



DEPARTMENT OF THE ARMY
75th MILITARY POLICE DETACHMENT (CID)(-)
LSA DIAMONDBACK, MOSUL, IRAQ
APO AE 09334

REPLY TO
ATTENTION OF

CIRC (195-2)

6 Sep 2004

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION -- FINAL -- 0099-04-CID389-80676-5C2

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 9 Aug 2004, 1930 - 9 Aug 2004, 1940; MOSUL AIRFIELD DETENTION FACILITY; MOSUL, IZ.

DATE/TIME REPORTED: 13 AUG 2004, 1000

*b7c-1, b6-1
b2*

INVESTIGATED BY: SA [REDACTED]

SUBJECT: 1. (NONE); (NFI) [ASSAULT] [UNFOUNDED]

b7c-4, b6-4

VICTIM: 1. [REDACTED] M; WHITE; CAPTURE TAG # [REDACTED] IZ; (NFI) [ASSAULT] [UNFOUNDED]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

This investigation was initiated when Mr. [REDACTED] reported he was assaulted while in the Mosul Detention Facility, Mosul, Iraq.

b7c-4, b6-4

Investigation established Mr. [REDACTED] claim of abuse was unfounded.

b7c-4, b6-4

STATUTES: Article 128, UCMJ: Assault (Unfounded)

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA [REDACTED], 20 Aug 04, detailing the Basis for Investigation, interviews of Mr. [REDACTED] SPC [REDACTED] and Mr. [REDACTED] and coordination with SJA.

b7c-1, b6-1

b7c-4, b6-4

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DODDOACID-004440

CIRC-CFC

SUBJECT: CID REPORT OF INVESTIGATION -FINAL - 0099-04-CID389-80676 - 5C2
(DIMIS)

2. Sworn Statement of SPC [REDACTED] 14 Aug 04, denying he assaulted Mr. [REDACTED]

b7c-1, b6-4

Not Attached:

The originals of Exhibits 1 and 2 are forwarded with the USACRC copy of this report.

Status: This is a Final Report.

Report Prepared By:

[REDACTED]

*b7c-1, b6-1
b2*

Special Agent,

Report Approved by:

[REDACTED]

b7c-1, b6-1

CW3, MP

Special Agent in Charge

DISTRIBUTION:

- 1 - DIR, USACRC, Fort Belvoir, VA 22060 (original)
- 1 - THRU: CDR, 22nd MP BN (CID) (FWD), APO AE 09342
CDR, 3D MP GROUP (CID)
- 1 - PMO, TFO (MAJ [REDACTED]) (email only) *b7c-3, b6-3*
- 1 - COS, TFO (COL [REDACTED]) (email only) *b7c-3, b6-3*
- 1 - SJA (ATTN: CPT [REDACTED]), (email) *b7c-3, b6-3*
- 1 - File

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0099-04-CID389-80676

PAGE 1 OF 1 PAGES

DETAILS:

BASIS FOR INVESTIGATION: About 1000, 13 Aug 04, SSG [REDACTED] 330 MP DET, LSA Diamondback, Mosul Airfield (MAF), Iraq, notified this office of a possible detainee abuse at Mosul Detention Facility. b7c-4,66-4

About 1400, 13 Aug 04, SA [REDACTED] interviewed MR [REDACTED] who stated that during interrogation by MI Personnel on 9 Aug 04, he was kicked by the interrogator while he was in a kneeling position on the floor with his hands behind his back. MR [REDACTED] stated that the air conditioner in the interrogation room was turned off and he began to sweat. MR [REDACTED] stated he moved to wipe the sweat from his forehead when he was kicked by the interrogator in the right leg above the knee. MR [REDACTED] stated he did not report the incident or seek medical treatment, and he refused to provide a written statement. b7c-4,66-4

About 1000, 14 Aug 04, SA [REDACTED] advised SPC [REDACTED], 209 MI CO, 3/2 INF, of his rights, which he waived and provided a sworn statement. SPC [REDACTED] denied kicking MR [REDACTED] (See Sworn Statement). b7c-4,66-4

About 1345, 14 Aug 04, SA [REDACTED] interviewed MR [REDACTED] Interpreter for MR [REDACTED] who stated that at no time during the interrogation on 9 Aug 04 did he or SPC [REDACTED] kick MR [REDACTED]. b7c-4,66-4

About 1415, 14 Aug 04, SA [REDACTED] re-interviewed MR [REDACTED] who declined to provide a sworn statement detailing the alleged incident.

About 1030, 15 AUG 04, SA [REDACTED] coordinated this investigation with CPT [REDACTED] office of the Staff Judge Advocate, who opined MR [REDACTED] allegation of abuse was unfounded. /// Last Entry ///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA [REDACTED]

SIGNATURE

ORGANIZATION

75th MP DET CID (-), USACIDC
Mosul, Iraq APO AE 09334

DATE

31 Aug 2004

EXHIBIT

1

CID FORM 94

FOR OFFICIAL USE ONLY

DODDOACID-004442

3

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION CID office, LSA Diamondback	2. DATE 14 Aug 04	3. TIME	4. FILE NO. 0079-04-CID389
5. NAME (Last, First, MI) [REDACTED] b7c-2, b6-3	6. ORGANIZATION OR ADDRESS 209 MI. CO.		80076
7. GRADE/STATUS E-4	LSA DIAMONDBACK (FT. LEWIS, WA)		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

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

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:
I do not have to answer any question or say anything.
Anything I say or do can be used as evidence against me in a criminal trial.
For personnel subject to the UCMJ I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

I am now willing to discuss the offense(s) under investigation, with or without a lawyer present. I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

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

WITNESSES (If available)

1a. NAME (Type or Print)	3. SIGNATURE OF INTERVIEWEE [REDACTED] b7c-3, b6-3
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)	5. PRINTED NAME OF INVESTIGATOR [REDACTED] b7c-1, b6-1
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR 75th MP Det. (CID) LSA Diamondback, Masul, Iraq

