

# DEPARTMENT OF THE ARMY 38th MILITARY POLICE (CID) 22th MILITARY POLICE BATTALION (CID) APO AE 09342

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CIRF-CHD

2 June 2004

#### MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C) - 0137-04-CID899-81702 - 5C1J/9G2B/9G2E

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 7 May 2004 / 0845 - 7 May 2004 / 1030; BETWEEN CAMP WAR EAGLE AND CAMP CUERVO, BAGHDAD, IRAQ

EAGLE AND CAMP COLITYO, DACTIONS, 11414	
DATE/TIME REPORTED: 9 May 2004, 1100	67e-1,66-
INVESTIGATED BY: SA	<b>■</b> 67
SUBJECT: 1.	6 62 67e-5,66-5
M; BLACK; A CO, 2/5 CAV, 1CD, CAMP WAR EAGLE,	
BAGHDAD, IRAQ; (FT HOOD, TX) [AGGRAVATED ASSAULT]	610-4,66-
; M; OTHER; HAI BETOOL, BAGHDAD, IRAQ; (NFI)	
[AGGRAVATED ASSAULT]	1578-4,66
2. M; OTHER; HAI BETOOL, BAGHDAD, IRAQ;	
(NFI)[AGGRAVATED ASSAULT]	
On 9 May 04, MAJ War Eagle, Baghdad, Iraq reported two detainees rece	c-3,66-3
On 9 May 04, MAJ Market Brigade (BDE), Camp War Eagle, Baghdad, Iraq reported two detainees rece	ived
injuries while being transported from Camp War Eagle to Camp Cuervo.	1-5,66-5
Investigation established probable cause to believe 301	
guarding Mr. Sand Mr.	
Cuervo, Iraq. Both Mr. and Mr. and Mr. were blindfolded and had hands restrained behind their backs by flexi-cuffs. While enroute to Camp	their 67C-4,66- &
	- !

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DODDOACID-005133

b76-5,66-5

Cuervo, SGT white and kicked both Mr. and Mr.

#### STATUTES:

Article 128 UCMJ: Aggravated Assault

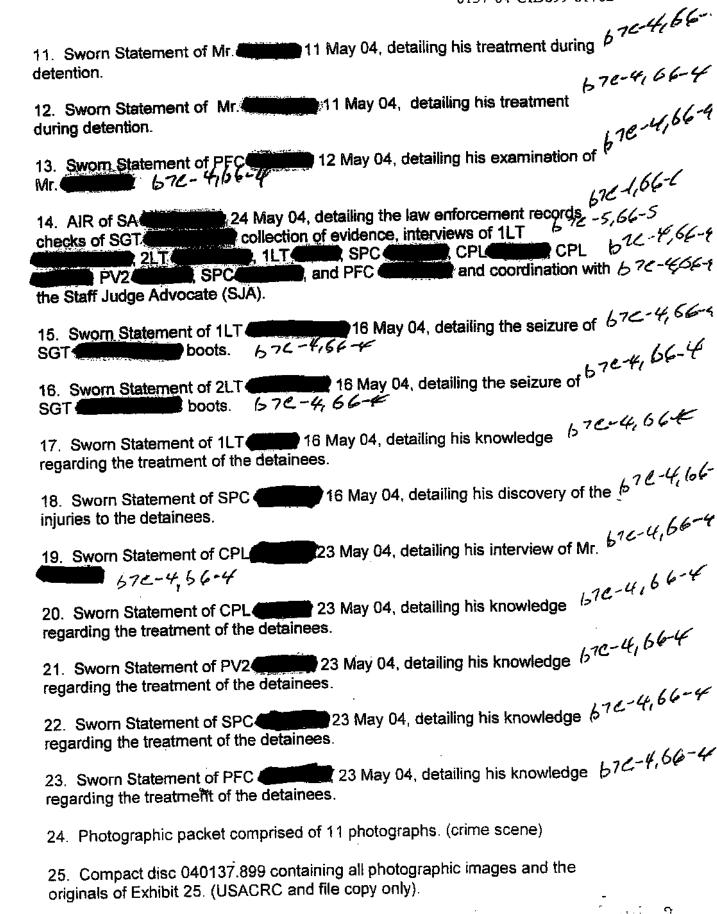
#### **EXHIBITS/SUBSTANTIATION:**

ATTACHED:

67C-1.66-1

- 2. Copies of 15-6 documents provided by MAJESSES 676-4
- 3. Sworn Statement of MSG 9 May 04, detailing his knowledge of the 57c-4,66-4 events of 7 May 04.
- 4. Sworn Statement of SGT 9 May 04, detailing his knowledge of the events of 7 May 04.
- 5. Waiver Certificate of SGT Manual 9 May 04. 67C-5,66-5
- 6. Sworn Statement of SPC May 04, 9 May 04, detailing his knowledge of the events of 7 May 04.
- 7. Sworn Statement of SFC 11 May 04, detailing his actions on 7 May 67C-1466-
- 8. Sworn Statement of 1LT May 04, detailing his examination of the detainees.
- 9. Sworn Statement of SPC 11 May 04, detailing his discovery of the injuries to the detainees.
- 10. Sworn Statement of SGT 11 May 04, detailing her interview of Mr.

· 6



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26. Crime Lab Examination Request, 18 May 04, requesting that the boots of be examined to determine if they could be identified as having SGT caused the marks on the detainees. (USACRC and file copy only)

676-4

27. DA Form 4137, Evidence/Property Custody Document, vouchers (VO) 401-04, 16 May 04. (USACRC and file copy only)

#### NOT ATTACHED:

Retained in the Evidence Depository, 22<sup>nd</sup> MP BN, Baghdad, Iraq:

28. Boots, size 12R (SGT)

676-4,66-4

29. Boots, size 14R (SGT)

30. Boots, size 10.5 R (SGT)

Boots, 12.5 R (SGT €

The originals of Exhibits 1, 3 through 26 are maintained in the files of this office pending adjudication. The originals of Exhibit 2 are maintained in the files of HHC, 1-12 CAV, 1CD, Camp War Eagle, Iraq. The original of Exhibit 27 is maintained in the files of U.S. Army Criminal Investigation Laboratory, Forrest Park, GA 30297. The original of Exhibit 28 is maintained in the files of the Evidence Depository, 22<sup>nd</sup> MP BN CID, Baghdad, Iraq.

STATUS: This is a Final (C) Report. This investigation is being terminated under the provisions of CIDR 195-1, Chapter 4-17(4). The supported Staff Judge Advocate is of the opinion that sufficient admissible evidence is available to prosecute the subject for the offense, that additional investigation would produce only cumulative and unneeded evidence, and that the identification of additional subjects or offenses is unlikely. Commander's Report of Disciplinary Action Taken (DA Form 4833) is pending.

LEADS REMAINING: Receipt of laboratory examination and interviews of CPT 62466

Report Prepared By:

Report Approved By:





**DISTRIBUTION:** 

1 - DIR, USACRC (original), Fort Belvoir, VA 22060

1 - THRU: CDR, 2/5 CAV, 1CD, Camp War Eagle, Baghdad, Iraq

TO: CDR, A Co, 2/5 CAV, 1CD, Camp War Eagle, Baghdad, Iraq 1 - THRU: CDR, 22<sup>nd</sup> MP Bn (CID), APO AE 09342 CDR, 3rd MP Group (CID), Fort Gillem, GA 30050

67e-3,66-3 TO: CDR, USACIDC; ATTN; CIOP-ZA, Ft Belvoir, VA 22060

1 - SJA (ATTN: MAJ , 1CD, APO AE 09342 (email)

1 - PMO (ATTN: MAJ , 1CD, APO AE 09342 (email)

1 - File

AGENTS INVESTIGATION REPORT 0137-04-CID899-81702	
CID Regulation 195-1 PAGE 1 OF 3 PAGES 466	4
DETAILS	
BASIS FOR INVESTIGATION: About 1100, 09 May 04, this office was notified by MAJ  Headquarters, 1-12 Calvary, 1st Brigade (BDE), 1st Calvary Division (CD), Camp War Eagle, Baghdad, Iraq that two detainees received injuries while being transported from Camp War Eagle to Camp	
Cuervo, Baghdad, Iraq.	61
About 1330, 09 May 04, SA minimum interviewed MAJ who related he conducted an AR 15-6 676-5	
anvestigation into the incatest and related that it appeared the two detainees were assented by SG I	
A Co, 2/5 Calvary, 1st CD, Camp War Eagle, Baghdad, Iraq while he was guarding them in transit from Camp War Eagle to Camp Cuervo. MAJ	ا
investigation, which also contained statements from the detainees.	46
b76-1,66-1 576-4 66-4	
About 1535, 09 May 04, SA Million interviewed MSG Million Company,	٠.
1st CD, Camp War Eagle, Baghdad, Iraq who released the detainees to SGT and for transport. MSG	p-4
provided a sworn statement detailing the events that happened on 07 May 04. (See Sworn Statement	
for details) 676-4,66-4	
About 1615, 09 May 04, SA Company interviewed SGT Company Comp	
Artillery (FA), Camp War Eagle, Baghdad, Iraq who was the driver of the truck. SGT	5
sworn statement detailing the eyents that happened on 07 May 04. (See Sworn Statement for details)	;-4
676-166-1 676-5166-5	,
About 1640, 09 May 04, SA and advised SGT and sales of his legal rights which he waived and was 514	51,
interview admir 1700 when he invoked his right to compet and the interview was stopped. By I	6.
related that he was detailed out the morning of 07 May 04 to guard one detainee. When he arrived at the	51
detention facility there were two detainees instead of one, he related he did not like that. SGT	þ
related both individuals had their hands flexi-cuffed behind them and they both had blind folds over their eyes.  SGT The state of the climbed in the back of the truck with them and they left enroute to Camp Cuervo,	1C-
Baghdad, Iraq. SGT related before leaving he was briefed by MSG not to let them talk/ye	, b
and the standard will the like the standard of	-
distribution the community of the second	
older man he was guarding fell off of the bench seat, SGT the bench seat, seather the related he tried to help the older the property of the bench seat, seather the bench sea	₹ <b>%</b>
mon no when he ten valuenthis mach the oxick of his lea, he taen kicked dackmatos, he telated be struck the	
younger one but he did not know where. SGT related he was afraid of the two detainees. He big	7,06
related they arrived to Camp Cuervo and offloaded the detainees to the holding facility. When confronted that	
the injuries were not consistent with his account of what happened and asked if he had friends that had died	
fighting over here, he answered yes he had and then ended the interview about 1700, 09 May 04, by stating he wanted to speak to an attorney before continuing the interview.	
wanted to speak to all attorney before continuing the linesview.	
TYPE DAGENTE NAME AND SECRETAGE MERCE ALLEGE	
TITED AGENT S INCHES AND SECRETARE REMIDER [ C ] ORGANIZATION	
38 <sup>th</sup> Military Police Detachment (CID)	
SA Baghdad, Iraq, APO AE 09342	
SIGNATURE FXHIRET	
SIGNATURE 12 MAY 2004 EXHIBIT	

	DOLLER BETTE
AGENT'S INVESTIGATION RE	PORT ROI NUMBER 0137-04-CID898-81702
CID Regulation 195-1	
DETAILS 612	PAGE 2 OF 3PAGES
DETAILS	676 1,064
About 1755, 09 May 04, SA	CPL CBattery, 1-
	ding who was on guard duty the morning of the incident
	of who had duty and he was unsure who had it because
there were several units that share that detail.	ne ne
12-166-1	676-466-4
About 1856, 09 May 04, SA interviewed SPC	A Co, 115 Forward
Support Company (FSC), Camp War Eagle, Baghdad,	
provided a swom statement detailing what happened of	
	rd some noise back there but that was all he seen or heard
(See Sworn Statement for details)	br-4,66-4
67c-1, 66-1	
About 1900, 09 May 04, SA coordinated with	
	, but he would get with the commanders of all three units
that pull guard duty and try to determine who they wer	e over the next couple days.
6761,66-1	-india -Cala Ti Saba II - on all arras a comm
	mination of the Light Medium Tactical Vehicle (LMTV),
which has been used several in	mes since the incident. A crime scene examination was
exposed photographs of the scene utilizing	ras not in the same configuration it was on that day. SA676
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
About 1130, 10 May 04, SA	SJA, 1 <sup>st</sup> Brigade, 1CD, Baghdad, Iraq
on all aspects of this case.	bart, I bligate, ICD, bagituat, Itaq
67E-166-1	670-4,66-4
About 1530, 11 May 04, SA minimizer interviewed CPT	OIC, Battalion 100 4
Holding Facility, Camp Cuervo, Baghdad, Iraq who rel	lated that on 07 May 04, SFO
him that a couple detainees that were brought into the h	
678-666-1	b7c-4.66-4
About 1552, 11 May 04, SA	FC , HSB, 1-82
FA, 1CD, Baghdad, Iraq who provided a sworn stateme	ent detailing his knowledge of the incident. Obtained a
photocopy of the DA Form 4137, documenting the dete	ention facility at Camp War Eagle received the personal
items of Mr. and then MSG	gning them over to SGT on 07 May 04. (See 57-4
,	
6x-1,66-1	676-4,66-4
About 1645, 11 May 04, SA	
	etailing his knowledge of the incident and his discovery
of the injuries. (See Sworn Statement for details)	
. 46-1	1
TYPED AGENTS NAME AND SEQUENCE NUMBER 6	ODGANIZATION .
TITED AGENT STRAME AND SECUENCE NUMBER 1	38th Military Police Detachment (CID)
SA	Baghdad, Iraq, APO AE 09342
SIGNATURE	DATE EXHIBIT
	C. 11. 7
4	12 MAY 2004
CID FORM OF FOR OFFICIA	I LIGE ON! V

AGENT'S INVESTIGATION RE	PORT ROI NUMBER 0137-04-CID899-81792
CID Regulation 195-1	PAGE 3 OF 3 PAGES
DETAILS 1 28 H. D.6	LA2-3 FG-3
knowledge of the incident. (See Sworn Statement for d 572-1:66-7 About 1810, 11 May 04, SA Facility, Camp Cuervo, Baghdad, Iraq who provided a his uncle on 07 May 04. (See Sworn Statement for deta	ad, Iraq who provided a sworn statement detailing the for details)  A Co, 312 <sup>th</sup> Military dad, Iraq who provided a sworn statement detailing her details)  Buttellett  Ar. East CIV, 1 <sup>st</sup> BDE Holding sworn statement detailing what happened to himself and ails)
670-1186-1	bjc-4166-4
About 1850, 11 May 04, SA interviewed Mr	ppened to himself and his nephew on 07 May 04. (See
Sworn Statement for details)	676-4,664
Agent's Comment: Mr. also goes by name.	Mr. is his tribal
	L7C-8,66-4
About 1130, 12 May 04, SA Interviewed F 1CD, Camp War Eagle, Baghdad, Iraq who provided a provided to one of the detainees on 06 May 04 and that could see. (See Sworn Statement for details)  672-1,66-1  About 1135, 12 May 04, SA Interviewed Physicians Assistant (PA), 1/12 CAV, 1CD, Camp War	sworn statement detailing what medical attention he the detainee had no other injuries at that time that he
	an upset stomach. 1LT related he never
seen the detainees himself.  ///////////////////////////////////	
TYPED AGENTS NAME AND SEQUENCE NUMBER 1	
- 6 6°	ORGANIZATION 38 <sup>th</sup> Military Police Detachment (CID)
SA	Baghdad, Iraq, APO AE 09342
SIGNATURE	DATE
CID FORM 94 FOR OFFICIA	12 MAY 2004 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

## Page(s)

9-50

### Referred to:

U.S. CENTRAL COMMAND
7115 SOUTH BOUNDARY BLVD
ATTN: CCJ6-DM
MACDILL AIR FORCE BASE
FLORIDA 33621-5101

MS. JACQUELINE SCOTT scottj@centcom.smil.mil (813) 827-5341/2830

0- 7-04-CID899-817.	<u>_</u>
SWORN STATEMENT  For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.	
LOCATION  COMP ENT NAME MUDDLE NAME 176 SOCIAL SECURITY NUMBER 176 GRADE/STATUS	7
LAST NAME, FIRST NAME, MIDDLE NAME 176 SOCIAL SECURITY NUMBER 676 GRADE/STATUS MSG /4D	
ORGANIZATION OR ADDRESS HHC 75 Cav, ICD, Bay Ldad, Ivage 66-4	-
I. MSG WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH	-3
ON LT May AT AROUT IL 45 His I was Told & CAT	2
my Supervisor, To Pick up 3 Security Counts ATT The CHOC	
Ruiding To Datain for Suspected working for The Mahat Aung Myself	4
Along WITH IT. who Also work with S-2 of 45 Acked Up	
The o Security Grands and Escarted Them to the Detained facility	
very Goperative. Once we Arrived to the Notance facility bill	1
WE checked Them and Confis could All of Their material Belonging	5
I.E. WATCLES WOILET And other ITEMS To Be Improcessed Once	
me finish That we get the Translater To ask them Informat	: <b>-</b>
ON NAME POR DOR TUBE TATOOS, WE THAN FUT The 2 is	
The 2 Solitan Culs To Kep Both from Tolking To Back or the	
her gove them warter and for the hotainess whole they were	.
here. The next Marning Mour. 0845 ON 7 may 04. I Not Proceeding	1
The I betainess and Gave The necessary Paper Work and Their	
ITEMS TO THE ESCORT NCO, ONCE THOTWOOD BONE WE TOOK	
The Distances Out of Their Cells and Wind tolder, Single Appl	~
Them. The Escort Aco along with a other Solder put the	
To Come QUELLE WITH The los Par Convey, End of Statement	
DISA 1000 1010-1, 66-1	
4: MSG 676-4, 66-4	
Q: During the time the two detainees were indetention was it	1
necessary to restrain them at any time by forceful mouns?	
AT NO	İ
Q! Did the detainees resist being moved into the truck?	
A: NO 67E-4,66-4 (rowt)	
EXHIBIT INITIALS OF PERSON MAKING STATEMENT  676-4,66-4  PAGE 1 OF 2 PAGES	
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."  THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM: 5	·

TATEMENT (Continued) 876-456-45		TIMOED
Did either of the detainers trip exfall the truck?  A:NO  Di Were either of the detainers have any motice in the facility?  A: The Order tructoman mast trusted for a small of the facility?  A: The Order tructoman mast trusted for a small of the property	rip er fall while being	loaded into
the work?		
A:NO.		<del></del>
Q: Were either of the detainees	combative or belliceran	+3
	9 .	•
	e my noticeable invities	طانيان
in the Cacility?	- sq viceare morres	<u></u>
4: The Order de Thomas was	Viewend C. Nick Land	
1		
Did un see any bridge on the	have of the down age ?	
	ter or to be fairles?	
	add on this statement?	
	RAD TO TMOS STATEMENT :	
	ENT // 67E-4.56-4	
777		<del></del>
ind		
1572-4756-		
	· · · · · · · · · · · · · · · · · · ·	
		•
		-
66	6-4	<del></del>
- GARAGE	N/T	
I, Carrier V AFFID	, HAVE READ OR HAVE HAD READ TO ME T	ATEMENT
WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERST	AND THE CONTENTS OF THE ENTIRE STATEME!	DE BY ME.
STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOP	F OF BENEFIT OR REWARD, WITHOUT THREAT C	OSHMENT
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INI	DUCEMENT. 6764, 564	·
• .		
WITNESSES:	or Parson Making Sta	7
	Subscribed and sworn to before me, a pers to administer caths, this 9 day of May	horized by law Z-004
_	at Carro For le Bal dad Than	
ORGANIZATION OR ADDRESS	C- (56-1	
	(	₩
	616-4,00-21	
	(Typed Name of Person Administer	(h)
ORGANIZATION OR ADDRESS	Art 136 UCM)	
	(Authority To Administer Oa:	
INITIALS OF PERSON MAKING STATEMENT	2.5- 2	2
21-4.66-4	PAGE L OF	PAGES
— ·// - i-( . U )		

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AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
I The strategies and law Kill Dicember Arith reason by the second of the
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retri
Camp Eagle, Baghdad, Irag D9 MAY 2004 1015 4. FILE NUMBER 67
7. GRADE/STATUS
C Battery 1-87 Field NAIN
55st 676-466-4 Bag dad Tree
On the marries of 7 May 2004 T WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
Center to escort two prisoners to Camp Cuervo. So my TC and I, SAC
left the convoy and reported to the Detaine Center. It was 0835 when we .
with the view of the ustallite forther and Maria
prisoners personal effects. Doce the inventory was completed the over one
- District and Zip-+illy may were excepted to my vehicle 1879 to be time
ported to camp cuteno. I climbed into the back of the vehicle to assist in
- to-cord on the countries of source of the state of the
The prisoners were lander
TO THE COMMINITION OF THE PROPERTY OF THE PROP
amp light at 0905. The convoy stopped twee due to vehicles the near of
the change could not keep up with the rest of the coally due to traffic
THE CONDY OF WAS AT COME CHANGE THE HOUSE IN John of
WALLY TO BE THE OTHER MY NEW TO THE 1-82 FA TOT and acket for accept
W. The Drain of Strop Climber into the cap of the website
of the Comp Charles and I proceeded to the Detainer Center. Once I arrived
to enter the Detained Cealer will the and production
The Arisagen class of
If the angular of The Instruction me to bring in
the prisoners inside the Delainer Center Come that was some profession
SPC SPC Code to the 1-80 FA TOC to return SPC back to work. Then by
with his solders, who were in 672-411
do the title of the PX whatting for him. And then SPC and I programe
EXHIBIT 676-4,66-4
DITIONAL PAGES MUST CONT.
DITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA VI.0

LUB WELLWIRE HOL UMI

DODDOACID-005144

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED. PLEASE PROCEED TO FINAL PAGE OF THIS FORM.	
STATEMENT OF TAKEN AT Baghdad, Fac DATED 9 MAYO	4
9. STATEMENT (Continued) 670-1,66-1	
A 67e-4,66-4	
Q. Who zip tied and blind folded the detainers?	
A. The guards on duty for that day 6724, 66-4	<del></del>
Q. who were the guards on duty?	
A. I do not know who they were. 676-4,66-4	
Q. Did you get to see the detainer's before they were bli	nd folder
A. No, they were still in their cell. 676-4,66-4	
Q. Did you notice any injuries or anything unusual as they we	m l
escorted past you to the truck or white you assisted loading the	M INDO
A. Ford not notice any injuries on the prisonor 676-8,6	7.16
Q How good did you look at them?	6-4
A. When I saw the prisoners at Camp Eagle they blind tobletand z	10.
- 41ed. I noticed nothing out of the ordinary at the time of pic	<u>*</u> k-
up to the time of delivery. 672-4.66-4	
Q What happened at the time of delivery at Camp Cuervo?	
A: At the letaine Center in Camp Cuentryo. I dismounted the vehic	e
. with personal effects and the paperwork for the prisoners. One	2 78-6
I enland the Delainee Centa I met Ste I handed him to Mille work and necessary belong the and he instructed me to have I	10 M
Party in the land of the second of the land of the lan	<u>re</u>
Drisoners brought in 1572-4, ble-4	<del>,</del>
A when you had the prisoners Detaines brought in did you see	any
A. I noticed no injuries of any kind when they were brought in.	176
Q. How well did you see them?	- W
A. I. aid not see the younger prisoner that well but I did s the object prisoner and I did not notice any injuries.	æ
	25-4,40-6
Q. When did you discover that the detainers had injuries?	}
A. The night I returned from camp curvo I was called to the	
C 1-82 FA TOC from the PLL office. CPT told me th	Cano be
· · · · · · · · · · · · · · · · · · ·	
und that they were beaten backen back	
DITU FIRST THEY WERE beaten. 62-4-66-4 DODDOAC	ID-005145
GALS OF PERSON MAKING STATEMENT 6764,66-4 PAGE & OF 3 PA	1
6764,66 PAGE & OF 3 PA	AGES

PAGE 2 DA FORM 2823, DEC 1998

FOR OFFICIAL USE ONLY

EXHIBIT 4

	576-4 106-4 CIDEDS-81 702
STATEMENT OF	TAKEN AT Baghdal Irag DATED 9 MAY 04
	DATED T THAY O'L
9. STATEMENT (Continued)  Q: How did you read to +	Untinto 1:2
A. I was shocked, dishe	
inst heard 672-4,6	
·	agle and Camp Cuerro who had an apportunity
1-7	injuries to the detaince's? 176-5,66-5
A. I am not accusing any b	
parson with our apportuni	
	EMENTILL
	6.78-466-4
. 57c-4,664	3,72-466-4
·	<del></del>
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4	
	<del></del>
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	<del></del>
	<del></del>
	AFFINANT
17851	AFFIDAVIT
le	HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT
WHICH SEGINS ON PAGE 1, AND ENDS ON PAGE 3	I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE
CONTAINING THE STATEMENT. I HAVE MADE THIS STA	LL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE TEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT
THREAT OF PUNISHMENT, AND WITHOUT COERCION, UI	NLAWFUL INFLUENCE OF UNI AWELL INDUCEMENT.  572-4,66-4
	(Signature of Person Making Statement)
-	
WITNESSES:	Subscribed and sworn to before me, a person authorized by law to administer paths, this 72 day of MAV 2004-
	at Detention Facility Como Engle Booked Iraq
	- 67e-186-1
ORGANIZATION OR ADDRESS	(Signature of Person Administering Oath)
,	570-1166-2
	Typed Name of Person Administering Oath!
ODC ANIZATION OR ADODOGO	Art 136 UCMJ
ORGANIZATION OR ADDRESS	(Authority To Administer Oaths)
NITIALS OF PERSON MAKING STATEMENT	
	PAGE OF S PAGES USAPA V1.00
AGE 3, DA FORM 2823, DEC 1998	DODDOACID-005146
	PODDOMOID OF THE C

. .-.

AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10, United States Code, Section 3012(g) To provide commanders and law enforcement Your Social Security Number is used as an ad Disclosure of your Social Security Number is v	ditional/alternate means of	identification to facilitate	•
1. LOCATION Back	Led Tree		3. TIME 1640	4. FILE NO.
5. NOAS CON ROLAN	676-7,665	B. ORGANIZATION OR A CO 2/5 CAV		<u> </u>
	176-966 S. GRADESTATUS E-S/AD	Camp Eagle	Baghdad, Irae.	
	PART I - RIGHTS WAIVERING	N-WAIVER CERTIFICATI		
Section A. Rights				
suspected/seconds: ASS Before he/she asked me any que do not have to answer or hything 1 say or do can b for personnel subject to outing questioning. This is or both.  (Bor civilians not subject to sturing questioning, 1 under appointed for me before as	estions about the offense(s), however, he/she made in ny questions or say snything.  e used as evidence against me in a criminal Irial.  the UCMJ) I have the right to talk privately to a lawy swyer can be a civilian lawyer I arrange for at no expr or the UCMJ) I have the right to talk privately to a law estand that this lawyer can be one that I arrange for a	and wanted to quastion me funce: clear to me that I have the for the before, during, and after quanted to the Government or a cyer before, during, and after the my own expense, or if I can	about the following oftens oflowing rights: sestioning and to have a law military lawyer detailed for a questioning and to have a law not afford a fawyer and war	e(s) of which I am  yer present with me ne at no expense to me.  ewyer present with me nt one, a lawyer will be
5. COMMENTS (Continue on both Section B. Walver	roverse side) Have been advised of	Your legal right	ts within the las	t thirty days?
I understand my rights as stated without heving a lawyer present	above. I am now willing to discuss the oftense(s) or with me.	der Investigation and make a	-	
ta. NAME (Type or Pnnt)	NESSES (If available)	3. SIGNATURE OF INTER		5.66-5
ORGANIZATION OR ADDR	ESS AND PHONE	SOMETHINGS.	HOLDE	76-1,66-1
la. NAME (Type or Print)		5. TYPED NAME OF INVE	STIGATOR	76-1,66-1
3. ORGANIZATION OF ADDR	ESS AND PHONE	5. ORGANIZATION OF IN 38 # M.P. Deta Baghdad. Ira	vestigator chment (CID)	·
Section C. Non-walver			DO	DDOACID-00514
I do not want to give up my	rights			
☐ I want a tawyer		🔲 I do not went to be q	vestioned or say anything	
SIGNATURE OF INTERVIET	WEE	-		
TTACH THIS WAIVER CERTIFIE	CATE TO ANY SWORN STATEMENT (DA FORM 282	OJ SUBSEQUENTLY EXECUTI	ED BY THE SUSPECT/ACC	USED.
DA FORM 3881, NOV				tar

FOR OFFICIAL USE ONLY

EXHIBIT 5

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 data November 22, 1993 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  Disclosure of your social security number is valuntary.  1. LOCATION
5 LAST NAME STOTI NAME STOTI AND TOUS OF MAYOU 19:56
8. UNISANIZATION OR ADDRESS 7. GRADESTATUS E-4/AD6764,66
15 FC C 1/2 F ( a ) 1/2
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WANT TO MAKE THE FOUND THE STATE OF THE STAT
ON May to 2004 muself and Sol were going on and daily low tree to
Dick up basts at camp (wasin a) all and and contracted
It time we welle told that we had to as and air
When we we perhap we the deligated Sal The Sale with the Sale
land them up in the 1 M TV He all
the way to Cheeve After we loaded Soft Signed for the 672-4, of
Destances that we let In lount to Co a livery All I a water
Atald some noises but he was based as a sile
Everytime we bit a huma In the Boad hip class all
the side of the kood, when we maked over sol - 16754
Out of the thick and ask sat was everything okayo 678-5,66-
The voice is that production of the first terms of
atom so move and we were bead head to
WE got there we donk the detreased to the collection
and I left to do and sub this was about 10:30.
150 SFC Was told that he had I save
He ask to use our truck but it was full of north so he used
C90 which is a supply senck for I car Yes FA to ock up the delivered
I drove the thick with saw as my TC this line he bresk
Signed ter the detainers. Me and sate along with an Ilaco 676-5, 6-3
thanilator help load the detainers in to the thuck for
Thom SN-1 Platoon In Aco. 115th Rode In the back of the MILL with
satisfie we was on Comp Weline I'm not for suce 670466
Walenala I have back of the thick on the way book to como
wateright when the detainer were loaded up I took the truck back
EXHIBIT 676-4
11. INITIANS DE PERSON MAKING STATEMENT
DITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
ST BE BE INDICATED.
FORM 2022 BEAUGE -
DA FORM 2823, JUL 72, IS OBSOLETE USAPA VI.00

All Demvine new veil.

DODDOACID-005148

6

Docket, come out and got in his thick and deare It back the sel point ON Comp Circles, It was about 14:15 pm. Mys. and Soph of the continue of Circles, and want to link with the left of the continue of Circles, and want to link with the left of the continue of Circles, and for the foreign of the foreign o	**************************************
e statement recommends to 82 s Battalions and the dhirek who was In the B back, came out and got in his there and delare It back the SP point ON camp Currier, It was about 14:15 pm. Mus and soft got hack In and there's and went to link with the feet of the comment of Currier and went to link with the feet of the comment of Currier and went to link with the feet of the comment of Currier and went to link and so 72-4,66-4  Q hid you see any uses on the detainers before you lost come was Eagle to comp Currier A. What type of reion did you hear is the back of the to going to camp Currier A. Theald the Itagi talking to each water in these language and A. Theald the Itagi talking to each water in these language and Sec-5 heard soft.  A. No. 6 72-466-46  A. No. 6 72-466-46  A. No. 6 72-466-46  A. No. 1 tight pay attention to that  Q Did you keer any invites on the detainers when you arrived to come Currier A. No. 1 tight pay attention to that  A. No. 1 tight pay attention to that  A. No. 1 tight pay attention to that  A. No. 1 there were you using the transmission and what was the burge  A. The truck were you using the top could be the truck  A. The truck were you using the top could be the truck  A. That was the fresh time I used that time?  A. That were that there been used since that time?  A. That was the fresh time I used that there is not fear camp had capile  Q he you know if it was used the next day for transportion that or pe  A. Yes it was used the next day for the forty shells.	<del>-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1</del>
to Year's hattalion and the dhirth who was In the process, come out and got in his thick and dhare It back the SI point ON comp Curelyon, It was about 14:15 pm. Thus and Soft out to the Son on the trucks and went to tak with the left of the common of curelyon of 57c-466-6 Q. 67c-466-6 Q. 67	ч
to Y82's Cathalian and the dhirth who was to the pooply, come out and not in his thick and dhire It back the SP point ON comp Curelyon, It was about 14:15 pm. Thus and Soft and back in our there and want to link with the first of the common at Curelyon 672-466-6 Q. 672-466-4 Q. 672-4 Q.	
the SP point ON Comp Carelion, It was about 14:15 pm. Must and Soft and Sof	lomation
And Soft and the Convoy at Cheeking and went to bak with the left of the Convoy at Cheeking to 672-466-4  D. Did you see any injuries on the detainers before you left Camp war Eagle to Camp Cheeking.  A. No. 576-466-46  Q. What type of reies did you hear is the back of the to going to Camp Cheering.  A. No. 576-466-47  A. Theold the Ileas baking to each while in their language and soft spart up. 576-466-47  A. Theold the Ileas baking to each while in their language and Soft you hear any other up. 576-466-47  Q. Did you hear any other noises?  A. No. 576-466-47  Q. Did you be any injuries on the detainers when you arrived to Sear Cheero?  A. No. 1 Gight Pay attention to that to 576-466-47  Q. Did you be any injuries on the detainers when you arrived to Sear Cheero?  A. No. 1 Theold Syt. Suy way short up out lours. 50  Q. Whoir truck were you wring that encouring and what was the burger A. The teach of the truck were you wring them to could PUL Section and the trughest that they that they have the truck were you wrise that the truck since the truck of the of the truck of the of	10
with the flet of the convoy of Cheeker. 676-466-4  Q: 576-1,66-7  A Did you see any injuries on the detaineds before you lost Camp was Engle to Camp Cueron.  A. No. 576-4,66-4  Q What type of reios did you hear in the back of the togoing to Camp Charvo?  A. Theald the Idea; talking to each office in their language and construction to the camp chart up. 676-4,66-4  Q. Did you hear any other noises?  A. No. 576-4,66-4  Q. Did you know St. 676-4  Q. Did you know St. 676-4  Q. Did you know St. 676-4  Q. Did you hear any invites on the detained when you arrived to Camp Cuero?  A. No, I didn't pay attention to that the back of the true of the camp Cuero.  A. No, I didn't pay attention to that the form out loud. The comp Cuero.  A. No, I didn't pay attention to that up out loud. The Comp Cuero.  A. No, I didn't pay attention to that the form out loud. The Comp Cuero.  A. No, I didn't pay attention to that the form out loud. The Comp Cuero.  A. No, I didn't pay attention to that the form out loud. The Arrow has the burger of the form of the fresh that the comp has cogle.  Q. Has that truck been used since that time?  A. That was the first time I used that the Camp has cogle.  Q. De you know if it was used since that for transaction that of the court day to pick up shells.	w 676-
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A Did you see any injuries on the detainees before you less Camp War Eagle to Camp Cueron.  A. No. 6-46 66-44  Q. What type of noises did you hear in the back of the tage of tage of tage of the tage of tage of tage of tage of the tage of the tage of tage of the tage of tage of the tage of tage of the tage of tage	
A. No. 1 1 Leaf the Comp, but I never to the back of the true of Did you bear so that comp arrived to Camp and the Comp, but I never talk to him.  Q. Did you know 567.  A. No. 1 570-4,66-4  Q. Did you know 567.  A. T Geen him abound the Comp, but I never talk to him.  Q. Did you see any invites on the detained when you arrived to Comp (necro).  A. No. I didn't pay attention to that.  Q. Did you hear SOT.  A. No. all I heard syt.  Q. Did you hear soll sing that every shart up out lour.  A. No. all I heard syt.  Q. What truck were you using that everying and what was the burner.  A. The thuck I was using belong to cruck PU Section and the branger to As That was the first time. I used that thruck since that heard, but they this thack to the since detaineds to and them. Camp has cagle.  Q. D. you know if it was used since that for transportion thems or per A. Yes it was used the next duy to pick up shelts.	from
Q What type of roises did you hear is the back of the to going to Camp (morve).  A I heard the Ileg: talking to each after in their language and South you hear any other noises?  A. No. 1 67C-4,66-4  Q. Did you know SoT.  A. I seen him abound the camp, but I never talk to hime.  Q. Did you see any injuries on the detained when you arrived to Samp (merko.)  A. No. I didn't pay attention to that.  Q. Did you hear SoT.  A. No. I didn't pay attention to that.  Q. Did you hear SoT.  A. No. I didn't pay attention to that.  Q. Did you hear SoT.  A. No. I didn't pay attention to that.  Q. Who's truck were you using that morating and what was the bumper of the truck were you using belong to could PU Section and the bumper of the truck been used since that time?  A. That was the feet time I used that thack since Futbad, but they this truck to teansfer detaineds to and from Camp has eagle.  Q. D. you know if it was used since that for transportion than or per A. Yes it was used to next day to pick up shelts.	
A. The peak the I tag: talking to each other in these language and sources to break Soils Soy south up. 1672-1666-16  Q. Did you hear any other noises?  A. No. 1672-1666-16  Q. Did you know SGT.  A. I seen him alcound the comp, but I never talk to him.  Q. Did you see any invites on the detainers when you arrived to Comp (werve?)  A. No. I didn't pay attention to that.  Q. Did you hear SGT.  A. No. I didn't pay attention to that.  Q. Did you hear SGT.  A. No. II theald syt.  Q. Who's truck were you using that morning and what was the burger A 170.  A. Has that truck been used since that time?  A. That was the fast time I used that theak since Futbad, but they this thank to teasife detainers to and them Camp has eagle.  Q. D. you know if it was used since then for transporting rems of part of the sit was the seed of the next day to pick up shelfs.	nek
A. No. I didn't pay attention to that up when you arrived to No. 1 to the pay attention to that was the back of the true A. No. 1 to the pay attention to that was the back of the true A. No. 1 to the you hear SOT.  A. No. I didn't pay attention to that bork of the true A. No. 1 to the pay attention to that was shut up out loud.  A. No. 1 to heard Sot.  Singing in the back of the true A. No. all I heard sot. I say way shut up out loud.  A the truck were you using the trueraing and what was the burger A. The truck were you using the long to coul PLL section and the burger A. The truck been used since that time?  A. That was the first time I used that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since that thack since Flothed, but they this truck to truck been used since the front for transporting trems or per A. Yes it was used the next duy to pick up shelts.	
A. No. 678-4,66-4  A. No. 678-4,66-4  A. Did you know SGT.  A. I Geen him alcound the comp, but I never talk to hime.  Q. Did you see any invites on the detained when you arrived to Samp Cuervo?  A. No. I didn't pay attention to that.  A. No. I didn't pay attention to that.  A. No. II I heald set. Suy way shut up out loud.  A. No. 11 I heald set. I say way shut up out loud.  A. The truck were you using that morning and what was the bumper ATTHE truck I was using belong to could PUL Section and the humper to ATTHE that truck been used since that time?  A. That was the first time I used that thack since Flatbad, but they this truck to teaster detaineds to and them Camp had eagle.  Q. Du you know if it was used since then for transporting Hems or per A. Yes it was used the next day to pick up shells.	<u> </u>
A. I Geen him alcound the comp, but I never talk to him.  Q. Did you see any I juries on the detained when you arrived to Camp (nervo?)  A. No, I didn't pay attention to that.  Q. Did you hear SOT Singing in the back of the true A. No, all I heald syt. Suy way shut up out loud.  D. Who's truck were you using that morning and what was the bumper A. The thuck I was lising belong to and PLL Section and the branger to A879.  Q. Has that truck been used since that time?  A. That was the first time I used that thank since Fullow, but they this truck to teasife detaineds to and flem Camp has eagle.  Q. Du you know if it was used since then for transporting thems of per A. Yes it was used the next duy to pick up shells.	
A. I Geen him alound the comp, but I never talk to hime  Q. Did you see any injuries on the detaines when you arrived to Camp (werro?  A. No. I didn't pay attention to that.  Q. Did you hear SOT  Singing in the back of the true  A. No. All I heald syt. Say way shut up out loud.  D. Whe's truck were you using that morning and what was the bumper  A. The thuck I was using belong to coul PLL section and the bumper  A 879.  Did to the first time I used that time?  As That was the first time I used that thack since Flothed, but they  this thuck to therefore detaineds to and them Camp has eagle  Q. De you know if it was used since that for transporting thems of per  A. Yes it was used the next day to pick up shelts.  B. De	—
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Q. Did you hear SGT  A. No. all Theald Set. Say way short up out loud. b  Q Who's truck were you using that morning and what was the bumper  A. The truck I was using belong to coul PLL Section and the bumper to  A 879. 57e-4660-46  Q. Has that truck been used since that time?  As That was the first time I used that theek since Flothard, but they  this truck to teaster detaineds to and from Camp has eagle  Q. Do you know if it was used since than for transporting thems or per  A. Yes it was used the next day to pick up shelts.	
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A. The truck I was using helong to crub PLL Section and the trumper to A879.  A. Har that truck been used since that time?  As That was the first time I used that truck since Flothard, but they this truck to transfer detaineds to and from Camp har ragle.  O. D. you know if it was used since than for transporting thems of per A. Yes it was used the next day to pick up shelts.	C-46g-
A 879. 672-4,66-4  Q Has that truck been used since that time?  As That was the first time I used that thank since Flothand, but they this truck to transfer detaineds to and from Camp has eagle  Q. Do you know if it was used since then for transporting thems or per A. Yes it was used the next day to pick up shelfs 672	was
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A you know if it was used since then for transporting Hems or per A: Yes it was used the next duy to pick up shells to both	INFE
A: Yes it was used the next day to pick up shelfs 670	6704
	SOLDE ?
Q Do you have anothing you wish to add to this statement?	
A Do Hat is all // END OF ST ATEMENT // 578-4,6	
INITIALS DE BEASON Where STATE OF THE STATE	D-005149
THE SOLUTION MAKING STATEMEN	AGES
	SAPA V.1 00

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EXHIBIT L

	4. plant 131 - 04 - CID 9 9 - 8 L. P.C.
STATEMENT OF	TAKEN AT Baghdad, Iring DATED 09 MAY 04
9. STATEMENT <i>(Continued)</i>	
	675-466
	12/5/10
· · · · · · · · · · · · · · · · · · ·	. 6 /2
	Not Used bren 41664
<u>:</u>	
N. Control of the con	
	w block
<u> </u>	AFFIDAVIT
OT ME. THE STATEMENT IS TRUE, THAVE INTIALE	HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT  I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE  TO ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE  STATEMENT FREELY WITHOUT HOPE OF DENEST OF DENAL RD. WITHOUT
WITNESSES:	Subscribed and sworn to before me, a person authorized by law to
	administer caths, this 9th day of NAY 2004
	at Camp War Engle, Baghdad Iraq
ORGANIZATION OR ADDRESS	(Typed Name of Person Administering Oath)
· · · · · · · · · · · · · · · · · · ·	(Typed Name of Person Administering Oath)
ORGANIZATION OR ADDRESS	ART 136 UCMJ
· · · · · · · · · · · · · · · · · · ·	(Authority To Administer Oeths)
ITIALS OF PERSON MAKING STATEMENT	676-4,664 PAGE 3 OF 3 PAGES
GE 3. DA FORM 2823, DEC 1998	FOR OFFICIAL USE ONLY

DODDOACID-005150 EXHIRIT 6

SWORN STATEMENT 01 5% - 04 - C 1 D 8 99 - 8 I 7 0	
For use of this form, see AR 190-45; the proponent agency is Office of The Daputy Chief of Staff for Personnal.  LOCATION  DATE  TIME  LOCATION	$\dashv$
Camp Cuerro, Ivag 11 May 04 1552	_
LAST NAME, FIRST NAME, MIDDLE NAME  SOCIAL SECURITY NUMBER  GRADE/STATUS  SFC. / (40) 670-4	44
CHICANIZATION OR ADDRESS	$\dashv$
HSB 1/82 FA, ICD, Bay Had, Ivag	$\dashv$
WANT TO MAKE THE FOLLOWING STATEMENT UNDER GATH:	7
ON 7 around 1038 2-5 logbock brought two pr-	4,6
detaines in , SGT was one NO and a special on	
the back Of the truck thier was a soldier I Said	
bring paperwork First, I Check Paper work, bood	14-
10 601 1 3410 Bring 12 010 141 171 30E	×
Said look at his back, I Said lot me see	
the other detains was inside cell I, 2-Tlogback	.   ,
	74,
Coem that someone hit this pay, send a medic	5
to screen him. We Check the second one out	
the older Gentlemen he said his head	
was bruise, also his shoulder is hurting also	
	72-
this cell waited for Doctor to Come,	
7010 The 120 100	
Vechile was moving from comp wor eggle to here	1
The soldier hit him in his back, knee and	
Lied from the back and blind flod, He said	
his unclo said the same thing. Doctor correct	(
Orocked both of them out He Said Will	10-9
wall be taken to hosintal for x-ray	
and more Charkap ford statement bre-4.66-4	1
Q: 54 DODDOACID-005151	
A: SFC 670-4,66-4	4
a. Can you describe the soldier in the back of type truck.	
EXHIBIT INITIALS OF PERSON MAKING STATEMENT 672-48661 (CONT)	$\dashv$
EXHIBIT INITIALS OF PERSON MAKING STATEMENT  PAGE 1 OF 2 PAGES	
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."	
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE	
LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.	لـا

MENT (Continued) L 7C-C (Selection)	ATED ( May 04 - CONTINUED:
A. Black solider, thin, un  O: Did the detainer	eur alasses
	hit at Camp War Each?
A. He SAID he didnot be	thit at land lever End-
Q: Did the dotainer say when he w	us hit divine transport on Commen ?
A. While the trick was	non's from can power tax to
to Cueroo ne got hit u	echicle stud the salding & I.
hit Hashing backsoft soldier	started hitling hom and
unclo.	
a: Were any other guards prese	nr when the detainers arrived?
5/8-6	466-4
A: 425	on the detainers? 1576-4,66-4
Q: who was the doctor who saw +	lar daras age ?
A. PA LT 672.4.66	
Q: Do you have anothing you wis	h to add to this statement?
R. Via soldier who did ,	+ should get punish
Q: Do you have anything you wish	+0 add to this statement?
A. NO	
LEND OF STATEME	NT 5724,66-4
71-4166-4 DA SEELD	
AFFID	AVIT
WHICH BEGINS ON PAGE T AND ENDS ON PAGE 1 FULLY UNDERST. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND I STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL IND	AND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE
	1576-16
	Signature of Person Making St tement
WITNESSES:	
	Subscribed and sworn to before me, a per on authorized by law to administer ceths, this !! day of Play , 2064
ORGANIZATION OR ADDRESS	1201/26
<del>-</del>	
	670
	(Signature of Person Administration 1870)
	<u> </u>
ORGANIZATION OR ADDRESS	(Signature of Person Administration County)
	(Typed Name of Person Administrating Oath)  Art 136 UCM 3
	<u> </u>
ORGANIZATION OR ADDRESS	Typed Name of Person Administrating Oath)  Lyt 136 UCM J

ub. 61

PRIVACY ACT STATEMENT U. 7- U4-C10899-81-702
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
Fritte in Action Control of the Province Commanders and law enforcement officials with means he which in a
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 2 DATE 1
Bankdad Irag 11 MAY 2004 1700
5. LAST NAME BIRST NAME, MIDDLE NAME
8. CHGANIZATION OH ADDRESS
HSB, 1-82 FA, 1st Brigade, 1st Calvary Division, Camp Cherro, Bagldad, Irac.
, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 7 may of Between 1100-1300 Houps 1 was cough by THE
SERVERING AT 1500 / WAS ARRESTED THAT AFFORM
ME OF THE 1811 OF 1100 OF THAT
AT THE THE THE
THE MOSCULAR FOR CRIVE 5
Was Fractioned. Miss Risum man and all the
1 · · · · · · · · · · · · · · · · · · ·
The state of the s
PAIN, TOUR OF PROPERTY
I have the last the tree out 24 Haves als.
DID NOT APPER SEF - INFRICTED . ASSESSING DEADD AGE. THE WOLDT
D. 66-1
A: 67C-4, 56-4
Q- Did you examine the face I be in I had I
A. YES I DIP. HE HAD ARRAYAND THE RESTAURANT THE RESTAURANT TO THE
BACK AND HIS RIGHT KNEE \$ 678-466-4
Q. Are the injuries to the able of the interior
in the back of an IMTV truck 11575-4,66-4
A IT'S POSSIBLE HOWER US MALL HOUSE ASING THE HIGHWAY!
TOSSED AGUAN REED TO HALL REED
END AND CAMPAUM BOWLING ASSAL - DOWNERS - LOWERS
SUPPLIES I DIN THE TENT OF THE PART
self of the Last An port
A. T. H. 1
beach Seat onto the floor of the LMTV?
EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT
PAGES MUST CONTAIN THE PAGES
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BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER  ST BE BE INDICATED.
FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE

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TATEMENT OF		Bashdadi	79, DATED	MAY 200
CTATEMENT (Canalage at				· · · · · · · · · · · · · · · · · · ·
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A	<u> د مرس د مرس</u>	1611	A STACE	E FALL
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over onto the floor, w	hile sitting	on the floor	r and str	King erther
the floor or side of the tru	ck?	·	<u> </u>	
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Q: Could the rejuries	also be cost	steat with 5	MCDAR AUAC	Line
Kicking the younger det	- i e - >		DIE PRICE	, .
A THE INVENES TO	Hes HER A.			
	7747 774	O DASA	C), 1415 PC	IGKT
KNEE NO.				<del></del> -
B. Once you treated the	two detainer	5 what hap	amed to them	next?
A. THE SLOEP PATIENT				
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Yourbon PATIENT WAS	EXPLUPTET !	ATO THE	م دوروسی و	ENTER.
NO FLORTHAN THENTONS	N WAS REAL	VIAED TO	676-4166-4	
Q. Do you have anything	you wish to	add to this		
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EXHIBIT (

FOI USE Of this form top AR ARCAT	IN STATEMENT 0137-04-C10899-8170
LOCATION	int agency is Office of The Deputy Chief of Staff for Personnel.
Camp Cuerro, Ivag	DATE TIME FILE NUMBER 676-4, 66-4
LAST NAME, FIRST NAME, MIDDLE NAME	COCIAL SERVICE
ORGANIZATION OR ASORESS	SOCIAL SECURITY RUMBER  GRADE/STATUS  SPC /AD 676-46
HSB 1/82 FA, ICD Backdad.	Ivag. 116-4
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ON About MANY OR MAY ? TWE	WANT TO MAKE THE FOLLOWING STATEMENT UNDER GATH:
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aut I need to Search Search	SHE hust so I told him just I HOK
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15 OACh we weed to he that Rie	ht 34 bid had by
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EXHIBIT INVIALS OF PERSON	4.66-4
INITIALS OF PERSON MAKING STATEMEN	7
ADDITIONAL PAGES MUST CONTAIN THE HEADING "S"	PAGE 1 OF PAGES
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THE BOT, AND THE STATEMENT WILL BE CONCEDED ON THE	HE REVERSE SIDE OF ANOTHER COPY OF THIS FORM
DA FORM 2823 SUPER PROFILE	MAN 68, WHICH WILL BE USED.
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670	FILE NUMBER:
STATEMENT OF 678-	TAKEN AT CHUP CLEVUS, DATED 11 May 04 CONTINUED
I mean you could fell b	y the way the old man moved he was fice 4,60
in pain but I put Him	IN the same spot the younger on was
Standing at the wall cu	+ the stipp ties on Ash to put his Hands
on the will the	old man SAID Has constant His Som with 676-4,66
Austria So I thin Ald to	on to put His good ABM ON the WENT 16764,
Daylor of the Still Huge	this front Here Eich up we wend to log some
Had hope of the Still B.	int open up the old mans Shirt
SAFFER he that of his of	
Camina Paus on A Out look	where who shouldes I told set
Sat said Hold	op look at a want right to the office 6764,66
I bis howers the carl the	MEDICE SAID they would be comen put
Him in cell 4 an the	old was wroth to Bell a with my ESCOST
	576-1,66-1
	76-4,66-4
Did you see any one	in the truck with the detainees?
#: NO	
B: Did either of the det	ainees say they rereived their injuries at
Camp War Eagle?	
A: They didn't tell me who	5h6
Q. Did the dotainees so	ry when they were injuried?
A I'M NOT SUBE	evas present when the detain pes
avrived?	evas present when the detain pes
tino	
	v who treated the detainers?
A: L+ But I'm Not	
Q' Do you have anythin	you wish to add to this statement?
A: NO	STATEMENT 15-4,66-4
ENDOF	STATEMENT 676-4,664

