

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 checked="" 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 checked="" 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: A 588 EN		Location Grid: 185 MC 67348 32631	
Date of Incident: (D/M/Y)	Time of Incident:	Date of Report: (D/M/Y)	Time of Report:
22 / 11 / 03 to 22 / 11 / 03	0400 hrs to 0430 hrs	22 / 11 / 03	1115 hrs

Detainee # _____		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: [REDACTED]		Last Name: _____	
First Name: [REDACTED] Given Name: [REDACTED]		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 checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB B/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 #: _____

Total Number of Persons Involved: **3** (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: _____	Number of People in Vehicle: _____	
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: [REDACTED]	Email, Phone, or Contact Info: Fm 624
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Detaining Soldier's Name (Print): [REDACTED]	Supervising Officer's Name (Print): [REDACTED]
Signature: [REDACTED]	Signature: [REDACTED]
Email: _____	Email: _____
Unit Phone: _____	Unit Phone: Fm 624

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MORTAR

Why was this person detained? [REDACTED] HAD CONDUCTED ATTACKS ON MP STATION EARLIER THIS SUMMER. (b)(6) AND HIS SONS SHOT AT US FORCES WHEN A/588 WENT TO HIS HOUSE TO DETAIN HIM.

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

2LT [REDACTED] A/588 CAMP BOOM FM 624

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

Who was with this person? HIS FAMILY

What weapons was this person carrying? AK-47

What contraband was this person carrying? NONE

What other weapons were seized? 2 - AK-47, 1 - BOLT ACTION RIFLE

What other information did you get from this person? NONE

Additional Helpful Information: LTC [REDACTED] STOLE MONEY, WEAPONS AND EQUIPMENT FROM MOSCAR SA'AD (CAMP BOOM) AFTER THE WAR. HE HAS BEEN SELLING WEAPONS TO SUPPORT HIMSELF.