

MPC

00134-2003-MPC023

Pertains to USACIDC ROI

0114-02-CID369-23525

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 00134-2003-MPC259
DATE(YYYY/MM/DD) 2003/05/25
ORI NUMBER AF09354DM
USACRC CONTROL NUMBER
THRU:
TO: COMMANDER BAGRAM AF,AE AF 09354
FROM: ATTN: LT [REDACTED] b7c-3, b6-3
ECHO DRIVE
BAGRAM AIRFIELD, AE AF 09354

Section I - Administration

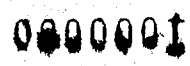
1. REPORT TYPE: Information, Traffic, Military Offense, Criminal, Complaint
3. EVALUATION: X Founded, Unfounded
4a. COMPLAINT DATE: 2003/05/25
4b. COMPLAINT TIME: 1416
4c. COMPLAINT RECEIVED BY: X Other (Specify): D/SGT [REDACTED] b7c-3, b6-3
5a. CLEARANCE REASON: A Death of Offender, B Prosecution Declined, C Extradition Declined, D Victim Refused To, E Juvenile, No Custody, U Unfounded, X Apprehension
5b. EXCEPTIONAL CLEARANCE DATE:
7. INVOLVEMENT: Hate, Death, Trainee, Domestic Gang, Extremist
2. STATUS: X Initial, Supplemental, Cdr's Action
6a. MP ACTION: MPI, CID, Civil Authorities, Traffic, Other (Specify)
6b. DATE REFERRED: 2002/09/25

Section II - Offense

1a. OFFENSE NO. 1
1b. SUBJECT NO. INVOLVEMENT: 1-2-3-4
1c. VICTIM NO. INVOLVEMENT: 1
1d. NIBRS LOCATION CODE: 13
1e. X Completed
1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: X No (See 3975-1)
1g. OFFENSE CODE(s): 5H1A
1h. OFFENSE DESCRIPTION(s): MURDER - BY SHOOTING (ARTICLE #118, UCMJ) (OFF POST)
1i. OFFENSE LOCATION ADDRESS: ROAD ADJACENT TO U.S. FIRE BASE, LWARA, AE AF
2a. BEGIN DATE: 2002/08/28
2b. BEGIN TIME (24hr.): 1500
2c. END DATE: 2002/08/28
2d. END TIME (24hr.): 1800
3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):
4. OFFENSE STATUTORY BASIS: X A UCMJ, B Non-Criminal Fatality, C State, D Local, E Foreign, F Federal, Non-UCMJ
5. OFFENDER USED (Check Up To Three): X N Not Applicable

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

- 01 Air/Bus/Train Terminal
02 Bank/Credit Union
03 Bar/Officer/NCO Club
04 Church/Synagogue/Temple
05 Commercial Office Building
06 Construction Site
07 Convenience Store/Shoppette
08 Dept/Discount Store/Exchange
09 Drug Stor/Hospital/Clinic
10 Field/Woods/Training Area
11 Government/Public Building
12 Grocery Store/Commissary
13 Highway/Road/Alley/Street
14 Hotel/Motel/VAQ/VEQ/TLQ
15 Jail/Prison/Corrections Facility
16 Lake/Waterway/Ocean
17 Liquor/Store/Class VI
18 Motor Pool/Parking Lot/Garage
19 Rental/Storage Facility
20 Residence/Quarters/Barracks/BEQ/BOQ
21 Restaurant/Dining Facility
22 School/College
23 Service/Gas Station
24 Specialty Store/Concessionaire
25 Child Care Facility/Home Day Care
26 Recreation Area/Park
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 checked="" type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives		
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs		
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input 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): ██████████ 67C-5, 66-5	1c. SSN/FNN/ALIEN REG NO: SSN ██████████ 6745, 66-5	1d. PROTECTED IDENTITY:	
1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): ██████████	1g. POB: City, State, Country: ██████████ 67C-5, 66-5	1h. GRADE: CPT	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1i. HOME PHONE:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF	2d. Zip/APO: 09354	2e. UNIT PHONE:	
	3b. INSTALLATION/CITY:	3d. ZIP/APO:		
	3c. STATE/COUNTRY:			

4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) 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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown
---	--	--	--	---	---

8. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	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																					

0000002

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:
--	---	---	---

15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
	15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
----------------------	--

17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines <input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
--	---

17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)	17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--

Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): SAYARI, MOHAMED	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 checked="" 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): 1j. WORK PHONE:	1g. POB: City, State, Country: AF	1h. GRADE: CIV	1i. HOME 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"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:	2d. Zip/APO:		
		2c. STATE/COUNTRY:	2e. UNIT PHONE:		
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY: MORGAH	3d. ZIP/APO:		
	3c. STATE/COUNTRY: AF				

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input checked="" type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old ____ Years Old Range (Specify):	4d. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/ Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
--	--	---	---	---

5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)																											
<table border="0"> <tr> <td><input type="checkbox"/> AA Anti-Atheist/Agnostic</td> <td><input type="checkbox"/> AK Anti-Female Homosexual</td> <td><input type="checkbox"/> AU Anti-Protestant</td> </tr> <tr> <td><input type="checkbox"/> AB Anti-Alaskan Native</td> <td><input type="checkbox"/> AL Anti-Heterosexual</td> <td><input type="checkbox"/> AV Anti-White</td> </tr> <tr> <td><input type="checkbox"/> AC Anti-American Indian</td> <td><input type="checkbox"/> AM Anti-Hispanic</td> <td><input type="checkbox"/> AW Anti-Homosexual Bias</td> </tr> <tr> <td><input type="checkbox"/> AD Anti-Arab</td> <td><input type="checkbox"/> AN Anti-Islamic(Moslem)</td> <td><input type="checkbox"/> AY Anti-Other Religion</td> </tr> <tr> <td><input type="checkbox"/> AE Anti-Asian</td> <td><input type="checkbox"/> AO Anti-Jewish</td> <td><input type="checkbox"/> AZ Anti-Other Ethnicity</td> </tr> <tr> <td><input type="checkbox"/> AG Anti-Bisexual</td> <td><input type="checkbox"/> AQ Anti-Male Homosexual</td> <td><input type="checkbox"/> BA Anti-Mental Disability</td> </tr> <tr> <td><input type="checkbox"/> AH Anti-Black</td> <td><input type="checkbox"/> AR Anti-Multi-Racial Group</td> <td><input type="checkbox"/> BB Anti-Physical Disability</td> </tr> <tr> <td><input type="checkbox"/> AI Anti-Catholic</td> <td><input type="checkbox"/> AS Anti-Multi-Religious Group</td> <td><input type="checkbox"/> BC Sexual Harassment</td> </tr> <tr> <td></td> <td><input type="checkbox"/> AT Anti-Pacific-Islander</td> <td><input type="checkbox"/> AX Unknown Bias</td> </tr> </table>	<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant	<input type="checkbox"/> AB Anti-Alaskan Native	<input type="checkbox"/> AL Anti-Heterosexual	<input type="checkbox"/> AV Anti-White	<input type="checkbox"/> AC Anti-American Indian	<input type="checkbox"/> AM Anti-Hispanic	<input type="checkbox"/> AW Anti-Homosexual Bias	<input type="checkbox"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion	<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity	<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability	<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability	<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment		<input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AX Unknown Bias
<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant																									
<input type="checkbox"/> AB Anti-Alaskan Native	<input type="checkbox"/> AL Anti-Heterosexual	<input type="checkbox"/> AV Anti-White																									
<input type="checkbox"/> AC Anti-American Indian	<input type="checkbox"/> AM Anti-Hispanic	<input type="checkbox"/> AW Anti-Homosexual Bias																									
<input type="checkbox"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic(Moslem)	<input type="checkbox"/> AY Anti-Other Religion																									
<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity																									
<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability																									
<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability																									
<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment																									
	<input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AX Unknown Bias																									

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

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input checked="" type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police	
1c. NAME (Last, First, Middle Name, JR., Sr., III): ██████████ <i>b7c-4, b6-4</i>	1d. SSN/FNN/Alien Reg No: SSN	1e. CITIZENSHIP <input type="checkbox"/> US <input checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): 1h. POB: City, State, Country: 1i. GRADE: SSG	1j. HOME PHONE: 1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
1k. WORK PHONE: 1n. DRIVER LICENSE NO: 2a. ORGANIZATION, UIC, STREET ADDRESS: A CO 519TH MI BN	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International <input type="checkbox"/> Other (Specify):	2b. INSTALLATION/CITY: BAGRAM AF 2c. STATE/COUNTRY: AE AF 2d. ZIP/APO: 09354 2e. UNIT PHONE: 2f. RESIDENCE STREET ADDRESS: 2g. STATE/COUNTRY:
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required
5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

Section VI - Property

1a. ITEM NO:	1b. CODE:	1c. QUANTITY:	1d. VALUE:	1e. DESCRIPTION	1f. SERIAL NUMBER:								
1g. DATE RECOVERED (YYYY/MM/DD): 1h. DATE RETURNED (YYYY/MM/DD): 		1i. SECURITY <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown		1j. PROPERTY OWNERSHIP <input type="checkbox"/> A Federal <input type="checkbox"/> B State <input type="checkbox"/> C City <input type="checkbox"/> D County/Borough <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> F Private <input type="checkbox"/> U Unknown									
1k. PROPERTY LOSS TYPE (Check all that apply) <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> 1 None</td> <td style="width:50%; border: none;"><input type="checkbox"/> 5 Recovered</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 2 Burned</td> <td style="border: none;"><input type="checkbox"/> 6 Seized</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3 Counterfeited/Forged</td> <td style="border: none;"><input type="checkbox"/> 7 Stolen</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 4 Damaged/Destroyed/Vandalized</td> <td style="border: none;"></td> </tr> </table>						<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered	<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized	<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen	<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized	
<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered												
<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized												
<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen												
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized													

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

"THIS IS AN OPERATION STROGNGOLD INVESTGATION"
 THIS INVESTIGATION WAS INITIATED UPON NOTIFICATION FROM SSG [REDACTED] b7c-4, b6-4, THAT HE WAS SUSPICIOUS OF THE SHOOTING DEATH OF MR. SAYARI BY A SPECIAL FORCES TEAM. INVESTIGATION ESTABLISHED PROBABLE CAUSE TO BELIEVE SFC [REDACTED], SSG [REDACTED], CPT [REDACTED], AND SSG [REDACTED] COMMITTED THE OFFENSES OF MURDER AND CONSPIRACY WHEN THEY CONSPIRED TO LURE MR SAYARI INTO AN AMBUSH TO MURDER HIM. SFC [REDACTED] AND SSG [REDACTED] SHOT AND KILLED MR SAYARI UPON DETAINING HIM. INVESSTIGATION ESTABLISHED PROBABLE CAUSE TO BELIEVE CPT [REDACTED] COMMITTED THE OFFENSES OF DERELICTION OF DUTY AND OBSTRUCTION OF JUSTUCE WHEN HE VIOLATED THE UNIT STANDARD OPERATING PROCEDURES (SOP) FOR DETAINING CAPTIVES AND INSTRUCTED SFC [REDACTED] (FORMELY SSG) TO NOT FORWARD CERTAIN INCRIMINATING PHOTGRAPHS OF SAYARI'S BODY, AND TO DESTROY THEM. SFC [REDACTED] AND SFC [REDACTED] COMMITTED THE OFFENSE OF DERELICTION OF DUTY WHEN THEY VIOLATED SOP FOR DETAINING CAPTIVES. SSG [REDACTED] DID NOT COMMIT THE OFFENSE OF DERELICTION OF DUTY AS HE WAS NOT DIRECTLY INVOLVED IN HANDLING A DETAINED CAPTIVE. INVESTIGATION ESTABLISHED PROBALE CAUSE TO BELIEVE CW2 [REDACTED] COMMITTED THE OFFENSE OF ACCESSORY AFTER THE FACT WHEN HE TOOK THE WEAPON THAT MR SAYARI ALLEDGEDLY HAD PRIOR TO THE SHOOTING AND LOST IT. THIS IS A FINAL REPORT. b7c-5 b6-5

1. Enclosures:	2. Distribution:	3. Name: b7c-3, b6-3 [REDACTED]
		4. Grade: CPT
		5. Title Of Reporting Official: PROVOST MARSHAL
		6. Signature:

000005

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 00134-2003-MPC259	DATE(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: b7c-3, b6-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section II - Offense

1a. OFFENSE NO. 2	1b. SUBJECT NO. INVOLVEMENT: 1-2-3-4	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 13	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): 7X2	1h. OFFENSE DESCRIPTION(S): CONSPIRACY TO COMMIT OTHER CRIMES AGAINST PROPERTY (ARTICLE #134, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: ROAD ADJACENT TO U.S. FIRE BASE, LWARA, AE AF	

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):	4. OFFENSE STATUTORY BASIS:	5. OFFENDER USED (Check Up To Three)	
2b. BEGIN TIME (24hr.): 1500	<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	<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	<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): 2002/08/28				
2d. END TIME: (24hr.): 1800				

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

<input type="checkbox"/> 11 Firearm(Unk Type)	<input type="checkbox"/> 35 Motor Vehicle	<input type="checkbox"/> 90 Other(Specify)
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> 50 Poison	<input type="checkbox"/> 99 None
<input type="checkbox"/> 13 Rifle	<input type="checkbox"/> 60 Explosives	
<input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 65 Fire/Incendiary	
<input type="checkbox"/> 40 Personal Weapons	<input type="checkbox"/> 70 Narcotics/Drugs	
<input type="checkbox"/> 20 Knife/Cutting Instrument	<input type="checkbox"/> 85 Asphyxiation	
<input type="checkbox"/> 30 Blunt Object	<input 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) <table style="width:100%;"> <tr> <td style="width:50%;"><input type="checkbox"/> 1 Argument</td> <td style="width:50%;"><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 style="width:100%;"> <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
<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																								
<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) <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown																								

0000006

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 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: b7c-3, b6-3 ATTN: LT ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section II - Offense

1a. OFFENSE NO. 3	1b. SUBJECT NO. INVOLVEMENT: 5	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
-----------------------------	--	---	---------------------------------------	--	--

1g. OFFENSE CODE(s): 5X4	1h. OFFENSE DESCRIPTION(s): SOLICITATION - TO SEDITION, ACCESSORY AFTER THE FACT (ARTICLE #78, UCMJ) (ON POST)	1i. OFFENSE LOCATION ADDRESS: AE AF
------------------------------------	--	---

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	4. OFFENSE STATUTORY BASIS: <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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

<input type="checkbox"/> 11 Firearm(Unk Type)	<input type="checkbox"/> 35 Motor Vehicle	<input type="checkbox"/> 90 Other(Specify)
<input type="checkbox"/> 12 Handgun	<input type="checkbox"/> 50 Poison	
<input type="checkbox"/> 13 Rifle	<input 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	

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

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 35 Other Negligent Killings	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES <input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal <input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer <input type="checkbox"/> C Criminal attacked civilian <input type="checkbox"/> D Criminal attempted flight from a crime <input type="checkbox"/> E Criminal killed in commission of a crime <input type="checkbox"/> F Criminal resisted arrest <input type="checkbox"/> G Unable to determine
---	---

10. BIAS MOTIVATION (As applicable) Yes No Unknown

0000007

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 00134-2003-MPC259	DATE (YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354		FROM: 67C-3, 46-3 ATTN: LT ██████████ ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section II - Offense

1a. OFFENSE NO. 4	1b. SUBJECT NO. INVOLVEMENT: 1-2-4	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(S): 5Y2D	1h. OFFENSE DESCRIPTION(S): DERELICTION OF DUTY (ARTICLE #92, UCMJ) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: AE AF	

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	4. OFFENSE STATUTORY BASIS: <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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"/></td><td>11 Firearm(Unk Type)</td><td><input type="checkbox"/></td><td>35 Motor Vehicle</td><td><input type="checkbox"/></td><td>90 Other(Specify)</td></tr> <tr><td><input type="checkbox"/></td><td>12 Handgun</td><td><input type="checkbox"/></td><td>50 Poison</td><td><input type="checkbox"/></td><td>99 None</td></tr> <tr><td><input type="checkbox"/></td><td>13 Rifle</td><td><input type="checkbox"/></td><td>60 Explosives</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>14 Shotgun</td><td><input type="checkbox"/></td><td>65 Fire/Incendiary</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>40 Personal Weapons</td><td><input type="checkbox"/></td><td>70 Narcotics/Drugs</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>20 Knife/Cutting Instrument</td><td><input type="checkbox"/></td><td>85 Asphyxiation</td><td></td><td></td></tr> <tr><td><input type="checkbox"/></td><td>30 Blunt Object</td><td><input type="checkbox"/></td><td>95 Unknown</td><td></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"/>	99 None	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives			<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary			<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs			<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation			<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown				7. NUMBER OF PREMISES ENTERED (For Burglary/Housebreaking only) _____ <input type="checkbox"/> Forcible Entry <input type="checkbox"/> No Forcible Entry
<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 Other(Specify)																																							
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	99 None																																							
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives																																									
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary																																									
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs																																									
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation																																									
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown																																									

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 35 Other Negligent Killings	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES <input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal <input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer <input type="checkbox"/> C Criminal attacked civilian <input type="checkbox"/> D Criminal attempted flight from a crime <input type="checkbox"/> E Criminal killed in commission of a crime <input type="checkbox"/> F Criminal resisted arrest <input type="checkbox"/> G Unable to determine
10. BIAS MOTIVATION (As applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

0000008

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 00134-2003-MPC259	DATE(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-1,06-1 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section II - Offense

1a. OFFENSE NO. 5	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 2	1d. NIBRS LOCATION CODE: 13	1e. <input checked="" type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
-----------------------------	--	---	---------------------------------------	---	--

1g. OFFENSE CODE(s): 7X6	1h. OFFENSE DESCRIPTION(s): OBSTRUCTION OF JUSTICE (ARTICLE #134, UCMJ) (OFF POST)	1i. OFFENSE LOCATION ADDRESS: AE AF
------------------------------------	--	---

2a. BEGIN DATE: (YYYY/MM/DD): 2002/08/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming	4. OFFENSE STATUTORY BASIS: <input checked="" type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1500			
2c. END DATE: (YYYY/MM/DD): 2002/08/28			
2d. END TIME: (24hr.): 1800			

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

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

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

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two) <input type="checkbox"/> 1 Argument <input type="checkbox"/> 2 Assault on Law Officer <input type="checkbox"/> 3 Drug Dealing <input type="checkbox"/> 4 Gangland <input type="checkbox"/> 5 Juvenile Gang <input type="checkbox"/> 6 Domestic Quarrel <input type="checkbox"/> 7 Mercy Killing <input type="checkbox"/> 8 Other Felony Involved <input type="checkbox"/> 20 Criminal Killed By Private Citizen <input type="checkbox"/> 21 Criminal Killed By Law Enforcement <input type="checkbox"/> 30 Child Playing With Weapon <input type="checkbox"/> 31 Gun Cleaning Accident <input type="checkbox"/> 32 Hunting Accident <input type="checkbox"/> 33 Other Negligent Wpn Handling <input type="checkbox"/> 35 Other Negligent Killings	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES <input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal <input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer <input type="checkbox"/> C Criminal attacked civilian <input type="checkbox"/> D Criminal attempted flight from a crime <input type="checkbox"/> E Criminal killed in comminsion 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

000009

MILITARY POLICE REPORT - ADDITIONAL SUBJECTS

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

**This form is a continuation of SECTION III, 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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: <i>b7c-5, b6-5</i> ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section III - Subject

1a. SUBJECT NO: 2	1b. NAME (Last, First, Middle Name, JR., Sr., III): <i>b7c-5, b6-5</i>	1c. SSN/FNN/ALIEN REG NO: SSN <i>b7c-5, b6-5</i>	1d. PROTECTED IDENTITY:	
1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): <i>b7c-5, b6-5</i>	1g. POB: CITY, STATE, COUNTRY: <i>b7c-5, b6-5</i>	1h. GRADE: SFC	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1i. HOME PHONE: <i>b7c-5, b6-5</i>	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: <i>b7c-5, b6-5</i>	1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2c. STATE/COUNTRY: AE AF	2d. Zip/APO: 09354	2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS: <i>b7c-5, b6-5</i>	3b. INSTALLATION/CITY: <i>b7c-5, b6-5</i>	3d. ZIP/APO: <i>b7c-5, b6-5</i>	
3c. STATE/COUNTRY: <i>b7c-5, b6-5</i>				
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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown		
6. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	8. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown			
9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:		10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):		

00000101

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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"><input type="checkbox"/></td> <td style="width:50%;"><input type="checkbox"/></td> <td style="width:50%; border-right: 1px solid black;"><input type="checkbox"/></td> <td style="width:50%;"><input type="checkbox"/></td> </tr> <tr> <td style="border-right: 1px solid black;">1 Unarmed</td> <td></td> <td style="border-right: 1px solid black;">16 Lethal Cutting Instrument</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">11 Firearm (Unk Type)</td> <td></td> <td style="border-right: 1px solid black;">17 Club/Blackjack/Knuckles</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">12 Handgun</td> <td></td> <td style="border-right: 1px solid black;">15 Other (Specify)</td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">13 Rifle</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="border-right: 1px solid black;">14 Shotgun</td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed		16 Lethal Cutting Instrument		11 Firearm (Unk Type)		17 Club/Blackjack/Knuckles		12 Handgun		15 Other (Specify)		13 Rifle				14 Shotgun			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
1 Unarmed		16 Lethal Cutting Instrument																									
11 Firearm (Unk Type)		17 Club/Blackjack/Knuckles																									
12 Handgun		15 Other (Specify)																									
13 Rifle																											
14 Shotgun																											
15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:																								
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:																								
16c. ILLNESS/INJURY:		16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:																									
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;"><input type="checkbox"/> A "Crack" Cocaine</td> <td style="width:33%; border-right: 1px solid black;"><input type="checkbox"/> G Opium</td> <td style="width:33%;"><input type="checkbox"/> M Other Stimulants</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> B Cocaine</td> <td style="border-right: 1px solid black;"><input type="checkbox"/> H Other Narcotics</td> <td><input type="checkbox"/> N Barbiturates</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> C Hashish</td> <td style="border-right: 1px solid black;"><input type="checkbox"/> I LSD</td> <td><input type="checkbox"/> O Other Depressants</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> D Heroin</td> <td style="border-right: 1px solid black;"><input type="checkbox"/> J PCP</td> <td><input type="checkbox"/> P Other Drugs</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> E Marijuana</td> <td style="border-right: 1px solid black;"><input type="checkbox"/> K Other Hallucinogens</td> <td><input type="checkbox"/> Q Steroids</td> </tr> <tr> <td style="border-right: 1px solid black;"><input type="checkbox"/> F Morphine</td> <td style="border-right: 1px solid black;"><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																									
17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)		17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									

000000

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

This form is a continuation of SECTION III, 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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: b7c-3, b6-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354	

Section III - Subject

1a. SUBJECT NO: 3	1b. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] b7c-5, b6-5	1c. SSN/FNN/ALIEN REG NO: SSN [REDACTED] b7c-5, b6-5	1d. PROTECTED IDENTITY:	
1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): [REDACTED] b7c-5, b6-5	1g. POB: CITY, STATE, COUNTRY: [REDACTED] b7c-5, b6-5	1h. GRADE: SSG	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1i. HOME PHONE: b7c-5, b6-5	
	1m. COMPONENT <input checked="" type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: b7c-5, b6-5	1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2c. STATE/COUNTRY: AE AF	2d. Zip/APO: 09354	2e. UNIT PHONE:	
3a. RESIDENCE STREET ADDRESS: [REDACTED] b7c-5, b6-5	3b. INSTALLATION/CITY: [REDACTED] b7c-5, b6-5	3d. ZIP/APO: b7c-5, b6-5		
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"/> Black <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		4d. AGE RANGE (Specify)	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
4e. HEIGHT		6. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown		
4f. WEIGHT:		7. RACE <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		
8. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown		9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:		
10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):				

0000012

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 style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black;"> <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 </td> <td style="width:50%;"> <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify) </td> </tr> </table>		<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)	
<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)					
15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15d. APPREHENDING PMO (UIC/MPC): 15f. HOW DRESSED AT TIME OF APPREHENSION:			
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:			
16c. ILLNESS/INJURY:		16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:				
17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black;"> <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 </td> <td style="width:33%; border-right: 1px solid black;"> <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 </td> <td style="width:33%;"> <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 </td> </tr> </table>			<input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine	<input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
<input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine	<input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug				
17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)		17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

0000013

MILITARY POLICE REPORT - ADDITIONAL SUBJECTS

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

**This form is a continuation of SECTION III, 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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
---	---------------------------------------	--------------------------------	-----------------------

THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: 67C-3, 66-3 ATTN: LT ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354
--------------	--	--

Section III - Subject

1a. SUBJECT NO: 4	1b. NAME (Last, First, Middle Name, JR., Sr., III): 67C-5, 66-5	1c. SSN/FNN/ALIEN REG NO: SSN 67C-5, 66-5	1d. PROTECTED IDENTITY:
-------------------	---	---	-------------------------

1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): 67C-5, 66-5	1g. POB: CITY, STATE, COUNTRY: 67C-5, 66-5	1h. GRADE: SSG	1i. HOME PHONE: 67C-5, 66-5
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: 67C-5, 66-5	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	2d. Zip/APO: 09354	
		2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS: 67C-5, 66-5	3b. INSTALLATION/CITY: 67C-5, 66-5	3d. ZIP/APO: 67C-5, 66-5	
	3c. STATE/COUNTRY: 67C-5, 66-5			

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)	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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown
			4e. HEIGHT	6. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
			4f. WEIGHT:		

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:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
---	---	--

0000314

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><input type="checkbox"/></td><td>1 Unarmed</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																											
<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)																											
<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	<input type="checkbox"/>																												
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	<input type="checkbox"/>																												

15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15d. APPREHENDING PMO (UIC/MPC):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:

15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
-----------------------------	---

17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
---	---	---

17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)	17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

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

This form is a continuation of SECTION III, 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 00134-2003-MPC259	Date(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354	FROM: <i>67C-3, 66-3</i> ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

Section III - Subject

1a. SUBJECT NO: 5	1b. NAME (Last, First, Middle Name, JR., Sr., III): [REDACTED] <i>67C-5, 66-5</i>	1c. SSN/FNN/ALIEN REG NO: SSN [REDACTED] <i>67C-5, 66-5</i>	1d. PROTECTED IDENTITY:		
1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): [REDACTED]	1g. POB: CITY, STATE, COUNTRY: [REDACTED] <i>67C-5, 66-5</i>	1h. GRADE: CWO2	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien: <input type="checkbox"/> Country (Specify):		
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: ODA 343, 2/3RD SFG	2b. INSTALLATION/CITY: BAGRAM AF	2d. Zip/APO: 09354		
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:		
	3b. INSTALLATION/CITY:	3d. ZIP/APO:			
	3c. STATE/COUNTRY:				
4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> 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	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
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:		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><input type="checkbox"/></td><td>1 Unarmed</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>16 Lethal Cutting Instrument</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>11 Firearm (Unk Type)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>17 Club/Blackjack/Knuckles</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>12 Handgun</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>15 Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>13 Rifle</td> <td></td><td></td><td></td> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>14 Shotgun</td> <td></td><td></td><td></td> </tr> </table>	<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument	<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles	<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle				<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun			
<input type="checkbox"/>	<input type="checkbox"/>	1 Unarmed	<input type="checkbox"/>	<input type="checkbox"/>	16 Lethal Cutting Instrument																											
<input type="checkbox"/>	<input type="checkbox"/>	11 Firearm (Unk Type)	<input type="checkbox"/>	<input type="checkbox"/>	17 Club/Blackjack/Knuckles																											
<input type="checkbox"/>	<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	<input type="checkbox"/>	15 Other (Specify)																											
<input type="checkbox"/>	<input type="checkbox"/>	13 Rifle																														
<input type="checkbox"/>	<input type="checkbox"/>	14 Shotgun																														

