

CONFIDENTIAL RECORD SHEET  
DIVISION OF PERSONNEL  
B.S.A.

DATE \_\_\_\_\_

Full Name Iveans, Gerald D-----  
(No initials if you can possibly get full name)

Address HQS 87TH ORD BN. APO-4G NEW YORK NEW YORK

City \_\_\_\_\_ State \_\_\_\_\_

Age 25 (This is important and should be exact)

Approximate age — (To be used ONLY when exact age is not known)

Religion PROTESTANT Nationality AMERICAN

Occupation MILITARY

Education HIGH SCHOOL

Weight 185 Color CRN. Height 5'9"

Color of hair BROWN Color of eyes BROWN

Outstanding characteristics or interests SPORTS, GAMES

Married or single Single Children N/A  
(Number, ages, and names, if possible)

Wife's name N/A

SCOUTING CONNECTIONS:

<u>Unit #</u>	<u>City</u>	<u>State</u>	<u>Office</u>	<u>Date Reg'd.</u>	<u>Date resigned</u>
<u>Troop 127</u>	<u>Nellingen Bks. West</u>	<u>GERMANY</u>	<u>SCOUTMASTER</u>	<u>MARCH 63</u>	<u>DECEMBER 64</u>

Special recognition HAS completed all requirements for SCOUTERS KEY - never presented -

Recommended for Confidential File for following reasons:

*See letter already sent.*

Signed Robert P. Pusby  
Scout Executive

GC-294-31

TSBSA010926

DYKES\_I\_012039

February 17, 1955

Mr. Robert C. Rusby  
Scout Executive  
Transatlantic Council, No. 802

PERSONAL AND CONFIDENTIAL  
Re: Gerald D. Iveans  
Scoutmaster, Troop 127

Dear Bob:

Thank you for your letter of February 11th and the enclosed report concerning Gerald D. Iveans, Scoutmaster, Troop 127. We have placed this information in our file and have taken steps to have his name deleted from the Troop roster.

Enclosed is a confidential record sheet which we would appreciate your filling out and returning to us. This information will enable us to identify Mr. Iveans should he ever again attempt to register in the Scouting program.

Sincerely yours,  
PERSONNEL DIVISION

Howard Boyd  
Director of Registration

HB/clr  
Encl.

TSBSA010927

DYKES\_I\_012040

# APPLICATION FOR ADULT REGISTRATION

## BOY SCOUTS OF AMERICA

### NATIONAL COUNCIL

AUG 12 1963 J. TOMARE

THIS APPLICATION MUST BE FILLED OUT PERSONALLY BY EACH ADULT WHO IS NOT LISTED ON THE UNIT CHARTER APPLICATION OR COUNCIL ROSTER AND WHO:

- STATUS
1. Registers for the first time, regardless of position. (New)
  2. Has been separated and is reregistering. (Sep.-Re.)
  3. Is now registered in this council, separating from current position and transferring to new position. (Transfer)\*
  4. Is now registered in another council. (Transfer)

FOR OFFICE USE ONLY			
REGION NO.  13	COUNCIL NO.  802	DISTRICT NO.  3	TR (Type of unit) NATIONAL NO. 127
Note to Den: If both husband and wife are registered, both receive SCOUTING magazine. If you would rather leave your name off the mailing list, please check box at right. The registration fee is the same in either case.		<input type="checkbox"/>	

NO C. F. INFO. J. TOMARE

I hereby make application for registration with the Boy Scouts of America and subscribe to its Scout Oath and Scout Law and its declaration of religious principle as stated on reverse side of sheet. I agree, if a registration certificate is granted, to be guided by the Constitution and Bylaws of both the National Council and local councils and such rules and regulations as may be promulgated by them.

I transmit herewith \$1.00 membership fee for one year, (or a pro rata fee), half of which is to cover subscription to SCOUTING magazine for the period of my membership.

SIGNATURE OF APPLICANT [Signature] DATE 16 July 63

Name Gerald Everts J.  
 (Please print or type full name)

Mailing address HQ 87th Ave  
AP0 46 US Forces

City Germany State Germany

Business phone \_\_\_\_\_ Home phone CHECKED BY

State AUG 12 1963

To serve as Asst Scoutmaster  
 (Position in unit or council)

Of Troop Local No. 127 OR Council name ADDRESS  
 (Type of unit)

City Nellingen State Germany

From July 1963 to March 1964  
 (Date of registration) (Expiration date of unit or council)

Occupation US Army Are you married? Yes  No

Age 23 U. S. citizen: Yes  No  OR Declaration of intention Yes  No

Have you an unexpired registration card? Yes  No  If so, where paid? Mount Rainier ADE  
 (Name of council) (Unit number)

Have you been registered in Scouting in any adult capacity? Yes  No  What position? Cm - SM - ASM - NC - A

When and how long? 3 years Where? Mount Rainier

What is your religious preference? (See other side, Article IV) Protestant

APPROVED BY [Signature] TITLE Asst Chairman Secretary Treasurer  
 (See "Approval" on other side) FOR: MRS SAELDON

LOCAL COUNCIL APPROVAL

We hereby approve this person and recommend certificate be issued.

Date \_\_\_\_\_ Signed \_\_\_\_\_ Scout Executive

\*NOTE: Please submit Separation Notice (No. 6108) for position individual is leaving.

Check Adult Registration Fee Paid		
<input type="checkbox"/> 1 mo. 10c	<input type="checkbox"/> 5 mo. 50c	<input type="checkbox"/> 9 mo. 90c
<input type="checkbox"/> 2 " 20c	<input type="checkbox"/> 6 " 60c	<input type="checkbox"/> 10 " 1.00
<input type="checkbox"/> 3 " 30c	<input checked="" type="checkbox"/> 7 " 70c	<input type="checkbox"/> 11 " 1.10
<input type="checkbox"/> 4 " 40c	<input type="checkbox"/> 8 " 80c	<input type="checkbox"/> 12 " 1.20

SEP 24 1963

SUBSCRIPTION

# APPLICATION FOR ADULT REGISTRATION

## BOY SCOUTS OF AMERICA

### NATIONAL COUNCIL

OCT 7 1963 J. TOMARE

**FOR OFFICE USE ONLY**

THIS APPLICATION MUST BE FILLED OUT PERSONALLY BY EACH ADULT WHO IS NOT LISTED ON THE UNIT CHARTER APPLICATION OR COUNCIL ROSTER AND WHO:

STATUS

1. Registers for the first time, regardless of position. (New)

2. Has been separated and is reregistering. (Sep.-Re.)

3. Is now registered in this council, separating from current position and transferring to new position. (Transfer)\*

4. Is now registered in another council. (Transfer)

REGION NO. <b>13</b>	COUNCIL NO. <b>802</b>	DISTRICT NO. <b>3</b>	(Type of unit) <b>TR</b> NATIONAL NO. <b>127</b>
Note to Den Mother: Where both husband and wife are registered, both receive SCOUTING magazine. If you would rather that we leave your name off the mailing list, please check box at right. The registration fee is the same in either case. <input type="checkbox"/>			

I hereby make application for registration with the Boy Scouts of America and subscribe to its Scout Oath and Scout Law and its declaration of religious principle as stated on reverse side of sheet. I agree, if a registration certificate is granted, to be guided by the Constitution and Bylaws of both the National Council and local councils and such rules and regulations as may be promulgated by them.

I transmit herewith \$1.00 membership fee for one year (or a pro-rata fee), half of which is to cover subscription to SCOUTING magazine for the period of my membership.

SIGNATURE OF APPLICANT: [Signature] DATE: 4 Sep 63

Name: Gerald IVEANS (Please print or type full name)

Mailing address: HQ 87th Ord Bn Business phone: 727

City: APO 46 Zone: 6 State: US Forces

To serve as: Scoutmaster (Position in unit or council)

Of: Troop Local No. 127 OR Council name: Transatlantic

City: Nellingen State: Germany

From: 3 Sept 60 To: 31 March 64

Occupation: US Army Are you married? Yes  No

Age: 23 U. S. citizen: Yes  No

Have you an unexpired registration card? Yes  No

Have you been registered in Scouting in any adult capacity? Yes  No

When and how long? Transatlantic Council Aug-Sep 63 Where? 60-63

What is your religious preference? (See other side, Article IV) Protestant (First Christian)

APPROVED BY: Dwight M. Sheldon TITLE: Com Chm

(See "Approval" on other side)

**LOCAL COUNCIL APPROVAL**

We hereby approve this person and recommend certificate be issued

Date: \_\_\_\_\_ Signed: \_\_\_\_\_ Scout Executive

\*NOTE: Please submit Separation Notice (No. 6108) for position individual is leaving.

