

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 Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person 911 CB <input checked="" type="checkbox"/> Telephone 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):
	4a. COMPLAINT DATE: (YYYY/MM/DD): 2010/08/16		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)	7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> 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.): 1920			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"

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 Fatality	<input type="checkbox"/> C Computer Equipment
2d. END TIME: (24hr.):	<input type="checkbox"/> D Distributing/Selling	<input type="checkbox"/> C State	<input type="checkbox"/> D Drugs/Narcotics
	<input type="checkbox"/> E Exploiting Children	<input type="checkbox"/> D Local	<input checked="" type="checkbox"/> N Not Applicable
	<input type="checkbox"/> O Operating/Promoting/Assisting	<input type="checkbox"/> E Foreign	
	<input type="checkbox"/> P Possessing/Concealing	<input type="checkbox"/> F Federal, Non-UCMJ	
	<input type="checkbox"/> T Transporting/Importing		
	<input type="checkbox"/> U Using/Consuming		

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/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 Ship
		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"/>	
<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 Krife/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)	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES
<input type="checkbox"/> 1 Argument	<input type="checkbox"/> A Criminal attacked police officer and that police officer killed the criminal
<input type="checkbox"/> 2 Assault on Law Officer	<input type="checkbox"/> B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/> 3 Drug Dealing	<input type="checkbox"/> C Criminal attacked civilian
<input type="checkbox"/> 4 Gangland	<input type="checkbox"/> D Criminal attempted flight from a crime
<input type="checkbox"/> 5 Juvenile Gang	<input type="checkbox"/> E Criminal killed in commission of a crime
<input type="checkbox"/> 6 Domestic Quarrel	<input type="checkbox"/> F Criminal resisted arrest
<input type="checkbox"/> 7 Mercy Killing	<input type="checkbox"/> G Unable to determine
<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	

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: XXXX-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 1j. WORK PHONE:	1g. POB: City, State, Country: GREENVILLES, SC US 1k. NICKNAMES/ALIAS:		1h. GRADE: SPC	1i. HOME PHONE: (808) 285-9891 1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): 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 checked="" type="checkbox"/> State (Specify): NY <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		
	3a. RESIDENCE STREET ADDRESS: 5715B COTTONTAIL LANE		3b. INSTALLATION/CITY: FORT IRWIN		3d. ZIP/APO: 92310		
		2c. STATE/COUNTRY: CA US		2e. UNIT PHONE:			
		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) 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	
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 11. OFFENDER'S DISPOSITION: RELEASED TO UNIT ON A DA FORM 2708		10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors): WHILE PLAID PANTS AND BULLE T-SHIRT				
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-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify) </td> </tr> </table>				<input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)
<input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun	<input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)						
15a. SUBJECT INVOLVEMENT	15b. APPREHENSION TYPE	15c. APPREHENSION DATE	15d. APPREHENDING PMO (UIC/MPC):				

<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:
--	---	--	---

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:
---	--

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)	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
--	---	--	---

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

Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): JAKANE, ZAHRA	1c. SSN/FNN/ALIEN REG NO: 20887-8241	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): 1980/03/18	1g. POB: City, State, Country:	1h. GRADE: SSG	1i. HOME PHONE: (808) 285-9891	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident <input type="checkbox"/> Alien	1m. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International	
	1m. COMPONENT <input checked="" 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"/> State (Specify):		
	2a. ORGANIZATION, UIC, STREET ADDRESS: 51ST TICO	2b. INSTALLATION/CITY: FORT IRWIN	2c. STATE/COUNTRY: CA US	2d. Zip/APO: 92310	2e. UNIT PHONE:
3a. RESIDENCE STREET ADDRESS: PO BOX 10463	3b. INSTALLATION/CITY: FT 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"/> R Religious Org <input type="checkbox"/> S Society/Public	4b. SEX <input checked="" type="checkbox"/> Male <input 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-Athiest/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 Sponsor <input checked="" type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police		
1c. NAME (Last First, Middle Name, JR., Sr., III): SHIPP, AMANDA RENEE		1d. SSN/FNN/Alien Reg No: XXXX-XXXX-XXXX 7363	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien	Country (Specify):
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	1j. HOME PHONE: (903) 705-2981
1k. WORK PHONE:		1l. NICKNAMES/ALIAS:	1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Na'l Guard <input type="checkbox"/> V Reserves	
1n. DRIVER LICENSE NO:		FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/>	1o. IS LICENSE <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):	
2a. ORGANIZATION, UIC, STREET ADDRESS:		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:	1b. CODE:	1c. QUANTITY:	1d. VALUE:	1e. DESCRIPTION	1f. SERIAL NUMBER:
--------------	-----------	---------------	------------	-----------------	--------------------

1g. DATE RECOVERED (YYYY/MM/DD):	1h. DATE RETURNED (YYYY/MM/DD):	1i. SECURITY <input type="checkbox"/> S Secured <input type="checkbox"/> U Unsecured <input type="checkbox"/> Z Unknown	1j. PROPERTY OWNERSHIP <input type="checkbox"/> A Federal <input type="checkbox"/> B State <input type="checkbox"/> C City <input type="checkbox"/> D County/Borough <input type="checkbox"/> E Foreign Govt. <input type="checkbox"/> F Private <input type="checkbox"/> U Unknown
1k. PROPERTY LOSS TYPE (Check all that apply)			
<input type="checkbox"/> 1 None	<input type="checkbox"/> 5 Recovered		
<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 6 Seized		
<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 7 Stolen		
<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized			

PROPERTY DESCRIPTION CODE TABLE

01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER (Specify)
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debt. 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 1920 ON 16 AUG 2010, FM

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
--	--------------------------------	-------------------------	---

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
-------	---	---

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 <input type="checkbox"/> Military Police <input type="checkbox"/> Witness	
1c. NAME (Last, First, Middle Name, JR., Sr., III): SHIPP, JEREMY DANIEL	1d. SSN/FNN/Alien Reg No: 211-2506	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	1g. DOB (YYYY/MM/DD): 1987/06/13	1h. POB: City, State, Country: TAYLOR, TX US
1k. WORK PHONE:	1i. GRADE: PV2	1j. HOME PHONE: (903) 780-2911
1l. NICKNAMES/ALIAS:	1m. COMPONENT <input checked="" type="checkbox"/> R Regular	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
--	--------------------------------	-------------------------	---

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
-------	---	---

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	G Nat'l Guard V Reserves
	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International <input type="checkbox"/> Other (Specify):		
	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.

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 BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: ATTN: DIRECTOR EMERGENCY SERVICE P.O. BOX 105066 FORT IRWIN, CA US 92310
-------	---	---

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 4	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):	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 ADVISED TO BRING HER TO THE FORT IRWIN POLICE STATION ON 18 AUG 2010.