

MINNESOTA REPORT FORM
OFFENSE/INCIDENT/ARREST REPORT[illegible]

AGENCY: AIRPORT POLICE DEPT.
Jurisdiction: MN0272500
Report Date / Time: 11/20/2006 17:38:33
Incident/Case Number: 06004536
Case Description: Suspicious Activity
Primary Officer Name/ID: Wingate, Brad/BW089
Approved By:
Date/Time Printed: 11/21/2006 11:25:52

Narrative: Page 2

and transported to the POC. Multiple Federal agencies interviewed and questioned the six male passengers. Passengers later released from the POC after questioning. Witness statements obtained and attached to case file.

MODUS OPERANDI

INCIDENT NUMBER
06004536

ISN 1	MOC 09614	STATUS ASSISTED/ADVISED	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> COMPUTER <input type="checkbox"/> DRUGS			BIAS MOTIVATION
CRIME FACTORS	CRIME LOCATION		REQUIRED FOR BURGLARIES			
			TYPE ENTRY/EXIT	METHOD OF ENTRY	IMPLEMENT USED	BURGLARY FACTORS
			ENTER EXIT			
ACTIONS	FORCED VICTIMS TO	IMPERSONATED	ROBBERY SUSPECT ACTIONS	SEX SUSPECT ACTIONS	SOLICITED/OFFERED	
WEAPON USED		VICTIM LOCATION		VICTIM WAS		

Is victim member of neighborhood watch? ☐ Yes ☐ No If not, is victim interested in becoming a member? ☐ Yes ☐ No Does victim want to be contacted by Crime Prevention? ☐ Yes ☐ No

COMMENTS:

ISN	MOC	STATUS	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> COMPUTER <input type="checkbox"/> DRUGS			BIAS MOTIVATION
CRIME FACTORS	CRIME LOCATION		REQUIRED FOR BURGLARIES			
			TYPE ENTRY/EXIT	METHOD OF ENTRY	IMPLEMENT USED	BURGLARY FACTORS
			ENTER EXIT			
ACTIONS	FORCED VICTIMS TO	IMPERSONATED	ROBBERY SUSPECT ACTIONS	SEX SUSPECT ACTIONS	SOLICITED/OFFERED	
WEAPON USED		VICTIM LOCATION		VICTIM WAS		

Is victim member of neighborhood watch? ☐ Yes ☐ No If not, is victim interested in becoming a member? ☐ Yes ☐ No Does victim want to be contacted by Crime Prevention? ☐ Yes ☐ No

COMMENTS:

ISN	MOC	STATUS	OFFENDER USED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> COMPUTER <input type="checkbox"/> DRUGS			BIAS MOTIVATION
CRIME FACTORS	CRIME LOCATION		REQUIRED FOR BURGLARIES			
			TYPE ENTRY/EXIT	METHOD OF ENTRY	IMPLEMENT USED	BURGLARY FACTORS
			ENTER EXIT			
ACTIONS	FORCED VICTIMS TO	IMPERSONATED	ROBBERY SUSPECT ACTIONS	SEX SUSPECT ACTIONS	SOLICITED/OFFERED	
WEAPON USED		VICTIM LOCATION		VICTIM WAS		

Is victim member of neighborhood watch? ☐ Yes ☐ No If not, is victim interested in becoming a member? ☐ Yes ☐ No Does victim want to be contacted by Crime Prevention? ☐ Yes ☐ No

COMMENTS:

PERSONS INVOLVED

INCIDENT NUMBER
06004536

PERSON # 1	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input checked="" type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: 322-82-1672				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Shqeirat, Ahmad Tafish			BUSINESS TYPE:		DATE OF BIRTH 42		AGE FROM/TO:		ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE	
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRS
RACE:		SEX: M	HEIGHT (FROM-TO): 602	WEIGHT: 250	BUILD:	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH: Jordan		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BROWN		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DISABILITY											
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP)						OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:	
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Shqeirat, Ahmad Tafish				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

PERSON # 2	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input checked="" type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN:				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Ibrahim, Mohamed Said Mitwally			BUSINESS TYPE:		DATE OF BIRTH 31		AGE FROM/TO:		ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE	
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRS
RACE:		SEX: M	HEIGHT (FROM-TO): 509	WEIGHT: 170	BUILD:	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH: Egypt		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BLACK		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DISABILITY											
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP)						OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:	
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Ibrahim, Mohamed Said Mitwally				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

PERSONS INVOLVED

INCIDENT NUMBER
06004536

PERSON # 3	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: 				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Faja, Didmar			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		
RACE:		SEX: M	HEIGHT (FROM-TO): 600	WEIGHT 178	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH: Albania, Europe		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BLACK		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS Would not furnish his Social Security Number									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DISABILITY											
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP):						OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:	
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Faja, Didmar				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

