



SURVIVAL FACTORS GROUP
CHAIRMAN'S FACTUAL REPORT
ATTACHMENT 3
US ARMY REPORT

REDACTED

Fatal Grade Crossing Accident
Midland, TX; 11/15/2012

HWY-13-MH-003
(22 Pages)

MILITARY POLICE REPORT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

MILITARY POLICE REPORT NUMBER 07024-2012-MPC014	DATE (YYYY/MM/DD) 2012/11/16	ORI NUMBER <div style="border: 1px solid red; width: 50px; height: 15px; margin: 0 auto;"></div>	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER	
FROM: IMWE-BLS-ESP HEADQUARTERS, FORT BLISS FORT BLISS, TX US 79916-6812			

Section I - Administration

1. REPORT TYPE: <input checked="" type="checkbox"/> Information <input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input checked="" type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2012/11/15	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person 911 <input type="checkbox"/> CB <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> Other (Specify):	5a. CLEARANCE REASON: <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist
2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 1636	6a. MP ACTION: <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input checked="" type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)		6b. DATE REFERRED: (YYYY/MM/DD): 2012/11/15

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT:	1c. VICTIM NO. INVOLVEMENT:	1d. NIBRS LOCATION CODE: 13	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See 3975-1)	
1g. OFFENSE CODE(s): 2RI	1h. OFFENSE DESCRIPTION(s): REPORT OF INCIDENT (TRAFFIC FATALITY) (OFF POST)			1i. OFFENSE LOCATION ADDRESS: GARFIELD ST MIDLAND, TX US 79701		
2a. BEGIN DATE: (YYYY/MM/DD): 2012/11/15	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming			4. OFFENSE STATUTORY BASIS: <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input type="checkbox"/> F Federal, Non-UCMJ	5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable	
2b. BEGIN TIME (24hr.): 1630						
2c. END DATE: (YYYY/MM/DD): 2012/11/15						
2d. END TIME (24hr.): 1636						

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

- | | | |
|---------------------------------|-------------------------------------|--|
| 01 Air/Bus/Train Terminal | 10 Field/Woods/Training Area | 19 Rental/Storage Facility |
| 02 Bank/Credit Union | 11 Government/Public Building | 20 Residence/Quarters/Barracks/BEQ/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 Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:

F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 Other(Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	99 None
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary	<input type="checkbox"/>	
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs	<input type="checkbox"/>	
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation	<input type="checkbox"/>	
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown	<input type="checkbox"/>	

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

Forcible Entry No Forcible Entry

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

<input type="checkbox"/> 1 Argument	<input type="checkbox"/> 20 Criminal Killed By Private Citizen
<input type="checkbox"/> 2 Assault on Law Officer	<input type="checkbox"/> 21 Criminal Killed By Law Enforcement
<input type="checkbox"/> 3 Drug Dealing	<input type="checkbox"/> 30 Child Playing With Weapon
<input type="checkbox"/> 4 Gangland	<input type="checkbox"/> 31 Gun Cleaning Accident
<input type="checkbox"/> 5 Juvenile Gang	<input type="checkbox"/> 32 Hunting Accident
<input type="checkbox"/> 6 Domestic Quarrel	<input type="checkbox"/> 33 Other Negligent Wpn Handling
<input type="checkbox"/> 7 Mercy Killing	<input type="checkbox"/> 35 Other Negligent Killings
<input type="checkbox"/> 8 Other Felony Involved	

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 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

1a. SUBJECT NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): NONE,	1c. SSN/FNN/ALIEN REG NO:	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD):	1g. POB: City, State, Country:	1h. GRADE:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:		2d. Zip/APO:	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY:		2e. UNIT PHONE:	
		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"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) 4e. HEIGHT 4f. WEIGHT:	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/ Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown	6. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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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 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> 12 Handgun <input type="checkbox"/> 15 Other (Specify) <input type="checkbox"/> 13 Rifle <input type="checkbox"/> 14 Shotgun
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15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD):	15d. APPREHENDING PMO (UIC/MPC):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:

15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input checked="" type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
	15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE <input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine <input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines <input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
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17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)	17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO:	1b. NAME (Last, First, Middle Name, JR., Sr., III):	1c. SSN/FNN/ALIEN REG NO:	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD):	1g. POB: City, State, Country:	1h. GRADE:	1i. HOME PHONE:
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International	
	2a. ORGANIZATION, UIC, STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. Zip/APO:	
	2c. STATE/COUNTRY:	2e. UNIT PHONE:		
3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. ZIP/APO:		
	3c. STATE/COUNTRY:			

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input 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 ____ Years Old Range (Specify):	4d. 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	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input type="checkbox"/> No (Check Applicable Bias)		
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

<p>6. RELATIONSHIP OF VICTIM TO OFFENDER (For multiple offender relationships, enter the subject's number)</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;"><input type="checkbox"/> AA Spouse</td> <td style="width:33%; border: none;"><input type="checkbox"/> AV Step-Sibling</td> <td style="width:33%; border: none;"><input type="checkbox"/> BL Homosexual Relationship</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AB Child</td> <td style="border: none;"><input type="checkbox"/> AZ Friend</td> <td style="border: none;"><input type="checkbox"/> BN Extended Family</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AC Sibling</td> <td style="border: none;"><input type="checkbox"/> BA Neighbor</td> <td style="border: none;"><input type="checkbox"/> BY Employee</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AD Parent</td> <td style="border: none;"><input type="checkbox"/> BB Com. Law Spouse</td> <td style="border: none;"><input type="checkbox"/> BX Employer</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AE Parent-in-Law</td> <td style="border: none;"><input type="checkbox"/> BC Acquaintance</td> <td style="border: none;"><input type="checkbox"/> BZ Stranger</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AF Step Child</td> <td style="border: none;"><input type="checkbox"/> BD Baby-Sittee(baby)</td> <td style="border: none;"><input type="checkbox"/> CA Otherwise Known</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AG Grandparent</td> <td style="border: none;"><input type="checkbox"/> BE Boy/Girlfriend</td> <td style="border: none;"><input type="checkbox"/> CB Relationship Unknown</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AH Step-Parent</td> <td style="border: none;"><input type="checkbox"/> BF Child of Boy/Girlfriend</td> <td style="border: none;"><input type="checkbox"/> VO Offender</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> AK Grandchild</td> <td style="border: none;"><input type="checkbox"/> BH Former Spouse</td> <td></td> </tr> </table>	<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"/> BX Employer	<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BZ 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		<p>7. VICTIM INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Principle <input type="checkbox"/> Conspiracy <input type="checkbox"/> Solicit</p> <p>8. INJURY TYPE (Check up to five)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><input type="checkbox"/> B Broken Bones</td> <td style="width:50%; border: none;"><input type="checkbox"/> O Major Injury</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> I Possible Internal</td> <td style="border: none;"><input type="checkbox"/> T Tooth Loss</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> L Severe Laceration</td> <td style="border: none;"><input type="checkbox"/> U Unconsciousness</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> M Minor Injury</td> <td style="border: none;"><input type="checkbox"/> Z None</td> </tr> </table> <p>9a. DD FORM 2701 PROVIDED VICTIM <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input type="checkbox"/> Not Required</p>	<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
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<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BZ Stranger																																		
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known																																		
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<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender																																		
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<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness																																			
<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None																																			

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER 1	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): <div style="border: 1px solid red; width: 150px; height: 15px;"></div>	1d. SSN/FNN/Alien Reg No: <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input checked="" type="checkbox"/> Country (Specify):		
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	1h. POB: City, State, Country:	1i. GRADE: SFC	1j. HOME PHONE:
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input checked="" type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
	1n. DRIVER LICENSE NO: <div style="border: 1px solid red; width: 100px; height: 15px;"></div>	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: <div style="border: 1px solid red; width: 150px; height: 30px;"></div>	2b. INSTALLATION/CITY: FT BRAGG	2d. ZIP/APO: 28310	
	3a. RESIDENCE STREET ADDRESS: 2621 BARDOLINO DR	2c. STATE/COUNTRY: NC US	2e. UNIT PHONE:	3b. INSTALLATION/CITY: FAYETTEVILLE
3c. STATE/COUNTRY: NC US		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		
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		

Section VI - Property

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

PROPERTY DESCRIPTION CODE TABLE

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

DRUG/NARCOTIC MEASURES

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

Section VII - Narrative

AT 2115 HRS, 15 NOV 12, THE MILITARY POLICE DESK WAS NOTIFIED TELEPHONICALLY OF AN OFF POST TRAFFIC ACCIDENT RESULTING IN MULTIPLE FATALITIES. INVESTIGATION REVEALED THAT AT THE ABOVE TIME, DATE, AND LOCATION, 26 PERSONNEL WERE RIDING A ON A FLOAT IN THE MIDLAND HUNT FOR HEROES PARADE, WHEN THE FLOAT WAS STRUCK BY A TRAIN AS THE FLOAT CROSSED THE RAILROAD TRACKS. PERSONS RELATED 1 THROUGH 4 WERE ALL KILLED AS A RESULT OF THE COLLISION. IN ADDITION, THERE WERE NUMEROUS INJURIES AMONG THE REMAINING FLOAT PASSENGERS. MIDLAND POLICE DEPARTMENT IS STILL WORKING ON THE IDENTIFICATION AND MEDICAL STATUS OF THE REMAINING PERSONNEL, BUT AT THIS TIME ONLY THE FOUR AFOREMENTIONED PERSONNEL ARE CONFIRMED DECEASED INVESTIGATION CONTINUES BY MIDLAND POLICE, THE NATIONAL TRANSPORTATION SAFETY BOARD (NTSB), AND THE FORT BLISS MILITARY POLICE. THIS IS A FINAL REPORT.

1. Enclosures:	2. Distribution:	3. Name: <input type="text"/>
		4. Grade: GS09/DAC
		5. Title Of Reporting Official: POLICE ADMINISTRATION SUP
		6. Signature:

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

MILITARY POLICE REPORT NUMBER 07024-2012-MPC014	DATE(YYYY/MM/DD) 2012/11/16	ORI NUMBER <div style="border: 1px solid red; width: 50px; height: 15px; margin: 0 auto;"></div>	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: IMWE-BLS-ESP HEADQUARTERS, FORT BLISS FORT BLISS, TX US 79916-6812	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Complaint <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): <div style="border: 1px solid red; width: 100%; height: 15px;"></div>	1d. SSN/FNN/Alien Reg No: <div style="border: 1px solid red; width: 100%; height: 15px;"></div>	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input checked="" type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <div style="border: 1px solid red; width: 100%; height: 15px;"></div>	1h. POB: City, State, Country:	1i. GRADE: CWO3	1j. HOME PHONE: <div style="border: 1px solid red; width: 100%; height: 15px;"></div>	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO: <div style="border: 1px solid red; width: 100%; height: 15px;"></div>		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: <div style="border: 1px solid red; width: 100%; height: 20px;"></div>		2b. INSTALLATION/CITY: CAMP LEJEUNE	2d. ZIP/APO: 28542	
	3a. RESIDENCE STREET ADDRESS: <div style="border: 1px solid red; width: 100%; height: 15px;"></div>		2c. STATE/COUNTRY: NC US	2e. UNIT PHONE:	
			3b. INSTALLATION/CITY: HUBERT	3d. ZIP/APO: 28539	
		3c. STATE/COUNTRY: NC US			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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MILITARY POLICE REPORT NUMBER 07024-2012-MPC014	DATE(YYYY/MM/DD) 2012/11/16	ORI NUMBER <div style="border: 1px solid red; width: 50px; height: 15px;"></div>	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: IMWE-BLS-ESP HEADQUARTERS, FORT BLISS FORT BLISS, TX US 79916-6812	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 3	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): <div style="border: 1px solid red; width: 150px; height: 15px;"></div>	1d. SSN/FNN/Alien Reg No: <div style="border: 1px solid red; width: 80px; height: 15px;"></div>	1e. CITIZENSHIP <input checked="" type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input 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 checked="" type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE: SGT (RET)	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, And STREET ADDRESS:		2b. INSTALLATION/CITY:	2d. ZIP/APO:	
	2c. STATE/COUNTRY:		2e. UNIT PHONE:		
3a. RESIDENCE STREET ADDRESS: <div style="border: 1px solid red; width: 150px; height: 15px;"></div>		3b. INSTALLATION/CITY: CONVERSE	3d. ZIP/APO: 78109		
3c. STATE/COUNTRY: TX US					
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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

