



DEPARTMENT OF THE ARMY  
75<sup>th</sup> MILITARY POLICE DETACHMENT (CID)(-)  
LSA DIAMONDBACK, MOSUL, IRAQ  
APO AE 09334

REPLY TO  
ATTENTION OF

CIRC (195-2)

6 Sep 2004

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL - 0099-04-CID389-80676-5C2

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 9 Aug 2004, 1930 - 9 Aug 2004, 1940; MOSUL AIRFIELD DETENTION  
FACILITY; MOSUL, IZ.

DATE/TIME REPORTED: 13 AUG 2004, 1000

INVESTIGATED BY: SA [REDACTED]

SUBJECT: 1. (NONE); (NFI) [ASSAULT] [UNFOUNDED]

VICTIM: 1. [REDACTED] M, WHITE; CAPTURE TAG  
# [REDACTED] IZ; (NFI) [ASSAULT] [UNFOUNDED]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

This investigation was initiated when Mr. [REDACTED] reported he was assaulted while in the Mosul  
Detention Facility, Mosul, Iraq.

Investigation established Mr. [REDACTED] claim of abuse was unfounded.

STATUTES: Article 128, UCMJ: Assault (Unfounded)

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA [REDACTED], 20 Aug 04, detailing the Basis  
for Investigation, interviews of Mr. [REDACTED] SPC [REDACTED] and Mr. [REDACTED] and coordination with  
SJA.

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CIRC-CFC

SUBJECT: CID REPORT OF INVESTIGATION -FINAL - 0099-04-CID389-80676 - 5C2  
(DIMIS)

2. Sworn Statement of SPC [REDACTED] 14 Aug 04, denying he assaulted Mr. [REDACTED] *b7c-4, b6-4*

Not Attached:

The originals of Exhibits 1 and 2 are forwarded with the USACRC copy of this report.

Status: This is a Final Report.

Report Prepared By:

[REDACTED]  
Special Agent, [REDACTED]

*b7c-1, b6-1  
b2*

Report Approved by:

[REDACTED]  
CW3, MP  
Special Agent in Charge

*b7c-1, b6-1*

DISTRIBUTION:

- 1 - DIR, USACRC, Fort Belvoir, VA 22060 (original)
- 1 - THRU: CDR, 22<sup>nd</sup> MP BN (CID) (FWD), APO AE 09342  
CDR, 3D MP GROUP (CID)
- 1 - PMO, TFO (MAJ [REDACTED]) (email only) *b7c-3, b6-3*
- 1 - COS, TFO (COL [REDACTED]) (email only) *b7c-3, b6-3*
- 1 - SJA (ATTN: CPT [REDACTED]), (email) *b7c-3, b6-3*
- 1 - File

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0099-04-CID389-80676

PAGE 1 OF 1 PAGES

## DETAILS:

**BASIS FOR INVESTIGATION:** About 1000, 13 Aug 04, SSG [REDACTED] 330 MP DET, LSA Diamondback, Mosul Airfield (MAF), Iraq, notified this office of a possible detainee abuse at Mosul Detention Facility. b7C-1,66-1

About 1400, 13 Aug 04, SA [REDACTED] interviewed MR [REDACTED] who stated that during interrogation by MI Personnel on 9 Aug 04, he was kicked by the interrogator while he was in a kneeling position on the floor with his hands behind his back. MR [REDACTED] stated that the air conditioner in the interrogation room was turned off and he began to sweat. MR [REDACTED] stated he moved to wipe the sweat from his forehead when he was kicked by the interrogator in the right leg above the knee. MR [REDACTED] stated he did not report the incident or seek medical treatment, and he refused to provide a written statement. b7C-4,66-4

About 1000, 14 Aug 04, SA [REDACTED] advised SPC [REDACTED], 209 MI CO, 3/2 INF, of his rights, which he waived and provided a sworn statement. SPC [REDACTED] denied kicking MR [REDACTED] (See Sworn Statement). b7C-4,66-1

About 1345, 14 Aug 04, SA [REDACTED] interviewed MR [REDACTED] Interpreter for MR [REDACTED] who stated that at no time during the interrogation on 9 Aug 04 did he or SPC [REDACTED] kick MR [REDACTED]. b7C-4,66-4

About 1415, 14 Aug 04, SA [REDACTED] re-interviewed MR [REDACTED] who declined to provide a sworn statement detailing the alleged incident. b7C-3,66-3

About 1030, 15 AUG 04, SA [REDACTED] coordinated this investigation with CPT [REDACTED] office of the Staff Judge Advocate, who opined MR [REDACTED] allegation of abuse was unfounded. /// Last Entry ///

b7C-4,66-4

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA [REDACTED] <span style="float: right;">b7C-1,66-1</span>		75 <sup>th</sup> MP DET CID (-), USACIDC	
SIGNATURE [REDACTED] <span style="float: right;">b7C-1,66-2</span>		Mosul, Iraq APO AE 09334	
		DATE	EXHIBIT
		31 Aug 2004	1

CID FORM 94

FOR OFFICIAL USE ONLY

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)  
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified  
 ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval  
 DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION CID office, LSA Diamondback		2. DATE 14 Aug 04	3. TIME	4. FILE NO. 0079-04-00329
5. NAME (Last, First, MI) [REDACTED] 67C-2,66-3		8. ORGANIZATION OR ADDRESS 209 MI. CO. 80676		
6. [REDACTED]		7. GRADE/STATUS E-4 LSA DIAMONDBACK (FT. Lewis, WA)		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation  
 suspected/accused: ASSAULT and wanted to question me about the following offense(s) of which I am

