

**MPC**

**02348-2004-MPC013.**

**Pertains to USACIDC ROI**

**0147-04-CID013-64389**

**Previously Released on**

**26 FEB 05 .**

**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.

<b>MILITARY POLICE REPORT NUMBER</b> 02348-2004-MPC013-2	<b>DATE(YYYY/MM/DD)</b> 2004/07/28	<b>ORI NUMBER</b> GAUSA01DM	<b>USACRC CONTROL NUMBER</b>
<b>THRU: COMMANDER</b> BLDG 9050 FORT BENNING, GA US 31905	<b>TO: COMMANDER</b> 1ST BN, 15TH IN (MECH) (1/15TH IN) FORT BENNING,GA US 31905	<b>FROM: ATTN: PROVOST MARSHAL</b> BLDG 215 - ADMIN FORT BENNING, GA US 31905	

**Section I - Administration**

<b>1. REPORT TYPE:</b> <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION:</b> <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE:</b> (YYYY/MM/DD): 2004/04/15	<b>4c. COMPLAINT RECEIVED BY:</b> <input type="checkbox"/> In person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input checked="" type="checkbox"/> Other (Specify): CID	<b>5a. CLEARANCE REASON:</b> <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input checked="" type="checkbox"/> X Apprehension	<b>5b. EXCEPTIONAL CLEARANCE DATE:</b> (YYYY/MM/DD):  <b>7. INVOLVEMENT:</b> <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic <input type="checkbox"/> Gang <input type="checkbox"/> Extremist
<b>2. STATUS:</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME:</b> (24hr.): 0900	<b>6a. MP ACTION:</b> <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	<b>6b. DATE REFERRED:</b> (YYYY/MM/DD):	

**Section II - Offense**

<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> 13	<b>1e.</b> <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	<b>1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)	
<b>1g. OFFENSE CODE(s):</b> 6E1D1	<b>1h. OFFENSE DESCRIPTION(s):</b> RAPE OF A FOREIGN NATIONAL - BY FORCE (ARTICLE #120, UCMJ)			<b>1i. OFFENSE LOCATION ADDRESS:</b> UNKNOWN LOCATIONS IZ		
<b>2a. BEGIN DATE:</b> (YYYY/MM/DD): 2003/03/01	<b>2b. BEGIN TIME (24hr.):</b> 0001	<b>2c. END DATE:</b> (YYYY/MM/DD): 2003/07/12	<b>2d. END TIME: (24hr.):</b> 0001	<b>3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):</b> <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	<b>4. OFFENSE STATUTORY BASIS:</b> <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	<b>5. OFFENDER USED (Check Up To Three)</b> <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> 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                       |

000001

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:  
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 Other(Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	99 None
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives		
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs		
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input checked="" type="checkbox"/>	95 Unknown		

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) \_\_\_\_\_  
 Forcible Entry  No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)

<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed By Private Citizen
<input type="checkbox"/>	2 Assault on Law Officer	<input type="checkbox"/>	21 Criminal Killed By Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Wpn Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved		

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 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)  Yes  No  Unknown

**Section III - Subject**

1a. SUBJECT NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN SOLDIERS,	1c. SSN/FNN/ALIEN REG NO: SSN	1d. PROTECTED IDENTITY:
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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'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 checked="" 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	
	2a. ORGANIZATION, UIC, STREET ADDRESS: 1ST BN, 15TH IN (MECH) (1/15TH IN), WAR00A BLDG 9055	2b. INSTALLATION/CITY: FORT BENNING	2d. Zip/APO: 31905	
3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: GA US	2e. UNIT PHONE:		
	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) <input type="checkbox"/> 16-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65-74 <input type="checkbox"/> 75+	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	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
4e. HEIGHT		4f. WEIGHT:		6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <table border="1"> <tr> <td><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td>13 Rifle</td> <td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td>14 Shotgun</td> <td></td><td></td> </tr> </table>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	13 Rifle			<input type="checkbox"/>	14 Shotgun		
<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	16 Lethal Cutting Instrument																			
<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																			
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	15 Other (Specify)																			
<input type="checkbox"/>	13 Rifle																					
<input type="checkbox"/>	14 Shotgun																					

15a. SUBJECT INVOLVEMENT <input checked="" type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input 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):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:

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	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
	15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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"/> M Unknown Type Drug
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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
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**Section IV - Victim**

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): <b>UNKNOWN IRAQI FEMALE,</b>	1c. SSN/FNN/ALIEN REG NO: SSN	1d. PROTECTED IDENTITY:
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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 checked="" 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 checked="" type="checkbox"/> Country (Specify): IZ <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	
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:	2d. Zip/APO:	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY:	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
3c. STATE/COUNTRY:				

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 checked="" 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
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)		
<input type="checkbox"/> AA Anti-Atheist/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

<b>6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )</b>  <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> AA Spouse</td> <td style="width:33%; border: none;"><input type="checkbox"/> AV Step-Sibling</td> <td style="width:33%; border: none;"><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AB Child</td> <td style="border: none;"><input type="checkbox"/> AZ Friend</td> <td style="border: none;"><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AC Sibling</td> <td style="border: none;"><input type="checkbox"/> BA Neighbor</td> <td style="border: none;"><input type="checkbox"/> BY Employee</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AD Parent</td> <td style="border: none;"><input type="checkbox"/> BB Com. Law Spouse</td> <td style="border: none;"><input type="checkbox"/> BZ Employer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AE Parent-in-Law</td> <td style="border: none;"><input type="checkbox"/> BC Acquaintance</td> <td style="border: none;"><input type="checkbox"/> BX Stranger</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AF Step Child</td> <td style="border: none;"><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td style="border: none;"><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AG Grandparent</td> <td style="border: none;"><input type="checkbox"/> BE Boy/Girlfriend</td> <td style="border: none;"><input type="checkbox"/> CB Relationship Unknown</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AH Step-Parent</td> <td style="border: none;"><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td style="border: none;"><input type="checkbox"/> VO Offender</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AK Grandchild</td> <td style="border: none;"><input type="checkbox"/> BH Former Spouse</td> <td style="border: none;"><input type="checkbox"/></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	<input type="checkbox"/>	<b>7. VICTIM INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle 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	<input type="checkbox"/>																										
<b>8. INJURY TYPE ( Check up to five )</b> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> B Broken Bones</td> <td style="width:50%; border: none;"><input type="checkbox"/> O Major Injury</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> I Possible Internal</td> <td style="border: none;"><input type="checkbox"/> T Tooth Loss</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> L Severe Laceration</td> <td style="border: none;"><input type="checkbox"/> U Unconsciousness</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> M Minor Injury</td> <td style="border: none;"><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 checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																			
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<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness																											
<input checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																											
<b>9a. DD FORM 2701 PROVIDED VICTIM</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																												
<b>9b. IF NOT PROVIDED, WHY NOT?</b> <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required																												

**Section V - Persons Related To Report**

<b>1a. PERSON RELATED TO REPORT NUMBER</b> 1	<b>1b. STATUS</b> <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police	
<b>1c. NAME (Last, First, Middle Name, JR., Sr., III):</b> ██████████ b7c-1, b6-1	<b>1d. SSN/FNN/Alien Reg No:</b> SSN ██████████ b7c-1, b6-1	<b>1e. CITIZENSHIP</b> <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):
<b>1f. CATEGORY:</b> <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	<b>1g. DOB (YYYY/MM/DD):</b>  <b>1h. POB: City, State, Country:</b>  <b>1i. GRADE:</b>  <b>1j. HOME PHONE:</b>  <b>1k. WORK PHONE:</b>  <b>1l. NICKNAMES/ALIAS:</b>  <b>1m. COMPONENT</b> <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	<b>1n. DRIVER LICENSE NO:</b>  <b>1o. IS LICENSE:</b> <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International
<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b> 86TH MP DET (CID) AUGMENTATION WEOZ99 BLDG 108	<b>2b. INSTALLATION/CITY:</b> FORT BENNING	<b>2d. ZIP/APO:</b> 31905
<b>3a. RESIDENCE STREET ADDRESS:</b>  	<b>2c. STATE/COUNTRY:</b> GA US	<b>2e. UNIT PHONE:</b>  
	<b>3b. INSTALLATION/CITY:</b>  	<b>3d. ZIP/APO:</b>  
	<b>3c. STATE/COUNTRY:</b>  	
<b>4a. DD FORM 2701 PROVIDED VICTIM/WITNESS:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>4b. IF NOT PROVIDED, WHY NOT?</b> <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	<b>5. NUMBER OF VICTIMS ( 0 ) AND WITNESSES ( 0 ) NOTIFIED WITH DD FORM 2701</b>

**Section VI - Property**

<b>1a. ITEM NO:</b>	<b>1b. CODE:</b>	<b>1c. QUANTITY:</b>	<b>1d. VALUE:</b>	<b>1e. DESCRIPTION</b>	<b>1f. SERIAL NUMBER:</b>
<b>1g. DATE RECOVERED (YYYY/MM/DD):</b>  <b>1h. DATE RETURNED (YYYY/MM/DD):</b>  <b>1k. PROPERTY LOSS TYPE ( Check all that apply )</b> <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		<b>1i. SECURITY</b> <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown		<b>1j. PROPERTY OWNERSHIP.</b> <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	

**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

CID INITIATED INVESTIGATION SUBSEQUENT REVIEW OF A MAY 2004 PLAYBOY MAGAZINE ARTICLE TITLED "DEATH AND DISHONOR", WHEREIN SOLDIERS ASSIGNED TO THE 3RD INFANTRY BRIGADE, FORT BENNING, GA, ALLEGED SOLDIERS OF THE 1/15TH INFANTRY, COMMITTED NUMEROUS WAR CRIMES AGAINST IRAQI NATIONALS AND SOLDIERS WHILE DEPLOYED IN SUPPORT OF OPERATION ENDURING FREEDOM, IRAQ; AND SUBSEQUENT A REQUEST FOR INVESTIGATION BY COL [REDACTED] COMMANDER, 3RD INFANTRY BRIGADE, FORT BENNING, GA 31905. b7c-3, b6-3

SOLDIERS WHO WERE QUOTED IN THE ARTICLE ALLEGED SOLDIERS OF THE 3RD INFANTRY BRIGADE COMMITTED THE BELOW-CITED CRIMES: (EFFORTS TO AUTHENTICATE THE VALIDITY OF THE QUOTES IN THE ARTICLE ARE ON-GOING)

RAPED IRAQI FEMALE NATIONALS WHILE ON PATROL AND WHILE GUARDING A MALL IN BAGHDAD.

SHOT AN UNARMED IRAQI NATIONAL IN THE LEG WHILE HE WAS FLEEING, HOG-TIED HIM AND THREW HIM INTO A BRADLEY FIGHTING VEHICLE WHERE SEVERAL SOLDIERS PHYSICALLY ASSAULTED HIM WHILE HOG-TIED.

ASSAULTED SEVERAL EPW'S WHILE IN CUSTODY, AND DUG INSIDE WOUNDS OF EPW'S WHILE THEY WERE INCAPACITATED.

COMMITTED RULES OF ENGAGEMENT VIOLATIONS, BY INDISCRIMINATELY SHOOTING UNARMED CIVILIAN VEHICLES WHILE OPERATED AND OCCUPIED BY LOCAL IRAQI CIVILIAN WOMEN AND CHILDREN. ADDITIONALLY, WOULD "LEVEL EVERYTHING IN A FOUR BLOCK RADIUS" AFTER OTHER UNITS HAD SAFELY PASSED THROUGH THE AREA.

THE ARTICLE ALSO ALLEGED POSSIBLE GENEVA CONVENTION VIOLATIONS, SPECIFICALLY, SHOOTING WOUNDED IRAQI SOLDIERS.

LASTLY, THE ARTICLE FURTHER ALLEGED LARCENY VIOLATIONS AND OTHER MISCONDUCT VIOLATIONS. INVESTIGATION CONTINUES BY CID.

2ND STATUS:

THIS STATUS REPORT WAS GENERATED TO LIFT THE RESTRICTED DISTRIBUTION OF THIS INVESTIGATION TO CID CHANNELS ONLY. FURTHER, TO REPORT INVESTIGATIVE FINDINGS.

A THOROUGH INVESTIGATION OF THE BELOW CITED ALLEGATIONS DID NOT DEVELOP SUFFICIENT EVIDENCE TO PROVE OR DISPROVE THE ALLEGATIONS OCCURRED AS WRITTEN IN THE PLAYBOY ARTICLE. AFTER CONDUCTING NUMEROUS INTERVIEWS OF UNIT PERSONNEL ASSIGNED TO B CO 1/15TH IN, FT BENNING, GA, THIS INVESTIGATION COULD NOT DETERMINE THE ALLEGED INCIDENTS ACTUALLY OCCUR OR DID NOT OCCUR. FURTHER COMPLICATING INVESTIGATIVE EFFORTS WAS THE ALLEGED POTENTIAL VICTIMS COULD NOT BE IDENTIFIED, LOCATED OR INTERVIEWED. IN ADDITION, THERE ARE INDICATIONS THE AUTHOR OF THE ARTICLE DID NOT VERIFY OR VALIDATE THE INFORMATION COLLECTED PRIOR TO PUBLISHING THE ARTICLE.

THE INDIVIDUALS QUOTED IN THE ARTICLE WERE INTERVIEWED AND THEY INDICATED THEY DID NOT MAKE THE STATEMENTS IN THE ARTICLE, OR THEIR STATEMENTS WERE TAKEN OUT OF CONTEXT AND MISREPRESENTED. FURTHER, OTHER MEMBERS OF B CO 1/15TH IN, WERE INTERVIEWED AND THEY INDICATED THAT THE ARTICLE WAS GROSSLY UNTRUE.

1. Enclosures:	2. Distribution:	3. Name: PATROL
		4. Grade: E-
		5. Title Of Reporting Official: MP
		6. Signature:

000005

Section VII - Narrative ( Con't )

THE ARTICLE INDICATED THAT IRAQI WOMEN WERE RAPED BY UNIT MEMBERS. IT WAS DETERMINED THAT APPROXIMATELY FOUR MEMBERS OF B CO 1/15TH IN, DID HAVE SEX WITH PROSTITUTES; HOWEVER, NEITHER THEY, NOR ANY OTHER SOLDIERS INTERVIEWED ALLEGED ANY WOMEN WERE RAPED. TWO OF THE SOLDIERS ADMITTED TO HAVING SEX WITH WOMEN AND PAYING THEM; HOWEVER, STATED THERE WAS NO FORCE INVOLVED. THIS INFORMATION WAS TURNED OVER TO THE UNIT FOR FURTHER INVESTIGATION.

IT WAS DETERMINED THAT THE ALLEGATION THAT AN IRAQI PRISONER WAS SHOT IN THE LEG WHILE TRYING TO FLEE, HOG-TIED AND BEATEN, COULD NOT BE PROVED OR DISPROVED AS PORTRAYED IN THE ARTICLE. HOWEVER, INTERVIEWS INDICATED THAT THERE WAS A YOUNG IRAQI WHO WAS TAKEN INTO CUSTODY AFTER HE FLED FROM A DISTURBANCE WITH AN OLDER IRAQI, FLEXI-CUFFED BEHIND HIS BACK AND TRANSPORTED IN A BRADLEY FIGHTING VEHICLE. NON OF THE INTERVIEWS REVEALED THAT HE WAS SHOT, HOG-TIED OR BEATEN.

IT WAS FURTHER DETERMINED THAT WOMEN AND CHILDREN WERE SHOT BY UNIT MEMBERS AS CITED IN THE ARTICLE; HOWEVER, THEY WERE CONSIDERED COMBATANTS. VEHICLES WOULD PENETRATE A ROAD BLOCK AND THE UNIT WOULD FIRE WARNING SHOTS TO GET THE VEHICLE TO TURN AROUND. THERE WERE INSTANCES WERE VEHICLES WOULD CONTINUE TOWARD THEIR POSITIONS, AND THE UNIT WOULD FIRE INTO THE VEHICLE, KILLING THE OCCUPANTS. IT WAS LATER DETERMINED THAT SOME OF THE VEHICLES CONTAINED WOMEN AND CHILDREN, WHICH WAS UNKNOWN AT THE TIME OF THE ENGAGEMENT.

INTERVIEWS DETERMINED THE UNIT DID NOT "LEVEL EVERYTHING IN A FOUR BLOCK RADIUS", AND DID NOT KILL WOUNDED IRAQI SOLDIERS AS CITED IN THE ARTICLE. THE UNIT TOOK SEVERAL EPW'S FROM EACH ENGAGEMENT THEY WERE INVOLVED IN AND WOULD OBTAIN CLEARANCE FORM THE UNIT COMMANDER TO ENGAGE COMBATANTS. UNIT MEMBERS DID STATE THEY WOULD GO HOUSE TO HOUSE AND LOOK FOR ENEMY SOLDIERS, BUT THEY DID NOT KILL INNOCENT CIVILIANS.

INTERVIEWS ALSO DETERMINED THE ONLY LOOTING THAT OCCURRED INVOLVED WATCHES AND CIGARETTES, BUT THAT WAS QUICKLY RESOLVED BY THE UNIT COMMANDER DURING THE WAR. THERE WERE ALLEGATIONS IN THE ARTICLE THAT A UNIT MEMBER HAD A JEWEL BOX THAT WAS STOLEN, BUT THERE WAS NO ONE THAT COULD SUBSTANTIATE THOSE ALLEGATIONS. FURTHER, THE ARTICLE ALLEGED THE SAME UNIT MEMBER HAD AN IRAQI SKULL POSTED ON A STICK OUTSIDE THEIR ENCAMPMENT. IT WAS DETERMINED THE SKULL WAS A PLASTIC MEDICAL SKULL WHICH WAS DECORATED AND POSTED AS A PRANK.

THERE ARE INDICATION THAT THE ALLEGATION OF ABUSE OF AN EPW WHILE IN CUSTODY

1. Enclosures: ( con't )

0040006

Section VII - Narrative ( Con't )

COULD HAVE OCCURRED; HOWEVER, NO DIRECT WITNESSES AND THE SUSPECT IS DECEASED. THERE WAS NO CREDIBLE INFORMATION DEVELOPED SUFFICIENT ENOUGH TO SUBSTANTIATE THE ALLEGATION. INVESTIGATION CONTINUES BY CID.

FINAL STATUS:

THIS IS A FINAL REPORT. THIS INVESTIGATION WAS TERMINATED IN ACCORDANCE WITH CIDR 195-1, CHAPTER 4-17(6) IN THAT THE SPECIAL AGENT IN CHARGE DETERMINED THAT FURTHERANCE OF THIS INVESTIGATION WOULD BE OF LITTLE OR NO VALUE OR LEADS REMAINING TO BE DEVELOPED WERE NOT SIGNIFICANT. INVESTIGATION COMPLETED BY CID.

1. Enclosures: ( con't )

000007



**MILITARY POLICE REPORT - ADDITIONAL OFFENSES**

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

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

MILITARY POLICE REPORT NUMBER <b>02348-2004-MPC013-2</b>	DATE (YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
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<b>THRU: COMMANDER</b> BLDG 9050 FORT BENNING, GA US 31905	<b>TO: COMMANDER</b> BLDG 9055 FORT BENNING, GA US 31905	<b>FROM:</b> ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905
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**Section II - Offense**

1a. OFFENSE NO. <b>2</b>	1b. SUBJECT NO. INVOLVEMENT: <b>1</b>	1c. VICTIM NO. INVOLVEMENT: <b>2-4</b>	1d. NIBRS LOCATION CODE: <b>15</b>	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
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1g. OFFENSE CODE(s): <b>5C1N</b>	1h. OFFENSE DESCRIPTION(s): <b>AGGRAVATED ASSAULT (ARTICLE #128, UCMJ)</b>	1i. OFFENSE LOCATION ADDRESS: <b>UNKNOWN LOCATIONS IZ</b>
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2a. BEGIN DATE: (YYYY/MM/DD): <b>2003/03/01</b>	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):  <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	4. OFFENSE STATUTORY BASIS:  <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three)  <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): <b>0001</b>			
2c. END DATE: (YYYY/MM/DD): <b>2003/07/12</b>			
2d. END TIME: (24hr.): <b>0001</b>			

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:  
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/> 11 Firearm(Unk Type)	<input type="checkbox"/> 35 Motor Vehicle	<input type="checkbox"/> 90 Other(Specify)
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> 50 Poison	<input type="checkbox"/> 99 None
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> 60 Explosives	
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 65 Fire/Incendiary	
<input type="checkbox"/> 40 Personal Weapons	<input type="checkbox"/> 70 Narcotics/Drugs	
<input type="checkbox"/> 20 Knife/Cutting Instrument	<input type="checkbox"/> 85 Asphyxiation	
<input type="checkbox"/> 30 Blunt Object	<input checked="" type="checkbox"/> 95 Unknown	

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) \_\_\_\_\_  
 Forcible Entry  No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 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 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
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10. BIAS MOTIVATION (As applicable)  Yes  No  Unknown

000008

**MILITARY POLICE REPORT - ADDITIONAL OFFENSES**

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

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

MILITARY POLICE REPORT NUMBER <b>02348-2004-MPC013-2</b>	DATE (YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
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<b>THRU: COMMANDER</b> BLDG 9050 FORT BENNING, GA US 31905	<b>TO: COMMANDER</b> BLDG 9055 FORT BENNING, GA US 31905	<b>FROM:</b> ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905
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**Section II - Offense**

1a. OFFENSE NO. <b>3</b>	1b. SUBJECT NO. INVOLVEMENT: <b>1</b>	1c. VICTIM NO. INVOLVEMENT: <b>3</b>	1d. NIBRS LOCATION CODE: <b>15</b>	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)
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1g. OFFENSE CODE(s): <b>5Y2B0</b>	1h. OFFENSE DESCRIPTION(s): <b>FAIL TO OBEY GENERAL ORDER - OTHER (ARTICLE #92, UCMJ)</b>	1i. OFFENSE LOCATION ADDRESS: <b>UNKNOWN LOCATIONS IZ</b>
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2a. BEGIN DATE: (YYYY/MM/DD): <b>2003/03/01</b>	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):  <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	2b. BEGIN TIME (24hr.): <b>0001</b>	4. OFFENSE STATUTORY BASIS:  <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three):  <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2c. END DATE: (YYYY/MM/DD): <b>2003/07/12</b>				
2d. END TIME: (24hr.): <b>0001</b>				

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:  
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/> 11 Firearm(Unk Type)	<input type="checkbox"/> 35 Motor Vehicle	<input type="checkbox"/> 90 Other(Specify)
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> 50 Poison	
<input type="checkbox"/> 13 Rifle	<input checked="" type="checkbox"/> 60 Explosives	<input checked="" type="checkbox"/> 99 None
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 65 Fire/Incendiary	
<input type="checkbox"/> 40 Personal Weapons	<input type="checkbox"/> 70 Narcotics/Drugs	
<input type="checkbox"/> 20 Knife/Cutting Instrument	<input type="checkbox"/> 85 Asphyxiation	
<input type="checkbox"/> 30 Blunt Object	<input type="checkbox"/> 95 Unknown	

7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) \_\_\_\_\_  
 Forcible Entry  No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 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 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
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10. BIAS MOTIVATION (As applicable)  Yes  No  Unknown

000009

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

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

MILITARY POLICE REPORT NUMBER <b>02348-2004-MPC013-2</b>	DATE (YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
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<b>THRU: COMMANDER</b> BLDG 9050 FORT BENNING, GA US 31905	<b>TO: COMMANDER</b> BLDG 9055 FORT BENNING, GA US 31905	<b>FROM:</b> ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905
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**SECTION IV - VICTIM**

1a. VICTIM NO: <b>2</b>	1b. NAME (Last, First, Middle Name, JR., Sr., III): <b>UNKNOWN IRAQI MALE,</b>	1c. SSN/FNN/ALIEN REG NO: <b>SSN</b>	1d. PROTECTED IDENTITY:
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<b>1e. CATEGORY:</b> <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 checked="" 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 checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien: <b>IZ</b>	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:		3d. Zip/APO:	
	2c. STATE/COUNTRY:	2e. UNIT PHONE:			

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 checked="" 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
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5. BIAS MOTIVATION  Yes  No (Check Applicable Bias)

<input type="checkbox"/> AA Anti-Atheist/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
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6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )	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 checked="" type="checkbox"/> 1 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 ) <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 checked="" 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	9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required

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

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

MILITARY POLICE REPORT NUMBER <b>02348-2004-MPC013-2</b>	DATE (YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
THRU: COMMANDER BLDG 9050 FORT BENNING, GA US 31905	TO: COMMANDER BLDG 9055 FORT BENNING, GA US 31905	FROM: ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905	

**SECTION IV - VICTIM**

1a. VICTIM NO: <b>3</b>	1b. NAME (Last, First, Middle Name, JR., Sr., III): <b>UNKNOWN IRAQI CITIZENS,</b>	1c. SSN/FNN/ALIEN REG NO: SSN	1d. PROTECTED IDENTITY:
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<b>1e. CATEGORY:</b> <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 checked="" 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 checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien: <input type="checkbox"/> IZ	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. Zip/APO:		
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. ZIP/APO:		

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"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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
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5. BIAS MOTIVATION  Yes  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
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6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )	7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit			
<table border="0" style="width:100%;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> AA Spouse  <input type="checkbox"/> AB Child  <input type="checkbox"/> AC Sibling  <input type="checkbox"/> AD Parent  <input type="checkbox"/> AE Parent-in-Law  <input type="checkbox"/> AF Step Child  <input type="checkbox"/> AG Grandparent  <input type="checkbox"/> AH Step-Parent  <input type="checkbox"/> AK Grandchild           </td> <td style="vertical-align: top;"> <input type="checkbox"/> AV Step-Sibling  <input type="checkbox"/> AZ Friend  <input type="checkbox"/> BA Neighbor  <input type="checkbox"/> BB Com. Law Spouse  <input type="checkbox"/> BC Acquaintance  <input type="checkbox"/> BD Baby-Sittee(baby)  <input type="checkbox"/> BE Boy/Girlfriend  <input type="checkbox"/> BF Child of Boy/Girlfriend  <input type="checkbox"/> BH Former Spouse           </td> <td style="vertical-align: top;"> <input type="checkbox"/> BL Homosexual Relationship  <input type="checkbox"/> BN Extended Family  <input type="checkbox"/> BY Employee  <input type="checkbox"/> BZ Employer  <input type="checkbox"/> BX Stranger  <input type="checkbox"/> 1 CA Otherwise Known  <input type="checkbox"/> CB Relationship Unknown  <input type="checkbox"/> VO Offender           </td> </tr> </table>	<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> 1 CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> 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 checked="" type="checkbox"/> Z None
<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> 1 CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender		
9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required				

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

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

MILITARY POLICE REPORT NUMBER <b>02348-2004-MPC013-2</b>	DATE (YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
<b>THRU: COMMANDER</b> <b>BLDG 9050</b> <b>FORT BENNING, GA US 31905</b>	<b>TO: COMMANDER</b> <b>BLDG 9055</b> <b>FORT BENNING,GA US 31905</b>	<b>FROM:</b> <b>ATTN: PROVOST MARSHAL</b> <b>BLDG 215 - ADMIN</b> <b>FORT BENNING, GA US 31905</b>	

**SECTION IV - VICTIM**

1a. VICTIM NO: <b>4</b>	1b. NAME (Last, First, Middle Name, JR., Sr., III): <b>UNKNOWN IRAQI SOLDIERS,</b>	1c. SSN/FNN/ALIEN REG NO: <b>SSN</b>	1d. PROTECTED IDENTITY:
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<b>1e. CATEGORY:</b> <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 checked="" 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 checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien: <input type="checkbox"/> IZ	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:		3d. Zip/APO:	
		2c. STATE/COUNTRY:		2e. UNIT PHONE:	

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"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" 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 <input type="checkbox"/> ___ 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
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5. BIAS MOTIVATION  Yes  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
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6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )	7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit			
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> <input type="checkbox"/> AA Spouse  <input type="checkbox"/> AB Child  <input type="checkbox"/> AC Sibling  <input type="checkbox"/> AD Parent  <input type="checkbox"/> AE Parent-in-Law  <input type="checkbox"/> AF Step Child  <input type="checkbox"/> AG Grandparent  <input type="checkbox"/> AH Step-Parent  <input type="checkbox"/> AK Grandchild           </td> <td style="width:33%;"> <input type="checkbox"/> AV Step-Sibling  <input type="checkbox"/> AZ Friend  <input type="checkbox"/> BA Neighbor  <input type="checkbox"/> BB Com. Law Spouse  <input type="checkbox"/> BC Acquaintance  <input type="checkbox"/> BD Baby-Sittee(baby)  <input type="checkbox"/> BE Boy/Girlfriend  <input type="checkbox"/> BF Child of Boy/Girlfriend  <input type="checkbox"/> BH Former Spouse           </td> <td style="width:33%;"> <input type="checkbox"/> BL Homosexual Relationship  <input type="checkbox"/> BN Extended Family  <input type="checkbox"/> BY Employee  <input type="checkbox"/> BZ Employer  <input type="checkbox"/> BX Stranger  <input type="checkbox"/> CA Otherwise Known  <input type="checkbox"/> CB Relationship Unknown  <input type="checkbox"/> VO Offender           </td> </tr> </table>	<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> 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 checked="" type="checkbox"/> M Minor Injury <input type="checkbox"/> Z None
<input type="checkbox"/> AA Spouse <input type="checkbox"/> AB Child <input type="checkbox"/> AC Sibling <input type="checkbox"/> AD Parent <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> AF Step Child <input type="checkbox"/> AG Grandparent <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> AK Grandchild	<input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> AZ Friend <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> BH Former Spouse	<input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> BN Extended Family <input type="checkbox"/> BY Employee <input type="checkbox"/> BZ Employer <input type="checkbox"/> BX Stranger <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> VO Offender		
	9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required			

**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 <b>02348-2004-MPC013-2</b>	DATE(YYYY/MM/DD) <b>2004/07/28</b>	ORI NUMBER <b>GAUSA01DM</b>	USACRC CONTROL NUMBER
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<b>THRU: COMMANDER</b> BLDG 9050 FORT BENNING, GA US 31905	<b>TO: COMMANDER</b> BLDG 9055 FORT BENNING,GA US 31905	<b>FROM:</b> ATTN: PROVOST MARSHAL BLDG 215 - ADMIN FORT BENNING, GA US 31905
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**SECTION V - PERSONS RELATED TO REPORT**

1a. PERSON RELATED TO REPORT NUMBER <b>2</b>	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police
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1c. NAME (Last, First, Middle Name, JR., Sr., III): <b>[REDACTED] b7C-1106-1</b>	1d. SSN/FNN/Alien Reg No: SSN <b>[REDACTED] b7C-1106-1</b>	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien
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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: <b>86TH MP DET (CID) AUGMENTATION WEOZ99 BLDG 108</b>	2b. INSTALLATION/CITY: <b>FORT BENNING</b>	2d. ZIP/APO: <b>31905</b>		
	2c. STATE/COUNTRY: <b>GA US</b>	2e. UNIT PHONE:		2f. 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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*(This section is currently blank in the provided image.)*

**0000013**