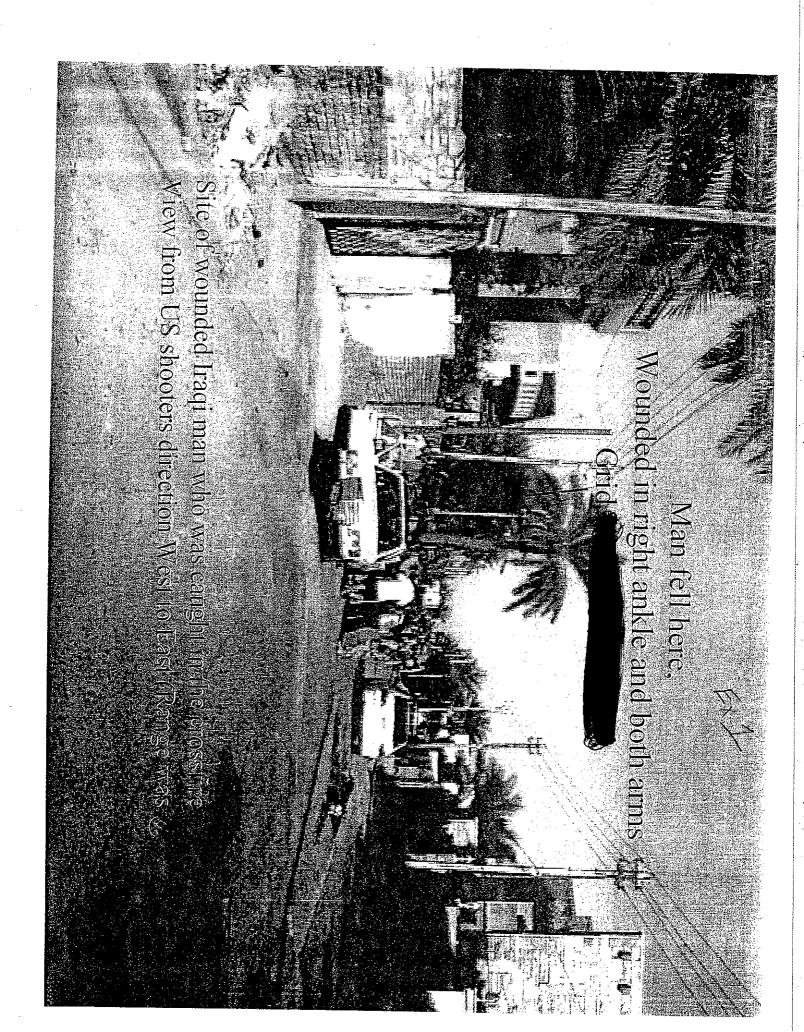


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#### SWORN STATEMENT

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

Tor use of this form, see An 190-45; the proponent agency is ODCSOPS
PRIVACY ACT STATEMENT
Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
FORMAGE PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
Disclosure of your social security number is voluntary.
1. LUGATION , , , DATE (YYYYMMDD) 3. TIME AND 4. FILE NUMBER
2 Light I Los 2405 04 01 1957
6. SSN QUA 7. GRADE/STATUSMOS
6. GARANIZATION OR ADDRESS
CONTRACTION OR ADDRESS  AND TE 1-41 IN  EVI
EXC
I,, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At about 021515 APR 2005 Le, 3/8/2-14,
moved to assist 2/c/2-70 AR condun on IEO
1-1 10 AC CO1991 9V 7FD
Muhalta to cordan aff the roads teady to the
Ex
Michalla to cochan aff the roads teads to the
S.tc.
site.
At 1640 AIF engold from
7900
my about e one of my vehicles at
in the or or or vehicles at
-1, $0$ , $0$ , $0$
. The RPG exploded on the
ę ·
that shield wonder one of my soldiers
shield wondy one of my soldiers.
· ·
soldiers position identified the shooter at
+ 1 chared fire w/ M240B >
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF PAGES
A SUTTENTAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
THE COTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE WITH BY THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
TO THE TENSON MAKING THE STATEMENT, AND PAGE NUMBER

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.
STATEMENT OF TAKEN AT
9. STATEMENT (Continued)
multiple Mus. In the the wood Rds of
7,62m were fied & 75 Rbs of 5,56mm were
Fick at AIF. 2 AIF were pully
realised + fled to the north & to the
East. LNIS stated has Blue Opel took then away.
Numerous LN's were wounded in the
engagement. was talking to our suldies &
when the RPG detonded. He Ex
was evacuted to a hapital by CNIS.
and Ex
were in a white necedes at
and were believe the 2 AIF and were Ex1
Sout by Our forces. It's evenuated them to the
trapportel. Our medics gave prome, case first.
The wife of wisin c Exlo
and was wonded by Fil
Sullets. The was exculed Si, LNIs.
NUMBELS OF PERSON MAKING STEMENT 13782 PAGE & OF 3 PAGES

7.10C 1.10C	
STATEMENT OFTAI	KEN AT 1957 DATED 2 APR 2005
9. STATEMENT <i>(Continued)</i>	
All shots field by	3/8/2-14 wer tystly
exceled Eastweed down	•
RPGIS were find from.	LH's were simply in the line
of fre of bullets arm	ed at AIF, No unnacessay
fre ougled.	
nuthos ful	الساع
WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULL THE STATEMENT IS TRUE. I HAVE INITIALED ALL COR	FFIDAVIT  , HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT LY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE RRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE IT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT FUL INFLUENCE, OR UNLAWFUL INDUCEMENT (Signature of Person Making Statement)
VITIMESSES:	Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2 day of 400, 200) at Confidence to the transfer of the subscribed and sworn to before me, a person authorized by law to
CASANIZATION OR ADDRESS	(Signature of Person Administering Oath)
	(Typed Name of Person Administering Oath)
13. SARIZATION OR ADDRESS	(Authority To Administer Oaths)
137	83 PAGE 3 OF 3 PAGES

PAGES

Pursuant to 10 U.S.C. 3013 and Army Regulation 15-6, we request this information. This information will be used to evaluate the facts and circumstances currently under investigation. Your response is not mandatory. However, your failure to respond will require that we evaluate this matter without the benefit of your input. This information will be used in determining the appropriateness of any action, including adverse administrative action. Department of Defense employees, acting within their official capacity, who have a need to know this information, will have access to this information. This information may be used as the basis for adverse personnel action, and documents reflecting this information and such action may be filed in your official personnel files.

# **Affidavit**

Statement. I fully understand the	have read or have had read to me this Fe contents of the entire statement.	Privacy Act
	(Signature of Person Making Statement)	F./
	Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3 day of April 2004 at Contact of April 2004.	EXC
	(Signature of Person Administering Oath)  (Type name of Person Administering Oath)	
	Tours to to coll to the	

Enclosure 1

(Authority to Administer Oath)

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

#### DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY:

Title 10, United States Code, Section 3012(g)

PRINCIPAL PURPOSE: ROUTINE USES:

To provide commanders and law enforcement officials with means by which information may be accurately identified. Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DIS	SCLOSURE: Disclosure of your Social Security Number	is voluntary.	·	tate ming and jours and
1.	LOCATION COMPLISARY I rag	2. DATE 3.	TIME 3	4. FILE NO.
5.	NAME (Last, First, MI)	8. ORGANIZATION OR ADD		<u> </u>
		Bry 3-147	:N TF 1-	UZ IV
6.	7. GRADE/STATUS		•	FXC
		ER/NON-WAIVER CERTIFICATE		
Sec	ction A. Rights			
The	e investigator whose name appears below told me that he/she is with the Unit		7 - 1 - 7 - No 1	
susp	pected/accused: Shooting of three (3) Iraqi L	and wanted to question me	about the following οπ	ense(s) of which I am
	ore he/she asked me any questions about the offense(s), however, he/she ma		owing rights:	
1.	I do not have to answer any question or say anything.		7 fr 11 to 1 to 2	
2.	Anything I say or do can be used as evidence against me in a criminal trial.	·		
3,	(For personnel subject othe UCMJ I have the right to talk privately to a law			
	during questioning. This lawyer can be a civilian lawyer I arrange for at no e			
	or both.			
	·	~ OF ~		
	(For civilians not subject to the UCMJ) I have the right to talk privately to a			
	me during questioning. I understand that this lawyer can be one that I arrang will be appointed for me before any questioning begins.	ge for at my own expense, or it i car	nnot afford a lawyer and	want one, a lawyer
4.	If I am now willing to discuss the offense(s) under investigation, with or wit	tout a facultar assessment I have a right	· ·· · t	*
٠,	speak privately with a lawyer before answering further, even if I sign the wa		to stop answering ques	stions at any time, or
	opposite principal trials a larring and a second control of the se	iiver below.		
5.	COMMENTS (Continue on reverse side)	-		
Sec	rtion B. Waiver			W
l und havir	derstand my rights as stated above. I am now willing to discuss the offense(s ing a lawyer present with me.	) under investigation and make a sta	itement without talking t	to a lawyer first and without
,	WITNESSES (If available)	3. SIGNATURE OF INTERVIE	EWEE 2007	
1a.	NAME (Type or Print)	G GOSAN	WV Jaaren	
ь.	ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIG	SATOR	<i>-</i> /
		TREATER		FIL
		What was the	Hinnes -	NYC
2a.	NAME (Type or Print)	5. TYPED NAME OF INVEST	7-7-9	
۷۵.	NAME Trype of That	5. I FED IVAIVE OF INVEST	IGATOR	
				<u> </u>
b.	ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVES	STIGATOR	
	•	1-4/ IN		
Sect	tion C. Non-waiver	, , , , , , , , , , , , , , , , , , ,		
1.	I do not want to give up my rights			
	☐ I want a lawyer	do not want to be quest	tioned or say anything	
2.	SIGNATURE OF INTERVIEWEE			
	Old the Old Telephone		•	
ATT	ACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORDI	707 SUBSFOUENTLY EXECUTED	BY THE SUSPECT/ACC	CUSED

## SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT AUT HORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). PRIN CIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISC LOSURE: Disclosure of your social security number is voluntary 1. LOCATION 2. DATE (YYYYMMDD) 3. TIME -41 TN Toc 20050402 LAST NAME, FIRST NAME, MIDDLE NAME 7. GRADE/STATUS O RGANIZATION OR ADDRESS WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: 1515 ON 2 APRIZOOS I EMPLACED MY MINY AT GRID IN A BLOCKING POSITION TO CORDIN OFE WERE FACING TO THE EAST. AT 1640 AN RPG STALLA My MILLY AND MZYOREX] 2B/3/B/2-14'5 MIII4 AT GAID STAUDING BEHIND BY VEHILLE WHEN I HEARS A STALL EXPOSITION TO AY EAST FOllowed By THE JOHNS OF THE RPG FLYING BY, I THANKS JAW MY GUNNER ENGOGEING I MALES BY A WALL TWO WITH HIS MZYOB, I SAN ONE MALE GET by AND RUM TOWARDS THE PORTH WITH AN OBJECT RESEMBLING A TUBE AND I ENGAGED HIM WITH 21 ROWNDS FRAM MY M-4 AS I RAN THE NONTH SIDE OF AY VEHICLE FOR COUEN. AFTER HE TAN OUT OF 570 POED FIRENG AND MONED TO THE SOUTH SIDE OF BY MULLIASAM I WAS MOVEMENT TO GET TO THE MADE I CALLED ON MY HAUS HELD RADIO THAT WE HAD ALF FLEEING YOUTH. DURING THIS TIME BY GUARER HAD REGORDED STILL ENVAVING. I GOT HIS ATTENSION AND TOLD HIM TO FIRE, THEN MYSELF AND 2 SOLDIERS MOJED FORMAND TO OPEN OUR

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE IN 1871/186 FTHE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" \_\_\_\_\_ TAKEN AT \_

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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USE THIS PAGE IF NEEDED. IF THIS	PAGE IS NOT NEEDED, PL	EASE PROCEED TO	O FINAL PAGE OF	THIS FORM.
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MET. LEE OF PERSON MAKING STATEMENT	13787		PAGE 1	OF 3 PAGES

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P. Committee of the com	
STATEMENT OF	TAKEN AT 1-41 TOL DATED Z APR 7400
9. STATEMENT <i>(Continued)</i>	·
	. /
	AFFIDAVIT
1,	HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT
BY ME. THE STATEMENT IS TRUE, I HAVE INITIALED ALL (	JLLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEM THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLA	MENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD WITHOUT
	EX O
	(Signature of Parson Making Statement)
WITNESSES:	Subscribed and sworn to before me, a person authorized by law to
	administer oaths, this 2100 day of Amil , Zoo5
1 1 5PC	at 1-41 Toc
14HE/1-47-10	
ORGANIZATION OR ADDRESS	(Signature of Person Administering Oath)
	(Typed Name of Person Administering Oath)
ORGANIZATION OR ADDRESS	(Authority To Administer Oaths)
INITIALS OF PERSON MAKING/CEATEMENT 1	2700
THAT OF FERSON WANTED THE PATENT	3788 PAGE 3 OF 3 PAGES

