

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)
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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
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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)	9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES
<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"/> 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
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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
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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 3029	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):
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1f. CATEGORY:	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
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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	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
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1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):
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2a. ORGANIZATION, UIC, And STREET ADDRESS: USAG MILITARY POLICE W4E6MP BLDG #326	2b. INSTALLATION/CITY: FORT IRWIN	2d. ZIP/APO: 92310
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2c. STATE/COUNTRY: CA US	2e. UNIT PHONE: (763) 380-4444
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3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. ZIP/APO:
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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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THRU:	TO: COMMANDER BLDG #280, 7TH STREET FORT IRWIN, CA US 92310	FROM: A.T.N: 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 Sponsor <input type="checkbox"/> Complaint 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			
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 type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 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: <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	