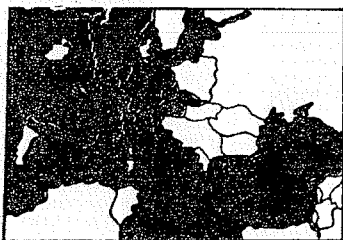
Check Adult Registration Fee Paid			
<input type="checkbox"/> 1 mo. 10c	<input type="checkbox"/> 5 mo. 50c	<input type="checkbox"/> 9 mo. 80c	
<input type="checkbox"/> 2 " 20c	<input checked="" type="checkbox"/> 6 " 60c	<input type="checkbox"/> 10 " 90c	
<input type="checkbox"/> 3 " 30c	<input type="checkbox"/> 7 " 60c	<input type="checkbox"/> 11 " \$1.00	
<input type="checkbox"/> 4 " 40c	<input type="checkbox"/> 8 " 70c	<input type="checkbox"/> 12 " \$1.00	

D.R.N. SENT M.P. OCT 7 1963

OCT 11 1963 R. B.  
STENCIL SERVICE

TSBSA010929

DYKES\_I\_012042



TRANSATLANTIC COUNCIL

BOY SCOUTS OF AMERICA



11th February, 1965

Mr. Delmer H. Wilson  
Director of Personnel  
Boy Scouts of America  
National Council  
New Brunswick, New Jersey

Dear Skipper,

Attached is a report from Captain James K. Traugber, M.P. Station Commander, on Gerald D. Iveans, SP4 involving a morals charge. SP4 Iveans is now registered as Scoutmaster of Troop 127 of this council. From the information received from this report and the subsequent investigation by district executive Mr. Richey, we recommend that this man be placed on the confidential file. We have deleted this man from our records.

Sincerely yours,

ROBERT C. RUSBY  
Scout Executive

enc:  
RCR/TAK

Office: Czernyring Shopping Center, Heidelberg, Germany  
Mail Address: APO 403, New York, N.Y. (US Forces)  
Phone: Heidelberg Mil 8201  
Council No. 802