Section C. Non-waiver

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

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 3822) SUBMITTED

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel

b7c-3, b6-3

LOCATION CID office, LSA Diamondback	DATE 14 AUG 04	TIME 16:30	FILE NUMBER 0099-04-CID389-20676
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E-4
ORGANIZATION OR ADDRESS 209th MICO 3/2 SBCT			

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 09 AUG 04 (I think), at approx 1500 to 1600 I questioned [REDACTED] of the YahiyA tribe. The detainee was questioned for involvement in a grenade/small arms attack against U.S. personnel conducting a ground search. During interrogation, I questioned the detainee for his knowledge about his involvement in the attack against U.S. military personnel. He was questioned specifically for who else was involved in firing at the U.S. patrol, from whom he obtained the grenade, who were the leaders, why did they engage the U.S. patrol, and his timeline of events of the morning of the attack. I used questioning techniques including direct, confidentiality, incentive, and fear-up mild/harsh during the interrogation. At times, I yelled in a loud voice while standing around him while he sat in chair. At one point, I required detainee to squat while I inspected his chair and the room for any pens or items that could be used by detainee in a violent manner. This lasted approx a few minutes, then I continued my questioning while the detainee sat in the plastic chair for approx 45 min to one hour. Moreover, I slammed my hand on the table and tapped my feet against his chair leg to get him to maintain eye contact and answer questions directly. Throughout questioning, detainee repeatedly avoided eye contact and tried to change the subject. Numerous times in questioning I needed to yell in a strong voice to get him to answer questions. Detainee continued to show strong signs of deception so I warned him that without his cooperation he would be sent to Abu Graib prison in Baghdad. In no way during questioning was the detainee struck by me or the interpreter by using kicks to his body; the detainee was not struck by any force in any manner during the entire length of interrogation.

b7c-3, b6-4

XHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]
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b7c-3, b6-3

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED."
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE
 INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE
 TORN OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT OF SPC [REDACTED]

TAKEN AT Mosul, Iraq

DATED 4 Aug 04

CONTINUED

Questions: SA [REDACTED]

b7c-3, 66-3

Answers: SPC [REDACTED]

b7c-3, 66-3

Q: Who else was present during the interrogation?

A: My interpreter/linguist, [REDACTED] b7c-3, 66-3

Q: Where did the interview take place? It took place
in the questioning booth at the MAF detention facility

Q: Have you interviewed this prisoner before?

A: Yes.

Q: How many times? T

A: Twice by myself.

Q: Any prior problems with him? such as threatening movements?

A: NO.

Q: Was he put into a kneeling position with his hands
behind his back and told not to move?A: Yes, he was temporarily told to squat on his knees
and not to move while I inspected the room and his
body for any pens or contraband.Q: How long was he in that position? A: He was on the floor
for approx a few minutes.Q: At any time during the interview did the air conditioner power
get turned off?A: Yes. The A/C repeatedly shut down while workers operated
on the generator supplying power. Also, I turned A/C box
off to avoid shorting the breaker since this has happened
before.Q: At any point during the interrogation did you or the interpreter
kick the prisoner either while he was kneeling on the floor
or sitting in his chair?

A: NO.

Q: Do you have anything further to add to this statement?

A: NO. END OF STATEMENT. [REDACTED] b7c-3, 66-3

[REDACTED] b7c-3, 66-3

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE

2 OF 3

PAGE

DODDOACID-004445

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67C-3,66-3

FILE NUMBER:

STATEMENT OF SPC [REDACTED] TAKEN AT Mosul, Iraq DATED 14 Aug 04 CONTINUED.

STATEMENT (Continued)

ADDED

67C-3,66-3

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. 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 OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED] 67C-3,66-3
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 14 day of Aug, 20 04 at LSA Diamondback, Mosul, Iraq

[REDACTED] 67C-1,66-1
(Signature of Person Administering Oath)

SA [REDACTED] 67C-1,66-1
(Typed Name of Person Administering Oath)

ART-136 UCMJ
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

[REDACTED] 67C-3,66-3

PAGE 3 OF 3 PAGES

MILITARY POLICE REPORT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

MILITARY POLICE REPORT NUMBER 0040-04	DATE (YYYYMMDD) 2004/08/13	ORI NUMBER	USACRC CONTROL NUMBER
THRU	TO	FROM Law & Order Office 327th MP Det. LSA Diamond Back	

SECTION I - ADMINISTRATION

1. REPORT TYPE	3. EVALUATION	4c. COMPLAINT RECEIVED BY	5a. CLEARANCE REASON	5b. EXCEPTIONAL CLEARANCE DATE (YYYYMMDD)
<input type="checkbox"/> Information	<input checked="" type="checkbox"/> Founded	<input type="checkbox"/> In Person	<input type="checkbox"/> A Death of Offender	
<input type="checkbox"/> Traffic	<input type="checkbox"/> Unfounded	<input type="checkbox"/> 911	<input type="checkbox"/> B Prosecution Declined	
<input type="checkbox"/> Military Offense	4a. COMPLAINT DATE (YYYYMMDD) 2004/08/12	<input type="checkbox"/> CB	<input type="checkbox"/> C Extradition Declined	7. INVOLVEMENT
<input type="checkbox"/> Criminal		<input type="checkbox"/> Telephone	<input type="checkbox"/> D Victim Refused to Cooperate	
<input checked="" type="checkbox"/> Complaint		<input type="checkbox"/> Mail	<input type="checkbox"/> E Juvenile, No Custody	<input type="checkbox"/> Death <input type="checkbox"/> Gang
2. STATUS	4b. COMPLAINT TIME (24 HR)	<input type="checkbox"/> Radio	<input type="checkbox"/> U Unfounded	<input type="checkbox"/> Trainee <input type="checkbox"/> Extremist
<input checked="" type="checkbox"/> Initial	1650	<input type="checkbox"/> Crime Stoppers	6a. MP ACTION	6b. DATE REFERRED (YYYYMMDD)
<input type="checkbox"/> Supplemental		<input type="checkbox"/> Alarm	<input type="checkbox"/> MP <input type="checkbox"/> Civil Authorities	2004/08/13
<input type="checkbox"/> Cdr's Action		<input checked="" type="checkbox"/> OTHER (Specify) Electronic Mail	<input checked="" type="checkbox"/> CID <input type="checkbox"/> Traffic	
		<input checked="" type="checkbox"/> Referral	<input type="checkbox"/> MP <input type="checkbox"/> OTHER (Specify)	

SECTION II - OFFENSE (For additional offenses, complete DA Form 3975-1)

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT 1	1c. VICTIM NO. INVOLVEMENT 1	1d. NIBRS LOCATION CODE 15	1e.	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES
				<input type="checkbox"/> ATTEMPTED	<input type="checkbox"/> YES <input type="checkbox"/> NO See DA Form 3975-1
				<input type="checkbox"/> COMPLETED	
1g. OFFENSE CODE(s)	1h. OFFENSE DESCRIPTION(s) Alleged Prisoner Abuse. (Victim claims he was kicked above the right knee by Interrogator while being questioned.)			1i. OFFENSE LOCATION ADDRESS Mosul Detention Facility, LSA Diamondback, Mosul Airfield APO AE 09334	
2a. BEGIN DATE (YYYYMMDD) 2004/08/09	3. TYPE OF CRIMINAL ACTIVITY (Check up to three)			4. OFFENSE STATUTORY BASIS	5. OFFENDER USED (Check up to three)
2b. BEGIN TIME (24 Hour)	<input type="checkbox"/> B Buying/Receiving	<input checked="" type="checkbox"/> A UCMJ	<input type="checkbox"/> C Cultivating/Manufacturing/Publishing	<input type="checkbox"/> B Non-Criminal Fatality	<input type="checkbox"/> A Alcohol
2c. END DATE (YYYYMMDD) 2004/08/09	<input type="checkbox"/> D Distributing/Selling	<input type="checkbox"/> C State	<input type="checkbox"/> E Exploiting Children	<input type="checkbox"/> D Local	<input type="checkbox"/> C Computer Equipment
2d. END TIME (24 Hour)	<input type="checkbox"/> O Operating/Promoting/Assisting	<input type="checkbox"/> E Foreign	<input type="checkbox"/> P Possessing/Concealing	<input type="checkbox"/> F Federal, Non-UCMJ	<input type="checkbox"/> D Drugs/Narcotics
	<input type="checkbox"/> T Transporting/Importing		<input type="checkbox"/> U Using/Consuming		<input checked="" type="checkbox"/> N Not Applicable

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES (Section II, Block 1d)

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

Check up _____ and indicate in the second block next to the item whether:
 F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

- 11 Firearm (Unk Type)
- 12 Handgun
- 13 Rifle
- 14 Shotgun
- 40 Personal Weapons
- 20 Knife/Cutting Instrument
- 30 Blunt Object

- 35 Motor Vehicle
- 50 Poison
- 60 Explosives
- 65 Fire/Incendiary
- 70 Narcotics/Drugs
- 85 Asphyxiation
- 95 Unknown

90 OTHER (Specify) _____

99 None

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

Forcible Entry No Forcible Entry

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

- 1 Argument
- 2 Assault on Law officer
- 3 Drug Dealing
- 4 Gangland
- 5 Juvenile Gang
- 6 Domestic Quarrel
- 7 Mercy Killing
- 8 Other Felony Involved
- 20 Criminal Killed by Private Citizen
- 21 Criminal Killed by Law Enforcement
- 30 Child Playing With Weapon
- 31 Gun Cleaning Accident
- 32 Hunting Accident
- 33 Other Negligent Weapon Handling
- 35 Other Negligent Killings

9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES

- A Criminal attacked police officer and that police officer killed the criminal
- B Criminal attacked police officer and was killed by another police officer
- C Criminal attacked a civilian
- D Criminal attempted flight from a crime
- E Criminal killed in commission of a crime
- F Criminal resisted arrest
- G Unable to determine

10. BIAS MOTIVATION (As applicable) YES NO UNKNOWN

SECTION III - SUBJECT (For additional subjects, complete DA Form 3975-2)

1a. SUBJECT NO. 1b. NAME (Last, First, Middle, Jr., Sr., III) Unknown MI Interrogator 1c. SSN/FNN/ALIEN REG NO 1d. PROTECTED IDENTITY

1e. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov Empl <input type="checkbox"/> U Foreign Nat Empl <input type="checkbox"/> V Other Foreign Nat <input type="checkbox"/> W Retired Military	1f. DOB (YYYYMMDD)	1g. POB (City, State, Country)	1h. GRADE	1i. HOME PHONE	
	1j. WORK PHONE	1k. NICKNAMES/ALIAS		1l. CITIZENSHIP <input type="checkbox"/> US Country (Specify) <input type="checkbox"/> Resident Alien	
	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NUMBER		1o. IS LICENSE <input type="checkbox"/> FR Foreign State (Specify) <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, AND STREET ADDRESS 209th MI Company		2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO APO AE 09334	
3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY	2e. UNIT PHONE 581-██████		
		3b. INSTALLATION/CITY	3d. ZIP/APO		
		3c. STATE/COUNTRY			

4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Black <input type="checkbox"/> Dark <input type="checkbox"/> Dark Brown <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Light Brown <input type="checkbox"/> Medium <input type="checkbox"/> Medium Brown <input type="checkbox"/> Ruddy <input type="checkbox"/> Yellow <input type="checkbox"/> Sallow <input type="checkbox"/> Olive	4d. AGE RANGE (Specify) 4e. HEIGHT 4f. WEIGHT	5. JUVENILE <input type="checkbox"/> YES <input type="checkbox"/> NO 6. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown
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8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors)
11. OFFENDER'S DISPOSITION		

12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH (Check up to two and whether F - Fully Automatic, M - Manual, S - Semi-Automatic, or U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 15 Other (Specify)
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<input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	<input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYYMMDD)	15d. APPREHENDING PMO (UIC/MPC)
15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)		15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.
16c. ILLNESS/INJURY		15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> YES <input type="checkbox"/> NO	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None
16d. ALCOHOL/DRUG INVOLVEMENT REMARKS		16b. ALCOHOL/DRUG TESTING RESULTS	

SECTION IV - VICTIM (For additional victims, complete DA Form 3975-3)

1a. VICTIM NO. 1	1b. NAME (Last, First, Middle Name, Jr., Sr., III) [REDACTED]	1c. SSN/FNN/ALIEN REG NUMBER Capture Tag # [REDACTED]	1d. PROTECTED IDENTITY Yes [REDACTED]
1e. CATEGORY <input checked="" type="checkbox"/> R Civilian	1f. DOB (YYYYMMDD) [REDACTED]	1g. POB (City, State, Country) [REDACTED]	1h. GRADE Iraqi National
	1i. HOME PHONE	1j. WORK PHONE	1k. NICKNAMES/ALIAS
	1l. CITIZENSHIP <input checked="" type="checkbox"/> Country (Specify) Iraq	1m. COMPONENT <input type="checkbox"/> G National Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER'S LICENSE NUMBER
	2a. ORGANIZATION, UIC, AND STREET ADDRESS Mosul Denton Facility LSA Diamondback Mosul, Iraq, APO AE 09334	2b. INSTALLATION/CITY LSA Diamondback	2d. ZIP/APO 09334
	3a. RESIDENCE STREET ADDRESS	2c. STATE/COUNTRY Mosul IRAQ	2e. UNIT PHONE
		3b. INSTALLATION/CITY	3d. ZIP/APO
		3c. STATE/COUNTRY	

4a. TYPE OF VICTIM <input checked="" type="checkbox"/> I Individual	<input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> Other <input type="checkbox"/> Unknown	4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1-6 Days Old <input type="checkbox"/> 7-364 Days Old <u>15</u> Years Old AGE RANGE (Specify)	4d. RACE <input type="checkbox"/> A Asian/Pacific Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
--	---	--	--	--	--

5. BIAS MOTIVATION YES NO (Check applicable bias)

<input type="checkbox"/> AA Anti-Atheist/Agnostic	<input type="checkbox"/> AK Anti-Female Homosexual	<input type="checkbox"/> AU Anti-Protestant
<input type="checkbox"/> AB Anti-Alaskan Native	<input type="checkbox"/> AL Anti-Heterosexual	<input type="checkbox"/> AV Anti-White
<input type="checkbox"/> AC Anti-American Indian	<input type="checkbox"/> AM Anti-Hispanic	<input type="checkbox"/> AW Anti-Homosexual Bias
<input type="checkbox"/> AD Anti-Arab	<input type="checkbox"/> AN Anti-Islamic (Moslem)	<input type="checkbox"/> AY Anti-Other Religions
<input type="checkbox"/> AE Anti-Asian	<input type="checkbox"/> AO Anti-Jewish	<input type="checkbox"/> AZ Anti-Other Ethnicity
<input type="checkbox"/> AG Anti-Bisexual	<input type="checkbox"/> AQ Anti-Male Homosexual	<input type="checkbox"/> BA Anti-Mental Disability
<input type="checkbox"/> AH Anti-Black	<input type="checkbox"/> AR Anti-Multi-Racial Group	<input type="checkbox"/> BB Anti-Physical Disability
<input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AS Anti-Multi-Religious Group	<input type="checkbox"/> BC Sexual Harassment
	<input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AX Unknown Bias

(the subject's number) None

<input type="checkbox"/> AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee (baby)	<input type="checkbox"/> CA Otherwise Known
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input type="checkbox"/> CB Relationship Unknown
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse	

7. VICTIM INVOLVEMENT

<input type="checkbox"/> Accessory	<input type="checkbox"/> Principle
<input type="checkbox"/> Conspiracy	<input type="checkbox"/> Solicit

8. INJURY TYPE (Check up to five)

<input type="checkbox"/> B Broken Bones	<input type="checkbox"/> O Major Injury
<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None

9a. DD FORM 2701 PROVIDED VICTIM
 YES NO

9b. IF NOT PROVIDED, WHY NOT?
 Declined Not Required

SECTION V - PERSONS RELATED TO REPORT (For additional persons related to report, complete DA Form 3975-4)

1a. PERSON RELATED TO REPORT NUMBER: 1

1b. STATUS: Civil Authorities Complaint Military Police
 Sponsor Witness

1c. NAME (Last, First, Middle Name, Jr., Sr., III): [REDACTED]

1d. SSN/FNN/ALIEN REG NO.: [REDACTED]

1e. CITIZENSHIP: US Resident Alien
Country (Specify): [REDACTED]

1f. CATEGORY: A Army

1g. DOB (YYYYMMDD): [REDACTED]

1h. POB (City, State, County): [REDACTED]

1i. GRADE: E-6

1j. HOME PHONE: [REDACTED]

1k. WORK PHONE: 589-[REDACTED]

1l. NICKNAMES/ALIAS: [REDACTED]

1m. COMPONENT: R Regular G Nat'l Guard V Reserves

1n. DRIVER LICENSE NUMBER: [REDACTED]

1o. IS LICENSE: Foreign International

2a. ORGANIZATION, UIC, AND STREET ADDRESS: 107th FA, Mosul Detention Facility

2b. INSTALLATION/CITY: LSA Diamondack

2c. STATE/COUNTRY: Iraq

2d. ZIP/APO: APO AE 093

2e. UNIT PHONE: 589-[REDACTED]

3a. RESIDENCE STREET ADDRESS: [REDACTED]

3b. INSTALLATION/CITY: [REDACTED]

3c. STATE/COUNTRY: [REDACTED]

3d. ZIP/APO: [REDACTED]

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: YES NO

4b. IF NOT PROVIDED, WHY NOT? Declined Not Required

5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701: 0

SECTION VI - PROPERTY (For additional Property, complete DA Form 3975-5)

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

PROPERTY DESCRIPTION CODE TABLE

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

DRUG/NARCOTIC MEASURES

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

DODDOACID-004450

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
 PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. MILITARY POLICE REPORT NUMBER 0040-04	2. DATE (YYYYMMDD) 2004/08/13	3. ORI NUMBER	4. USACRC CONTROL NUMBER
5. THRU	6. TO	7. FROM	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Witness	
1c. NAME (Last, First, Middle Name, Jr., Sr., III) [REDACTED]		1d. SSN/FNN/ALIEN REG NO. 6704166-4	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input checked="" type="checkbox"/> Country (Specify) Iraq
1f. CATEGORY <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input checked="" type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYYMMDD) 6704166-4	1h. POB (City, State, County) Baghdad, Iraq	1i. GRADE Civilian
	1k. WORK PHONE [REDACTED]	1l. NICKNAMES/ALIAS	1j. HOME PHONE
	1n. DRIVER LICENSE NUMBER	1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International	1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
	2a. ORGANIZATION, UIC, AND STREET ADDRESS Titan Linguist (Working for 107th FA at MDF)		2b. INSTALLATION/CITY LSA Diamondback
3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY Iraq	2e. UNIT PHONE 589 [REDACTED]
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	
		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0	

3		Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input checked="" type="checkbox"/>	
1c. NAME (Last, First, Middle Name, Jr., Sr., III) ██████████		1d. SSN/FNN/ALIEN REG NO. <u>67C-3, 66-3</u>	
1f. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1g. DOB (YYYYMMDD)	
		1h. POB (City, State, Country)	
		1i. GRADE E-5	
		1j. HOME PHONE	
1k. WORK PHONE 589-██████████		1l. NICKNAMES/ALIAS	
1m. COMPONENT <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves			
1n. DRIVER LICENSE NUMBER		1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International	
2a. ORGANIZATION, UIC, AND STREET ADDRESS 330th MP Det. (L&O)		2b. INSTALLATION/CITY LSA Diamondback	
		2d. ZIP/APO APO AE 09334	
3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY Iraq	
		2e. UNIT PHONE 589-██████████	
		3b. INSTALLATION/CITY	
		3d. ZIP/APO	
		3c. STATE/COUNTRY	
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	
		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0	
1a. PERSON RELATED TO REPORT NUMBER 4		1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Complaint <input type="checkbox"/> Military Police <input checked="" type="checkbox"/>	
1c. NAME (Last, First, Middle Name, Jr., Sr., III) ██████████		1d. SSN/FNN/ALIEN REG NO. <u>67C-3, 66-3</u>	
		1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien	
1f. CATEGORY <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military		1g. DOB (YYYYMMDD)	
		1h. POB (City, State, Country)	
		1i. GRADE E-6	
		1j. HOME PHONE	
1k. WORK PHONE 589-██████████		1l. NICKNAMES/ALIAS	
1m. COMPONENT <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves			
1n. DRIVER LICENSE NUMBER		1o. IS LICENSE <input type="checkbox"/> Foreign <input type="checkbox"/> International	
2a. ORGANIZATION, UIC, AND STREET ADDRESS 330th MP Det. (L&O)		2b. INSTALLATION/CITY LSA Diamondback	
		2d. ZIP/APO APO AE 09334	
3a. RESIDENCE STREET ADDRESS		2c. STATE/COUNTRY Iraq	
		2e. UNIT PHONE 589-██████████	
		3b. INSTALLATION/CITY	
		3d. ZIP/APO	
		3c. STATE/COUNTRY	
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	
		5. NUMBER OF VICTIMS AND WITNESSES NOTIFIED WITH DD FORM 2701 0	

SECTION VII - NARRATIVE

NARRATIVE: On 13 August 2004, at approximately 1010, I (SSG [redacted]) was given an electronic message (E-Mail) by the the 330th MP Desk Sergeant. The e-mail was from MAJOR [redacted] from the Task Force Olympia Provost Marshal's Office, asking for a member of our unit to conduct an initial investigation into an abuse claim by a prisoner that is detained in the Mosul Detention Facility on LSA Diamondback. At approximately 1040, myself and SGT [redacted] from the 330th MP Det. met with SSG [redacted] from the Mosul Detention Facility and advised him we needed to meet with the juvenile detained there that was claiming he had been abused by an interrogator while he was being questioned. 107th FA's Interpreter JAAF accompanied us to segregation cell #5 to retrieve the complainant (Capture Tag# [redacted]).

INTERVIEW OF COMPLAINANT: At approximately 1045 we interviewed the victim in an interrogation room at the prison. The victim, we identified as [redacted] years of age, told us that since his capture on 2 August 2004 he had been interrogated five to six times by four different Interrogators. [redacted] said he had been treated very well by three out of the four Interrogators and that there was always an interpreter present during the interrogations. According to [redacted] the last time he was interrogated was on 09 August 2004. During the interrogation the Interrogator made [redacted] get down on his knees, put his hands behind his back and was told not to make any sudden movements. However during the time he was on his knees being questioned, [redacted] reached up to wipe sweat off of his brow, and was then kicked just above his right knee and then screamed at by the Interrogator. [redacted] told us that the kick caused him pain for approximately two hours after the incident but it left no red mark or bruising and there has been no further pain. He has not received any medical treatment or asked to see a doctor for the knee. I asked [redacted] for a written statement concerning the incident but he refused and stated he wanted to be released from the prison. At approximately 1055, I took two digital photographs of [redacted] one of his knee showing no signs of injury and one of [redacted] himself pointing at the knee that he claimed was kicked. At approximately 1100, 13 August 2004, we concluded the interview with [redacted] and released him back to his cell.

REFERRAL: At approximately 1105hrs on 13 August [redacted] and I informed CID Agent [redacted] of the incident and referred the case to him.

b7c-3, b6-3

b7c-1, b6-1

<p>1. ENCLOSURES</p> <p>(2)- Digital Photographs. One of Complainant and one of complainants knee.</p> <p>(4) Detainee Custody Forms. Dated: 04 August 2004, 05 August 2004, 05 August 2004 and 13 August 2004.</p>	<p>2. DISTRIBUTION</p>	<p>3. NAME [redacted]</p> <p>4. GRADE E-6</p> <p>5. TITLE OF REPORTING OFFICIAL Military Police Investigator</p> <p>6. SIGNATURE [redacted]</p>
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b7c-1, b6-1
[REDACTED]

DATE: 14 Aug 04
FROM: SAC, 75TH MP DET CID (-), MOSUL, IRAQ
TO: DIR, USACRC, FT BELVOIR, VA
CDR, 75TH MP DET (CID), BALAD, IRAQ
CDR, 22ND MP BN (CID)(FWD), BAGHDAD, IRAQ
CDR, 3D MP GRP (CID), FT GILLEM, GA
CDR, ATTN: CIOP-ZA, USACIDC, FT BELVOIR, VA
PM, STRYKER BRIGADE COMBAT TEAM (SBCT), MOSUL, IRAQ
SJA, SBCT, MOSUL, IRAQ
PM, TASK FORCE OLYMPIA (TFO), MOSUL, IRAQ
SJA, TFO, MOSUL, IRAQ
CHIEF OF STAFF, TFO, MOSUL, IRAQ

SUBJECT: CID REPORT OF INVESTIGATION - INITIAL/SSI - 0099-04-CID389-80676-5C2

DRAFTER: [REDACTED] b7c-1, b6-1
RELEASER: [REDACTED]

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 9 Aug 2004, 1530 - 9 Aug 2004, 1530; MOSUL AIRFIELD DETENTION FACILITY; MOSUL, IZ.

2. DATE/TIME REPORTED: 13 Aug 2004, 1000

3. INVESTIGATED BY: SA [REDACTED] b7c-1, b6-1, b2

4. SUBJECT: 1. (NONE); (NFI) [ASSAULT] [UNFOUNDED]

5. VICTIM: 1. [REDACTED] b7c-4, b6-4, M; WHITE; CAPTURE TAG # [REDACTED], IZ; (NFI) [ASSAULT] [UNFOUNDED]

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 INVESTIGATION"

THIS INVESTIGATION WAS INITIATED WHEN THIS OFFICE WAS NOTIFIED BY 330TH MILITARY POLICE DETACHMENT, MOSUL AIR FIELD, MOSUL, IRAQ, OF A REPORTED DETAINEE ASSAULT AT MOSUL AIRFIELD DETENTION FACILITY.

PRELIMINARY INVESTIGATION DISCLOSED ON 13 AUG 04, MR. [REDACTED] b7c-4, b6-4 REPORTED HE WAS KICKED DURING INTERROGATION THAT OCCURRED ON 5 AUG 04.

ON 13 AUG 04, MR. [REDACTED] b7c-4, b6-4 WAS INTERVIEWED AND STATED HE WAS PLACED ON HIS KNEES AND SEARCHED AND INSTRUCTED NOT TO MOVE. MR. [REDACTED] STATED HE

WAS SWEATING AND MOVED TO WIPE HIS BROW, WHEN HIS INTERROGATOR, SPC [REDACTED] 209TH MILITARY INTELLIGENCE CO, MOSUL, IRAQ, (FT LEWIS, WA), KICKED HIM IN THE LEG, JUST ABOVE HIS KNEE. MR. [REDACTED] STATED THE KICK DID NOT LEAVE ANY MARKS OR BRUISES AND DECLINED TO PROVIDE A WRITTEN STATEMENT. *b7c-4, b6-4*

ON 14 AUG 04, SPC [REDACTED] WAS INTERVIEWED AND DENIED KICKING MR. [REDACTED]. *b7c-4, b6-4*

ON 14 AUG 04, MR. [REDACTED] INTERPRETER, TITAN CORPORATION, MOSUL AIR FIELD, MOSUL, IRAQ, WAS INTERVIEWED. MR. [REDACTED] STATED HE WAS PRESENT WHEN SPC [REDACTED] INTERROGATED MR. [REDACTED] ON 5 AUG 04, AND STATED SPC [REDACTED] DID NOT KICK MR. [REDACTED] AS ALLEGED. *b7c-4, b6-4*

ON 14 AUG 04, MR. [REDACTED] WAS RE-INTERVIEWED AND AGAIN DECLINED TO PROVIDE A WRITTEN STATEMENT, AND INDICATED HE DID NOT WANT TO PURSUE THE MATTER ANY FURTHER. *b7c-4, b6-4*

A REVIEW OF THE DETENTION FACILITY RECORDS DISCLOSED MR. [REDACTED] DID NOT SEEK MEDICAL ATTENTION, NOR DID HE DOCUMENT THE ALLEGED ASSAULT ON DETAINEE CUSTODY FORMS AFTER HIS INTERROGATION. MR. [REDACTED] COULD NOT EXPLAIN HIS DELAY IN REPORTING THE ALLEGED INCIDENT. *b7c-4, b6-4*

TERMINATION OF THIS INVESTIGATION IS PENDING PROCESSING OF THE FINAL REPORT.

7. CID REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF PROTECTIVE MARKINGS IAW CHAPTER 3, AR 25-55.

INVESTIGATIVE PLAN

SEQUENCE NUMBER

0099-04-C1D349-8067C

Subject: **67C-5, 66-5**

Victim: **67C-4, 66-4**

Type of Case:

Assigned To: **67C-1, 66-1**

S.P.C. [REDACTED]

M.R. [REDACTED]

Assault

S.A. [REDACTED]

DATE NOTED	PLANNED ACTIVITY	DATE SUSPENDED	DATE COMPLETED
13 Aug 07	Interview M.R. 67C-4, 66-4		13 Aug 07
13 Aug 07	" S.P.C. 67C-5, 66-5 304 MI		14 Aug 07
13 Aug 07	" M.R. 67C-3, 66-3		14 Aug 07

MISCELLANEOUS ACTIVITY

ACTION	COMPLETED	ACTION	COMPLETED
Obtain MP Report	<input type="checkbox"/>	Sources targeted	<input type="checkbox"/>
NCIC entry on stolen prop	<input type="checkbox"/>	Medical records requested	<input type="checkbox"/>
Film submitted for contact sheet	<input type="checkbox"/>	Name check dispatched	<input type="checkbox"/>
2701s issued to all of the victims and witnesses	<input type="checkbox"/>	Name check results received	<input type="checkbox"/>

CONTACTS/PHONE NUMBERS

ACTIVITY/PERSON	PHONE NUMBER

INVESTIGATIVE STANDARDS

VICTIMS INTERVIEWED	24 hours
EYE WITNESSES INTERVIEWED	24 hours
EVIDENCE DEPOSITED	1 duty day
LAB REQUESTS	5 duty days
RFA'S SENT OUT	5 duty days
MEANINGFUL INV ACTIVITY	10 duty days
RFA FOLLOW UP	15 duty days
KNOWN SUBJ FINALS	15 duty days
UNFOUNDED FINALS	15 duty days
UNKNOWN SUBJ FINALS	30 cal days
ACTION TAKEN	30 cal days

1. Date: <p style="text-align: center;">13 Aug 2004</p>	2. Time Received: <p style="text-align: center;">1000</p>	7. Case Number: <p style="text-align: center;">0099-04-CID389-80676</p>																																																																																																																															
3. Offense(s): Assault (UNFOUNDED)		8. Assigned To: <p style="text-align: center;">b7c-1, b6-1 SA [REDACTED]</p>																																																																																																																															
4. Subject(s): Unknown		9. Type Of Action: <p style="text-align: center;">ROI</p>																																																																																																																															
5. Victim(s): b7c-4, b6-4 [REDACTED], Capture Tag # b7c-4, b6-4 [REDACTED]		10. Reports <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;">Type</th> <th style="width: 35%;">Suspense</th> <th style="width: 35%;">Completed</th> </tr> </thead> <tbody> <tr> <td>INI/SSI</td> <td>14 Aug 04</td> <td>14 Aug 04</td> </tr> <tr> <td>FINAL</td> <td>—</td> <td>10 SEP 04</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Type	Suspense	Completed	INI/SSI	14 Aug 04	14 Aug 04	FINAL	—	10 SEP 04																																																																																																																						
Type	Suspense	Completed																																																																																																																															
INI/SSI	14 Aug 04	14 Aug 04																																																																																																																															
FINAL	—	10 SEP 04																																																																																																																															
6. Case Description: During an Iraqi Mosul Council visit to the prison, Mr. b7c-4, b6-4 [REDACTED] reported to the visitors that he was kicked in the leg while sitting on the ground by a US Soldier who was interrogating him. (UNFOUNDED) <p style="text-align: center;">—</p> <p style="text-align: center;"><i>This is an Operation Iraqi Freedom Investigation.</i></p>																																																																																																																																	
11. Other Action		12. CID Funds																																																																																																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Action</th> <th style="width: 15%;">Required</th> <th style="width: 15%;">Completed</th> <th style="width: 15%;">Date</th> <th style="width: 25%;">Amount</th> </tr> </thead> <tbody> <tr> <td>Criminal Info</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>Evidence Cust</td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Action	Required	Completed	Date	Amount	Criminal Info					Evidence Cust																																																																																																																						
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FOR OFFICIAL USE ONLY

TIME, DATE, AND AGENT

SUMMARY OF INVESTIGATIVE ACTIVITY

1000, 13 Aug 04
SA [REDACTED]
b7c-1, b6-1

Received initial report of possible prisoner abuse at Mosul Airfield Detention Facility by 330th MP Det.

14100, 13 Aug 04
SA [REDACTED]
b7c-1, b6-1

Interviewed complainant, MR. [REDACTED] b7c-4, b6-4
[REDACTED], at (MAF) detention facility (see air).

1000, 14 Aug 04
SA [REDACTED]
b7c-1, b6-1

Interviewed AND obtained sworn statement from SPC [REDACTED] b7c-4, b6-4, 209 MI CO (MAF), (see sworn statement).

1345, 14 Aug 04
SA [REDACTED]
b7c-1, b6-1

Interviewed MR. [REDACTED] b7c-3, b6-3, Interpreter for Titan Inc. (see AIR).

1415, 14 Aug 04
SA [REDACTED]
b7c-1, b6-1

Interviewed MR. [REDACTED] b7c-4, b6-4 at (MAF) detention facility again.

DELAYED ENTRY
1030 / 13 Aug 04
[REDACTED]
b7c-1, b6-1

BRIEFED MR. [REDACTED] b7c-3, b6-3, Bu Ops on INITIAL NOTIFICATION

TIME, DATE, AND AGENT

SUMMARY OF INVESTIGATIVE ACTIVITY

14 Aug 04

[REDACTED]

67C-1,66-1

NUMEROUS UNSUCCESSFUL ATTEMPTS TO CONTACT CPT
67C-1,66-3 STA.

CORRECTED / DISPATCHED INI/SSI.

16 Aug 04

[REDACTED]

67C-1,66-1

SAC REVIEW

- ✓ 1. PREPARE / POST AIR.
- ✓ 2. ADD STA COORDINATION TO AAS & AIR.
- ✓ 3. PREPARE FINAL REPORT.

20 Aug 04

[REDACTED]

67C-1,66-1

Prepared Final Report.

30 Aug 04

[REDACTED]

67C-1,66-1

File to SAC for review.

31 Aug 04

[REDACTED]

67C-1,66-1

REVIEWED

- CORRECTIONS NEEDED TO DRAFT FINAL & AIR.
- ADD RIGHTS WAIVER TO EXHIBIT 2.

1 Sep 04

SA [REDACTED]

67C-1,66-1

Corrections made. Rights Waiver added to exhibit #2.

6 Sep 04 67C-1,66-1
SA [REDACTED]

Final to SAC for review & closure.

INDIVIDUAL DATA

LAST NAME [REDACTED] b7c-4, b6-4		FIRST NAME [REDACTED] b7c-4, b6-4		MIDDLE NAME [REDACTED] b7c-4, b6-4		GRADE E-4	
SOCIAL SECURITY NUMBER [REDACTED] b7c-4, b6-4		OTHER ID NO. b7c-4, b6-4		DOB [REDACTED]		POB-ST [REDACTED]	
SEX M		RACE W		ETHNIC		HEIGHT 69"	
WEIGHT 157		HAIR BRN		EYES BRN		CITIZEN US	
EDUC 16		PRIOR RECORD		MARITAL M			
MOS 97E		MCAC		POSITION		INDUSTRY	
SECURITY SEC.		PHYSICAL MARKS					
ALIAS-NICKNAME		ALIAS-NICKNAME		ALIAS-NICKNAME			
ORGANIZATION 209 MI CO. 3/2 INF						IF CONTRACTOR-CONTRACT#	
MILITARY SVC		SUBUNIT		FORT/CITY FT. Lewis		STATE WA	
ADDRESS		CITY		STATE		CTY	
						ZIP CODE	

FAMILY MEMBER DATA

JUV	FAMILY REL	SPONSOR LAST NAME	SPONSOR FIRST NAME	SPONSOR MIDDLE NAME
SOCIAL SECURITY NUMBER	SPONSOR GRADE	SPONSOR MCAC	SPONSOR UNIT ADDRESS	
SPONSOR CITY	SPONSOR STATE	SPONSOR CTY	SPONSOR ZIP CODE/APO	

OFFENSE

OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC

ADMINISTRATIVE DATA

TELEPHONE#	ETS 23 OCT 07	PCS/DEROS	DATE INTER START	TIME INTER START
PLACE OF INTERVIEW START	DATE INTER END	TIME INTER END	PLACE OF INTERVIEW END	FINGERPRINT
VEHICLE DATA			DISPOSITION	

CORPORATION DATA

CONTRACTOR#	FED SERV/PROD#	CORPORATION NAME		
CORP ADDRESS	CORP-CITY	CORP-ST	CORP-CTY	CORP ZIP CODE
CONTRACTOR NUMBER				

NOTES

b7c-4, b6-4
 Non- [REDACTED]

I N V E S T I G A T I V E W O R K S H E E T

I N D I V I D U A L D A T A

LAST NAME [REDACTED] 67C-4,66-4			FIRST NAME [REDACTED] 67C-4,66-4			MIDDLE NAME [REDACTED]			GRADE —			
SOCIAL SECURITY NUMBER [REDACTED]			OTHER ID NO. capture tag # [REDACTED]			DOB 67C-4,66-4			POB-CITY		POB-ST	CTY
SEX M	RACE W	ETHNIC Sunni	HEIGHT 63"	WEIGHT 120	HAIR Blk	EYES BRO	CITIZEN I2	EDUC 10	PRIOR RECORD		MARITAL 5	
MOS	MCAC	POSITION	INDUSTRY		SECURITY		PHYSICAL MARKS					
ALIAS-NICKNAME			ALIAS-NICKNAME			ALIAS-NICKNAME						
ORGANIZATION							IF CONTRACTOR-CONTRACT#					
MILITARY SVC		SUBUNIT		FORT/CITY			STATE	CTY	ZIP CODE			
ADDRESS			CITY				STATE	CTY	ZIP CODE			

F A M I L Y M E M B E R D A T A

JUV	FAMILY REL		SPONSOR LAST NAME			SPONSOR FIRST NAME			SPONSOR MIDDLE NAME		
SOCIAL SECURITY NUMBER			SPONSOR GRADE		SPONSOR MCAC		SPONSOR UNIT ADDRESS				
SPONSOR CITY			SPONSOR STATE		SPONSOR CTY		SPONSOR ZIP CODE/APO				

O F F E N S E

OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC	OFFENSE CODE	UFC				
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A D M I N I S T R A T I V E D A T A

TELEPHONE#		ETS		PCS/DEROS			DATE INTER START		TIME INTER START		
PLACE OF INTERVIEW START		DATE INTER END		TIME INTER END		PLACE OF INTERVIEW END		FINGERPRINT		PHOTO	
VEHICLE DATA						DISPOSITION					

C O R P O R A T I O N D A T A

CONTRACTOR#		FED SERV/PROD#		CORPORATION NAME								
CORP ADDRESS			CORP-CITY			CORP-ST		CORP-CTY		CORP ZIP CODE		
CONTRACTOR NUMBER												

NOTES

Detained I2 - capture tag # [REDACTED] 67C-4,66-4

Page(s)

7-10

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