PERSON # 4	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: 601-45-1160				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Shahin, Omar Ahmad			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		
RACE:		SEX: M	HEIGHT (FROM-TO): 601	WEIGHT 206	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH: Jordan		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BROWN		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DISABILITY											
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP):						OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:	
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Shahin, Omar Ahmad				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

PERSONS INVOLVED

INCIDENT NUMBER

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PERSON # 5	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input checked="" type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: <input type="text"/>				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Sulaiman, Mahmoud A			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT./SUITE/ROOM/OFFICE/LOT:			COUNTY:	VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRs
RACE:		SEX: M	HEIGHT (FROM-TO): 509	WEIGHT: 170	BUILD:	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE: NM		
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BROWN		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DEFORMITY											
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP):					OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:		
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):			DOB:		PHONE NUMBER:		
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Sulaiman, Mahmoud A			ADDRESS (STREET/CITY/STATE/ZIP):			DOB:		PHONE NUMBER:			

PERSON # 6	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input checked="" type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: <input type="text"/>				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Sadeddin, Marwan F			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT./SUITE/ROOM/OFFICE/LOT:			COUNTY:	VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRs
RACE:		SEX: M	HEIGHT (FROM-TO): 600	WEIGHT: 230	BUILD:	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE:		
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR: BROWN		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
	DEFORMITY											
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP):					OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:		
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):			DOB:		PHONE NUMBER:		
ALIAS	ALIAS (LAST, FIRST, MIDDLE): Sadeddin, Marwan F			ADDRESS (STREET/CITY/STATE/ZIP):			DOB:		PHONE NUMBER:			

PERSONS INVOLVED

INCIDENT NUMBER

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PERSON # 7	PERSON	BUSINESS <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>	ARRESTED <input type="checkbox"/> PERPETRATOR <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/> SUSPECT <input type="checkbox"/>	DRIVER <input type="checkbox"/> VICTIM <input type="checkbox"/>	MENTIONED <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Witness		BUSINESS TYPE:		DATE OF BIRTH	AGE FROM/TO: 38	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE				
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:	VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RESIDENCE PHONE NUMBER: --	WORK/BUSINESS PHONE:	CELL PHONE NUMBER:	PAGER NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:			BUS. DAYS/HRS				
RACE:	SEX:	HEIGHT (FROM-TO):	WEIGHT	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE NUMBER:			STATE			
CITY/STATE OF BIRTH:	AVAILABLE AT HOME	BUSINESS CONTACT TYPE	EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	VICTIM RELATIONSHIP TO SUSPECT				VICTIM TYPE:				
AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:	CULTURAL/ETHNIC:		R/L HANDED:	SPEECH:				
EYE COLOR:		FACIAL HAIR:	HAIR COLOR:	HAIR LENGTH:	HAIR STYLE:	PERSON WORE/ACCESSORIES:			TEETH:			
CLOTHING		DESCRIPTION/COMMENTS										
DESCRIPTION:												
SCAR												
BIRTHMARK												
TATTOO												
DISABILITY												
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP) U.S. Airways				OCCUPATION:	BUSINESS PHONE:		AVAILABLE TO/FROM:				
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:	PHONE NUMBER:				
ALIAS	ALIAS (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:	PHONE NUMBER:				

PERSON # 8	PERSON	BUSINESS <input type="checkbox"/> ADULT <input checked="" type="checkbox"/> JUVENILE <input type="checkbox"/>	ARRESTED <input type="checkbox"/> PERPETRATOR <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/> REPORTING PERSON <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/> SUSPECT <input type="checkbox"/>	DRIVER <input type="checkbox"/> VICTIM <input type="checkbox"/>	MENTIONED <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Witness		BUSINESS TYPE:		DATE OF BIRTH	AGE FROM/TO: 38	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE				
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT/SUITE/ROOM/OFFICE/LOT:		COUNTY:	VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No			
RESIDENCE PHONE NUMBER: --	WORK/BUSINESS PHONE:	CELL PHONE NUMBER:	PAGER NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:			BUS. DAYS/HRS				
RACE:	SEX:	HEIGHT (FROM-TO):	WEIGHT	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	DRIVER'S LICENSE NUMBER:			STATE			
CITY/STATE OF BIRTH:	AVAILABLE AT HOME	BUSINESS CONTACT TYPE	EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No	VICTIM RELATIONSHIP TO SUSPECT				VICTIM TYPE:				
AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:	CULTURAL/ETHNIC:		R/L HANDED:	SPEECH:				
EYE COLOR:		FACIAL HAIR:	HAIR COLOR:	HAIR LENGTH:	HAIR STYLE:	PERSON WORE/ACCESSORIES:			TEETH:			
CLOTHING		DESCRIPTION/COMMENTS										
DESCRIPTION:												
SCAR												
BIRTHMARK												
TATTOO												
DISABILITY												
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP) U.S. Airways				OCCUPATION:	BUSINESS PHONE:		AVAILABLE TO/FROM:				
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:	PHONE NUMBER:				
ALIAS	ALIAS (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:	PHONE NUMBER:				

PERSONS INVOLVED

INCIDENT NUMBER
06004536

PERSON # 9	PERSON	BUSINESS <input type="checkbox"/>	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	VICTIM <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>	SSN:
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Witness					BUSINESS TYPE:		DATE OF BIRTH		AGE FROM/TO: 38		ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE							
ADDRESS (STREET, CITY, STATE, ZIP CODE):										APT./SUITE/ROOM/OFFICE/LOT:			COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRs								
RACE:		SEX:		HEIGHT (FROM/TO):		WEIGHT:		BUILD:		MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE						
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:										
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:									
	EYE COLOR:		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:		TEETH:							
	CLOTHING		DESCRIPTION/COMMENTS																	
	DESCRIPTION:																			
	SCAR																			
	BIRTHMARK																			
	TATTOO																			
DISABILITY																				
DEFORMITY																				
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP): U.S. Airways										OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:					
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):										ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:					
ALIAS	ALIAS (LAST, FIRST, MIDDLE):										ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:					

PERSON # 10	PERSON	BUSINESS <input type="checkbox"/>	ADULT <input checked="" type="checkbox"/>	JUVENILE <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	VICTIM <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	WITNESS <input checked="" type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>	SSN:
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Witness					BUSINESS TYPE:		DATE OF BIRTH		AGE FROM/TO: 38		ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE							
ADDRESS (STREET, CITY, STATE, ZIP CODE):										APT./SUITE/ROOM/OFFICE/LOT:			COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No					
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		BUS. DAYS/HRs								
RACE:		SEX:		HEIGHT (FROM/TO):		WEIGHT:		BUILD:		MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE						
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:										
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:									
	EYE COLOR:		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:		TEETH:							
	CLOTHING		DESCRIPTION/COMMENTS																	
	DESCRIPTION:																			
	SCAR																			
	BIRTHMARK																			
	TATTOO																			
DISABILITY																				
DEFORMITY																				
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP): U.S. Airways										OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:					
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):										ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:					
ALIAS	ALIAS (LAST, FIRST, MIDDLE):										ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:					

PERSONS INVOLVED

INCIDENT NUMBER
06004536

PERSON # 11	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input checked="" type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input checked="" type="checkbox"/>	SUSPECT <input type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: 				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME: Reportee			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT./SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		
RACE:		SEX:	HEIGHT (FROM-TO):	WEIGHT	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR:		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
DISABILITY												
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP): 3M					OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:		
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

PERSON #	PERSON	BUSINESS <input type="checkbox"/>	ARRESTED <input type="checkbox"/>	ARRESTING CITIZEN <input type="checkbox"/>	COMPLAINANT <input type="checkbox"/>	DRIVER <input type="checkbox"/>	MENTIONED <input type="checkbox"/>	MISSING PERSON <input type="checkbox"/>	OTHER <input type="checkbox"/>	OWNER <input type="checkbox"/>	PARENT/GUARDIAN <input type="checkbox"/>	PASSENGER <input type="checkbox"/>
		ADULT <input type="checkbox"/>	PERPETRATOR <input type="checkbox"/>	REPORTING PERSON <input type="checkbox"/>	SUSPECT <input type="checkbox"/>	VICTIM <input type="checkbox"/>	WITNESS <input type="checkbox"/>	SSN: 				
NAME (LAST, FIRST, MIDDLE) OR BUSINESS NAME:			BUSINESS TYPE:		DATE OF BIRTH	AGE	FROM/TO:	ADDRESS SAME AS INCIDENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM OF OFFENSE		
ADDRESS (STREET, CITY, STATE, ZIP CODE):						APT./SUITE/ROOM/OFFICE/LOT:		COUNTY:		VIDEO CAMERA ACTIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
RESIDENCE PHONE NUMBER:		WORK/BUSINESS PHONE:		CELL PHONE NUMBER:		PAGER NUMBER:		FAX NUMBER:		E-MAIL ADDRESS:		
RACE:		SEX:	HEIGHT (FROM-TO):	WEIGHT	BUILD	MEDICAL TREATMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		DRIVER'S LICENSE NUMBER:		STATE		
CITY/STATE OF BIRTH:		AVAILABLE AT HOME		BUSINESS CONTACT TYPE		EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No		VICTIM RELATIONSHIP TO SUSPECT		VICTIM TYPE:		
DESCRIPTION	AFFILIATIONS (RELEVANT):		APPEARANCE:		COMPLEXION:		CULTURAL/ETHNIC:		R/L HANDED:		SPEECH:	
	EYE COLOR:		FACIAL HAIR:		HAIR COLOR:		HAIR LENGTH:		HAIR STYLE:		PERSON WORE/ACCESSORIES:	
	CLOTHING		DESCRIPTION/COMMENTS									
	DESCRIPTION:											
	SCAR											
	BIRTHMARK											
	TATTOO											
DISABILITY												
DEFORMITY												
EMPLOYER/SCHOOL	EMPLOYER/SCHOOL NAME, ADDRESS (STREET/ROOM/SUITE/OFFICE/CITY/STATE/ZIP):					OCCUPATION:		BUSINESS PHONE:		AVAILABLE TO/FROM:		
PARENT/GUARDIAN	PARENT/GUARDIAN NAME (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			
ALIAS	ALIAS (LAST, FIRST, MIDDLE):				ADDRESS (STREET/CITY/STATE/ZIP):		DOB:		PHONE NUMBER:			

INCIDENT PROPERTY

INCIDENT NUMBER
06004536

PROPERTY CODES

A - Passenger Vehicles and Trucks	H - Household Appliances	O - Office Equipment	V - Viewing Equipment	2 - Storage	9 - Other
B - Bicycles	I - Snowmobiles / ATV	P - Personal Accessories	W - Auto Parts / Equipment	3 - Industrial / Manufacturing	
C - Camera Equipment	J - Jewelry / Precious Metals	Q - Motorcycles / Mini Bikes	X - Equip / Tools / Measuring Dev	4 - Commercial / Other	
D - Clothing	K - Cattle	R - Radio / TV / Etc	Y - None	5 - Community / Public	
E - Consumer Items	L - Swine	S - Sports Equipment	Z - Other Livestock	6 - Structure - All Other	
F - Furs	M - Musical Instruments	T - Currency / Negotiable Bonds	0 - Residential / Single Occ	7 - Motor Vehicles	
G - Guns	N - Sheep	U - Other Motor Veh / Not Trains	1 - Residential / Other	8 - Mobile Property - Other	

ISN 1	TSN 1	PROPERTY CODE ANY NOT FITTING IN ABOVE CATEGORIES		STATUS CODE Recovered		RELATED TO	
QUANTITY	MAKE	MODEL NUMBER		SERIAL #		OAN	
DESCRIPTION / FEATURES Several pieces of paper ripped up by a suspect							
PRC	DATE OF RECOVERY	VALUE \$0.00	TAG #				

ISN	TSN	PROPERTY CODE		STATUS CODE		RELATED TO	
QUANTITY	MAKE	MODEL NUMBER		SERIAL #		OAN	
DESCRIPTION / FEATURES							
PRC	DATE OF RECOVERY	VALUE	TAG #				

ISN	TSN	PROPERTY CODE		STATUS CODE		RELATED TO	
QUANTITY	MAKE	MODEL NUMBER		SERIAL #		OAN	
DESCRIPTION / FEATURES							
PRC	DATE OF RECOVERY	VALUE	TAG #				

ISN	TSN	PROPERTY CODE		STATUS CODE		RELATED TO	
QUANTITY	MAKE	MODEL NUMBER		SERIAL #		OAN	
DESCRIPTION / FEATURES							
PRC	DATE OF RECOVERY	VALUE	TAG #				

Entered By: Jeri Saylor, On 11/21/2006 09:15:04
Edited By: Gloria Scovill, On 11/21/2006 11:50:42

Title: Suspicious Activity

06004536

On 11/20/2006, at 1738 hours, Officers Desubijana, number 93, and I, Officer Wingate, number 89, were dispatched to Gate C9 on a reported suspicious activity. Dispatch advised us that U.S. Airways was in the process of denying six passengers service and they wanted us to stand by as they have the six passengers de-board the aircraft.

When I arrived, I met U.S. Airways Manager Robby Taylor Davis, date of birth _____, who told me the following: There were six passengers onboard the aircraft who they were going to deny flight service due to their suspicious activity that another passenger witnessed prior to boarding the flight. He stated the passengers were all of Middle Eastern descent and three of which only had one-way tickets and no checked luggage. He stated most of the six passengers requested seatbelt extensions. A note written by the reporting party explaining the suspicious activity was brought to the Captain of the aircraft. He, in turn, decided he wanted them off the plane. In short, the note stated there were six passengers seated throughout the plane who were witnessed praying very loudly before the flight, and they mentioned U.S. involvement with Saddam. The note showed specific seat assignments of the six passengers in question. The flight was U.S. Airways Number 300 to Phoenix, Arizona, and the aircraft was an airbus A330.

Officer Desubijana, number 93, arrived to assist.