TSBSA010930

DYKES\_I\_012043

OBSCEN

<b>MILITARY POLICE REPORT</b> (AR 190-43)		DATE <b>17 Nov 64</b> <b>15 # 16</b>	INFORMATION/COMPLAINT NR <b>STC-499-64</b> <b>(12 # 10, 22 Nov 64)</b>	MPIR REPORT NR (For cross reference)
<input checked="" type="checkbox"/> INFORMATION <input type="checkbox"/> COMPLAINT <input checked="" type="checkbox"/> COMMANDING OFFICER'S REPORT OF ACTION REQUIRED (See reverse side)		THRU: TO: <b>FOR DISTRIBUTION</b>		
FROM: <b>MP STATION APO 154 US FINNS</b>		1. <del>XXXXXXXXXXXXXXXXXXXX</del> <b>IVANS, Gerald D</b> <b>SP4</b>		
2. SERVICE NUMBER <b>BA 19 613 099</b>		3. ORGANIZATION (Include location & tel nr) <b>B1 Co, 87th Ord Bn, APO 46</b>		
4. DESCRIPTION (Complete on all civilians and military personnel whose identity is in question)				
COLOR OF EYES	COLOR OF HAIR	COMPLEXION	AGE	WEIGHT
HEIGHT	IDENTIFYING MARKS (Tattoos, scars, etc.)			
5a. DRESS	b. CONDITION	c. BEHAVIOR	d. UNDER INFLUENCE OF (Check appropriate box)	
<input type="checkbox"/> UNIFORM	<input type="checkbox"/> CLEAN	<input type="checkbox"/> COOPERATIVE	<input type="checkbox"/> ALCOHOL	
<input type="checkbox"/> CIVILIAN CLOTHING	<input type="checkbox"/> DIRTY	<input type="checkbox"/> UNCOOPERATIVE	<input type="checkbox"/> OTHER (Specify)	
	<input type="checkbox"/> NEAT	<input type="checkbox"/> Belligerent		
	<input type="checkbox"/> Mussed			
5. COMPLAINT (Specify law and location) <b>BODILY, 1001 Bay Scouts Camping site near Fanger Kiley, Dublin, Ga.</b>				
6. RECEIVED BY (Typed or printed name, grade, and position) <b>Sgt Jacob O MULLEN, 1/2pt, High MP Det.</b>				
7. DETAILS OF INFORMATION OF COMPLAINT (Who, what, where, when, why, how, etc.) Continue in REMARKS on reverse side. Attach statements of persons related to report. <b>Reference Case # STC-499-64, 12 Nov 64. This article - Investigation disclosed that IVANS committed the offense he alleged by sexual intercourse with a child, however, he denied he had intentionally touched the private parts of the child. He did admit that he had kissed the child several times but only on the cheek and lips, only in a friendly and affectionate manner. On 17 Nov 64, IVANS was examined by a psychiatrist and it was found</b>				
8. EVALUATION: <input type="checkbox"/> UNFOUNDED <input type="checkbox"/> MISDEMEANOR <input type="checkbox"/> FELONY <input type="checkbox"/> MILITARY OFFENSE <input type="checkbox"/> TRAFFIC				
9. PERSONS RELATED TO REPORT (Specify category of relationship where opposite name. Continue on reverse side)				
A. COMPLAINANT	B. VICTIM	C. SUSPECT	D. WITNESS	E. MIL POLICE
F. INVESTIGATED BY	G. APPREHENDED BY			
NAME GRADE SERVICE NUMBER ORGANIZATION OR ADDRESS				
A. <b>KINGCO, Russ</b> <b>1/2pt</b> <b>BA-1600019</b> <b>14th ATG, APO 46</b>				
B. <b>WILSON, Max V. JR.</b> <b>1st Lt</b> <b>BA-1600019</b> <b>14th ATG, APO 46</b>				
F. <b>WRIGHT, Joseph B</b> <b>Investigator</b> <b>50th MP Det (OE), APO 154</b>				
P. <b>MULLEN, Robert P</b>				
10. DISPOSITION OF: <input type="checkbox"/> INFORMATION/COMPLAINT (See 4.) <input type="checkbox"/> OFFENDER (See 6.) <input type="checkbox"/> EVIDENCE (See 7.)				
a. REFERRED TO:				
<input type="checkbox"/> PATROL				
<input type="checkbox"/> MPCI (See report number at top of page)				
<input type="checkbox"/> OTHER AGENCY (Spec 472)				
<input type="checkbox"/> NONE				
b. OFFENDER				
c. EVIDENCE				
<b>STOT MP STJ</b>				
<b>Ele</b>				
<b>DEC 24 1964</b>				
Not Statistically recorded				
INCLOSURES (Statements and receipts)				
DISTRIBUTION				
1- GO Unit				
1- PM 7th Army				
1- PM USAACOM				
2- PM North				
1- File				
SIGNATURE: <b>JAMES K. TRAUGHBER 1c</b>				
CAPTAIN MPC TIME				
MP STATION COMMANDER DATE				

DA FORM 19-32 1 SEP 60

OBSCEN

TSBSA010931

DYKES\_I\_012044

COMMANDER'S REPORT OF DISCIPLINARY ACTION TAKEN. (To be completed by the CO of the offender when the reverse side of this form indicates that disposition information is desired. Indicate actions in Items 4 and 5, if applicable, and explain as required in Item 6. Forward through command channels within TEN days of receipt of the report. To facilitate transmission, turn this side face up when returning correspondence through message center.)

DATE

THRU:  
TO:

FROM:

1. OFFENDER

2. GRADE

3. SERVICE NUMBER

4. ACTION				5. COURTS-MARTIAL					
ADMINISTRATIVE	NON-JUDICIAL	JUDICIAL		SUMMARY		SPECIAL		GENERAL	
		PENDING (Charges forwarded)	COMPLETED	PENDING	TRIAL COMPLETED	PENDING	TRIAL COMPLETED	PENDING	TRIAL COMPLETED

6. DETAILS

TYPED NAME & GRADE OF COMMANDING OFFICER

SIGNATURE

REMARKS

**Block # 8, page # 1, continued.**

recommended that he be separated from the US Army under the provisions of AR 675-89. The Commanding Officer, Bn Co, 07 Det Bn, APO 44, requested that the incident be handled by the unit in order to expedite action under AR 675-89. Concurrence of the Chief Investigator, 52nd MP Det (CI), APO 44, was obtained. This case is closed in the files of this office.

**THIS IS A FINAL REPORT.**

Produced Pursuant to Protective Order in Case No. 19-119176