Pursuant to 10 U.S.C. 3013 and Army Regulation 15-6, we request this information. This information will be used to evaluate the facts and circumstances currently under investigation. Your response is not mandatory. However, your failure to respond will require that we evaluate this matter without the benefit of your input. This information will be used in determining the appropriateness of any action, including adverse administrative action. Department of Defense employees, acting within their official capacity, who have a need to know this information, will have access to this information. This information may be used as the basis for adverse personnel action, and documents reflecting this information and such action may be filed in your official personnel files.

## **Affidavit**

4		have read or have had read to me this Pri	vacy Act
tatement.	I fully understand	the contents of the entire statement.	racy rioi
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			-
		(Statement)	
•			
		Subscribed and sworn to before me, a person	
		authorized by law to administer oaths, this <u>03</u>	بر سیز
		day of April , 2004 2008 at	EX 6
		Camp Liberty, Iraq.	
	•		
		(Cignotus of D	
		(Signature of Person Administering Oath)	
	•	(Type name of Borson Administration (1)	
		(Type name of Person Administering Oath)	
٠		Investigation Officer	

(Authority to Administer Oath)

Enclosure 1

11

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

#### DATA REQUIRED BY THE PRIVACY ACT

1. LO CATION	cial Security Number is volunta	DATE	3. TIME	o facilitate filing and retrie va
CAMP LIBERTY FRAN	3.4	P4 05	1700	, , , , , , , , , , , , , , , , , , ,
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6. SSIN 7.	GRADE/STATUS 3	1/3/2-14	IN	
	E. C	, ,	•	ExCo
PA	RT 1 - RIGHTS WAIVER/NON-V	VAIVER CERTIFIC	ATE	- 7.0
Section A. Rights	****		<del> </del>	
The investigator whose name appears below told me the suspected/accused: SHOOT/NG F 3	TRAUI LOCAL NAT	d wanted to questio		ring offense(s) of which I am
Before he /she asked me any questions about the offense  1. I do not have to answer any question or say anythin  2. Anything I say or do can be used as evidence again  3. (For personnel subject othe UCMJ I have the right during questioning. This lawyer can be a civilian law or both.	(s), however, he/she made it clear t ng. st me in a criminal trial. to talk privately to a lawyer before,	o me that I have th	uestioning and to have	e a lawyer present with me ad for me at no expense to me,
(For civilians not subject to the UCMJ) I have the ri me during questioning. I understand that this lawyer will be appointed for me before any questioning beg	can be one that I arrange for at my	own expense, or i	cannot afford a law	er and want one, a lawyer
4. If I arm now willing to discuss the offense(s) under in speak privately with a lawyer before answering furtion.  5. COMMENTS (Continue on reverse side)	ins. Ivestigation, with or without a lawy	er present, I have a	right to stop answerin	ng questions at any time, or
<ol> <li>If I am now willing to discuss the offense(s) under it speak privately with a lawyer before answering furtion.</li> <li>COMMENTS (Continue on reverse side)</li> </ol>	ins. Ivestigation, with or without a lawy	er present, I have a	right to stop answerin	ng questions at any time, or
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		SWORN STATEMENT		
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AUT PRETTY: FREN OWAL PURPOSE: ROOF TOTE USES: IN TOTAL USES:	P Title 10 USC Section 301; Title 5 To provide commanders and law e Your social security number is use Disclosure of your social security	enforcement officials with mea d as an additional/alternate m	ans by which informat	ion may be accurately
1. 1.00.TION 1.41 IN	F TOC IND	2. DATE (YYYYMMDD) 20050402 M SM	3. TIME	4. FILE NUMBER
8. LOST NAME, FIRST 8. CONSERVIZATION OR	MSI	6. SSN	шѕи	7. GRADE/STATUS ELJ MSM
B <u>eo</u>	2-14 Inf 3rd	PLT 10Th Mtn D	7 V	EXC
A+	1515 we arived	on site and	linked up	
5,6 -27 Armor	element and			
ISD. Our	vehicle (B=,2-14	INF, 3rd PLT	Platon I end	ec) was position
EOD eleme	nt, so that the bound lane of	ther vehicles	in the plat	. 10
A+ 10	640 short we h	leard an expla	osion. Imm	ediatly after
reporting RPG	that one of our and that they	company net. r other vehicle , were engag	es had be	en hit with
on site	we moved one blo	ock north to	look for the	d. When anived - \$100 gunner.
Coce esta	of see anything	so we moved &	rack and	set up security.

I saw one man on the ground with a bullet wound to ankle. I also heard that a lady had been shot and was

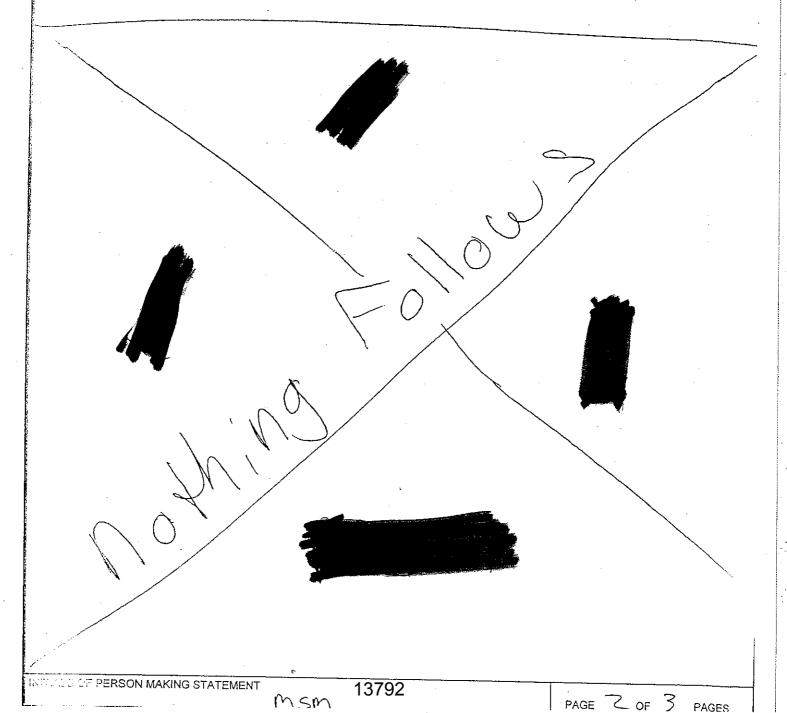
C. PARASIT		PAGE 1 OF	_3_	PAGES
DELITITION OF PAGES MUST CONTAIN THE HEADING "	STATEMENT TAKEN AT DATED _			

THE COTTON OF EACH ADDITIONAL PAGE MUST BEAR THE INGTANTOF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

\_ TAKEN AT 1-41 TOC \_\_\_\_ DATED 2005 040 2

9. STATEMENT (Continued)

already taken to the hospital by civilans. We obser continued to look for casual ties and get more into about the AIF who engaged us.



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STATEMENT OF	TAKEN AT 14/ TOC	DATED 7005 0462
S S RTEMENT (Continued)		
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	AFFIDAVIT, HAVE READ OR HAVE HA	AD READ TO ME THIS STATEMENT
VALUE BEGINS ON PAGE 1, AND ENDS ON PAGE 3. II	FULLY UNDERSTAND THE CONTEN	NTS OF THE ENTIRE STATEMENT MADE
CONTO GING THE STATEMENT. I HAVE MADE THIS STATE TO THE OF PUNISHMENT, AND WITHOUT COERCION, UNL	AWFUL INFLUENCE, OR LINLAWEL	BENEET OF REWARD, WITHOUT
	(Signature	of Person Making Statement)
MATHEREES:	Subscribed and sworn to	o before me, a person authorized by law to
	administer oaths, this at	
SPC 17-41 /ND SPC		
CHEARINGATION OR ADDRESS	(Signature o	of Person Administering Oath)
	(Typed Name	of Person Administering Oath)
-ORIGINALIZATION OR ADDRESS	<u> </u>	-
		ity To Administer Oaths)
OTTO OTTERSON WAKING STATEMENT	13793	PAGE 3 OF 3 PAGES

Pursuant to 10 U.S.C. 3013 and Army Regulation 15-6, we request this information. This information will be used to evaluate the facts and circumstances currently under investigation. Your response is not mandatory. However, your failure to respond will require that we evaluate this matter without the benefit of your input. This information will be used in determining the appropriateness of any action, including adverse administrative action. Department of Defense employees, acting within their official capacity, who have a need to know this information, will have access to this information. This information may be used as the basis for adverse personnel action, and documents reflecting this information and such action may be filed in your official personnel files.

