

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

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

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"/> Mobile <input type="checkbox"/> Regular
<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")

Vehicle Information Vehicle Number _____ of _____ Vehicle(s)

Make: _____	Color: _____	License No.: _____	Owner: _____
Model: _____	Type: _____	Plate No.: _____	Number of People in Vehicle: _____
Year: _____	Names of People in Vehicle: _____		

Contraband/Weapons in Vehicle: _____

Property/Contraband Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/ No

Type: _____	Model: _____	Color/Caliber: _____
Serial No.: _____	Quantity: _____	Make: _____
Other Details: _____	Where Found: _____	Owner: _____

Name of Assisting Interpreter: _____ Email, Phone, or Contact Info: _____

Retaining Soldier's Name (Print): _____	Supervising Officer's Name (Print): _____
Last, First MI	Last, First MI
Signature: _____	Signature: 002068
Email: _____	Email: _____

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: _____

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