

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) / / to / /	Time of Incident: hrs to hrs	Date of Report: (D/M/Y) / /	Time of Report: 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: _____
Eye-Color: _____	Weight: lb	Height: in	Eye-Color: _____
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)	Document #: _____		<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")

<input type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____	VIN: _____
Model: _____	Type: _____	Plate No.: _____
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: _____
Other Details: _____	Where Found: _____	Receipt Provided to Owner: Yes/ No
Owner: _____		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: _____	Unit Phone: _____
Date: / /	Date: / /

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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: