



UNITED STATES ARMY



CRIMINAL INVESTIGATION COMMAND

DOCUMENT COVER SHEET

(CIDR 195-1)

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AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

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DETAILS

BASIS FOR INVESTIGATION: On 22 Aug 10, this office was notified by the Desk Sergeant, Fort Irwin Police Department (FIPD), Fort Irwin, CA 92310 (FICA), that SPC Mohammed CHAHTI, XXX-XX-2750, 51st Translator and Interpreter Company (TICO), Regimental Support Squadron (RSS), 11th Armored Cavalry Regiment (ACR), FICA, reported to the FIPD of an assault between SPC Gary W. SALEH, XXX-XX-3730, Supply and Transportation Troop (S & T TRP), RSS, 11th ACR, FICA, and Mrs. Houda CHAJI, XXX-XX-8483, 5319-B Cotton Tail Lane, FICA (Dependant Spouse of SPC Khalid BELKHATIR, XXX-XX-4949, 51st TICO, RSS, 11th ACR, FICA) (neighbors). Upon responding to the scene, the FIPD obtained a sworn statement from Mrs. CHAJI who reported she was raped by SPC SALEH on 18 Aug 10. The Desk Sergeant related he will contact the Sexual Assault Response Coordinator (SARC).

About 1846, 22 Aug 10, SA TRAN arrived to Emergency Room (ER), Weed Army Community Hospital (WACH), FICA, and interviewed SPC Abdullah SHAHADA, FIPD, FICA, who stated he responded to Mrs. CHAJI's residence at approximately 1500 where Officers DANIELSON and ANDERSON separated SPC SALEH and Mrs. CHAJI. SPC SHAHADA related both parties were alleging they were assaulted and the FIPD reached inconclusive results to who the aggressor was. SPC SHAHADA related SPC SALEH was released to his parent unit and began to obtain a sworn statement from Mrs. CHAJI when Mrs. CHAJI stated SPC SALEH raped her on either 18 or 19 Aug 10. SPC SHAHADA was unable to complete the sworn statement since Mrs. CHAJI began to hyperventilate. SPC SHAHADA related he transported Mrs. CHAJI to the ER where she stayed until the arrival of SA TRAN.

About 1907, 22 Aug 10, SA TRAN verbally interviewed the ER Staff [CPT Terry ANDREWS, XXX-XX-9560, CPT Jose RAMIREZ, XXX-XX-7687, CPT Chantil ALEXANDER, XXX-XX-9286, SGT Clodomiro ESPINOZA, XXX-XX-6065, SGT Jose JAIME, XXX-XX-7833, and SPC Derek RILEY, XXX-XX-9091, all U.S. Army Medical Activities Department (USA MEDDAC), FICA] all whom worked either the day or night shift of 20 and 21 Aug 10. The ER Staff related Mrs. CHAJI was found by CPT Daren DOUCHI, Pharmaceutical Doctor, Mary Walker Clinic (MWC), FICA, inside the pharmacy department of the MWC, FICA. The ER Staff related they admitted Mrs. CHAJI, who was still blacked out, was given an Intravenous Therapy (IV), and was physically examined. Upon awaking, the ER Staff related Mrs. CHAJI recuperated and responded well to the ER Staff. The ER Staff related Mrs. CHAJI fully recovered and was discharged on 21 Aug 10; however, the ER Staff related throughout Mrs. CHAJI's stay at the ER, she did not mention that she was raped, nor did she show any physical signs of sexual assault. The ER Staff related on 21 Aug 10, SPC SALEH arrived to the ER, where Mrs. CHAJI agreed to allow SPC SALEH into her room. The ER Staff could not provide any information to their conversation since no staff was in the room with Mrs. CHAJI and SPC SALEH.

About 1920, 22 Aug 10, SA TRAN verbally interviewed CPT DOUCHI who related she checked on Mrs. CHAJI one hour after Mrs. CHAJI was admitted into the ER on 20 Aug 10. CPT DOUCHI related Mrs. CHAJI was hysterical and insisted CPT DOUCHI did not leave her alone because she

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 7219

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:

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23 Aug 10

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was scared. CPT DOUCHI related Mrs. CHAJI stated she was not safe and worried about her kids. CPT DOUCHI related she left and returned at approximately 1430 where 1SG Joseph J. CASTRO, Supply and Transportation Troop (S & T TRP), RSS, 11th ACR, FICA, SSG Zahra JAKANE, XXX-XX-2841, 51st TICO, RSS, 11th ACR, FICA (Spouse of SPC SALEH), and a Chaplin was talking to Mrs. CHAJI. CPT DOUCHI related she left and returned at approximately 1900 and noted Mrs. CHAJI was calm and was eating. CPT DOUCHI related this was positive since Mrs. CHAJI was fasting on 20 Aug 10. CPT DOUCHI related Mrs. CHAJI stated a Soldier within 51st TICO was spreading rumors around the unit, which greatly affected Mrs. CHAJI's reputation within the Muslim community on FICA and also spread to SSG JAKANE, who was close friends with Mrs. CHAJI. Mrs. CHAJI stated she notified 1SG CASTRO who directed the Soldier to apologize to Mrs. CHAJI. CPT DOUCHI related Mrs. CHAJI did not disclose she was raped by SPC SALEH until approximately 1730, 22 Aug 10, when Mrs. CHAJI was brought into the ER by the FIPD. CPT DOUCHI stated Mrs. CHAJI stated SPC SALEH raped her on 18 Aug 10 and also came to her house on the night of 21 Aug 10 to request for sex. CPT DOUCHI related SPC SALEH left the house with no incident that night but stated that on the night Mrs. CHAJI was raped, Mrs. CHAJI stated SPC SALEH wiped himself with an unknown article of clothing, which was not washed, and was left inside Mrs. CHAJI's residence.

AGENT'S COMMENTS: A bruise was noted on Mrs. CHAJI's left wrist; however, Dr. DOUCHI related she believed the bruise generated from an Intravenous Fluid injection.

About 1945, 22 Aug 10, SA TRAN interviewed Mrs. CHAJI who stated on 16 Aug 10, SPC SALEH and SSG JAKANE were involved in a domestic altercation where the FIPD responded (See Military Police Report (MPR): 01033- 2010-MPC146) and transported SSG JAKANE to the ER, WACH, FICA. Mrs. CHAJI related between 16 Aug 10 to 18 Aug 10, SPC SALEH called her frequently to provide moral support which she provided. On the night of 18 Aug 10, Mrs. CHAJI related SPC SALEH came over to her house but Mrs. CHAJI asked SPC SALEH to leave since she was putting her two children to bed. Mrs. CHAJI related she came downstairs after and encountered SPC SALEH inside her house and was sitting on the couch in the dining room. Mrs. CHAJI stated she sat beside SPC SALEH who began to state that his wife, SSG JAKANE was cheating on him and all women were alike. Mrs. CHAJI related SPC SALEH stood up in front of Mrs. CHAJI, pulled his penis out and told Mrs. CHAJI to do what SSG JAKANE did to him. Mrs. CHAJI related she assumed SPC SALEH referred to oral sex and attempted to get away from SPC SALEH. Mrs. CHAJI related SPC SALEH pushed her onto the couch but she managed to stand up and ran into her bedroom where SPC SALEH followed. Mrs. CHAJI related when she reached her bedroom, SPC SALEH entered the bedroom and locked the door. Mrs. CHAJI related she saw a knife, which was located in the sink of the kitchen, in SPC SALEH's hand. Mrs. CHAJI related SPC SALEH pointed the knife at her and told her either she was going to take her clothes off or he was going to cut it off. Mrs. CHAJI related she complied because she did not want her children to know what was going on. Mrs. CHAJI related after removing her clothing, SPC SALEH turned off the lights and pushed her onto the bed where he climbed atop of Mrs. CHAJI and raped her in a missionary position. Mrs. CHAJI related she did not

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know what happened to the knife, but in the morning, Mrs. CHAJI found the knife on the floor and brought it to the kitchen. Mrs. CHAJI further stated the bed sheets were not washed yet. Mrs. CHAJI related SPC SALEH was wearing his Army Combat Uniform (ACU) when he raped her. Mrs. CHAJI related about 10 minutes later, SPC SALEH wiped himself off with a pair of pants Mrs. CHAJI described as her pajama pants, which were blue in color and contained prints of "Tinkerbelle". Mrs. CHAJI stated SPC SALEH threw the pants in her face and told her if she told anybody that he will kill her and her children. Mrs. CHAJI stated on 20 Aug 10, she went to the MWC where she passed out and awoke in the ER. Mrs. CHAJI stated later that day, SPC SALEH came to visit her but she agreed to allow SPC SALEH into her room because she feared he would kill her children. There, Mrs. CHAJI stated SPC SALEH told her not to tell anybody about what happened. Mrs. CHAJI stated on 21 Aug 10, SPC SALEH called her via cell phone and she told SPC SALEH everything was okay and she did not disclose any information to the ER Staff. Mrs. CHAJI related later that day, SPC SALEH and SSG JAKANE came to her house and asked her to go to Costco with them. Mrs. CHAJI related she assumed they asked her to go because SPC SALEH and SSG JAKANE had a No Contact Order and was using Mrs. CHAJI as a witness. Mrs. CHAJI related after Costco, they went to a restaurant where when SSG JAKANE went to the restroom, SPC SALEH told Mrs. CHAJI if she told SSG JAKANE what happened, he would kill her and SSG JAKANE. Mrs. CHAJI related on the drive home, Mrs. CHAJI was feeling ill and wanted to go to the hospital but SPC SALEH and SSG JAKANE denied her request because they stated they weren't supposed to be together. Mrs. CHAJI related SPC SALEH and SSG JANAKE took her home where she went to the ER, WACH, and was released the same day. Mrs. CHAJI stated when she walked out to her car, SPC SALEH was there and threatened her life if she told. Mrs. CHAJI related SPC SALEH followed her home where he entered her home and told her he was going to have sex with her again but Mrs. CHAJI told him no and he left. Mrs. CHAJI related on 21 Aug 10, she called her friend, SPC CHAHTI, and drove to his house where she disclosed to him she was raped by SPC SALEH. SPC CHAHTI informed her to notify her husband, SPC BELKHATIR, who was on a Temporary Duty (TDY), out of state, and the FIPD. Mrs. CHAJI related she would and travelled to her residence where she encountered SPC SALEH who was sitting in a chair, in the backyard, and noticed the door to garage which led into the home was open. Mrs. CHAJI assumed SPC SALEH entered her home to look for her prior to her arrival. Mrs. CHAJI related SPC SALEH and her entered the dining room of the house when she told SPC SALEH she notified SPC CHAHTI about the rape. Mrs. CHAJI stated SPC SALEH pushed her onto the ground where he stood behind her and crossed his arm across her neck, choking her. SPC SALEH released Mrs. CHAJI and threw her onto the corner section of the couch. Mrs. CHAJI related SPC SALEH jumped atop of her, held her arms by the biceps, and placed a knee onto her chest. Mrs. CHAJI related SPC SALEH then used his forearm to choke Mrs. CHAJI but released his position to grab a knife from the kitchen. Mrs. CHAJI described both knives SPC SALEH used to threaten her were different sizes but had black handles and a silver blade. Mrs. CHAJI related she could identify which knives SPC SALEH used. Mrs. CHAJI related SPC SALEH sat on the couch beside her and told her he was going to kill her if she did indeed tell anybody, and then in a stabbing motion, punctured the sofa cushion. Mrs. CHAJI related to SPC SALEH if he was going to kill her then to do

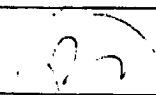
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it already. She related to him that she did tell SPC CHAHTI and everybody knew what he did. Mrs. CHAJI related at some point, she recalled SPC SALEH was attempting to place the knife into Mrs. CHAJI's hands. Mrs. CHAJI related SPC SALEH told her he was going to tell the FIPD she was trying to kill him and her prints on the knife would prove it. Mrs. CHAJI related SPC SALEH stood up and attempted to leave the house but she grabbed his shirt and told him he was going to get in trouble for what he did. Mrs. CHAJI related SPC SALEH removed his shirt to break free from Mrs. CHAJI's grip and both ran towards the front door where Mrs. CHAJI blocked SPC SALEH's access to leave. Mrs. CHAJI related SPC CHAHTI arrived and notified the FIPD.

About 2055, 22 Aug 10, SA TRAN was notified by MAJ Brett G. BUEHNER, Officer-in-Charge (OIC), ER, WACH, FICA, that the Sexual Assault Nurse Examiner (SANE) for FICA completed a Permanent Change of Duty Station (PCS), and was no longer on FICA. MAJ BUEHNER related his staff contacted the Hospital in Fontana, CA who conducts SANE Exams but declined to do so for SPC SALEH and Mrs. CHAJI since the incident occurred past 72 hours.

About 2122, 22 Aug 10, SA TRAN discussed the collection of Mrs. CHAJI's cell phone, which Mrs. CHAJI agreed but requested SA TRAN collect the phone on 23 Aug 10 since that was her primary means of communication and feared SPC SALEH would attempt to retaliate against her and her children for notifying the FIPD of the rape. Further, Mrs. CHAJI related SPC SALEH did not text her or leave voicemails of threats or admissions to the rape. SA TRAN agreed and with consent, searched Mrs. CHAJI's cell phone for any texts, voicemails, photographs, or emails of evidentiary value. SA TRAN did not locate any of the files mentioned but noted several text messages between SPC SALEH and Mrs. CHAJI which were photographed (See print out of photographs). SA TRAN requested Mrs. CHAJI provide her cell phone call logs, which she agreed.

About 2150, 22 Aug 10, SA TRAN coordinated with SPC SALEH, who was directed by 1SG CASTRO to wait at the FIPD. SPC SALEH appeared as if he did not have knowledge of the active investigation. SA TRAN related to SPC SALEH this office and his parent unit felt it was necessary to provide SPC SALEH a 24 hour guard for his protection against retaliation by SPC BELKHATIR or Mrs. CHAJI; however, the fact was a ploy to safeguard Mrs. CHAJI. SPC SALEH maintained he was a victim of an assault by Mrs. CHAJI and agreed to the 24 hour guard at his temporary barracks.

About 2218, 22 Aug 10, SA TRAN briefed CPT Michael KIRKMAN, Trial Counsel (TC), Office of Staff Judge Advocate (OSJA), FICA, on all aspects of this investigation. CPT KIRKMAN provided a legal opinion that based upon the current facts, probable cause existed to believe SPC SALEH committed the offenses of Rape, Communicating a Threat, and Assault. CPT KIRKMAN related collection of the knives, bed sheets, and clothing would help substantiate or refute the offenses; however, the collection of the cell phone would not assist since SPC SALEH did not text or leave a voicemail of threats or admissions, so a call log would suffice.

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About 2325, 22 Aug 10, SA TRAN conducted a crime scene examination of Mrs. CHAJI's residence. From 0047 to 0055, 23 Aug 10, prior to SA TRAN's arrival to Mrs. CHAJI's residence, Mrs. CHAJI collected all her clothing she wore the night she was raped, and put them together with the pajama SPC SALEH used to wipe himself. Mrs. CHAJI set the clothing downstairs on a nightstand where they were collected by SA TRAN. Mrs. CHAJI also removed her bedsheets and blankets and placed them at the bottom of the stairway where they were also collected by SA TRAN. Two knives pertaining to this investigation were placed inside the kitchen sink prior to SA TRAN's arrival. Mrs. CHAJI removed the knives and placed them atop the kitchen counter for collection by SA TRAN. Mrs. CHAJI related the smaller knife was initially on the floor in the dining room but one of the FIPD Officer picked the knife up without gloves and placed it on the table in the dining room. Mrs. CHAJI related she moved the knife over to the kitchen sink afterwards. Mrs. CHAJI further related the larger knife was left upstairs in her bedroom where she picked up the knife and placed it in the sink. Evidence was documented on an Evidence/Custody Property Document (EPCD) (DA Form 4137), Document Number (DN): 096-10.

About 0129, 23 Aug 10, SA TRAN superglue fumed the knives to protect and preserve latent fingerprints.

About 1500, 23 Aug 10, According to Ehow.com and Clapham Locksmiths.com, a Deadbolt was defined as a rectangular-section bolt that can only be disengaged with a key or thumb turn; unlike a live latch, a dead bolt was not sprung and cannot be pushed back.

AGENT'S COMMENT 3: SA TRAN verbally interviewed Mrs. CHAJI throughout the night during the crime scene examination who stated SPC SALEH did not have a key to access her house.

About 1300, 23 Aug 10, SA TRAN exposed additional photographs of Mrs. CHAJI's bruising on her upper arms and forearms to show the progression of her bruising.

About 1500, 23 Aug 10, SA TRAN conducted a check of the internet which revealed that according to Ehow.com and Clapham Locksmiths.com, a Deadbolt was defined as a rectangular-section bolt that can only be disengaged with a key or thumb turn; unlike a live latch, a dead bolt was not sprung and cannot be pushed back.

About 1701, 23 Aug 10, SA TRAN received the MPR pertaining to this case which included the investigator statements of SPC SHAHADA, Officer Mark DANIELSON, and Officer Eric C. ANDERSON, both FIPD, FICA, an incomplete, unsigned statement from Mrs. CHAJI (Statement was taken by SPC SHAHADA who transported Mrs. CHAJI to the ER since she began to feel dizzy while giving her sworn statement). The MPR also included SPC SALEH's counseling document which pertained to the domestic altercation between SPC SALEH and SSG JAKANE. The counseling document indicated a 72 hour No Contact Order was emplaced.

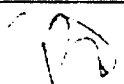
TYPED AGENT'S NAME AND SEQUENCE NUMBER

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LAW ENFORCEMENT RECORDS CHECK: A review of the Defense Clearance and Investigations Index (DCII), U.S. Army Crime Records Center (USACRC), Fort Belvoir, VA 22060, the National Criminal Information Center (NCIC), and the local files of this office revealed SPC SALEH was a subject of the Offense of Spousal Abuse, MPR: 01033- 2010-MPC146, which occurred on 16 Aug 10 at SPC SALEH residence: 5315-B Cottontail Lane, FICA. SPC SALEH was interviewed who denied the allegations and was released to his parent unit. A 72 hour No Contact Order was issued by SPC SALEH's unit.///LAST ENTRY///

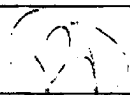
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SA Pierre D. TRAN, 7319

ORGANIZATION:

Fort Irwin Resident Agency (CID)
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SIGNATURE:



DATE:

23 Aug 10

EXHIBIT

Date	Consent To Search <small>(USACIDC Supplement 1 to AR 190-22)</small>	Time
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1. Name of person consenting to the search	2. Organization and location:
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3. I have been informed by the undersigned USACIDC Special Agent that an inquiry is being conducted in connection with the following possible violation(s) of law:

4. I have been requested by the undersigned USACIDC Special Agent to give my consent to a search of my person, premises, or property as indicated below. I have been advised of my right to refuse a search of my person, premises, or property. (If you **do not** give your consent, do not sign this form.)

5. I hereby authorize the undersigned USACIDC Special Agent and/or other Authorized Law Enforcement Officials assisting the undersigned USACIDC Special Agent to conduct a search of: *(Initial and sign applicable blocks)*

a.	My Person	<i>Initials</i>	<i>Signature</i>
b.	My Quarters	<i>Initials</i>	<i>Signature</i>

Located At:

c.	My Vehicle	<i>Initials</i>	<i>Signature</i>
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Located At:

Described As:

d.	Other	<i>Initials</i>	<i>Signature</i>
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Located At:

Described As:

I am authorizing the above search(s) for the following general types of property which may be removed by the authorized law enforcement personnel and retained as evidence under the provisions of Army Regulation 195-5, or other applicable laws or regulations:

6. This written permission is given to the undersigned USACIDC Special Agent freely, voluntarily and without threats or promises of any kind:

Signature of Person Granting Consent

Signature of USACIDC Special Agent

Signature of Witness (If Available)

MILITARY POLICE REPORT			
For use of this form, see AR 190-45; the proponent agency is PMG			
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 01033-2010-MPC146	DATE(YYYY/MM/DD) 2010/08/16	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER 2010-MPC146-3788U-5D6B
THRU:	TO: COMMANDER S & T TRP, RSS 11TH ACR FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY P.O. BOX 105066 FORT IRWIN, CA US 92310	

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input checked="" type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> Other (Specify):	5a. CLEARANCE REASON: <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input checked="" type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Death <input type="checkbox"/> Gang <input type="checkbox"/> Trainee <input type="checkbox"/> Extremist
2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4a. COMPLAINT DATE: (YYYY/MM/DD): 2010/08/16 4b. COMPLAINT TIME: (24hr.): 1920	6a. MP ACTION: <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD):	

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 20	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): 5D6B	1h. OFFENSE DESCRIPTION(s): SPOUSE ABUSE - MILITARY FEMALE VICTIM (ART #134, UCMJ) (ON POST)			1i. OFFENSE LOCATION ADDRESS: 5315B COTTONTAIL LANE FORT IRWIN, CA US 92310	

"FOR OFFICIAL USE ONLY"
"DO NOT DISSEMINATE TO THE PUBLIC"

2a. BEGIN DATE: (YYYY/MM/DD): 2010/08/16	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three):	4. OFFENSE STATUTORY BASIS:	5 OFFENDER USED (Check Up To Three)
2b. BEGIN TIME (24hr.): 1910	<input type="checkbox"/> B Buying/Receiving	<input checked="" type="checkbox"/> A UCMJ	<input type="checkbox"/> A Alcohol
2c. END DATE: (YYYY/MM/DD):	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing	<input type="checkbox"/> B Non-Criminal	<input type="checkbox"/> C Computer
2d. END TIME: (24hr.):	<input type="checkbox"/> D Distributing/Selling	<input type="checkbox"/> Fatality	<input type="checkbox"/> Equipment
	<input type="checkbox"/> E Exploiting Children	<input type="checkbox"/> C State	<input type="checkbox"/> D Drugs/Narcotics
	<input type="checkbox"/> O Operating/Promoting/Assisting	<input type="checkbox"/> D Local	<input checked="" type="checkbox"/> N Not Applicable
	<input type="checkbox"/> P Possessing/Concealing	<input type="checkbox"/> E Foreign	
	<input type="checkbox"/> T Transporting/Importing	<input type="checkbox"/> F Federal, Non-	
	<input type="checkbox"/> U Using/Consuming	<input type="checkbox"/> UCMJ	

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

01 Air/Bus/Train Terminal	10 Field/Woods/Training Area	19 Rental/Storage Facility
02 Bank/Credit Union	11 Government/Public Building	20 Residence/Quarters/Barracks/BEQ/BCQ
03 Bar/Officer/NCO Club	12 Grocery Store/Commissary	21 Restaurant/Dining Facility
04 Church/Synagogue/Temple	13 Highway/Road/Alley/Street	22 School/College
05 Commercial Office Building	14 Hotel/Motel/WA/Q/VEQ/TLQ	23 Service/Gas Station
06 Construction Site	15 Jail/Prison/Corrections Facility	24 Specialty Store/Concessionaire
07 Convenience Store/Shoppette	16 Lake/Waterway/Ocean	25 Child Care Facility/Home Day Care
08 Dept/Discount Store/Exchange	17 Liquor/Store/Class VI	26 Recreation Area/Park
09 Drug Stor/Hospital/Clinic	18 Motor Pool/Parking Lot/Garage	27 Training Center/Service School Ship
		28 On Board Ship

DA FORM 3975, JUNE 2001

01033-2010-MPC146

DA FORM 3975, MAY 88, IS OBSOLETE

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

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

7. NUMBER OF PREMISES ENTERED
(For Burglary/Housebreaking only)

Forcible Entry No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)

<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed By Private Citizen
<input type="checkbox"/>	2 Assault on Law Officer	<input type="checkbox"/>	21 Criminal Killed By Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Wpn Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved		

9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES

<input type="checkbox"/>	A Criminal attacked police officer and that police officer killed the criminal
<input type="checkbox"/>	B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/>	C Criminal attacked civilian
<input type="checkbox"/>	D Criminal attempted flight from a crime
<input type="checkbox"/>	E Criminal killed in commission of a crime
<input type="checkbox"/>	F Criminal resisted arrest
<input type="checkbox"/>	G Unable to determine

10. BIAS MOTIVATION (As Yes No Unknown)

applicable)

Section III - Subject

1a. SUBJECT NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): SALEH, GARY WALTER	1c. SSN/FNN/ALIEN REG NO: [REDACTED]-3730	1d. PROTECTED IDENTITY:																		
1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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): 1985/11/08	1g. POB: City, State, Country: GREENVILLES, SC US	1h. GRADE: SPC																		
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1i. HOME PHONE: (808) 285-9891																		
	1m. COMPONENT: <input type="checkbox"/> G Nat'l Guard <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: 415448225	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:																		
	2a. ORGANIZATION, UIC, STREET ADDRESS: S & T TRP, RSS 11TH ACR, WH53A0 BLDG #280, 7TH STREET	2b. INSTALLATION/CITY: FORT IRWIN	1o. IS LICENSE State (Specify): <input checked="" type="checkbox"/> State NY <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International																		
	3a. RESIDENCE STREET ADDRESS: 5715B COTTONTAIL LANE	2c. STATE/COUNTRY: CA US	2d. Zip/APO: 92310																		
		3b. INSTALLATION/CITY: FORT IRWIN	2e. UNIT PHONE:																		
		3c. STATE/COUNTRY: CA US																			
		3d. ZIP/APO: 92310																			
	4a. HAIR COLOR: <input checked="" 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 checked="" 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 checked="" 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: 5 ft. 05 in. 4f. WEIGHT: 138																	
	5. JUVENILE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. RACE: <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input checked="" type="checkbox"/> U Unknown																		
6. SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	8. ETHNICITY: <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown																				
9. IDENTIFYING MARKS AND LOCATION: MULTIPLE TATTOOS		10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors): WHILE PLAID PANTS AND BULLE T-SHIRT																			
11. OFFENDER'S DISPOSITION: RELEASED TO UNIT ON A DA FORM 2708		12. SECURITY CLEARANCE: <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input checked="" 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 checked="" 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: none;"> <tr> <td style="width:50%; border: none;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 Unarmed</td><td style="width:50%;"></td></tr> <tr><td>11 Firearm (Unk Type)</td><td></td></tr> <tr><td>12 Handgun</td><td></td></tr> <tr><td>13 Rifle</td><td></td></tr> <tr><td>14 Shotgun</td><td></td></tr> </table> </td> <td style="width:50%; border: none;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">16 Lethal Cutting Instrument</td><td style="width:50%;"></td></tr> <tr><td>17 Club/Blackjack/Knuckles</td><td></td></tr> <tr><td>15 Other (Specify)</td><td></td></tr> </table> </td> </tr> </table>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 Unarmed</td><td style="width:50%;"></td></tr> <tr><td>11 Firearm (Unk Type)</td><td></td></tr> <tr><td>12 Handgun</td><td></td></tr> <tr><td>13 Rifle</td><td></td></tr> <tr><td>14 Shotgun</td><td></td></tr> </table>	1 Unarmed		11 Firearm (Unk Type)		12 Handgun		13 Rifle		14 Shotgun		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">16 Lethal Cutting Instrument</td><td style="width:50%;"></td></tr> <tr><td>17 Club/Blackjack/Knuckles</td><td></td></tr> <tr><td>15 Other (Specify)</td><td></td></tr> </table>	16 Lethal Cutting Instrument		17 Club/Blackjack/Knuckles		15 Other (Specify)	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">1 Unarmed</td><td style="width:50%;"></td></tr> <tr><td>11 Firearm (Unk Type)</td><td></td></tr> <tr><td>12 Handgun</td><td></td></tr> <tr><td>13 Rifle</td><td></td></tr> <tr><td>14 Shotgun</td><td></td></tr> </table>	1 Unarmed		11 Firearm (Unk Type)		12 Handgun		13 Rifle		14 Shotgun		<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:50%;">16 Lethal Cutting Instrument</td><td style="width:50%;"></td></tr> <tr><td>17 Club/Blackjack/Knuckles</td><td></td></tr> <tr><td>15 Other (Specify)</td><td></td></tr> </table>	16 Lethal Cutting Instrument		17 Club/Blackjack/Knuckles		15 Other (Specify)					
1 Unarmed																					
11 Firearm (Unk Type)																					
12 Handgun																					
13 Rifle																					
14 Shotgun																					
16 Lethal Cutting Instrument																					
17 Club/Blackjack/Knuckles																					
15 Other (Specify)																					

15a. SUBJECT INVOLVEMENT	15b. APPREHENSION TYPE	15c. APPREHENSION DATE	15d. APPREHENDING PMO (UIC/MPC):
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<input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Solicit	<input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	(YYYY/MM/DD): 15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:
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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: MINOR SCRATCHES TO BACK OF NECK	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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)	<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	17b. DRUG TYPE <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
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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
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): JAKANE, ZAHRA	1c. SSN/FNN/ALIEN REG NO: ██████████ -8241	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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): 1980/03/18 1j. WORK PHONE:	1g. POB: City, State, Country: 1k. NICKNAMES/ALIAS:	1h. GRADE: SSG 1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident <input type="checkbox"/> Alien: Country (Specify):	1i. HOME PHONE: (808) 285-9891
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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: 51ST TICO 3a. RESIDENCE STREET ADDRESS: PO BOX 10463	2b. INSTALLATION/CITY: FORT IRWIN	2d. Zip/APO: 92310
	2c. STATE/COUNTRY: CA US	2e. UNIT PHONE:
	3b. INSTALLATION/CITY: FT IRWIN	3d. ZIP/APO: 92310
3c. STATE/COUNTRY: CA US		

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public	4b. SEX <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days <input type="checkbox"/> Old	4d. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
---	--	---	---	--

<input type="checkbox"/> G Government	<input type="checkbox"/> O Other	<input type="checkbox"/> 7 - 364 Days Old	<input type="checkbox"/> Indian/Alaskan Native
<input checked="" type="checkbox"/> I Individual	<input type="checkbox"/> U Unknown	<input type="checkbox"/> 30 Years Old Range (Specify):	<input type="checkbox"/> W White
			<input checked="" type="checkbox"/> U Unknown

5 BIAS MOTIVATION Yes No (Check Applicable 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)			7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input checked="" type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit	
<input checked="" type="checkbox"/> 1 AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship	8. INJURY TYPE (Check up to five)	
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee	<input type="checkbox"/> I Possible Internal Laceration	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known	9a. DD FORM 2701 PROVIDED VICTIM <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown	9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required	
<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			

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1		1b. STATUS <input type="checkbox"/> Civil Authorities <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input type="checkbox"/> Witness			
1c. NAME (Last First, Middle Name, JR., Sr., III): SHIPP, AMANDA RENEE		1d. SSN/FNN/Alien Reg No: 7363	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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 checked="" type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service	1g. DOB (YYYY/MM/DD): 1988/07/03	1h. POB: City, State, Country: TAYLOR, TX US		1i. GRADE: FM/W	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1j. HOME PHONE: (903) 705-2981	
	1n. DRIVER LICENSE NO:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves		
	2a. ORGANIZATION, UIC, STREET ADDRESS:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
		2b. INSTALLATION/CITY:		2d. ZIP/APO:	
		2c. STATE/COUNTRY:		2e. UNIT PHONE:	

<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	3a. RESIDENCE STREET ADDRESS: 5317B COTTONTAIL LANE	3b. INSTALLATION/CITY: FORT IRWIN	3d. ZIP/AFO: 92310
	3c. STATE/COUNTRY: DE US		
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 (1) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701

Section VI - Property

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

PROPERTY DESCRIPTION CODE TABLE

01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER (Specify)
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	
10 Drugs/Narcotics (See below)	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category

DRUG/NARCOTIC MEASURES

GM - Gram	KG - Kilogram	OZ - Ounce	LB - Pound	FO - Fluid Ounce	GL - Gallon	LT - Liter	ML - Milliliter	DU - Dosage Unit	NP - Number of Plants
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Section VII - Narrative

AT 1920 ON 16 AUG 2010, FW

1. Enclosures. V1 Z. JAKANE : VICTIM WITNESS/VICTIM (DD 2701) [1] S1 G. SALEH : SWORN STATEMENT (DA 2823) [1] S1 G. SALEH : VICTIM WITNESS/VICTIM (DD 2701) [1] P3 A. SHAHADA : PHOTOS [4] P3 A. SHAHADA : SWORN STATEMENT (DA 2823) [1] P4 M. CARSWELL : PHOTOS [11] P4 M. CARSWELL : SWORN STATEMENT (DA 2823) [1]	2. Distribution:	3. Name: JAIME L. MADRIGAL
		4. Grade: CHIEF OF POLICE
		5. Title Of Reporting Official: POLICE OPERATIONS
		6. Signature:

DA FORM 3975, JUN 2001

01033-2010-MPC146

5

Page 5 of 8

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT
 For use of this form, see AR 190-45; the proponent agency is PMG

**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 01033-2010-MPC146	DATE(YYYY/MM/DD) 2010/08/16	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER 2010-MPC146-3788U-5D6B
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THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICE P.O. BOX 105066 FORT IRWIN, CA US 92310
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SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): SHIPP, JEREMY DANIEL	1d. SSN/FNN/Alien Reg No: ██████-2506	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):		
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force	1g. DOB (YYYY/MM/DD): 1987/06/13	1h. POB: City, State, Country: TAYLOR, TX US	1i. GRADE: PV2	1j. HOME PHONE: (903) 780-2911
1k. WORK PHONE:	1l. NICKNAMES/ALIAS:	1m. COMPONENT <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves		

<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	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, And STREET ADDRESS: HHT, 1/11TH ACR WG2CT0 BLDG #296 8TH STREET	2b. INSTALLATION/CITY: FORT IRWIN	2d. ZIP/APO: 92310
	3a. RESIDENCE STREET ADDRESS: 5317 B COTTON TAIL ST	2c. STATE/COUNTRY: CA US	2e. UNIT PHONE: (760) 380-5749 EX-3609
		3b. INSTALLATION/CITY: FORT IRWIN	3d. ZIP/APO: 92310
	3c. STATE/COUNTRY: CA US		
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 (1) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

DA FORM 3975-4, JUN 2001

01033-2010-MPC146

Page 6 of 8

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

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 01033-2010-MPC146	DATE(YYYY/MM/DD) 2010/08/16	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER 2010-MPC146-3788U-5D6B
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THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICE P.O. BOX 105066 FORT IRWIN, CA US 92310
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SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 3	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): SHAHADA, ABDULLAH MUHAMMAD	1d. SSN/FNN/Alien Reg No:	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):		
1f. CATEGORY:	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:

<input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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 Retirec Military	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"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: USAG MILITARY POLICE W4E6MP BLDG #326	2b. INSTALLATION/CITY: FORT IRWIN	2d. ZIP/APO: 92310	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: CA US	2e. UNIT PHONE: (760) 380-4444	
		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 (1) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT
 For use of this form, see AR 190-45; the proponent agency is PMG
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.

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MILITARY POLICE REPORT NUMBER 01033-2010-MPC146	DATE(YYYY/MM/DD) 2010/08/16	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER 2010-MPC146-3788U-5D6B
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THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICE P.O. BOX 105066 FORT IRWIN, CA US 92310
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SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 4	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input type="checkbox"/> Complaint <input checked="" type="checkbox"/> Military Police Witness	
1c. NAME (Last, First, Middle Name, JR., Sr, III):	1d. SSN/FNN/Alien Reg No:	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien

AT 1920 ON 16 AUG 2010, FM/W SHIPP REPORTED TO THIS STATION THAT AT THE ABOVE TIME, DATE AND LOCATION THAT SSG ZAHRA AND SPC SALEH WERE INVOLVED IN A VERBAL ALTERCATION WHICH TURNED PHYSICAL WHEN SPC SALEH PUSHED SSG ZAHRA IN THE KITCHEN. SSG ZAHRA WAS TRANSPORTED TO THE WACH ER FOR FURTHER EVALUATION BY THE ON SHIFT DOCTER. SSG ZAHRA'S CHAIN OF COMMAND WAS NOTIFIED AND ARRIVED AT WACH ER. SPC SALEH WAS APPREHENDED AND TRANSPORTED TO THIS STATION WHERE HE WAS ADVISED OF HIS LEGAL RIGHTS IN WHICH HE WAIVED AND DIDNT ADMIT TO THE ABOVE OFFENSE. SPC SALEH WAS RELEASED TO SSG WILLIAMS ON A DD FORM 2708. SSG ZAHRA'S COMMAND WAS ADVICED TO BRING HER TO THE FORT IRWIN POLICE STATION ON 18 AUG 2010.



FORT IRWIN
POLICE DEPARTMENT



REPORT COVER SHEET

MPR#:

DATE: 22 AUG 2010

COMPLETED BY: SPC Shahada

REVIEWED BY: Watch Commander: SGT Anderson

Desk Sergeant: SGT Scott

DD FORM 2701 ISSUED: yes

ENTERED INTO COPS BY: SPC Shahada

CASE REFERRED TO: TAI DETECTIVE CID UNIT OPS
OFFENSE: Wrongful Sexual Assault / Simple assault

PLACE ALL DOCUMENTS IN ORDER

- | | |
|--|--|
| 1. <u>1</u> 3975 | 9. <u> </u> 2708 |
| 2. <u> </u> 3946 | 10. <u>2</u> 820's IN ORDER ON
3975 (ORIGINALS) |
| 3. <u>3</u> OFC's STATEMENT | 11. <u>1</u> MISC PAPERWORK
NOT COVERED |
| 4. <u>1</u> ALL 2823's IN ORDER
ON 3975 | |
| 5. <u> </u> 1920 | |
| 6. <u> </u> 3881 | |
| 7. <u> </u> INTOX REPORT | |
| 8. <u>7</u> PHOTOS, COPIES OF CITES | |

MILITARY POLICE REPORT

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

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.
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DISCLOSURE: Disclosure of your Social Security Number is voluntary.

MILITARY POLICE REPORT NUMBER	DATE (YYYY/MM/DD) 2010/08/22	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER
			FROM: P.O. BOX 105066 FORT IRWIN, CA US 92310

Section I - Administration

1. REPORT TYPE: <input type="checkbox"/> Information <input type="checkbox"/> Traffic <input checked="" type="checkbox"/> Military Offense <input checked="" type="checkbox"/> Criminal <input type="checkbox"/> Complaint	3. EVALUATION: <input type="checkbox"/> Founded <input checked="" type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2010/08/22	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person <input type="checkbox"/> 911 <input type="checkbox"/> CB <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> Other (Specify):	5a. CLEARANCE REASON: <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input checked="" type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist	2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 1505	6a. MP ACTION: <input type="checkbox"/> MPI <input checked="" type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)	6b. DATE REFERRED: (YYYY/MM/DD): 2010/08/22
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Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 20	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): 6C6	1h. OFFENSE DESCRIPTION(S): WRONGFUL SEXUAL CONTACT (ARTICLE #120, UCMJ) (ON POST)			1i. OFFENSE LOCATION ADDRESS: 5318 (B) COTTON TAIL FORT IRWIN, CA US 92310	
2a. BEGIN DATE: (YYYY/MM/DD): 2010/08/19	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 type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input checked="" 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.): 2300					
2c. END DATE: (YYYY/MM/DD):					
2d. END TIME: (24hr.):					

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

01 Air/Bus/Train Terminal	10 Field/Woods/Training Area	19 Rental/Storage Facility
02 Bank/Credit Union	11 Government/Public Building	20 Residence/Quarters/Barracks/BEQ/BOQ
03 Bar/Officer/NCO Club	12 Grocery Store/Commissary	21 Restaurant/Dining Facility
04 Church/Synagogue/Temple	13 Highway/Road/Alley/Street	22 School/College
05 Commercial Office Building	14 Hotel/Motel/VAQ/VEQ/TLQ	23 Service/Gas Station
06 Construction Site	15 Jail/Prison/Corrections Facility	24 Specialty Store/Concessionaire
07 Convenience Store/Shoppette	16 Lake/Waterway/Ocean	25 Child Care Facility/Home Day Care
08 Dept/Discount Store/Exchange	17 Liquor/Store/Class VI	26 Recreation Area/Park
09 Drug Stor/Hospital/Clinic	18 Motor Pool/Parking Lot/Garage	27 Training Center/Service School
		28 On Board Ship

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether...

F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 Other(Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	99 None
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives		
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs		
<input checked="" 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

A Criminal attacked police officer and that police officer killed the criminal

B Criminal attacked police officer and was killed by another police officer

C Criminal attacked civilian

D Criminal attempted flight from a crime

E Criminal killed in commission of a crime

F Criminal resisted arrest

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): SALEH, GARY WALTER	1c. SSN/FNN/ALIEN REG NO: 3730	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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"/> 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): 1985/11/08	1g. POB: City, State, Country: GREENVILLES, SC US	1h. GRADE: SPC	1i. HOME PHONE: (808) 285-9891	
	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 checked="" type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: 415448225	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: S & T TRP, RSS 11TH ACR, WH53A0 BLDG #280, 7TH STREET	2b. INSTALLATION/CITY: FORT IRWIN	2d. Zip/APO: 92310	2e. UNIT PHONE: (760) 380-5569 EX-5501	
3a. RESIDENCE STREET ADDRESS: 5715B COTTONTAIL LANE	3b. INSTALLATION/CITY: FORT IRWIN	3d. ZIP/APO: 92310			
	3c. STATE/COUNTRY: CA US				

4a. HAIR COLOR <input checked="" 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 checked="" 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 checked="" 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 type="checkbox"/> W White <input checked="" type="checkbox"/> U Unknown
			4e. HEIGHT 5 ft. 05 in.	6. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	
			4f. WEIGHT: 138		

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: MULTIPLE TATOOS ON BOTH ARMS (SLEEVES)	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors). BLUE JEANS AND WHITE T-SHIRT
	11. OFFENDER'S DISPOSITION: RELEASED TO UNIT	

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 checked="" 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) <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 checked="" type="checkbox"/> 15 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify) KNIFE
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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):	15d. APPREHENDING PMO (UIC/MPC):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input checked="" 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 checked="" 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: NONE	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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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
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): CHAJI, HOUDA	1c. SSN/FNN/ALIEN REG NO: [REDACTED] 8483	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> P Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input checked="" type="checkbox"/> P Family Member <input type="checkbox"/> C 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): 1980/04/08	1g. POB: City, State, Country: MO	1h. GRADE: FM/W	1i. HOME PHONE:
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input checked="" 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: 2c. STATE/COUNTRY:	2d. Zip/APO: 2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS: 5318 (B) COTTON TAIL	3b. INSTALLATION/CITY: FORT IRWIN 3c. STATE/COUNTRY: CA US	3d. ZIP/APO: 92310	

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 type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old <input type="checkbox"/> 30 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 checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" 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-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

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	8. INJURY TYPE (Check up to five)	
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family	<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> AC Sibling	<input checked="" type="checkbox"/> 1 BA Neighbor	<input type="checkbox"/> BY Employee	<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer	<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger	<input checked="" type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known	9a. DD FORM 2701 PROVIDED VICTIM	
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender	9b. IF NOT PROVIDED, WHY NOT?	
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse		<input type="checkbox"/> Declined	<input type="checkbox"/> Not Required

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Witness		
1c. NAME (Last, First, Middle Name, JR., Sr., III): BELKHATIR, KHALID		1d. SSN/FNN/Alien Reg No: 131-88-4949	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):	
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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): 1970/11/29	1h. POB: City, State, Country:	1i. GRADE: SPC	1j. HOME PHONE: (734) 277-5319
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:	1m. COMPONENT <input checked="" 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"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:	2d. Z/P/APO:	
	2c. STATE/COUNTRY:	2e. UNIT PHONE:		
3a. RESIDENCE STREET ADDRESS: 5319B COTTONTAIL LANE	3b. INSTALLATION/CITY: FORT IRWIN	3d. Z P/APO: 92310		
	3c. STATE/COUNTRY: CA US			
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 (1) 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	1j. PROPERTY OWNERSHIP
1k. PROPERTY LOSS TYPE (Check all that apply)			1l. SECURITY		1j. PROPERTY OWNERSHIP
<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered	<input type="checkbox"/> S Secured	<input type="checkbox"/> A Federal <input type="checkbox"/> E Foreign Govt.		
<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized	<input type="checkbox"/> U Unsecured	<input type="checkbox"/> B State <input type="checkbox"/> F Private		
<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen	<input type="checkbox"/> Z Unknown	<input type="checkbox"/> C City <input type="checkbox"/> U Unknown		
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized			<input type="checkbox"/> D County/Borough		

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

AT 1505 ON 22AUG2010, XXXXXX REPORTED TO THIS STATION THAT AT THE ABOVE TIME, DATE AND LOCATION, SPC SALEH AND FM/W CHAJI. WERE ENGAGED IN A VERBAL ALTERCATION WHICH BOTH CLAIMED TURNED PHYSICAL. FM/W CHAJI SHOWED MINOR SIGNS THAT WAS CONSISTENT WITH THE ASSAULT (SEE ATTACHMENT PHOTOS). ONCE THIS EVENT HAD CONCLUDED AND SALEH WAS ORDERED TRANSPORTED BY SGT ANDERSON. CHAJI SUBSEQUENTLY CLAIMED THAT SHE HAD BEEN RAPED ON A PROIR OCCASION, 19AUG2010. CID AND OTHER AUTHORTIES WERE CALLED. FMW CAJI WAS TAKEN TO WEED ARMY COMMUNITY HOSPITAL FOR FURTHER SART EVUALATION.

1. Enclosures: P3 M. DANIELSON : SWCRN STATEMENT (DA 2823) [1] P2 A. SHAHADA : SWORN STATEMENT (DA 2823) [1]	2. Distribution:	3. Name: JAIME L. MADRIGAL
		4. Grade: CHIEF OF POLICE
		5. Title Of Reporting Official: POLICE OPERATIONS
		6. Signature:

MILITARY POLICE REPORT - ADDITIONAL OFFENSES

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

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

MILITARY POLICE REPORT NUMBER	DATE (YYYY/MM/DD) 2010/08/22	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310		FROM: ATTN: DIRECTOR EMERGENCY SERVICES P.O. BOX 105066 FORT IRWIN, CA US 92310

Section II - Offense

1a. OFFENSE NO. 2	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 20	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): 5C2B	1h. OFFENSE DESCRIPTION(S): SIMPLE ASSAULT - CONSUMMATED BY A BATTERY (ARTICLE #128, UCMJ) (ON POST)	1i. OFFENSE LOCATION ADDRESS: 5318 (B) COTTON TAIL LANE FORT IRWIN, CA US 92310
-------------------------------------	---	--

2a. BEGIN DATE: (YYYY/MM/DD): 2010/08/22	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 type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input checked="" 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):			
2d. END TIME: (24hr.):			

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 checked="" 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) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**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	DATE(YYYY/MM/DD) 2010/08/22	ORI NUMBER CA03608DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICES P.O. BOX 105066 FORT IRWIN, CA US 92310	

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
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1c. NAME (Last, First, Middle Name, JR., Sr., III): SHAHADA, ABDULLAH MUHAMMAD	1d. SSN/FNN/Alien Reg No: ██████████3029	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):
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<input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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"/> L Foreign Nat'l Empl <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. CATEGORY:	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	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"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: USAG MILITARY POLICE W4E6MP BLDG #326		2b. INSTALLATION/CITY: FORT IRWIN	2d. ZIP/APO: 92310	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: CA US	2e. UNIT PHONE: (760) 380-4444	
		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 (1) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701
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MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

**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	DATE(YYYY/MM/DD) 2010/08/22	ORI NUMBER CA03608DM.	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICES P.O. BOX 105066 FORT IRWIN, CA US 92310	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 3	1b. STATUS	<input checked="" type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor	<input type="checkbox"/> Complaint <input type="checkbox"/> Witness	<input type="checkbox"/> Military Police
---	-------------------	---	--	--

1c. NAME (Last, First, Middle Name, JR., Sr., III): DANIELSON, MARK	1d. SSN/FNN/Alien Reg No:	1e. CITIZENSHIP	<input type="checkbox"/> US <input type="checkbox"/> Country (Specify):	<input type="checkbox"/> Resident Alien
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1f. CATEGORY.	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
<input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <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	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:	1m. COMPONENT	<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"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, And STREET ADDRESS: DA POLICE DA POLICE BLDG #326		2b. INSTALLATION/CITY: FORT IRWIN	2d. ZIP/APO: 92310
3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: CA US	2e. UNIT PHONE: (760) 380-4444	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
		3c. STATE/COUNTRY:		

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS:	4b. IF NOT PROVIDED, WHY NOT?	5. NUMBER OF VICTIMS (1) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION FORT IRWIN POLICE DEPARTMENT	2. DATE (YYYY/MM/DD) 2010/08/22	3. TIME 2117	4. FILE NUMBER
5. LAST NAME, FIRST NAME MIDDLE NAME SHAHADA, ABDULLAH MUHAMMAD	6. SSN [REDACTED] 3029	7. GRADE/STATUS SPC	
8. ORGANIZATION OR ADDRESS USAG NTC MP COMPANY			

9. I, ABDULLAH MUHAMMAD SHAHADA, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 AT APPROXIMATELY 1510 ON 22 AUG 2010 I WAS DISPATCHED TO 5318 (B) COTTON TAIL LANE REGARDING A DOMESTIC ALTERCATION BETWEEN SPC SALEH AND FM/W CHAJI THE TWO ARE NEIGHBORS AND FRIENDS. UPON ARRIVAL I MET WITH THE VICTIM WHO WAS VERY EMOTIONAL AND HYSTERICAL, WHICH PROLONGED MY PRELIMINARY INVESTIGATION. ONCE FM/W CHAJI RESTRAINED HERSELF SHE STATED, AT APPROXIMATELY 1500 ON 22AUG2010 SPC SALEH HAD ARRIVED AT HER FRONT DOOR AND GRABBED HER BY THE ARMS AND FORCED HIMSELF INSIDE HER RESIDENCE WHERE I'VE PUSHED HER DOWN TO ONE OF THE COUCHES IN THE DINING ROOM AREA AND PINED HER DOWN USING HIS ARMS AND PLACING HIS KNEE TO HER CHEST AND GRABBLD A KNIFE WHILE USING IT TO INTIMIDATE HER SAYING SHE BETTER NOT TELL THE POLICE WHAT HAD TOOK PLACE A FEW DAYS EARLIER. WHEN ASKED WHAT HAPPENED EARLIER SHE STATED, SPC SALEH HAD SEXUALLY ASSAULTED HER ON 19AUG2010 AND THREATENED HER LIFE IF SHE WOULD CONTACT POLICE OR INFORM ANYONE ELSE ABOUT THE INCIDENT, (FOR FURTHER INFORMATION ON THE ALLEGED SEXUAL ASSAULT, SEE ATTACHMENT DA FORM 2823.) SHE BEGAN TO FEEL DIZZY AND LIGHTHEADED ON THE SCENE I CALLED DISPATCH TO INFORM EMS AND THEY WERE DISPATCHED TO THE SCENE AND ESCORTED FM/W CHAJI TO WACH ER FOR AN EVALUATION. FURTHER INVESTIGATION ON THE CLAIM OF RAPE WAS HANDED OVER TO THE CRIMINAL INVESTIGATION DEPARTMENT (CID) AND IS PENDING.



ABDULLAH M. SHAHADA
 USA/SPC
 MILITARY POLICE

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT AS	PAGE 1_ OF 2_ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
 MUST BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION FORT IRWIN POLICE DEPARTMENT	2. DATE (YYYY/MM/DD) 2010/08/22	3. TIME 1030	4. FILE NUMBER
5. LAST NAME, FIRST NAME MIDDLE NAME DANIELSON, MARK	6. SSN	7. GRADE/STATUS GS6	
8. ORGANIZATION OR ADDRESS FORT IRWIN POLICE DEPARTMENT			

9 I, MARK DANIELSON, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ORIGIN OF CALL:

ON 08/22/2010, AT APPROXIMATELY 1510 HOURS, I WAS WORKING FOR THE FORT IRWIN POLICE DEPARTMENT IN A FULLY MARKED UNIT AND UNIFORM. I WAS DISPATCHED VIA RADIO TO THE RESIDENCE OF 5318 B COTTONTAIL. THIS WAS IN REFERENCE TO A POSSIBLE DOMESTIC VIOLENCE. UPON ARRIVAL I WAS GREETED BY GARY SALEH AT THE RESIDENCE OF 5315 B COTTONTAIL, WHO I KNOW FROM PRIOR CONTACTS OF DOMESTIC VIOLENCE. HE WAS IDENTIFIED BY HIS MILITARY IDENTIFICATION CARD. HE TOLD ME THAT HE HAD BEEN IN AN ALTERCATION WITH A WOMAN. HE HAD NO SIGNS OF INJURY OR ASSAULT VISIBLE. HE CLAIMED THAT SHE (THE OTHER PARTY INVOLVED) WAS THE AGGRESSOR.

I THEN WENT TO THE ADDRESS OF 5318 B COTTONTAIL AND MET WITH A WOMAN WHO IDENTIFIED HERSELF AS HOUDA CHAJI. SHE WAS ALSO IDENTIFIED BY HER GOVERNMENT IDENTIFICATION. SHE ALSO TOLD ME THAT SHE HAD BEEN IN AN ALTERCATION WITH SALEH SHE CLAIMED THAT HE WAS THE AGGRESSOR. SHE ALSO SHOWED NO INITIAL SIGNS OF INJURY CONSISTENT WITH ASSAULT OR INJURY. SHE WANTED HER HUSBAND TO COME HOME AND MADE NO OTHER COMPLAINTS OF ASSAULT OR INJURY.

I WAS THEN ORDERED BY SGT ANDERSON, PLEASE REFER TO HIS SUPPLEMENTAL, TO ARREST SALEH. NO REASON WAS GIVEN. I WAS THEN ORDERED TO TAKE HIM TO THE FORT IRWIN POLICE DEPARTMENT AND RELEASE HIS TO HIS UNIT PER ADDRESS FORM 2708. THIS WAS COMPLETED.

CLOSING:

ON OTHER ACTION TAKEN, ATTACH TO ORIGINAL REPORT.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT MD	PAGE_1 OF .2 PAGES
-------------	---	--------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; F.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION Ft. Irwin Police Department	2. DATE (YYYYMMDD) 2010/08/22	3. TIME 2222	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Anderson, Eric Cecil	6. SSN	7. GRADE/STATUS GS07/SGT	

8. ORGANIZATION OR ADDRESS
DES

9. I, Eric Anderson, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

On above date, I (Sgt. Eric Anderson) responded to assist (MP Shahada and Officer Danielson) in a alleged Domestic Disturbance I made contact SSG Jakane, Zahra who was unruly and kicking and screaming to MP's that "She was going to get her husband for this". I handcuffed SSG Jakane for her safety and the officers. I then proceeded to assist Officer Danielson and MP Shahada in interviewing Mrs. Houda Chaji. At this time she was crying hysterically and was very upset to where she could get details straight of today's assault and she kept mentioning that she went to hospital last week, but we couldn't get any details from her on why she went to hospital. I then advised Spc Shahada to take statement from Mrs. Chaji due to I had a call for service at another residence.

-----End of Statement-----



Eric Anderson
Watch Commander
D.E.S.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT EA	PAGE 1 OF <u>1</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.



UNITED STATES ARMY



CRIMINAL INVESTIGATION COMMAND

DOCUMENT COVER SHEET

(CIDR 195-1)

WARNING

THIS DOCUMENT IS THE PROPERTY OF THE UNITED STATES ARMY. UNAUTHORIZED RELEASE OR DISCLOSURE OF ITS CONTENTS IS PROHIBITED. CONTENTS MAY BE DISCLOSED ONLY TO PERSONS WHOSE OFFICIAL DUTIES REQUIRE ACCESS HERETO. CONTENTS CANNOT BE RELEASED OUTSIDE THE DEPARTMENT OF THE ARMY WITHOUT THE APPROVAL OF THE COMMANDER, UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND, FORT BELVOIR, VA (para 4-3, AR 195-2).

WHEN DOCUMENTS CONTAIN CLASSIFIED DEFENSE INFORMATION, REGULAR CLASSIFIED COVER SHEET WILL ALSO BE USED (AR 380-5 APPLIES).

FOR OFFICIAL USE ONLY

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

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DETAILS

CRIME SCENE EXAMINATION: About 2325, 22 Aug 10, SA TRAN conducted a crime scene examination of Mrs. CHAJI's residence, 5319-B Cottontail Lane, FICA.

N=North, S=South, W=West, E=East, B=Base, T=Top, C=Corner, H=Height, L=Length, W=Width

Characteristics of Scene: Mrs. CHAJI's residence was a two-story duplex, family residence, brown, tan, and black in color, tile, drywall, cement, wood, glass, and metal type construction. The first floor consisted of a one-car garage, living room, dining room, kitchen, half sized bathroom, pantry, and backyard. The second floor consisted of 3 bedrooms, one of which was the master bedroom. Also contained in the second floor were two full size bathrooms.

Master Bedroom: The master bedroom was located on the Eastern most portion of the residence, directly above the garage. The room was approximately 15'7"L by 12'11"W by 8'1"H. The room contained a queen size bed, dresser, and television, which was atop a stand.

Bed: The bed was approximately 6'9"L by 6'1"W by 2'5"H. The NEBC was 2'8" from the NEBC of the room. The NEBC of the bed was 10'8" from a point on the B of the closet door, located on the W Wall and 2'8" from the N wall. The SWBC of the bed was 3'11" from the closet door, located on the W wall. The SWBC of the bed was 4'2" N of the S wall.

Factors Pertinent to the E/E (Master Bedroom): The master bedroom contained one E/E, located at the SWC of the room and contained a locking mechanism which allowed the door to be locked and unlocked from only the inside. A window was centered on the N Wall and was covered by a draping restricting any possible observation from the outside.

Condition of the Scene: The master bedroom was orderly and clean overall. The lighting was dark since the drapes covered all windows. There was no unusual odor detected.

Dining Room: The dining room, approximately 13' L by 9'9" W by 8'H was located on the South/Western most portion of the residence. The dining room contained a couch which bordered the S and W walls, and was parallel with the kitchen counter/sink. A television was located along the E wall of the dining room, and adjacent to the couch. A coffee table was slightly canted and was located in-between the couches.

Couch: The couch, red and white in color, cotton and Styrofoam type construction, contained a polka dot like pattern and extended from the E to W wall and N to S wall of the dining room. The couch also bordered the kitchen countertop centered between the dining room and kitchen. The couch was 1'H from the seat to the floor of the dining room. The couch was 2'4"H from the C of the backing to the floor of the dining room. The couch contained a puncture located approximately 3'4" L. The puncture was 1'7" from the S wall, and 4" from the SEC of the room.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 7319

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:

DATE:

23 Aug 10

EXHIBIT

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

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DETAILS

Kitchen: The kitchen was located N of the dining room and was adjacent to the W wall. The kitchen was approximately 13'L by 8'6"W by 8'H. The kitchen countertop bordered the E wall of the kitchen and contained an "L" bend at the SWC of the kitchen, which ran E to W. A double bowl sink was affixed to the counter top parallel to the couch. The second section of the counter top was adjacent to the W wall. A stove top was installed on the W wall of the kitchen, which divided the counter top.

Factors Pertinent to the E/E (Dining Room/Kitchen): The dining room contained two windows, one located on the W wall and one located on the S wall, both walls of the living room. The windows contained closed drapes obstructing view into the dining room from the outside and vice versa. The kitchen and dining room was accessible through the hallway located on the E portion of the kitchen/dining room. The hallway allowed access into the living room and also the front door to the residence, which was located on the N wall of the residence. An E/E was located on the NWC of the kitchen which separated the kitchen and the living room. An E/E was located on the NEC of the dining room and allowed access into the pantry, located on the S wall of the residence. The pantry also contained an E/E which allowed access into the garage. The garage was locked via a garage door and an E/E located on the S wall of the garage which allowed access into the backyard located on the S region of the residence. Of all the E/E's mentioned, the E/E into the garage was able to lock from the inside of the residence and utilized a deadbolt mechanism which was functional.

Condition of the Scene: The dining room was slightly disarrayed. A coffee table, originally centered of the dining room, was pushed into the E portion of the room and was slightly canted as if a struggle had ensued within the room. The kitchen was slightly disarrayed but clean overall. The lighting inside the residence was sufficient enough to allow clear observation of the rooms, however, the since all windows were covered by draping, any observation from outside during daylight hours would not be feasible.

Scene Documentation: The scene was documented using a Nikon D80 Digital Camera and a rough sketch was drawn of the Dining room/Kitchen and Bedroom.

Search of the Scene: A search of the scene located a puncture wound on the couch within the dining room. The puncture was approximately 3/4"L and was approximately 1'7" from the approximate center of the puncture to the S wall. From the approximate center of the puncture to the SEC of the wall of the dining room was 4'. Collection of the couch was not feasible since the cushions were attached to the backing and connected to the entire section of couch which bordered the walls of the dining room.

Collection of Evidence: From 0047 to 0055, 23 Aug 10, prior to SA TRAN's arrival to Mrs. CHAJI's residence, Mrs. CHAJI collected all her clothing she wore the night she was raped, and put them together with the pajama SPC SALEH used to wipe himself. Mrs. CHAJI set the clothing downstairs on a nightstand where they were collected by SA TRAN. Mrs. CHAJI also removed her bed sheets

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 7319

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:

DATE:

23 Aug 10

EXHIBIT

AGENT'S INVESTIGATIVE REPORT

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DETAILS

and blankets and placed them at the bottom of the stairway where they were also collected by SA TRAN. Two knives pertaining to this investigation were placed inside the kitchen sink prior to SA TRAN's arrival. Mrs. CHAJI removed the knives and placed them atop the kitchen counter for collection by SA TRAN. Mrs. CHAJI related the smaller knife was initially on the floor in the dining room but a FIPD Officer picked the knife up without gloves and placed it on the table in the dining room. Mrs. CHAJI related she moved the knife over to the kitchen sink afterwards. Mrs. CHAJI further related the larger knife was left upstairs in her bedroom where she picked up the knife and placed it in the sink. Evidence was documented on Evidence/Custody Property Document (EPCD) (DA Form 4137), Document Number (DN): 098-10.

Search Beyond the Immediate Scene: A search beyond the immediate scene included the trash cans, bedrooms, garage, and backyard. A search for any items that could have produced a tool mark within the door jam of the backyard door was conducted but no items within the backyard, pantry, and garage were found. No evidence of evidentiary value was located. Microsil was not used on the tool mark impression since the locking mechanism, door jam, and door were all intact and functional. An internet search revealed the locking mechanism on the door was called a deadbolt and any attempts to breach a deadbolt would render the intruder unsuccessful. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 7319

ORGANIZATION:

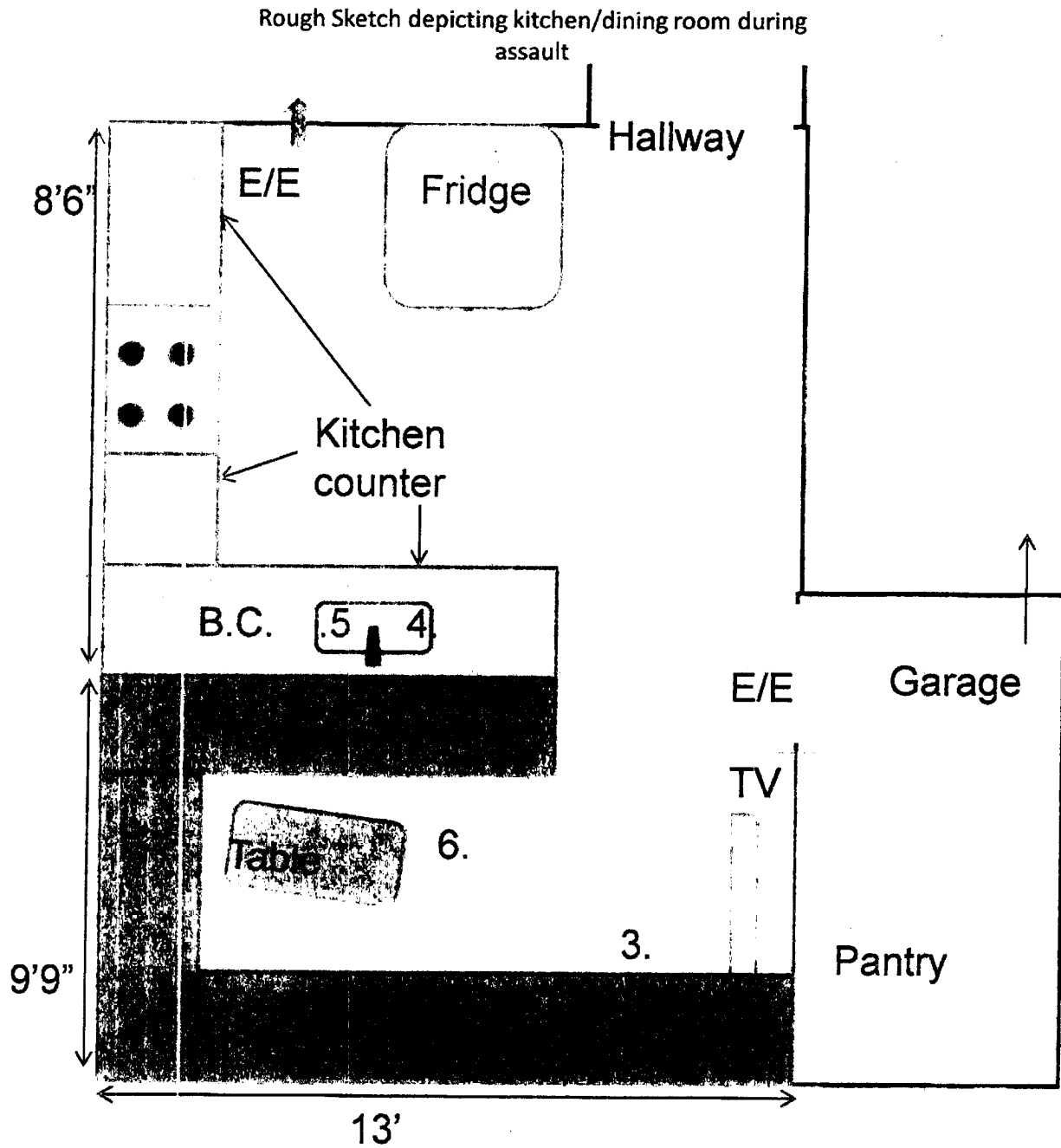
Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:

DATE:

23 Aug 10

EXHIBIT



Legend:

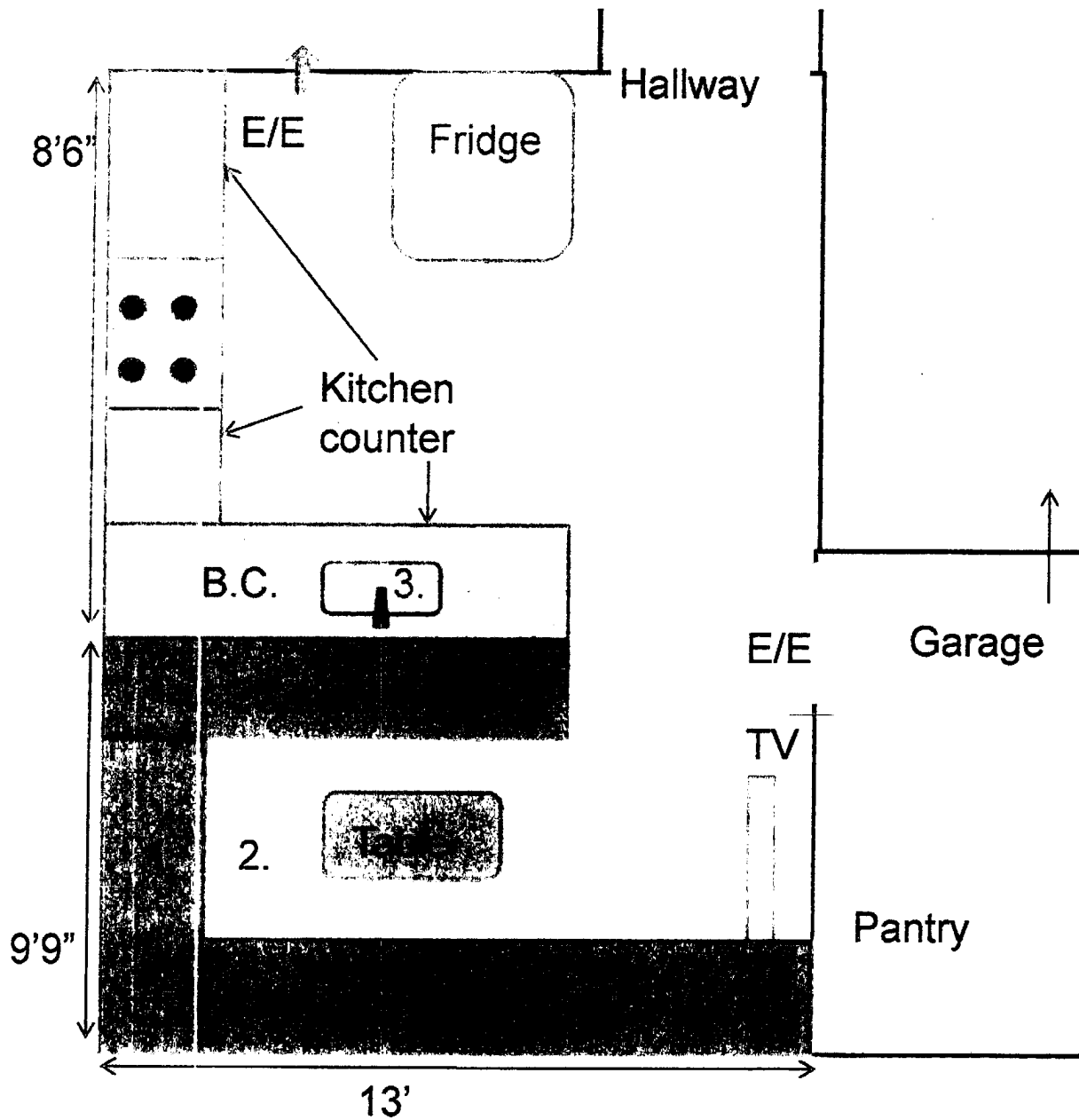
- A. Puncture in couch
- B. Location of knife upon collection
- C. Location of knife upon collection
- 1. Where Mrs. CHAJI was thrown
- 2. Where SPC SALEH was sitting when punctured couch
- 3. Where SALEH pinned CHAJI to ground
- 4. Original location of knife during assault
- 5. Original location of knife during rape
- 6. Location of where SALEH left knife before FIPD picked up



Title Block

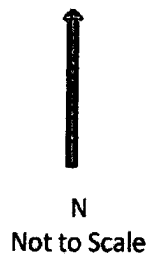
Case: 0162-10-CID146
 Offense: Rape/Assault/Comm. a
 Threat/Indecent Exposure/Housebreaking
 Subject: SPC SALEH
 Victim: Mrs. CHAJI
 Scene Portrayed: Kitchen/Dining Room
 within 5319-B Cottontail Lane
 Location: Fort Irwin, CA 92310
 Time/ Date: 0026/23 Aug 10
 Sketched by: SA TRAN
 Verified by:

Rough Sketch depicting kitchen/dining room prior to rape



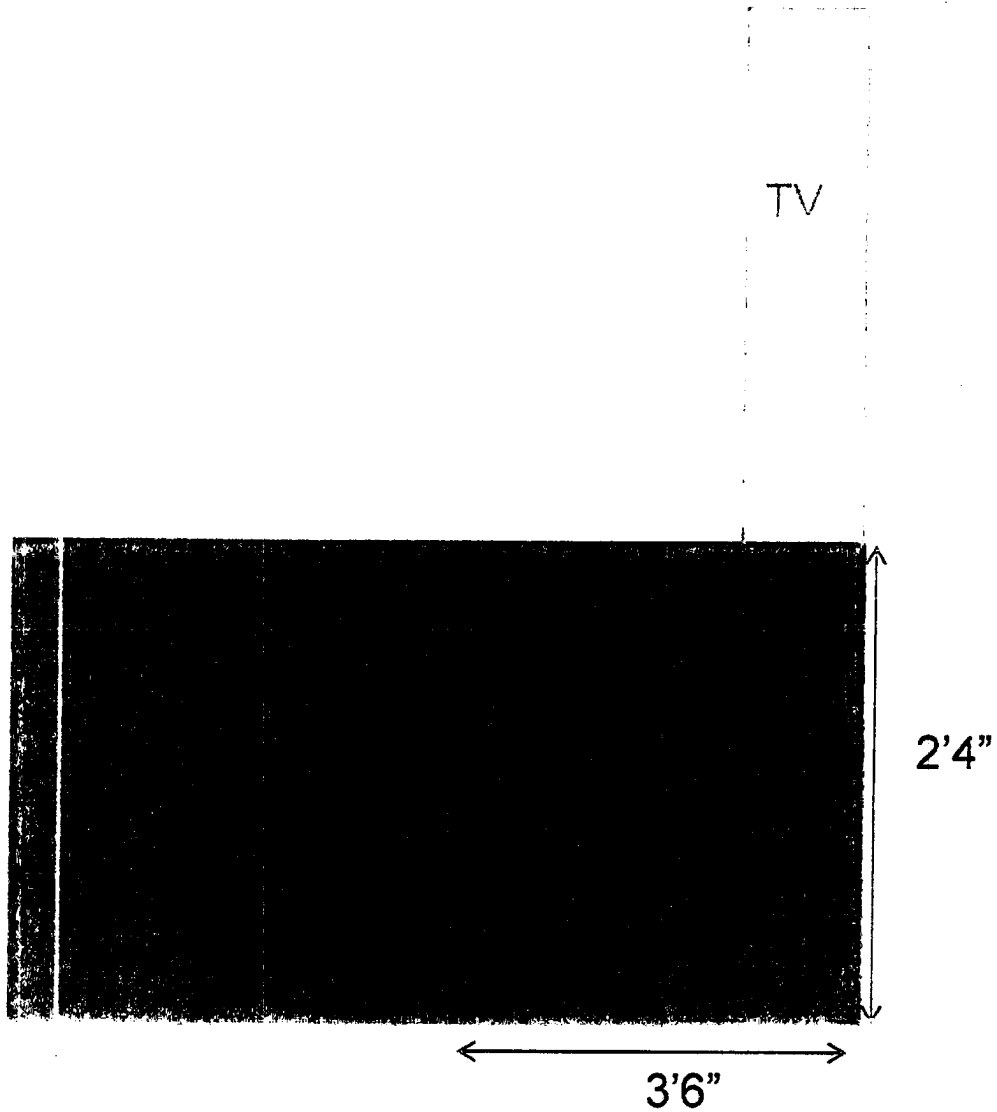
Legend:

- 1. Location where Mrs. CHAJI was sitting
- 2. Location where SPC SALEH was standing when he exposed himself
- 3. Location where knife was



Title Block
 Case: 0162-10-CID146
 Offense: Rape/Assault/Comm. a
 Threat/Indecent Exposure/Housebreaking
 Subject: SPC SALEH
 Victim: Mrs. CHAJI
 Scene Portrayed: Kitchen/Dining Room
 within 5319-B Cottontail Lane
 Location: Fort Irwin, CA 92310
 Time/ Date: 0026/23 Aug 10
 Sketched by: SA TRAN
 Verified by:

Rough Sketch depicting puncture wound



Legend:

A. Puncture in couch



Title Block

Case: 0162-10-CID146

Offense: Rape/Assault/Comm. a

Threat/Indecent Exposure/Housebreaking

Subject: SPC SALEH

Victim: Mrs. CHAJI

Scene Portrayed: Dining room within

5319-B Cottontail Lane

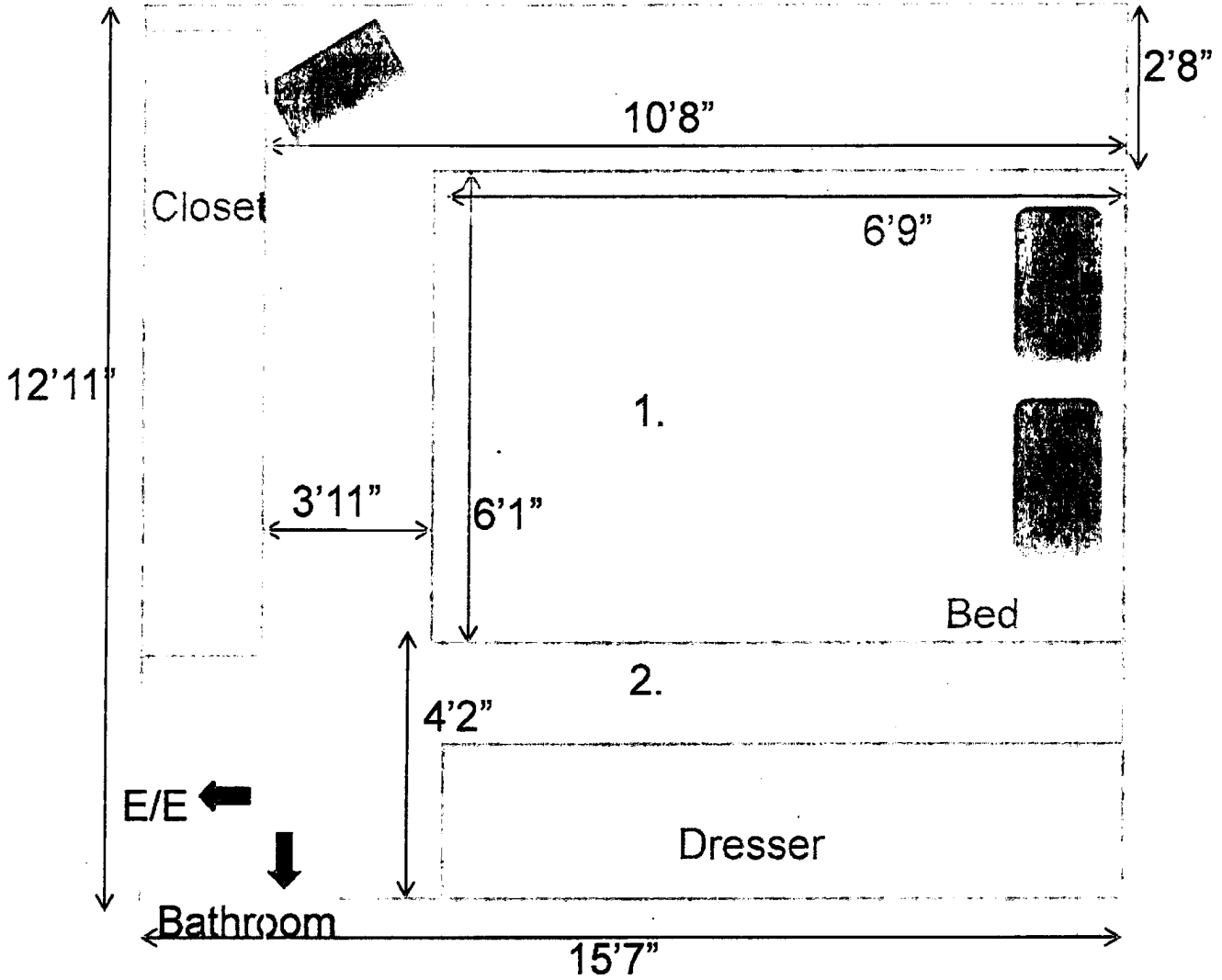
Location: Fort Irwin, CA 92310

Time/ Date: 0031/23 Aug 10

Sketched by: SA TRAN

Verified by:

Rough Sketch depicting Bedroom



Legend:

- 1. Location where CHAJI was raped
- 2. Location of knife found by Mrs. CHAJI after assault



Title Block

Case: 0162-10-CID146
 Offense: Rape/Assault/Comm. a
 Threat/Indecent Exposure/Housebreaking
 Subject: SPC SALEH
 Victim: Mrs. CHAJI
 Scene Portrayed: Master Bedroom within
 5319-B Cottontail Lane
 Location: Fort Irwin, CA 92310
 Time/ Date: 0040/23 Aug 10
 Sketched by: SA TRAN
 Verified by:



UNITED STATES ARMY



CRIMINAL INVESTIGATION COMMAND

DOCUMENT COVER SHEET

(CIDR 195-1)

WARNING

THIS DOCUMENT IS THE PROPERTY OF THE UNITED STATES ARMY. UNAUTHORIZED RELEASE OR DISCLOSURE OF ITS CONTENTS IS PROHIBITED. CONTENTS MAY BE DISCLOSED ONLY TO PERSONS WHOSE OFFICIAL DUTIES REQUIRE ACCESS HERETO. CONTENTS CANNOT BE RELEASED OUTSIDE THE DEPARTMENT OF THE ARMY WITHOUT THE APPROVAL OF THE COMMANDER, UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND, FORT BELVOIR, VA (para 4-3, AR 195-2).

WHEN DOCUMENTS CONTAIN CLASSIFIED DEFENSE INFORMATION, REGULAR CLASSIFIED COVER SHEET WILL ALSO BE USED (AR 380-5 APPLIES).

FOR OFFICIAL USE ONLY

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

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DETAILS

About 1022, 23 Aug 10, SA ALCANTARA conducted canvass interviews in the area of 5319-B Cottontail Lane, FICA. Many residents indicated they were aware of MP's responding to their neighborhood due to some disturbance with no significant details. Some residents were able to identify a yellow Camaro that SPC SALEH drives.

About 1045, 23 Aug 10, SA ALCANTARA met with Mrs. CHAJI to coordinate sworn statement. Mrs. CHAJI was hyperventilating and crying hysterically. Mrs. CHAJI related that SPC SALEH had ruined her life and related that SPC SALEH exposed his genitals to her in her living room then SPC SALEH grabbed a picture frame on the living room counter and held it to the left side of her neck. Mrs. CHAJI related she pushed his hand away and ran upstairs. Mrs. CHAJI related that she tried to be a good neighbor helping SPC SALEH and his spouse and does not know why he raped her. Mrs. CHAJI stated that SPC SALEH related that "someone has to pay for his pain he has inside of him." Mrs. CHAJI was unable to provide any more information due to her feeling extremely frightened and ashamed.

About 1346, 23 Aug 10, SA ALCANTARA obtained Consent to Search from Mrs. CHAJI for DNA Buccal swabs of her person.

About 1350, 23 Aug 10, SA ALCANTARA obtained DNA Buccal Swabs from Mrs. CHAJI and documented on EPCC, DN: 096-10.

About 1356, 23 Aug 10, SA ALCANTARA collected 3 glass mirror frames as evidence from Mrs. CHAJI's residence and documented on EPCC, DN: 097-10.

About 1430, 23 Aug 10, SA ALCANTARA superglue fumed 3 glass mirrors to protect and preserve latent fingerprints.

About 1030, 25 Aug 10, SA ALCANTARA advised SPC SALEH of his legal rights for the offense of Rape, Assault, Indecent Exposure, and Communicating a Threat which he waived.

About 1045, 25 Aug 10, SA ALCANTARA obtained a Consent to Search from SPC SALEH for his cellular telephone and to obtain DNA.

About 1515, 25 Aug 10, SA ALCANTARA obtained a sworn statement of SPC SALEH who related that he did not Rape, Assault, or commit Indecent Exposure, or Communicate a threat to Mrs. CHAJI. SPC SALEH related his relationship with Mrs. CHAJI was friendly and related he saw Mrs. CHAJI as a sister who could give him advice about his marriage. SPC SALEH related that Mrs. CHAJI propositioned him to kiss her and have consensual sex which he rejected. SPC SALEH related that Mrs. CHAJI kept calling and asking SPC SALEH to come to her residence. SPC SALEH related he

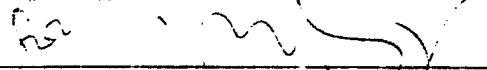
TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Raul M. ALCANTARA

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE



DATE:

23 Aug 10

EXHIBIT

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

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DETAILS

wanted to help her but when he came over her residence Mrs. CHAJI stated if she cannot have him no one will. SPC SALEH related Mrs. CHAJI stated she would kill him, his wife, and herself. SPC SALEH related Mrs. CHAJI came at him with a knife. SPC SALEH related he and Mrs. CHAJI struggled in which Mrs. CHAJI released the knife and tried to keep him in her residence against his will. SPC SALEH related he did not Rape or Assault Mrs. CHAJI rather defended his life during Mrs. CHAJI attempted assault.

About 1545, 25 Aug 10, SA ALCANTARA collected SPC SALEH's cell phone and documented on EPCD, DN: 100-10.

About 1555, 25 Aug, 10, SA ALCANTARA obtained DNA Buccal Swabs from SPC SALEH and documented on EPCD, DN: 099-10.

About 1600, 25 Aug 10, SA ALCANTARA obtained DNA data card of SPC SALEH and forwarded to USACIL for processing.

About 1630, 25 Aug 10, SA ALCANTARA collected SPC SALEH cell phone charger and documented on EPCD, DN: 100-10.

About 1634, 25 Aug 10, SA ALCANTARA collected SPC SALEH's torn Tee-Shirt as evidence from SPC SALEH apartment and documented on EPCD, DN: 101-10.

About 1335, 26 Aug 10, SA ALCANTARA obtained a Consent to Search from Mrs. CHAJI for her cellular telephone.

About 1455, 26 Aug 10, SA ALCANTARA collected Mrs. CHAJI's cell phone and documented on EPCD, DN: 105-10.

About 1605, 26 Aug 10, SA ALCANTARA met with SPC SALEH who authorized a forensic examination of his cell phone. Authorization was documented on SPC SALEH's Consent to Search Form, which was provided at 1555, 25 Aug 10. SPC SALEH related in the future that to coordinate anything regarding this investigation to contact CPT Arthur TSAO, Trial Defense Services (TDS), OSJA, FICA.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Raul M. ALCANTARA

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:

DATE:

23 Aug 10

EXHIBIT

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

Case Number:0162-10-CID146-25272

Agent/Investigator: SA ALCANTARA

Date: 23 Aug 12 1022-1221

CANVASS INTERVIEW WORKSHEET

NAME/GRADE Mrs. Darlene BENAVIDES	SSN XXX-XX-3212	NOTES: Noticed incident with MP's responding on 22 Aug around 1500-1600. Noticed a yellow Camaro around 5315A residence week prior.
UNIT/ADDRESS 53 7A Cotton Tail Lane, FICA	WK PH: IIM PH: 907-347-1100	
NAME/GRADE Mallory GARCIA (Cous'n of Mrs. BENAVIDES)	SSN XXX-XX-0185	NOTES: Noticed MP activity on 22 Aug no other information pertinent to this investigation.
UNIT/ADDRESS 5317A Cotton Tail Lane, FICA	WK PH: HM PH: 907-347-1100	
NAME/GRADE Mrs. Amanda SHIPP	SSN XXX-XX-7363	NOTES: Domestic on 14/15 Aug. Female knocked on her door to call MP's from 5315B because husband hit and scratched her.
UNIT/ADDRESS 5317B Cotton Tail Lane, FICA	WK PH: IIM PH: 903-705-2981	
NAME/GRADE Mrs. Ahn CHONG Shoppette Mgr.	SSN XXX-XX-4831	NOTES: 22 Aug. noticed MP activity and Mrs. CHAJI walking back from activity. Recognized owner of Yellow Camaro parked at one time at Mrs. CHAJI's, who went to her Office looking for employment recently.
UNIT/ADDRESS 5319A Cotton Tail Lane, FICA	WK PH: HM PH: 254-466-1074	
NAME/GRADE PV2 Daniel Valin	SSN XXX-XX-3863	NOTES: Noticed Yellow Camaro parked in area about 2 weeks ago.
UNIT/ADDRESS C. Troop, 11 th ACR/ 5324B Cotton Tail Lane, FICA	WK PH: IIM PH: 760-553-5918	
NAME/GRADE PV2 Jeremy SHIPP	SSN XXX-XX-2506	NOTES: 14 Aug. Female came over stating husband took keys and phone wanted to get MP's to respond. Met SPC SALEH prior to incident casually spoke with him. SPC SALEH related that he was to PCS soon, was fasting, and spoke broken English.
UNIT/ADDRESS IHH 11 th ACR, 5317B Cotton Tail Lane, FICA	WK PH: HM PH: 903-780-2911	
NAME/GRADE SGT Juan SALAS	SSN XXX-XX-9515	NOTES: BBQ'd with SPC SALEH prior to incident with MP's. SPC SALEH told him he would PCS soon. Noticed SPC SALEH's vehicle sometimes parked in visitor parking in middle of residence area.
UNIT/ADDRESS 5315A Cotton Tail Lane, FICA	WK PH: IIM PH: 909-238-1515	
NAME/GRADE SPC Keith CRAWFORD	SSN XXX-XX-5799	NOTES: Noticed VW Passat at SPC SALEH's house, and some MP activity there. Heard some loud yelling in past.
UNIT/ADDRESS 5-1 MI Co/ 5322A Cotton Tail Lane, FICA	WK PH: HM PH: 785-806-5573	

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

EXHIBIT _____

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE

Case Number:0162-10-CID146-25272

Agent/Investigator: SA ALCANTARA

Date: 23 Aug 12 1022-1221

NAME/GRADE PFC David CERASO	SSN XXX-XX-4749	NOTES: Knows SPC SALEH thru Co. when he used to be in 58 th Engineer's. Saw SPC SALEH's vehicle in visitor area periodically.
UNIT/ADDRESS 58 th Eng Co/ 5322B Cotton Tail Lane. FICA	WK PH: HM PH: 302-249-9960	
NAME/GRADE PFC Max HARRIS	SSN XXX-XX-5771	NOTES: Just noticed yellow Camaro periodically in area since January 2010.
UNIT/ADDRESS K Co. 2-11 th ACR / 5324B Cotton Tail Lane. FICA	WK PH: IIM PH: 760-881-5534	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: HM PH:	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: IIM PH:	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: IIM PH:	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: HM PH:	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: IIM PH:	
NAME/GRADE	SSN	NOTES:
UNIT/ADDRESS	WK PH: IIM PH:	

202-201-1000

Date: 23 Aug 10	Consent To Search <small>(USACIDC Supplement 1 to AR 190-22)</small>	Time: 13:46 P.M.				
1. Name of person consenting to the search: MRS. HOUDA CHAJI		2. Organization and location: 5319-B Cottonwood Lane Fort Irwin, CA 92310				
3. I have been informed by the undersigned USACIDC Special Agent that an inquiry is being conducted in connection with the following possible violation(s) of law: RAPE, ASSAULT						
4. I have been requested by the undersigned USACIDC Special Agent to give my consent to a search of my person, premises, or property as indicated below. I have been advised of my right to refuse a search of my person, premises, or property. (If you <u>do not</u> give your consent, do not sign this form.)						
5. I hereby authorize the undersigned USACIDC Special Agent and/or other Authorized Law Enforcement Officials assisting the undersigned USACIDC Special Agent to conduct a search of: <i>(Initial and sign applicable blocks)</i>						
a.	My Person	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><i>Initials</i></td> <td style="padding: 2px;"><i>Signature</i></td> </tr> <tr> <td style="padding: 2px;">BH</td> <td style="padding: 2px;">[Signature]</td> </tr> </table>	<i>Initials</i>	<i>Signature</i>	BH	[Signature]
<i>Initials</i>	<i>Signature</i>					
BH	[Signature]					
b.	My Quarters	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><i>Initials</i></td> <td style="padding: 2px;"><i>Signature</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	<i>Initials</i>	<i>Signature</i>		
<i>Initials</i>	<i>Signature</i>					
Located At:						
c.	My Vehicle	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><i>Initials</i></td> <td style="padding: 2px;"><i>Signature</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	<i>Initials</i>	<i>Signature</i>		
<i>Initials</i>	<i>Signature</i>					
Located At:						
Described As:						
d.	Other	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; padding: 2px;"><i>Initials</i></td> <td style="padding: 2px;"><i>Signature</i></td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>	<i>Initials</i>	<i>Signature</i>		
<i>Initials</i>	<i>Signature</i>					
Located At:						
Described As:						
I am authorizing the above search(s) for the following general types of property which may be removed by the authorized law enforcement personnel and retained as evidence under the provisions of Army Regulation 195-5, or other applicable laws or regulations: DNA Buccal Swab						
3. This written permission is given to the undersigned USACIDC Special Agent freely, voluntarily and without threats or promises of any kind:						
_____ Signature of USACIDC Special Agent		_____ Signature of Person Granting Consent				
_____ Signature of Witness (If Available)						

RIGHTS WAIVER PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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.

1. LOCATION FORT IRWIN, CA	2. DATE 25 Aug 2010	3. TIME	4. FILE NO 0162-10-CID146
5. NAME (Last, First, MI) SALEH, Gary W.	8. ORGANIZATION OR ADDRESS S&T Troop, RSS, 11th ACR, Fort Irwin, CA		
6. SSN 000-00-3730	7. GRADE/STATUS E-4/AD		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation Command as a Special Agent and wanted to question me about the following offense(s) of which I am

suspected/accused: Rape, Assault, In recent Exposure, Communicating a Threat///

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
 - or -
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

Date: 25 Aug 10	Consent To Search (USACIDC Supplement 1 to AR 190-22)	Time:
--------------------	---	-------

1. Name of person consenting to the search: SPC Gary SALEH	2. Organization and location: S&T Troop, RSS, 11th ACR, Fort Irwin, CA
--	--

3. I have been informed by the undersigned USACIDC Special Agent that an inquiry is being conducted in connection with the following possible violation(s) of law:
Rape, Assault, Indecent Exposure, Communicating a Threat

4. I have been requested by the undersigned USACIDC Special Agent to give my consent to a search of my person, premises, or property as indicated below. I have been advised of my right to refuse a search of my person, premises, or property. (If you do not give your consent, do not sign this form.)

5. I hereby authorize the undersigned USACIDC Special Agent and/or other Authorized Law Enforcement Officials assisting the undersigned USACIDC Special Agent to conduct a search of: *(Initial and sign applicable blocks)*

a.	My Person	Initials	Signature	
b.	My Quarters	Initials	Signature	

Located At:

c.	My Vehicle	Initials	Signature	
----	------------	----------	-----------	--

Located At:
Described As:

d.	Other	Initials	Signature	
----	-------	----------	-----------	--

Described As:
Any and all personal computer laptop computer and computing system; hard disks, zip disks, removable hard drives, zip drives, disks, diskettes, electronic storage media, computer tapes, optical storage devices, tapes, smart cards, cassettes, pagers, cellular telephones, digital cameras, personal digital assistants such as Palm III devices, memory cards and cartridges. Any and all photographs (developed and undeveloped), negatives, photographic slides or other visual depictions, including books, magazines, films, video and other recordings.

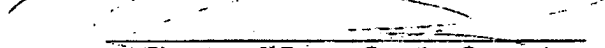
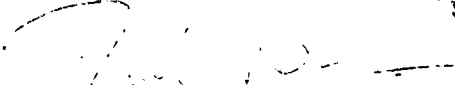

Cellular Telephone Pass Code

I further consent law enforcement to conduct a forensic analysis of the property to be seized for the files listed below.

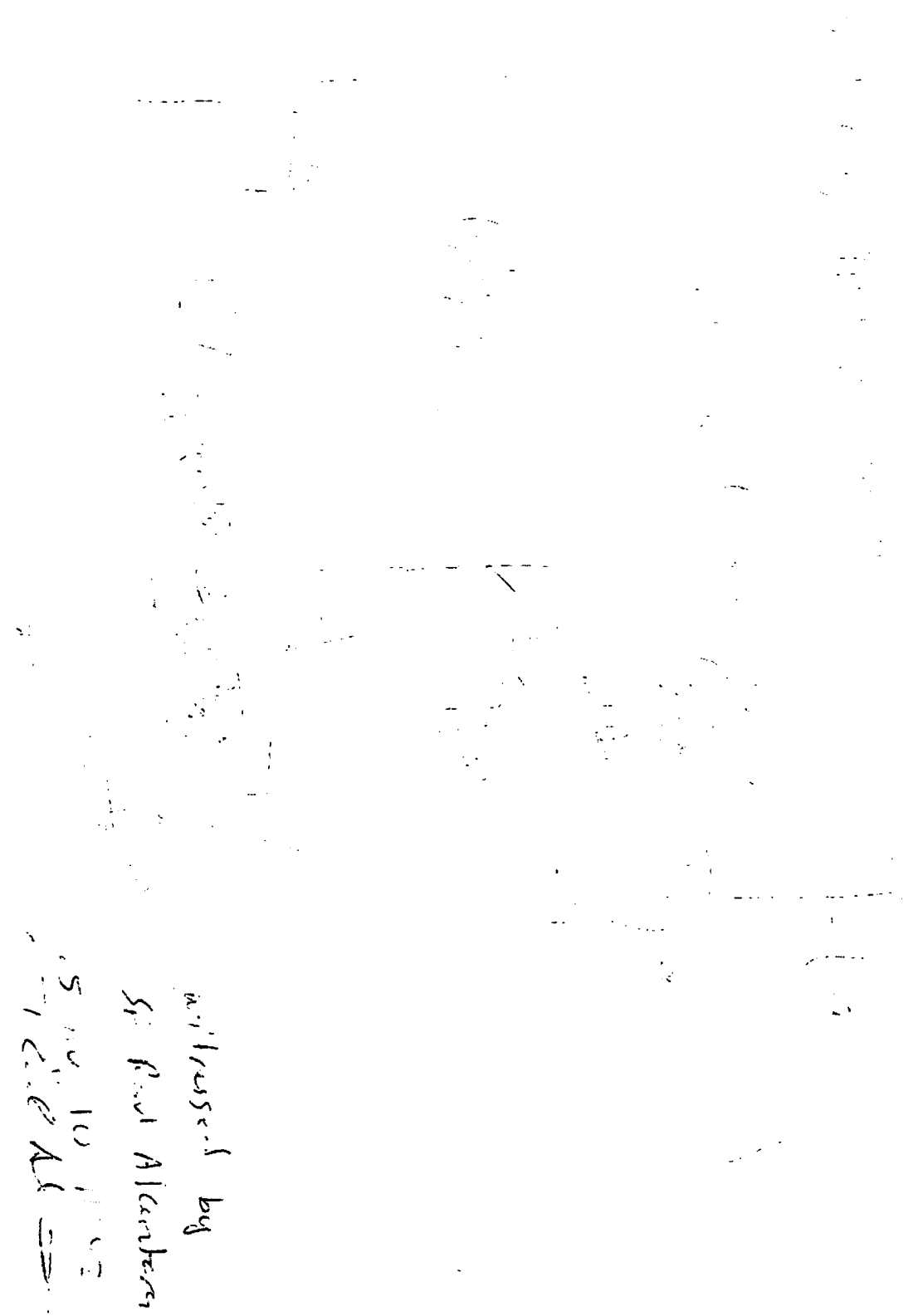
I am authorizing the above search(s) for the following general types of property which may be removed by the authorized law enforcement personnel and retained as evidence under the provisions of Army Regulation 195-5, or other applicable laws or regulations:

Text; documents, pictures; graphics/images; electronic mail messages; news groups; chat room databases; software; video/movie files; peer to peer systems; file sharing; computerized logs; account names; passwords; encryption codes, algorithms and formulae; personal notes or diaries; and other data including deleted files and folders, containing material related to the above listed offense(s), DNA of SPC SALEH.

6. This written permission is given to the undersigned USACIDC Special Agent freely, voluntarily and without threats or promises of any kind:

 Signature of Person Granting Consent		
 Signature of USACIDC Special Agent		 Signature of Witness (If Available)

SKETCH OF SPC Gary W. SALEH



Witnessed by
SP Paul Alcantara
5/10/10
CID/AL

Date: 26 Aug 10	Consent To Search (USACIDC Supplement 1 to AR 190-22)	Time:
--------------------	---	-------

1. Name of person consenting to the search: Mrs. Houda CHAJI	2. Organization and location: 5319-B Cotton Tail Lane, Fort Irwin, CA 92310 (FICA)
--	---

3. I have been informed by the undersigned USACIDC Special Agent that an inquiry is being conducted in connection with the following possible violation(s) of law:
Rape, Assault, Communicating a Threat, Indecent Exposure

4. I have been requested by the undersigned USACIDC Special Agent to give my consent to a search of my person, premises, or property as indicated below. I have been advised of my right to refuse a search of my person, premises, or property. (If you **do not** give your consent, do not sign this form.)

5. I hereby authorize the undersigned USACIDC Special Agent and/or other Authorized Law Enforcement Officials assisting the undersigned USACIDC Special Agent to conduct a search of: *(Initial and sign applicable blocks)*

a.	My Person	Initials	Signature
b.	My Quarters	Initials	Signature

Located At:

c.	My Vehicle	Initials	Signature
----	------------	----------	-----------

Located At:
Described As:

d.	Other	Initials	Signature
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Described As:
Any and all personal computer laptop computer and computing system; hard disks, zip disks, removable hard drives, zip drives, disks, diskettes, electronic storage media, computer tapes, optical storage devices, tapes, smart cards, cassettes, pagers, cellular telephones, digital cameras, personal digital assistants such as Palm III devices, memory cards and cartridges. Any and all photographs (developed and undeveloped), negatives, photographic slides or other visual depictions, including books, magazines, films, video and other recordings.

Cellular Telephone Pass Code:

I further consent law enforcement to conduct a forensic analysis of the property to be seized for the files listed below.

I am authorizing the above search(s) for the following general types of property which may be removed by the authorized law enforcement personnel and retained as evidence under the provisions of Army Regulation 195-5, or other applicable laws or regulations:

Text; documents, pictures; graphics/images; electronic mail messages; news groups; chat room databases; software; video/movie files; peer to peer systems; file sharing; computerized logs; account names; passwords; encryption codes, algorithms and formulae; personal notes or diaries; and other data including deleted files and folders, containing material related to the above listed offense(s).

6. This written permission is given to the undersigned USACIDC Special Agent freely, voluntarily and without threats or promises of any kind:

Signature of Person Granting Consent

Signature of USACIDC Special Agent

Signature of Witness (If Available)

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0162-10-CID146-25272

PAGE 1 OF 1 PAGES

DETAILS

About 1738. 23 Aug 10, SA BRATTON interviewed SPC Mohammed CHAHTI, xxx-xx-2750, 51st TICO, Fort Irwin, CA 92310. SPC CHAHTI provided a Sworn Statement stating that he met Hoda through one of his co-workers and that she had called him on the 22 Aug 10, and asked him to come outside and to bring his Koran with him. When he got outside to her car she made him swear on the Koran that he would not say anything. After he was done swearing she started to cry saying that SPC SALAH had raped her. SPC CHAHTI then told her that they needed to call the Military Police, but she didn't want to because she thought that SPC SALAH would kill her. SPC CHAHTI then told Hoda to call SPC SALAH and have him come over so he could hear him say that he had raped her. Hoda stated that if she had him come over then he would check all the rooms to see if someone was there. SPC SALAH then suggested she should buzz him on his cell phone before she answered the door and to leave the back gate open so he could come around the back. SPC SALAH then witnessed Hoda call SPC SALAH and tells him she needed him over at her house in 20 minutes. Hoda then left and SPC SALAH went to the PX. As soon as he arrived at the PX he received a phone call from Hoda. She was crying and screaming and he could not understand what she was saying, so he left and went over to her house where he then called the Military Police.

AGENT'S COMMENTS: Within SPC CHAHTI's sworn statement, he was asked, "Do you know why Salah would come to you with this information?" This question was referring to Mrs. CHAJI, not Salah. SPC CHAHTI answered, "She said that she trusted me" which implied that he knew SA BRATTON referred to Mrs. CHAJI and not SPC SALEH. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Catherine J. BRATTON, 7466

ORGANIZATION

Fort Irwin CID Office, 6th MP Group (CID), Fort Irwin, CA 92310

SIGNATURE

DATE

23 Aug 10

EXHIBIT



UNITED STATES ARMY



CRIMINAL INVESTIGATION COMMAND

DOCUMENT COVER SHEET

(CIDR 195-1)

WARNING

THIS DOCUMENT IS THE PROPERTY OF THE UNITED STATES ARMY. UNAUTHORIZED RELEASE OR DISCLOSURE OF ITS CONTENTS IS PROHIBITED. CONTENTS MAY BE DISCLOSED ONLY TO PERSONS WHOSE OFFICIAL DUTIES REQUIRE ACCESS HERETO. CONTENTS CANNOT BE RELEASED OUTSIDE THE DEPARTMENT OF THE ARMY WITHOUT THE APPROVAL OF THE COMMANDER, UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND, FORT BELVOIR, VA (para 4-3, AR 195-2).

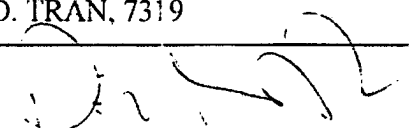
WHEN DOCUMENTS CONTAIN CLASSIFIED DEFENSE INFORMATION, REGULAR CLASSIFIED COVER SHEET WILL ALSO BE USED (AR 380-5 APPLIES).

FOR OFFICIAL USE ONLY

AGENT'S INVESTIGATIVE REPORT <i>CID Regulation 195-1</i>	ROI NUMBER: 0162-10-CID146-25272
	PAGE 1 OF 21 PAGES

DETAILS
About 1409, 24 Aug 10, SA TRAN interviewed SSG JANAKE who provided a sworn statement wherein she related she was with Mrs. CHAJI on the night of 18 and 19 Aug 10 until approximately 0030. SSG JANAKE further stated she saw SPC SALEH's car at her friend's house, SGT Ruba JACKSON, XXX-XX-0173, 51st TICO, RSS, 11th ACR, FICA, where he hung out with her husband, Mr. Kevin JACKSON, XXX-XX-0177, 9132-B First Street, FICA, on the night of 18 Aug 10. SSG JANAKE related she was going to SSG JACKSON's home to borrow a movie but saw SPC SALEH's vehicle parked at SSG JACKSON's home. SSG JANAKE further related Mrs. CHAJI routinely called SPC SALEH and questioned if Mrs. CHAJI was having an affair with SPC SALEH. SSG JANAKE could not prove the affair was taking place but stated during the day of 21 Aug 10, as Mrs. CHAJI and SPC SALEH travelled to Barstow and Victorville, Mrs. CHAJI called SPC SALEH multiple times to have small talk with him in the presence of SSG JANAKE. SSG JANAKE related they travelled to Barstow and Victorville because on 19 Aug 10, SSG JANAKE provided Mrs. CHAJI \$6000 in cash for Mrs. CHAJI to deposit into her bank, the Armed Forces Bank, FICA, for safekeeping. SSG JANAKE asked Mrs. CHAJI to return her money after Mrs. CHAJI related to her \$800 of Mrs. CHAJI's personal money was stolen out of her purse after she passed out at the WCH. SSG JANAKE related Mrs. CHAJI told her she deposited the money into the Armed Forces Bank and immediately transferred the money into her account from Bank of America in Barstow on 20 Aug 10. On 21 Aug 10, SSG JANAKE related her and Mrs. CHAJI drove to the Bank of America, however, the bank was closed and the money was never returned to SSG JANAKE. SSG JANAKE related Mrs. CHAJI related she knew a male civilian who worked at the Post Exchange and wanted to meet him in Victorville since he owed Mrs. CHAJI money. SSG JANAKE related her and Mrs. CHAJI drove to Victorville but never met this individual. SSG JANAKE further related she has witnessed a male, Caucasian and chubby, leaving Mrs. CHAJI's home in the early morning of 16 Aug 10. SSG JANAKE related there has been an account witnessed by several Soldiers' wives that Mrs. CHAJI was seen at the swimming pool on FICA with another male who was a former Soldier, Emoukine (NFI), and they were kissing and flirting.

About 1030, 25 Aug 10, SA TRAN interviewed Mr. JACKSON who stated he and SPC SALEH were good friends and after the domestic incident between SPC SALEH and SSG JANAKE on 16 Aug 10, SPC SALEH stayed at Mr. JACKSON's house for the entire week. Mr. JACKSON related on 18 Aug 10, he recalled SPC SALEH went to eat at approximately 1700-1800 and came back to Mr. JACKSON's home where he stayed for the rest of the night. Mr. JACKSON related SPC SALEH left in and out for several minutes to smoke but did not leave the residence for a long period of time. Mr. JACKSON related this occurred on 19 Aug 10 as well. Mr. JACKSON related on 23 Aug 10, SGT JACKSON called Mr. JACKSON during the day and related SPC SALEH called her to ask for Mr. JACKSON's help. Mr. JACKSON related during the afternoon of 22 Aug 10, SPC SALEH related to SGT JACKSON he needed help because Mrs. CHAJI was trying to stab him. Mr. JACKSON related he went to Mrs. CHAJI's home but the FIPD were already on scene and left. Mr. JACKSON related as he drove down 5th Street, FICA, he noticed Mrs. CHAJI's vehicle parked inside the trailer parking behind Mrs. CHAJI's residence. Mr. JACKSON related her car was parked in between two trailers as though she was trying to hide her car. Mr. JACKSON related he tried to stay away from Mrs. CHAJI

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA Pierre D. TRAN, 7319	ORGANIZATION: Fort Irwin Resident Agency (CID) Fort Irwin, CA 92310	
SIGNATURE: 	DATE: 1 Sep 10	EXHIBIT

AGENT'S INVESTIGATIVE REPORT <i>CID Regulation 195-1</i>	ROI NUMBER: 0162-10-CID146-25272
	PAGE 2 OF 3 PAGES

DETAILS

because she was very gossipy and liked to create drama between friends and family. Mr. JACKSON could not provide specifics since he tried to stay out of it. Mr. JACKSON related when he first met Mrs. CHAJI, they shared a common interest in music, particularly Rap music. Mr. JACKSON related Mrs. CHAJI told him she knew several famous rappers and even wrote music for them. Mr. JACKSON soon became wary of what Mrs. CHAJI said because he believed Mrs. CHAJI was making stories up about knowing rappers to be cool. Mr. JACKSON questioned Mrs. CHAJI's credibility because he suggested Mrs. CHAJI should have been wealthier and not on FICA if she was in fact writing songs for famous rappers.

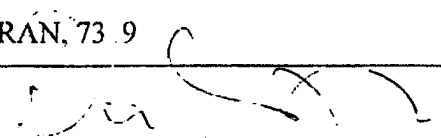
About 1055, 25 Aug 10, SA TRAN coordinated with Mr. Robert HARPER, Assistant Vice President, Armed Forces Bank, FICA, who checked Mrs. CHAJI's deposit records for the week of 16 to 20 Aug 10 and could only locate one deposit made on 17 Aug 10 for \$5000. Mr. HARPER related no deposits were made on 20 Aug 10.

About 1115, 25 Aug 10, SA TRAN coordinated with SA Raul ALCANTARA, this office, who was interviewing SPC SALEH. SA ALCANTARA stated SPC SALEH maintained he was at Mr. JACKSON's home during the nights of 18 to 20 Aug 10. SA ALCANTARA stated SPC SALEH stated Mr. JACKSON's home was equipped with an alarm and if he left the home during the night, the alarm would have been triggered alarming the family. SA ALCANTARA related SPC SALEH stated on 21 Aug 10 he received a phone call from Mrs. CHAJI who told him SSG JANAKE was planning on meeting with her boyfriend in Victorville. SPC SALEH stated he and Mr. JACKSON drove to Barstow and followed Mrs. CHAJI and SSG JAKANE for a while but did not observe what Mrs. CHAJI alleged and returned home. SPC SALEH stated that night, Mr. JACKSON went to party on FICA and SPC SALEH stayed overnight at Mr. JACKSON's house to watch Mr. JACKSON's son.

About 1215, 25 Aug 10, SA TRAN re-interviewed Mr. JACKSON who related he did not recall going with SPC SALEH to observe SSG JAKANE's actions in Barstow. Mr. JACKSON stated he did go out to the Shockwave, FICA, to party and SPC SALEH stayed at his house to watch his son. The front door to Mr. JACKSON's house contained an alarm system which activated when Mr. JACKSON opened the door during this interview as well as Mr. JACKSON's earlier interview. Mr. JACKSON related the alarm was to alert him if his son opened the front door and was not an alarm system. Mr. JACKSON related the alarm was always on, even during the night.

AGENT'S COMMENTS: The alarm sound's decibel was high and would have awoken the occupants inside once activated. The alarm activated when the front door was opened and pressing a button located on the device above the door was how the device was deactivated.

About 1300, 25 Aug 10, SA TRAN interviewed SGT Hachani I. BOUZIDI, XXX-XX-0691, 51st TICO, RSS, 11th ACR, FICA, and Mrs. Meriem C. BOUZIDI (Dependant Spouse of SGT BOUZIDI), XXX-XX-1592, both 5124-E Rio Hondo Cove, FICA. Mrs. BOUZIDI was identified by SSG JAKANE as one

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA Pierre D. TRAN, 73.9	ORGANIZATION: Fort Irwin Resident Agency (CID) Fort Irwin, CA 92310	
SIGNATURE: 	DATE: 1 Sep 10	EXHIBIT

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER:

0162-10-CID146-25272

PAGE 3 OF 3 PAGES

DETAILS

of the individuals who saw Mrs. CHAJI at the pool with Emoukine. Mrs. BOUZIDI related she could not recall what date but stated sometime in June or July, she saw Mrs. CHAJI and her children at the pool with Emoukine but stated she did not observe their actions while at the pool. Mrs. BOUZIDI related Mrs. CHAJI came to say hi to Mrs. BOUZIDI who returned the greeting. Mrs. BOUZIDI felt uncomfortable that Mrs. CHAJI was there with another male other than her husband but related about 2 days later, Mrs. CHAJI was invited over the BOUZIDI's to have lunch. SGT BOUZIDI related Mrs. BOUZIDI told him Mrs. CHAJI was at the pool with another male. SGT BOUZIDI described an incident that occurred with Mrs. BOUZIDI wherein she was seen with another male while SGT BOUZIDI was deployed and both agreed that infidelity was not occurring. SGT BOUZIDI related because Mrs. BOUZIDI was seen with another male, rumors were spread and caused much anguish within the BOUZIDI family. SGT BOUZIDI related because of his incident, he talked to Mrs. CHAJI as she was their home. SGT BOUZIDI related he tried to help Mrs. CHAJI by telling her she shouldn't be hanging around Emoukine without her husband there. SGT BOUZIDI related Mrs. CHAJI took offense to the advice and told the BOUZIDI's that if she wanted to make any problems, she could do so by inviting someone to her house and say she was raped. SGT BOUZIDI stated Mrs. CHAJI also told them to stay out of her business. SGT BOUZIDI related the days that followed lunch with Mrs. CHAJI were difficult for SGT BOUZIDI because Mrs. CHAJI filed a report to SGT BOUZIDI's Chain of Command (COC) that SGT BOUZIDI was spreading rumors of infidelity to the unit. SGT BOUZIDI related he was unexpectedly contacted by his Platoon Sergeant (PLT SGT) who inquired about what Mrs. CHAJI was saying. SGT BOUZIDI related he told his COC about his intentions and was only trying to help but was not spreading rumors. SGT BOUZIDI related Mrs. CHAJI requested to the COC that SGT BOUZIDI apologize to Mrs. CHAJI in front of the entire unit during formation, which he did. SGT BOUZIDI showed SA TRAN two text messages between him and his COC which stated SGT BOUZIDI was ashamed of having to apologize to Mrs. CHAJI in front of his unit. SGT BOUZIDI related on 6 Aug 10, he and Mrs. BOUZIDI were unable to pick up their daughter at school and called a friend to pick her up. SGT BOUZIDI stated Mrs. CHAJI was at the school and attempted to pick up SGT BOUZIDI's daughter without his permission. SGT BOUZIDI showed SA TRAN a text message he sent to SSG Luis E. VILLEGAS, XXX-XX-1590, 51st TICO, RSS, 11th ACR, FICA, in which SGT BOUZIDI asked SSG VILLEGAS to ask Mrs. CHAJI to stay away from SGT BOUZIDI's family. All text messages were photographed.

AGENT'S COMMENTS: Culture played a significant role in Mrs. CHAJI's request for SGT BOUZIDI to apologize in front of the unit in that SGT BOUZIDI related that incident extremely humiliated him and ruined his reputation within the unit.

From 1000 to 1739, 26 Aug 10, SA TRAN interviewed Mrs. CHAJI who provided a sworn statement which reflected her verbal statement which was provided on 22 Aug 10.

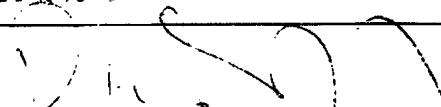
TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 73 9

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:



DATE:

1 Sep 10

EXHIBIT

AGENT'S INVESTIGATIVE REPORT

(CID Regulation 195-1)

ROI NUMBER:

0162-10-CID:46-25272

PAGE 4 OF 5 PAGES

DETAILS

About 1815, 26 Aug 10, SA TRAN cut out a portion of couch where the puncture was located. The portion of the couch was collected as evidence and was documented on an Evidence/Property Custody Document (DA Form 4137), DN: 102-10.

On 26 Aug 10, the knives, DN: 098-10, and the glass mirror frames, DN: 097-10, were submitted to Latent Print Branch, U.S. Army Criminal Investigation Laboratory (USACIL), Forest Park, GA (FPGA), to detect latent prints of Mrs. CHAJI and SPC SALEH. The blankets, sheets, and clothing, DN: 098-10, were submitted to DNA Branch, USACIL, FPGA, to locate and identify any DNA profiles found.

On 27 Aug 10, SPC SALEH's cell phone, DN: 100-10, was submitted to the Computer Crimes Coordinator (CCC) to extract all data from the phone for examination by this office.

On 1 Sep 10, Mrs. CHAJI's cell phone was submitted to the CCC to extract all data for examination by this office. The foam, DN: 102-10, cut from the couch was submitted to the Trace Evidence Branch, USACIL, FPGA, to determine if the knife, Item 7, DN: 098-10, was used to puncture the couch.///LAST ENTRY///

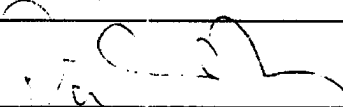
TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA Pierre D. TRAN, 73.9

ORGANIZATION:

Fort Irwin Resident Agency (CID)
Fort Irwin, CA 92310

SIGNATURE:



DATE:

1 Sep 10

EXHIBIT

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: Director USACIL <input checked="" type="checkbox"/> 4930 N. 31st Street Forest Park, GA 30297-5205 <input type="checkbox"/> Other (Specify):	2. FROM: Special Agent-in-Charge Fort Irwin Resident Agency (CID) P.O. Box 105077, Bldg 986 Fort Irwin, CA 92310	4. EXAM PRIORITY <input checked="" type="radio"/> ROUTINE <input type="radio"/> EXPEDITE <input type="checkbox"/> Trial/Article 32/39A (*) <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist (*) <input type="checkbox"/> Other (Specify in Block 13) *Date _____	5. LAB USE ONLY a. LAB CASE #
	3. RETURN EVIDENCE TO: Special Agent-in-Charge Fort Irwin Resident Agency (CID) P.O. Box 105077, Bldg 986 Fort Irwin, CA 92310		b. METHOD OF RECEIPT c. RECEIVED BY/DATE

6. SUBMITTING AGENCY CASE NUMBER 0162-10-CID146-25272	7. TYPE OF OFFENSE Rape, Assault, Communicating a Threat, Indecent Exposure
---	---

8. PREVIOUS EVIDENCE SUBMITTED DATE: _____ MAIL METHOD: _____ LAB CASE #: _____ SUSPECT(S): _____

9. SUSPECT(S) [Last, first and middle name(s)] SALEH, Gary Walter	10. VICTIM(S) [Last, first and middle name(s)] CHAJI, Houda NMN
---	---

11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (e.g., Summary of investigation, crime scene sketches/photographs, statements)

See Initial Report, AIR, and Sworn Statement for details.

12. EVIDENCE SUBMITTED	
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT
1	Item 1, Document Number (DN): 098-10, Clothes (2 Pants and 1 Underwear)
2	Item 2, DN 098-10, Blanket
3	Item 3, DN 098-10, Sheet
4	Item 4, DN 098-10, Blanket
5	Item 5, DN 098-10, Blanket
6	Item 6, DN 098-10, Knife
7	Item 7, DN 098-10, Knife
8	Item 1, DN 097-10, Glass Mirror
9	Item 2, DN 097-10, Glass Mirror
10	Item 3, DN 097-10, Glass Mirror
11	Item 1, DN 096-10, DNA of Mrs. CHAJI
12	Item 1, DN 099-10, DNA of SPC SALEH
13	Case Prints of Mrs. CHAJI
14	Case Prints of SPC SALEH

RECEIVED
 0162-10-CID146-25272
 RBG 09/27/05
 RBG 09/27/05
 RBG 09/27/05
 RBG 09/27/05

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT COMMUNITY

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0162-10-010146		
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER 25272		
RECEIVING ACTIVITY Fort Irwin Resident Agency (CID)		LOCATION FORT IRWIN, CA 92310 (FICA)		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER MRS. HOUDA CHAJI		ADDRESS (Include Zip Code) 5319 B CANTONAIL LANE FICA		
LOCATION FROM WHERE OBTAINED From the mouth of MRS. CHAJI		REASON OBTAINED Evidence.	TIME/DATE OBTAINED 055, 23 Aug 10	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)		
1	1	BUCCAL SWAB COLLECTION KIT CONTAINING DNA OF MRS. CHAJI. BUCCAL SWAB COLLECTION KIT WAS SEALED AND MARKED FOR IDENTIFICATION WITH 1055, 23 AUG 10, RMA AFFIXED A DA FORM 4002. (POSSIBLE BIOHAZARD) (MOUTH OF MRS. CHAJI) ///		
// / LAST ITEM				
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	23 AUG 10	SIGNATURE [Signature]	SIGNATURE [Signature]	EVALUATION AS EVIDENCE
		NAME, GRADE OR TITLE MRS HOUDA CHAJI	NAME, GRADE OR TITLE SA Paul Alcantara	
1	23 Aug 10	SIGNATURE [Signature]	SIGNATURE [Signature]	SCREEN
		NAME, GRADE OR TITLE SA Paul Alcantara	NAME, GRADE OR TITLE [Signature]	
1	26 Aug 10	SIGNATURE [Signature]	SIGNATURE [Signature]	[Signature]
		NAME, GRADE OR TITLE SA [Signature]	NAME, GRADE OR TITLE RB 625 981 240	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command

MPR/CID SEQUENCE NUMBER

0162-10-CID146

CRD REPORT/CID ROI NUMBER

25222

RECEIVING ACTIVITY Fort Irwin Resident Agency (CID)		LOCATION Fort Irwin, CA 92310, (FICA)	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER Crime Scene		ADDRESS (Include Zip Code) N/A	
LOCATION FROM WHERE OBTAINED From Living Room counter within the dwelling of 5319 B Cottontail Lane, FICA.		REASON OBTAINED Evidence	TIME/DATE OBTAINED 1356-1357, 23 Aug 10

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1 -	1	Glass Mirror: Approximately 3 X 5 inches, clear in color, glass and black cardboard type construction. Glass Mirror has inscription which states: "My Dear Mom...you always have the cure." Glass Mirror is slightly dirty and in used condition. Glass Mirror was placed in super glue fuming tank to preserve possible evidence. Glass Mirror was placed in a clean white cardboard box and sealed with paper packaging tape. Marked with Identification (MFID) with 1356, 23 Aug 10, RMA, so as to appear on tape and package. Affixed DA Form 4002. (Living Room Counter)
2 -	1	Glass Mirror: Approximately 3 X 5 inches, clear in color, glass and black cardboard type construction. Glass Mirror has inscription which states: "Mom oh Mom you are so special...for always loving me." Glass Mirror is chipped on right rear corner, slightly dirty, and in used condition. Glass Mirror was placed in super glue fuming tank to preserve possible evidence. Glass Mirror was placed in a clean white cardboard box and sealed with paper packaging tape. Marked with Identification (MFID) with 1357, 23 Aug 10, RMA, so as to appear on tape and package. Affixed DA Form 4002. (Living Room Counter)
3 -	1	Glass Mirror: Approximately 3 X 5 inches, clear in color, glass and black cardboard type construction. Glass Mirror has inscription which states: "My Loving Wife...Dear Wife, I love you so." Glass Mirror is slightly dirty and in used condition. Glass Mirror was placed in super glue fuming tank to preserve possible evidence. Glass Mirror was placed in a clean white cardboard box and sealed with paper packaging tape. (Continued on page 2)

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-3	23 Aug 10	SIGNATURE N/A	SIGNATURE <i>Raul M. Alcantara</i>	Evaluation as Evidence
		NAME, GRADE OR TITLE Crime Scene	NAME, GRADE OR TITLE SA Raul M. ALCANTARA	
1-3	23 Aug 10	SIGNATURE <i>Raul M. Alcantara</i>	SIGNATURE <i>S. Shaw</i>	SEARCHED SERIALIZED INDEXED FILED FBI - SAN DIEGO
		NAME, GRADE OR TITLE SA Raul M. ALCANTARA	NAME, GRADE OR TITLE S. Shaw	
1-3	26 Aug 10	SIGNATURE <i>S. Shaw</i>	SIGNATURE <i>R. B. 693 987 71505</i>	FORWARDED TO USACM SAC/INVEST
		NAME, GRADE OR TITLE SA S. Shaw	NAME, GRADE OR TITLE R. B. 693 987 71505	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137 1 Jul 76 Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete.

LOCATION S-28 DOCUMENT NUMBER 097-10

CID Sequence Number: 0162-10-CID146

Continuation of Description of Articles received from: From Living Room counter within the dwelling of 5319 B Cottontail Lane, FICA

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
(Item /////	3 cont.) ////////	(Continued from page 1) Marked with Identification (MFID) with 1357, 23 Aug 10, RMA, so as to appear on tape and package. Affixed DA Form 4002. (Living Room Counter) //////////////////////////////////////LAST ITEM//////////////////////////////////////

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigator Command

MPRCID SEQUENCE NUMBER

0162-10-CID146

CRD REPORT/CID ROI NUMBER

25272

RECEIVING ACTIVITY Fort Irwin Resident Agency (CID)		LOCATION Fort Irwin, CA 92310 (FICA)	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED		ADDRESS (Include Zip Code)	
<input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER		N/A	
LOCATION FROM WHERE OBTAINED Within the kitchen and stairway of 5319-B Cottontail Lane, FICA.		REASON OBTAINED Evidence	TIME/DATE OBTAINED 0047-0055/ 23 Aug 10

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1	1	Clothes, which consisted of two pants, and one underwear. 1 st pants was blue, green, and yellow in color. Pants contained multiple print design of "tinkerbell" and a green waist band was attached. 2 nd pants was blue, grey, and white in color, with a flannel design. Underwear was pink in color. All items were made of cotton type construction and were in used condition. No further examination of clothing was conducted to preserve and protect evidence. Items were placed inside a new, brown paper bag, sealed, and was Marked for Identification (MFID) with 0047, 23 Aug 10, PDT. A DA Form 4002 was affixed. (POSSIBLE BIOHAZARD)(Floor)
2	1	Blanket, blue in color, cotton type construction, standard queen bed size. Blanket was in used condition and was placed inside a clean, brown paper bag, sealed, and was MFID with 0048, 23 Aug 10, PDT, and affixed a DA Form 4002. (POSSIBLE BIOHAZARD)(Floor)
3	1	Sheet, tan and brown in color, cotton type construction, standard queen bed size. Sheet's colors formed a leopard/zebra pattern. Sheet was in used condition and was placed inside a clean, brown paper bag, sealed, and was MFID with 0052, 23 Aug 10, PDT, and affixed a DA Form 4002. (POSSIBLE BIOHAZARD)(Floor)
4	1	Blanket, black, pink, tan, brown, green, and white in color, cotton type construction, standard queen bed size. Blanket's colors form a floral pattern with green leaves. Blanket was in used condition and was placed inside a clean, brown paper bag, sealed, and was MFID with 0053, 23 Aug 10, PDT, and affixed a DA Form 4002. (POSSIBLE BIOHAZARD)(Floor)

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		SIGNATURE	SIGNATURE	Evaluation as Evidence
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE SA Pierre D. TRAN	
1-7	8/24	SIGNATURE	SIGNATURE	FORWARDED TO C...
		NAME, GRADE OR TITLE SA Pierre D. TRAN	NAME, GRADE OR TITLE S. Brian Bishop	
2-4	26	SIGNATURE	SIGNATURE	FORWARDED TO USACIL FOR EXAMINATION
		NAME, GRADE OR TITLE S. Brian Bishop	NAME, GRADE OR TITLE 93 881 7 05	
3-5	26	SIGNATURE	SIGNATURE	FORWARDED TO USACIL FOR EXAMINATION
		NAME, GRADE OR TITLE S. Brian Bishop	NAME, GRADE OR TITLE 93 881 7 565	

DA FORM 4137
1 Jul 76

Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-R Privacy Act Statement
26 Sep 75 Which are Obsolete.

LOCATION S. Brian Bishop

DOCUMENT NUMBER 098-10

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command

NPR/CID SEQUENCE NUMBER
0162-10-CID146

CRD REPORT/CID ROI NUMBER
88872

RECEIVING ACTIVITY Fort Irwin Resident Agency (CID)	LOCATION Fort Irwin, CA 92310 (FICA)
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER SALEH, Gary W <input type="checkbox"/> OTHER	ADDRESS (Include Zip Code) S & T Troop, rss, 11 th ACR FICA
LOCATION FROM WHERE OBTAINED From the mouth of and hands of SPC SALEH, within bldg 986, FICA.	REASON OBTAINED Evidence
	TIME/DATE OBTAINED 1555 /25 Aug 10

ITEM NO	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1	2	Buccal Swabs, approximately 6 inches long, brown and white in color, wood and cotton type construction, containing possible DNA obtained from the mouth of SPC SALEH, in a used condition, placed in a clean cardboard box and sealed to preserve any possible serological evidence, marked for ID along seal and box with 1555, 25 Aug 10, RMA. Attached DA Form 4002. (Mouth of SPC SALEH) POSSIBLE BIOHAZARD.
//////////	//////////	//////////LAST ITEM//////////

CHAIN OF CUSTODY				
ITEM NO	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-2	25 Aug 10	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE SPC Gary SALEH	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE SA Raul ALCANTARA	Evaluation as Evidence
	26 Aug 10	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE SA Raul ALCANTARA	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE	Release to Evidence Custodian
	26 Aug 10	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE SPC Gary SALEH	SIGNATURE <i>[Signature]</i> NAME, GRADE OR TITLE RBA 398172105	Transfer of Custody
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76

Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete.

LOCATION _____

DOCUMENT NUMBER 089-10

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army
Criminal Investigation Command

MP/CID SEQUENCE NUMBER
0162-0-CID146

CRD REPORT/CID ROI NUMBER
25

RECEIVING ACTIVITY Fort Irwin Resident Agency (CID)	LOCATION Fort Irwin, CA 92310 (FICA)
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER SALEH, Gary W. <input type="checkbox"/> OTHER	ADDRESS (include Zip Code) S & T Troop, rcs, 11 th ACR FICA
LOCATION FROM WHERE OBTAINED From the hands of SPC SALEH, within bldg 986, FICA.	REASON OBTAINED Evidence
TIME DATE OBTAINED 25-25/25 Aug 10 12:00	

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1	1	Black cell phone, Palm PRE, Plastic, metal and glass type construction Palm brand standard sized, model number P100 down, manufacturer serial number (MSN) P5FE06R 953 PF. Cell phone carries one battery, black in color, has black writing which states "STAGE" written on one side and "Las Vegas" on back side, Palm Brand PDA 291456 PDIB DCE 90609 Cell phone and components are in scratches used conditions cell phone and components were marked for identification with 1545, 25 Aug 10, Raul Alcantara of SPC SALEH, [Signature], [Signature] Cell phone carry [Signature] in color, [Signature] was marked for identification with 1545, 25 Aug 10, Raul Alcantara of SPC SALEH, III [Signature] - LAST ITE

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1-2	25 Aug 10	SIGNATURE [Signature] NAME, GRADE OR TITLE SPC Gary SALEH	SIGNATURE [Signature] NAME, GRADE OR TITLE SA Raul ALCANTARA	Evaluation as Evidence
-2	26 Aug 10	SIGNATURE [Signature] NAME, GRADE OR TITLE SA Raul ALCANTARA	SIGNATURE [Signature] NAME, GRADE OR TITLE SA [Signature]	Release to Evidence Custodian SCRENE
1-2	26 Aug 10	SIGNATURE [Signature] NAME, GRADE OR TITLE SA [Signature]	SIGNATURE [Signature] NAME, GRADE OR TITLE SA [Signature]	Release to Evidence Custodian
1-2	26 Aug 10	SIGNATURE [Signature] NAME, GRADE OR TITLE SA [Signature]	SIGNATURE [Signature] NAME, GRADE OR TITLE SA [Signature]	Release to Evidence Custodian
		SIGNATURE [Signature] NAME, GRADE OR TITLE	SIGNATURE [Signature] NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76

Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-R Privacy Act Statement
26 Sep 75 Which are Obsolete.

LOCATION _____

DOCUMENT NUMBER 100-10



DEPARTMENT OF THE ARMY
U.S ARMY CRIMINAL INVESTIGATION COMMAND
FORT IRWIN RESIDENT AGENCY (CID)
P. O. BOX 105077, BLDG 986
FORT IRWIN, CA 92310

CIRFL-RFI

26 Aug 10

MEMORANDUM FOR RECORD

SUBJECT: Description of Articles (0162-10-CID146-25272)

1. Item 1 of DA Form 4137, Evidence/Property Custody Document (EPCD), Document Number: 100-10, were placed in a clean paper bag and sealed with paper packaging tape. Marked for Identification (MFID) with 1545, 25 Aug 10, RMA, so as to appear on tape and bag. Affixed a DA Form 4002.

2. Item 2 of DA Form 4137, Evidence/Property Custody Document (EPCD), Document Number: 100-10, were placed in a clean paper bag and sealed with paper packaging tape. Marked for Identification (MFID) with 1630, 25 Aug 10, RMA, so as to appear on tape and bag. Affixed a DA Form 4002.

3. POC is the undersigned at (760) 380-1827, or email: raul.alcantara@us.army.mil

RAUL M. ALCANTARA
Special Agent

EVIDENCE/PROPERTY CUSTODY DOCUMENT	PR/CID SEQUENCE NUMBER 0162-10-C1D46
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command	CRD REPORT/CID ROI NUMBER 25972

RECEIVING ACTIVITY Fort Irwin Resident Agency (CIP)	LOCATION Fort Irwin, CA.
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <input checked="" type="checkbox"/> OTHER Recovery Source	ADDRESS (Include Zip Code) N/A.
LOCATION FROM WHERE OBTAINED Module 500, APT E, Room 3, OFF OF DESK, Fort Irwin, CA	REASON OBTAINED Evidence
	TIME/DATE OBTAINED 1634/25 Aug 10

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>
1	1	White, T-shirt, Fabric type construction. The T-shirt was placed in a clean paper bag, sealed and marked for identification with 1634, 25 Aug 10, RMA. (Desk) ^{Position: Sgt.} last item

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	25 Aug 10	SIGNATURE 	SIGNATURE 	Evaluation as Evidence
		NAME, GRADE OR TITLE SGT GARY W. SALEH	NAME, GRADE OR TITLE SA R. ...	
1	26 Aug 10	SIGNATURE 	SIGNATURE 	EVIDENCE
		NAME, GRADE OR TITLE Sgt. ...	NAME, GRADE OR TITLE SA ...	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

EVIDENCE/PROPERTY CUSTODY DOCUMENT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command

NPR/CID SEQUENCE NUMBER

0162-10-CID146

CRD REPORT/CID ROI NUMBER

25272

RECEIVING ACTIVITY
Fort Irwin Resident Agency (CID)

LOCATION
Fort Irwin, CA 92310 (FICA)

NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED
 OWNER Mrs. Houda CHAJI, XXX-XX-8483
OTHER

ADDRESS (Include Zip Code)
5319B Cottontail Lane, FICA

LOCATION FROM WHERE OBTAINED
From the hands of Mrs. CHAJI Building 986, room 137, Fort Irwin, CA 92310

REASON OBTAINED
Evidence

TIME/DATE OBTAINED
1455/26 Aug 10

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1	1	Cell phone, standard size Motorola. Model Name: 776W. Black in color, metal plastic and glass type construction. Phone is in used and dirty condition. Phone is purple, grey, and white in color. Phone contains one standard size battery, Motorola, BT60. Phone and Battery marked for ID with 1455, 26 Aug 10, RMA. Affixed DA Form 4002. (Funds of Mrs. CHAJI)
////////	////////	/////////LAST ITEM///////// <i>Pr. FR: Item 1 should read as, "Serial number 36456KJG 83."</i>

Raul M. Alcantara
SA Raul M. ALCANTARA
SPECIAL AGENT

CHAIN OF CUSTODY

ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	26 Aug 10	SIGNATURE <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>	Evaluation as Evidence
		NAME, GRADE OR TITLE Mrs. Houda CHAJI	NAME, GRADE OR TITLE SA Raul M. ALCANTARA	
1	27 Aug 10	SIGNATURE <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>	EVIDENCE CONTROL
		NAME, GRADE OR TITLE SA Raul M. ALCANTARA	NAME, GRADE OR TITLE SA Raul M. ALCANTARA	
	SEP 10	SIGNATURE <i>[Signature]</i>	SIGNATURE <i>[Signature]</i>	FORWARDED TO SA COL FOR EXAMINATION
		NAME, GRADE OR TITLE SA JACOB POWELSON	NAME, GRADE OR TITLE R3 693 981 790 US	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76

Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete.

LOCATION _____

DOCUMENT NUMBER 105-10

DEVELOPMENTAL COUNSELING FORM

For use of this form, see FM 6-22; the proponent agency is TRADOC.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army and E.O. 9397 (SSN)
PRINCIPAL PURPOSE: To assist leaders in conducting and recording counseling data pertaining to subordinates.
ROUTINE USES: For subordinate leader development IAW FM 6-22. Leaders should use this form as necessary.
DISCLOSURE: Disclosure is voluntary.

PART I - ADMINISTRATIVE DATA

Name (Last, First, MI) SALEH, GARY	Rank/Grade E-4	Social Security No. ██████████ 3730	Date of Counseling 17 AUG 2010
Organization S & T TROOP, RSS, 11 ACR		Name and Title of Counselor SGT THOMAS, UMAR A./ CL IV YARD SUPERVISOR	

PART II - BACKGROUND INFORMATION

Purpose of Counseling: (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

To:
 - Discuss the soldier's 72hr no contact order from spouse

PART III - SUMMARY OF COUNSELING

Complete this section during or immediately subsequent to counseling.

Key Points of Discussion:

o SPC Saleh, on the 16th of August 2010 at about 2015, you and your spouse got into a domestic argument that ended in the both of you getting detained. Spc. Saleh getting detained resulted in a 72hr no contact order between you and your spouse. Spc Saleh, if you fail to comply by this instruction you will be subject to UCMJ. From the 16th of August 2010 at about 2015 to the 19th of August 2010 at about 2015. initials _____

I am counseling you for the conduct noted above. If this conduct continues, action may be initiated to separate you from the Army IAW AR 635-200, para 1-16. If you are involuntarily separated, you could receive an Honorable Discharge, a General (Under Honorable Conditions) Discharge, or Under Other Than Honorable Conditions Discharge. An Honorable Discharge is a separation with honor based on the quality of service, which meets the standards of acceptable conduct and performance of duty. A General Discharge is a separation under honorable conditions, based on a military record being satisfactory but not sufficiently meritorious to warrant an Honorable Discharge. A discharge Under Other Than Honorable Conditions is based upon a pattern of behavior of one or more acts or omissions that constitutes a significant departure from the conduct expected of a soldier. An Honorable Discharge may be awarded under any provisions. A General Discharge may be awarded for separation under Chapter 5, Chapter 9, Chapter 13, and Chapter 14. An Under Other Than Honorable Conditions Discharge may be awarded for separation under Chapter 14 for misconduct. If you receive an Honorable Discharge, you will be qualified for most benefits resulting from military service. An involuntary Honorable Discharge, however, will disqualify you from reenlistment for some period of time and may disqualify you from receiving transitional benefits (e.g., commissary, housing, health benefits) and Montgomery GI Bill if you have not met other program requirements. If you receive a General Discharge, you will be disqualified from reenlisting in the service for some period of time and you will be ineligible for some military and VA administer benefits, including payments of accrued leave, transitional benefits, the Montgomery GI Bill, and possibly transportation of dependents and household goods to home. You may also face difficulty in obtaining civilian employment as employers have a low regard for General and Under Other Than Honorable Conditions Discharges. Although there are agencies to which you may apply to have your characterization of service changed, its is unlikely that such application is successful.

____ (Soldier's initials)

OTHER INSTRUCTIONS

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

Plan of Action (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

Based upon this counseling session I have recommended the following options to the soldier (indicated by the soldier's initials)

- That the soldier understand the 72hr no contact order _____


Session Closing: (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled: agree disagree with the information above.
Individual counseled remarks:

Signature of Individual Counseled: _____ Date: _____

Leader Responsibilities: (Leader's responsibilities in implementing the plan of action.)

- Monitor soldier
- Closely supervise the soldier

Signature of Counselor:  _____ Date: 17 Aug 2010

PART IV - ASSESSMENT OF THE PLAN OF ACTION

Assessment: (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

The soldier refused to sign the counseling but has been verbally instructed of the 72hr no contact order

Counselor: _____ Individual Counseled: _____ Date of Assessment: _____

Note: Both the counselor and the individual counseled should retain a record of the counseling.