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676-4,66-4

NITIALS OF PERSON MAKING STATEMENT,

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<u> </u>	ATT 0 1 1 0 0 0 0	7.44
AUTHORITY:	PRIVACY ACT STATEMENT 37 - 04 - C 1 D 6 9 9	-8170
PRINCIPAL PURPOSE:	Title 10 USC Section 301: Title 5 USC Section 2951: E.O. 9397 Sed November 22, 1943 (SSN). To provide commanders and law enforcement officials with means by which information may be accurately purpose is used as an additional to the second security purpose is used as an additional to the second security purpose is used as an additional to the second	
ROUTINE USES:	Your social security number is used as an additional/alternate means of dentification to facilitate filing	ırat <del>el</del> y
DISCLOSURE:	Disclosure of your social security number is voluntary.	and retrieva
1. LOCATION	Sanded Took 3. TIME 3. TIME 4. FILE NUMBER	ER
5. LAST NAME FIRST	NAME, MIDDLE NAME 676-46 SSN 176-467 GRADE/STA	TUS
8. ORGANIZATION OF	$F_{-}$	10
AC SIZE	(+	
9	17e-166-4	rag
	. WANT TO MAKE THE FOLLOWING STATEMENT UNDER O	ATH:, gel
// A	approximately 1000-1100 hours on 07 May 04 SFC	6
<u>called the</u>	S-2 at The 1-82 TOC, to speak to someone regarding a	new
<u>defenser.</u>	I took the phone call. IFC told me a detained;	net 679
accived, 7	that he scened injured, and that he was complaining of b	مريه
beaten by	an American soldier. SEC wanted to make sure	1686 he 6
reported Y	tright away and requested a madic as soon as posse	6/e
I told S-	-2 and 543 elements and about the Eall and they	<u> </u>
began Go	ntacting a madic	
After 1	lunch, in mid afternoon, I went to the defention or	eawith
a fellow is	interrogator and two translators to do some other interrogati	<del>/                                    </del>
and check	k on the situation with the niw determers. I was told the	
medic has	id ust come not by	<del></del>
interrogat	tron when the medic came to the first	ne. Y
I sow th	be dat - 5764 56-41;	e out
to the ho	and the same of th	YTER
a broken	home in the madic said he	hard
datainpes	of the desire of the saw of	~<
- les . It .	was shiring that the last of the stand as	<u> </u>
pain.	the received not move his arm without's	everq
Attert	the detailed by the the	
briefly on	Do the Ost The CSH and come back I talked to his	n
de tamas	08 May 04. He said that at camp Engle he had be	en
4 1/11	and put in a cell, They asked him about his involvement	ih
- The Maker	N	diers
WOKE KM	up at 8300 the next morning and asked him the san	ne ``
- guestabus.	the detarnactures put on a convoy at about 1000.	hows.
D. EXHIBIT	p1c-406-4	
	11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF	PAGES
DDITIONAL PAGES MUST	ST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED	. 1000
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	ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE	NUMBER
A FORM 2823, DEC	DA FORM 2823, JUL 72, IS OBSOLETE	USAPA VI .00
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USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED. PLEASE PROCEEL TO FINAL PAGE OF THIS FORM.	
STATEMENT OF DATED 91 MAY 04	
9. STATEMENT (Continued)	
Every thing was fine and quict as soldiers put him and his	_
as she w halso detained in the back of a truck. The detainer	_ 1
was gitting blind Collad on a brock, when all of a sudden he felt	
" a kick in his face. The soldier began beating how up, stepping	بأربهب
the wife to be hitten him on the Ave car collect	راريك
be then The soldier outled him anto the floor of the	ر ا مارد
trut, at which time his leg hit a metal place of somesort.	2000
The coldier book his naphows shows and nit the dotained on	[
the balls and kicked him in the back, when it was shirings	
The truck was coming to the dastination, the soldier picked him	[
up and 10-situated his clothing Also, the soldier just started	
to beat up the rephow as they were stopping for acciving.	_
The detained expressed his suprise and sadness that	_
some one - In American soldier - would be this to him when he	_ 1
has been making for us for 10 months, and soldiers have all	ا در چد
taken care of hom and his family. The detained even continued b	14-46
working Through being shot at and threatened (He did quit for	_
and it is the state to wort	í
When I interviewed him a few days later, on 10 May 04.	
I could find no reasonable convincing reason to believe he b	72-4,0
is involved in the Naholi Army. He was accepted of threatening	
	_
evidence so on my report. I suggested that the und fire him, it is	72-4,0
they have concern. The rost of the detachoo's family work at the bace.	_
	ink
the state of the s	
he to f f	576-6
admitted to.	<del></del>
0- 678-1 678-466-4	-
1 h75-16 //	_
Quille to the Cell side of the second set for	-
Medical care?	-
^	-
A' CSH stands for The 31st combat Support Hospital.	-
A No you have anything you wish to add to this statement.	-
ITIALS OF PERSON MAKING STATEMENT	
67C-4,66.4 PAGE & OF. S PAGE	s
	V1 00

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STATEMENT OF	TAKEN AT Baghdad, Brag DATED 11 MAY	2004
3. STATEMENT (Continued)	676-4,66-4	
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		<del></del>
	157C-4,66-4	
<del></del>	Not used	
	12. (6)	
<del></del>	576-466-4	
		<del></del>
<u> </u>		
	DODDOACID-	0051
	67C-4,66-4 AFFIDAVIT	
ONTAINING THE STATEMENT. I HAVE	ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MAKE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENESIT OR REWARD, WITHOUT UT COERCION, UNLAWFUL INFLUENCE	
	(Sighan deking Statement)	
	(Signal deking Statement)	
	Subscribed and sworn to before me, a person authorized by ladminister paths, this	
	Subscribed and sworn to before me. a person authorized by I administer oaths, this 11 day of WAY . 20	aw to
TNESSES:	Subscribed and sworn to before me. a person authorized by I administer oaths, this 11 day of WAY . 20	aw to
TNESSES:	Subscribed and sworn to before me, a person authorized by ladminister oaths, this 11 day of WAY . 20 at Camp (Mervo, Bashdad, Tray	aw to
TNESSES:	Subscribed and sworn to before me, a person authorized by ladminister oaths, this 11 day of WAY . 20 at Camp (vervo, Baghdad, Tray	aw to
TNESSES:  RGANIZATION OF ADDRESS	Subscribed and sworn to before me, a person authorized by ladminister oaths, this 11 day of WAY 20  at Camp Cuerve, Baghdad, Trag  (Signature of Person Administering Oath)  SA  Typed Name of Person Administering Oath)  ART 136 U.C.M.J.	aw to
RGANIZATION OR ADDRESS  RGANIZATION OR ADDRESS  ALS OF PERSON MAKING STATEMENT	Subscribed and sworn to before me, a person authorized by ladminister oaths, this 11 day of WAY 20  at Camp Cuervo, Baahdad, Trag  (Signature of Person Administering Oath)  ART 136 U.C.M.J.  (Authority To Administer Oaths)	aw to

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LU. By

F	SWOR or use of this form, see AR 190-45; the propone	N STATEMENT of the state of the	VT U137 = of The Deputy Chie	O & - C I B 8 9 9 - 8 1 '
Camp (	Svervo Iraq willy	DATE	TIME 1810	FILE NUMBER
LAST NAME, FIRS	T NAME, MIDDLE NAME 676	SOCIAL SECURIT		GRADE/STATUS
ORGANIZATION C	2 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			CIV
IST BDE	LIBET, Brigade Holding A.	sea. Camp	Cueruo, In	
1, _	676	41664	-	
Q 54	674-1,66-1	, WAN! II	O MAKE THE FOLL	OWING STATEMENT UNDER OATH
DT	676-4,66-4	· <del></del>		
1 X -1 X	our previous statemen	+ you sai	da soldi	er hit vai
A: No	know which soldier	77'		700
Q: Wher	were you hit by	. 1	<del></del> _	·
A: Whi	e marine Count by	the sol	dier s	
Q: (1)00	le moving from to	ne other	camp.	
A: 1)2	you hit while y	ou were	at the	e other camp
D: 11)			<u> </u>	
Q: When	^ <del></del>	rit you	<u> </u>	
A. UN W	ly Horehead and my (	hes't a	ud back	and he
Poshea	me into the floor	where 7	Ehit m	y Knee.
Q. Were	YOU able to see +	-he sold	ier who	hit you?
A. ND	I' was blindfolded	,		700 -
X. Were	your hands bound	7		DODDOACID-005161
My h	ands were tied bel	rind my	back.	_
A Yes.				k?
Q: Dayon	1-11			
YOU?	Know how many sold	iers wer	e in the	truck with
A: One	I only heard one so	1:05		
me.	THE Y THEATH DIE SO	later get	in the	truck with
Q: How lo	ng did the soldier L	sit you?	-	<del></del>
A. I thin	E it was 15 to 30	2 minutes		
a. Were	you the only person			the et a soldiers?
A. My un	cle was with me.		<u> </u>	the soldier,
				(cont)
EXHIBIT	INITIALS OF PERSON MAKING STATEMEN			
ACCUTION			PAG	E 1 OF Z PAGES
"NITIALED AS "PAGE	PAGES MUST CONTAIN THE HEADING "ST TH ADDITIONAL PAGE MUST BEAR THE IN OF PAGES." WHEN ADDITIONAL STATEMENT WILL BE CONCLUDED ON TH	MALS OF THE PE	RSON MAKING T	DATEDCONTINUED."
		IL HEVERSE SIDE	OF ANOTHER CO	DPY OF THIS FORM. " " "

DA FORM 2823

		May Of "CONTINUED:
W. Vid the sold	ier hit your incl	e (
A: Yes I hea	rd him hitting.	ny made
Q: Was vour une	le blindfolded and	MY ONELE,
A: Yes.	T DILLEROLDED and	hand cutted!
Q' About how o	1/ 7	
Q: About how o	na are your	· · · · · · · · · · · · · · · · · · ·
A- 17	1 /	
W. About how o	ld is your uncle	?
A. I think he	5 50 to 57 h.	+ The not along
u. Vo you wish +	o add anything	to this statement?
	<del>~~~~</del> /// ~ %/// ~ ~	المستناء مستمر المصاملات المراام
a. Do vou wish t	Dead convillation in	attice at the training of 127
4; He pushed my	head to the Man	Colored Land
and asked me	"Does it house ?	of the truck with his boot
Q. Do you wish .	to add on the interest	
ti He also sun	chad anything	rothis statement?
tried to lit man	ine in the	chest bor 7 times, and he
THE TO MIT ME	intre aroin bus	T. covered is
: No	add anything to	this statement?
$\cdot                   $	_	
W 600 0	FSTATEMEN	17///
	. 11.61-4	DODDOACID-0051
	676-4,66-4 AFFIDAY	DODDOACID-0051
I,_	674-4,66-4 AFFIDAN	/IT
!, _ HICH BEGINS ON PAGE ! AND ENDS E STATEMENT IS TRUE. ! HAVE INI	ON PAGE T FULLY UNDERSTAN	IT  HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT  THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME.
!, _ IICH BEGINS ON PAGE ! AND ENDS E STATEMENT IS TRUE. ! HAVE INI ATEMENT. ! HAVE MADE THIS STA D WITHOUT COERCION. UNI AWFU	ON PAGE T FULLY UNDERSTAN	IT  HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT  THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME.
!, IICH BEGINS ON PAGE 1 AND ENDS E STATEMENT IS TRUE. I HAVE INI ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFU	TON PAGE TEULLY UNDERSTAN TIALED ALL CORRECTIONS AND HAI TEMENT FREELY WITHOUT HOPE OF LINFLUENCE, OR UNLAWFUL INDUC	IT  HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT  THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME.
I,	TON PAGE TEULLY UNDERSTAN TIALED ALL CORRECTIONS AND HAI TEMENT FREELY WITHOUT HOPE OF LINFLUENCE, OR UNLAWFUL INDUC	/IT _ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT
ATEMENT. I HAVE MADE THIS STA O WITHOUT COERCION, UNLAWFUL	TON PAGE TEULLY UNDERSTAN TIALED ALL CORRECTIONS AND HAI TEMENT FREELY WITHOUT HOPE OF LINFLUENCE, OR UNLAWFUL INDUC	IT  HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT  THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME.
ATEMENT. I HAVE MADE THIS STA O WITHOUT COERCION, UNLAWFUL	TON PAGE 2 TFULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF LINFLUENCE, OR UNLAWFUL INDUC	JAVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE SENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT. 46 BMENT.  (Signature of Parson Making Statement)  Subscribed and swept to before the appropriate bulleting.
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFUL VITNESSS	TON PAGE 2 T FULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF L INFLUENCE, OR UNLAWFUL INDUC	JAVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT. LEMENT.  (Signature of Person Meking Statement)  Subscribed and sworn to before ms, a person authorized by law administer caths, this [ day of May 20 04]
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFUL VITNESSE	TO B	JAVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT. LEMENT.  (Signature of Person Meking Statement)  Subscribed and sworn to before ms, a person authorized by law administer caths, this [ day of May 20 04]
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ATEMENT. I HAVE MADE THIS STA	TON PAGE 2 T FULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF L INFLUENCE, OR UNLAWFUL INDUC	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE F SENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, SEMENT.  (Signature of Parson Making Statement)  Subscribed and sworn to before me, a person authorized by law administer oaths, this (I day of May . 20 044  Cavup Cuervo, Iraq  672-166-1
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFUL VITNESSE VITNESSE PAGANIZATION OR ADDRESS	TON PAGE 2 T FULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF L INFLUENCE, OR UNLAWFUL INDUC	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE PROPERTY OF REWARD, WITHOUT THREAT OF PUNISHMENT. 46  (Signature of Parson Making Statement)  Subscribed and sworn to before ms, a person authorized by law administer caths, this [ ] day of May . 20 044  Carry Curvo, Iraq  [District of Parson Making Statement]
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFUL VITNESSE VITNESSE ACO TC WITHOUT RGANIZATION OR ADDRESS	TON PAGE 2 T FULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF L INFLUENCE, OR UNLAWFUL INDUC	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE F SENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, SEMENT.  (Signature of Parson Making Statement)  Subscribed and sworn to before me, a person authorized by law administer oaths, this (I day of May . 20 044  Cavup Cuervo, Iraq  672-166-1
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFUL VITNESSE VITNESSE ACO TC WITHOUT RGANIZATION OR ADDRESS	TON PAGE 2 T FULLY UNDERSTAN TIALED ALL CORRECTIONS AND HA TEMENT FREELY WITHOUT HOPE OF L INFLUENCE, OR UNLAWFUL INDUC	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE PROPERTY OF REWARD, WITHOUT THREAT OF PUNISHMENT. 46  (Signature of Parson Making Statement)  Subscribed and sworn to before ms, a person authorized by law administer caths, this [ ] day of May . 20 044  Carry Curvo, Iraq  [District of Parson Making Statement]
ATEMENT. I HAVE MADE THIS STA D WITHOUT COERCION, UNLAWFU	TIALED ALL CORRECTIONS AND HATTEMENT FREELY WITHOUT HOPE OF LINFLUENCE, OR UNLAWFUL INDUCTION TO BE ST.	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT D THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. VE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE PROPERTY OF REWARD, WITHOUT THREAT OF PUNISHMENT. 46  (Signature of Parson Making Statement)  Subscribed and sworn to before ms, a person authorized by law administer caths, this [] day of May , 20 044  Carry Coerro, Iraq  (Typed Name of Parson Administering Oath)  ATT 36 UCM

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EXFIRM /

	or this form, see 19190-45; the proport	ent agency is Unice	or the Deput Chief	of Staff for Personnel
LOCATION Baghdad, Iraq	4	11 May 04	1850137	FILE NUMBER - 0 4 - C I D 8 9 9 - 8 1
LAST NAME, FIRST NAME	MEDDLE NAME, 72-4166-4	SOCIAL SECURIT	YNUMBER	GRADE/STATUS CIV/Iraqi
CRGANIZATION OR ADDR	iraq (	76-4,66-4	<u> </u>	
	5	11141-		
Q. 678-1,6				OWING STATEMENT UNDER OATH:
	4,66-4	1	16-4,66-	4
Q. Is the statement you gave	ve on 07 May 04, translated by Mr.			nguist, a true and accurate
account of what happened	to you?			-8-24 2 114 224 114 114
	e-4,66-E			
Q. Did you see the individu	ual that was assaulting you in the bac	ck of the truck?		
A. When I fell on the floor	I could see a little through my blind	fold and noticed th		
	ription glasses that were white in col	OF.	1572-46	6-K
Q. Did you notice anything		tall		
Q. Did he have any facial	we combat boots on and was kind of		67e-466	- <b>(</b> -
A. No, none that I could se		-4	•	
Q. What injuries did you su		· •		
	strike to my right ear and side of fac	e, a large scratch o	n my left calf mus	cle, a strike to my left side of my
head behind my ear, a bruis	se and some scratches on my back an	ed a cut on the top	of my head.	
Q. Do you know who did th	his to you?	_		674-4,66-4
A. No, I never seen him bet		<b>(</b> -		
Q. Was he an American sol	dier?			
	76-4,66-4			DODDOACID-005163
	were in the back of the truck?			DODDOACID-003103
A. One soldier me and my r Q. Was your nephew injure		4,66-4		
	est and back, I could hear him crying		670-4,6	6-6
Q. Did the individual say at	aything to you?	, <b>1</b>	-	
	not understand English, then he start	ed kicking me. 🖥	170	-4,66-4
Q. Where you restrained wh	nile in the truck?			4 00 6
A. I was handcuffed with m	y hands behind my back, I was also l	blindfolded with so	ome green cloth ma	aterial. 576-466
Q. Why do you think this pe				
A. Don't know, I worked for the U.S. Forces for ten months and never had any problems with soldiers.				
A. It was the sergeant in charge of the cells at Camp War Eagle, a black male.  Q. Who took the cuffs and blindfold off of you when you arrived at Camp Cuervo?				
A. I don't know I was dizzy. 67C-4,66-4				
Q. Was the ride in the truck	bumpy?	-		
A. In the beginning but whe	n we left the camp it was not.	672	-4,66-4	
Q. Did you fall off of the beach in the back of the truck?				
A. I did not fall off, the soldier in the back drug me by my hair off of the bench and onto the floor.				
	ou received happen by accident?			
A. NO, the guy in the back of	of the truck was hitting me, pulling m ndividual in the back of the truck inju	y hair and kicking		121-4.664
A. No.	not victorial all the back of the duck bije	ше уоц:		676-4,664
_	ou wish to add to this statement?			-4 Hort
			- 576	, - <del>4</del> , Duri
EXHIBIT	INITIALS OF PERSON MAKING STATE	EMENT	9-	
				PAGE 1 OF 2 PAGES
ADDITIONAL PAGE	ES MUST CONTAIN THE HEADING	"STATEMENT OF	TAKEN AT	DATEDCONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE				
	TEMENT WILL BE CONCLUDED O	N THE REVERSE	SIDE OF ANOTH	ER COPY OF THIS FORM
- FORM	<del> </del>	DA ECODA 2022 4		<del></del>

STATEMENT Errord Reference source not found. Errort Reference source not	ound. Errori Reference source not found. (Continued)
A. I may need more medical treatment later. 576-411/6	-4
A.No. ///END OF STATEMENT///	
67C-466-4	1C4,66-E
·	
blet	
67 CMIBLE WATER	
VI LIDVALL	
WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE IN STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BEI	ITIALED THE BOTT BELLEVILLE CH PAGE CONTAINING THE
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEME	int.
Translated by: 678-466-46 -	(Signature of Person Meking Statement)
Su	bscribed and swom to before me, a person authorized by law star oaths, this11TH_day ofMAY2004
U.S Countractor, Translator at	Camp Cuervo, Bagkdad, Iran
ORGANIZATION OR ADDRESS	37846,00
SA.10	(Signature or Person Administering Oath)
	VIN E. WAHL
organization or address	(Authority To Administer Oaths)
INITIALS OF PERSON MARING STATEMENT	PAGE 2 OF 2 PAGES
FOR OFFICIAL USE ONLY	3
• • • • • • • • • • • • • • • • • • • •	DODDOACID-005164 EXHIBIT 12

SWORN STATEMENT U137-04-CID899-81742
For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.
LOCATION  CAMP FOR IN I rag 14664 12 May 04 1130  LAST NAME, FIRST NAME, MIDDLE NAME 6 SOCIAL SECURITY NOMBER GRADE/STATUS
LAST NAME, FIRST NAME, MIDDLE NAME O SOCIAL SECURITY NOMBER GRADE/STATUS
FIRGANIZATION OF ADDRESS  678-4,66-4
HHC 1-12 CAV, ICD, Backdad, Ivag
176-466-4
On May 6 7004 at approximately 1400 or 1500 I was instructed to as to
the detainer center and screen a detainer who was complaining of diarrhos Once
I got there the quand translator and myself entered the holding cell where
the detainer was lying on a matress. I proceeded to ask the detainer a ten
questions through the translator. The detainer states that he had had 3 or 9
episodes of diarrhan within the past 12 hrs the stated that there was no
if he had vomited and he said he hadnot. I then checked his blood pressure
and his pulse rate both of which were within the normal range. I palorted
his some abdomen region in which I found that he was tender in his bower s
left and lower tenter quadrant I also auscultated his abdomen and found
active bowel counts in his lower left and band middle guarant. The patient
touch with the aidstation and talked to 12T Tout I talk him what 672 &
I had tound and gave him all the intermation, and he told me to give the avoid some medication. The medication was Loperamide which is an
anti-diarcheal medication the medication was Logeramide, which is an
I to the hour for all it was for each hour office to charle the it
I the did as I was instructed and then I left and came back to bic
The aidstation Ald further contact was made by the detainer center to
the aidstation to. the remainder of my shift
1X SA
$\frac{\lambda}{\Omega}$
A: NO
Q: Did you observe any other injuries to the detainer?
A: All I saw was his stomach and I did not see any injuries
(cont)
EXHIBIT INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED."  THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE
INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE
TOR OFFICIAL PROPERTY AND THE DESIGNATION OF THE PROPERTY AND THE PROPERTY
DA FORM 2823  SUPER FOR STANDAY 0573   1 JUL 72  SUPER FOR SUPER FOR STANDAY 0573   1 JUL 72  DODDOACID-005165  EXHIBIT 1/3

ATEMENT (Continued)  Q: Did the detainer have any bruses or injuries on his head?  A: NO  Q: Did the detainer complain of any other pains or injuries other than dia hrea?  A: NO  Q: Doy on how anything you wish toadd to this statement?  A: NO  END OF STATEMENT 67C-466-4
Q. Did the detainer complain of any other pains or injuries other than diahrea?  A! NO  Q: Doyou have anything you wish toods to this statement?  Ai NO  END OF STATEMENT 676-466-4
Q: Did the detainer complain of anyother pains or injuries other than diahrea?  A: NO  Q: Doyou hour anything you wish toodd to this statement?  A: NO  END OF STATEMENT  676-466-4
A: NO  Q: Doy ou how anything you wish toadd to this statement?  F: NO  END OF STATEMENT  67C-4,66-4
A: NO  Q: Doy ou how anything you wish toadd to this statement?  A: NO  END OF STATEMENT  67C-4,66-4
Q: Doyou how anything you wish toold to this statement?  A: NO  END OF STATEMENT  676-466-4
END OF STATEMENT 67C-4,66-4
END OF STATEMENT/ 67C-4,66-4
57c-4,66-4
7706-6
MENDAVIT
AFFIDAVIT
HAVE READ OF HAVE HAD DEAD TO ME THIS STATEMENT
VHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. LEULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATE! NT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE
NO WITHOUT COERCION THIS STATEMENT PREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREA OF PUNISHMENT,
1372-4,66
672
WITNESSES: Signature or H. Say Meking tement!
Subscribed and sworn to before me, a p on authorized by law
to administer oaths, this 12 day of May 2004
ORGANIZATION OF ADDRESS
(Signature of Person Admyset ing Dath) 676-166
54
(Typed Name of Person Admin) and Leth
CRGANIZATION OR ADDRESS  Av + 136 UCM S
(Authority To Administer ths)
INITIALS OF PERSON MAKING STATEMENT
PAGE Z C Z PAGES

60.75

AGENT'S INVESTIGATION REPORT	0137-04-CID899-81702
CID Regulation 195-1	PAGE 1 OF 2 PAGES
DETAILS 67C-166	676-566-5
About 0830, 14 May 04, SA	name check results regarding SGT Camp War Eagle, Baghdad, Iraq, which revealed
	16-5,66-5 hoots from 11 T
About 0925, 16 May 04, SA Seized SGT A Co. 2/5 CAV. 1CD. 0	Camp War Eagle, Baghdad, Iraq, as evidence on
DA Form 4137 voucher number 401-04, 16 May 04	4.
About 0055 46 May 04 SA	11 Towns who rendered a sworn
About 0955, 16 May 04, SA statement detailing his storage of SGT	boots. (See Sworn Statement for details)
674-66-1	676-8-66-4
About 1015, 16 May 04, SA interviewed	A Co,
2/5 CAV, 1CD, Camp War Eagle, Baghdad, Iraq, will observation regarding the storage of SGT	ho rendered a swom statement detailing his 676-
observation regarding the storage of SGT	boots. (See Sworn Statement for details) $\beta_0$
About 1105, 16 May 04, SA interviewed	62-4.66-K
About 1105, 16 May 04, SA	1LT HHC, 2/5
CAV, 1CD, Camp War Eagle, Baghdad, Iraq, who re	endered a swom statement detailing his
knowledge of the condition and treatment of the det	ainees. (See Sworn Statement for details)
About 1620, 16 May 04, SA Salaminterviewed	672-4,06-4
About 1620, 16 May 04, SA	SPU who who provided a clean copy of his
sworn statement made on 11 May 04, which details	ons knowledge of the condition and treatment of
the detainees. (See Sworn Statement for details)	178-4.66-46
About 1025, 23 May 04, SA interviewed	676-4.66-4 I CPL
MI BN, Camp Ironhorse, Baghdad, Iraq, who rende	red a swom statement detailing his conversation
IVII BN, Camp Ironnoise, Bayridau, IIIaq, Wilo rende	160 2 3WOM Statement detailing the conversation
with the detainee. (See Sworn Statement for details	676-466-4
672-1,66-7 About 1205, 23 May 04, SA	
About 1205, 23 May 04, SA Cardinate interviewed CAV, 1CD, Camp War Eagle, Baghdad, Iraq, who r	endered a sworn statement detailing his
knowledge of the detainee's condition. (See Sworn	Statement for details)
reprovinge of the detailers a condition. (Coo office)	b7c-4,66-4
About 1220, 23 May 04, SA Dinterviewed	
CAV, 1CD, Camp War Eagle, Baghdad, Iraq, who r	
knowledge of the detainee's condition. (See Sworn	Piotomont for dotails)
676-1,66-1	67C-4,66-4
About 1230, 23 May 04, SA	
CAV, 1CD, Camp War Eagle, Baghdad, Iraq, who r	
knowledge of the detainee's condition. (See Sworn	Statement for details)
TYPED AGENT'S NAME AND SEQUENCE NUMBER	ÖRGANIZATION
170-1.66	38 <sup>th</sup> MP (CID)
62	Baghdad, iraq APO AE 09342
SIGNATURE	DATE
SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE	24 May 04 140.7E
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AGENT'S INVESTIG	ATION REPOR	ROI NUMBER	7 A4 OIDBBD B4789
CID Regulation		013	7-04-CID899-81702
	1.66-1		2 OF 2 PAGES
About 1250, 23 May 04, SA CAV, 1CD, Camp War Eagle, B knowledge of the detainee's cor	interviewe aghdad, Iraq, who ndition. (See Swon -(266-) coordinat	rendered a sworn stater Statement for details) ed with CPT	72-3156-3 Trial Counsel,
probable cause existed to believe and no further assistance was r	eve SGT	committed the offer	nse of Aggravated Assault
•			
	16-1		
TYPED AGENT'S NAME AND SEQUENCE	62-466-1 62-466-1	organization 38 <sup>th</sup> MP (CID) Baghdad, Iraq APO AE	09342
SIGNATURE	76-4,664	Z4 May OG	14 60.77
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For	SWORN STATEMENT use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Statistics February
LOCATION	Eagle I sag 4,66 16 Hay 04 0955 4,66-4  NAME NIDDLE NAME 5 SOCIAL SECURITY NUMBER 62 GRADE/STATUS
	NAME, MIDDLE NAME. B SOCIAL SECURITY NUMBER 62 GRADE/STATUS
ORGANIZATION OF	-5 Cav, ICD, Camp War Engly, Iraq 1866-4
	the property of the control of the c
	, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
	about 2200 hours on 14 MAY 2004, I went to
56T	about 2200 hours on 14 MAY 2004. I went to be 566 room to secure his boots. I went into his be-566
room_	with LLT as a witness, I secured 2 GG
the ho	pots in a lockable metal tat box with locks
that	conly I had keys for Lithen secured the box
	to the company arms room. At 0915 16 May 64
	cal Agent arrived to collect the boots from 676-
me	
12:5H	b7e-1166-1
A: ILT	676-4,66-4
Did a	syone else have access to the box where the boots were kept?
	1
L' 110	have anything you wish to add to this statement?
111 GN	ID OF STATEMENT/// 67C-4, 66-4
	678-4,66-4
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	EXHIBIT 15
	FOR OFFICIAL USE ONLY 674-4,66-4
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT
	PAGE 1 OF 2 PAGES
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INITIALED AS "PA	THE STATEMENT WILL BE CONCLIDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

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H BEGINS ON PAGE 1 AND ENDS STATEMENT IS TRUE. I HAVE INSTEMENT. I HAVE MADE THIS STATEMENT. I HAVE MADE THIS STATEMENT. UNLAWFUL MESSES:  BANIZATION OR ADDRESS	ON PAGE Z TFULLY UNDERSTAND THE CO. TIALED ALL CORRECTIONS AND HAVE INITIAL TEMENT FREELY WITHOUT HOPE OF BENEFIT. INFLUENCE, OR UNLAWFUL INDUCEMENT  Subscrit to administer at  School	NTENTS OF THE ENTIRE STATEMENT MADE BY ME. ED THE BOTTOM OF EACH PAGE CONTAINING THE OR REWARD, WITHOUT THREAT OF PUNISHMENT,  [Signature or reason Making Statement]  bed and sworn to before me, a person authorized by law oaths, this 1b day of May 20 oct    [Signature of Person Administering Oath]  [Typed Name of Person Administering Oath]  ATT 136 UCH

For t	use of this form, see AR 15		STATEMEN agency is Office		of of Staff for Personnel.
LOCATION	Easle, Ivaa	W [	DATE 16 Hey D4	TIME 1015 063	FILE NUMBER
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TNESSES:		70	Bushing of anomalia	ाबरबातकारी .
	<u> </u>	to administer caths	nd swom to before me, a po this 16 day of Nay 15ale, Trac	erson authorized by law 20 <u>04</u>
SANIZATION OR ADDRESS			7 2 4	b76-1,6
THE THE ST ADDRESS				P16-510
		(Si	gnature of Person	1970 dible
		SA		
SANIZATION OR ADDRESS	<del></del>	(Тур	ed Name of Person Adminis	rering Oath)
		Ar	136 UCM)	
			(Authority To Administer)	Daths)
ALS OF PERSON MAKING STATEMENT		176-4,6	6-4 PAGE 20	F Z PÀGES
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FOR OFFICIAL USE ONLY

DODDOACID-005172 EXHIBIT 16

45

•	SWOR	N STATEME	VIT	. 16
For use t	of this form, see AR 190-45; the propose		of The Deputy Chief	
LOCATION COMO WO	av Eagle Iraq, 4.464	16 Hay 04	11.05	FILE NUMBER
LAST NAME, PRET NAM	PANODLE NAME	SOCIAL SECURIT	Y NUMBER	GRADE/STATUS
ORGANIZATION OR ADE	APERE .		6	1LT/40
	av, ICD, Camp War		rag	
1,_	676-46	WANT	TO MAKE THE FOLL	OWING STATEMENT UNDER OATH:
On 5 M	y 2000 in the a	Phrneen.	around 1	400 ha, the 57
Captain	with the	selp of z	the scout	plateon and ok-
one s	niper team detain	-d 2 x	security	quards working
at FOR E	agle No force we	5 115.20	to detan	
security go	varie because there is		TOP MECES	
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not see	then that moon	<u> </u>	I was a	only made air
of the 53	husban of the det	Inece by	<u>a pho</u>	wolf from a
doctor at	one of the faci	liber a	fin da	w later Hothin
Follows	67E-4,66-4	61C 464	-4	DODDOACID-005173
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EXHIBIT	INITIALS OF PERSON MAKING STA	TEMENT	615	PAGE 1 OF 2 PAGES
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676	4,564	<b>.</b>	
STATEMENT OF	TAKEN AT Compubitagle	Fine NUMBER:	•
STATEMENT (Continued)		DATED 16 Hay 04 - CONTIN	UED:
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A: 1LT 678-6	-,66-4	<u> </u>	-01 /02
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Q. Did either of the	Retainees lesist	apprehension!	
	<del></del>		
Q. Did either of the de	tainees have any u	isible bruises orwoi	ands
THEN YOU LAST SAW TO	ein?		
A. Na	·		
Q' Did either of the deta	since's tell you they	were hit or bud bee	n laurt 7
X, 140			Ì
Q: Do you know to ho was	worden stadens	at lane marine line and a series	
i Trunsonrypa ·	Darair & The Ble lactifice	THE MANUEL THAY WERE	<del></del>
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A: No	ything to This sta	toment c	<del></del>
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WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2 THE STATEMENT IS TRUE. I HAVE INITIALED ALL C	I STRIVINIDED CTANK THE CONFIDE	TO AC TUC CRYING ASSESSMENT ASSESSMENT	
STATEMENT. I HAVE MADE THIS STATEMENT FRE AND WITHOUT COERCION, UNLAWFUL INFLUENCE,	er von Cernin en 196 de beweelf ab 8	EWARD, WITHOUT THREAT OF PUNISH	MENT,
	OR UNLAWFUL INDUCEMENT.		b76-4,66-
• .		1	/'- `
WITNESSES:		alking Statement)	
	- Subscribed &	nd sworn to before me, a person authori	zed by law
	to administer onths	, this 16 day of May , 20 00	<u>*</u>
ORGANIZATION OR ADDRESS			576-1,66-1
	(SI	gine of Person Admit	674-1,66-
	s4 <b>9</b>	and Substitute	
ORGANIZATION OR ADDRESS		ed Name of Person Administering Oath)	
THE STATE OF THE S	A	CT 136 UCM.)	
		(Authority To Administer Oaths)	
INITIALS OF PERSON MAXING STATEMENT			
	676-4,66-1	PAGE 2 OF 2	PAGES
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FOR OFFICIAL Val will

DODDOACID-005174

EXHIBIT 17

91,37-04-CID899-81,702

S.V.	VORN STATEMENT	17/04/16
SV For use of this form, see AR 190-45; the pr	oponent agency is Office of The Deputy Ch	niet of Staff for Personnel.
LOCATION Camp Wervo, Ivag	DATE TIME 16 20	FILE NUMBER
LAST NAME, FIRST NAME, NEODLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS 676-4,64 SPC / 4D
ORGANIZATION OR ADDRESS HSB 1/82 FA 1CD, Bash	rdad Ivag	DODDOACID-005175
670	4.66.4	LLOWING STATEMENT UNDER DATH:
ON About MAY 4 OF MAY 7 TWO	defainess A Young one A	MA OLGER ONE CAME.
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the Detrivers to these coll. Se		
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I then told him to put his har		
AN SPARAL TIS 1655 HE did so bu	H Ha Complaned Hus Side	
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T	115 Shows SEARCH his	
Him I NEEded to SEABCH his		
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like NEGO to log that Bright."	set soid yeah	1st M6 SEGIT- I 67C-
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to los it. I ask what coll you	WANTED IN SOF	HE SAID COIL 3'67
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FOR the other DETAINER Wh	o inas atsige on s	stand by HE CAME
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like they got who av I don't	+ Remember His Rec	ly - but the old man
Entered the DOOR HE HAD a	on a buffon up calo	R Shrit ON I 676-4,9
COULD PARKY SEE NO ING	by Gxcapt For Him	limpin As
Sloching Downword . I mon	you could 1611 by H	16 WAY the old MAN
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LINFO OUT AND THE STATEMENT WILL BE CONCL		

670-4,66-4

01: -04-CID # 99-8 : 7.02 FILE NUMBER:

STATEMENT OF TAKEN AT COMP CUENCY DATED 16 May 04 CONTINUED
this Hands on the well the ald MAN JAIN HE couldn't His ARM
was turting. So I thin told them to put this good ARM on the wal
I Notice the Bruss on his les an told get Then I broke
Continued on Spirit these two Right Here Are ficked up we was
TO THE TYPE OF THE PERF OF THE BLOCK BLOCK BLOCK BLOCK
After the took off his shows an there it was look like a hongre
Coming Dano on A looking wasty on his shoulder. I told set
said Hold up looked of it was to the aller
+ peleause the CALLED the MEDIC Stud the would be do
THE WAY WAY WAY WAY OF THE TOTAL OF THE PARTY CONDITIONS
KN WE DOX HIM IN THERE FILL THE MEDICE CAME
Q. 5A 67K-1,66-1
A: SPC 67-4.66-4
Q: Did you see anyone in the truck with the detainees?
<u> </u>
Q. Did either of the detainers soy they received their injuries
A They didn't toll ME WHERE
Q: Dothe totainess in 1
R. Did the detainees say when they were injured? A: I'm not suas
Q'. Were any other guards present when the detainers arrived?
A.NO
Q: Who was the doctor who treated the detain ees?
A: Lt But I'm Not SURG
Q. Have you learned anything new regarding the detainces injuries
Since 11 May 04?
AINO
Q' Do you have anything you wish to add to this statement?
161-4
END OF STATEMENT 1
FOR OFFICIAL USE DALY
4.66-4
NITIALS OF PERSON MAKING STATEMENT: PAGE OF PAGES PE

DODDOACID-005176

EXHIBIT 18

676-466-4 . LE NUMBER: DATED 16 May 64" CONTINUED: STATEMENT (Continued) 0137-04-CID899-81702 bz Egg DODDOACID-005177 AFFIDAVĪ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OF REWARD WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT (Signature or Person WITNESSES: Subscribed and sworn to before me, a person authorized by law to administer oaths, this /6 day of May . 20 09 at Cama Cuerus Trag ORGANIZATION OR ADDRESS Signatura of Person Adm ing Oath) (Typed Name of Person Administering Oath) ORGANIZATION OR ADDRESS 136 UCMJ (Authority To Administer Caths) INITIALS OF PERSON MAKING STATEMENT **PAGES** 67c-4.66-4

FOR OFFICIAL USE ONLY

EXHIBIT ..

SWO	RN STATEMENT
For use of this form, see , 30-45; the propon	ent agency is Office of The Dej Chiaf of Staff for Personnal.
LOCATION CAMP I replace	PAGE INVESTIGATION OF THE PROPERTY OF THE PAGE IN THE
LAST NAME, FIRST NAME, MIDDLE NAME	3/19/04 -09:15 SOCIAL SECURITY NUMBER 01 S GRADESTATUS
	E-4 676-466
ORGANIZATION OR ADDRESS	Tim-Lace Trans
A GO 312 MIBN, Camp	61-4
010	WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
that I questioned	WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: 100 07 / 100 2004
was inprocess	ed to the first Brigade holding 676
area of the first calvary	division on about 06 May 2004
ac 07 M, 2004 where he	was made cally screened and then
questioned by my self.	had bruises on his by 6
forehead and on his knoc	. He was brought in by 2-5
Car from Comp Engles	told me that by
he was placed in a cell	for two or three days and
	- day that
+ har relation that was u	1th him were transported to
the BHA, they was la	aded on to as EMTH after
being blinded. Two lade	widness 6 hindfolded + h- 676-4,66
Subjects One was a mast	er sergeent or above and the
other was a PFC or b.	clave One person got on to
the LMTV with the de	tapacs. did not 670-66
see who this person was.	This person began to beat
earl his re	latine during the convoy 676-4,66
towards Camp Currue	<del></del>
Q: SA 67C-1,66-1	
A. CIL 67C-1966	
Q. Did the detainer state	he received any of his injuries
wile at Camp Eagle!	5/2-4
A. Stuted the	+ he received his injuries on 35
the way to Comp ( worked	2
	se how he received his injuries!
A Said that	he was beaten, 67 C-4, 86-4
Q: Did he say who beat his	m & 67C-46666
	(CDRT)
EXHIBIT INITIALS OF PERSON MAXIMORETA	TEMENT 57C-466-4 PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADII	
	THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE TIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE
LINED OUT, AND THE STATEMENT WILL BE CONCLUDED	ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823

SUPERSEDES DA FORM 2823, 1 JAN 68. WHICH WILL BE USED.

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170	Com Trouba	AC ITLE NUMBER:	10003-81
STATEMENT OF T	AKEN AT Every	DATED 23 Hay 04 = 1	NUED: 4
		•	674-100
A. The person who got	sto the LMTV	with	and
his relative beat the	m.		
who this was		624 G (4	specifically
D' D. ( )		b16-4966-4	
Q: Did he say if he rec	eived any of	his injuries att	er
aldiving a- Camo C	vervo?	J	
ki No he did not.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
D'D			
G. Do you have anything , I'm The crime that	you wish to a	edd to your staten	rent ?
to The crime that		and a series of the	11 1678
nat seem file in t	1 -1	· L	ara yr
not seem fitting to	Ats Charac	THE FLYNS P	· <u>· · · · · · · · · · · · · · · · · · </u>
Lealition Forces, and	retained the	1 statiment who	e bedage
- questioned by payer 1.			<b>-</b> ].
2. Do you have anything you	wich in add	T) 000 1 Free 200 4	7
1. 11.	MANUAL WAY	CO YOU STUTENT	7
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11 END OF SIX	IEMEIUI/	67C-47	66-4
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A	ALMINI MAIDE LIE BEWEELL U	R REWARD, WITHOUT THREAT OF PL	INING THE
AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR U	NLAWFUL INDUCEMENT.		10-4,66
•		b	10 11
· ·			·
WITNESSES:		Signature of resident ting Statem	t) .
	Subscribe	ed and awom to before me, a person a	nortzed by law
	to administer of	oths, this 23 day of May , 2	04
		7 70000000	67C-1166-1
ORGANIZATION OR ADDRESS			<b>*</b> • • • • • • • • • • • • • • • • • • •
		(Signeture of Person Adminis	1 56
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	5h		
ORCANIZATION OR ADDRESS		Typed Name of Person Administering	th)
ORGANIZATION OR ADDRESS		for 136 DEMS	
		(Authority To Administer Caths)	
PAITIALS OF PERSON MAKING STATEMENT	······································	14-466-4	
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For use of this form, see . 90-45; the proponent agency is Office of The De Chief of Staff for Parsonnel.
LOCATION DATE TIME 0187 FILE RUMBER D899-81 Comp Wav Early I vag 23 May 04 1205 676-4.66-4
LAST NAME, FIRST NAME, MIDDLE NAME  SOCIAL SECURITY MUMBER  GRADE/STATUS  CPL/AD 57-4
H.HC, -2.5 Cav ICD Camp War Earle (Irag
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
UN 1 MAY 04 From the hours of passaged orgo
I worked at the detainer Cell. While I was there I did not witness Any mistreatment of detainers
or notice any signs of distress. Detaines were have
very professionally and they were cooperative.
Q: 54 57C-1,66-1
A. CPL 1996-14,66-14
O. Did the detainces complain of any injuries while you were on shift?
4. NO
Q: Did you notice any preexisting injuries on the detainee?
A. NO
Q: Were the detainees combative or resisting during your shift?
Q: Did you assist in loading the detainces for transport?
A. YES while they were bound and blindfolded I quided
them to the VEHICLE FOR TRANSPORT
for transport or loading?
A: NO
Q: Was it necessary at anytime to forcibly move the detainees?
A: NO
Q: Who bound and blindfolded the detainees for transport?
1. MSG 516-4,66-4
A: NO
IN END OF STATEMENTING MENERGE
EXHIBIT INITIALS OF PERSON MAKING STATEMENT 6764
EXHIBIT INITIALS OF PERSON MAKING STATEMENT 576-11 PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OFTAKEN ATDATEDCONTINUED."  THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGEOFPAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

SWORN STATEMENT

DA FORM 2823

SUPERSEDES DA FORM 2823, 1 JAN 68. WHICH WILL BE USED.

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	to admini	bacilbed and aworn to before me,	s person's horized by law  Ay , 2  O'
	to admini	bacribed and swern to before me, ster cathe, this 23 day of Camp War Ear le	a person a horized by law
GANIZATION OR ADDRESS	to admini	bacribed and awarn to before me, ster caths, this 27 day of the Camp War Earle	a person a horized by law  Ay ,2  Trag  178-11
GANIZATION OR ADDRESS	to admini	bacribed and swern to before me, ster cathe, this 23 day of Camp War Ear le	a person a horized by law  Ay ,2  Trac  178-11
GANIZATION OR ADDRESS	to admini	bacribed and swern to before me, ster cathe, this 23 day of Camp War Ear le	a person a horized by law  ay 2  178-11  178-11  178-11  178-11  178-11  178-11  178-11  178-11  178-11  178-11
GANIZATION OR ADDRESS  GANIZATION OR ADDRESS	to admini	ster caths, this 23 day of Camp Way Ear le	s person a horized by law  ay 2  172-(1  172-(1  172-(1  173-(
GANIZATION OR ADDRESS GANIZATION OR ADDRESS	to admini	SA  (Typed Name of Person Administrative Country Count	s person a horized by law  ay , 2  OH  L78-(1)  Ministering (m)  CM )
GANIZATION OR ADDRESS  GANIZATION OR ADDRESS  IALS OF PERSON MAKING STATEMEN	to admini	Ster caths, this 23 day of the Camp Way Ear le  (Typed Name of Person Administration of the Camp Way Ear le	s person a horized by law  ay , 2  OH  L78-(1)  Ministering (m)  CM )

FOR OFFICIAL USE ONLY DODDOACID-005181 EXHIBIT - O

For use of	SW this form, see . J0-45; the pro	ORN STATEME	NT s of The DeCt	nief of Staff for Personne	اد
LOCATION Camp War		DATE 23 May 04	TIME 12:20	FILE NUMBER	ξ
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Lank everythin	e At that Home	Machen B	A 1. 30 P S (18.15)	P.+ 4	e 672-46
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that leas the	b7C-1, 1	Have 8001	n Hoem		
Di Did Ha C	tainees complai		دراه در عدد	le vou were o	11/47
No	e-lainees compai	VI DE BENY IN	14123 WA	te you ware a	WO NIFE:
	xice any pre-xis-	ting injurie	son the	detainees ?	
#: M/D	, '	· · · · · · · · · · · · · · · · · · ·		·	
	detainees combati	ve or resist	<u>ring: durin</u>	g your shift	?
ci No	<u> </u>		ρ - mai	0 - + 7	<del> </del>
Did you as	sist in loading th	the delener		144 67E-	466-4
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	ecessary at any t	time to for	cibly inoue	thedetaine	<u>es ?</u>
:NO					
Do you had	re anything you	wish to ad	ld to your	statement	-(
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		WOL INDUCEN	67C-46	6-4
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NESSES:			muse of Person Making Staten	n <del>1</del>
1123029.		Subscribed an	f nd awom to before me, a person	a horized by law
	· · · · · · · · · · · · · · · · · · ·	to administer ceths,	this 23 day of How	2 04
		atcamp	War Eagle, Iraq	
SANIZATION OR ADDRESS				b7c-1,66
			majore of Person Admir 199	£ 5,
				670-1,
		5.4		0 / /
		Туре	ed Name of Person Administering	`ui)
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EXHIBIT 21

Fo		ORN STATEME ponent agency is Office		ief of Staff for Repaymen	4
LOCATION	Wartagle, Iraq	DATE 23 May 04	TIME 12-3	FILE NUMBER	
	T NAME, MIDDLE NAME	SOCIAL SECURI	TY NUMBER	GRADE/STATUS SPC /40	67-40
ORGANIZATION C	S Cav. ICD, Camp U	DOVE SOL I	0137	- 04 - CIV8	99-817
14.10,-2		1 me Halland	<u>.</u>		
1 On the	7th May 2004	detainers	)	cought inte	
the deta		2030 while		<del></del>	1 75
men th	not were brought	- in were	in goo	d hralts 1	and
Not vec	L -11 a 1	were put		cells and	
naheara	TO THE LUICS OF			om 0200-6	<u> </u>
CPT Fram	a VIZ CAV. PFC	and o	earigation	Delainee.	They or
PFA P	and CPL	took ove	- II		4.66-4
Q: 54	676-1.6		· 150- 12	CON COL	1,00
4: SPC	b7€-4,6	-			
	he detainees compl	ain of any	injunes w	hite you were	00
Shitt?		<u>;</u>	· · · · · · · · · · · · · · · · · · ·		<del></del>
4. NO				lataliana T	<del></del>
1 No	o notice any preexi		<u></u>	<del></del>	<del> </del>
A: No	the detainees com	· .	<b>y</b> .		hitt T
Q: Did you	assist in preparing-	the detain	iees for t	ransport?	
A. No			1 4	<u> </u>	
4: No you	have any thing you	wish toa	dd to you	statemen	
1/18	END OF STATE	EMENT		674-4,66	-4_
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## PHOTOGRAPHIC PACKET

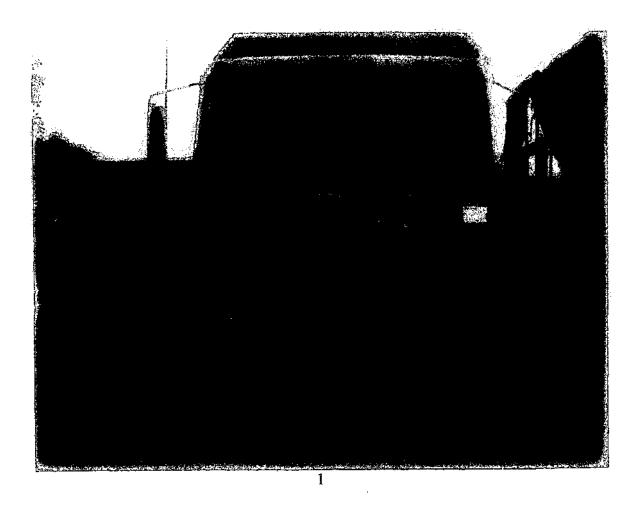
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1.	Photograph depicting front of LMTV used to transport detainees.
2.	Photograph depicting rear of LMTV used to transport detainees.
3.	Photograph depicting mark on Mr. wack.
4.	Photograph depicting mark on Mr. Barbard back.  Photograph depicting mark on Mr. Barbard back with scale.
5.	Photograph depicting mark on Mr. Barbard back with scale.  Photograph depicting mark on Mr. Brown forehead.
6.	Photograph depicting mark on Mr. Photograph depicting injury on Mr. Photograph depicti
7.	Photograph depicting bruise on Mr. Pright temple. 67466-4
8.	Photograph depicting injury on Mr. Pleft calf. 676-4, 66-4
9.	Photograph depicting injury on Mr. left calf with 67C-466-46 scale.
10.	Photograph depicting Mr. 676-4766-4
11.	Photograph depicting swollen area of right collarbone of Mr. 61c-466-4

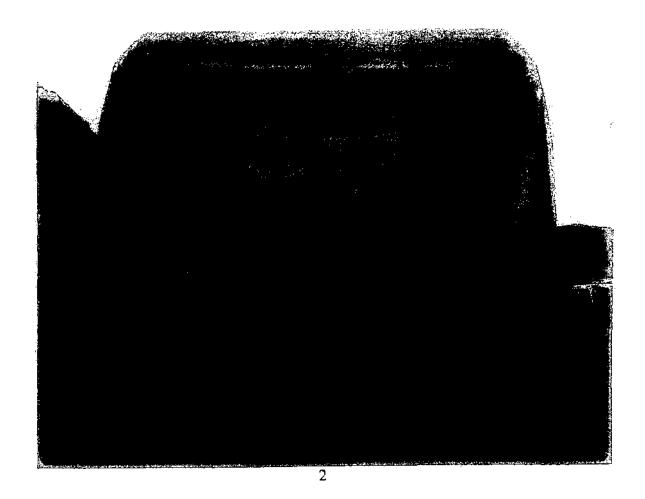
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Exhibit 24 00.97



For Official Use Copy

DODDOACID-005189



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J. SO

CD

DODDOACID-005191

11. EXH. BIT 25

CRIME LAB EXAMI For use of this form, see AR 19: United States Army Crimin	5.6" the proponent agency is the	37-04-CID	199-81702
	FROM: (Include Zip Code)	RECEIVED	RETURNED
TO: (Include Zip Code) Director US Army Criminal Investigation	Special Agent-in-Charge 38th MP (CID)	REGIS MAIL	REGIS MAIL
Laboratory 4553 N 2d St	22 <sup>nd</sup> MP BN (CID) APO AE 09342	RY EXP	RY EXP
Forest Park, GA 30050-5122	bre-1,66-1	HAND	HAND
		DATE	DATE
ATTN: Latent Print Division	E-mail: \$\$\text{\$	RECEIVED BY	1
Imagery and Technical Support		EVIDENCE	RECEIPT
	676-1,66-1	RECEIVED	INITIATED
	2. INVESTIGATOR'S NAME	3. AUTOVON AND P	HONE NUMBER
1. CONTRIBUTOR CASE NUMBER 0137-04-CID899-81702	SA SA	DNVT 551-	676-1,66-1
4. SUSPECT(S) (Last, first and middle name	e(s))		
576-	5,66-5		
5. VICTIM(S) (Last, first and middle name(s			
674-4,	664		
	7. ONE COPY OF EVIDENCE RECEIPT	8. OTHER EVIDENC	E PREVIOUSLY
6. TYPE OF OFFENSE Aggravated Assault	ENCLOSED WITH EVIDENCE	SUBMITTED ON THI	S CASE
	Ø YES □ NO	☐ YES	MO
9. IF 'YES' IN ITEM 8, LIST OTHER SUSP	ECT(S), DATE SUBMITTED, UNIT CASE AN	D LABORATORY REFE	RRAL NUMBER(S)
ļ			
	10 EVIDENCE SUBMITTED	<u> </u>	
a. EXHIBIT	b. DESCRIPTION OF EX	HIBIT	
1 Boots (Item	# 1. Document # 401-04)		
<b>P</b>	# 2, Document # 401-04) # 3, Document # 401-04)		
Poota (Ttom	# 4 Document # 491-04}		
5 Compact dis	c containing photographs	of marks found	l on victim.
ļ			•
Total Andrews			
DA 1 FORM 3655	REPLACES DA FORM 3655-R 1 NOV	70 WHICH IS OBSOLET	111

\_\_\_\_

EXHIBIT

_	
	10. EVIDENCE SUBMITTED (Continued)
a EXHIBIT	b. DESCRIPTION OF EXHIBIT
	01.37-04-CIL699-81702
11. EXAMINATION(S	S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining, evaluating or
SYNOPSIS: (see a Latent Print Division Attempt to identify w	ttached Initial Report 0137-04-CID899-81702)  1: Request your office EXPEDITE examination of Exhibits 1 through 4, and compare with Exhibit 5.67C whether the latent impressions. Expedited examination is requested that is of detained investigations.
Please conduct any	other examinations you deem appropriate.
	Evidence above has not been examined by another expert in the same scientific field
TYPED/PRINTED NA	ME DE REQUESTER . LOCALATION DE LA CONTRACTION DEL CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DE LA CONTRACTION DEL CONTRACTION DE LA
Special Agent	676-1,66-1 18 May 04
	The state of the s

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EXHIBIT 5/2

]	E.	VIDENCE/PROPERT - A STODY D	OCUMENT	0137-04-CID879
		in k timm see AR 145-45 and AR 195-5, the proper projection Command		80 REPORT CID ROLLINESS 81702
1	UNIO ACTIVI		ESENTION /	
2<	SMYA	(1D) 676"	Bachded, ADDRESS Mediane Zip Confe-	L reig
		O TITLE OF PERSON FROM WHOM RECEIVE	4 Co Z-5 Ca	- 
_'	OWNER /	GRANNE OWILL ACE Z-5 CO	4 C 2 - 5 CA	- I- Tura
	7 2 CHER	Complian Engly, Ivag	, 627-047-5-1-1-2	<del></del>
		HERE OBTAINED	REASON OBTAINED	TIME DATE OBTAINED
		ox, coms room, ACE, ESEA sle, Iraq	Evidence	0925-0940! 16 Hay CLI
fili-M Sc	LGUANTITY	cinciade mode	DESCRIPTION OF ARTICLES  It, serial number, condition and unusual ma-	ks or scratches
<u> </u>	17410	Boots, Brown incolor, leather	and doth in construction	11 3120 177 a +h
{ '	1 1 -	insolve bearing "AIS 1-9	1 187 10505 inside Tord	west both boots, Boots raken
	<u>:</u>	In used and worn zondition.	Haved for Identification (t	(FID) on topedist of tonge of
		both bootswith 0975		
~ Z	1 pair	Boots breezes in color leather	and clothin construction.	size 14R, with insole?
	,	MEID ontop edge of tongue of 1	ive tangue at both boots. Be	6 tley 04.
·3	Ipair	Boots brown in color leather on bearing manufacturers label inside	idelath in construction, siz	e 10,5 kd, with in solos
		bearing manufacturers label inside	rangue of both both with	PILMONEUM ON TO EXECUTE TOMES
		Of both boots.	idital file of Diss	DIEMay 64 on top edgref tongers
7.	1,79.0		and cloth inconstruct	ion size 12.5 R with
4		lusdes bearing manufacturers le	bel inside rop of legal Bast u	U:+6 "500, 376, 6978", 12341756"
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		In Garage		
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THEM	DA1F	Th	DECCUSED DAY	PURPOSE OF CHANGE
NO		RELEASED BY 676-3,66	1161,66	OF CUSTODY
	16	SICK	SIGNATURE	Evaluation
1-4	May			6664 Evidence
	04	MANUFORADBOIL HTLE-16-3/66-3	THE RESERVE OF THE PARTY OF THE	4664 ENDERICE
		ILT	54	Release to Evidence -1,66 Custodian
	17	SIGNS and a second interpretation of the second second	SIGNATURE SECTION OF THE SECTION OF	Eller to
1-4	play	NAME OF THE PROPERTY OF THE PARTY OF THE PAR	NAME, DROUGESTANDIGEST	- Holinstadian
' '	04	54	5A 670	-1/12
· · ·		SIGNATURE	SIGNATURE	
		672-1,66-1		
		NAME: GRADE OR TITLE	NAME, GRADE OR TITLE	
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		NAME, GRADE OR TITLE	NAME, GRADE OR THE	
DAFOR		Replaces DA FORM 4132 1 Aug 24 and	1 OC ATION	DOCUMENT 401-04
140	76	DA FORM 4137-P Privacy Act Statement 26 Sep 25 Which are Obsolete	LOCATION	- amer
		end fit	ICIAL USE ONLY	EXHIBIT_7]
		PUR UIT	Parating man	EXMEN

DATE: 13 MAY 2004

FROM: SAC 38<sup>TH</sup> MP DET (CID)(DSE)

TO:

DIR, USACRC, USACIDC, FT BELVOIR, VA

CDR, USACIDC //CIOP-ZA// CDR, 22<sup>ND</sup> MP BN (CID) //OPS// CDR, 3D MP GRP (CID) //OPS//

PMO, 1CD //PM// SJA, 1CD //SJA//

SUBJECT: CID REPORT OF INVESTIGATION-INITIAL - 0137-04-CID899-81702-5C1J/5Y2E1

DRAFTER: SA RELEASER: SAC b7e-1,66-1

UNCLASSIFIED - FOR OFFICIAL USE ONLY

1. DATES/TIMES/LOCATIONS OF OCCURRENCES: 07 MAY 2004/0845 – 07 MAY 2004/1030; BETWEEN CAMP WAR EAGLE AND CAMP CUERVO, BAGHDAD, IRAQ

2. DATE/TIME REPORTED: 09 MAY 2004, 1100

3. INVESTIGATED BY: SA

SUBJECT: 1. SGT M; BLACK; A CO, 2/5 CAV, 1CD, CAMP WAR EAGLE, BAGHDAD, IRAQ; CT; (FORT HOOD, TX) [AGGRAVATED ASSAULT]

67e-5,66-5

 VICTIM: 1. , CIV; CAPTURE TAG# M; OTHER; HAI BETOOL, BAGHDAD, IRAQ; ZZ; AGGRAVATED ASSAULT

CIV; CAPTURE TAG# M; OTHER; BAGHDAD, IRAQ; ZZ; (NFI) [AGGRAVATED ASSAULT]

67E-4,66-1

6. INVESTIGATIVE SUMMARY: THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY CHANGE PRIOR TO THE COMPLETION OF THE INVESTIGATION.

THIS IS AN "OPERATION IRAQI FREEDOM 2" INVESTIGATION.

ON 09 MAY 04, THIS OFFICE WAS NOTIFIED BY MAJ HEADQUARTERS, 1-12 CAV, 1st BRIGADE (BDE), 1st CD; CAMP WAR EAGLE, BAGHDAD, IRAQ THAT TWO DETAINEES RECEIVED INJURIES WHILE BEING TRANSPORTED FROM CAMP WAR EAGLE TO CAMP CUERVO.

PRELIMINARY INVESTIGATION REVEALED ABOUT 0845, 07 MAY 04, TWO
DETAINEES, MR. AND MR. WERE BLIND FOLDED AND
PLACED INTO HANDS FLEXICUFFED BEHIND THEIR BACK AND LOADED
ONTO A LIGHT MEDIUM TACTICAL VEHICLE (LMTV) TRUCK TO BE
TRANSPORTED FROM CAMP WAR EAGLE TO CAMP CUERVO. SGT
WAS THE ONLY GUARD IN THE BACK OF THE TRUCK WITH
MR. AND MR. WHEN THEY DEPARTED CAMP WAR EAGLE. 67C- 66C-

ABOUT 1030, 07 MAY 04, THE TRUCK ARRIVED AT THE 1<sup>ST</sup> BDE HOLDING FACILITY, CAMP CUERVO, BAGHDAD, IRAQ AND THE DETAINEES WERE BROUGHT INTO THE FACILITY FOR PROCESSING. SPC.

HSB, 1-82 FIELD ARTILLERY (FA), CAMP CUERVO, BAGHDAD, IRAQ BROUGHT THE TWO DETAINEES INTO THE FACILITY AND RELEASED THEM FROM THE FLEXICUFFS AND BLIND FOLDS AND STARTED THEIR INPROCESSING WHEN HE NOTICED THE DETAINEES HAD BRUISES AND BLIND FOLDS AND MR HAD A LARGE BRUISE ON HIS BACK AND MR COULD NOT LIFT HIS RIGHT ARM AND HAD WHAT APPEARED TO 672.46 64

ON 11 MAY 04, THIS OFFICE INTERVIEWED MR WHO PROVIDED A SWORN STATEMENT DETAILING THAT WHILE HE WAS IN THE BACK OF THE TRUCK TRAVELING TO CAMP CUERVO THE GUARD ATTACKED HIM BY PULLING HIM BY HIS HAIR OFF OF THE BENCH AND THEN STRUCK HIM SEVERAL TIMES CAUSING HIM TO SUSTAIN A FRACTURED COLLAR BONE.

ON 11 MAY 04, THIS OFFICE INTERVIEWED MR WHO PROVIDED A SWORN STATEMENT DETAILING THAT WHILE HE WAS BEING TRANSPORTED THE GUARD IN THE TRUCK HIT HIM ON HIS FOREHEAD, CHEST, BACK AND PUSHED HIM ONTO THE FLOOR WHERE HE HIT HIS KNEE.

ON 11 MAY 04, THIS OFFICE INTERVIEWED 1LT BATTALION SURGEON, SHEET BATT

CONTINUING EFFORTS ARE BEING MADE TO LOCATE AND INTERVIEW THE TWO GUARDS ON SHIFT AT THE HOLDING FACILITY, CAMP WAR EAGLE, BAGHDAD, IRAQ THE MORNING THE DETAINEES WERE TRANSPORTED.

RANSPORTED.

REQUEST A USACRC NAME CHECK BE CONDUCTED ON SGT

INVESTIGATION CONTINUES BY USACIDC.

- 7. COMMANDER ARE REMINDED OF THE PROVISIONS OF AR 600-8-2 PERTAINING TO SUSPENSION OF FAVORABLE PERSONNEL ACTIONS AND AR 380-67 FOR THE SUSPENSION OF SECURITY CLEARANCES OF PERSONS UNDER INVESTIGATION.
- 8. CID REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF PROTECTIVE MARKING IN ACCORDANCE WITH CHAPTER 3, AR 25-55.

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		DUENCE NUMBER 17-04-CID044-8170	2
DATE NOTED	PLANNED ACTIVITY	SUSPERSE DATE	DATE
9 May	ID/Intv guards on duty at War Eagle Detention Facility		23 May
	At time of release ID/intv both detainees		11 May
	ID/Inty receiving guards at Cuervo Detention Facility		11 May
	ID/Intv receiving guards at Cuervo Detention Facility		11 May
	ID/Intv CPT ID/Intv SGT	<del> </del>	11 Hay
11 May	1D/Intv 1LT		11 May
	IDAnty CPT	·}-	11 May
	ID/Inty SGT 196-4 ID/Inty CPT 196-4		11 May
	ID/Inty CPT		16 May
	ID/Intv CPL 57 -4, 664  ID/Intv SGT 57 -4, 664  ID/Intv SPC 57 -4, 664  ID/Intv MSG 57 -4, 66-4		Z. Hay
	1D/Intv SGT 4, 664		9 May
	ID/Intv SPC		9 May
	ID/Intv MSG		9 May
	ID/Photo/FP/Intv SGT		9 May 14 May
Z4 Hay	Close FINCE;		
	·		
Circle Last N		Last Nane	Date Issued
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V W			
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Film submitted for	contact sheet Contact sheet submitted for p	shotos	
CPT .SI CPT .SI MAI O I-1	heity / Person 4 6 5 531- 531- 531- 531- 531- 531- 531- 53	ACTIVITY	1 divisiony 5 day days 5 day days 10 day days 15 day days
	ACTION WANTED	REPOUNDED FINALS FINALS MALS	15 diffy digo 30 work days 30 work days

TIME DATE AND AGENT

L10-166-1

17e-8,66-1

1100,09 May 04 /

1330, 09 May 04

BASIS FOR INVESTIGATION: About 1100, 09 May 04, this office was notified by MAJ

Headquarters, 1-12 Calvary, 1" Brigage of Carvary Division (CD), Camp War Eagle, Baghdad. frag that two detainees received injuries while being transported from Camp

676-46

War Eagle to Camp Cuervo.

bre-1,66-1 About 1330, 09 May 04, SAI interviewed MAJ who related

he had conducted a AR 15-6 investigation into the inches that it be had conducted a AR 15-6 investigation into the inches that it be seen detailed were assaulted by SGT 67C-5786-5 appeared the two detainees were essaulted by SGT A Co 2/5 Calvary, 1st CD, Camp War Eagle, Bagridad, Iraq while he was quarding them in transit from Camp War Eagle

provided a copy of the 15-6 investigation, 6 7 to Camp Cuervo. MAJ which also contained statements from the detainees.

1500, 09 May 04

1640, 09 May 04 /

67C-1+66-1

1750, 09 May 04 /

676-1,66-1

1755, 09 May 04

678-1,66-1

1900, 09 May 04 696-1,66-1 About 1435, 09 May 04, SA inter

C Battery, 1-82 Field Artillery (FA), Camp War Eagle,

Baghdad, Imaq who was the driver of the truck. SGT provided a 672-466-4

sworn statement detailing the events that happened on 07 May 04. (See

Sworn Statement for details)

About 1500, 09 May 04, SA interviewed MSO HHC, 2/5 Calvary, 1st CD, Camp War Eagle,

r transport. MSG 67C-2,66 Bachdad Iraq who released the detainees to SGT

provided a sworn statement detailing the events that happened on 672-3,66-3 07 May 04. (See Sworn Statement for details) 676-5,66-5

About 1640, 09 May 04, SA advised SGT on this legal rights which he waived and was interviewed until 1700 when he invoked his right to counsel and the interview was stopped. (See AIR for Details)

670-1,66-1 About 1750, 09 May 04, SA interviewed SPC

A Co, 115th FSC, Camp War Bagle, Baghdad, Iraq who was provided a sworn statement detailing 670 66-9 the TC in the truck. SPC what happened on 07 May 04. (See Sworn Statement for details)

About 1755, 09 May 04, SA interviewed CPL C Battery, 1-82 FA, 1st CD, Camp War Eagle,

Pelated there was no formal schedule of who had duty and but because there were several units that should be the several units that Baghdad, train regarding who was on guard duty the morning of the incident. he was unsure who had it because there were several units that share that detail.

bre-1,66-1 674-466-4 coordinated with MAJ ho related he could not find the guards that were on duty that morning at the detention facility, but he would get with the commanders of all three units that pull guard duty and try to determine who they were over the next couple days.

PAGE 1 500 2

CID FORM 28 1 OCT 80

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AGENT'S ACTIVITY SUMMARY Coastrol Number 9-81702 About 1915, 09 May 04, SA conducted an examination of the Light 1915, 09 May 04 676-66 676-1,66-6 Medium Tactical Vehicle (LMTV), Bumper number which has been used several times since the incident. A crime scene examination was not conducted due the scene being contaminated and was not in the same configuration it was on that day. SA exposed photographs of the scene utilizing a Nikon Coolpix digital camera. Case file to the SAC for review and log in. C/A scheduled trip to complete 1000, 10 May 04 leads for 11 May 04. 672-1 briefed CP1 1<sup>st</sup> Brigade SJA on this case to date. 1130, 10 May 04  $\mathbf{CPI}$ requested we continue to keep them informed. CPT Camp Cuervo at 1430, 11 May 04, as the PMO related they did not have a 6 20-3, 640 convoy available until Friday. 14 May 04 670-1,66-1 614-2, 66-2 6K-41661 attempted several times to contact CPT 2000, 10 May 04 Detainee Facility, Camp Cuervo, Baghdad, Iraq was informed he was not 1070-1,66-1 there, left several messages for him to contact this office back.

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PAGE J

(CID Regulation 195-1)		0137-04-CID899	
TIME, DATE, AND AGENT		MMARY OF INVESTIGATIVE ACTIVITY	
00, May 04,	SAC REVIEW:	Ì	
		Fallowing paldiage	
676-1.66-1		terview the following soldiers.	
[5, ]	2. 1LT		
		(Camp Cuervo) 676-466 4	
	4. SFC	Camp Cuervo) 676-466-4	
	5. SGT CC	mp Cuervo) 676466-4	
	6. SGT	678-41667	
	7. SGT	mp Cuervo) 676466-4 676466-5665 (Camp Eagles) 676-5665	
	8. SPC	Camp Eagles) 676-4,66-4	
	9. CPT 36	7e-4,66-4	
		78-4,66-4	
	10. CPL 6	70-47 64-4	
	11. SFC 6	764,66-4	
		of the prison regulation/sop	
	pertaining to	prisoner.	
	13. Collect	boots as evidence if there were b	
	, an impression	Terr on any or the decarness.	
	14. Determine who	was the last person to see the	
	detainees.		
		y boot impression with scale and	
	without scale		
	without scale	n we interview the doctor we get him	
	16. Make sure whe	n we interview the doctor we get him	
	or her to pro	vide us with an opinion on what type	
		he detainees sustained.	
	17. Brief SJA on	all finding.	
	18. Brief Operati	ons Officer.	
	19. Continue to f	ollow leads as they develop.	
	20. Update me on	this case every 5 days.	
	21. This is a pri	ority investigation, therefore, I	
	avanct you to	etay on top of this.	
	22 Ec SA	d SA for completion. 676-1,66-1	
	22. 10 SA	d on	
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CID FORM 28-R 1 AUG 88

PREVIOUS EDITIONS OF THIS FORM WILL BE USED UNTIL EXHAUSTED 1000 1

1530, 11 May 04 J

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Statement for details)

PAGE 4

signing them over to SGR on 07 May 04. (See Sworn

672-1,567

About 1530, 11 May 04, SA interviewed CPT

AGENT'S ACTIVITY SUMMARY (CID Regulation 195-1) TIME DATE, AND AGENT OIC, Battalion Holding Facility, Camp Cuervo, Baghdad, Iraq who related that on 07 May 04, SFC had notified him that a 674-1,66-1 couple detainees that were brought into the holding facility had injuries to them. 675-1,66-1 676-4.66-About 1600, 11 May 04, S. 1600, 11 May 04 Battalion Surgeon, HSB, 1-82 FA, 1st BDE, 1st CD, Camp Cuervo, Barhdad, Iraq who provided a sworn statement detailing the 676-1,66-1 examination of both detainees. (See Sworn Statement for details) About 1605, 11 May 04, SA interviewed SGT 1605, 11 May 04 / 678-1,66-1 details) bx-1,66-1 HSB, 1-82 FA, 1CD, Baghdad, Iraq who provided a About 1610, 11 May 04. SA 1610, 11 May 04 sworn statement detailing his knowledge of the incident. (See Sworn 670-1,66-1 Statement for details) 676-1,56-1 67c-4,66-4 About 1730, 11 May 04, SA interviewed Mr. 1730, 11 May 04 CIV, 1st BDE Holding Facility, Camp Cuervo, Baghdad, Iraq who provided a sworn statement detailing what happened to himself and his uncle b76-1,667 on 07 May 04. (See Sworn Statement for details) 674-166-1 About 1740, 11 May 04, SA Baghdad, Iraq who provided a sworn 670+4,64 1740, 11 May 04 statement detailing what happened to himself and his nephew on 07 May 04. 67e-1,66-1 (See Sworn Statement for details) Helicopters never arrived to pickup agents at 1900, contacted 4th BDE LNO <u>2000, 11 May</u> 04 who related the helicopters landed early picked up two individuals and left. He related he would try get another chopper out tonight if not it would be 67e-1,661 Comp Cuervo until 1900 tonight 12 May 04. SA tomorrow morning. 0900, 12 May 04 coming to Camp Cuervo until 1900 tonight 12 May 04. SA coordinated with 1-82 FA's battle captain who related they could not get us a 67e-1, 66-1 convoy until 13 May 04 to North Victory, but they had a convoy escorting come back to Cuervo. SA contacted the 1CD PMO who related all the MP patrols were on missions they would be there about two hours and the MP patrols were on missions, they would not have anyone to pick us up until maybe 13 May 04.

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AGE S

AGENT'S ACTIVITY		Control Namber 01 3 7 - 0432 04 1 1999 9 - 8 1 7 02	
(CID Regulation	. (et	BERGMARY OF INVESTIGATIVE ACTIVITY	
Lango		Control of Marian	-166-1
1080, 12 May 04	SA <b>SSESS</b> and SA		<b>E-1,44</b>
A STATE OF THE STA		ニース・ストール 一種 かんかき 大便に連っては重要的 コート・ストラン ストラン・ストラン 神経 こんかい スカーテング カー・スター・スター	
1100. 12 Nay 04	About 1100, 12 M		4664
	And the second of the second o	HHC, 1-12 CAV, 1CD, Camp War Bagle, Baghdad,	
67E-1,66-1	THE WAY STATE OF	a Sworn Statement detailing what medical he gave one of	
676-1100		5 May 04 and that the detainee had no other injuries at that	
	dimentant he could		
		676-6656	4664
1.135, 12 May 04	About 1135, 12 M	THE STATE OF THE S	12 OP 1
	S	1-17 CLA ELL LAS CALASTON COMPARATOR	
67e-1,66	Eagle, Baghdad, Ir	an who related he was informed by the modic that one of	
6/2	the detainees had b	peen seen for an upset stomach: IL remain and related, letelnees himself.	-1181 1
	he never seen the d		706-6
		676466	·
1200, 12 May 0f	Between 1100-120	0, 12 May 04, SA seement coordinated with the First	
	Sergeant for C Bat	tery, 1-82 FA, Camp War Bagle, Baghdad Iraq who	
676-1,66-1	related his battery	is tasked with providing guards at the holding facility, but	
676		soldiers were pulled off because of a mission and another	
্য		em until around 1000, 97 May 04. Coordinated with the	
	orderly room for A	Co, 2/5 CAV the First Sergeant and CO was not available	
		O related they only provided one soldier for a detail on 07	رمرستو ۔۔۔!
	May 04 and that we	as SGT transporting the	72-706
į		ated with the XO for B Co, 2/5 CAV who related they did	
	not provide any sol	ldiers for guard on 07 May 04 that he had knowledge of.	
		C Co, 2/5 CAV, First Sergeant who related they did not	and com
		a guard shift on 97 May 04. SA	C (1040.C
•	with SGT	HHC, 115° FSB, 1CD, who related	مزئز لا يا
			c-3,66
**		them via radio and was informed they did not have	
	anyone on guard di	uty that morning.	
	6743666		21.466
1215, 12 May 04	SACCOORD	nated with MAJ who related he knew that it was	14-1705
		ldier and that he had coordinated with all the units with	
67C-1.66-1	negative results fin	ding the guards for that morning.	
	616-666-6	and the state of the second se	
1220, 12 May 04		nated with the A Co, 2/5 CAV orderly room who related	
111-1		d First Sergeant were not available. Coordinated with the	
676-1,66-1		obtain his boots as evidence, the CO related SGT	5,66-5
· · · · · · · · · · · · · · · · · · ·		meeting with trial defense today and he did not know 674	
		back. Briefed the CO on this investigation to date.	-176 ->
1	Milen de Modia os	- · · · · · · · · · · · · · · · · · · ·	
1000 1014 04	SA and SA	convoyed back to Camp Cuervo. 57C-	1,66-1
1230, 12 May 04	Statement 25	The state of the s	,
676-1,66-1			
7 7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1	ı	

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CID FORM 28 I OCT 80 FOR OFFICIAL USE ONLY

AGENTS ACTIVI	TY SUMMARY   Control Number   0137-04-CID899-81702	
TIME, DATE, AND AGENT	SUMMARY OF INVESTIGATIVE ACITIVITY	
1900, 13 May 04	Received file from SAC.  1 — Will update AIR  2, 4 — Will complete remaining leads ASAP  3 — Typed IP  5 — Discussed with SAC, understood  6 — Discussed with SAC will retain until requested by OPS	
0830, 14 May 04 /	Received name check results regarding SGT which revealed no be derogatory information.  Coordinated with MAJ Executive Officer, 2-5 Cav, who related SGT boots would be taken and provided to this office 676 upon arrival 16 May 04.	C-3,66".
1955, 14 May 04	related SGT boots would be taken and provided to this office 676 upon arrival 16 May 04.	-5,66 -2 -5
0925 thru 0940, 16 May 04	67	-4,66
0955, 16 May 04 / 672-1, 66-1 1015, 16 May 04 /	Interviewed ILT who rendered a sworn statement detailing his storage of SGT who rendered a sworn statement detailing his observation regarding the storage of SGT boots.  Interviewed 1LT who who rendered a sworn statement detailing his knowledge.	466-4
676-1,66-1	observation regarding the storage of SGT boots. 672-516  Interviewed 1LT who who rendered a sworn statement detailing his knowledge of the condition and treatment of the detainees.	6-5 7e-4,66
1105, 16 May 04 / 672-1,66-1 1620, 16 May 04 /	of the condition and treatment of the detainees.  Interviewed SPG who provided a clean copy of his sworn statement (57)	
67C-1,66-1 1245, 17 May 04	detailing his knowledge of the condition and treatment of the detainees.  Released evidence to evidence custodian.	
67C-1,66-1 1400, 17 May 04 67C-1,66-1	Briefed CPT Trial Counsel, SJA, regarding the details of this 674 investigation. CPT requested copies of statements in order to determine charges.	3,66-3
1830, 17 May 04	Briefed SAC regarding evidence submission. Will send to Latent Prints and Imagery and Technical Support with digital images of injuries.	
0930, 18 May 04	SAC advised to prepare file for OPS review.	
1000, 18 May 04	Prepare DA Form 3655 and update file for review.	
1100, 18 May 04 67C-1,66	Submit Lab Request.	

В

CID FORM 28

(CID Regular TIME, DATE, AND AGENT May 04		SUMMARY OF INVESTIGATIVE ACTITIVITY
	·	
	Working leads 0099-0	04-CID899 and 0162-03-CID899 at FOB St Michael
674-1, 66-1 May 04 676-1,66-1	Working leads 0157-0	
100,21 May 04		on guard duty on the morning of 7 May 04 and have them
30,23 May 04	Briefed CPT provided copies of sw	SJA, regarding the details of this investigation and worn statements.
725, 23 May 04 J	المسالم المساور المساو	who rendered a sworn statement detailing his 67C-
205.23 May 04 J	Interviewed CPL knowledge of the deta	who rendered a sworn statement detailing his 676-6 aince's condition.
220, 23 May 04 /	Interviewed PV2 knowledge of the deta	who rendered a sworn statement detailing his 67e-4 ainee's condition.
230, 23 May 04 J		i
250, 23 May 04 1 678-1,66-1	Interviewed PFC knowledge of the deta	who rendered a sworn statement detailing his 676-
300, 23 May 04 676-466-1	Briefed TC regarding determine if close Fin	g details of this investigation. Directed brief SAC and naiC
230, 24 May 04	Briefed SAC regardin	ng details of this investigation. Directed close FinalC.
67C-1,66-1 050,24 May 04	Coordinated with CPT believe SGT	The Committed the offense of Aggravated Assault.
230 thru 1630, 25 May 04	Working leads Draft I	INI for 0165-04
900 thru 2350, 25 May 04	Prepare file for close	and Draft FIN(C)
800 <u>, 26 May </u> 04	To Det CDR for revie	ew.

26 May 04 678-1,66-1

#### Reviewed:

- 1) No MACOM listing on Final Report.
- 2) There is no offense code SY2E1 there is SY2E, which is cruelty of subordinates. Are we also saying he committed the offense of Cruelty or Mistreatment under Art 93? If so that offense needs to be added to the Subject/Victim blocks and Statues.
- 3) Not Attached is retained in the Evidence Room.
- 4) Only thing that is retained pending adjudication would be statements obtained form the subject. Since a statement wasn't obtained everything is forwarded to USACRC.
- 5) Time on AIR for interviews should be the same time on the statements.
- 6) Exhibit 12 says English language translation of statement. Where is the Arabic language statement?
- 7) AIR 1740, 11 May 04, is that the interview of victim #1? If so the name is different in the final.
- 8) ROI # all documents, notes and notes folder.
- 9) Why is the statement of in the file?

676-4,664

- 10) Were X-rays taken? If so why didn't we obtain copy of same.
- 11) Does SJA need anything else for a successful prosecution?
- 12) Following people were mentioned in statements and not interviewed: The two interpreters, SFC SPC and SPO LT CPT

67C-3,66 Names also mentioned in statements in 15-6 which were not interviewed: MAJ CPT and SFC MAJ MAJ

I take it since you are drafting the final the remaining interviews are Final C leads?

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PAGE

CID FORM 28 LOCT 80

AGENTS ACTIVI (CID Regular	
TIME, DATE, AND AGENT	SUMMARY OF INVESTIGATIVE ACTIVITY
0830, 28 May 04	Received file from Det CDR.  1,3,4,8 — Understood  5 — Will confirm statement times with AIR  6 — Will coordinate with TC regarding statement  7 — Victim #1 last name is 67C 4664  9 — Statement placed in fin  10 — No x-rays due to detainee not admitted to CSH  11, 12 — SJA only requested lab results for his case, remaining names identified by Det CDR were mentioned in passing in sworn statements and were not identified as having contact with the incident in question and will be Fin(C) as SJA has stated nothing further was required of this office.
1000 thru 1645, 28 May 04	Reviewed and Corrected and prepared Draft Fin(C)
1630.28 May 04 67C-1,66-1	Coordinated with TC regarding details of Fin(C).
1850, 28 May 04	To TC for review.
	-

AGENTS ACTIV	ITY SUMMARY 1800 195-1)	Control Number 0137-04-CID899-81702	
TIME, DATE, AND AGENT	7	IMMARY OF INVESTIGATIVE ACTIVITY	
2045, 29 May 04	Received file from TC.		<del></del>
2100,29 May 04 67C-1,666	To SAC for review and d	ispatch.	
29 MAY 24	SAC REVIEW:		ļ
676-1,66-1	1 SEE Changes 2. To Sh	ispatch.  to Final and PIR's.  to Final and PIR's.  C-1,66-7	
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CID FORM 28

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Control Nataber AGENTS ACTIVITY SUMMARY 0137-04-CID899-81702 (CID Regulation 195-1) TIME, DATE, AND AGENT SUMMARY OF INVESTIGATIVE ACTIVITY Received file from SAC. Will correct as noted. 1730, 30 May 04 15701661 1745, 30 May 04 Made corrections to FIN 672-466-1 1930, 30 May 04 To SAC for review and dispatch. 676-1,66-1 re unt b 678-1,66-1 3. To DET communder for distro a strings of Distro completed 8 Jun 04 676-1,66-1

CID FORM 28

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U.S. CENTRAL COMMAND
7115 SOUTH BOUNDARY BLVD
ATTN: CCJ6-DM
MACDILL AIR FORCE BASE
FLORIDA 33621-5101

MS. JACQUELINE SCOTT scotti@centcom.smil.mil (813) 827-5341/2830

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74. Cathary:	75. Type:	76. Recovered: Yes: ☐ No: ☐	77. Value:	78. Insurer:		Policy:	Year/Date Exp:
79, Year:   60.	Make:	81. Model:	<u> </u>	icle Styte:	83. # of Bo	ors: 84. Color:	85. 9ize:
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| RINCIPAL PURPOSE      |               | ie communde<br>y which info                                                                                    |                 |                   |                                       | ds with 1<br>stified. | or <b>alis</b> to | inte:   | -D <b>R:4</b> 0                         | re Cydur                      | 8.9.                     |                 | 702<br>Tobustury   | 3                            |
| . Rec Code: 2. Acti   | ian Code:     | 3. Date:                                                                                                       | 4. Rel<br>Subje | to Case:          | 5. Con                                | od:                   | 6. Seque          |         | 7. <b>Yes</b>                           | r. 8.00<br>- €10              |                          | 9. ROI#         | O                  | these:                       |
| Sand Comments         |               |                                                                                                                | Hg.             | க் கூறி           | e e e e e e e e e e e e e e e e e e e |                       |                   |         | Blase to                                | n Ber i agiseritar            |                          |                 | l. Grade/          | Rok:                         |
|                       | 15.           | Other ID No                                                                                                    | mba.            |                   |                                       | Al a                  |                   | 7.65    |                                         |                               | - 2<br>2                 | 70.04           | 19.1               | OB Zip:                      |
| $\nu$                 | T-22. Ethnic: | 23. Height                                                                                                     | hi: 24.         | 90                | 130                                   | 1 40.                 | 310               | ZF.     |                                         | 75                            |                          | Address Section |                    | 0. Markel:                   |
| 76                    | escription/Lo | cation: 33                                                                                                     | MC:             | 34. Securit       | ·                                     | 35. Physic            | el Marks          | / Tatto |                                         | 39. Alins/?                   | Yes:                     |                 | лу: ¹              | Branch:                      |
| 7. AlfasiNieksames:   |               | <u> </u>                                                                                                       | 3.              | . Addition (Chica |                                       | -1                    |                   | ~       | l                                       |                               |                          |                 |                    | <u>.</u>                     |
|                       | M 1 61        | <u>u</u>                                                                                                       |                 |                   |                                       | 41. Ua<br>5 3         | li Planio         | Month   |                                         | Kome:                         |                          |                 | Pager:             |                              |
| ). Military Service:  | 43. Su!       | Unit:                                                                                                          | 4               | . For City:       | hovs                                  |                       | 5. Siese.         |         | 46. Con                                 | ntry:                         | 47.                      | . Zip Code      | APO:               |                              |
| Home Address          |               | 49. City:                                                                                                      |                 |                   |                                       |                       | R. Philan         |         | 51. Cou                                 | atry:                         | \$2                      | Zin Code        | /APO:              |                              |
| . IUV: 34. Pmil)      | y Rel:   55.  | Last Name:                                                                                                     |                 |                   | 36                                    | Phot Name             | ĸ                 |         |                                         | 57.1                          | viiddio N                | Mine:           |                    |                              |
| i, Social Security: , | !_            |                                                                                                                | 59. Grade       | Rank:             |                                       | 60. MC                | :                 |         | 61. Uni                                 |                               |                          |                 |                    |                              |
| l. City:              |               | 63. State:                                                                                                     |                 | 64. ZIP/          | APO:                                  |                       |                   | 63.     | Phone:                                  | Wk;                           |                          | . н             | ha:                |                              |
|                       |               | }                                                                                                              |                 |                   |                                       |                       |                   |         |                                         |                               |                          |                 |                    |                              |
| . Offense Code:       | 67. UFC:      | 64. Officeso                                                                                                   | C000:           | 69. URC           | 7                                     | ), Öffhise (          | 20 <b>0</b> 00    |         | 71, DF                                  | 72                            | Officia                  | Code:           |                    | 3. UPC:                      |
| dephoos               | ETS           | E.J                                                                                                            | 07              | PCS/DER           | <b>65</b> :                           | ·: · ·                |                   |         |                                         | view 517                      | RT:                      |                 |                    |                              |
| ace of Interview:     |               | Acc                                                                                                            |                 | <u> </u>          |                                       |                       |                   | Date/   |                                         | aviow KNI                     | <del>):</del>            | Time            |                    |                              |
| isposition:           |               | <del></del>                                                                                                    |                 |                   |                                       |                       | I                 | 1       | Datte:                                  |                               |                          | Time:           |                    |                              |
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| . Cetegory:           | 75. T         | уре:                                                                                                           | 76. R±<br>Yes:□ | No:               | 77. V                                 | ilgo:                 | 78, in            | miter:  |                                         | Polic                         | <b>7</b> :               | ,               | Yes                | /Dain Exp:<br>/              |
| 9. Year: 80.          | Make:         |                                                                                                                | 81. Mo          | del:              | <del></del>                           | 82. Vehi              | cle Style         |         | 83.#                                    | of Doors:                     | 84.0                     | Calar,          | 85. St             | <b>1</b> 2:                  |
| 6. V.I.N:             |               | · · · · · · · · · · · · · · · · · · ·                                                                          | 87. Lic         | case Plate:       |                                       | 38. Siste:            | <b>89</b> .       | DOD     | Decal Nur                               | nber:                         |                          |                 |                    |                              |
| OTES:                 |               |                                                                                                                | <u> </u>        |                   |                                       |                       |                   |         |                                         |                               |                          |                 |                    |                              |
|                       |               |                                                                                                                |                 |                   |                                       |                       |                   |         |                                         |                               |                          |                 |                    |                              |
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| •                     |               |                                                                                                                |                 |                   |                                       |                       |                   |         |                                         |                               |                          |                 |                    |                              |
|                       |               |                                                                                                                |                 | FOI               | ROFF                                  | CIALUS                | E DAL             | Y       | · • · · · · · · · · · · · · · · · · · · |                               |                          |                 |                    |                              |
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| UTHORUTY:                                    | Title 16           | ), United States                | Code 860                 | DATA<br>tim 3012 ( | R)<br>GEÓLIAC | 3D BY 78<br>R      | OUTINE     | ict<br>USES: | Are un            | ial steni<br>ed as an e<br>iast asd | وتنالك        | ber sod :  | dier per         | ped information<br>of identification |
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| ( Providence of the second                   | -                  |                                 | Mine:                    |                    |               | )<br>}             |            |              | <b>18</b> 5 77    | ingle stransport                    | peros en e    |            | 13.0             | 記江丁                                  |
| Andread Statement of States                  |                    | 5. Other ID No                  | mber:                    | y                  | 44 margar     | il etc             |            | 7.120        | n Const           | THE REAL PROPERTY.                  | Ţ):           | W. Control |                  | 19. POB Zap:                         |
| 氏 11.65                                      | 22, Ethn           | ic: 23. High                    | it; 24.                  | 38                 | Brn           |                    |            | J            |                   | 16                                  | _1            | Ly French  |                  | 3                                    |
| <i>A</i>                                     | escription/        | Location: 33                    |                          | 34. Scourit        |               | 35. Physic         | el Marke/  | Tellous      |                   |                                     | Ye:           | pouse M    |                  | Brush:                               |
| . Alina/Nicknames.                           |                    |                                 | 3E                       | Alias/Nic          | ORANIA:       | <u>   </u>         | it Phone N |              |                   | 9. Alisafi<br>Home:                 |               |            | Cell/Page        |                                      |
| Unit/Organization:<br>Z<br>Military Service: |                    | av<br>Sub Upk:                  | 1 22                     | Fort/City:         |               |                    | n Pouse r  |              | 16. Coun          |                                     | -             | 47. Zip (  |                  | 0.                                   |
| Home Address                                 | *3.3               | 49. City.                       |                          | , . wo chy.        |               | l_                 | 0. State:  |              | 1. Coun           |                                     |               | 72. Zio (  |                  |                                      |
|                                              | <i>.</i>           |                                 |                          |                    | 4             |                    |            | 7            |                   |                                     |               |            |                  |                                      |
| JUV: 54, Family                              | Ret:               | 5. Last Name:                   | *-                       |                    | 56.           | Pirat Nato         |            | · · · · · ·  | 61. Volt:         |                                     | Middle        | Nume:      |                  |                                      |
| Social Security:                             |                    | 63. Stete:                      | 59. Grado                | (Rank:             | ADO-          | 60. MC             | ··         |              | Phone:            | Wk:                                 |               |            | Hon:             |                                      |
| . City:                                      |                    | 03. Steet.                      | -                        | , JA. 227          |               |                    |            | !            |                   |                                     |               |            |                  |                                      |
| . Olfrasci Code:                             | 67, UPC:           | 68, Officias                    | Code:                    | 69. UFC            | 70            | Offices (          | ode:       |              | 71. URC           | 72                                  | .06%          | se Code:   |                  | 73. UFC:                             |
| Carlo Maria                                  | B                  | inde                            | _                        | PCS/DEB            | DS:           | •                  |            |              | me late<br>te:    | view ST                             | LRT:          | T          | nte:             |                                      |
| ce of Interview.                             | - 1                | 1. 1.902                        | <u></u>                  | <del></del>        | <del>,</del>  | _                  |            |              | inte Inte         | view EN                             | D:            | 17         | me:              |                                      |
| sposition:                                   |                    |                                 |                          |                    |               |                    |            |              |                   |                                     |               |            |                  | •                                    |
| . Category:                                  | 75.                | Туре:                           | 76. Ruso<br>Yes:         | overed:<br>No:     | 77, Va        | lec:               | 78. ins    | grer.        |                   | Pali                                | oy:           | _          | -:-              | Year/Deta Bap:<br>/                  |
| . Year: 80.                                  | Make:              | <u> </u>                        | 81. Mad                  | iel:               | <u>.1 </u>    | 82. Yehi           | cle Style: | ·            | 83. # 6           | f Doors:                            | 8             | 1. Color:  | 8                | 5. Size:                             |
| . V.I.N:                                     |                    |                                 | 87. Lice                 | ense Plate:        |               | 8. State:          | 89. I      | O doc        | cal Num           | ber:                                |               |            |                  |                                      |
| OTES:                                        |                    |                                 | 1                        |                    |               |                    |            |              |                   |                                     |               |            |                  |                                      |
|                                              | . <b>.</b>         |                                 |                          |                    |               | <u>-</u>           | <b>_</b>   |              |                   |                                     | —- <u>;</u> - | . <b></b>  | ·                |                                      |
| _ <b></b>                                    |                    |                                 |                          |                    |               |                    |            |              |                   |                                     |               |            |                  |                                      |
|                                              |                    |                                 |                          | ድለስ                | ስምፕላ          | iai kel            | : UNIA     |              |                   |                                     |               |            |                  |                                      |
| COST VINCE STREET                            | Ą:                 |                                 |                          | Firm               | 1-5-51        | 1571 76 <b>7</b> ( | DIVLI      |              |                   |                                     |               |            |                  |                                      |

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| AUTHORITY:               | π                     | kie 10, l           | Jaked Su                              | Mary Cod             | fe Sec                                       | DATA<br>tion 3012      | (8)<br>RED         | JERGEL             |                  |         |        |          | Your sox<br>Are us | ini seco         | rity co<br>additi | mber at<br>ogsl/site | d other  | Dixto.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | esi informat<br>of identifica | tice<br>fice |
| PRINCIPAL P              | URPOSE: To            | provide<br>cases by | e contrat<br>which in                 | vdets un<br>forqueti | nd lanv<br>Ion ma                            | cuforous<br>ly be seen | iogi ofi<br>muziky | ficials<br>identif | with<br>Sed.     | DISC    | LOS    |          | Discloru           | -                |                   |                      | -        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7<br>1702                     |              |
| I. Reo Code:             | 2. Action Co          | de:                 | 3. Date:                              |                      | i itali<br>Julija                            | o Case:                | 3.0                | cated              | È                | 6. Se   | dra    | to I     | 7. Yes             | t. <b>18.</b>    | Office            | 9.                   | ROI#     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Officase:                     | $\neg$       |
| The second of the second | The street of section | real section        |                                       |                      |                                              |                        | el (are γ          |                    | المراجع والمراجع | ·       | 111,41 | <u> </u> | was a second       | e in line i      |                   | ٠                    | ř        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| 10. Last Name            |                       |                     |                                       |                      |                                              | A CHARLES              |                    |                    | ,                |         |        |          | 7                  | 76.              | •                 |                      | -18      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 211                           | _ 1.7        |
| 14. 8-01-                | AND DIVE              | 15.                 | Other ID                              | Numbe                |                                              | I.                     |                    | 2.14               |                  |         | 1      | 7. PC    | N. S. C. OFFERS    | ه ۱۰۰ جب هر عنوا |                   | II. PO               | i Bit    | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 9. POB Zip:                   |              |
|                          | TC 2                  | Ethnic:             | 23. Hz                                |                      | 24.                                          | Weight:                | 3                  | //\<br>/*\         | <b>A.</b>        |         |        | · Zf.    | Closed.            | 24. E            | đục:              | 29. Pt               |          | ord:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 30. Musiko                    | d:           |
| <b>7</b> -               | 32. Job Descrip       |                     | - I - WE                              | 33. MC               |                                              | 34. Securi             |                    |                    | Phys             | cal M   | Mr. S. | Tatto    | Des:               | <u></u>          |                   | . Spores             |          | ry:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Brench:                       |              |
| 37. Alias/Niok           | names:                |                     |                                       |                      | 38.                                          | Alles/Nik              | ckqare             | #:<br>             |                  |         |        |          | T                  | 39. Alfa         |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| 40 Unité Orga            | nization:             | - /                 |                                       |                      | <u>.                                    </u> |                        |                    | 7                  | 41. L            | Init Ph | one)   | lumb     | <u> </u>           | Hon              | 16:               |                      | Cell     | Pager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | _            |
| 42. Military Se          | ervice:               | 43. Sub             | ≥ U<br>Veit:                          |                      | 44.                                          | Port/City              | <u>y:</u>          | l                  | Ţ                | 45. St  | ale:   |          | 46. Con            | ntry:            |                   | 47. 2                | ip Code  | APO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : .                           |              |
| 48. Home Add             |                       |                     | 49. Cit                               | 77                   | <u>.l</u>                                    |                        | 3                  |                    | +                | 50. 81  | ÚE,    |          | 51. Cou            | utry:            |                   | 52.Z                 | Col      | ARC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | 67           |
|                          |                       | À                   |                                       |                      |                                              |                        |                    |                    |                  |         |        |          |                    |                  |                   | y.                   |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| 53. JUV: 1               | 34. Family Rei:       | 55.                 | Lest Nan                              |                      |                                              |                        |                    | 56. FL             | rat Na           |         |        |          |                    |                  | 7. MIG            | die Nam              | <u> </u> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | _            |
| 58. Social Sec           | erity:                |                     |                                       | 1                    | Grade                                        | Rank:                  |                    |                    | 60. N            | IC:     |        |          | 61. Unit           |                  |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | _            |
| 62. City:                |                       |                     | 63. Ste                               | le:                  |                                              | 64, ZII                | P/APO              | :                  |                  |         |        | 65.      | Phone:             | Wk:              |                   |                      | H        | ieu:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |              |
| 66. Offense Co           | de: 67. U             | FC:                 | 61.00                                 | se Cod               | ė:                                           | f 69, UF               | Ċ:                 | 70. C              | Albert 6         | Code    | ;      |          | 71. UP             | 3: T             | 12. OE            | hasa Co              | da:      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 73. TRC:                      |              |
|                          |                       |                     |                                       |                      |                                              | 1                      |                    |                    |                  |         |        |          |                    |                  |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| Telephone:               |                       | ETS                 | مله                                   | T                    | $\Box$                                       | PCS/DB                 | ROS:               |                    | -"               |         |        |          | Tamb leit<br>Date: |                  |                   |                      | Time:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| Place of Interv          | lev:                  |                     | · · · · · · · · · · · · · · · · · · · |                      |                                              |                        |                    |                    |                  |         | T      |          | Time late<br>Date: | rview E          | ND:               |                      | Time:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| Disposition:             |                       | -                   |                                       |                      |                                              |                        |                    |                    |                  |         |        |          |                    |                  |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| 74, Category:            |                       | 75. T               | ypœ                                   |                      |                                              | overet<br>No:[]        | 77                 | . Valu             | E.               | 77      | l. fas | ध्रव.    |                    | . Po             | ilicy:            |                      |          | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | /esr/Date B                   | tp:          |
| 79, Yest:                | 80. Make              | :                   |                                       | g g                  | I. Mos                                       | del:                   | <del>l</del>       |                    | 82. Ve           | bicle S | tyle:  |          | 83. #              | of Door          | 3:                | 84. Col              | or.      | 85.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Stze:                         |              |
| 86. V.I.N:               |                       |                     |                                       | - 8                  | 7. Lice                                      | mse Plate              |                    | <br>  €2.          | State            | П       | 89.1   | doo      | Decal Nor          | nber.            |                   |                      |          | .!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | $\dashv$     |
|                          |                       |                     |                                       |                      |                                              | <del></del> -          |                    |                    |                  |         |        |          |                    |                  |                   | <u>.</u>             |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| NOTES:                   |                       |                     |                                       |                      |                                              |                        |                    |                    |                  |         |        |          |                    |                  |                   | •                    |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
|                          |                       |                     |                                       |                      |                                              | FOF                    | ₹ OFI              | icia               | l US             | E ON    | Ľ      |          |                    |                  |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |              |
| i tal mil                | A LANGE CALL          | ¢:                  |                                       |                      |                                              |                        |                    |                    |                  |         |        |          |                    |                  |                   |                      |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | . 9          |

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|                          |                    |           | n Hained Ch                                           | -tee Code           | DATAR<br>Section 3012 (a             | SQUEE<br>1)  | D BY PRIV    | ALY A        | CT<br>ISBS:              | Your social           | эосигіду я                                         | pullaber and o  | ther perso | eni infanssion          |                  |
|--------------------------|--------------------|-----------|-------------------------------------------------------|---------------------|--------------------------------------|--------------|--------------|--------------|--------------------------|-----------------------|----------------------------------------------------|-----------------|------------|-------------------------|------------------|
| AUTHORITY:               |                    | Title !!  | O, United Sc                                          | ilital Cont         | ; 30¢000 3012 (g                     | v            | 1101         |              |                          | Are used to           | u en eddii                                         | inad/eltere     | to casters | of identification       | ı                |
| PRINCIPAL PI             | URPOSE:            | To pro-   | vide consults<br>s by which i                         | nden sad<br>Obsarbi | i jaw enforcemen<br>m ensy be social | mil voice    |              | sclosi<br>01 | 7 -                      |                       |                                                    | 8, 2.2.z.       |            |                         | -                |
| 1. Rec Code:             | 2 Action           | Code      | 3. Detr                                               | 1 200               | Rel to Case:                         | 5. Conte     | ni: G        | Sequen       | <b>QB if</b><br>Missions | 7. You.               | 3. Offic                                           |                 |            | Office:                 | _                |
| TO 1                     |                    |           | . (1) <u>(1) (1) (1) (1) (1) (1) (1) (1) (1) (1) </u> |                     |                                      | 22.          |              |              | ·                        |                       |                                                    |                 | B-4/C      | PL DIVLP                | !<br>1 67८-;     |
| K                        | باديدوه دد         |           | 15. Other II                                          | Number              | Anna henry 195 257 3                 | of E         | irth:        | 1            | , PCB                    |                       | 28年達                                               | N. A. P. C. St. |            | 9. POB Zip:             | 66               |
| Harris Harris            |                    | Ethi      |                                                       | olgist:             | 24, Weight:                          |              | BL           | Colo         |                          | and the second second | moteric trees                                      | 4-78-11-18      | spoord:    | 10. Marital:<br>SHUINLE | •                |
| 31. MOS: 3               | 117E<br>2. Job Des | cription  | Location:                                             | 33. MC              |                                      | Cir. 3       | 5. Physical  | Marks/       | Talibos                  | <del> </del>          |                                                    | 6. Spouse M     |            | Branch:                 | -                |
| 13 A                     | names:             |           |                                                       |                     | 18. Alina Niol                       | names:       |              |              |                          | 39,                   | Alies/Nic                                          |                 |            |                         | -                |
| 40. Unit/Orga            | rimtion:           |           | <u></u>                                               |                     | <u> </u>                             |              | 41. Unit     | Phone N      | lumber                   | <del></del>           | House:                                             |                 | al/Page    | :                       | -                |
| HSIS /<br>42 Military Sc | 1-8Z               | <u>E4</u> | 12<br>São Unit:                                       | <b>2.</b> T         | 1 CD<br>44. Fort/City:               |              | 45.          | State        |                          | 46. Country           | <u> </u>                                           | 47.250          | ode/APC    | ): ·                    | •                |
| 4% House Add             |                    |           |                                                       | tare                | <u></u>                              | <del>.</del> | 50,          | State        | ╌┼                       | 51. Country           | <del>.                                      </del> | 52.50           | 11/1       | 674                     | -31<br>56-3      |
| 34 (Mars 24)             |                    |           |                                                       |                     |                                      | ·            |              | ě.           |                          | <u> </u>              |                                                    |                 |            | 4                       | <i>56-つ</i><br>[ |
| 53. TUV: 5               | 4. Parally         | tel:      | 95, Last Ne                                           | me:                 |                                      | 56. 1        | Piest Nation |              | -                        |                       | 37. M                                              | ESE PEGAL       |            |                         | _                |
| 58. Social Sec           | ority:             | <u>.</u>  |                                                       | 59. 0               | rede/Rank:                           |              | 60, MC:      | ,            |                          | 61. Unit:             |                                                    |                 |            |                         | _                |
| 62. City:                | <u>-</u>           |           | 63. St                                                | ite:                | 64. ZIP/                             | APO:         | <u></u>      |              | 65.                      | Phone:                | Wk:                                                |                 | Hm:        |                         |                  |
|                          |                    |           |                                                       |                     | 69. URC                              | 70           | Offices C    | de           | ,                        | 71. UFC:              | 72.0                                               | Bense Code      |            | 73. UPC:                |                  |
| 66. Offense Co           | ida: 6             | . UFC:    | 69, 045                                               | nio Code            | \$9. UPC                             | 70.          | 00000        |              |                          |                       |                                                    | ·               |            | <u> </u>                | ı                |
| Telephone                |                    |           | T9:                                                   |                     | PCS/DBR                              | OŚ:          | •            | 1            |                          | Cime Intervi<br>ate:  | ow STAK                                            | î:<br>Ti        | iste:      |                         | •                |
| Place of Interv          | lew:               |           | UDE                                                   | Ē                   |                                      |              |              |              | Date / 1                 | rime latervi          | ew END:                                            |                 | ine:       |                         | _                |
| Disposition:             |                    |           |                                                       | -                   |                                      |              | <del></del>  |              |                          | <del></del> -         | <u>.</u>                                           |                 |            | <del></del>             | -                |
| ·                        |                    |           |                                                       |                     |                                      |              |              |              |                          |                       | Policy:                                            |                 |            | Year/Data Exp:          |                  |
| 74. Category:            |                    | 7:        | . Турк:                                               | 76<br>Ye            | Recovered:                           | 77. Va       | hie:         | 78. Ins      | urer:                    |                       |                                                    |                 |            |                         | _                |
| 79. Year:                | 80. 1/             | igke:     |                                                       | 81                  | . Model:                             |              | 82. Vehic    | le Style:    |                          | 83, # of 1            | Doors:                                             | 84. Color:      | 8.5        | , Size:                 | 1                |
| 86. V.I.N:               |                    | . —       |                                                       | 87                  | . License Plate:                     | 8            | . State:     | 89.1         | <u> </u>                 | ecal Numbe            | r:                                                 | <u> </u>        |            | _ <del></del>           | 1                |
|                          |                    |           |                                                       |                     |                                      |              |              |              | · Lea                    |                       | 670                                                | 1,06            | -5         |                         | -                |
| NOTES:                   | us ho              | + 7       | rue seu t                                             | bvi e               | ofer by 3                            | /=C          |              | e a          |                          | 104                   |                                                    |                 |            |                         |                  |
|                          |                    |           |                                                       |                     | <u> </u>                             |              |              |              |                          |                       |                                                    | •               |            |                         | T                |
| 1                        |                    |           |                                                       |                     |                                      |              |              |              |                          |                       |                                                    |                 |            |                         |                  |
|                          |                    |           |                                                       |                     |                                      |              |              |              |                          |                       |                                                    |                 |            |                         |                  |
| , ,                      | ) minima           | . 6       |                                                       |                     |                                      |              |              |              |                          |                       |                                                    |                 |            |                         | _]               |
| CTD FORM                 |                    | lae ver   | ion                                                   | FF                  | TTX, 1999                            |              | 4            |              |                          |                       |                                                    |                 | ٠          |                         |                  |

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------|-----------------------------------------|----------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|----------------|--------|
| AUTHORITY: This                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 10. Upind Sees Code.                         | DATA REQUIRED<br>Section 30Utgl.                | ROUTINE                                 | USES: Tour air<br>johannel<br>Hamilier | ini ancestry specific<br>for are used to an<br>close to incline all<br>in C I I I I I |                                              | 02             |        |
| e of Scotnov lagranger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | with mentiodes and I<br>move by which inform | ier esistemat eliipie<br>piet spop be sommily i | O<br>POLIZIO Deltado                    |                                        | or or keesi eesey ==<br>f = CID.9 j                                                   |                                              |                |        |
| 1 REC CODE 2 ACTION CODE 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OATE STOLETTED                               | 4 SEE PRINCER S                                 | TEXT I UNIT                             | 7 ACI MINISTER                         | \$-16E_                                                                               | to CUSE 9 CO                                 | GPGL #         |        |
| A4 1 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 01                                           | 41                                              | E) -3<br>Dual data                      | <u> </u>                               | <del></del>                                                                           | 1                                            | 3              | 1      |
| MILES CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                  | 1177                                            |                                         | 12 Mary Ash                            | Mar.                                                                                  | 13 69/0                                      |                | 171-3  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2<br>1 25 57785R ID 808485                   |                                                 | 15<br>1 15 008                          | North Cartin                           | Language in                                                                           | # E-                                         | > 2 19 708-Cit | 676-3  |
| the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s | is older in name                             | 13                                              | 1 P. C. S. San Sangara and Art P. C.    |                                        |                                                                                       |                                              | 2              | 76     |
| The state of the state of the state of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                              | WEEK! S WAR COUN                                | 1                                       | S. Sides                               | AGE: 12                                                                               |                                              |                |        |
| F 1 CHICI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | 120 1 Brown                                     | <del></del>                             | V.S. 2                                 | B.A. 21                                                                               | 11                                           | S:45   < 1     |        |
| 31 MBS 32 MC=C<br>97 EAQ 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Indermator :                                 | 2 Secre                                         | . 1                                     | ,                                      |                                                                                       |                                              | 45             | }      |
| 37 ALAS-ROYUMES)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                  | SI ALDS-HICHAME                                 |                                         | )                                      | AS-HICHANE                                                                            |                                              |                |        |
| 40 OPENNEATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              | 0                                               |                                         | 23 41 EF                               | CONTRACTOR CONTRA                                                                     | Cf /                                         |                |        |
| A CO 312 N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | II BN                                        |                                                 |                                         |                                        |                                                                                       |                                              | 11             |        |
| 42 MELITARY SVC 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SUBURIT                                      | z Fort Hood                                     | # · · · · · · · · · · · · · · · · · · · | 45 57                                  | ATE 46 COUNTRY                                                                        | 17 219 CODE 1<br>2 7654                      |                |        |
| 48 ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <u> </u>                                     | I as cory                                       | <del></del>                             | 18 / /                                 |                                                                                       |                                              |                |        |
| A CO SP ME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | BN, /KCT                                     | Baghdad                                         |                                         | 16                                     | , IZ                                                                                  | <u> ,                                   </u> | 9              |        |
| STURDY   SI FAMILY RE.   55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SCHSCH LAST MANE                             |                                                 | STAR FEST HAVE                          |                                        | I ST SZTARSCR                                                                         | MIXICE NAME                                  |                |        |
| ST ARV   SI FAMILY RE   55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sringup treat fromt                          | 21                                              |                                         |                                        | 15                                                                                    |                                              | 15             |        |
| SA SOCIAL SECURITY HUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | SE SECH GRACE   6                            | SPON MICHO BY SPON                              | ISCR UMIT ACCRESS                       |                                        |                                                                                       |                                              | Z.             |        |
| BE SHOW CHY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7:<br>  65                                   | इन्टम डा <u>६४ इन्टम टा</u> /                   | # SPON ZP CZOE/A                        | <u> </u>                               |                                                                                       |                                              |                |        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 18                                           | 2 2                                             | <u> </u>                                | <u>. jį .</u>                          |                                                                                       |                                              |                |        |
| 9 OFFERS COS 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7 UFC   88 CFTENSE CCC                       |                                                 | FENSE<br>RIOTENSE COS                   | [ 71 VF                                | :   77. OFFEISE 000                                                                   | <br>E                                        | ನಳನ            | Ì      |
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| PLACE OF INTERVIEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | DATE INTERV                                  | TIME SHITERY                                    | RACE OF BITEME                          |                                        | FINGERPRINT                                                                           | PROT                                         |                | }      |
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| TT CORP ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12                                           | 4 TR CORP CITY                                  | · · · · · · · · · · · · · · · · · · ·   | देश हत                                 | RF 57 80 CORP (                                                                       | TY   St CORP ZE                              |                | 1      |
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| AUTHORITY:            | Tit                         | <b>l</b> e 10, L   | Inited St        | ntes Cod                    | e Section 3011                   | (g)                        | <b></b>             | ROUTIN     | E USES                                                                                                                                                                                                                          | Andrea                         | ial county<br>to as an add<br>little and re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | andeber and oth<br>itiografishemate<br>trieval. | constant d      | ud information<br>l'identification |
| PRINCIPAL PURPO       | SE: To<br>m                 | provide<br>eses by | obcenta<br>which | राविकार पाउ<br>प्रतिकार पाउ | d law enforcen<br>en enny be acc | cent offici<br>scutchy ide | als with<br>milliod | DISCI      | 13                                                                                                                                                                                                                              | 7 <sup>D2</sup> * <b>17</b> *1 | e of Conta                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 98 <del>98</del> 4                              | 84-3            | <b>0</b> 2                         |
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| 31, MOS: (32. Job     |                             | theic:             |                  | 33. MC                      | 24. Weight: 350<br>34. Secur     | blac                       |                     | h. 100     | <i>.</i>                                                                                                                                                                                                                        | OR:                            | 28. 5dac:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 29: Philir Ki<br>36: Sponso Mili                |                 | 30. Marital:                       |
| 37. Alias/Nicknerses  |                             |                    |                  | <del></del>                 | 38. Alfano/Ni                    |                            | •                   |            |                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Yet 🔲 No:🗌                                      |                 |                                    |
| 40 Valet Organizatio  |                             | מגי                | <del></del>      |                             | <u> </u>                         |                            | 41.1                | Juit Phon  | e Numb                                                                                                                                                                                                                          | er.                            | Home:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Ce                                              | VPager.         |                                    |
| 42. Military Service: | 7 82-1                      | 3. Sub             |                  |                             | 44. Fart/City                    | r.                         |                     | 45. State  |                                                                                                                                                                                                                                 | 46. Coun                       | try:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 47, Zip Cox                                     |                 |                                    |
|                       | 80                          | - /1               | A STATE          | The state of                |                                  | ·                          | 2.3                 | ATT. STATE |                                                                                                                                                                                                                                 | 51. Conn                       | <b>hy:</b><br>Lagrande                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 22. 25 CD                                       | e/APO:          | 570                                |
| 53: RIV: 34:34:34     | lly Mat:                    | 55.1               | and Pear         | ME.                         |                                  | 56                         | Plan bla            | 7.00       |                                                                                                                                                                                                                                 | - Britaini (1977)              | 37:14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State Name                                      |                 | ·                                  |
| 58. Social Security:  |                             |                    | 73 B-            |                             | rede/Rank:                       |                            | 60. N               | íC:        |                                                                                                                                                                                                                                 | 61. Udit:                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                 |                                    |
| 62. City:             |                             | .;                 | 63. Stat         | (a;                         | 64. 20                           | YAPO:                      |                     |            | 65.                                                                                                                                                                                                                             | Phone:                         | Wk:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | المحمول المحاد                                  | Hon:            |                                    |
| 66. Offense Code:     | 67. UF                      | Ċ:``               | 8. Offer         | sse Code                    | 69. UP                           | C: 79                      | 0. Officia          | Code:      |                                                                                                                                                                                                                                 | 71.UFC                         | 72.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Gassa Coda:                                     |                 | 73: UFC:                           |
| Telephone:            |                             | ers:<br>Iu         | 05               | -                           | PCS/DES                          | ROS:                       |                     |            |                                                                                                                                                                                                                                 | Texno Inter<br>Date:           | VIOW STAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | î:<br>Tiro:                                     | :<br>:          | .,                                 |
| Place of laterview:   |                             |                    |                  |                             | ·                                |                            |                     |            | 1                                                                                                                                                                                                                               | Time Inter<br>Date:            | view BND:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Time                                            | -               |                                    |
| Disposition:          |                             |                    |                  |                             |                                  |                            |                     |            |                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del></del>                                     |                 |                                    |
| 74. Calegory:         |                             | 75. Tyj            | pe:              | 76.<br>Ye                   | Resovered:<br>:: No: []          | 77. Vi                     | olive:              | 78.1       | naúrer:                                                                                                                                                                                                                         | - H 12 SEP 4. 17               | Polipy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·           | Ye              | u/Date Exp:                        |
| 79. Year: 8           | ), Make:                    | _                  | -                | BI.                         | Model:                           |                            | 82. Ve              | hicle Styl | <b>c</b> :                                                                                                                                                                                                                      | 83, ¢ o                        | Doors:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 84, Caler:                                      | \$5. S          | (P.A.)                             |
| 86. V.I.N:            |                             |                    |                  | 87.                         | License Plate:                   | ) 8                        | 88, State:          | 39         | . DÕD Î                                                                                                                                                                                                                         | Jecai Nigani                   | XCC:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 |                 |                                    |
| NOTES:                |                             | -                  | -                | •                           | . <del></del>                    |                            |                     |            |                                                                                                                                                                                                                                 |                                | -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                 |                                    |
|                       |                             |                    |                  |                             |                                  |                            |                     |            |                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                 | -                                  |
|                       |                             |                    |                  |                             |                                  |                            |                     |            |                                                                                                                                                                                                                                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                 | j                                  |
|                       | ?                           |                    |                  |                             | FO                               | r offic                    | Ciál ú:             | st uni     | .Y                                                                                                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                 |                                    |
| LAST HIV TES          | F:                          | reion              |                  | FHT                         | FX, 1999                         | <del></del>                | <del></del>         |            | -g-, <del>-p, -d,-</del> -                                                                                                                                                                                                      |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                 |                 | مستهيم مستهدي الهجيات              |

| AUTHORITY:                 |               | Title                 | : 10, Ur | rited St                                     | inies Co                | ode Se            | DATA<br>etion 3012        | REQU<br>(g)          | TRED 8                                      | Y PIR          | VACY<br>DUTIN | ACT<br>E USES |                     | mod as                   |                                       | tional/         |                    |          | osel iofo<br>of ident |             |
|----------------------------|---------------|-----------------------|----------|----------------------------------------------|-------------------------|-------------------|---------------------------|----------------------|---------------------------------------------|----------------|---------------|---------------|---------------------|--------------------------|---------------------------------------|-----------------|--------------------|----------|-----------------------|-------------|
| PRINCIPAL P                | urpose        | : Top                 | sovide : | comma<br>which i                             | nders (                 | ad ter<br>tion w  | e caforceas<br>my be core | eni offi<br>zately i | cials wit<br>destified                      | b 0            | ISCLO         | SURE:         | Disclos             | - C                      | I D                                   | <del>'y</del> g | min's              | I nopi   | 92                    |             |
| 1. Res Code:               | 2. Acti       | on Code               | 3        | , Design                                     |                         | 4. Red<br>Sylving | en Casa:                  | 1                    | entrel:                                     | 7              | s. Sequ       | enec i        | 7.9                 | <b>44</b>                | 1 04                                  | æ ***<br>∴0.04• | 9. RO              |          | Office                | £           |
| 10.                        | V (2.12)      |                       | ).       |                                              |                         | 17.74             | No.                       | ₹234£2°4             | 75 A 2 A                                    | ARACTO.        | A Part        | なぶ            | 12.14               |                          | · · · · · · · · · · · · · · · · · · · |                 |                    | B-440    | ± €-                  | 75F.        |
| LA: SO                     |               |                       |          |                                              | Nemb                    |                   | Weight:                   |                      |                                             |                | Colo          | 17.00         |                     | بر رو <del>ند</del><br>غ | Edoc:                                 |                 | grasse<br>grasses  |          | US, S.                | Zie         |
| 31. MOS:   3               | 7<br>2. Job D | r za. 20<br>secriptio |          | 6                                            | elght:<br>} 70<br>33. M |                   | 34. Soouri                | BL                   | K                                           | \$1            | (N            | s/ Tetto      |                     |                          | 1 3                                   | 6. Spa          | HM oit             |          | Brace                 |             |
| 13,640)<br>37. Alfaa/Nicks | astics:       |                       |          |                                              |                         | 38                | . Aliza/Nic               | kneme                | <u> </u><br>\$:                             |                |               |               |                     | 39. A                    | lius/Nis                              |                 | No:□               |          |                       | <del></del> |
| 40. Unit/ Orgu<br>1+5 B    | itation:      | ) F                   | 4        |                                              |                         |                   |                           |                      | वा                                          | . Unil         | Pinne         | Numb          | ef:                 | Ж                        | Penic:                                |                 | Ce                 | Page     | ·;                    |             |
| 42. Military Sc            |               |                       | . Sebi   | init:                                        |                         | 744               | . Fort/City:              |                      |                                             | 43             | State:        |               | 46. Co              | mtry:                    |                                       | 1               | Zip Co             |          |                       | 1-11        |
| 48, Home Affe              | وكر طاحة      | l.                    | . N. e   | 40.0                                         | in section.             | on the same       | July S.                   |                      | - No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 30             |               |               | 51. Co              | intry:                   |                                       | <b>52</b>       | 7. 7               | P7115    |                       | <u> </u>    |
| 53. )UV: \"5               | 4. Pamily     | Ref:                  | 55. L    | ast Nar                                      | DÇ;                     |                   | ,                         | 3                    | 6. Plat )                                   | Tajno.         | - 18.68       |               |                     |                          | 37. Mil                               | die Na          | me:                |          |                       |             |
| 58. Social Secu            | rity:         |                       |          |                                              | 59.                     | Grade             | /Rank:                    |                      | 60.                                         | MC.            |               |               | 61. Vai             | t                        |                                       |                 |                    | -        |                       |             |
| 62. City:                  |               |                       | J        | 63. Sta                                      | te:                     |                   | 64. ZD/                   | APO:                 |                                             | ••             |               | 65.           | Phone:              | W                        | k;                                    | ,               |                    | Hza:     |                       |             |
| 66, Offense Co             | te: 1 6       | 7. UPC                |          | . Offic                                      | ite Coo                 |                   | T 69. UPC                 |                      | 70. Office                                  | ışa Ct         | oğe:          |               | 71. UP              | C:                       | 72. Of                                | Temás C         | zide:              |          | 73. U                 | řC:         |
|                            |               |                       |          |                                              |                         |                   |                           |                      | ·                                           | _              |               |               |                     |                          |                                       |                 |                    |          | ļ                     |             |
| Telephone:                 |               |                       | FIS:     | 105                                          | 060                     | 2)                | PCS/DER                   | 08:                  |                                             |                |               | I             | lano hit<br>Ma:     |                          |                                       | <u> </u>        | Time               | <u>;</u> |                       |             |
| Place of Intervio          | ew:           | _                     |          |                                              |                         |                   |                           |                      |                                             |                |               |               | Time Int<br>Sito:   | erview                   | <br>RVD:                              |                 | Time               | r.       |                       |             |
| Disposition:               |               |                       |          |                                              |                         |                   |                           | _                    |                                             |                |               |               | _                   |                          |                                       |                 |                    |          |                       |             |
| 74. Category:              |               | 7                     | 5. Type  | <u>.                                    </u> | 7/<br>Y                 | i. Réc<br>es:[]   | overod:<br>No:[]          | 77.3                 | Value:                                      |                | 78. In        | AUSEC:        |                     |                          | bilcy:                                |                 |                    |          | ces Date              | Ехр:        |
| 79. Year:                  | 80. N         | /lake:                |          |                                              | 8                       | . Mod             | iet:                      | <del></del>          | 82. \                                       | de iol         | e Style       |               | 83. €               | of Doc                   | 33:                                   | 84. Co          | lor:               | R5.      | Size:                 |             |
| 86. V.I.N:                 | <u> </u>      |                       |          |                                              | 8.                      | . Lice            | nse Plate:                |                      | 18. State                                   | <u>-</u>       | 89.           | DOD D         | ecal Not            | aber.                    |                                       |                 |                    | _1       |                       |             |
| NOTES:                     |               |                       |          |                                              |                         |                   |                           |                      |                                             |                |               |               |                     |                          |                                       |                 |                    |          |                       |             |
|                            |               |                       |          |                                              |                         |                   |                           |                      |                                             |                |               |               |                     |                          |                                       |                 |                    |          |                       |             |
|                            |               |                       |          |                                              |                         |                   |                           |                      |                                             |                |               |               |                     |                          |                                       |                 |                    |          |                       | - 1         |
|                            |               |                       |          |                                              |                         |                   | füř ü                     | FEICH                | al USE                                      | ON             | T.            |               |                     |                          |                                       |                 |                    |          |                       |             |
| LAST HIV                   | TEST:         | s &                   |          |                                              |                         |                   |                           |                      |                                             | ~- <del></del> |               | y, e 10       | الداد وجودر مجاملتي | kiring pala              | باخد دونييس. د                        |                 | سبار سدتا له سابات |          | ,                     |             |
| CID FORM 44                |               | ine veri              | iou      |                                              | FH                      | TX.               | 999                       |                      |                                             |                |               |               |                     |                          |                                       |                 |                    |          |                       |             |

