPA [REDACTED]

b7c-1, b6-1
[REDACTED] CIOP-
[REDACTED] belvoir.army.mil
APPROVED BY: COL [REDACTED]

b7c-1, b6-1

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Executive Summary

28 JUN 04.

Pertains to USACIDC ROI

0133-04-CID452-63629

0078-04-CID369-69288.

Previously Released on

28 JAN 05

27 Oct 04.

From: [REDACTED]
Sent: Monday, 28 June, 2004 17:27
To: ARMYWTCH; COL [REDACTED] / CSA XO; COL [REDACTED] DASXO; COL [REDACTED] CSA XO; COL [REDACTED] TIGXO; COL [REDACTED] G-3 XO; COL [REDACTED] ASA (M&RA) XO; COL [REDACTED] Acting SAXO; COL [REDACTED] TJAGXO; CW5 [REDACTED] SEC Army; [REDACTED] OGC
Cc: [REDACTED] COL [REDACTED] COL [REDACTED] Donald Ryder; [REDACTED] COL Army G3/AOC; [REDACTED]
Subject: EXSUM [Suspected Detainee Abuse]
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b7c-1,3
b6-1,3

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28 Jun 04

EXECUTIVE SUMMARY

[U] SUSPECTED DETAINEE ABUSE - AFGHANISTAN [USACIDC]: Self-initiated. On 24 Jun 04, Army CID initiated a criminal investigation upon receipt of information from the Office of the Staff Judge Advocate, Bagram Air Field, that during an office cleanup personnel discovered a recordable compact disk [CD-R] that contained images suspected to be detainee abuse. A review disclosed 22 images. Three of the images show Soldiers brandishing weapons at bound and masked persons who are suspected to be detainees; eight images of of apparent blood stains on the ground and on a ladder; two images depict an apparently dead local national with a gunshot wound to the right upper chest; eight images depict some Soldiers in a unit setting and apparently horseplaying among themselves; and the last image depicts a vista view from what might be a lookout point. The location is unknown, but the Soldiers all appear to be from B Co, 2/22d Inf Bn, Ft Drum, NY who were deployed to Afghanistan. It has not yet been determined if the death was combat related or as a result of foul play, or who had possession of the CD-R prior to its being discovered. Investigation continues by Army CID.

b7c-1, b6-1
COP [REDACTED]
b7c-1, b6-1
[REDACTED]elvoir.army.mil
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[REDACTED] CIOP-

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Executive Summary

2 JUL 04

Pertains to USACIDC ROI

0133-04-CID452-63629

0078-04-CID369-69288

Previously Released on

28 JAN 05

27 Oct 04

From: [REDACTED] b7C-1, b6-1
Sent: Friday, 02 July, 2004 18:31 b7C-1, b6-1 b7C-1, b6-1
To: [REDACTED] CW5; [REDACTED] CW5; [REDACTED]
Subject: EXSUM: Afghan Photos b7C-1, b6-1
[REDACTED] Please file with all our other exsums, since COL [REDACTED] sent this start over to the DAS.
b7C-1, b6-1

-----Original Message----- b7C-1, b6-1

From: [REDACTED] COL
Sent: Friday, July 02, 2004 5:39 PM
To: [REDACTED] COL DAS b7C-1, b6-1 b7C-1, b6-1
Cc: Coggin, James A MG VDAS; Ryder, Donald J. MG; [REDACTED] (E-mail); [REDACTED]
[REDACTED] COL CIDC G3; [REDACTED] LTC CID
Subject: Afghan Photos b7C-1, b6-1
b7C-1, b6-1

DAS called me this a.m. and asked for update by COB today. Please call if any questions.
Thanks.

[REDACTED] b7C-1, b6-1

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2 Jul 04

EXECUTIVE SUMMARY

[U] UPDATE - POSSIBLE DETAINEE ABUSE - AFGHANISTAN [USACIDC]: This responds to a request from the DAS for an investigative status update. As noted in the EXSUMs of 28 Jun and 1 Jul 04, Army CID initiated a criminal investigation upon receipt of information from the Office of the Staff Judge Advocate, Bagram Air Field, that during an office cleanup personnel discovered a recordable compact disk [CD-R] that contained images of possible detainee abuse involving apparent members of B Co, 2/22d Inf Bn, 10th Mtn Div, Ft Drum, NY. Since the last EXSUM, the division Chief of Staff has been briefed on this matter. He was not familiar with any of the events depicted on the CD, but in regards to the depicted deceased person he could only speculate that it might be a photograph of a local national who had attempted a bombing attack and had been killed before succeeding. It has been determined that the former 10th Mtn Div SJA (LTC [REDACTED]) did not know of any AR 15-6 investigations conducted by the division that coincided with any of the events depicted on the CD. Further, he advised that he was not aware of any such CD contained in any of his offices at Bagram, but that the disk may have been kept in Trial Defense. The Trial Defense Service attorney for the 10th Mtn Div has been located and interviewed. He advised that neither the CD nor the events depicted were related to any clients or actions that he worked while in Afghanistan, and he denied that the CD had been left in his office at Bagram. A review of an AR 15-6 investigation conducted on an element of the 2/22d Inf Bn disclosed it concerned a juvenile who had been killed in an offensive operation, and that it did not pertain to any of the events depicted on the CD. Attempts are on-going to effect interviews through leave addresses and phone numbers, when persons are not physically available for interview, with the leadership and members of B Co, 2/22d Inf Bn in an attempt to ascertain the nature and

b7C-3, b6-3

circumstances of the events depicted on the CD. Thus far, no one interviewed has been able to positively state the nature of the images. Although the division is willing to issue a recall to all individuals on leave, that measure has not been requested until it can be established that an actual crime has occurred. Investigation continues by Army CID.

b7c-1, b6-1
[REDACTED]

b7c-1, b6-1
[REDACTED]

b7c-1, b6-1
[REDACTED]

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b7c-1, b6-1
[REDACTED]

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