It was decided that U.S. Federal Air Marshal Steven B. Grewenow, number 6343, and I would board the aircraft and speak with the reporting party who wrote the original note. U.S. Air Marshal Grewenow and I boarded the aircraft and met the reporting party, who identified himself with his photo California driver's license as _____, date of birth _____. He told me the following: He witnessed six Middle Eastern males in the gate area praying and chanting in an Arabic dialect. They chanted the words Allah, Allah, Allah. He then eavesdropped into their conversation and overheard them mention Saddam and heard them curse about the U.S. involvement. He watched them position themselves together facing a certain direction and pray again in a group. He watched them board the plane and they took a mysterious seating arrangement throughout the plane. He stated two were seated in the front of the plane, two were seated in the middle, and two were seated in the rear of the plane. He pointed at the passengers seated in 25D and 25E.

Officer Edwards, number 59; Officer Hoerdt, number 54; Sergeant Erickson, number 4223; and Sergeant Karsnia, number 4211, arrived to assist.

Both U.S. Federal Air Marshal Grewenow and I agreed the seating configuration, the request for seatbelt extensions, the prior praying and utterances about Allah and the U.S. in the gate area, and the seating configuration chosen among the traveling group was suspicious. We decided to inform the other Officers waiting for us in the jetway on what the reporting party had told us. U.S. Federal Air Marshal Grewenow and I exited the plane to inform the other Officers and Sergeants of our conversation with the reporting party. Sergeant Erickson and I contacted FBI Agent Cannizzaro, and I informed him of the incident. FBI Agent Cannizzaro informed me he and at least one of his partners would be en route to the airport to interview the denied passengers. FBI Agent Cannizzaro requested we detain the six passengers until he could arrive and interview the six individuals on their suspicious behavior.

Officer Desubijana, Federal Air Marshal Grewenow, and I boarded the aircraft and located I requested point out the individuals he witnessed together in the gate area. Officer Desubijana and I asked the six passengers pointed out to us to get up and leave the aircraft. Systematically from the rear to the front of the plane, we asked all six to leave the plane. All parties left the plane cooperatively. It should be noted that two of the individuals were seated in the rear, two were seated in the middle, and two were seated in the front of the aircraft; all of which stated they were traveling together. All of their carry-on bags were brought off the aircraft as well. All six individuals exited the aircraft and were met by Officers standing in the jetway. As they exited the aircraft, we had them stand in the jetway of Gate C9. We asked for their identification and they were all identified as Amad Tafish Shqeirat, date of birth ; Mohamed Said Mitwaly Ibrahim, date of birth ; Didmar Faja, date of birth ; Omar Ahmed Shahin, date of birth ; Marwan Sadeddin, date of birth ; and Mahmoud Sulaiman, date of birth

Officer Moen and his K-9 partner, Randy, arrived to assist. Randy swept all carry-on bags and showed no change in behavior.

Officer Desubijana was informed by a passenger that they witnessed one of the passengers detained by us tear up a bunch of papers and throw them into the garbage can located in the gate area. Officer Desubijana obtained the trash bag associated with where the pieces of paper had been discarded. Officer Desubijana was later able to piece together the scraps of paper almost into their original forms. (See Officer Desubijana's supplemental report.) I attached the reconstructed pieces of paper to the case file.

I requested provide me with a written, voluntary statement of the incident he witnessed. provided a written statement, and I attached it to the case file.

I was informed of two more witnesses to the incident; one of which was a flight attendant deadheading back home to Phoenix, and the other was a passenger who was seated next to one of the denied passengers. The deadheading flight attendant was identified as , date of birth provided a written, voluntary statement of the incident. In her written statement she states, "I noticed three-four people praying...(later) They both asked for seatbelt extensions. I did not see they actually needed them. They were not overweight." The other witness was verbally identified as , date of birth provided a written statement of the incident. In her statement she states, "He indicated that it was necessary to go to whatever measures necessary to obey all that's set out in the Koran." Statements were also obtained from one flight attendant onboard the aircraft and one U.S. Airways gate agent. They were subsequently verbally identified as , date of birth ; and , date of birth . All statements were attached to the case file.

The pilot in command was John Howard Wood, date of birth ; and the first officer was Glenn Allen Blumenstein, date of birth

Officer Dockter, number 92, and Officer Jacobsen arrived to assist.

All six male denied passengers were transported to the APD (Airport Police Department) Police Operations Center (POC) and placed in various holding cells and interview rooms. Officer Hoerdt and I collected all the passengers' carry-on luggage and one checked bag, and we placed it into my APD squad, 84. I transported the luggage to the POC.

After the detained passengers were transported from the gate area, the other passengers onboard the aircraft were also asked to exit the aircraft. After the passengers de-boarded the aircraft, Officer Moen and Randy swept the entire plane for explosives. Randy again showed no change in behavior. Once the aircraft was swept, the passengers re-boarded the aircraft and the plane took off to Phoenix shortly thereafter.

The following individuals arrived to the POC and either assisted with the call or interviewed the detained passengers: Assistant Special Agent in Charge Quinones, FBI Special Agent McCusker, FBI Special Agent Cannizzaro, U.S. Secret Service Special Agent Schulenberg, U.S. Secret Service Special Agent Eric Humbert, U.S. Secret Service Special Agent Thiel, FBI Special Agent Ouse, TSA Security Director Paul Pettit, and U.S. Marshal Deputy McCaffrey.

All the detained passengers were interviewed and released from the POC. When the passengers were released they were given their respective bags they brought onto the aircraft or in one case checked into the aircraft storage. No charges were filed by the FBI or other Federal agency.

Nothing further at this time.

Officer Wingate, #89
Airport Police Department

Entered By: Jacalyn Hudlemeyer, On 11/21/2006 09:15:50

Edited By: Gloria Scovill, On 11/21/2006 11:14:01

Title: Suspicious Activity

06004536 Supplement

On Monday, November 20th, 2006, at approximately 1738 hours, I was dispatched to the C9 gate in the C Concourse on a request from America West Airlines to have six passengers removed from a flight departing to Phoenix, Arizona. Dispatch advised that the flight crew on board believed the six passengers to be acting suspicious. I arrived on scene shortly thereafter.

Officer Edwards, Officer Hoerdt, Officer Boser, Sergeant Erickson, Sergeant Karsnia, and Federal Air Marshal Steven B. Grewenow arrived on scene to assist. The reporting party named in Officer Wingate's primary report advised that the subjects were sitting in seats 25D, 25E, 21B, 9C, 9D, and 1B. Officer Wingate and I boarded the plane and escorted the six passengers off of the aircraft and into the Jetway. The passengers were advised that the only reason they were taken off of the plane was because America West Airlines had denied them boarding. The passengers were advised that they were not under arrest, but that they were being detained for further investigation by the Federal Bureau of Investigation (FBI).

The passengers that were denied boarding were identified as such:

-passenger number one: identified by his Arizona identification card as Marwan F. Sadeddin, date of birth: , identification number: , home address:

-passenger number two: identified by his California driver's license as Mohamed Said Mitwally Ibrahim, date of birth: , driver's license number: , home address: ,
home phone number: , cell phone: , work phone:

-passenger number three: identified by his Arizona driver's license as Omar Ahmad Shahin, date of birth: , driver's license number: , home address: home phone
number: , cell phone: , Social Security Number:

-passenger number four: identified by his Arizona driver's license as Didmar Faja, date of birth: , driver's license number: , home address: , home phone
number: , cell phone:

-passenger number five: identified by his Arizona driver's license as Ahmed Tafish Shqeirat, date of birth: , driver's license number: , home address: ,

, home phone number: , cell phone: , work phone:

, Social Security Number:

-passenger number six: identified by his New Mexico driver's license as Mahmoud A. Sulaiman, date of birth: , driver's license number: , home address:

All six passengers were transported from the Jetway of C9 to the Airport Police Department's

Police Operations Center by Officers Dockter, Jacobsen, and Edwards. Officer Moen and his canine partner arrived to do a cursory sweep of the passenger's luggage and the plane; thus, showing no change of behavior. The remaining passengers on the flight were de-boarded and re-booked for later flight departures.

While standing in the gate area of C9, I was approached by a passenger, who stated that he saw one of the detained passengers in question ripping up paper and throwing it into the trash. He pointed to the trash can, which was located on the south side of the hallway from C9. I subsequently removed the trash bag and brought it to the Police Operations Center for further investigation. I was able to piece together a US Airways baggage identification tag number US0037982973, a US Airways flight confirmation tag with the name Didmar Faja on it, confirmation number CX022G/HP, and an email confirmation from an Omar Shahin to Marwan Sadeddin with the names Didmar Faja, Marwan Sadeddin, and Ahmed Shqeirat, listed on the itinerary. The scrap pieces I found in the garbage were taped together and are attached to the report.

Investigator Lamont Starch ran an Auto Track, National Comprehensive Report, on the six passengers and the paperwork is attached to the report. The six passengers were interviewed separately by the Federal Bureau of Investigation, the United States Marshall Service, and the US Secret Service. FBI Special Agent Dale Ouse interviewed Marwan Sadeddin and Omar Ahmad Shahin. FBI Special Agent Kevin M. McCusker interviewed Ahmed T. Shqeirat and Mohamed Said Ibrahim. FBI Special Agent Michael N. Cannizzaro interviewed Didmar Faja. US Secret Service Special Agents Daniel Thiel and Special Agent R. Erich Schulenberg and Special Agent Eric Humbert interviewed all six passengers. The United States Marshall Sean P. McCaffrey interviewed Mahmoud A. Sulaiman.

All subjects were subsequently released without charge from the Police Operations Center.

I cleared without incident.

Officer Desubijana #93

Entered By: Jeri Saylor, On 11/21/2006 09:20:50
Edited By: Gloria Scovill, On 11/21/2006 12:07:49

Title: Suspicious Activity

06004536

On November 20th, 2006 at approximately 1738 hours, I responded to Gate C9 to assist other officers with a US Airways America West Flight that was returning to the gate. Dispatch advised that the airline had advised Dispatch that they would be removing six passengers from the plane. Upon arrival, Officer's Wingate, Edwards and Desubijana were on scene.

Six males were taken off the airplane and escorted into the jetway by Wingate and Desubijana. I assisted by pat searching Didmar Faja. Officer Jacobsen transported Faja from the C9 Jetway to the Police Operations Center.

At the Police Operations Center, I sat in and assisted on interview with Special Agent Mike Cannizzaro, of the Federal Bureau of Investigations. Faja told Cannizzaro and I that he is an Imams in the Albanian Islamic Center of Arizona, which is located in Peoria, Arizona.

Faja stated that he and the men he was traveling with were here in Minneapolis for an Imams meeting. Faja stated that all of the Imams that he was traveling with live in the area of Phoenix, and are leaders in the Phoenix area. Faja stated that he believed the whole incident started because some of the members of the group he was in were praying in the gate area prior to the flight boarding. Faja stated he did not participate in the prayer with the rest of the group, he chose to pray when he got home to the Phoenix area. Faja stated that when he boarded the aircraft, he was seated in seat 25F. Faja stated that he was seated near a fellow Imams, who he identified as Shqerit.

Prior to the start of the interview with Faja, Agent Cannizzaro advised Faja of his rights. Cannizzaro gave Faja a piece of paper with his Miranda Warning written. Faja refused to sign the Miranda Warning stating that he did not know what the consequences would be if he signed. Cannizzaro explained to Faja that the Miranda Warning simply advised him of his rights. Faja still refused to sign the Warning, however Faja said he would talk to us. Cannizzaro and I concluded the interview with Faja. Faja was later interviewed by the United States Secret Service and subsequently released after the interviews.

No further information at this time.

Officer Hoerd 54

Airport Police Department

26 Suspicious Arabic men on plane,
Spaced out in their seats. All
were together, saying "... Allah ... Allah ..."
cursing U.S. involvement w/ Saddam before
flight. 1 in front exit row, another
in first row 1st class, another in
8 D, another ~ 22 D, two
in 25 EF

MSM



MSP AIRPORT POLICE DEPARTMENT

VOLUNTARY STATEMENT



Case Number

06004536

Name: (Last, First, Middle)	Date of Statement: 11/20/06	Time: 6:20	DOB:	Age: 33
Address:			Home Phone:	
Employer: 3M			Alt. Phone:	

I make the following free voluntary statement to B. Wingate who has been identified as a Police Officer of the Airport Police Department.

- Witnessed ~6 suspicious, Arabic men, speaking arabic behind ticket counter next to ticket counter for gate C9. They seemed angry, heated discussion. Mentioned "U.S." and "Killing Saddam" - two men then swore, slightly under their breath/mumbled. They spoke Arabic again. The gate called boarding for the flight. The men then chanted, "Allah, Allad, Allah!" They ~~got on the~~ → walked in line for the flight, composed and calm, very different then they had been behind the wall/screen of the desk. On the plane, I noticed they were spaced out throughout the plane, from front to back, covering seats (approx.): Front row first class, seat 9, 21 D & 25 E & F. I passed note to Stewardess telling her of suspicious activity.

I hereby certify that I have read, or have had read to me this statement consisting of 1 pages; that the statement is true and correct to the best of my knowledge and belief; and that I have received a copy of this statement.

Witnessed by: <u>B. Wingate</u>	Date: 11-20-06	Signature:
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MSP AIRPORT POLICE DEPARTMENT

VOLUNTARY STATEMENT



Case Number

06004536

Name: (Last First Middle)	Date of Statement: 11-20-2006	Time: 1925 MST	DOB:	Age: 47
Address:			Home Phone:	
Employer: US AIRWAYS			Alt. Phone:	

I make the following free voluntary statement to Officer Jacobson #68 who has been identified as a Police Officer of the Airport Police Department.

PAX STATED IN 1D REQUESTED A SEAT BELT EXTENSION PRIOR TO CLOSING DOOR. THOUGHT IT ODD AS HE WAS NOT OVERLY HEAVY, YET ACCOMMODATED PAX SHORTLY AFTER PAX'S SEATED IN 9C3D REQUESTED A SEAT belt extension - PAX IN 9C WAS HEAVIER. FOUND THIS UNUSUAL AS CREW KNEW ABOUT THE (6) PAX ON BOARD AND WHERE THEY WERE SITTING.