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:  
 I do not have to answer any question or say anything.  
 Anything I say or do can be used as evidence against me in a criminal trial.  
 For personnel subject to the UCMJ I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.  
 I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWER [REDACTED] 67C-3,66-3
1a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [REDACTED]	
2a. NAME (Type or Print)	5. PRINTED NAME OF WITNESS [REDACTED] 67C-1,66-1	
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR 75th MP Det. (CID) LSA Diamondback, Masul, Iraq	

Section C. Non-waiver

1. I do not want to give up my rights  
☐ I want a lawyer:

☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 302) SUBMITTED

# SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

b7c-3, b6-3

LOCATION CID Office, LSA Diamondback	DATE 14 AUG 84	TIME 16:30	FILE NUMBER 0097-04-010389-80676
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E-4

ORGANIZATION OR ADDRESS  
209th MICO 3/2 SBCT  
[REDACTED] b7c-3, b6-3

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 09 AUG 84 (I think), at approx 1500 to 1600 I questioned [REDACTED] of the Yahya tribe. The detainee was questioned for involvement in a grenade/small arms attack against U.S. personnel conducting a ground search. During interrogation, I questioned the detainee for his knowledge about his involvement in the attack against U.S. military personnel. He was questioned specifically for who else was involved in firing at the U.S. patrol, from whom he obtained the grenade, who were the leaders, why did they engage the U.S. patrol, and his timeline of events of the morning of the attack. I used questioning techniques including direct, confidentiality, incentive, and fear-up mild/harsh during the interrogation. At times, I yelled in a loud voice while standing around him while he sat in chair. At one point, I required detainee to squat while I inspected his chair and the room for any pens or items that could be used by detainee in a violent manner. This lasted approx a few minutes, then I continued my questioning while the detainee sat in the plastic chair for approx 45 min to one hour. Moreover, I slammed my hand on the table and tapped my foot against his chair leg to get him to maintain eye contact and answer questions directly. Throughout questioning, detainee repeatedly avoided eye contact and tried to change the subject. Numerous times in questioning I needed to yell in a strong voice to get him to answer questions. Detainee continued to show strong signs of deception so I warned him that without his cooperation he would be sent to Abu Graib prison in Baghdad. In no way during questioning was the detainee struck by me or the interpreter by using kicks to his body; the detainee was not struck by any force in any manner during the entire length of interrogation.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED] b7c-3, b6-3
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PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE NEEDED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT OF SPC [REDACTED]

TAKEN AT Mosul, Iraq

DATED 4 Aug 04

CONTINUED

Questions: SA [REDACTED]

67C-3, 66-3

Answers: SPC [REDACTED]

67C-3, 66-3

Q: Who else was present during the interrogation?

A: My interpreter/linguist, [REDACTED] 67C-3, 66-3

Q: Where did the interview take place? It took place in the questionings booth at the MAF detention facility

Q: Have you interviewed this prisoner before?

A: Yes.

Q: How many times? T

A: Twice by myself.

Q: Any prior problems with him? such as threatening movements?

A: NO.

Q: Was he put into a kneeling position with his hands behind his back and told not to move?

A: Yes, he was temporarily told to squat on his knees and not to move while I inspected the room and his body for any pens or contraband.

Q: How long was he in that position? He was on the floor for approx a few minutes.

Q: At any time during the interview did the air conditioner power get turned off?

A: Yes. The A/C repeatedly shut down while workers operated on the generator supplying power. Also, I turned A/C box off to avoid shorting the breaker since this has happened before.

Q: At any point during the interrogation did you or the interpreter kick the prisoner either while he was kneeling on the floor or sitting in his chair?

A: NO.

Q: Do you have anything further to add to this statement?

A: NO. END OF STATEMENT. [REDACTED] 67C-3, 66-3

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE

2 OF 3

PAGES

67C-3,66-3

FILE NUMBER:

STATEMENT OF SPC [REDACTED] TAKEN AT MOSUL, Iraq DATED 14 Aug 04 CONTINUED:

STATEMENT (Continued)

1004

USED

67C-3,66-3

### AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

[REDACTED] 67C-3,66-3  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 14 day of Aug, 20 04 at LSA NIMANSHAK, MOSUL, Iraq

[REDACTED] 67C-1,66-1  
(Signature of Person Administering Oath)

SA [REDACTED] 67C-1,66-1

(Typed Name of Person Administering Oath)

ART-136 UCMJ

(Authority To Administer Oaths)

PAGE 3 OF 3 PAGES

# MILITARY POLICE REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

<b>MILITARY POLICE REPORT NUMBER</b> 0040-04	<b>DATE (YYYYMMDD)</b> 2004/08/13	<b>ORI NUMBER</b>	<b>USACRC CONTROL NUMBER</b>
<b>THRU</b>		<b>TO</b>	<b>FROM</b> Law & Order Office 33rd reg Det. LSA Diamond Back

