Military Police Interview Worksheet

Privacy Act Statement

Authority: 10 U.S.C. 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 you Social Security Number is voluntary.

MPR#:	MPI/CID#:	DATE: 21 FEB2012

Incident: Destruction of Religious Materials

Location of Incident: Burn Pit /NORTH ENTRANCE

Date/Time of Incident: 20 FEB12 /2230 | Military Police Officer: (b)(6), (b)(7)c

Status: Subject (Witness) Victim Complainant Driver Other:

Last Name: (b)(6), (b)(7)c	First Name: (b)(6), (b)(7)c	Middle Name:

SSN/FNN/Alien Reg.#:	Rank/Grade: (b)(6), (b)(7)c	DOB(YYYY/MM/DD): (b)(6), (b)(7)c	POB (City, State, Country):

Age: (b)(6), (b)(7)c | Height: (b)(6) | Weight: (b)(6), (b)(7)c lbs. | Juvenile: Yes/(No)

Gender: (b)(6), (b)(7)c | (b)(6) (b)(6), (b)(7)c | Ethnicity: (b)(6), (b)(7)c

Hair Color (Circle One): (b)(6), (b)(7)c	Eye Color (Circle One): (b)(6), (b)(7)c	Complexion(Circle One): (b)(6), (b)(7)c (b)(6), (b)(7)c

Unit/Organization: FLOUR SOLID WASTE | Task Force O-6 Level:

Category (Circle One): USA USAF USMC Coast Guard USN Local National Third Country National Foreign National Employee Contractor Civilian Other Gov. Employee Retired Military DoD Civilian

Duty Phone #: (b)(6), (b)(7)c	Home Phone #:	Cellular Phone #: (b)(6), (b)(7)c

In-Theater Address: WARRIOR / 1127

Post/Base/Installation Assigned: BAF

Drivers License #: | Drivers License State/Country:

Citizenship (Circle One): U.S. Local National (Third Country National) Resident Alien

Identifying Marks/Location (Tattoos/Scars):

How Dressed:

Security Clearance (Circle One): (None) Confidential Secret Top Secret UNK | Injuries: yes/no

Marital Status (Circle One): Single Married Divorced Annulled Separated

Commander's Information (Name, Rank, Unit): | Email:

First Sergeant's Information (Name, Rank, Unit): | Email:

Supervisor's Information (Name, Rank, Unit): | Email: (b)(6)

DD FM 2701 Issued: Yes (No)	If Not Issued: Declined (Not Required)	Involvement: Drugs Alcohol (None)

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

Military Police Interview Worksheet

Privacy Act Statement

Authority: 10 U.S.C. 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 you Social Security Number is voluntary.

MPR#:	**MPI/CID#:**	**DATE:** 21 February 2012

Incident: Article 92

Location of Incident: Burn Pit

Date/Time of Incident: 2100-2300 20 Feb 12 | **Military Police Officer:**

Status: Subject [Witness] Victim Complainant Driver Other:

Last Name:	**First Name:**	**Middle Name:**
(b)(6), (b)(3), (b)(7)d	(b)(6), (b)(3), (b)(7)c	(b)(6), (b)(3), (b)(7)c

SSN/FNN/Alien Reg.#:	**Rank/Grade:**	**DOB(YYYY/MM/DD):**	**POB (City, State, Country):**
(b)(6), (b)(3), (b)(7)c	(b)(6), (b)(3), (b)(7)c	(b)(6), (b)(3), (b)(7)c	(b)(6), (b)(3), (b)(7)c

Age: (b)(3), (b)(7)c | **Height:** (b)(6), (b)(3), (b)(7)b | **Weight:** (b)(3), (b)(7) lbs. | **Juvenile:** Yes/No

Gender: (b)(6), (b)(3), (b)(7)c | **Race:** (b)(6), (b)(7)c, (b)(3) (b)(6), (b)(3), (b)(7)c | **Ethnicity:** (b)(6), (b)(3), (b)(7)c

Hair Color (Circle One): (b)(6), (b)(3), (b)(7)c | **Eye Color (Circle One):** (b)(6), (b)(3), (b)(7)c | **Complexion(Circle One):** (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c

Unit/Organization: Task Group Trident | **Task Force O-6 Level:** 535th MP

Category (Circle One): (b)(3), (b)(6), (b)(7)c (b)(6), (b)(3), (b)(7)c

Duty Phone #:	**Home Phone #:**	**Cellular Phone #:**
(b)(6), (b)(3), (b)(7)c		

In-Theater Address:

Post/Base/Installation Assigned: Bagram AF/ Stateside San Diego, Ca

Drivers License #: (b)(6), (b)(3), (b)(7)c | **Drivers License State/Country:** (b)(6), (b)(3), (b)(7)c

Citizenship (Circle One): (b)(6), (b)(3), (b)(7)c

Identifying Marks/Location (Tattoos/Scars):
MRB tattoo on back of right arm

How Dressed: Navy ACU

Security Clearance (Circle One):
None Confidential [Secret]
Top Secret UNK

Injuries: yes/no
n/a

Marital Status (Circle One): (b)(6), (b)(3), (b)(7)c

Commander's Information (Name, Rank, Unit):
Commander

First Sergeant's Information (Name, Rank, Unit):

Supervisor's Information (Name, Rank, Unit):
SFC Free

DD FM 2701 Issued:	**If Not Issued:** Declined	**Involvement:** Drugs Alcohol [None]
Yes [No]	[Not Required]	

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~~LAW ENFORCEMENT SENSITIVE~~

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

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

1. LOCATION Bagram Airfield	2. DATE 20120221	3. TIME 0534	4. FILE NO
5. NAME (Last, First, MI) (b)(6), (b)(3), (b)(7)c		8. ORGANIZATION OR ADDRESS Task Group Trident Bagram AF APO AE 09354	
6. SSN (b)(6), (b)(3), (b)(7)c	7. GRADE/STATUS (b)(6), (b)(3), (b)(7)c		

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 Joint Military Police Station, Bagram Airfield and wanted to question me about the following offense(s) of which I am suspected/accused: Article 92 General Order 1 APO AE 09354/(b)(6), (b)(7)c

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:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. *(For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

   - or -

   (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS *(Continue on reverse side)*

Have you been read your rights in the last 30 days? NO (b)(6), (b)(3), (b)(7)c

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)*	(b)(6), (b)(3), (b)(7)c
b. ORGANIZATION OR ADDRESS AND PHONE	4. (b)(6), (b)(7)c
2a. NAME *(Type or Print)*	5. (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR JPMO Bagram Afghanistan 09354

Section C. Non-waiver

1. I do not want to give up my rights

   [ ] I want a lawyer [ ] I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

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

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)
PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USE(S): 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.

[illegible]: | MPI/CID#: | DATE: 21 Feb 2012

[illegible]: Burning of Quran
[illegible] of Incident: Warehouse on Camp Harrison
[illegible] Time of Incident: 0426 | Military Police Officer: (b)(6), (b)(3)
Status: Subject Witness Victim Complainant Sponsor Civil Authority [illegible] Guard
[illegible] (b)(6), (b)(3), (b)(7)c | First Name (b)(6), (b)(3) | Middle [illegible] (b)(6), (b)(3)
[illegible] | Rank Grade: | DOB/[illegible] | [illegible]
(b)(6), (b)(3), (b)(7)c
[illegible] Pacific Islander Black UNK
American (b)(6), (b)(3), (b)(7)c | (b)(3), (b)(6), (b)(7)c
(b)(3), (b)(6), (b)(7)c | (b)(6), (b)(3), (b)(7)c | [illegible] (b)(3), (b)(6), (b)(7)c
Task Force: (b)(6), (b)(7)c
HHC 37th STB
Category: USA USAF USMC Coast Guard USN Retired Military Civilian [illegible]
Local National Third Country National Foreign National Employee [illegible] Civilian
[illegible]
[illegible] Phone #: | Home Phone #: | Cellular [illegible] #:
[illegible] Theater Address: Camp: Camp Harrison Bldg/B-Hut/Tent#: 54C [illegible]
[illegible]/Base/Installation Assigned: Bagram
Drivers License #: RJ024976 | Drivers License State/Country: (b)(6), (b)(3), (b)(7)c
Citizenship (Circle One): U.S. Local National Third Country National [illegible]
Identifying Marks/Location (Tattoos/Scars):
[illegible] Dressed: Multicam
Security Clearance: None UNK | Marital Status: Annulled [illegible]
Secret [illegible] Secret Confidential
(b)(3), (b)(6), (b)(7)c
Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c
First Sergeant's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c
Supervisor's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c
[illegible] Issued: | Not Issued: | Involved [illegible]
(b)(3), (b)(6), (b)(7)c | Declined Not Required | Drugs [illegible]

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~~LAW ENFORCEMENT SENSITIVE~~

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)

PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USE(S): 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.

MPR#: | MPI/CID#: | DATE: 21 Feb 2012

Incident: Burning of Quran

Location of Incident: Warehouse on Camp Harrison

Date Time of Incident: 0426 | Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority

(b)(6), (b)(3), (b)(7)c | First Name: (b)(6), (b)(3), (b)(7)c | (b)(6), (b)(3)

(b)(6), (b)(3), (b)(7)c | Rank/Grade: (b)(6), (b)(3), (b)(7)c | DOB(YYYY/MM/DD): [redacted] (b)(6), (b)(3), (b)(7)c | (b)(6), (b)(3), (b)(7)c

(b)(6), (b)(3), (b)(7)c | Weight: (b)(6), (b)(3) ft. (b)(6), (b)(3) in. | Weight: (b)(6), (b)(3) lbs.

Race: Asian | American Indian | (b)(6), (b)(3) | Hispanic

(b)(3), (b)(6), (b)(7)c | (b)(6), (b)(3), (b)(7)c | (b)(6), (b)(3), (b)(7)c

Unit/Organization: 42D MP Bde | Task Force: Protector

Category: USA USAF USMC Coast Guard USN Retired Military Civilian Contractor Local National Third Country National Foreign National Employee Civilian Other Government

Home Phone #: Sabalu-Harrison BDOC | Home Phone #: | Cellular Phone #:

In-Theater Address: Camp: Sabalu Harrison | Bldg/B-Hut/Tent#: BDOC | Room #: —

Last Base/Installation Assigned: —

Drivers License #: — (b)(6), (b)(3), (b)(7)c | Drivers License State/Country: (b)(6), (b)(3), (b)(7)c

Citizenship (Circle One): Local National Third Country National Resident Alien

Identifying Marks/Location (Tattoos/Scars): NONE

How Dressed: Uniform

Security Clearance: None UNK Secret Confidential | Marital Status: Annulled Divorced Single

(b)(6), (b)(7)c

Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

First Sergeant's Information (Name, Rank, Unit):

Supervisor's Information (Name, Rank, Unit): Same as CDR

FM 2701 Issued: NO | Not Issued: Declined Not Required | Involvement: Drugs Alcohol None

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~~LAW ENFORCEMENT SENSITIVE~~

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)

PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified

ROUTINE USE(S): 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.

MPR#: | MPI/CID#: | DATE: 21 Feb 2012

Incident: Burning of Qulan

Location of Incident: Warehouse on Camp Harrison

Date/Time of Incident: 0426 | Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority Other: GUARD

Last Name: (b)(6), (b)(3), (b)(7)c | First Name: (b)(6), (b)(3), (b)(7)c | Middle Name: (b)(6), (b)(3), (b)(7)c

SSN/FNN/Alien Reg #: (b)(6), (b)(3), (b)(7)c | Rank/Grade: (b)(6), (b)(3), (b)(7)c | DOB(YYYY/MM/DD): (b)(6), (b)(3), (b)(7)c | POB (City, State, Country): (b)(6), (b)(3), (b)(7)c

Height: (b)(6), (b)(3), (b)(7)c in. | Weight: (b)(6), (b)(3), (b)(7)c lbs. | Juvenile: Yes No

Race: (b)(6), (b)(3), (b)(7)c | Ethnicity: Hispanic Non-Hispanic Unk

(b)(3), (b)(6), (b)(7)c | Eye Color: (b)(6), (b)(3), (b)(7)c | Complexion: Albino Light Light-Brown

(b)(6), (b)(3), (b)(7)c | (b)(6), (b)(3), (b)(7)c

Unit/Organization: HHC 37 STB | (b)(6), (b)(7)c

Category: USAF USMC Coast Guard USN Retired Military Civilian Contractor Local National Third Country National Foreign National Employee DoD Civilian Other Non-Employee

Duty Phone #: | Home Phone #: (b)(6), (b)(3), (b)(7)c | Pulling Phone #: (b)(6), (b)(3), (b)(7)c

In-Theater Address: Camp: Sabalu Harrison | Bldg/B-Hut/Tent#: C41 | Room#:

Post/Base/Installation Assigned: Sabalu Harrison

Drivers License #: | Drivers License State/Country: (b)(3), (b)(6), (b)(7)c

Citizenship (Circle One): U.S. Local National Third Country National Resident Alien

Identifying Marks Location (Tattoos/Scars): (b)(6), (b)(3), (b)(7)c

Security Clearance: None UNK Secret Top Secret Confidential

Marital Status: Annulled Divorced Single Divorce Decree Legally Separated Married Widowed

Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

First Sergeant's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

Supervisor's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

DD FM 2700 Issued: Yes No | Not Issued: Declined Not Required | Involvement: Drugs Alcohol None

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~~LAW ENFORCEMENT SENSITIVE~~

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)
PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USE(S): 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.

MPI/CID#: | DATE: 21 FEB 2012

BURN pit ~~BF~~ INCIDENT
DFIB

Time of Incident: 2235 20FEB2012 | Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority Supervisor

First Name: (b)(6), (b)(3), (b)(7)c | Middle Name: (b)(6), (b)(3)

(b)(6), (b)(3), (b)(7)c

SSN/FNK/Alien Reg.#: (b)(6), (b)(3), (b)(7)c | Rank/Grade: | DOB(YYYY/MM/DD): (b)(6), (b)(3), (b)(7)c | POB (City, State, Country): (b)(6), (b)(3), (b)(7)c

(b)(6), (b)(3), (b)(7)c | Height: ft. (b)(6), (b)(3), (b)(7)c | Weight: (b)(6), (b)(3) lbs.

Race: Asian Pacific Islander (b)(6), (b)(3), (b)(7)c

(b)(6), (b)(3), (b)(7)c | (b)(6), (b)(3), (b)(7)c

(b)(3), (b)(6), (b)(7)c | Eye Color: (b)(6), (b)(3), (b)(7)c | Complexion: (b)(6), (b)(3), (b)(7)c

(b)(6), (b)(3), (b)(7)c | (b)(3), (b)(6), (b)(7)c

535TH MP BN | Task Force: (b)(6), (b)(7)c

Category: USA USAF USMC Coast Guard USN Retired Military Civilian Contractor
Local National Third Country National Foreign National Employee Civilian
U.S.A. RESERVE

(b)(6), (b)(3), (b)(7)c | Home Phone #: — | Cellular Phone #: —

Theater Address Camp: SABALU-HARRISON | Bldg/B-Hut/Tent#: (b)(3), (b)(6), (b)(7)c

Post/Base/Installation Assigned: BAF, AF. 09354

Drivers License #: UNKNOWN | Drivers License State/Country: NC / U.S.A.

Citizenship (Circle One): U.S. Local National Third Country National Resident Alien

Identifying Marks/Location (Tattoos/Scars):

(b)(6), (b)(3), (b)(7)c

Security Clearance: None MNK | Marital Status: Annulled Divorced Single
Secret Confidential

(b)(3), (b)(6), (b)(7)c

Commander's Information (Name, Rank, Unit): UNKNOWN
First Sergeant's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c
Supervisor's Information (Name, Rank, Unit): (b)(6), (b)(7)c

535TH MP BN
535TH MP BN

FM 2701 Issued: Not Issued | Involvement:
Yes No | Declined Not Required | Drugs Alcohol None

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~~LAW ENFORCEMENT SENSITIVE~~

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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: JPMO BAF, AF. 09354	2. DATE: (b)(6), (b)(3), (b)(7)c TIME: (b)(6), (b)(3), (b)(7)c FILE NO:
5. NAME (Last First MI): (b)(6), (b)(3), (b)(7)c	8. ORGANIZATION OR ADDRESS: 535 TH MP BN
6. SSN: (b)(6), (b)(3), (b)(7)c	7. GRADE/STATUS: (b)(6), (b)(3), (b)(7)c

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The above (b)(6), (b)(3), (b)(7)c whose name appears below told me that he/she is with the United States Army JPMO (463D MP CO) (b)(6), (b)(3), (b)(7)c and wanted to question me about the following offense(s) of which I am suspected/accused: ARTICLE 92 (VIOLATION (b)(6), (b)(3), (b)(7)c

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.

(b)(3), (b)(6), (b)(7)c anything I say or do can be used as evidence against me in a criminal trial.

(For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

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

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

9. COMMENTS *(Continue on reverse side)*
HAVE YOU EVER REQUESTED A LAWYER AFTER BEING READ YOUR RIGHTS (WITHIN THE PAST 30 DAYS)? NO (b)(6), (b)(3), (b)(7)c

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)*	
a. NAME *(Type or Print)*	3. SIGNATURE OF INTERVIEWEE (b)(6), (b)(3), (b)(7)c
ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INTERROGATOR (b)(6), (b)(3), (b)(7)c
b. NAME *(Type or Print)*	5. TYPED NAME OF INTERROGATOR (b)(6), (b)(3), (b)(7)c
ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR JPMO (463D MP CO) BAF, AF. 09354

Section C. Non-waiver

I do not want to give up my rights

I want a lawyer

I do not want to be questioned or say anything

SIGNATURE OF INTERVIEWEE

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

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)
PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified
ROUTINE USE(S): 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.

MPR#:
MPI/CID#:
DATE: 21 Feb 2012

Incident: Burning of Quran

Location of Incident: warhouse on Camp Harrison

Date/Time of Incident: 0426

Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority Other: Guard

Last Na (b)(6), (b)(3), (b)(7)c
First Na (b)(6), (b)(3), (b)(7)c
M (b)(6), (b)(3), (b)(7)c
SSN/FNN/Alien Reg.#: (b)(6), (b)(3), (b)(7)c
Rank/Grade: (b)(6), (b)(3), (b)(7)c
DD): (b)(6), (b)(3), (b)(7)c
(b)(6), (b)(3), (b)(7)c
Sex: Height: ft. in. Weight
Gender: (b)(6), (b)(3), (b)(7)c
Race: (b)(6), (b)(3), (b)(7)c
Ethnicity: (b)(6), (b)(3), (b)(7)c
Juvenile: (b)(6), (b)(3), (b)(7)c
Hair Color: (b)(6), (b)(3), (b)(7)c
Eye Color: (b)(6), (b)(3), (b)(7)c
Complexion: Albi (b)(6), (b)(3), (b)(7)c
(b)(6), (b)(3), (b)(7)c
(b)(6), (b)(3), (b)(7)c
(b)(3), (b)(6), (b)(7)c

Unit/Organization: HHC 37th STB
Task Force: (b)(6), (b)(3), (b)(7)c

Category : USA USAF USMC Coast Guard USN Retired Military Civilian Contractor
Local National Third Country National Foreign National Employee DoD Civilian
Other Gov. Employee

Duty Phone #:
Home Phone #:
Cellular Phone #:

In-Theater Address: Camp: Sabah-Harrison Bldg/B-Hut/Tent#: C54 Room#:
Post/Base/Installation Assigned:
Drivers License #:
Drivers License State/Country:
Citizenship (Circle One): U.S. Local National Third Country National Resident Alien
Identifying Marks/Location (Tattoos/Scars):

How Dressed: multicam

Security Clearance: None UNK
Secret Top Secret Confidential

Marital Status: Annulled Divorced (b)(6), (b)(3), (b)(7)c
Divorce Decree Legally Separated Married
Widowed

Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c HHC 37th STB
First Sergeant's Information (Name, Rank, Unit): HHC 37th STB
Supervisor's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c HHC 37th STB
DD FM 2701 Issued: If Not Issued:
Yes No Declined Not Required

Involvement:
Drugs Alcohol None

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)
PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USE(S): 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.

MPI/CID#:

DATE: 21 Feb 2012

Burning of Quran

Location of Incident: Warehouse on Camp Harrison

Time of Incident: 0426

Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority

(b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c

(b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c USA

(b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c

(b)(3), (b)(6), (b)(7)c (b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c

Race: Asian Pacific Islander Black

Eye Color: Brown Black Complexion: Medium Yellow Olive Yellow

(b)(6), (b)(3), (b)(7)c (b)(6), (b)(3), (b)(7)c

Task Force: (b)(6), (b)(3), (b)(7)c

42D MP BDE

Category: USA USAF USMC Coast Guard USN Retired Military Civilian Contractor Local National Third Country National Foreign National Employee Civilian Other Government Employee

Home Phone #: Home Phone #: Cellular Phone #:

CSH TOC#

Theater Address: Camp: SABULA-HARRISON Bldg/B-Hut/Tent#: M1 Room#: 102

Base/Installation Assigned: CAMP SABULA-HARRISON

Drivers License #: Drivers License State/Country:

Citizenship (Circle One): U.S. Local National Third Country National Resident Alien

Identifying Marks/Location (Tattoos/Scars): (b)(6), (b)(3), (b)(7)c

Dressed: UNIFORM FOR BATTLE

Security Clearance: None UNK Secret Confidential

Marital Status: Annulled Divorced Single Divorce Decree Legally Separated Married Widowed

Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

First Sergeant's Information (Name, Rank, Unit):

Supervisor's Information (Name, Rank, Unit): (b)(6), (b)(3)

Issued: Not Issued: Involvement: Not Required Drugs Alcohol None

(b)(6), (b)(3), (b)(7)c

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~~LAW ENFORCEMENT SENSITIVE~~

Military Police Interview Worksheet

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. Section 3012 (g)
PRINCIPAL PURPOSE(S): To provide commanders and law enforcement officials with means by which information may be accurately identified
ROUTINE USE(S): 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.

