

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

<input type="checkbox"/> <b>Offense against Civilian(s) [check one] If "Other" then describe:</b> _____	
<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 426)
<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"/> <b>Offense against Coalition Forces [check one] If "Other" then describe:</b> _____	
<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/Surveilling 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: <u>A/588 En. Bn.</u>	Location Grid: <u>385 MC 710 340</u>
Date of Incident: (D/M/Y) / / to / /	Time of Incident: _____ hrs to _____ hrs
Date of Report: (D/M/Y) / /	Time of Report: _____ hrs

Detainee # _____		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: _____		Last Name: _____	
First Name: _____		First Name: _____	
Given Name: _____		Given Name: _____	
Hair Color: <u>Blk/gray</u>	Scars/Tattoos/Deformities: _____	Hair Color: _____	Scars/Tattoos/Deformities: _____
Eye-Color: <u>BRN</u>	Weight: <u>175</u> lb	Height: <u>70</u> in	Eye-Color: _____
Weight: _____ lb	Height: _____ in	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"/> Mobile	<input type="checkbox"/> Regular
<input type="checkbox"/> Passport	<input type="checkbox"/> Dr. license	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Passport
<input type="checkbox"/> Dr. license	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Passport	<input type="checkbox"/> Dr. license
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)
Document #:	Document #:	Document #:	Document #:

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

<input type="checkbox"/> Vehicle Information	Vehicle Number _____ of _____ Vehicle(s)	Owner: _____
Make: _____	Color: _____	VIN: _____
Model: _____	Type: _____	Plate No.: _____
Year: _____	Names of People in Vehicle: _____	Number of People in Vehicle: _____
Contention/Weapons in Vehicle: _____		
<input type="checkbox"/> Firearm/Club/Blade	<input checked="" type="checkbox"/> Weapon	Photo Taken of Suspect With Weapon/Contention: Yes/No
Where Found: _____	Where Found: _____	Where Found: _____
Owner: _____	Owner: _____	Owner: _____

Name of Assisting Interpreter: \_\_\_\_\_ Email, Phone, or Contact Info: \_\_\_\_\_

Detaining Soldier's Name (Print): _____	Supervising Officer's Name (Print): _____
Signature: _____	Signature: _____
Email: <u>A/588 En</u>	Email: _____
Unit Phone: <u>FM 1024</u> Date: <u>11/11/03</u>	Unit Phone: _____ Date: _____