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| _                                    |                                                     | IN VESTIGATI                                           | VE WORKSH                             | EET                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
|--------------------------------------|-----------------------------------------------------|--------------------------------------------------------|---------------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------|-------------|
| AUTHORITY:                           | Title 10. United States Co                          |                                                        |                                       | 03934 7<br>1<br>1                      | iour social mounty<br>observation are use<br>described on the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                     | _           |
| PRINCIPAL PURPOSE                    | To provide commenders a<br>with mores by which late | ed har columnant effekti<br>senaten may be attanusly ( | identified. DESCLOST                  | 013<br>3013                            | 7 - 0 4 - C<br>Xedorom at young s                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | I D'S 9 V                                      |                                     | -           |
| 1 850 COOE 2 AUTION COO              | E 1 DATE SUBMITTED                                  | 4 \$50 ROMES 5                                         | 1948 RAST                             | 7 ROL 8                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PER RICKE                                      | 9 CONTROL /                         |             |
| :-                                   | ·                                                   | MOVI                                                   | DUAL DATA                             |                                        | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>-                                      </u> | <u> </u>                            |             |
| IO LAST MARE                         | 201                                                 | IT FREE MARE                                           |                                       | 12 100                                 | TE WARE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                | IS GAUE                             | <u></u>     |
| 14 ST-14                             | 15 OTHER ID BUT                                     | _22_<br>WDET                                           | 15 008                                | 17 808-                                | OTY .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 75                                             | LTC (BS-                            | 14 b        |
| Property and the same of the same of |                                                     |                                                        | 04/04/67                              |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>.</b>                                       | 2                                   | 9           |
| Dios Perwer por                      | 23 HESAT                                            | 24 WESERT   25 NAME COLUS                              | 25 ETE CTUDA                          | य प्रोप्                               | E 2 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 29 PHOOR RE                                    |                                     | <del></del> |
| M 1 1                                |                                                     | 225 18Lak 1                                            |                                       | us                                     | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 <i>Vo</i>                                    | <u>. 1]</u>                         | 1           |
| 3: MOS 32 MC-4                       | 2 Tyterprite                                        | 34 INDUSTRY 36 SECURI                                  |                                       | <b>K</b> S                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
| 37 ALIAS-RICKWIE(S)                  | 21 (47)                                             | 38 ALIAS-HECKHANE                                      | <u> </u>                              | :                                      | NANOCINEAUN EE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                       |                                     |             |
|                                      |                                                     | 20                                                     | ·                                     | <u> </u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     | 20          |
| 40 CRIGANIZATION                     |                                                     |                                                        | <u> </u>                              |                                        | 41 IF CONTRACTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CONTRACT /                                     |                                     |             |
| TTHAN / SAS                          | 43 SUBLINIT                                         | ) 44 FORT/GITY                                         |                                       | <u>=</u>                               | US STATE   46 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 232NTRY   47 2                                 | P COCE/APO                          | 13          |
|                                      | 4 ·                                                 | <u>z</u>                                               |                                       | 18                                     | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2                                              |                                     | •           |
| 45 ADDRESS                           |                                                     | 49 CTY                                                 |                                       |                                        | SO STATE L. AL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 25000V   27 2                                  | COORAPO                             | . 6         |
|                                      |                                                     | <u> </u>                                               | DATA                                  | 18                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     | _\$ _       |
| EZ ANY   SI FAMILY RE.               | SE SPONSON LAST NAME                                |                                                        | PERSON FAST XUIE                      | ······································ | 1 57 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | PONSOR MICOLE                                  | IANE                                |             |
| 1 2                                  |                                                     | 20                                                     |                                       |                                        | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                     | 15          |
| SE SOCIAL SCENITY HUMBER             | S SACH GENCE                                        |                                                        | SCR UNIT ADDRESS                      |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
| 82 STA CTY                           | <u>91</u>                                           | ! <u>} </u><br>83 8704 57   84 8 <b>704</b> 677        | E SPOR 2P COSEAPO                     |                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                     | 2           |
| <b>22 23 3 3 3 3 3 3 3 3 3 </b>      | <br>                                                | 2 2                                                    |                                       | او                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
|                                      |                                                     |                                                        | FENSE                                 |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
| ≋ ०==धर धर                           | 67 UFC   68 O <del>FF</del> 262                     | COE SOUR                                               | 70 OFFENSE CCCE                       |                                        | ा धनः   तरे वेल्ल                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ISE CODE                                       | 77,000                              |             |
|                                      | <u>\$( 1)</u>                                       | ADMINIST                                               | RATIVE DATA                           | 1                                      | 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                | 51                                  |             |
| TELEMONE /                           | 53                                                  | AGAINS I                                               | CATE SATE                             | 34                                     | iiME WIEW                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                |                                     | $\dashv$    |
|                                      | <u> </u>                                            | 1                                                      | डाआ                                   |                                        | START                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | .                                              |                                     | _}          |
| PLACE OF INTERVIEW                   | ONE INTERV                                          | TIME INTERV                                            | PLACE OF INTERVIEW                    | <del></del>                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | EPINT .                                        | PHOTO                               |             |
| START<br>VENCLE DATA                 | 640                                                 | <u> 540</u>                                            | DISPOSITION                           |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | <u> </u>                            |             |
| ,                                    |                                                     | •                                                      | Service School Park                   |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
|                                      |                                                     | CORPORA                                                | THON DATA                             |                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | <del></del>                         |             |
| 74 CONTRACTOR NUMBER                 | 75 FE) SERV/PRO                                     |                                                        |                                       |                                        | <del>:-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                |                                     |             |
| 77 CORF ADDRESS                      | 12                                                  | A P CORP CITY                                          |                                       | Ť                                      | 79 CCRP 57 { BD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | CORP CIT   BT                                  | CORF DF CODE                        | 프-          |
|                                      |                                                     | 2                                                      |                                       | 18                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2                                              |                                     | ار          |
| EZ CONTRACT HUMBER                   |                                                     | <del></del>                                            |                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>                                    | <del></del> _                       | 7           |
|                                      | 15                                                  | <u> </u>                                               | · · · · · · · · · · · · · · · · · · · |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
| Trans                                | lator, CAT                                          | - 11                                                   |                                       |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
|                                      |                                                     | FOR OFFIC                                              | IAL USE ONLY                          |                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                     |             |
| CID FORM 44-R                        | د بر در این در در در در در در در در در در در در در  | ETTON OF LAUG ST WILL B                                | E NZO NUM EGYNZYE                     | )<br>)                                 | a americania anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti-article anti- | <u>, , , , , , , , , , , , , , , , , , , </u>  | a digwaa de Affiga ya Yarradkawa in |             |

|                            |                                                  |                                             |                           |                          |                                | 4 1                        |                   |                   |              |                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                 |
|----------------------------|--------------------------------------------------|---------------------------------------------|---------------------------|--------------------------|--------------------------------|----------------------------|-------------------|-------------------|--------------|---------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------|
| AUTHORITY:                 |                                                  | Tide 10,                                    | United Sta                | ies Code :               | DATA 1<br>Section 3012 (       | REQUIRE<br>(8)             | D BY PR<br>Re     | UVACY 7<br>OUTINE | ict<br>USES: | Art ugo             | ai socurity r<br>d es en uddi<br>tato cord ret | tions/alternate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ير المعروب أو المعروب<br>المعروب المعروب<br>المعروب المعروب | edice<br>Poites |
| PRINCIPAL P                | URPOSE:                                          | To provid                                   | de commune<br>sy which ha | dess and i<br>Correction | ursà pe scent<br>Em cirjatente | at officials<br>wely ideat | with I<br>ified.  | DISCLOS<br>O      | URE:         | Disclosure<br>7 - 0 | of your soc<br>4 - C I                         | D B B R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 81702                                                       |                 |
| I. Res Code:               | 2. Action                                        | Code:                                       | 3. Date:                  |                          | el to Osse:                    | 5. Contr                   | <u>4</u>          | 6. Seque          | uce V        | 7. Year:            | B. C/25                                        | o 9. ROI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Official:                                                   |                 |
| Compression of the Control | ig i ji dar .                                    | . پېښون                                     | Žios izmi∈isti            | Sur                      | oct Warren                     |                            | والتحديم          | - <u> </u>        | المحروب      |                     | e CAD                                          | 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1. 18 1 | and the state of                                            | Chia es         |
| 10. Lark                   | -11- <b>5[1](1</b> 27)2                          | <b>************************************</b> |                           | 71.7                     | Gat Niene:                     | 1                          | ***************** |                   |              | 12. K#45            | i Name:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 3. Goderkesk:<br>B-4/CPL                                    |                 |
| Transfer.                  |                                                  |                                             | Other iD                  |                          | īd                             |                            |                   |                   | 7.74         | 20 10 3.30          | ar.                                            | IA DED SE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | p: 17           |
| +                          | Mer                                              | car comic                                   | 23. He                    | はは:   2<br>.   <i>0</i>  | 4. Weight                      | ßK                         | 7                 | SIGN              |              | C                   | erroge:                                        | Tay Lien un                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Sord: 30. Mark                                              | tal:            |
| 13 B                       | 12. Job Des                                      | cription/La                                 |                           | 33. MC:                  | 34. Securit                    | y Cir: 3                   |                   | al Marks          | Tatico       | id:                 |                                                | 6. Spouse Milk<br>/es: No:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ary: Amech:                                                 | <del></del>     |
| 37. Alias/Nickt            | lanes:                                           |                                             |                           |                          | 38. Alies/Niol                 | प्राथम ह्यः                |                   |                   |              | 3                   | 9. Aliss/Nic                                   | knamer:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                 |
| 40. Unit/ Organ            | nization:                                        | 1/0                                         | 2 FA                      | T/                       | n                              |                            | 41. Un            | di Phone i        | Numbe        | e; ·                | Home:                                          | Cell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | /Pager.                                                     | _               |
| 42. Milliary Sc            | rvice;                                           | 43. Su                                      | b Unit:                   |                          | 44. Fort/City:                 |                            |                   | S. State:         |              | 46. Coun            | _                                              | 47. Zip Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             | —<br>—/         |
| 49. Home Add               | A STATE OF THE STATE OF                          |                                             | 49. City                  |                          |                                |                            | 5                 | 0. 944            |              | 51. Cour            | <b>iny:</b>                                    | 52. Zie Cod                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | APO                                                         | 670             |
| 33. JUV: 3                 | 4. Partilly P                                    | lek:   35                                   | Lest Nam                  | e:                       |                                | 56. F                      | irst Nato         | á:                |              |                     | 57. MG                                         | ide Nime:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                             | <b></b>         |
| 58. Social Secu            | rity.                                            | <b></b>                                     |                           | 59. Ora                  | de/Rank:                       | ·····                      | 60. MC            | ::<br>            |              | 61. Unit:           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             | _               |
| 62. City:                  |                                                  |                                             | 63. State                 | ×                        | 64. <b>21P</b> /               | APO:                       |                   |                   | 65.          | Phone:              | Wk;                                            | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Han:                                                        | -               |
| 66. Offense Co             | de: 67                                           | . UFC:                                      | 68. Office                | io Code:                 | 69. UFC                        | 70.                        | Officiale (       | Code:             |              | 71. UFC:            | 72,0                                           | Maria Code:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 73. UFC                                                     | <u> </u>        |
| Telephone:                 |                                                  | BI                                          | s:<br>No∍. I              | u ns                     | PCS/DER                        | OS:                        | •                 | ľ                 |              | Time later          | view STAR                                      | r:<br>Tippe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,                                                           | .3              |
| Piace of Intervi           | ew.                                              | <u> </u>                                    | 1400 t                    | 7.00                     | <u>- L</u>                     |                            | -                 |                   | Date /       |                     | viow END:                                      | Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             | <del></del>     |
| Disposition:               |                                                  |                                             |                           |                          |                                |                            |                   |                   |              |                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                 |
| 74. Category:              |                                                  | 75. 7                                       | урс                       |                          | lecovered:<br>□ No:□           | 77. Vali                   | ite:              | 78. Ins           | tier:        |                     | Policy:                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Year/Date E                                                 | Step:           |
| 79. Year:                  | 80. M                                            | ske:                                        |                           | \$1. N                   | (ods):                         |                            | \$2. Vohi         | cle Style:        |              | 83.# of             | Doors:                                         | 84, Color:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 85. Size:                                                   |                 |
| 86. V.I.N:                 | <del>-                                    </del> |                                             |                           | 87. L                    | icense Plate:                  | 88                         | . State:          | 19. U             | DOD D        | ocal Numb           | NET:                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                 |
| NOTES:                     | wass                                             | ı                                           | LO INF                    | regu                     | rdin qu                        | )ards                      | on di             | - York            | <i>,</i> 11, | <b>"</b> Y          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                 |
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| CID FORM 4                 | 4-ROnli                                          | nt version                                  | 1                         | FHT                      | K, 1999                        |                            |                   |                   |              |                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                             |                 |

| DATA REQUIRED ST THE PRIVACY ACT AUTHORITY: This II, United Store Code Section MURG. ROUTING USES. There exist secretly gentles and other particular statements. Section 10.000.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| 74 CONTRACTOR MUMBER 75 PED SERVIPESCO / 76 CORPORATION NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| // UNP ALIXESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| EZ CONTRACT NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| NOTES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Soldies pequested an attorney at 1700 hrs. and did not went to talk further.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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| FOR OFFICIAL USE ONLY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| CID FORM 44-R ENTION OF 1 AUG 57 WILL BE USED ONTIL EXPLOSTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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|                                                            |                                       | 1                                                                                                                           | WAFRIIG                  | TIIVE WO                     | KKSHEET                     | ·<br>                                 |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
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| AUTHORITY:                                                 | Tida 10, Ve                           | and Seems Code, Se                                                                                                          |                          | 25 SET 75 CES<br>25          | स्त्रक्ट स्थाप              | Your axial a<br>hikamotica            |                                                | el ette yezet<br>Ministration                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | === d           |
| PRINCIPAL PURPOSE:                                         | To provide a                          |                                                                                                                             |                          | icials<br>may identified. Di | 901.050778                  | District of                           | C1083                                          | 2, <u>21,1</u> 05                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
| 1 REC DODE 2 ASTER CO                                      | 1 000 5                               | 4 (Fig. 4                                                                                                                   | 50: HABB.                | 5 YES   6 (                  | AST 7 HCI<br>-3             | MARIE .                               | \$ 165. TO                                     | CASE 9 COMPOL I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | g<br>3          |
|                                                            |                                       |                                                                                                                             | , MI                     | TYDUAL DATA                  |                             |                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>     |
| NI LAST HAVE                                               |                                       | 2đ _                                                                                                                        | IT FIRST MAKE            |                              | 15                          | MI JAMES                              |                                                | . St/e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12676           |
| 11 50000 20000                                             | 1                                     |                                                                                                                             |                          | 8                            | a car is him on the         | TO THE PROPERTY                       |                                                | - 12 MAR. 1. 13 (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | FOS-CITY 6      |
| M 1 17 At                                                  | Enter 2                               | 7/ 2 18                                                                                                                     | SENT 25 NAME<br>O 3 BILL | BOU                          | s U                         |                                       | 3 2 N                                          | 0 . 1 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TAL .           |
| 31 MGS 32 MC                                               | 22/9                                  | STITCH 34 1/80                                                                                                              | USTRY 35 S               |                              | SCAL MARKS                  |                                       | <del>/-/</del>                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>     |
| 21 YOUR WOOMES                                             | 11.75                                 | <u> </u>                                                                                                                    | 38 AUAS ATTAIN           |                              |                             | 39 ALIAS A                            | SCHAME                                         | <del></del> -                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 |
| 40 CHEWIZATON 1/5                                          | B ECC                                 |                                                                                                                             | 111                      | - E :                        |                             | 41 IF CONT                            | NACTOR COMMUNIC                                | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>26</u>       |
| 42 MILITARY SAC                                            | FSC SUBUR                             | iti (                                                                                                                       | amf Wa<br>H FURITUTY     | r Cagle                      | 5                           | 4 STATE                               | 46 COLINTRY                                    | 47 BP CODE/AP3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                 |
| 41_00935                                                   | 4                                     | z                                                                                                                           | e ary                    | agh dad                      | 12                          | to train                              | Lay 1                                          | AE 0937                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 5 1 67 6        |
|                                                            |                                       | <u></u>                                                                                                                     | FAMIL                    | Y NEMBER OF                  | ITA 18                      |                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 676             |
| SI JUV SA FAMILY RE.                                       | S STANSON                             | LAST HAME                                                                                                                   | 20                       | SO SPONSON FIRST             | MANE                        | 15                                    | 1 ST SPEASER M                                 | COLE HAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 75              |
| SE SOCIAL SECURITY HUNGE                                   | } .                                   | SPCN GRADE 60 S                                                                                                             |                          | SPENSOR UNIT ADD             | <u> </u>                    |                                       | <del>.`</del>                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |
| 62 SPON CITY                                               | <u>\$1</u>                            |                                                                                                                             |                          | GTT   65 SPCH ZP             |                             |                                       | <del></del>                                    | <u>,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | =               |
|                                                            |                                       | 18                                                                                                                          | 21                       | OFFEISE                      |                             | H                                     |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del></del>     |
| æ 0 <del>==3</del> 8≅ 000€                                 | 67 UFC                                | 65 OFFERS XXX                                                                                                               | es ur.                   | <del></del>                  |                             | 71 UFC   3                            | 7 OFFERSE CODE                                 | 1 73 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 |
|                                                            | <u> </u>                              |                                                                                                                             | ADMIN                    | HISTRATIVE DA                | TA                          | <u>' - 1!</u>                         |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| TESTAME I BOT LAND                                         | /                                     | 6 Jan 2006                                                                                                                  | PCS/0E-CS                |                              | CATE HITERY<br>START DA MAY | 04 START                              | 1750                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| PLACE OF INTERNIEN COMP<br>START BAGALAN, I<br>VERCLE CATA | Engle.                                | END DO PARY D                                                                                                               | THE SITERY               |                              | HEMEN                       |                                       | FNGEPRIKT                                      | দংৱাৰ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                 |
| AGSOTS CALLY                                               | T.                                    |                                                                                                                             | <u>/ ( LNC</u>           | DESCRITA                     | N                           |                                       | <u>.                                    </u>   | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                 |
|                                                            |                                       | <del></del>                                                                                                                 | CORF                     | ORATION DAT                  | A                           |                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| THE CONTINUES OF NUMBER                                    | 73                                    | FEI SENVINCO (                                                                                                              | 76 CORPORATA             | CH XXXE                      | <u>  </u>                   |                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| IT CORP ADDRESS                                            | 12 }                                  | <del></del>                                                                                                                 | 75 CORP CITY             | · <u>·</u>                   |                             | 73 CCR9 57                            | 80 009P CTY                                    | 81 CORP ZF COCE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>==</del> - |
| BZ CZNTRÁCT, NUMBER                                        | · · · · · · · · · · · · · · · · · · · | - 3                                                                                                                         | <del></del>              |                              | 18_                         | <u> </u>                              | <u>. 1</u>                                     | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |
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| TC of                                                      | truck                                 | <b>f</b> .                                                                                                                  |                          |                              |                             |                                       |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
|                                                            | ,                                     |                                                                                                                             | FUN APPRO                | AT HISE ONLY                 |                             |                                       | _                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                 |
| CID FORM 33-R                                              |                                       | ر ب. وي. او رود ا <del>ر المحكمة</del> و معيومين والواو و رود و و برود و رود و و درود و | TO A LUC OT A            |                              |                             | ,                                     | المحالية 100 كان 100 كان المراس إماليو بعد عرب | المحالية الأحالية المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة المراجعة الم |                 |

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| 上記で<br>42 Milliony Se             | 15 C DV                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 43. Sub                 | FT.H.                                   | <u> </u>          | Fact/City:          |                         | 1                   | 5. State:          | ·              | 46. Countr            | <i>r</i> :                 | 47. Zip Code                                        | ZAPO:                         |                           |
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| 58. Social Secu                   | nity:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                                         | 59. Crade         | /Rank:              |                         | 60. M£C             | <del>.</del>       |                | 6), Unit:             | <u> </u>                   |                                                     |                               |                           |
| 62. City:                         | <u>·</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <del></del>             | 63. State:                              |                   | 64. ZIP/            | APO:                    |                     |                    | 65.            | Phone:                | Wk:                        |                                                     | in:                           |                           |
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| 66. Offense Co                    | de: 67. U                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | JFC: 6                  | 8. Officia                              | Code              | 69. UFC             | ; 70                    | ). Offinse (        | Code:              |                | 71. URC:              | 72.00                      | fease Code:                                         | 73. (                         | JFC:                      |
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| Place of Intervi                  | 6¥:<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                                         |                   |                     |                         |                     |                    |                | ate:                  |                            | Tirae                                               |                               |                           |
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| 74, Category:                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 75. Typ                 | ė;                                      | 76. Rec           | overed:             | 77, Va                  | ine:                | 独品                 | itier:         |                       | Policy:                    |                                                     | Year/Da                       | е Ехр:                    |
| 79. Year:                         | 80. Mako                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u></u>                 |                                         | YessLJ<br>81, Mod | No:□                |                         | 82. Vehis           | cle Style:         |                | 1 83. # of L          | 0015:                      | 84. Color:                                          | /·<br>85. Star:               | <b>-</b>                  |
| 17. 164.                          | us: ;viii                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                         |                                         | ĺ                 |                     |                         | Ĺ                   | _                  |                |                       |                            |                                                     |                               |                           |
| 86. V.I.N:                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         | _                                       | 87. Li∞           | nse Plate:          | *                       | 8. State:           | 89. 1              | )OD D          | cal Number            | •                          |                                                     |                               |                           |
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| 58 OFFESZ CODE   67 UFC   56 OF             |                                                                       | 근(5 <u>2</u><br>N 아래도 대표            | 71 UFC   72 OFFENSE CODE                                                                           | ·   Taues                       |
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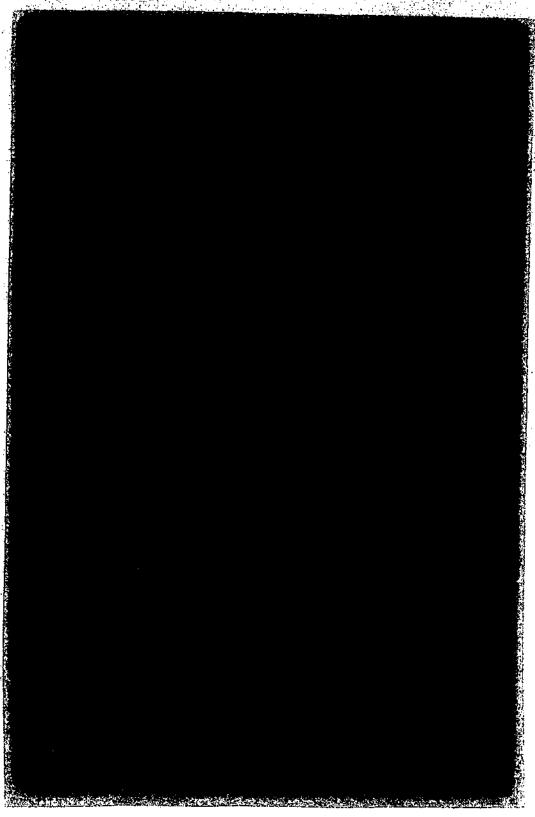
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FLORIDA 33621-5101

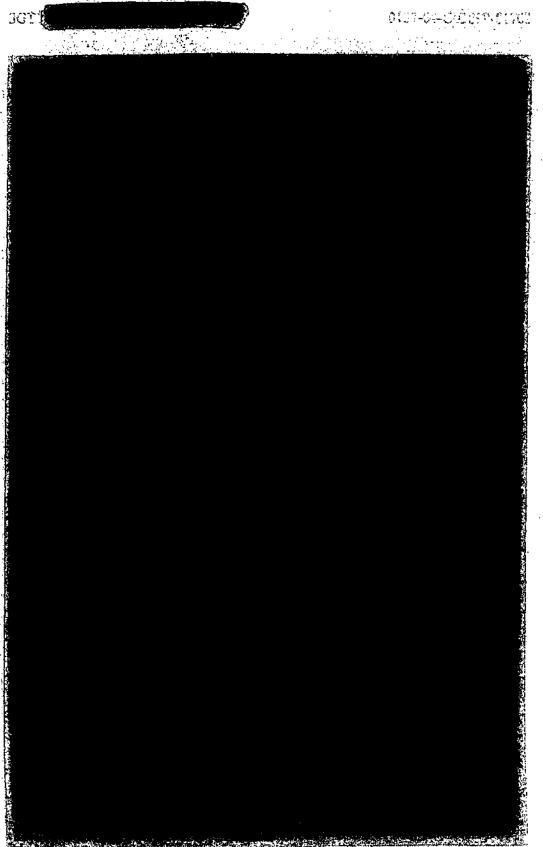
MS. JACQUELINE SCOTT scotti@centcom.smil.mil (813) 827-5341/2830

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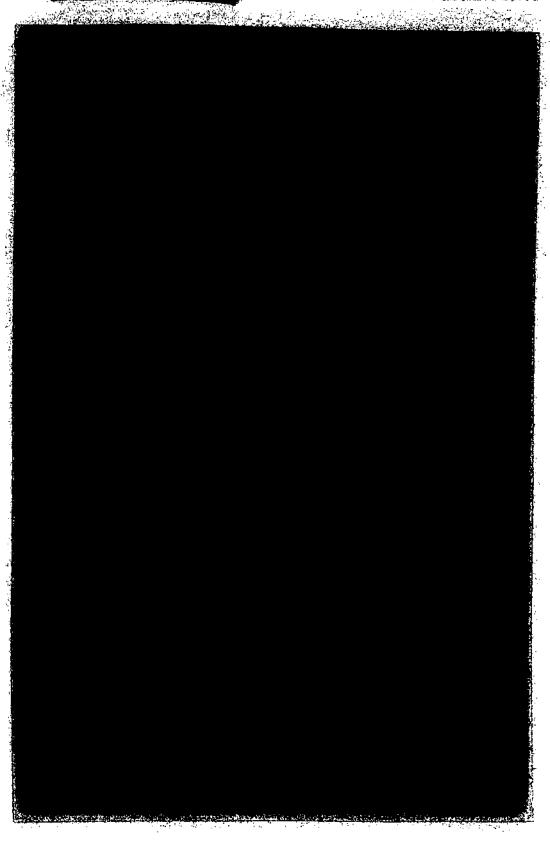
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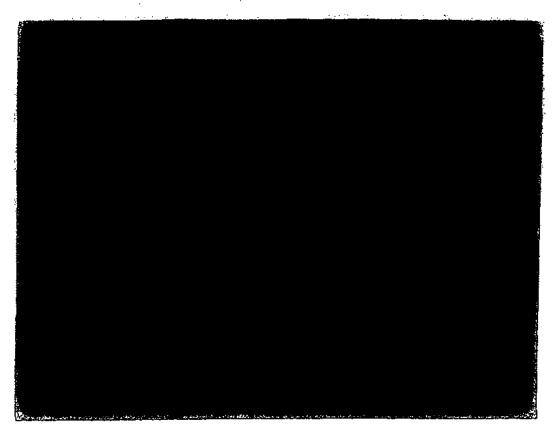
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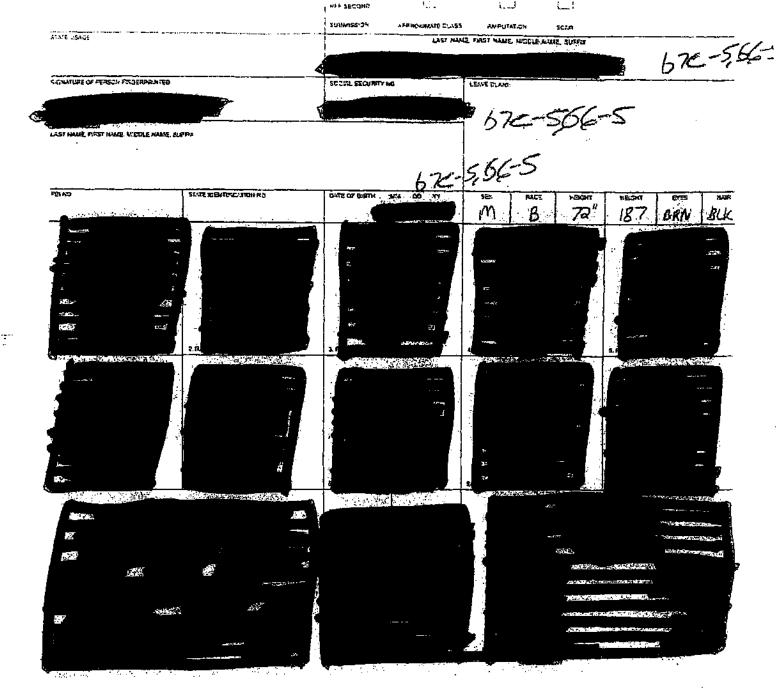


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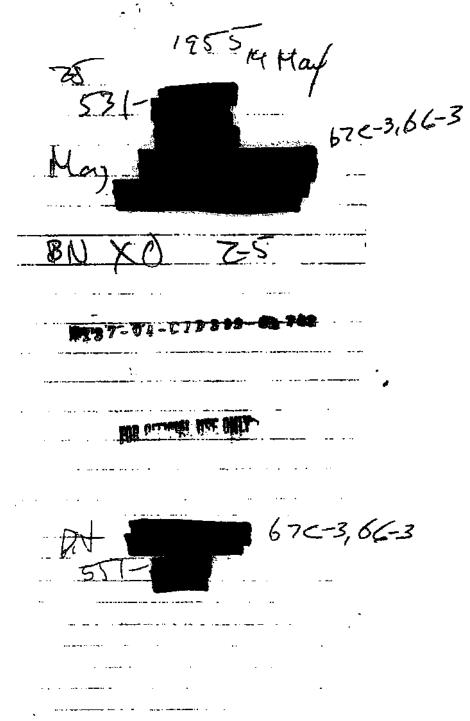
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