

**MPC**

**02814-2003-MPC093**

**Pertains to USACIDC ROI**

**0353-03-C10093-45256**

**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**  
02814-2003-MPC093-1**DATE(YYYY/MM/DD)**  
2003/12/23**ORI NUMBER**  
GA08901DM**USACRC CONTROL NUMBER****THRU:****TO: COMMANDER****FROM: ATTN: POLICE SERVICES BR**  
236 HUNT CIRCLE SUITE 100  
FORT STEWART, GA US 31314**Section I - Administration**

<b>1. REPORT TYPE:</b> <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION:</b> <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE: (YYYY/MM/DD):</b> 2003/11/19	<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 type="checkbox"/> X Apprehension	<b>5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD):</b>
<b>2. STATUS:</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME: (24hr.):</b> 0214	<b>6a. MP ACTION:</b> <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities	<input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	<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>6b. DATE REFERRED: (YYYY/MM/DD):</b> 2003/11/14	

**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> 10	<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> 5Y2E	<b>1h. OFFENSE DESCRIPTION(s):</b> CRUELTY OR MALTREATMENT OF ENEMY PRISONERS OF WAR (ARTICLE #93, UCMJ) (OFF POST)			<b>1i. OFFENSE LOCATION ADDRESS:</b> CAMP RED BAGHDAD, IZ	
<b>2a. BEGIN DATE: (YYYY/MM/DD):</b> 2003/04/25	<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
<b>2b. BEGIN TIME (24hr.):</b> 0001					
<b>2c. END DATE: (YYYY/MM/DD):</b> 2003/08/15					
<b>2d. END TIME: (24hr.):</b> 2359					

**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

<b>6. TYPE OF WEAPON/FORCE.</b> 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"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 40 Personal Weapons <input type="checkbox"/> 20 Knife/Cutting Instrument <input type="checkbox"/> 30 Blunt Object	<input type="checkbox"/> 35 Motor Vehicle <input type="checkbox"/> 50 Poison <input type="checkbox"/> 60 Explosives <input type="checkbox"/> 65 Fire/Incendiary <input type="checkbox"/> 70 Narcotics/Drugs <input type="checkbox"/> 85 Asphyxiation <input type="checkbox"/> 95 Unknown	<input type="checkbox"/> 90 Other(Specify)  <input type="checkbox"/> 99 None			
			<b>7. NUMBER OF PREMISES ENTERED</b> (For Burglary/Housebreaking only) _____ <input type="checkbox"/> Forcible Entry <input type="checkbox"/> No Forcible Entry		
<b>8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES</b> (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			<b>9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES</b> <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		
<b>10. BIAS MOTIVATION</b> (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
<b>Section III - Subject</b>					
<b>1a. SUBJECT NO: 1</b>		<b>1b. NAME</b> (Last, First, Middle Name, JR., Sr., III): UNKNOWN,		<b>1c. SSN/FNN/ALIEN REG NO:</b> SSN	
<b>1d. PROTECTED IDENTITY:</b>					
<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 type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		<b>1f. DOB</b> (YYYY/MM/DD):		<b>1g. POB:</b> City, State, Country:	
		<b>1h. GRADE:</b>		<b>1i. HOME PHONE:</b>	
		<b>1j. WORK PHONE:</b>		<b>1k. NICKNAMES/ALIAS:</b>	
		<b>1l. CITIZENSHIP:</b> <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:		<b>1m. COMPONENT</b> <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves <input type="checkbox"/> R Regular	
		<b>1n. DRIVER LICENSE NO:</b>		<b>1o. IS LICENSE</b> <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
		<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b>		<b>2b. INSTALLATION/CITY:</b>	
<b>2c. STATE/COUNTRY:</b>		<b>2e. UNIT PHONE:</b>			
<b>3a. RESIDENCE STREET ADDRESS:</b>		<b>3b. INSTALLATION/CITY:</b>		<b>3d. ZIP/APO:</b>	
<b>3c. STATE/COUNTRY:</b>					
<b>4a. HAIR COLOR</b> <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)		<b>4b. EYE COLOR</b> <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		<b>4c. COMPLEXION</b> <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	
<b>4d. AGE RANGE</b> (Specify)  <b>4e. HEIGHT</b>  <b>4f. WEIGHT:</b>		<b>5. JUVENILE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>6. SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
<b>7. RACE</b> <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					
<b>8. ETHNICITY</b> <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown		<b>9. IDENTIFYING MARKS AND LOCATION:</b>  <b>11. OFFENDER'S DISPOSITION:</b> <b>AT LARGE</b>		<b>10. HOW DRESSED AT TIME OF INCIDENT</b> (Clothing, Materials, Colors):	
<b>12. SECURITY CLEARANCE</b> <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)		<b>13. MARITAL STATUS</b> <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		<b>14. SUBJECT ARMED WITH</b> ( Check up to 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown ) <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	

<b>15a. SUBJECT INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		<b>15b. APPREHENSION TYPE</b> <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)		<b>15c. APPREHENSION DATE</b> (YYYY/MM/DD):		<b>15d. APPREHENDING PMO (UIC/MPC):</b>																			
<b>15g. DISPOSITION OF PERSON UNDER 18 YEARS</b> <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)		<b>15h. FBI FORM 249 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>15e. DETENTION TYPE</b> <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.		<b>15f. HOW DRESSED AT TIME OF APPREHENSION:</b>																			
<b>15i. FBI FORM R-84 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>16a. INVOLVEMENT</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None		<b>16b. ALCOHOL/DRUG TEST RESULTS:</b>																					
<b>16c. ILLNESS/INJURY:</b>				<b>16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:</b>																					
<b>17a. CHEMICAL TEST TYPE</b> <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)		<b>17b. DRUG TYPE</b> <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 Steroids</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 Steroids	<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 Steroids																							
<input type="checkbox"/> F Morphine	<input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> M Unknown Type Drug																							
<b>17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)</b>				<b>17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																					

**Section IV - Victim**

<b>1a. VICTIM NO: 1</b>		<b>1b. NAME (Last, First, Middle Name, JR., Sr., III):</b> UNKNOWN,		<b>1c. SSN/FNN/ALIEN REG NO:</b> SSN		<b>1d. PROTECTED IDENTITY:</b>	
<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 type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		<b>1f. DOB (YYYY/MM/DD):</b>		<b>1g. POB: City, State, Country:</b>		<b>1h. GRADE:</b>	
<b>1i. HOME PHONE:</b>		<b>1j. WORK PHONE:</b>		<b>1k. NICKNAMES/ALIAS:</b>		<b>1l. CITIZENSHIP:</b> <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
<b>1m. COMPONENT</b> <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> IT International		<b>2d. Zip/APO:</b>	
<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b>		<b>2b. INSTALLATION/CITY:</b>		<b>2c. STATE/COUNTRY:</b>		<b>2e. UNIT PHONE:</b>	
<b>3a. RESIDENCE STREET ADDRESS:</b>		<b>3b. INSTALLATION/CITY:</b>		<b>3c. STATE/COUNTRY:</b>		<b>3d. ZIP/APO:</b>	

<b>4a. TYPE OF VICTIM:</b> <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input 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		<b>4b. SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<b>4c. AGE</b> <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):		<b>4d. RACE</b> <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		<b>4e. ETHNICITY</b> <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
--	--	--	--	--	--	--	--	--	--

**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
---	---	---

<b>6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <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 </div> </div>			<b>7. VICTIM INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit	
<b>8. INJURY TYPE ( Check up to five )</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> B Broken Bones  <input type="checkbox"/> I Possible Internal  <input type="checkbox"/> L Severe Laceration  <input type="checkbox"/> M Minor Injury </div> <div style="width: 30%;"> <input type="checkbox"/> O Major Injury  <input type="checkbox"/> T Tooth Loss  <input type="checkbox"/> U Unconsciousness  <input type="checkbox"/> Z None </div> </div>			<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> <div style="text-align: center;">1</div>		<b>1b. STATUS</b> <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness <input checked="" type="checkbox"/> Military Police			
<b>1c. NAME (Last, First, Middle Name, JR., Sr., III):</b> <div style="background-color: black; color: black;">[REDACTED] b7c-1, b6-1</div>		<b>1d. SSN/FNN/Alien Reg No:</b> <div style="background-color: black; color: black;">[REDACTED] b7c-1, b6-1</div>		<b>1e. CITIZENSHIP</b> <input type="checkbox"/> US <input type="checkbox"/> Resident Alien 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>  <b>30TH MP SET CID</b>		<b>2b. INSTALLATION/CITY:</b> <b>FT STEWART</b>		<b>2d. ZIP/APO:</b> <b>31314</b>	
<b>3a. RESIDENCE STREET ADDRESS:</b>  		<b>2c. STATE/COUNTRY:</b> <b>GA US</b>		<b>2e. UNIT PHONE:</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>1i. SECURITY</b> <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown <input type="checkbox"/> A Federal <input type="checkbox"/> B State <input type="checkbox"/> C City <input type="checkbox"/> D County/Borough		<b>1j. PROPERTY OWNERSHIP</b> <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> F Private <input type="checkbox"/> U Unknown			
<b>1k. PROPERTY LOSS TYPE ( Check all that apply )</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 None  <input type="checkbox"/> 2 Burned  <input type="checkbox"/> 3 Counterfeited/Forged  <input type="checkbox"/> 4 Damaged/Destroyed/Vandalized </div> <div style="width: 45%;"> <input type="checkbox"/> 5 Recovered  <input type="checkbox"/> 6 Seized  <input type="checkbox"/> 7 Stolen </div> </div>					

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

Section VII - Narrative

INVESTIGATION BY CID REVEALED THAT BETWEEN THE ABOVE TIMES, DATE AND LOCATION, MEMBERS OF B CO, 3/7TH INF REGIMENT, WERE ASSIGNED TO CAMP RED, BAGHDAD, IRAQ AND WERE REQUIRED TO DETAIN INDIVIDUALS FOUND LOOTING IRAQI PROPERTY FROM CAMP RED. ON 14 NOV 03, [REDACTED] STATED DURING FREQUENT VISITS TO CAMP RED, [REDACTED] WITNESSED SELECTED IRAQI DETAINEES BEING PLACED IN A SEGREGATED HOLDING AREA, WITH SAND BAGS COVERING THEIR HEADS AND MADE TO STAND ON BRICKS WITH THEIR ARMS BEHIND THEIR HEADS. [REDACTED] RELATED IF THE DETAINEES GOT OFF THE BRICKS THEY WERE "MANHANDLED" BY THE UNIT PERSONNEL, THEY WERE INFORMED BY THE UNIT NOT TO GIVE THE DETAINEES ANY FOOD OR WATER. [REDACTED] STATED [REDACTED] HEARD THAT DETAINEES WERE PLACED ON A SIDEWALK AND A BRADLEY FIGHTING VEHICLE WAS BACKED UP ON TO THE SIDEWALK TO "SPOOK" THE DETAINEES ON THE GROUND. [REDACTED] RELATED [REDACTED] DID NOT WITNESS ANY DETAINEES BEING PHYSICALLY ABUSED OR ASSAULTED BUT FELT THE TREATMENT THUS FAR WAS CRUEL. ON 14 NOV 03, THE UNIT 1SG WAS INTERVIEWED AND RELATED HE VISITED CAMP RED ONCE A DAY TO DELIVER FOOD AND DID NOT WITNESS ANY MEMBERS OF THE UNIT MISTREATING THE DETAINEES. THE 1SG RELATED THAT DETAINEES WERE PLACED IN THE SEGREGATED HOLDING AREA WHEN THEY WERE DISRUPTIVE AND WOULD NOT LISTEN TO U S PERSONNEL. THE 1SG ALSO STATED SANDBAGS WERE PLACED OVER THE DETAINEES HEADS TO PREVENT THEM FROM VIEWING THE COMMAND POST AND SLEEPING AREAS OF US PERSONNEL OUTSIDE THE HOLDING FACILITY. FURTHERMORE THE 1SG STATED THE DETAINEES WERE PROVIDED FOOD, WATER AND MEDICAL ATTENTION IF REQUIRED. ON 14 NOV 03, THE HOLDING AREA NCOIC WAS INTERVIEWED AND STATED THAT UPON THEIR ARRIVAL AT CAMP RED, LOCAL CIVILIANS BEGAN LOOTING THE PROPERTY FROM CAMP RED AND HE RECEIVED ORDERS TO DETAIN THE LOOTERS AND HOLD THEM FOR 24 HRS PRIOR TO RELEASING THEM. HE FURTHER STATED ONCE DETAINED, THE INDIVIDUALS WHO BECAME EITHER BELLIGERENT OR VIOLENT WOULD BE PLACED IN A SEGREGATED HOLDING AREA OUTSIDE THE HOLDING FACILITY. SANDBAGS WOULD BE PLACED OVER THEIR HEADS TO LIMIT THEIR VIEW OF UNIT PERSONNEL AND EQUIPMENT AS WELL AS, TO PREVENT THEM FROM BITING OR HURTING OTHER DETAINEES. THE NCOIC FURTHER STATED A NUMBER OF DETAINEES WOULD ATTEMPT TO JUMP OVER THE CONCERTINA WIRE SURROUNDING THE SEGREGATED HOLDING AREA, THEREFORE THEY WOULD BE REQUIRED TO STAND ON A TALL BRICK TO LIMIT THEIR MOVEMENT. THE NCOIC STATED HIS SOLDIERS USED THE APPROPRIATE LEVELS OF FORCE WHEN DETAINING THE INDIVIDUALS AND HE DID NOT OBSERVE ANY US PERSONNEL MISTREATING OR ABUSING THE DETAINEES. : FURTHER INVESTIGATION BY CID REVEALED THAT THERE WAS INSUFFICIENT EVIDENCE TO PROVE OR DISAPPROVE THAT THE ABOVE OFFENSE OCCURED AS ALLEGED. THE INVESTIGATION DISCLOSED SOLDIERS FROM B CO, 3/7 INF BN, ESTABLISHED CAMP RED TO TRAIN THE IRAQI POLICE FORCE AND TO DETAIN ANY IRAQI NATIONALS WHO WERE CAUGHT COMMITTING CRIMES WITHIN THE CITY OF BAGHDAD, IRAQ. INVESTIGATION FURTHER REVEALED CAMP RED'S STANDARD OPERATING PROCEDURE (SOP) PERTAINING TO IRAQI DETAINEES WHO BECAME VIOLENT, WERE TO BE SEPARATED AWAY FROM THE OTHER INMATES, TIE THEIR HANDS BEHIND THEM AND COVER THEIR HEADS WITH EMPTY SANDBAGS, WHICH WAS A SECURITY MEASURE TO ENSURE THEY DID NOT HURT THEMSELVES, OTHER INMATES, OR U.S. SOLDIERS. THIS IS A FINAL REPORT.

b7c-4  
b6-4

1. Enclosures:	2. Distribution:	3. Name: b7c-3, b6-3 [REDACTED]
		4. Grade: 1LT, MP
		5. Title Of Reporting Official: CHIEF, POLICE SERVICES
		6. Signature:

**MPC**

**03241-2003-MPC093**

**Pertains to USACIDC ROI**

**0353-03-CID093-45256**

**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**  
03241-2003-MPC093**DATE (YYYY/MM/DD)**  
2003/12/23**ORI NUMBER**  
GA08901DM**USACRC CONTROL NUMBER****THRU:****TO: COMMANDER****FROM: ATTN: POLICE SERVICES BR**  
236 HUNT CIRCLE SUITE 100  
FORT STEWART, GA US 31314**Section I - Administration**

<b>1. REPORT TYPE:</b> <input checked="" type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	<b>3. EVALUATION:</b> <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE: (YYYY/MM/DD):</b> 2003/11/14	<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 type="checkbox"/> X Apprehension	<b>5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD):</b>
<b>2. STATUS:</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME: (24hr.):</b> 0930	<b>6a. MP ACTION:</b> <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities	<input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	<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>6b. DATE REFERRED: (YYYY/MM/DD):</b>				

**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> 10	<b>1e.</b> <input checked="" type="checkbox"/> Attempted <input 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> 5Y2E	<b>1h. OFFENSE DESCRIPTION(s):</b> CRUELTY OR MALTREATMENT OF ENEMY PRISONERS OF WAR (ARTICLE #93, UCMJ) (ON POST)			<b>1i. OFFENSE LOCATION ADDRESS:</b> CAMP RED BAGHDAD, IZ 96426	
<b>2a. BEGIN DATE: (YYYY/MM/DD):</b> 2003/04/25	<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
<b>2b. BEGIN TIME (24hr.):</b> 0001					
<b>2c. END DATE: (YYYY/MM/DD):</b> 2003/08/15					
<b>2d. END TIME: (24hr.):</b> 2359					

**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



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"/>	
<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"/> 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,	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	
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:	2d. Zip/APO:	
		2c. STATE/COUNTRY:	2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:			

4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) 4e. HEIGHT 4f. WEIGHT:	5. JUVENILE <input type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> U Unknown
			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 checked="" type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION: UNKNOWN	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
---	--	---

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																					

006002

<b>15a. SUBJECT INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit		<b>15b. APPREHENSION TYPE</b> <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)		<b>15c. APPREHENSION DATE (YYYY/MM/DD):</b>  <b>15e. DETENTION TYPE</b> <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.		<b>15d. APPREHENDING PMO (UIC/MPC):</b>  <b>15f. HOW DRESSED AT TIME OF APPREHENSION:</b>	
<b>15g. DISPOSITION OF PERSON UNDER 18 YEARS</b> <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)				<b>15h. FBI FORM 249 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>15i. FBI FORM R-84 SUBMITTED</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>16a. INVOLVEMENT</b> <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	
<b>16c. ILLNESS/INJURY:</b>				<b>16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:</b>			
<b>17a. CHEMICAL TEST TYPE</b> <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)		<b>17b. DRUG TYPE</b> <div style="display: flex; justify-content: space-between;"> <div> <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         </div> <div> <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         </div> <div> <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         </div> </div>					
<b>17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)</b>						<b>17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**Section IV - Victim**

<b>1a. VICTIM NO: 1</b>		<b>1b. NAME (Last, First, Middle Name, JR., Sr., III):</b> UNKNOWN,		<b>1c. SSN/FNN/ALIEN REG NO:</b> SSN		<b>1d. PROTECTED IDENTITY:</b>	
<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 type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		<b>1f. DOB (YYYY/MM/DD):</b>  <b>1j. WORK PHONE:</b>		<b>1g. POB: City, State, Country:</b>  <b>1k. NICKNAMES/ALIAS:</b>		<b>1h. GRADE:</b>  <b>1i. HOME PHONE:</b>	
<b>1m. COMPONENT</b> <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <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"/> IT International		<b>1l. CITIZENSHIP:</b> <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b>		<b>2b. INSTALLATION/CITY:</b>		<b>2d. Zip/APO:</b>		<b>2e. UNIT PHONE:</b>	
<b>3a. RESIDENCE STREET ADDRESS:</b>		<b>3b. INSTALLATION/CITY:</b>		<b>3d. ZIP/APO:</b>		<b>3c. STATE/COUNTRY:</b>	

<b>4a. TYPE OF VICTIM:</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> B Business  <input type="checkbox"/> F Financial  <input type="checkbox"/> G Government  <input type="checkbox"/> I Individual         </div> <div> <input type="checkbox"/> R Religious Org  <input type="checkbox"/> S Society/Public  <input type="checkbox"/> O Other  <input checked="" type="checkbox"/> U Unknown         </div> </div>		<b>4b. SEX</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Unknown		<b>4c. AGE</b> <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):		<b>4d. RACE</b> <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 checked="" type="checkbox"/> U Unknown		<b>4e. ETHNICITY</b> <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input checked="" type="checkbox"/> U Unknown	
--	--	---	--	--	--	---	--	---	--

**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
---	---	---

<b>6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )</b>  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <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 </div> <div style="width: 30%;"> <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 </div> </div>			<b>7. VICTIM INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle Solicit	
<b>8. INJURY TYPE ( Check up to five )</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> B Broken Bones  <input type="checkbox"/> I Possible Internal  <input type="checkbox"/> L Severe Laceration  <input type="checkbox"/> M Minor Injury </div> <div style="width: 45%;"> <input type="checkbox"/> O Major Injury  <input type="checkbox"/> T Tooth Loss  <input type="checkbox"/> U Unconsciousness  <input type="checkbox"/> Z None </div> </div>			<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> <div style="text-align: center;">1</div>		<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> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>1d. SSN/FNN/Alien Reg No:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<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> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>1h. POB: City, State, Country:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>1i. GRADE:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>1j. HOME PHONE:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>1k. WORK PHONE:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>1l. NICKNAMES/ALIAS:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<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> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>1o. IS LICENSE</b> <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):	
<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>2b. INSTALLATION/CITY:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>2c. STATE/COUNTRY:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>2d. ZIP/APO:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>3a. RESIDENCE STREET ADDRESS:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>3b. INSTALLATION/CITY:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<b>3c. STATE/COUNTRY:</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>3d. ZIP/APO:</b> <div style="background-color: black; color: black;">[REDACTED]</div>	
<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

1a. ITEM NO:	1b. CODE:	1c. QUANTITY:	1d. VALUE:	1e. DESCRIPTION	1f. SERIAL NUMBER:
<b>1g. DATE RECOVERED (YYYY/MM/DD):</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<b>1h. DATE RETURNED (YYYY/MM/DD):</b> <div style="background-color: black; color: black;">[REDACTED]</div>		<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"/> B State <input type="checkbox"/> C City <input type="checkbox"/> D County/Borough		<b>1k. PROPERTY LOSS TYPE ( Check all that apply )</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 1 None  <input type="checkbox"/> 2 Burned  <input type="checkbox"/> 3 Counterfeited/Forged  <input type="checkbox"/> 4 Damaged/Destroyed/Vandalized </div> <div style="width: 45%;"> <input type="checkbox"/> 5 Recovered  <input type="checkbox"/> 6 Seized  <input type="checkbox"/> 7 Stolen </div> </div>		<input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> F Private <input type="checkbox"/> U Unknown	

#### 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

INVESTIGATION BY CID REVEALED THAT THERE WAS INSUFFICIENT EVIDENCE TO PROVE OR DISAPROVE THAT THE ABOVE OFFENSE OCCURED AS ALLEGED. THE INVESTIGATION DISCLOSED SOLDIERS FROM B CO, 3/7 INF BN, ESTABLISHED CAMP RED TO TRAIN THE IRAQI POLICE FORCE AND TO DETAIN ANY IRAQI NATIONALS WHO WERE CAUGHT COMMITTING CRIMES WITHIN THE CITY OF BAGHDAD, IRAQ. INVESTIGATION FURTHER REVEALED CAMP RED'S STANDARD OPERATING PROCEDURE (SOP) PERTAINING TO IRAQI DETAINEES WHO BECAME VIOLENT, WERE TO BE SEPERATED AWAY FROM THE OTHER INMATES, TIE THEIR HANDS BEHIND THEM AND COVER THEIR HEADS WITH EMPTY SANDBAGS, WHICH WAS A SECURITY MEASURE TO ENSURE THEY DID NOT HURT THEMSELVES, OTHER INMATES, OR U.S. SOLDIERS. THIS IS A FINAL REPORT.

NOTIFICATIONS: MPDO (SFC [REDACTED] 0223 HRS, 23 DEC 03

BLOTTER EXTRACTS TO: [REDACTED] IG

1. Enclosures:

2. Distribution:

3. Name: [REDACTED] 07C-3, 06-3

4. Grade:  
1LT, MP

5. Title Of Reporting Official:  
CHIEF, POLICE SERVICES

6. Signature:

<b>MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT</b> <small>For use of this form, see AR 190-45; the proponent agency is ODCSOPS</small>				
<b>This form is a continuation of SECTION V, DA Form 3975.</b> <b>Please attach it to DA Form 3975 when completed.</b>				
<b>PRIVACY ACT STATEMENT</b>				
<b>AUTHORITY:</b> Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)				
<b>PRINCIPAL PURPOSE:</b> To provide commanders and law enforcement officials with means by which information may be accurately identified.				
<b>ROUTINE USES:</b> Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.				
<b>DISCLOSURE:</b> Disclosure of your Social Security Number is voluntary.				
<b>MILITARY POLICE REPORT NUMBER</b> 03241-2003-MPC093	<b>DATE(YYYY/MM/DD)</b> 2003/12/23	<b>ORI NUMBER</b> GA08901DM	<b>USACRC CONTROL NUMBER</b>	
<b>THRU:</b>	<b>TO: COMMANDER</b>		<b>FROM:</b> ATTN: POLICE SERVICES BR 236 HUNT CIRCLE SUITE 100 FORT STEWART, GA US 31314	
<b>SECTION V - PERSONS RELATED TO REPORT</b>				
<b>1a. PERSON RELATED TO REPORT NUMBER</b> 2	<b>1b. STATUS</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Civil Authorities  <input type="checkbox"/> Sponsor           </div> <div> <input type="checkbox"/> Complaint  <input type="checkbox"/> Witness           </div> <div> <input checked="" type="checkbox"/> Military Police           </div> </div>			
<b>1c. NAME (Last, First, Middle Name, JR., Sr., III):</b> [REDACTED]	<b>1d. SSN/FNN/Alien Reg No:</b> SSN	<b>1e. CITIZENSHIP</b> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> US  <input type="checkbox"/> Country (Specify):           </div> <div> <input type="checkbox"/> Resident Alien           </div> </div>		
<b>1f. CATEGORY:</b> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> A Army</div> <div><input type="checkbox"/> C Coast Guard</div> <div><input type="checkbox"/> F Air Force</div> <div><input type="checkbox"/> H Public Health</div> <div><input type="checkbox"/> M Marine</div> <div><input type="checkbox"/> N Navy</div> <div><input type="checkbox"/> O NOAA</div> <div><input type="checkbox"/> P Family Member</div> <div><input type="checkbox"/> Q Civil Service</div> <div><input type="checkbox"/> R Civilian</div> <div><input type="checkbox"/> S Contractor</div> <div><input type="checkbox"/> T Other Gov. Empl.</div> <div><input type="checkbox"/> U Foreign Nat'l Empl.</div> <div><input type="checkbox"/> V Other Foreign Nat'l</div> <div><input type="checkbox"/> W Retired Military</div> </div>	<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 <div style="display: inline-block; width: 100px;"></div> <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, And STREET ADDRESS:</b>		<b>2b. INSTALLATION/CITY:</b>	<b>2d. ZIP/APO:</b>
	<b>2c. STATE/COUNTRY:</b>		<b>2e. UNIT PHONE:</b>	
<b>3a. RESIDENCE STREET ADDRESS:</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>				