

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

Offense(s) [check one] If "Other" then describe: _____

<input type="checkbox"/> Prostitution (I.P.C. 399)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Murder With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Theft (I.P.C. 439)
	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
	<input type="checkbox"/> Other

Offense(s) [check one] If "Other" then describe: _____

<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Photographing/Surveilling Military Installation or Facility
<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Other

A Co 588 EN Location Grid: 185 MC 67348 32631

22/11/03 to 22/11/03 Time of Incident: 0400 hrs to 0430 hrs Date of Report: (D/M/Y) 22 11 03 Time of Report: 1115 hrs

Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: _____	
Given Name: (b)(6)	First Name: _____ Given Name: _____
Scars/Tattoos/Deformities: _____	Hair Color: _____ Scars/Tattoos/Deformities: _____
Weight: _____ lb Height: _____ in	Eye-Color: _____ Weight: _____ lb Height: _____ in
Address: _____	
Place of Birth: _____	
Phone#: _____	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	DOB D/M/Y: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
License <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____
Document #: _____	

Involved 3 (list names/identifying info on reverse under "Additional Helpful Information")

Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Color: _____	VIN: _____
Type: _____	Plate No.: _____ Number of People in Vehicle: _____
Names of People in Vehicle: _____	
Vehicle: _____	

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

Station: _____ Email, Phone, or Contact Info: Fm 624

Supervising Officer's Name (Print): _____
Signature: _____
Email: _____

Freq 624 Date: 22/11/03 Unit Phone: Fm 624 Date: 22/11/03

PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

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Business: SHOT AT US FORCES WHILE DETAINING
FATHER, LTG [REDACTED]

How long detained or the reason for detention? Give names, contact numbers, addresses.
24 [REDACTED] A1588 CAMP BOOM FM 624

Where traveling (car, bus, on foot)? AT HOME

Who? HIS FAMILY

What person carrying? 1 BOLT ACTION RIFLE

What person carrying? NONE

What was seized? 2 AK-47, 1 BOLT ACTION RIFLE

What do you get from this person? NONE

What is the justification?
FATHER HE IS BELIEVED TO HAVE HELPED HIS
CONDUCT MORTAR ATTACKS AGAINST MP STATION