AFTER POLICE ESCORTED PAX OFF I WENT TO REMOVE EXTENSIONS FROM SEATS & PUT THEM AWAY AND NOTICED THAT THE EXTENSION WAS ACTUALLY NOT ON THE SEAT BELT BUT RATHER ON THE FLOOR WHERE HIS FEET WOULD HAVE BEEN. THIS WAS MY ONLY ACTUAL CONTACT WITH PAX.

PAX'S ON BOARDING DID SEEM A LITTLE ODD. PAX ID. WENT TO AFT CABIN TWICE DURING THE BOARDING AND AGAIN DURING THE "DELAY" WHICH WAS EVEN MORE SUSPICIOUS. FIRST TIME TALKING TO 9C3D, SECOND TIME GOING ALL THE WAY BACK IN 25 EF.

I hereby certify that I have read, or have had read to me this statement consisting of 1 pages; that the statement is true and correct to the best of my knowledge and belief; and that I have received a copy of this statement.

Witnessed by:	Date: 11-20-2006	Signature:
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MSP AIRPORT POLICE DEPARTMENT

VOLUNTARY STATEMENT

Case Number

06004536

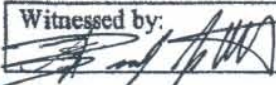
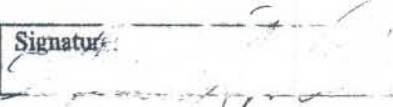
☐ Victim

☒ Witness

Name: (Last, First, Middle)	Date of Statement: 11/20/06	Time: 6:44	DOB:	Age: 29
Address:			Home Phone:	
Employer: US Airways - Flight Attendant			Alt Phone: Same ↑	
I make the following free an voluntary statement to <u>Officer Wingate #89</u> who has been identified as a Police Officer of the Airport Police Department.				

I came to the airport today to deadhead home. My crew and I had worked the late flight into MSP. After the plane had deplaned I wanted to board early so I walked up to talk to the gate agent. I noticed 3-4 people praying. I did not think this was too unusual. They looked like true Muslims praying. I boarded the aircraft, as everyone boarded around me. Two of the muslims came on. One stood @ row 4C and pretended to be blind. One went to row 9D. He talked another passenger into trading seats so that Blind man, yellow shirt can sit in 9C. I was in 8C. They both then asked for seat belt extensions. I did not see they actually needed them - they were not over weight. Then the man in 1D came back spoke to them in arabic. That is when it just did not seem right. After the first time the officers came on board - The man in 1D came to the back & spoke to others.

I hereby certify that I have read, or have had read to me this statement consisting of 1 pages; that the statement is true and correct to the best of my knowledge and belief; and that I have received a copy of this statement.

Witnessed by: 	Date: 11/20/06	Signature: 
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MSP AIRPORT POLICE DEPARTMENT

VOLUNTARY STATEMENT

Case Number

06004536

☐ Victim

☐ Witness

Name: (Last, First, Middle)

Date of Statement:

Time:

DOB:

Age:

11/20/06

6:45pm

35

Address:

Home Phone:

Employer:

sat, clergy

Alt. Phone:

I make the following free an voluntary statement to officer Wingate #89 who has been identified as a Police Officer of the Airport Police Department.

the way in which they observed their prayers.
the g. I travel to Turkey frequently and know many muslims personally. The behavior of the group in the gate area was atypical for my experience w/ muslims, ^{among other things} ~~their~~ aggressive eye contact in response to mine. On board the flight I sat next to someone whose boarding pass said Ibrahim Mohamed. I purposely engaged him in lengthy conversation. Over the course of the conversation the following was revealed:

He is an imam from Egypt who has attended school from kindergarten thru phd at one of the oldest existing islamic universities.

He first told me he was doing phd work in bakusfield as things didn't add up, I continued to question.

He eventually said he was only using the library in bakusfield, then that he was really advocating/representing muslims here in the U.S. and not doing the work he said related to his phd.

I hereby certify that I have read, or have had read to me this statement consisting of 2 pages; that the statement is true and correct to the best of my knowledge and belief; and that I have received a copy of this statement.

Witnessed by:

Date:

Signature:

[Signature]

11/20/06

He expressed ^{views I consider to be} extreme fundamentalist muslim views. He expressed the problems of non-shari'ah (Islamic law) governments and the extensive problems of this even in the middle east (i.e. Turkey repressing muslims, should be operating under shari'ah, etc.) Egypt as well, etc. He indicated that it was necessary to ~~do whatever~~ go to whatever measures necessary to obey all that's set out in the Quran.

I'm open to be of further, detailed assistance, if helpful.

(He said he had an ^{Egyptian} wife and 2 1/2 yr old daughter in Watnfield and that all of both of their families were in Egypt.)