

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM
 YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] If "Other" then describe: _____	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 429)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

<input type="checkbox"/> Offense against Coalition Forces [check one] If "Other" then describe: _____	
<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility
<input checked="" type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other

Apprehending Unit: A/588 En. Bn. FOB Boom Location Grid: 38S MC710 340

Date of Incident: (D/M/Y) 16 / NOV / 03 to 17 / NOV / 03 Time of Incident: 0400 hrs to _____ hrs
 Date of Report: (D/M/Y) 16 / NOV / 03 Time of Report: _____ hrs

Detainee # _____		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: _____		Last Name: _____	
First Name: _____ Given Name: _____		First Name: _____ Given Name: _____	
Hair Color: <u>Blk</u>	Scars/Tattoos/Deformities: _____	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye Color: <u>Brn</u>	Weight: <u>150</u> lb	Height: <u>5-8</u> in	Eye Color: _____ Weight: _____ lb Height: _____ in
Address: _____		Address: _____	
Place of Birth: _____		Place of Birth: _____	
Ethn/Tribe/ Sect: _____	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB D/M/Y: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	Document #: _____	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	Document #: _____

Total Number of Persons Involved 4 (list names/identifying info on reverse under "Additional Helpful Information")

<input checked="" type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____	VIN: _____
Model: _____	Type: _____	Plate No.: _____
Year: _____	Names of People in Vehicle: _____	

<input type="checkbox"/> Property/Contraband	<input checked="" type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/No
Type: <u>AK 47</u>	Model: <u>AK 47</u>	Color/Caliber: _____
Quantity: <u>3</u>	Make: _____	Receipt Provided to Owner: Yes/No
Serial: _____	Where Found: <u>FOB Roof Top</u>	Owner: _____

Name of Assisting Interpreter: FM 624 FOB Boom Email, Phone, or Contact Info: _____

Detaining Soldier (Print): _____	Supervising Officer's Name (Print): _____
Signature: _____	Signature: _____
Email: _____	Email: _____
Unit Phone: <u>FM 624</u> Date: <u>16 / NOV / 03</u>	Unit Phone: _____ Date: _____ / _____ / _____

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Why was this person detained? opened fire on Coalition Forces

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

Company CDR, CPT [REDACTED]

How was this person traveling (car, bus, on foot)?

N/A

Who was with this person?

Family

What weapons was this person carrying?

2 ea AK47 found on OBT

What contraband was this person carrying?

NONE

What other weapons were seized?

none

What other information did you get from this person?

MUST HAVE DISPOSITION

Additional helpful information:

found AK47's
in vehicle

OF WEAPONS