MPR#: | MPI/CID#: | DATE: 21 Feb 2012

Incident: Informational

Location of Incident:

Date/Time of Incident: | Military Police Officer: (b)(6), (b)(3), (b)(7)c

Status: Subject Witness Victim Complainant Sponsor Civil Authority Other:

Last Name: (b)(6), (b)(3), (b)(7)c | First Name: (b)(6), (b)(3), (b)(7)c | Middle Name: (b)(6), (b)(3), (b)(7)c

SSN/FNN/... (b)(6), (b)(3), (b)(7)c | DOB(YYYY/MM/DD): (b)(6), (b)(3), (b)(7)c | POB (City, State, Country): (b)(6), (b)(3), (b)(7)c

Age: (b)(3), (b)(6), (b)(7)c | Height: (b)(3), (b)(6), (b)(7)c | (b)(3), (b)(6) | Weight: (b)(3), (b)(6), (b)(7)c | Juvenile: Yes ✓

Gender: | Race: Asian Pacific Island | E (b)(3), (b)(6), (b)(7)c

(b)(3), (b)(6), (b)(7)c

(b)(3), (b)(6), (b)(7)c | (b)(3), (b)(6), (b)(7)c

Unit/Organization: 485 MP Co. | Task Force: Tar Heel / Protector

Category: USAF USMC Coast Guard USN Retired Military Civilian Contractor Local National Third Country National Foreign National Employee DoD Civilian Other Gov. Employee Army National Guard

Duty Phone #: (b)(3), (b)(6), (b)(7)c | Home Phone #: | Cellular Phone #:

In-Theater Address: Camp: Sabul Harrison | Bldg/B-Hut/Tent#: L 4000 | Room#: 219

Post/Base/Installation Assigned: Bagram Airfield

Drivers License #: (b)(3), (b)(6), (b)(7)c | Drivers License State/Country: (b)(3), (b)(6), (b)(7)c

Citizenship (Circle One): U.S. Local National Third Country National Resident Alien

Identifying Marks/Location (Tattoos/Scars): (b)(3), (b)(6), (b)(7)c

Security Clearance: None UNK Secret Top Secret Confidential | Marital Status: Annulled Divorced Single

(b)(3), (b)(6), (b)(7)c

Commander's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

First Sergeant's Information (Name, Rank, Unit): (b)(6), (b)(3), (b)(7)c

Supervisor's Information (Name, Rank, Unit):

DD FM 2701 Issued: Yes No | If Not Issued: Declined Not Required | Drugs Alcohol None

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RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

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

1. LOCATION Bagram Airfield	2. DATE (b)(6), (b)(3), (b)(7)c 20120221	3. TIME (b)(6), (b)(3), (b)(7)c 304	4. FILE NO
5. NAME *(Last, First, MI)* (b)(6), (b)(3), (b)(7)c	8. ORGANIZATION OR ADDRESS 485TH MPCO CAMP SABALU HARRISON, BAF		
6. SSN (b)(6), (b)(3), (b)(7)c	7. GRADE/STATUS (b)(6), (b)(3), (b)(7)c		

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 Joint Military Police Station, Bagram Airfield (b)(6), (b)(3), (b)(7)c and wanted to question me about the following offense(s) of which I am suspected/accused: Article 92 General Order 1 APO AE 09354///

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:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. *(For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me or both.

   - or -

   (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS *(Continue on reverse side)* (b)(6), (b)(3), (b)(7)c

Have you been read your rights in the last 30 days? NO

Section B. Waiver

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

WITNESSES *(If available)*	3. (b)(6), (b)(3), (b)(7)c
1a. NAME *(Type or Print)*	
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR (b)(6), (b)(7)c
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR (b)(6), (b)(7)c
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR JPMO Bagram Afghanistan 09354

Section C. Non-waiver

1. I do not want to give up my rights

   ☐ I want a lawyer ☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

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