# **Affidavit**

I, <u>\</u>	have read or have had read to me this l	⊃rivacv Act
Statement.	I fully understand the contents of the entire statement.	
	(Signature of Person Making Statement)	
	Subscribed and sworn to before me, a person	
	authorized by law to administer oaths, this 63	E
	day of April, 2004, 200 at	EN
	Camp Liberty Iraq.	
	A STATE OF THE STA	
	(Signature of Person Administering Oath)	
	(Type name of Person Administering Oath)	·
	Investerating officer	

Enclosure 1

(Authority to Administer Oath)

11

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

•		IRED BY THE PRIVAC			
AUTHO RITY:	Title 10, United States Code, Section	3012(a)			-
PRINCIP AL PURPOSE:	To provide commanders and law enfor	cement officials with:	maana hir which	infant.	
ROUTIN E USES:	Your Social Security Number is used at	s an additional/alterna	te maans of ide	HITTORMATION MA	y be accurately identific
DISCLO-SURE:	Disclosure of your Social Security Num	nber is voluntary.	re means of the	imication to fact	intate filing and retrie $oldsymbol{ u}_{ ext{e}}$
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	PART I RIGHTS W	AIVER/NON-WAIVER	CERTIFICATE	<del></del>	
Section A. Rights		-	···		
•				· · · · · · · · · · · · · · · · · · ·	
The inves tigator whose name	appears below told me that he/she is with the				<u></u>
suspected/accused: 5h	looting of 3 Tragi	and wanted	to question me ab	out the following o	ffense(s) of which I am
	uestions about the offense(s), however, he/she	local nation	onals		
1. I do not have to answer a	any question or say anything.	e made it clear to me that	I have the following	ng rights:	•
2. Anything I say or do can	be used as evidence against me in a criminal tr	rial,			
<ol><li>(For personnel subject oti</li></ol>	he UCMJ I have the right to talk privately to a	lawver before, during a	nd after questionin	and to have a law	Wor Propert wish
daming decampining. This is	lawyer can be a civilian lawyer I arrange for at I	no expense to the Govern	ment or a military	lawver detailed for	me at no expense to me
or both.			•	,	mo at no expense to me,
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SWORN STATEMENT  For use of this form, see AR 190-45; the proponent agency is ODCSOPS	•
PRIVACY ACT STATEMENT  AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943  PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may Your social security number is used as an additional/alternate means of identification to facility.  DISCLOSURE: Disclosure of your social security number is voluntary.	1
5. LAST NAME FIRST NAME MIDDLE NAME 1777 Trag 20050402 1920 2KJ 4. FILE	NUMBER
8. ORGANIZATION OR ADDRESS	ADE/STATUS EY RKIT
1. While in a blocking possition to support with an IED that was on rorde to receive RPG fire. The RPG was fired from The RPG hit one Hilly, at that time forward to my vehicle of I started two males, one was holding a RPG launcher and the with him. I shot 15 rounds 5.56 mm from my M4, has feed, corrected the malfunction, and sent situation via single. One of our other vehicles showed up location and I hopped in to the driver seat of Milly and maneuvered to a forward possition (approximation) and pulled security is along with the M24 in the turret, to the easts	e I move to engage other was a doubte to the PL to our
Nothing Follows Nothing Follows Follows Follows	
D. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF	2 PAGES
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STATEMENT OF \_\_\_\_\_ DATED <u>2005040</u> 2 9. STATEMENT (Continued) Nothing Follows Nothing Follows **AFFIDAVIT** , HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE TABLES THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT. (Signature of Person Making Statement) 5x60 'ATMESSES: Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_ (Signature of Person Administering Oath) (Typed Name of Person Administering Oath) MACABLATION OR ADDRESS (Authority To Administer Oaths) MEGALE OF PERSON MAKING STATEMENT

13797

**PAGES** 

Pursuant to 10 U.S.C. 3013 and Army Regulation 15-6, we request this information. This information will be used to evaluate the facts and circumstances currently under investigation. Your response is not mandatory. However, your failure to respond will require that we evaluate this matter without the benefit of your input. This information will be used in determining the appropriateness of any action, including adverse administrative action. Department of Defense employees, acting within their official capacity, who have a need to know this information, will have access to this information. This information may be used as the basis for adverse personnel action, and documents reflecting this information and such action may be filed in your official personnel files.