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MILITARY POLICE REPORT NUMBER 07024-2012-MPC014	DATE(YYYY/MM/DD) 2012/11/16	ORI NUMBER <div style="border: 1px solid red; width: 50px; height: 15px; margin: 0 auto;"></div>	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: IMWE-BLS-ESP HEADQUARTERS, FORT BLISS FORT BLISS, TX US 79916-6812	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 4	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): <div style="border: 1px solid red; width: 150px; height: 15px; margin: 0 auto;"></div>	1d. SSN/FNN/Alien Reg No: <div style="border: 1px solid red; width: 80px; height: 15px; margin: 0 auto;"></div>	1e. CITIZENSHIP		<input checked="" type="checkbox"/> US	<input type="checkbox"/> Resident Alien		
				<input type="checkbox"/> Country (Specify):			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input 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 checked="" type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <div style="border: 1px solid red; width: 80px; height: 15px; margin: 0 auto;"></div>	1h. POB: City, State, Country:		1i. GRADE: SGM (RET)	1j. HOME PHONE:		
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT	<input type="checkbox"/> G Nat'l Guard		
					<input checked="" type="checkbox"/> R Regular	<input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO: <div style="border: 1px solid red; width: 80px; height: 15px; margin: 0 auto;"></div>	1o. IS LICENSE			<input type="checkbox"/> FR Foreign		<input type="checkbox"/> State (Specify):
					<input type="checkbox"/> IT International		<input type="checkbox"/> Other (Specify):
	2a. ORGANIZATION, UIC, And STREET ADDRESS:	2b. INSTALLATION/CITY:		2d. ZIP/APO:			
				2c. STATE/COUNTRY:		2e. UNIT PHONE:	
3a. RESIDENCE STREET ADDRESS: <div style="border: 1px solid red; width: 130px; height: 15px; margin: 0 auto;"></div>	3b. INSTALLATION/CITY: FAYETTEVILLE		3d. ZIP/APO: 28314				
	3c. STATE/COUNTRY: NC US						
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701			

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

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MILITARY POLICE REPORT NUMBER 07024-2012-MPC014	DATE(YYYY/MM/DD) 2012/11/16	ORI NUMBER <input style="width:80%;" type="text"/>	USACRC CONTROL NUMBER
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THRU:	TO: COMMANDER	FROM: IMWE-BLS-ESP HEADQUARTERS, FORT BLISS FORT BLISS, TX US 79916-6812
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SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 5	1b. STATUS <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> Complaint <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Military Police	
--	--	--

1c. NAME (Last, First, Middle Name, JR., Sr., III): <input style="width:90%;" type="text"/>	1d. SSN/FNN/Alien Reg No: <input style="width:80%;" type="text"/>	1e. CITIZENSHIP <input type="checkbox"/> US <input checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien
--	--	---

1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> D DOD-NSPS <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input checked="" type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD): <input style="width:80%;" type="text"/>	1h. POB: City, State, Country:	1i. GRADE: FM/W	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO: <input style="width:80%;" type="text"/>		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS:		2b. INSTALLATION/CITY:	2d. ZIP/APO:	
			2c. STATE/COUNTRY:	2e. UNIT PHONE:	
	3a. RESIDENCE STREET ADDRESS: <input style="width:80%;" type="text"/>		3b. INSTALLATION/CITY: FAYETTEVILLE	3d. ZIP/APO: 28306	
		3c. STATE/COUNTRY: NC US			

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701
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SERIOUS INCIDENT REPORT

SIR Number 120055

1. Category: 2
2. Type of Incident: Off Post Traffic Accident Resulting in a Multiple Fatalities
3. Date/Time of Incident: 151630NOV12
4. Location of Incident: Garfield Street, Midland, Texas 79701
5. Other information:
 - a. Racial: No
 - b. Trainee Involvement: No
6. Personnel Involved:
 - a(1). Subject #1:
 - (a) Pay grade: E-9
 - (b) SSN:
 - (c) Race: White
 - (d) Sex: Male
 - (e) Age: 43
 - (f) Position: Unknown
 - (g) Security clearance: Unknown
 - (h) Unit and station of assignment: C Co 2nd BN, 3rd Special Forces Group, FT Bragg, NC
 - (i) DUTY Status: On-duty
 - (j) Deployed in the last 12 months: Unknown
 - (k) Date return deployment: Unknown
 - (l) Enlistment Term: Indefinite
 - a(2). Subject #2:
 - (a) Pay grade: Warrant Officer, CW3
 - (b) SSN:
 - (c) Race: Unknown
 - (d) Sex: Male
 - (e) Age: 38
 - (f) Position: Unknown
 - (g) Security clearance: Unknown

- (h) Unit and station of assignment: HQ BTRY 10th MAR REGT 2D MAR DIV
- (i) DUTY Status: On-duty
- (j) Deployed in the last 12 months: Unknown
- (k) Date return deployment: Unknown
- (l) Enlistment Term: Unknown

a(3). Subject #2:

- (a) Pay grade: E-5 (Retired)
- (b) SSN:
- (c) Race: Unknown
- (d) Sex: Male
- (e) Age: 34
- (f) Position: N/A
- (g) Security clearance: N/A
- (h) Unit and station of assignment: N/A
- (i) DUTY Status: N/A
- (j) Deployed in the last 12 months: N/A
- (k) Date return deployment: N/A
- (l) Enlistment Term: N/A

a(4). Subject #2:

- (a) Pay grade: E-9 (Retired)
- (b) SSN:
- (c) Race: Unknown
- (d) Sex: Male
- (e) Age: 48
- (f) Position: N/A
- (g) Security clearance: N/A
- (h) Unit and station of assignment: N/A
- (i) DUTY Status: N/A
- (j) Deployed in the last 12 months: N/A
- (k) Date return deployment: N/A
- (l) Enlistment Term: N/A

7. Summary of Incident: At 2115 hrs, 15 NOV 12, the Military Police Desk was notified telephonically of an off post traffic accident resulting in multiple fatalities. Investigation revealed that at the above time, date, and location, 26 personnel were riding a on a float in the Midland Hunt for Heroes parade, when the float was struck by a train as the float crossed the railroad tracks. Subject's 1 through 4 above were all killed as a result of the collision. In addition, there were numerous injuries among the remaining float passengers. Midland Police Department is still working on the identification and medical status of the remaining personnel, but at this time only the four aforementioned personnel are confirmed deceased Investigation continues by Midland Police, the National Transportation Safety Board (NTSB), and the Fort Bliss Military Police.

8. Remarks: CID Case # 894-12-CID014 (SSI only)

9. Publicity: National print and electronic media coverage has occurred

10. Point of Contact: LTC [REDACTED] TBOC, Fort Bliss, TX 79916, [REDACTED]

11. Point of Contact: [REDACTED], Deputy Provost Marshal, Fort Bliss, TX 79918, [REDACTED]

[REDACTED]

DEIDS Report

ID	Last Name	First Middle	Birth Date	FOIA
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Releasable (A)
UIC: [REDACTED] Beg.Date: [REDACTED] Svc/Agcy: Marine Corps Category: Active duty Pay Plan: Warrant Officer			Active Duty: Yes End.Date: (Current) Grade: 03	[REDACTED] Home Address: [REDACTED]
Dependents: 3	Last Name	First Middle	Birth Date	Association
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child
			Home Address: [REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Spouse
			Home Address: [REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child
			Home Address: [REDACTED]	



DEIDS Report

ID	Last Name	First Middle	Birth Date	FOIA
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Not Releasable
UIC: [REDACTED] Active Duty: Yes Beg. Date [REDACTED] End. Date: (Current) Svc/Agcy: Army Category: Active duty Pay Plan: Enlisted Grade: 09			[REDACTED] Home Address: [REDACTED]	
Dependents: 3	Last Name	First Middle	Birth Date	Association
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child
[REDACTED]			Home Address: [REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Spouse
[REDACTED]			Home Address: [REDACTED]	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	Child
[REDACTED]			Home Address: [REDACTED]	



DEIDS Report

<input type="checkbox"/>	ID	Last Name	First Middle	Birth Date	FOIA
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Releasable (A)
<input type="checkbox"/>	UIC: <input type="text"/> Beg.Date: <input type="text"/> Svc/Agey: Army Category: Retired Pay Plan: Enlisted		Active Duty: No End.Date: (Current) Grade: 05	<input type="text"/>	
<input type="checkbox"/>	Dependents: 3	Last Name	First Middle	Birth Date	Association
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Spouse
<input type="checkbox"/>	<input type="text"/>			<input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child
<input type="checkbox"/>	<input type="text"/>			Home Address: <input type="text"/>	
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child
<input type="checkbox"/>	<input type="text"/>			Home Address: <input type="text"/>	



DEIDS Report

<	ID	Last Name	First Middle	Birth Date	FOIA
					Not Releasable
	UIC: Beg.Date: <input type="text"/> Svc/Agcy: Army Category: Retired Pay Plan: Enlisted		Active Duty: No End.Date: (Current) Grade: 09	<input type="text"/>	
Dependents: 3	Last Name	First Middle	Birth Date	Association	
	<input type="text"/>	<input type="text"/>	<input type="text"/>	Child	
			Home Address: <input type="text"/>		
	<input type="text"/>		<input type="text"/>	Child	
			Home Address: <input type="text"/>		
	<input type="text"/>		<input type="text"/>	Spouse	
			Home Address: <input type="text"/>		



CMS [redacted] (Active Duty)

[redacted]

Unit:

[redacted]

Camp Lejeune, NC 28542

Home:

[redacted]

[redacted]

(Spouse)

[redacted]

(Child)

(Child)

(Active Duty)

Unit:

Home:

(Spouse)

(Child)

(Child)

Home:

(Spouse)

(Child)

(Child)

Home:

 (Spouse) (Child)