

# MID3 Dispute Coding Form

## Special Notes

	NA	LA	WE	CE	ME	AF	SA	FE	OC
(1) <b>Reporting Region</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Master MID #</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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(2) **MID Dates\*** (year & month must be specified)

Start Date			End Date		
Year	Month	Day	Year	Month	Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(3) **Participants** (check relevant abbreviations)

State	State	State	State	State	State	State	State	State
<input type="checkbox"/> AAB	<input type="checkbox"/> BOL	<input type="checkbox"/> CUB	<input type="checkbox"/> GMY	<input type="checkbox"/> JPN	<input type="checkbox"/> MAW	<input type="checkbox"/> PAK	<input type="checkbox"/> SIN	<input type="checkbox"/> TKM
<input type="checkbox"/> AFG	<input type="checkbox"/> BOS	<input type="checkbox"/> CYP	<input type="checkbox"/> GNB	<input type="checkbox"/> KEN	<input type="checkbox"/> MEX	<input type="checkbox"/> PAL	<input type="checkbox"/> SKN	<input type="checkbox"/> TOG
<input type="checkbox"/> ALB	<input type="checkbox"/> BOT	<input type="checkbox"/> CZR	<input type="checkbox"/> GRC	<input type="checkbox"/> KIR	<input type="checkbox"/> MLD	<input type="checkbox"/> PAN	<input type="checkbox"/> SLO	<input type="checkbox"/> TON
<input type="checkbox"/> ALG	<input type="checkbox"/> BRA	<input type="checkbox"/> DEN	<input type="checkbox"/> GRG	<input type="checkbox"/> KUW	<input type="checkbox"/> MLI	<input type="checkbox"/> PAR	<input type="checkbox"/> SLU	<input type="checkbox"/> TRI
<input type="checkbox"/> AND	<input type="checkbox"/> BRU	<input type="checkbox"/> DJI	<input type="checkbox"/> GRN	<input type="checkbox"/> KYR	<input type="checkbox"/> MLT	<input type="checkbox"/> PER	<input type="checkbox"/> SLV	<input type="checkbox"/> TUN
<input type="checkbox"/> ANG	<input type="checkbox"/> BUI	<input type="checkbox"/> DMA	<input type="checkbox"/> GUA	<input type="checkbox"/> KZK	<input type="checkbox"/> MNC	<input type="checkbox"/> PHI	<input type="checkbox"/> SNM	<input type="checkbox"/> TUR
<input type="checkbox"/> ARG	<input type="checkbox"/> BUL	<input type="checkbox"/> DOM	<input type="checkbox"/> GUI	<input type="checkbox"/> LAO	<input type="checkbox"/> MON	<input type="checkbox"/> PNG	<input type="checkbox"/> SOL	<input type="checkbox"/> TUV
<input type="checkbox"/> ARM	<input type="checkbox"/> CAM	<input type="checkbox"/> DRC	<input type="checkbox"/> GUY	<input type="checkbox"/> LAT	<input type="checkbox"/> MOR	<input type="checkbox"/> POL	<input type="checkbox"/> SOM	<input type="checkbox"/> UAE
<input type="checkbox"/> AUL	<input type="checkbox"/> CAN	<input type="checkbox"/> ECU	<input type="checkbox"/> HAI	<input type="checkbox"/> LBR	<input type="checkbox"/> MSI	<input type="checkbox"/> POR	<input type="checkbox"/> SPN	<input type="checkbox"/> UGA
<input type="checkbox"/> AUS	<input type="checkbox"/> CAO	<input type="checkbox"/> EGY	<input type="checkbox"/> HON	<input type="checkbox"/> LEB	<input type="checkbox"/> MYA	<input type="checkbox"/> PRK	<input type="checkbox"/> SRI	<input type="checkbox"/> UKG
<input type="checkbox"/> AZE	<input type="checkbox"/> CAP	<input type="checkbox"/> EQG	<input type="checkbox"/> HUN	<input type="checkbox"/> LES	<input type="checkbox"/> MZM	<input type="checkbox"/> QAT	<input type="checkbox"/> STP	<input type="checkbox"/> UKR
<input type="checkbox"/> BAH	<input type="checkbox"/> CDI	<input type="checkbox"/> ERI	<input type="checkbox"/> ICE	<input type="checkbox"/> LIB	<input type="checkbox"/> NAM	<input type="checkbox"/> ROK	<input type="checkbox"/> SUD	<input type="checkbox"/> URU
<input type="checkbox"/> BAR	<input type="checkbox"/> CEN	<input type="checkbox"/> EST	<input type="checkbox"/> IND	<input type="checkbox"/> LIE	<input type="checkbox"/> NAU	<input type="checkbox"/> RUM	<input type="checkbox"/> SUR	<input type="checkbox"/> USA
<input type="checkbox"/> BEL	<input type="checkbox"/> CHA	<input type="checkbox"/> ETH	<input type="checkbox"/> INS	<input type="checkbox"/> LIT	<input type="checkbox"/> NEP	<input type="checkbox"/> RUS	<input type="checkbox"/> SVG	<input type="checkbox"/> UZB
<input type="checkbox"/> BEN	<input type="checkbox"/> CHL	<input type="checkbox"/> FIJ	<input type="checkbox"/> IRE	<input type="checkbox"/> LUX	<input type="checkbox"/> NEW	<input type="checkbox"/> RWA	<input type="checkbox"/> SWA	<input type="checkbox"/> VAN
<input type="checkbox"/> BFO	<input type="checkbox"/> CHN	<input type="checkbox"/> FIN	<input type="checkbox"/> IRN	<input type="checkbox"/> MAA	<input type="checkbox"/> NIC	<input type="checkbox"/> SAF	<input type="checkbox"/> SWD	<input type="checkbox"/> VEN
<input type="checkbox"/> BHM	<input type="checkbox"/> COL	<input type="checkbox"/> FRN	<input type="checkbox"/> IRQ	<input type="checkbox"/> MAC	<input type="checkbox"/> NIG	<input type="checkbox"/> SAL	<input type="checkbox"/> SWZ	<input type="checkbox"/> VTM
<input type="checkbox"/> BHU	<input type="checkbox"/> COM	<input type="checkbox"/> FSM	<input type="checkbox"/> ISR	<input type="checkbox"/> MAD	<input type="checkbox"/> NIR	<input type="checkbox"/> SAU	<input type="checkbox"/> SYR	<input type="checkbox"/> WSM
<input type="checkbox"/> BLR	<input type="checkbox"/> CON	<input type="checkbox"/> GAB	<input type="checkbox"/> ITA	<input type="checkbox"/> MAG	<input type="checkbox"/> NOR	<input type="checkbox"/> SEN	<input type="checkbox"/> TAJ	<input type="checkbox"/> YEM
<input type="checkbox"/> BLZ	<input type="checkbox"/> COS	<input type="checkbox"/> GAM	<input type="checkbox"/> JAM	<input type="checkbox"/> MAL	<input type="checkbox"/> NTH	<input type="checkbox"/> SEY	<input type="checkbox"/> TAW	<input type="checkbox"/> YUG
<input type="checkbox"/> BNG	<input type="checkbox"/> CRO	<input type="checkbox"/> GHA	<input type="checkbox"/> JOR	<input type="checkbox"/> MAS	<input type="checkbox"/> OMA	<input type="checkbox"/> SIE	<input type="checkbox"/> TAZ	<input type="checkbox"/> ZAM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> THI	<input type="checkbox"/> ZIM

(4) **Related Incidents** (Master Incident #s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Related Incidents** (Continued)  Check here if supplementary sheet completed.


(5) **Outcome Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Unknown            | <input type="checkbox"/> Stalemate        |
| <input type="checkbox"/> Victory for side A | <input type="checkbox"/> Compromise       |
| <input type="checkbox"/> Victory for side B | <input type="checkbox"/> Released         |
| <input type="checkbox"/> Yield by side A    | <input type="checkbox"/> Unclear          |
| <input type="checkbox"/> Yield by side B    | <input type="checkbox"/> Join ongoing war |

(6) **Settlement Type**

- |                                     |
|-------------------------------------|
| <input type="checkbox"/> Unknown    |
| <input type="checkbox"/> Negotiated |
| <input type="checkbox"/> Imposed    |
| <input type="checkbox"/> None       |
| <input type="checkbox"/> Unclear    |

(7) **Total Fatalities in Dispute**

Unknown	None	1-25	26-100	101-250	251-500	501-999	> 999	Exact value if known
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(8) **State Participation Dates** (year & month must be specified)

		Start Date			End Date		
State	Side	Year	Month	Day	Year	Month	Day
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						
	<input type="checkbox"/> A <input type="checkbox"/> B						

Supplementary Participation Sheet Completed

(9)

**Revisionist State(s)**

State	Revision(s) Sought (enter 1,2,3,4 if multiple objectives)							
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	
<input type="checkbox"/>	Territory	<input type="checkbox"/>	Regime	<input type="checkbox"/>	Policy	<input type="checkbox"/>	Other	

Supplementary Revisionist States Sheet Completed

(10)

**Participant Fatalities**

State	Miss-	None	1-25	26-100	101-250	251-500	501-999	> 999	Exact value if known
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	

Supplementary Participant Fatalities Sheet Completed

