

APPROVED FOR RELEASE DATE: 06-Sep-2013

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe:			
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)		
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)		
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)		
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)		
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)		
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)		
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))		
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other		

<input type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe:			
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility		
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility		
<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission		
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other		

Apprehending Unit:		Location Grid:	
Date of Incident: (D/M/Y)	Time of Incident:	Date of Report: (D/M/Y)	Time of Report:
/ / to / /	hrs to hrs	/ /	hrs

Detainee # _____		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name:		Last Name:	
First Name:	Given Name:	First Name:	Given Name:
Hair Color:	Scars/Tattoos/Deformities:	Hair Color:	Scars/Tattoos/Deformities:
Eye-Color:	Weight: lb Height: in	Eye-Color:	Weight: lb Height: in
Address:		Address:	
Place of Birth:		Place of Birth:	
Ethn/Tribe/ Sect:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone#:	DOB D/M/Y: <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)		<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify)	
Document #:		Document #:	

Total Number of Persons Involved _____ (list names/identifying info on reverse under "Additional Helpful Information")	
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<input type="checkbox"/> Vehicle Information		Vehicle Number _____ of _____ Vehicle(s)	Owner:
Make:	Color:	VIN:	
Model:	Type:	Plate No.:	Number of People in Vehicle:
Year:	Names of People in Vehicle:		
Contraband/Weapons in Vehicle:			

<input type="checkbox"/> Property/Contraband		<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type:	Model:	Color/Caliber:	
Serial No.:	Quantity:	Make:	Receipt Provided to Owner: Yes/ No
Other Details:		Where Found:	Owner:

Name of Assisting Interpreter:		Email, Phone, or Contact Info:	
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Detaining Soldier's Name (Print):		Supervising Officer's Name (Print):	
Last, First MI		Last, First MI	
Signature:		Signature:	
Email:		Email:	
Unit Phone:	Date: / /	Unit Phone:	Date: / /

N17-1

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Why was this person detained?

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information: