

MPC

01101-2004-MPC 552

Pertains to USACIDC ROI

0100-04-CID 452-63608

Previously Released on

1 DEC 04.

MILITARY POLICE REPORT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 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.

MILITARY POLICE REPORT NUMBER
01101-2004-MPC552**DATE(YYYY/MM/DD)**
2004/05/18**ORI NUMBER**
NY02200DM**USACRC CONTROL NUMBER****THRU:****TO: COMMANDER**
2-14 IN C CO
FORT DRUM, NY US 13602**FROM: ATTN: DIRECTORATE OF
EMERGENCY SERVICES**
P10715 MT BELVEDERE BLVD
FORT DRUM, NY US 13602**Section I - Administration****1. REPORT TYPE:**

- ☐ Information
☐ Traffic
☒ Military Offense
☒ Criminal
☒ Complaint

3. EVALUATION:

- ☒ Founded
☐ Unfounded

**4a. COMPLAINT
DATE:**
(YYYY/MM/DD):

2004/05/17

**4c. COMPLAINT RECEIVED
BY:**

- ☐ In person
☐ 911
☐ CB
☒ Telephone
☐ Mail
☐ Radio
☐ Crime Stoppers
☐ Alarm
☐ Other (Specify):

5a. CLEARANCE REASON:

- ☐ A Death of Offender
☐ B Prosecution Declined
☐ C Extradition Declined
☐ D Victim Refused To
☐ E Juvenile, No Custody
☐ U Unfounded
☒ X Apprehension

**5b. EXCEPTIONAL CLEARANCE
DATE: (YYYY/MM/DD):**

2004/05/18

7. INVOLVEMENT:

- ☐ Hate
☐ Death
☐ Trainee
☐ Domestic
☐ Gang
☐ Extremist

2. STATUS:

- ☒ Initial
☐ Supplemental
☐ Cdr's Action

**4b. COMPLAINT
TIME: (24hr.):**

2315

6a. MP ACTION:

- ☐ MPI
☒ CID
☐ Civil Authorities
☐ Traffic
☐ Other (Specify)

**6b. DATE
REFERRED:**
(YYYY/MM/DD):

2004/05/17

Section II - Offense**1a. OFFENSE NO.**

1

**1b. SUBJECT NO.
INVOLVEMENT:**

1

**1c. VICTIM NO.
INVOLVEMENT:**

1

**1d. NIBRS
LOCATION CODE:**

10

1e.
☒ Attempted
☐ Completed**1f. SAME OFFENSE DATA FOR ALL
OFFENSE CODES:**
☐ Yes ☒ No (See 3975-1)**1g. OFFENSE
CODE(s):**

5C1N

1h. OFFENSE DESCRIPTION(s):

AGGRAVATED ASSAULT ARTICLE 128 UCMJ (OFF POST)

1i. OFFENSE LOCATION ADDRESS:UNKNOWN ADDRESS
IZ**2a. BEGIN DATE: (YYYY/MM/DD):**
2003/08/01**2b. BEGIN TIME (24hr.):**
0001**2c. END DATE: (YYYY/MM/DD):**
2004/03/31**2d. END TIME: (24hr.):**
2359**3. TYPE OF CRIMINAL ACTIVITY
(Check Up To Three):**

- ☐ B Buying/Receiving
☐ C Cultivating/Manufacturing/Publishing
☐ D Distributing/Selling
☐ E Exploiting Children
☐ O Operating/Promoting/Assisting
☐ P Possessing/Concealing
☐ T Transporting/Importing
☐ U Using/Consuming

4. OFFENSE STATUTORY BASIS:

- ☒ A UCMJ
☐ B Non-Criminal Fatality
☐ C State
☐ D Local
☐ E Foreign
☐ F Federal, Non-UCMJ

**5. OFFENDER USED
(Check Up To Three)**

- ☐ A Alcohol
☐ C Computer Equipment
☐ D Drugs/Narcotics
☒ N Not Applicable

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

01 Air/Bus/Train Terminal

10 Field/Woods/Training Area

19 Rental/Storage Facility

02 Bank/Credit Union

11 Government/Public Building

20 Residence/Quarters/Barracks/BEQ/BOQ

03 Bar/Officer/NCO Club

12 Grocery Store/Commissary

21 Restaurant/Dining Facility

04 Church/Synagogue/Temple

13 Highway/Road/Alley/Street

22 School/College

05 Commercial Office Building

14 Hotel/Motel/VAQ/VEQ/TLQ

23 Service/Gas Station

06 Construction Site

15 Jail/Prison/Corrections Facility

24 Specialty Store/Concessionaire

07 Convenience Store/Shoppette

16 Lake/Waterway/Ocean

25 Child Care Facility/Home Day Care

08 Dept/Discount Store/Exchange

17 Liquor/Store/Class VI

26 Recreation Area/Park

09 Drug Stor/Hospital/Clinic

18 Motor Pool/Parking Lot/Garage

27 Training Center/Service School

28 On Board Ship

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|---|--|--------------------------------|--|----------------------------------|---|------------------------------------|--|---|------------------------------------|--------------------------------|--|-----------------------------------|--------------------------------|--|--------------------------------------|--|-------------------------------------|-------------------------------------|--|--|
| 15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit | | 15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify) | | 15c. APPREHENSION DATE (YYYY/MM/DD): | | 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 checked="" type="checkbox"/> No | | 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc. | | 15f. HOW DRESSED AT TIME OF APPREHENSION: SEE BLOCK #10 | | | | | | | | | | | | | | | | | | | |
| 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input checked="" type="checkbox"/> None | | 16b. ALCOHOL/DRUG TEST 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 <table style="width:100%;"> <tr> <td><input type="checkbox"/> A "Crack" Cocaine</td> <td><input type="checkbox"/> G Opium</td> <td><input type="checkbox"/> M Other Stimulants</td> </tr> <tr> <td><input type="checkbox"/> B Cocaine</td> <td><input type="checkbox"/> H Other Narcotics</td> <td><input type="checkbox"/> N Barbiturates</td> </tr> <tr> <td><input type="checkbox"/> C Hashish</td> <td><input type="checkbox"/> I LSD</td> <td><input type="checkbox"/> O Other Depressants</td> </tr> <tr> <td><input type="checkbox"/> D Heroin</td> <td><input type="checkbox"/> J PCP</td> <td><input type="checkbox"/> P Other Drugs</td> </tr> <tr> <td><input type="checkbox"/> E Marijuana</td> <td><input type="checkbox"/> K Other Hallucinogens</td> <td><input type="checkbox"/> Q Steriods</td> </tr> <tr> <td><input type="checkbox"/> F Morphine</td> <td><input type="checkbox"/> L Amphetamines/Methamphetamines</td> <td><input type="checkbox"/> M Unknown Type Drug</td> </tr> </table> | | | | | | <input type="checkbox"/> A "Crack" Cocaine | <input type="checkbox"/> G Opium | <input type="checkbox"/> M Other Stimulants | <input type="checkbox"/> B Cocaine | <input type="checkbox"/> H Other Narcotics | <input type="checkbox"/> N Barbiturates | <input type="checkbox"/> C Hashish | <input type="checkbox"/> I LSD | <input type="checkbox"/> O Other Depressants | <input type="checkbox"/> D Heroin | <input type="checkbox"/> J PCP | <input type="checkbox"/> P Other Drugs | <input type="checkbox"/> E Marijuana | <input type="checkbox"/> K Other Hallucinogens | <input type="checkbox"/> Q Steriods | <input type="checkbox"/> F Morphine | <input type="checkbox"/> L Amphetamines/Methamphetamines | <input type="checkbox"/> M Unknown Type Drug |
| <input type="checkbox"/> A "Crack" Cocaine | <input type="checkbox"/> G Opium | <input type="checkbox"/> M Other Stimulants | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> B Cocaine | <input type="checkbox"/> H Other Narcotics | <input type="checkbox"/> N Barbiturates | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> C Hashish | <input type="checkbox"/> I LSD | <input type="checkbox"/> O Other Depressants | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> D Heroin | <input type="checkbox"/> J PCP | <input type="checkbox"/> P Other Drugs | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> E Marijuana | <input type="checkbox"/> K Other Hallucinogens | <input type="checkbox"/> Q Steriods | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> F Morphine | <input type="checkbox"/> L Amphetamines/Methamphetamines | <input type="checkbox"/> M 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 checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| Section IV - Victim | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1a. VICTIM NO: 1 | | 1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN "EPW", | | | 1c. SSN/FNN/ALIEN REG NO: SSN | | 1d. PROTECTED IDENTITY: | | | | | | | | | | | | | | | | | | |
| 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 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 (YYYY/MM/DD): | | 1g. POB: City, State, Country: | | 1h. GRADE: | | | | | | | | | | | | | | | | | | | |
| 1i. HOME PHONE: | | 1j. WORK PHONE: | | 1k. NICKNAMES/ALIAS: | | 1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien: | | | | | | | | | | | | | | | | | | | |
| 1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves <input type="checkbox"/> R Regular | | 1n. DRIVER LICENSE NO: | | 1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International | | 2d. Zip/APO: | | | | | | | | | | | | | | | | | | | |
| 2a. ORGANIZATION, UIC, STREET ADDRESS: UNKNOWN ADDRESS | | 2b. INSTALLATION/CITY: | | 2c. STATE/COUNTRY: IZ | | 2e. UNIT PHONE: | | | | | | | | | | | | | | | | | | | |
| 3a. RESIDENCE STREET ADDRESS: | | 3b. INSTALLATION/CITY: | | 3c. STATE/COUNTRY: | | 3d. ZIP/APO: | | | | | | | | | | | | | | | | | | | |
| 4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> R Religious Org <input type="checkbox"/> F Financial <input type="checkbox"/> S Society/Public <input type="checkbox"/> G Government <input type="checkbox"/> O Other <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> U Unknown | | 4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown | | 4c. AGE <input checked="" type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old ____ Years Old Range (Specify): | | 4d. 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 | | | | | | | | | | | | | | | | | | | |
| 4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias) | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AA Anti-Athiest/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic | | <input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander | | <input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|---|---------------------------------------|--|---|---|--------------------------------------|--|------------------------------------|---|--------------------------------------|---|--|--------------------------------------|--|---|---|---|--|--|---|---|--------------------------------------|--|---|--|--|--|
| 6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number) <table style="width:100%;"> <tr> <td><input type="checkbox"/> AA Spouse</td> <td><input type="checkbox"/> AV Step-Sibling</td> <td><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td><input type="checkbox"/> AB Child</td> <td><input type="checkbox"/> AZ Friend</td> <td><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td><input type="checkbox"/> AC Sibling</td> <td><input type="checkbox"/> BA Neighbor</td> <td><input type="checkbox"/> BY Employee</td> </tr> <tr> <td><input type="checkbox"/> AD Parent</td> <td><input type="checkbox"/> BB Com. Law Spouse</td> <td><input type="checkbox"/> BZ Employer</td> </tr> <tr> <td><input type="checkbox"/> AE Parent-in-Law</td> <td><input type="checkbox"/> BC Acquaintance</td> <td><input type="checkbox"/> BX Stranger</td> </tr> <tr> <td><input type="checkbox"/> AF Step Child</td> <td><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td><input type="checkbox"/> AG Grandparent</td> <td><input type="checkbox"/> BE Boy/Girlfriend</td> <td><input type="checkbox"/> CB Relationship Unknown</td> </tr> <tr> <td><input type="checkbox"/> AH Step-Parent</td> <td><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td><input type="checkbox"/> VO Offender</td> </tr> <tr> <td><input type="checkbox"/> AK Grandchild</td> <td><input type="checkbox"/> BH Former Spouse</td> <td></td> </tr> </table> | | | <input type="checkbox"/> AA Spouse | <input type="checkbox"/> AV Step-Sibling | <input type="checkbox"/> BL Homosexual Relationship | <input type="checkbox"/> AB Child | <input type="checkbox"/> AZ Friend | <input type="checkbox"/> BN Extended Family | <input type="checkbox"/> AC Sibling | <input type="checkbox"/> BA Neighbor | <input type="checkbox"/> BY Employee | <input type="checkbox"/> AD Parent | <input type="checkbox"/> BB Com. Law Spouse | <input type="checkbox"/> BZ Employer | <input type="checkbox"/> AE Parent-in-Law | <input type="checkbox"/> BC Acquaintance | <input type="checkbox"/> BX Stranger | <input type="checkbox"/> AF Step Child | <input type="checkbox"/> BD Baby-Sittee(baby) | <input type="checkbox"/> CA Otherwise Known | <input type="checkbox"/> AG Grandparent | <input type="checkbox"/> BE Boy/Girlfriend | <input type="checkbox"/> CB Relationship Unknown | <input type="checkbox"/> AH Step-Parent | <input type="checkbox"/> BF Child of Boy/Girlfriend | <input type="checkbox"/> VO Offender | <input type="checkbox"/> AK Grandchild | <input type="checkbox"/> BH Former Spouse | | 7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit | |
| <input type="checkbox"/> AA Spouse | <input type="checkbox"/> AV Step-Sibling | <input type="checkbox"/> BL Homosexual Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AB Child | <input type="checkbox"/> AZ Friend | <input type="checkbox"/> BN Extended Family | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AC Sibling | <input type="checkbox"/> BA Neighbor | <input type="checkbox"/> BY Employee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AD Parent | <input type="checkbox"/> BB Com. Law Spouse | <input type="checkbox"/> BZ Employer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AE Parent-in-Law | <input type="checkbox"/> BC Acquaintance | <input type="checkbox"/> BX Stranger | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AF Step Child | <input type="checkbox"/> BD Baby-Sittee(baby) | <input type="checkbox"/> CA Otherwise Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AG Grandparent | <input type="checkbox"/> BE Boy/Girlfriend | <input type="checkbox"/> CB Relationship Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AH Step-Parent | <input type="checkbox"/> BF Child of Boy/Girlfriend | <input type="checkbox"/> VO Offender | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> AK Grandchild | <input type="checkbox"/> BH Former Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. INJURY TYPE (Check up to five) <table style="width:100%;"> <tr> <td><input type="checkbox"/> B Broken Bones</td> <td><input type="checkbox"/> O Major Injury</td> </tr> <tr> <td><input type="checkbox"/> I Possible Internal</td> <td><input type="checkbox"/> T Tooth Loss</td> </tr> <tr> <td><input type="checkbox"/> L Severe Laceration</td> <td><input type="checkbox"/> U Unconsciousness</td> </tr> <tr> <td><input type="checkbox"/> M Minor Injury</td> <td><input type="checkbox"/> Z None</td> </tr> </table> | | | <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 | 9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | |
| <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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Section V - Persons Related To Report

| | | | |
|--|--|--|--|
| 1a. PERSON RELATED TO REPORT NUMBER 1 | | 1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police | |
| 1c. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] 67C-1,66-1 | | 1d. SSN/FNN/Alien Reg No: [REDACTED] 67C-1,66-1 | |
| 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify): | | | |
| 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 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 (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: 1j. HOME PHONE: 1k. WORK PHONE: 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 NO: 2a. ORGANIZATION, UIC, STREET ADDRESS: USACIDC MD1 | | 1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International | |
| 2b. INSTALLATION/CITY: FORT DRUM | | 2d. ZIP/APO: 13602 | |
| 2c. STATE/COUNTRY: NY US | | 2e. UNIT PHONE: 3a. RESIDENCE STREET ADDRESS: 3b. INSTALLATION/CITY: 3c. STATE/COUNTRY: 3d. ZIP/APO: | |
| 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 (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701 | | | |

Section VI - Property

| | | | | | | | | | | | | | |
|---|--|--|-----------------------|--|-------------------------------|---------------------------------|--------------------------------------|-----------------------------------|--|---|-----------------------------------|---|--|
| 1a. ITEM NO: 1 | 1b. CODE: 40 | 1c. QUANTITY: 1 | 1d. VALUE: | 1e. DESCRIPTION PHOTOGRAPH | 1f. SERIAL NUMBER: | | | | | | | | |
| 1g. DATE RECOVERED (YYYY/MM/DD): 2004/05/17 | | 1h. DATE RETURNED (YYYY/MM/DD): | | 1i. SECURITY <input checked="" 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"/> B State <input type="checkbox"/> C City <input type="checkbox"/> D County/Borough <input type="checkbox"/> E Foreign Govt. <input checked="" type="checkbox"/> F Private <input type="checkbox"/> U Unknown | | | | | | | | | | | | | |
| 1k. PROPERTY LOSS TYPE (Check all that apply) <table style="width:100%;"> <tr> <td><input type="checkbox"/> 1 None</td> <td><input type="checkbox"/> 5 Recovered</td> </tr> <tr> <td><input type="checkbox"/> 2 Burned</td> <td><input checked="" type="checkbox"/> 6 Seized</td> </tr> <tr> <td><input type="checkbox"/> 3 Counterfeited/Forged</td> <td><input type="checkbox"/> 7 Stolen</td> </tr> <tr> <td><input type="checkbox"/> 4 Damaged/Destroyed/Vandalized</td> <td></td> </tr> </table> | | | | | | <input type="checkbox"/> 1 None | <input type="checkbox"/> 5 Recovered | <input type="checkbox"/> 2 Burned | <input checked="" type="checkbox"/> 6 Seized | <input type="checkbox"/> 3 Counterfeited/Forged | <input type="checkbox"/> 7 Stolen | <input type="checkbox"/> 4 Damaged/Destroyed/Vandalized | |
| <input type="checkbox"/> 1 None | <input type="checkbox"/> 5 Recovered | | | | | | | | | | | | |
| <input type="checkbox"/> 2 Burned | <input checked="" type="checkbox"/> 6 Seized | | | | | | | | | | | | |
| <input type="checkbox"/> 3 Counterfeited/Forged | <input type="checkbox"/> 7 Stolen | | | | | | | | | | | | |
| <input type="checkbox"/> 4 Damaged/Destroyed/Vandalized | | | | | | | | | | | | | |

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

Section VII - Narrative

ON 20040417 MILITARY POLICE DESK SGT REPORTED THAT PVT [REDACTED] POSSESSED PHOTOGRAPHS DEPICTING SUSPECTED ABUSE OF A WAR (EPW) WHICH MAY HAVE OCCURRED WHILE DEPLOYED IN IRAQ. WHILE STATE POLICE WERE INVESTIGATING A VERBAL DOMESTIC INCIDENT, IT WAS DISCOVERED THAT PVT [REDACTED] POSSESSED A PHOTOGRAPH OF HIMSELF POINTING WHAT APPEARS TO BE A PISTOL AT AN UNIDENTIFIED (EPW), WHOSE HANDS WERE TIED AND HIS HEAD COVERED LAYING DOWN. ON 20040418 [REDACTED] WAS INTERVIEWED AND READ HIS RIGHTS WHICH HE WAIVED RENDERING A WRITTEN STATEMENT ADMITTING TO BEING PHOTOGRAPHED WHILE POINTING A BB GUN AT AN (EPW) AND THAT THE INCIDENT OCCURRED WHILE DEPLOYED WITH HIS UNIT. [REDACTED] STATED THAT ELEMENTS OF HIS UNIT WERE SUPPORTING SPECIAL FORCES UNITS IN THE AREA AT THE TIME OF THE INCIDENT. [REDACTED] DENIED POINTING AN ACTUAL PISTOL AT THE (EPW), BUT RATHER USING A BB GUN IN LIEU OF HIS ASSIGNED WEAPON. [REDACTED] ALSO STATED THAT AS PART OF HIS (EPW) HANDLING PROCEDURES, HE WAS DIRECTED BY THE SPECIAL FORCES SOLDIERS TO MAINTAIN HIS WEAPON POINTED AT THE (EPW). [REDACTED] STATED THAT HE WAS UNABLE TO POSITIVELY IDENTIFY THE INDIVIDUAL WHO PHOTOGRAPHED HIM AT THE TIME OF THE INCIDENT. ON 20040518 BASED ON THE EVALUATION AND THE SENSITIVITY OF THE INFORMATION, THE BATTALION OPERATIONS OFFICER DIRECTED THIS INVESTIGATION BE REPORTED UNDER SSI CRITERIA.

b7c
b6
b5

| | | |
|----------------|-----------------------------|--|
| 1. Enclosures: | 2. Distribution: DES | 3. Name: <u>MAC-3, b6-3</u> |
| | | 4. Grade: GS13 |
| | | 5. Title Of Reporting Official: DIRECTOR, DES |
| | | 6. Signature: |

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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 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 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.

| | | | |
|---|--|--|------------------------------|
| MILITARY POLICE REPORT NUMBER 01101-2004-MPC552 | DATE(YYYY/MM/DD) 2004/05/18 | ORI NUMBER NY02200DM | USACRC CONTROL NUMBER |
| THRU: | TO: COMMANDER 10110 N RIVA RIDGE FORT DRUM, NY US 13602 | FROM: ATTN: DIRECTORATE OF EMERGENCY SERVICES P10715 MT BELVEDERE BLVD | |

SECTION V - PERSONS RELATED TO REPORT

| | | | | |
|--|--|---|---|---|
| 1a. PERSON RELATED TO REPORT NUMBER 2 | 1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Military Police | | | |
| 1c. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] b7c-1, b6-1 | 1d. SSN/FNN/Alien Reg No: [REDACTED] b7c-1, b6-1 | 1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien | | |
| 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 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 (YYYY/MM/DD): | 1h. POB: City, State, Country: | 1i. GRADE: | |
| | 1j. HOME PHONE: | 1k. WORK PHONE: | 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 NO: | | 1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): | |
| | 2a. ORGANIZATION, UIC, And STREET ADDRESS: USACIDC MD1 | | 2b. INSTALLATION/CITY: FORT DRUM | 2d. ZIP/APO: 13602 |
| | 2c. STATE/COUNTRY: NY US | | 2e. UNIT PHONE: | |
| | 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 (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701 | | | | |

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