15a. SUBJECT INVOLVEMENT <input checked="" type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD):	15d. APPREHENDING PMO (UIC/MPC):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:

15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
-----------------------------	---

17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines	<input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
---	---	---

17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)	17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---

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

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

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354		FROM: 67C-3, 66-3 ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

SECTION IV - VICTIM

1a. VICTIM NO: 2	1b. NAME (Last, First, Middle Name, JR., Sr., III): U.S. GOVERNMENT,	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:	3b. INSTALLATION/CITY: BAGRAM AF	3d. Zip/APO: 09354		
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:		
		3b. INSTALLATION/CITY:	3d. ZIP/APO:		
3c. STATE/COUNTRY:					
4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> R Religious Org <input type="checkbox"/> F Financial <input type="checkbox"/> S Society/Public <input checked="" type="checkbox"/> G Government <input type="checkbox"/> O Other <input type="checkbox"/> I Individual <input type="checkbox"/> U Unknown	4b. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input checked="" type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old ____ Years Old Range (Specify):	4d. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/ Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	
5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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			
6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)			7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit		
<input type="checkbox"/> AA Spouse <input type="checkbox"/> AV Step-Sibling <input type="checkbox"/> BL Homosexual Relationship <input type="checkbox"/> AB Child <input type="checkbox"/> AZ Friend <input type="checkbox"/> BN Extended Family <input type="checkbox"/> AC Sibling <input type="checkbox"/> BA Neighbor <input type="checkbox"/> BY Employee <input type="checkbox"/> AD Parent <input type="checkbox"/> BB Com. Law Spouse <input type="checkbox"/> BZ Employer <input type="checkbox"/> AE Parent-in-Law <input type="checkbox"/> BC Acquaintance <input type="checkbox"/> BX Stranger <input type="checkbox"/> AF Step Child <input type="checkbox"/> BD Baby-Sittee(baby) <input type="checkbox"/> CA Otherwise Known <input type="checkbox"/> AG Grandparent <input type="checkbox"/> BE Boy/Girlfriend <input type="checkbox"/> CB Relationship Unknown <input type="checkbox"/> AH Step-Parent <input type="checkbox"/> BF Child of Boy/Girlfriend <input type="checkbox"/> VO Offender <input type="checkbox"/> AK Grandchild <input type="checkbox"/> BH Former Spouse	8. INJURY TYPE (Check up to five) <input type="checkbox"/> B Broken Bones <input type="checkbox"/> O Major Injury <input type="checkbox"/> I Possible Internal <input type="checkbox"/> T Tooth Loss <input type="checkbox"/> L Severe Laceration <input type="checkbox"/> U Unconsciousness <input type="checkbox"/> M Minor Injury <input type="checkbox"/> Z None		9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
			9b. IF NOT PROVIDED, WHY NOT? 0000018 <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

MILITARY POLICE REPORT NUMBER 00134-2003-MPC259	DATE(YYYY/MM/DD) 2003/05/25	ORI NUMBER AF09354DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER ODA 343, 2/3RD SFG BAGRAM AF, AE AF 09354		FROM: <i>b7c-3, b6-3</i> ATTN: LT [REDACTED] ECHO DRIVE BAGRAM AIRFIELD, AE AF 09354

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): <i>[REDACTED] b7c-3, b6-3</i>	1d. SSN/FNN/Alien Reg No: SSN <i>[REDACTED] b7c-3, b6-3</i>	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien			
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE: SA	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 87TH MP DET		2b. INSTALLATION/CITY: BAGRAM AF	2d. ZIP/APO: 09354	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: AE AF	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:		
		3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

0000019