

**MPC**

**00544-2004 MPC 146**

**Pertains to USACIDC ROI**

**0153-04-CID 146-71446**

**Previously Released on**

**27 OCT 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**  
00544-2004-MPC146**DATE(YYYY/MM/DD)**  
2004/08/11**ORI NUMBER**  
CA03608DM**USACRC CONTROL NUMBER****THRU:****TO: COMMANDER**  
MATTYDALE,NY US 13211**FROM: ATTN: PROVOST MARSHAL'S OFFICE**  
P.O. BOX 105066  
FORT IRWIN, CA US 92310**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 checked="" type="checkbox"/> Complaint	<b>3. EVALUATION:</b> <input type="checkbox"/> Founded <input checked="" type="checkbox"/> Unfounded <b>4a. COMPLAINT DATE: (YYYY/MM/DD):</b> 2004/08/05	<b>4c. COMPLAINT RECEIVED BY:</b> <input type="checkbox"/> In person 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): D/SSG [REDACTED] 67C-366-3	<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 type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	<b>4b. COMPLAINT TIME: (24hr.):</b> 1900	<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 Gang <input type="checkbox"/> Extremist
			<b>6b. DATE REFERRED: (YYYY/MM/DD):</b> 2004/08/05	

**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> 5C1J	<b>1h. OFFENSE DESCRIPTION(s):</b> AGGRAVATED ASSAULT - BY KICKING (ART 128, UCMJ) (UNFOUNDED) (OFF POST)			<b>1i. OFFENSE LOCATION ADDRESS:</b> UNKNOWN LOCATION AF	
<b>2a. BEGIN DATE: (YYYY/MM/DD):</b> 2002/10/07	<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> 2003/06/30					
<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 checked="" type="checkbox"/> 90 Other(Specify) <b>KICKING</b> <input type="checkbox"/> 99 None			
<b>8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES</b> (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		
<b>10. BIAS MOTIVATION</b> (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown			<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>Section III - Subject</b>					
<b>1a. SUBJECT NO: 1</b>		<b>1b. NAME</b> (Last, First, Middle Name, JR., Sr., III): [REDACTED]		<b>1c. SSN/FNN/ALIEN REG NO:</b> SSN [REDACTED]	
<b>1e. CATEGORY:</b> <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		<b>1f. DOB (YYYY/MM/DD):</b> [REDACTED]		<b>1g. POB: City, State, Country:</b> [REDACTED]	
<b>1j. WORK PHONE:</b> [REDACTED]		<b>1k. NICKNAMES/ALIAS:</b> NONE KNOWN		<b>1h. GRADE:</b> SGT	
<b>1m. COMPONENT</b> <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> V Reserves		<b>1n. DRIVER LICENSE NO:</b> [REDACTED]		<b>1i. HOME PHONE:</b> [REDACTED]	
<b>2a. ORGANIZATION, UIC, STREET ADDRESS:</b> 403 D CIVIL AFFAIRS BN		<b>2b. INSTALLATION/CITY:</b> MATTYDALE		<b>1l. CITIZENSHIP:</b> <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
<b>3a. RESIDENCE STREET ADDRESS:</b> [REDACTED]		<b>2c. STATE/COUNTRY:</b> NY US		<b>10. IS LICENSE</b> <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
		<b>3b. INSTALLATION/CITY:</b> [REDACTED]		<b>2d. Zip/APO:</b> 13211	
		<b>3c. STATE/COUNTRY:</b> [REDACTED]		<b>2e. UNIT PHONE:</b> [REDACTED]	
				<b>3d. ZIP/APO:</b> [REDACTED]	
<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"/> Black <input type="checkbox"/> Dark <input type="checkbox"/> Dark Brown <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium <input type="checkbox"/> Medium Brown <input type="checkbox"/> Ruddy <input type="checkbox"/> Yellow <input type="checkbox"/> Sallow <input type="checkbox"/> Olive	
		<b>4d. AGE RANGE (Specify)</b> [REDACTED]		<b>5. JUVENILE</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>4e. HEIGHT</b> [REDACTED]		<b>6. SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
		<b>4f. WEIGHT:</b> [REDACTED]		<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 checked="" 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 checked="" type="checkbox"/> U Unknown		<b>9. IDENTIFYING MARKS AND LOCATION:</b> UNKNOWN		<b>10. HOW DRESSED AT TIME OF INCIDENT</b> (Clothing, Materials, Colors): UNKNOWN	
<b>11. OFFENDER'S DISPOSITION:</b> RELEASED TO UNIT BY CID					
<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"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun	
				<input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)	

000002

<b>15a. SUBJECT INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" 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> <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>1j. WORK PHONE:</b>		<b>1g. POB: City, State, Country:</b>  <b>1k. NICKNAMES/ALIAS:</b>		<b>1h. GRADE:</b>  <b>1l. 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>1i. 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> <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		<b>4b. SEX</b> <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		<b>4c. AGE</b> <input 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	
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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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<b>6. RELATIONSHIP OF VICTIM TO OFFENDER ( For multiple offender relationships, enter the subject's number )</b>  <div style="display: flex; flex-wrap: wrap;"> <div 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 </div> <div 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 </div> <div 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 </div> </div>			<b>7. VICTIM INVOLVEMENT</b> <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	
<b>8. INJURY TYPE ( Check up to five )</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <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 checked="" type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
<b>1c. NAME (Last, First, Middle Name, JR., Sr., III):</b> <div style="background-color: black; color: white; padding: 2px;">67C-1, 66-1</div>		<b>1d. SSN/FNN/Alien Reg No:</b> <div style="background-color: black; color: white; padding: 2px;">SSN 67C-1, 66-1</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>  <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> <div style="background-color: black; color: white; padding: 2px;">CID 3LF18 BLDG #402</div>		<b>2b. INSTALLATION/CITY:</b> <div style="background-color: black; color: white; padding: 2px;">FORT IRWIN</div>		<b>2d. ZIP/APO:</b> <div style="background-color: black; color: white; padding: 2px;">92310</div>	
<b>2c. STATE/COUNTRY:</b> <div style="background-color: black; color: white; padding: 2px;">CA US</div>		<b>2e. UNIT PHONE:</b> 67C-1 <div style="background-color: black; color: white; padding: 2px;">66-1</div>		<b>3a. RESIDENCE STREET ADDRESS:</b>  <b>3b. INSTALLATION/CITY:</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 )</b> NOTIFIED WITH DD FORM 2701	

### 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>  <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		<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			
<b>1k. PROPERTY LOSS TYPE ( Check all that apply )</b> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <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: 50%;"> <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/CR	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

FINAL STATUS:

ON 0900 ON 27 AUG 04 THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT THE INVESTIGATION DID NOT ESTABLISH PROBABLE CAUSE TO BELIEVE SGT [REDACTED] COMMITTED THE OFFENSE OF AGGRAVATED ASSAULT AND CRUELTY AND MALTREATMENT, AS INITIALLY ALLEGED. A REVIEW OF THE AFOREMENTIONED CD'S DID NOT REVEAL ANY PHOTOGRAPHS DEPICTING ANY DETAINEES BEING ABUSED OR MISTREATED. THIS IS A FINAL REPORT. CID REPORT #0153-2004-MPC146-71446

b7C-5  
b6-5

2ND STATUS:

AT 0900 ON 5 AUG 04, THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT THE PURPOSE OF THIS STATUS REPORT IS TO REPORT THE INTERVIEWS OF [REDACTED] AND SGT [REDACTED] FURTHER IDENTIFY SGT [REDACTED] AND TO UNFOUND THE OFFENSE OF AGGRAVATED ASSAULT, CRUELTY AND MALTREATMENT. [REDACTED] WAS INTERVIEWED AND STATED HER HUSBAND, SGT [REDACTED] GAVE HER SEVEN CD'S WITH IMAGES OF DETAINEES POSSIBLY BEING ABUSED. [REDACTED] STATED SGT [REDACTED] GAVE HER THESE CD'S AFTER HE RETURNED FROM HIS DEPLOYMENT IN AFGHANISTAN. A FURTHER REVIEW OF THE AFOREMENTIONED CD'S DID NOT REVEAL ANY PICTURES DEPICTING ANY DETAINEES BEING ASSAULTED OR MISTREATED. SGT [REDACTED] WAS INTERVIEWED AND CONFIRMED THAT HE GAVE THE AFOREMENTIONED CD'S TO [REDACTED] AFTER HE RETURNED FROM HIS DEPLOYMENT FROM AFGHANISTAN. SGT [REDACTED] DENIED ASSAULTING OR MISTREATING ANY DETAINEES OR PRISONERS DURING HIS DEPLOYMENT. SGT [REDACTED] STATED COPIES OF THESE CD'S WERE DISTRIBUTED TO SOLDIERS THROUGHOUT THE UNIT FOR THEM TO KEEP AS SOUVENIRS OF THE DEPLOYMENT TO AFGHANISTAN. INVESTIGATION CONTINUES BY USACIDC. CID REPORT #0153-2004-CID146-71446

b7C-5  
b6-5

INITIAL STATUS:

AT 0900 ON 5 AUG 04 THE FORT IRWIN CID OFFICE REPORTED TO THIS STATION THAT ON 30 JUL 04, THE FORT IRWIN CID OFFICE WAS NOTIFIED BY SA [REDACTED] AIR FORCE OFFICE OF SPECIAL INVESTIGATIONS (AFOSI), NELLIS AFB, LAS VEGAS, NV 89191, THAT [REDACTED] REPORTED HER HUSBAND, SGT [REDACTED] GAVE HER A COMPACT DISC CONTAINING IMAGES DETAILING POSSIBLE ABUSE OF DETAINEES. PRELIMINARY INVESTIGATION REVEALED SGT [REDACTED] PROVIDED [REDACTED] A DC CONTAINING IMAGES DEPICTING POSSIBLE IMAGES OF DETAINEES BEING ABUSED. THESE IMAGES WERE TAKEN WHILE SGT [REDACTED] WAS DEPLOYED IN SUPPORT OF US MILITARY OPERATIONS IN AFGHANISTAN. INVESTIGATION CONTINUES BY USACIDC. CID REPORT #0153-2004-CID146-71446

b7C-5  
b6-5

<p>1. Enclosures: b7C-5, b6-5 S1 [REDACTED]: CID REPORT [1]</p>	<p>2. Distribution:  FILE</p>	<p>3. Name: b7C-3, b6-3 [REDACTED]</p>
		<p>4. Grade: CPT</p>
		<p>5. Title Of Reporting Official: OPERATIONS OFFICER</p>
		<p>6. Signature:</p>

**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  
00544-2004-MPC146DATE(YYYY/MM/DD)  
2004/08/11ORI NUMBER  
CA03608DM

USACRC CONTROL NUMBER

THRU:

TO: COMMANDER  
403 D CIVIL AFFAIRS BN  
MATTYDALE, NY US 13211FROM:  
ATTN: PROVOST MARSHAL'S OFFICE  
P.O. BOX 105066  
FORT IRWIN, CA US 92310**Section II - Offense**

1a. OFFENSE NO. <b>2</b>	1b. SUBJECT NO. INVOLVEMENT: <b>1</b>	1c. VICTIM NO. INVOLVEMENT: <b>1</b>	1d. NIBRS LOCATION CODE: <b>10</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)																							
1g. OFFENSE CODE(s): <b>5Y2E</b>	1h. OFFENSE DESCRIPTION(s): <b>CRUELTY OF SUBORDINATES (ART 93, UCMJ) (UNFOUNDED) (OFF POST)</b>			1i. OFFENSE LOCATION ADDRESS:  <b>UNKNOWN LOCATION AF</b>																								
2a. BEGIN DATE: (YYYY/MM/DD): <b>2002/10/07</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																								
2b. BEGIN TIME (24hr.): <b>0001</b>				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>2003/06/30</b>																												
2d. END TIME: (24hr.): <b>2359</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 <table border="0"><tr><td><input type="checkbox"/> 11 Firearm(Unk Type)</td><td><input type="checkbox"/> 35 Motor Vehicle</td><td><input type="checkbox"/> 90 Other(Specify)</td></tr><tr><td><input type="checkbox"/> 12 Handgun</td><td><input type="checkbox"/> 50 Poison</td><td></td></tr><tr><td><input type="checkbox"/> 13 Rifle</td><td><input type="checkbox"/> 60 Explosives</td><td><input type="checkbox"/> 99 None</td></tr><tr><td><input type="checkbox"/> 14 Shotgun</td><td><input type="checkbox"/> 65 Fire/Incendiary</td><td></td></tr><tr><td><input type="checkbox"/> 40 Personal Weapons</td><td><input type="checkbox"/> 70 Narcotics/Drugs</td><td></td></tr><tr><td><input type="checkbox"/> 20 Knife/Cutting Instrument</td><td><input type="checkbox"/> 85 Asphyxiation</td><td></td></tr><tr><td><input type="checkbox"/> 30 Blunt Object</td><td><input type="checkbox"/> 95 Unknown</td><td></td></tr></table>						<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 type="checkbox"/> 60 Explosives	<input 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			
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<input type="checkbox"/> 30 Blunt Object	<input type="checkbox"/> 95 Unknown																											
8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <table border="0"><tr><td><input type="checkbox"/> 1 Argument</td><td><input type="checkbox"/> 20 Criminal Killed By Private Citizen</td></tr><tr><td><input type="checkbox"/> 2 Assault on Law Officer</td><td><input type="checkbox"/> 21 Criminal Killed By Law Enforcement</td></tr><tr><td><input type="checkbox"/> 3 Drug Dealing</td><td><input type="checkbox"/> 30 Child Playing With Weapon</td></tr><tr><td><input type="checkbox"/> 4 Gangland</td><td><input type="checkbox"/> 31 Gun Cleaning Accident</td></tr><tr><td><input type="checkbox"/> 5 Juvenile Gang</td><td><input type="checkbox"/> 32 Hunting Accident</td></tr><tr><td><input type="checkbox"/> 6 Domestic Quarrel</td><td><input type="checkbox"/> 33 Other Negligent Wpn Handling</td></tr><tr><td><input type="checkbox"/> 7 Mercy Killing</td><td><input type="checkbox"/> 35 Other Negligent Killings</td></tr><tr><td><input type="checkbox"/> 8 Other Felony Involved</td><td></td></tr></table>			<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 <table border="0"><tr><td><input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal</td></tr><tr><td><input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer</td></tr><tr><td><input type="checkbox"/> C Criminal attacked civilian</td></tr><tr><td><input type="checkbox"/> D Criminal attempted flight from a crime</td></tr><tr><td><input type="checkbox"/> E Criminal killed in commission of a crime</td></tr><tr><td><input type="checkbox"/> F Criminal resisted arrest</td></tr><tr><td><input type="checkbox"/> G Unable to determine</td></tr></table>			<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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<input type="checkbox"/> E Criminal killed in commission of a crime																												
<input type="checkbox"/> F Criminal resisted arrest																												
<input type="checkbox"/> G Unable to determine																												
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown																												

0000006

**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  
00544-2004-MPC146DATE(YYYY/MM/DD)  
2004/08/11ORI NUMBER  
CA03608DM

USACRC CONTROL NUMBER

**THRU:****TO: COMMANDER**  
403 D CIVIL AFFAIRS BN  
MATTYDALE, NY US 13211**FROM:**  
ATTN: PROVOST MARSHAL'S OFFICE  
P.O. BOX 105066  
FORT IRWIN, CA US 92310**SECTION V - PERSONS RELATED TO REPORT**1a. PERSON RELATED TO REPORT NUMBER  
21b. STATUS ☐ Civil Authorities ☐ Complaint ☒ Military Police  
☐ Sponsor ☐ Witness

1c. NAME (Last, First, Middle Name, JR., Sr., III):

1d. SSN/FNN/Alien Reg No:  
SSN

1e. CITIZENSHIP

☐ US ☐ Resident Alien  
Country (Specify):

1f. CATEGORY:

- ☐ A Army  
☐ C Coast Guard  
☐ F Air Force  
☐ H Public Health  
☐ M Marine  
☐ N Navy  
☐ O NOAA  
☐ P Family Member  
☐ Q Civil Service  
☐ R Civilian  
☐ S Contractor  
☐ T Other Gov. Empl.  
☐ U Foreign Nat'l Empl.  
☐ V Other Foreign Nat'l  
☐ 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  
☐ R Regular☐ G Nat'l Guard  
☐ V Reserves

1n. DRIVER LICENSE NO:

1o. IS LICENSE

☐ FR Foreign  
☐ IT International☐ State (Specify): ☐ Other (Specify):2a. ORGANIZATION, UIC, And STREET ADDRESS:  
CID  
3LF18  
BLDG #4022b. INSTALLATION/CITY:  
FORT IRWIN2d. ZIP/APO:  
923102c. STATE/COUNTRY:  
CA US

2e. UNIT PHONE:

3a. RESIDENCE STREET ADDRESS:

3b. INSTALLATION/CITY:

3d. ZIP/APO:

3c. STATE/COUNTRY:

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS:  
☐ Yes ☒ No4b. IF NOT PROVIDED, WHY NOT?  
☐ Declined ☒ Not Required5. NUMBER OF VICTIMS ( 0 ) AND WITNESSES ( 0 )  
NOTIFIED WITH DD FORM 2701

000007