# **Affidavit**

Statement. I fully understand	have read or have had read to me this F the contents of the entire statement.	rivacy Act
· · · · · · · · · · · · · · · · · · ·		
	(Signature of Person Making Statement)	
	Subscribed and sworn to before me, a person authorized by law to administer oaths, this 03 day of April , 2004 2005 at Camp Liberty, I ray	Fx Co
	(Signature of Person Administering Oath)	
		-
	(Type name of Person Administering Oath)	
	Investigating Officer (Authority to Administer Oath)	

Enclosure 1

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

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	DATA REQUIRE	ED BY THE PRIVACY ACT	Γ		
AUTHORITY:	Title 10, United States Code, Section 30	12(a)			
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suspected/actused: ting #1			tion me about the following	ng offense(s) of which I am	
		/II / O TT CT / O I V		ig ottetise(s) of Which I am	
I do not have to answer any	stions about the offense(s), however, he/she m	ade it clear to me that I have	the following rights:		
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3. (For personnel subject other	used as evidence against me in a criminal trial.				
during questioning. This law	UCMJ I have the right to talk privately to a law	wyer before, during, and after	questioning and to have a	lawyer present with me	
or hoth	yer can be a civilian lawyer I arrange for at no o	expense to the Government o	r a military lawyer detailed	for me at no expense to me.	
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The production of the producti	r before answering further, even if I sign the wa	aiver below.			
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# **Affidavit**

,	have read or have had read to me this Privacy Act
Statement. I fully understand	the contents of the entire statement.
	The state of the s
	(Signature of Person Making Statement)
	Subscribed and sworn to before me, a person authorized by law to administer oaths, this <u>03</u> day of <u>April</u> , <u>2004</u> <u>2005</u> at Ex (
	(Signature of Person Administering Oath)
	(Type name of Person Administering Oath)
	Investigating Officer

Enclosure 1

(Authority to Administer Oath)

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

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Sec	ction B. Waiver					
5.	COMMENTS (Continue	on reverse side)	********			
4.	me during questioning. I will be appointed for me If I am now willing to dis	understand that this lawye before any questioning be cuss the offense(s) under i	right to talk privately to a la or can be one that I arrange gins. investigation, with or witho ther, even if I sign the waive	for at my own expense, o ut a lawyer present, I hav	r if I cannot afford a lawy	er and want one, a lawyer
2. 3.	(For personnel subject of during questioning. This or both.	lawyer can be a civilian lav	t to talk privately to a lawye wyer I arrange for at no exp	ense to the Government o	or a military lawyer detaile	d for me at no expense to me,
Bef	fore hes/she asked me any o I do not have to answer	questions about the offense any question or say anythi		it clear to me that I have	the following rights:	•
		acting of 3 loc	at Iraqi Nati	onals		ng offense(s) of which I am
The	e investigator whose name	appears below told me that	at he/she is with the United	· · · · · · · · · · · · · · · · · · ·		
Se	ction A. Rights		I INGITIO WAIVEN	ALON-WAIVER CERTII	IOMIE	•
6.	SSN	7.	. GRADE/STATUS EH / SPC ART I - RIGHTS WAIVER	2 BCT	VIQ i	
5.	NAME (Last, First, MI,	DELTY , I TO	<u> </u>	03 Apr. 05 8. ORGANIZATION 3/B/2-		
1.	LOCATION	·\   T		2. DATE	3. TIME	4. FILE NO.
PF RC	UTHO RITY: RINCIPAL PURPOSE: DUTINIE USES: ISCLOSURE:	To provide command Your Social Security	es Code, Section 3012( lers and law enforcemen Number is used as an a ocial Security Number is	it officials with means dditional/alternate mea	by which information ons of identification to	may be accurately identified facilitate filing and retrieval,
			DATA REGUIRED E	SY THE PRIVACY ACT		

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA POS CONTROL SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SIGNATURE OF JUTERVIEWEE

☐ I want a lawyer

 $\square$  I do not want to be questioned or say anything