## SECTION I - ADMINISTRATION

<b>1. REPORT TYPE</b>	<b>3. EVALUATION</b>	<b>4c. COMPLAINT RECEIVED BY</b>	<b>5a. CLEARANCE REASON</b>	<b>5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD)</b>
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Founded	<input type="checkbox"/> In Person	<input type="checkbox"/> A Death of Offender	
<input type="checkbox"/> Traffic	<input type="checkbox"/> Unfounded	<input type="checkbox"/> 911	<input type="checkbox"/> B Prosecution Declined	
<input type="checkbox"/> Military Offense	<b>4a. COMPLAINT DATE (YYYYMMDD)</b> 2004/08/12	<input type="checkbox"/> CB	<input type="checkbox"/> C Extradition Declined	
<input type="checkbox"/> Criminal		<input type="checkbox"/> Telephone	<input type="checkbox"/> D Victim Refused to Cooperate	
<input checked="" type="checkbox"/> Complaint		<input type="checkbox"/> Mail	<input type="checkbox"/> E Juvenile, No Custody	<b>7. INVOLVEMENT</b>
<b>2. STATUS</b>	<b>4b. COMPLAINT TIME (24 HR)</b> 1650	<input type="checkbox"/> Radio	<input type="checkbox"/> U Unfounded	<input type="checkbox"/> Hate <input type="checkbox"/> Domestic
<input checked="" type="checkbox"/> Initial		<input type="checkbox"/> Crime Stoppers	<input checked="" type="checkbox"/> X Apprehension	<input type="checkbox"/> Death <input type="checkbox"/> Gang
<input type="checkbox"/> Supplemental		<input type="checkbox"/> Alarm	<b>6a. MP ACTION</b>	<input type="checkbox"/> Trainee <input type="checkbox"/> Extremist
<input type="checkbox"/> Cdr's Action		<input checked="" type="checkbox"/> OTHER (Specify) Electronic Mail	<input type="checkbox"/> MP <input type="checkbox"/> Civil Authorities	<b>6b. DATE REFERRED (YYYYMMDD)</b> 2004/08/13
		<input checked="" type="checkbox"/> Referral	<input checked="" type="checkbox"/> CID <input type="checkbox"/> Traffic	
			<input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	

## SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)

<b>1a. OFFENSE NO.</b> 1	<b>1b. SUBJECT NO. INVOLVEMENT</b> 1	<b>1c. VICTIM NO. INVOLVEMENT</b> 1	<b>1d. NIBRS LOCATION CODE</b> 15	<b>1e.</b> <input type="checkbox"/> ATTEMPTED <input type="checkbox"/> COMPLETED	<b>1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES</b> <input type="checkbox"/> YES <input type="checkbox"/> NO See DA Form 3975-1
<b>1g. OFFENSE CODE(s)</b>	<b>1h. OFFENSE DESCRIPTION(s)</b> Alleged Prisoner Abuse. (Victim claims he was kicked above the right knee by interrogator while being questioned.)			<b>1i. OFFENSE LOCATION ADDRESS</b> Mosul Detention Facility, LSA Diamondback, Mosul Airfield APO AE 09334	
<b>2a. BEGIN DATE (YYYYMMDD)</b> 2004/08/09	<b>3. TYPE OF CRIMINAL ACTIVITY (Check up to three)</b>			<b>4. OFFENSE STATUTORY BASIS</b>	
<b>2b. BEGIN TIME (24 Hour)</b>	<input type="checkbox"/> B Buying/Receiving			<input checked="" type="checkbox"/> A UCMJ	
<b>2c. END DATE (YYYYMMDD)</b> 2004/08/09	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing			<input type="checkbox"/> B Non-Criminal Fatality	
<b>2d. END TIME (24 Hour)</b>	<input type="checkbox"/> D Distributing/Selling			<input type="checkbox"/> C State	
	<input type="checkbox"/> E Exploiting Children			<input type="checkbox"/> D Local	
	<input type="checkbox"/> O Operating/Promoting/Assisting			<input type="checkbox"/> E Foreign	
	<input type="checkbox"/> P Possessing/Concealing			<input type="checkbox"/> F Federal, Non-UCMJ	
	<input type="checkbox"/> T Transporting/Importing				
	<input type="checkbox"/> U Using/Consuming				

## NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)

- |  |   |   |
|--|---|---|
| 01 Air/Bus/Train Terminal<br>02 Bank/Credit Union<br>03 Bar/Officer/NCO Club<br>04 Church/Synagogue Temple<br>05 Commercial Office Building<br>06 Construction Site<br>07 Convenience Store/Shoppette<br>08 Dept./Discount Store/Exchange<br>09 Drug Store/Hospital/Clinic | 10 Field/Woods/Training Area<br>11 Government/Public Building<br>12 Grocery Store/Commissary<br>13 Highway/Road/Alley/Street<br>14 Hotel/Motel/VAQ/VEQ/TLO<br>15 Jail/Prison/Corrections Facility<br>16 Lake/Waterway/Ocean<br>17 Liquor Store/Class VI<br>18 Motor Pool/Parking Lot/Garage | 19 Rental/Storage Facility<br>20 Residence/Quarters/Barracks/BEQ/BOQ<br>21 Restaurant/Dining Facility<br>22 School/College<br>23 Service/Gas Station<br>24 Specialty Store/Concessionaire<br>25 Child Care Facility/Home Day Care<br>26 Recreation Area/Park<br>27 Training Center/Service School<br>28 On Board Ship |
|--|---|---|



Check up three and indicate in the second block next to the item whether: F - Fully Automatic    S - Semi-Automatic    M - Manual    U - Unknown			
11 Firearm (Unk Type) 12 Handgun 13 Rifle 14 Shotgun 40 Personal Weapons 20 Knife/Cutting Instrument 30 Blunt Object	35 Motor Vehicle 50 Poison 60 Explosives 65 Fire/Incendiary 70 Narcotics/Drugs 85 Asphyxiation 95 Unknown	90 OTHER (Specify)  99 None	7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only)  <input type="checkbox"/> Forcible Entry <input type="checkbox"/> No Forcible Entry
8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) 1 Argument 2 Assault on Law officer 3 Drug Dealing 4 Gangland 5 Juvenile Gang 6 Domestic Quarrel 7 Mercy Killing 8 Other Felony Involved 20 Criminal Killed by Private Citizen 21 Criminal Killed by Law Enforcement 30 Child Playing With Weapon 31 Gun Cleaning Accident 32 Hunting Accident 33 Other Negligent Weapon Handling 35 Other Negligent Killings		9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES <input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal <input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer <input type="checkbox"/> C Criminal attacked a civilian <input type="checkbox"/> D Criminal attempted flight from a crime <input type="checkbox"/> E Criminal killed in commission of a crime <input type="checkbox"/> F Criminal resisted arrest <input type="checkbox"/> G Unable to determine	
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
<b>SECTION III - SUBJECT (For additional subjects, complete DA Form 3975-2)</b>			
1a. SUBJECT NO.	1b. NAME (Last, First, Middle, Jr., Sr., III) Unknown MI Interrogator	1c. SSN/FNN/ALIEN REG NO	1d. PROTECTED IDENTITY
1e. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov Empl <input type="checkbox"/> U Foreign Nat Empl <input type="checkbox"/> V Other Foreign Nat <input type="checkbox"/> W Retired Military	1f. DOB (YYYYMMDD)	1g. POB (City, State, Country)	1h. GRADE    1i. HOME PHONE
	1j. WORK PHONE	1k. NICKNAMES/ALIAS	1l. CITIZENSHIP <input type="checkbox"/> US    Country (Specify) <input type="checkbox"/> Resident Alien
	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER	1o. IS LICENSE <input type="checkbox"/> FR Foreign    State (Specify) <input type="checkbox"/> IT International
	2a. ORGANIZATION, UIC, AND STREET ADDRESS 209th MI Company	2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO APO AE 09334
	3a. RESIDENCE STREET ADDRESS	2c. STATE/COUNTRY	2e. UNIT PHONE 581
		3b. INSTALLATION/CITY	3d. ZIP/APO
		3c. STATE/COUNTRY	
4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify)  4e. HEIGHT  4f. WEIGHT
			5. JUVENILE <input type="checkbox"/> YES <input type="checkbox"/> NO 6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
			7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown
8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION		10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)
	11. OFFENDER'S DISPOSITION		
12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH (Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 15 Other (Specify) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 16 Lethal Cutting Instrument	

Accessory Conspiracy Principle Solicit		Military Surrender Civil Authorities Other (Specify)		15c. APPREHENSION DATE (YYYYMMDD)		15d. APPREHENDING PMO (UIC/MPC)	
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)				15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	
15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO				16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None		16b. ALCOHOL/DRUG TESTING RESULTS	
16c. ILLNESS/INJURY				16d. ALCOHOL/DRUG INVOLVEMENT REMARKS			
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)		17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine		<input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines		<input type="checkbox"/> M Other stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> U Unknown Type Drug	
17c. DRUG TEST AND MEASUREMENT (i.e., parts per million, cubic centimeters, etc.)						17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> YES <input type="checkbox"/> NO	

  

SECTION IV - VICTIM (For additional victims, complete DA Form 3975-3)			
1a. VICTIM NO. 1		1b. NAME (Last, First, Middle Name, Jr., Sr., III)	
1c. SSN/FNN/ALIEN REG NUMBER Capture Tag #		1d. PROTECTED IDENTITY YES NO	
1e. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input checked="" type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1f. DOB (YYYYMMDD) 1g. POB (City, State, Country) 1h. GRADE Iraqi National	
1i. HOME PHONE 1j. WORK PHONE 1k. NICKNAMES/ALIAS		1l. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input checked="" type="checkbox"/> Country (Specify) Iraq	
1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves		1n. DRIVER'S LICENSE NUMBER 1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International	
2a. ORGANIZATION, UIC, AND STREET ADDRESS Mosul Denton Facility LSA Diamondback Mosul, Iraq, APO AE 09334		2b. INSTALLATION/CITY LSA Diamondback	
2c. STATE/COUNTRY MOSUL IRAQ		2d. ZIP/APO 09334	
3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY 3c. STATE/COUNTRY	

  

4a. TYPE OF VICTIM <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual		<input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown		4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old 15 Years Old AGE RANGE (Specify)		4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown		4e. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
--	--	---	--	--	--	---	--	--	--	--	--

  

5. BIAS MOTIVATION <input type="checkbox"/> YES <input type="checkbox"/> NO (Check applicable bias)	
AA Anti-Atheist/Agnostic AB Anti-Alaskan Native AC Anti-American Indian AD Anti-Arab AE Anti-Asian AG Anti-Bisexual AH Anti-Black AI Anti-Catholic	AK Anti-Female Homosexual AL Anti-Heterosexual AM Anti-Hispanic AN Anti-Islamic (Moslem) AO Anti-Jewish AQ Anti-Male Homosexual AR Anti-Multi-Racial Group AS Anti-Multi-Religious Group AT Anti-Pacific-Islander
AU Anti-Protestant AV Anti-White AW Anti-Homosexual Bias AY Anti-Other Religions AZ Anti-Other Ethnicity BA Anti-Mental Disability BB Anti-Physical Disability BC Sexual Harassment AX Unknown Bias	

(the subject's number) None		(For multiple offender relationships, enter)		7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit	
AA Spouse AB Child AC Sibling AD Parent AE Parent-in-Law AF Step Child AG Grandparent AH Step-Parent AK Grandchild	AV Step-Sibling AZ Friend BA Neighbor BB Com. Law Spouse BC Acquaintance BD Baby-Sittee (baby) BE Boy/Girlfriend BF Child of Boy/Girlfriend BH Former Spouse	BL Homosexual Relationship BN Extended Family BY Employee BZ Employer BX Stranger CA Otherwise Known CB Relationship Unknown VO Offender	8. INJURY TYPE (Check up to five) <input type="checkbox"/> B Broken Bones <input type="checkbox"/> O Major Injury <input type="checkbox"/> I Possible Internal <input type="checkbox"/> T Tooth Loss <input type="checkbox"/> L Severe Laceration <input type="checkbox"/> U Unconsciousness <input type="checkbox"/> M Minor Injury <input type="checkbox"/> Z None		
SECTION V - PERSONS RELATED TO REPORT (For additional persons related to report, complete DA Form 3975-4)			9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> YES <input type="checkbox"/> NO		
1a. PERSON RELATED TO REPORT NUMBER 1			1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Witness		
1c. NAME (Last, First, Middle Name, Jr., Sr., III) [REDACTED]			1d. SSN/FNN/ALIEN REG NO. <input type="checkbox"/> 1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify)		
1f. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1g. DOB (YYYYMMDD) [REDACTED]		1h. POB (City, State, County) [REDACTED]	
		1i. GRADE E-6		1j. HOME PHONE [REDACTED]	
		1k. WORK PHONE 589-[REDACTED]		1l. NICKNAMES/ALIAS	
		1m. COMPONENT <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves			
		1n. DRIVER LICENSE NUMBER <input type="checkbox"/> 1o. IS LICENSE State (Specify) <input type="checkbox"/> Foreign <input type="checkbox"/> International			
		2a. ORGANIZATION, UIC, AND STREET ADDRESS 107th FA Mosul Detention Facility		2b. INSTALLATION/CITY LSA Diamondack	
				2c. STATE/COUNTRY Iraq	
		2d. ZIP/APO APO AE 093		2e. UNIT PHONE 589-[REDACTED]	
		3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY	
				3c. STATE/COUNTRY	
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0	
SECTION VI - PROPERTY (For additional Property, complete DA Form 3975-5)					
1a. ITEM NO.	1b. CODE	1c. QUANTITY	1d. VALUE	1e. DESCRIPTION	1f. SERIAL NUMBER
1g. DATE RECOVERED (YYYYMMDD)		1h. DATE RETURNED (YYYYMMDD)		1i. SECURITY <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	1j. PROPERTY OWNERSHIP <input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> B State <input type="checkbox"/> F Private <input type="checkbox"/> C City <input type="checkbox"/> U Unknown <input type="checkbox"/> D County/Borough
1k. PROPERTY LOSS TYPE (Check all that apply)					
<input type="checkbox"/> 1 None <input type="checkbox"/> 2 Burned <input type="checkbox"/> 3 Counterfeited/Forged <input type="checkbox"/> 4 Damaged/Destroyed/Vandalized		<input type="checkbox"/> 5 Recovered <input type="checkbox"/> 6 Seized <input type="checkbox"/> 7 Stolen			
PROPERTY DESCRIPTION CODE TABLE					
01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage		
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other		
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power		
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks		
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories		
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft		
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER (Specify)		
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings			
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business			
10 Drugs/Narcotics (See below)	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory		
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category		
DRUG/NARCOTIC MEASURES					
GM-Gram KG-Kilogram OZ-Ounce LB-Pound FO-Fluid Ounce GL-Gallon LT-Liter ML-Milliliter DU-Dosage Unit NP-Number of Plants					

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT  
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

This form is a continuation of SECTION V, DA Form 3975.  
Please attach it to DA Form 3975 when completed.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.  
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
DISCLOSURE: Disclosure of your social security number is voluntary.

1. MILITARY POLICE REPORT NUMBER 0040-04 2. DATE (YYYYMMDD) 2004/08/13 3. ORI NUMBER 4. USACRC CONTROL NUMBER  
5. THRU 6. TO 7. FROM

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Witness		
1c. NAME (Last, First, Middle Name, Jr., Sr., III) [REDACTED] 67C-4, 66-4		1d. SSN/FNN/ALIEN REG NO. [REDACTED]	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input checked="" type="checkbox"/> Country (Specify) Iraq	
1f. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input checked="" type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYYMMDD) [REDACTED] 67C-4, 66-4	1h. POB (City, State, County) Baghdad, Iraq	1i. GRADE Civilian	
	1k. WORK PHONE [REDACTED] 67C-4, 66-4	1l. NICKNAMES/ALIAS	1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NUMBER	1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International State (Specify) Other (Specify)		
	2a. ORGANIZATION, UIC, AND STREET ADDRESS Titan Linguist (Working for 107th FA at MDF)		2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO APO AE 09334
	3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY Iraq	2e. UNIT PHONE 589 [REDACTED]
		3b. INSTALLATION/CITY	3d. ZIP/APO	
		3c. STATE/COUNTRY		
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		
		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0		

3		<input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness		
1c. NAME (Last, First, Middle Name, Jr., Sr., III) <b>[REDACTED] 67C-3, 66-3</b>		1d. SSN/FNN/ALIEN REG NO.    1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien		
1f. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYYMMDD)	1h. POB (City, State, Country)	1i. GRADE E-5    1j. HOME PHONE	
	1k. WORK PHONE 589- <b>[REDACTED] 67C-3, 66-3</b>	1l. NICKNAMES/ALIAS		
	1n. DRIVER LICENSE NUMBER	1m. COMPONENT <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves		
	1o. IS LICENSE State (Specify)    Other (Specify)			
	2a. ORGANIZATION, UIC, AND STREET ADDRESS 330th MP Det. (L&O)		2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO APO AE 09334
	2c. STATE/COUNTRY Iraq		2e. UNIT PHONE 589- <b>[REDACTED]</b>	
3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY	3d. ZIP/APO	
		3c. STATE/COUNTRY		
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		
5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0				

  

1a. PERSON RELATED TO REPORT NUMBER 4		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness		
1c. NAME (Last, First, Middle Name, Jr., Sr., III) <b>[REDACTED] 67C-3, 66-3</b>		1d. SSN/FNN/ALIEN REG NO.    1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien		
1f. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYYMMDD)	1h. POB (City, State, Country)	1i. GRADE E-6    1j. HOME PHONE	
	1k. WORK PHONE 589- <b>[REDACTED] 67C-3, 66-3</b>	1l. NICKNAMES/ALIAS		
	1n. DRIVER LICENSE NUMBER	1m. COMPONENT <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves		
	1o. IS LICENSE State (Specify)    Other (Specify)			
	2a. ORGANIZATION, UIC, AND STREET ADDRESS 330th MP Det. (L&O)		2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO APO AE 09334
	2c. STATE/COUNTRY Iraq		2e. UNIT PHONE 589- <b>[REDACTED]</b>	
3a. RESIDENCE STREET ADDRESS		3b. INSTALLATION/CITY	3d. ZIP/APO	
		3c. STATE/COUNTRY		
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		
5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0				

## SECTION VII - NARRATIVE

NARRATIVE: On 13 August 2004, at approximately 1010, I (SSG [REDACTED] b7C-3) was given an electronic message (E-Mail) by the the 330th MP Desk Sergeant. The e-mail was from MAJOR [REDACTED] from the Task Force Olympia Provost Marshal's Office, asking for a member of our unit to conduct an initial investigation into an abuse claim by a prisoner that is detained in the Mosul Detention Facility on LSA Diamondback. At approximately 1040, myself and SGT [REDACTED] from the 330th MP Det. met with SSG [REDACTED] from the Mosul Detention Facility and advised him we needed to meet with the juvenile detained there that was claiming he had been abused by an interrogator while he was being questioned. 107th FA's Interpreter JAAF accompanied us to segregation cell #5 to retrieve the complainant (Capture Tag# [REDACTED] b7C-4, b6-4).

INTERVIEW OF COMPLAINANT: At approximately 1045 we interviewed the victim in an interrogation room at the prison. The victim, we identified as [REDACTED] years of age, told us that since his capture on 2 August 2004 he had been interrogated five to six times by four different Interrogators. [REDACTED] said he had been treated very well by three out of the four Interrogators and that there was always an interpreter present during the interrogations. According to [REDACTED] the last time he was interrogated was on 09 August 2004. During the interrogation the Interrogator made [REDACTED] get down on his knees, put his hands behind his back and was told not to make any sudden movements. However during the time he was on his knees being questioned, [REDACTED] reached up to wipe sweat off of his brow, and was then kicked just above his right knee and then screamed at by the Interrogator. [REDACTED] told us that the kick caused him pain for approximately two hours after the incident but it left no red mark or bruising and there has been no further pain. He has not received any medical treatment or asked to see a doctor for the knee. I asked [REDACTED] for a written statement concerning the incident but he refused and stated he wanted to be released from the prison. At approximately 1055, I took two digital photographs of [REDACTED] one of his knee showing no signs of injury and one of [REDACTED] himself pointing at the knee that he claimed was kicked. At approximately 1100, 13 August 2004, we concluded the interview with [REDACTED] and released him back to his cell. b7C-3, b6-3 b7C-1, b6-1

REFERRAL: At approximately 1105hrs on 13 August [REDACTED] and I informed CID Agent [REDACTED] of the incident and referred the case to him.

1. ENCLOSURES  (2)- Digital Photographs. One of Complainant and one of complainants knee.  (4)- Detainee Custody Forms. Dated: 04 August 2004, 05 August 2004, 05 August 2004 and 13 August 2004.	2. DISTRIBUTION	3. NAME b7C-3, b6-3  4. GRADE E-6  5. TITLE OF REPORTING OFFICIAL Military Police Investigator  6. SIGNATURE b7C-3, b6-3
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b7c-1, b6-1

DATE: 14 Aug 04  
FROM: SAC, 75<sup>TH</sup> MP DET CID (-), MOSUL, IRAQ  
TO: DIR, USACRC, FT BELVOIR, VA  
CDR, 75<sup>TH</sup> MP DET (CID), BALAD, IRAQ  
CDR, 22ND MP BN (CID)(FWD), BAGHDAD, IRAQ  
CDR, 3D MP GRP (CID), FT GILLEM, GA  
CDR, ATTN: CIOP-ZA, USACIDC, FT BELVOIR, VA  
PM, STRYKER BRIGADE COMBAT TEAM (SBCT), MOSUL, IRAQ  
SJA, SBCT, MOSUL, IRAQ  
PM, TASK FORCE OLYMPIA (TFO), MOSUL, IRAQ  
SJA, TFO, MOSUL, IRAQ  
CHIEF OF STAFF, TFO, MOSUL, IRAQ

SUBJECT: CID REPORT OF INVESTIGATION - INITIAL/SSI - 0099-04-CID389-80676-5C2

DRAFTER: [REDACTED]

RELEASER: [REDACTED]

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 9 Aug 2004, 1530 - 9 Aug 2004, 1530; MOSUL AIRFIELD DETENTION FACILITY; MOSUL, IZ.

2. DATE/TIME REPORTED: 13 Aug 2004, 1000

3. INVESTIGATED BY: SA [REDACTED]

4. SUBJECT: 1. (NONE); (NFI) [ASSAULT] [UNFOUNDED]

5. VICTIM: 1. [REDACTED], M; WHITE; CAPTURE TAG # [REDACTED], IZ; (NFI) [ASSAULT] [UNFOUNDED]

6. INVESTIGATIVE SUMMARY: THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY CHANGE PRIOR TO THE COMPLETION OF THE INVESTIGATION.

"THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION"

THIS INVESTIGATION WAS INITIATED WHEN THIS OFFICE WAS NOTIFIED BY 330<sup>TH</sup> MILITARY POLICE DETACHMENT, MOSUL AIR FIELD, MOSUL, IRAQ, OF A REPORTED DETAINEE ASSAULT AT MOSUL AIRFIELD DETENTION FACILITY.

PRELIMINARY INVESTIGATION DISCLOSED ON 13 AUG 04, MR. [REDACTED] REPORTED HE WAS KICKED DURING INTERROGATION THAT OCCURRED ON 5 AUG 04.

ON 13 AUG 04, MR. [REDACTED] WAS INTERVIEWED AND STATED HE WAS PLACED ON HIS KNEES AND SEARCHED AND INSTRUCTED NOT TO MOVE. MR. [REDACTED] STATED HE

UNCLASSIFIED - FOR OFFICIAL USE ONLY

WAS SWEATING AND MOVED TO WIPE HIS BROW, WHEN HIS INTERROGATOR, SPC [REDACTED] 209TH MILITARY INTELLIGENCE CO, MOSUL, IRAQ, (FT LEWIS, WA), KICKED HIM IN THE LEG, JUST ABOVE HIS KNEE. MR. [REDACTED] STATED THE KICK DID NOT LEAVE ANY MARKS OR BRUISES AND DECLINED TO PROVIDE A WRITTEN STATEMENT. b7C-4, b6-4

ON 14 AUG 04, SPC [REDACTED] WAS INTERVIEWED AND DENIED KICKING MR. [REDACTED] b7C-4, b6-4

ON 14 AUG 04, MR. [REDACTED] INTERPRETER, TITAN CORPORATION, MOSUL AIR FIELD, MOSUL, IRAQ, WAS INTERVIEWED. MR. [REDACTED] STATED HE WAS PRESENT WHEN SPC [REDACTED] INTERROGATED MR. [REDACTED] ON 5 AUG 04, AND STATED SPC [REDACTED] DID NOT KICK MR. [REDACTED] AS ALLEGED. b7C-4, b6-4

ON 14 AUG 04, MR. [REDACTED] WAS RE-INTERVIEWED AND AGAIN DECLINED TO PROVIDE A WRITTEN STATEMENT, AND INDICATED HE DID NOT WANT TO PURSUE THE MATTER ANY FURTHER. b7C-4, b6-4

A REVIEW OF THE DETENTION FACILITY RECORDS DISCLOSED MR. [REDACTED] DID NOT SEEK MEDICAL ATTENTION, NOR DID HE DOCUMENT THE ALLEGED ASSAULT ON DETAINEE CUSTODY FORMS AFTER HIS INTERROGATION. MR. [REDACTED] COULD NOT EXPLAIN HIS DELAY IN REPORTING THE ALLEGED INCIDENT. b7C-4, b6-4

TERMINATION OF THIS INVESTIGATION IS PENDING PROCESSING OF THE FINAL REPORT.

7. CID REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF PROTECTIVE MARKINGS IAW CHAPTER 3, AR 25-55.







TIME, DATE, AND AGENT

SUMMARY OF INVESTIGATIVE ACTIVITY

1000, 13 Aug 04  
SA [REDACTED]  
b7C-1, b6-1

Received initial report of possible prisoner abuse at Mosul Airfield Detention Facility by 330th MP Det.

1400, 13 Aug 04  
SA [REDACTED]  
b7C-1, b6-1

Interviewed complainant, MR. [REDACTED] b7C-4, b6-4  
[REDACTED], at (MAF) detention facility (see air).

1000, 14 Aug 04  
SA [REDACTED]  
b7C-1, b6-1

Interviewed AND obtained sworn statement from SPC [REDACTED] b7C-4, b6-4  
[REDACTED], 209 MI CO (MAF), (see sworn statement).

1345, 14 Aug 04  
SA [REDACTED]  
b7C-1, b6-1

Interviewed MR. [REDACTED] b7C-3, b6-3  
[REDACTED], Interpreter for Titan Inc. (see air).

1415, 14 Aug 04  
SA [REDACTED]  
b7C-1, b6-1

Interviewed MR. [REDACTED] b7C-4, b6-4  
[REDACTED] at (MAF) detention facility again.

DELAYED ENTRY  
1030 / 13 Aug 04  
[REDACTED]  
b7C-1, b6-1

briefed MR. [REDACTED] b7C-3, b6-3  
[REDACTED] Bu Ops on initial notification

TIME, DATE, AND AGENT	SUMMARY OF INVESTIGATIVE ACTIVITY
14 Aug 04 [REDACTED] b7C-1, b6-1	NUMEROUS UNSUCCESSFUL ATTEMPTS TO CONTACT CAP b7C-3, b6-3 STA. [REDACTED] CORRECTED / DISPATCHED INI/SSI.
16 Aug 04 [REDACTED] b7C-1, b6-1	<u>SAC REVIEW</u> ✓ 1. PREPARE / POST AIR. ✓ 2. Add STA COORDINATION TO AAS & AIR. ✓ 3. PREPARE FINAL REPORT.
20 Aug 04 [REDACTED] b7C-1, b6-1	Prepared Final Report.
20 AUG 04 [REDACTED] b7C-1, b6-1	File to SAC For review.
31 Aug 04 [REDACTED] b7C-1, b6-1	<u>REVIEWED</u> - CORRECTIONS NEEDED TO DRAFT FINAL & AIR. - Add RIGHTS WAIVER TO EXHIBIT 2.
1 Sep 04 SA [REDACTED] b7C-1, b6-1	Corrections made. Rights Waiver added to exhibit #2.
6 SEP 04 b7C-1, b6-1 SA [REDACTED]	Final to SAC for review & closure.

# INDIVIDUAL DATA

LAST NAME [REDACTED] 67C-4,66-4				FIRST NAME [REDACTED] 67C-4,66-4				MIDDLE NAME [REDACTED] 67C-4,66-4				GRADE E-4	
SOCIAL SECURITY NUMBER [REDACTED] 67C-4,66-4				OTHER ID NO. 67C-4,66-4				DOB [REDACTED]		POB-CITY [REDACTED]		POB-ST [REDACTED]	
SEX M	RACE W	ETHNIC	HEIGHT 69"	WEIGHT 157	HAIR BRN	EYES BRN	CITIZEN US	EDUC 16	PRIOR RECORD		MARITAL M		
MOS 97E	MCAC	POSITION	INDUSTRY		SECURITY SEC.		PHYSICAL MARKS						
ALIAS-NICKNAME				ALIAS-NICKNAME				ALIAS-NICKNAME					
ORGANIZATION 209 INF CO. 3/2 INF								IF CONTRACTOR-CONTRACT#					
MILITARY SVC		SUBUNIT		FORT/CITY FT. Lewis				STATE WA		CTY		ZIP CODE	
ADDRESS				CITY				STATE		CTY		ZIP CODE	

## FAMILY MEMBER DATA

JUV	FAMILY REL	SPONSOR LAST NAME		SPONSOR FIRST NAME		SPONSOR MIDDLE NAME	
SOCIAL SECURITY NUMBER		SPONSOR GRADE		SPONSOR MCAC		SPONSOR UNIT ADDRESS	
SPONSOR CITY		SPONSOR STATE		SPONSOR CTY		SPONSOR ZIP CODE/APO	

## OFFENSE

OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC
--------------	-----	--------------	-----	--------------	-----	--------------	-----

## ADMINISTRATIVE DATA

TELEPHONE#	ETS 23 OCT 07	PCS/DEROS	DATE INTER START	TIME INTER START
PLACE OF INTERVIEW START	DATE INTER END	TIME INTER END	PLACE OF INTERVIEW END	FINGERPRINT
VEHICLE DATA			DISPOSITION	

## CORPORATION DATA

CONTRACTOR#	FED SERV/PROD#	CORPORATION NAME		
CORP ADDRESS	CORP-CITY	CORP-ST	CORP-CTY	CORP ZIP CODE
CONTRACTOR NUMBER				

NOTES

WON - [REDACTED]

# I VESTIGATIVE WORKSHE T

## INDIVIDUAL DATA

LAST NAME [REDACTED] 67C-4,66-4				FIRST NAME [REDACTED] 67C-4,66-4				MIDDLE NAME [REDACTED]		GRADE [REDACTED]	
SOCIAL SECURITY NUMBER [REDACTED]				OTHER ID NO. capture tags # [REDACTED]		DOB 67C-4,66-4		JOB-CITY		JOB-ST CTY	
SEX M	RACE W	ETHNIC Sunni	HEIGHT 63"	WEIGHT 120	HAIR Blk	EYES BRO	CITIZEN I2	EDUC 10	PRIOR RECORD		MARITAL 5
MOS	MCAC	POSITION	INDUSTRY		SECURITY		PHYSICAL MARKS				
ALIAS-NICKNAME				ALIAS-NICKNAME				ALIAS-NICKNAME			
ORGANIZATION								IF CONTRACTOR-CONTRACT#			
MILITARY SVC		SUBUNIT		FORT/CITY				STATE		CTY	ZIP CODE
ADDRESS				CITY				STATE		CTY	ZIP CODE

## FAMILY MEMBER DATA

JUV	FAMILY REL	SPONSOR LAST NAME		SPONSOR FIRST NAME		SPONSOR MIDDLE NAME	
SOCIAL SECURITY NUMBER		SPONSOR GRADE		SPONSOR MCAC		SPONSOR UNIT ADDRESS	
SPONSOR CITY		SPONSOR STATE		SPONSOR CTY		SPONSOR ZIP CODE/APO	

## OFFENSE

OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC	
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## ADMINISTRATIVE DATA

TELEPHONE#		ETS		PCS/DEROS		DATE INTER START		TIME INTER START	
PLACE OF INTERVIEW START		DATE INTER END		TIME INTER END		PLACE OF INTERVIEW END		FINGERPRINT	PHOTO
VEHICLE DATA						DISPOSITION			

## CORPORATION DATA

CONTRACTOR#		FED SERV/PROD#		CORPORATION NAME						
CORP ADDRESS			CORP-CITY			CORP-ST		CORP-CTY		CORP ZIP CODE
CONTRACTOR NUMBER										

NOTES Detained I2 - capture tags # [REDACTED] 67C-4,66-4										
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**Page(s)**

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**Referred to:**

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FLORIDA 33621-5101 -

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