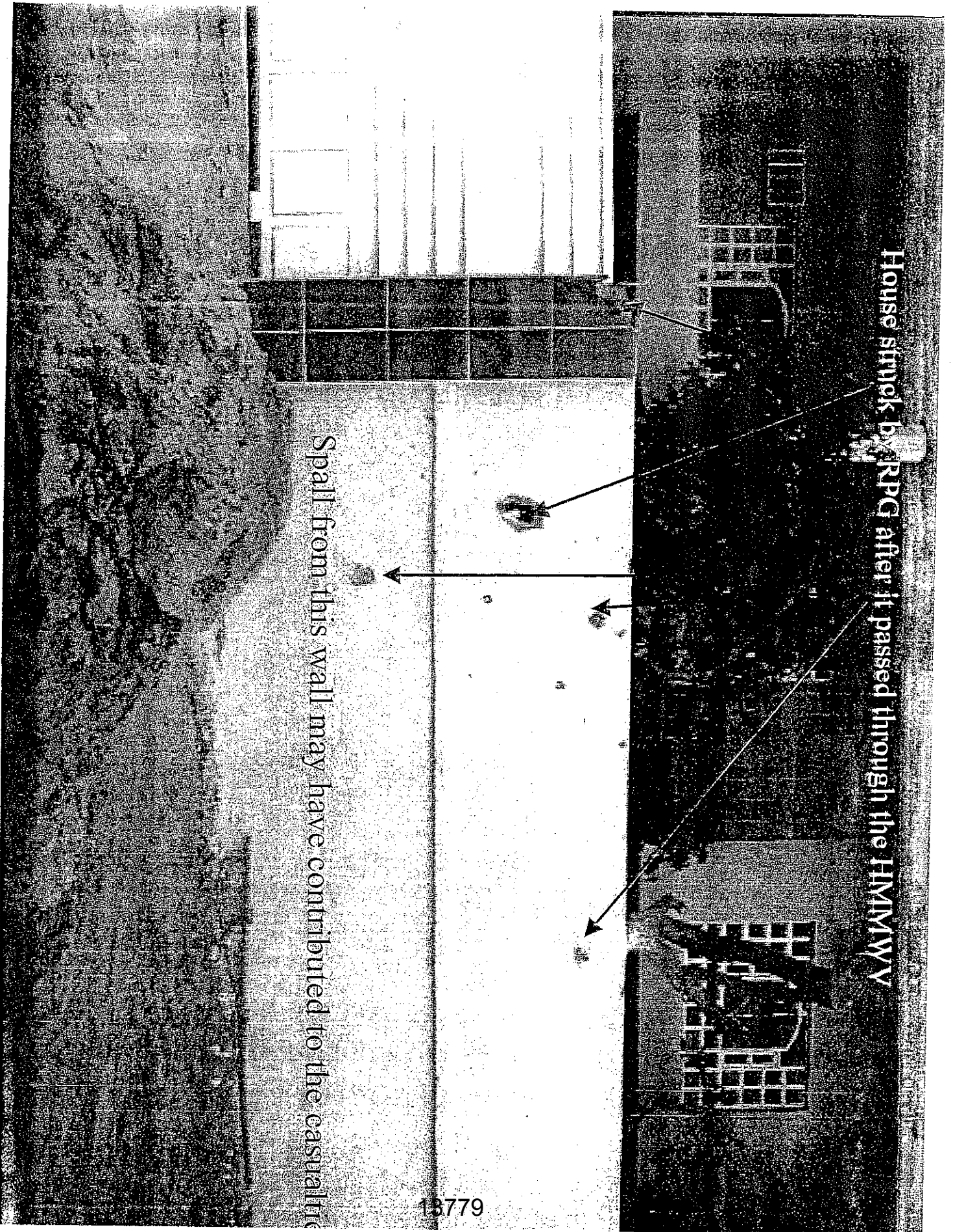


Site where mortar shells were falling to  
PS Forces. They were wounded by RPG  
splash and shrapnel.  
Position sign and arrow to the HMMWV and was shell

Direction of RPG Arty

House struck by RPG after it passed through the HMMWV

Spall from this wall may have contributed to the casualty

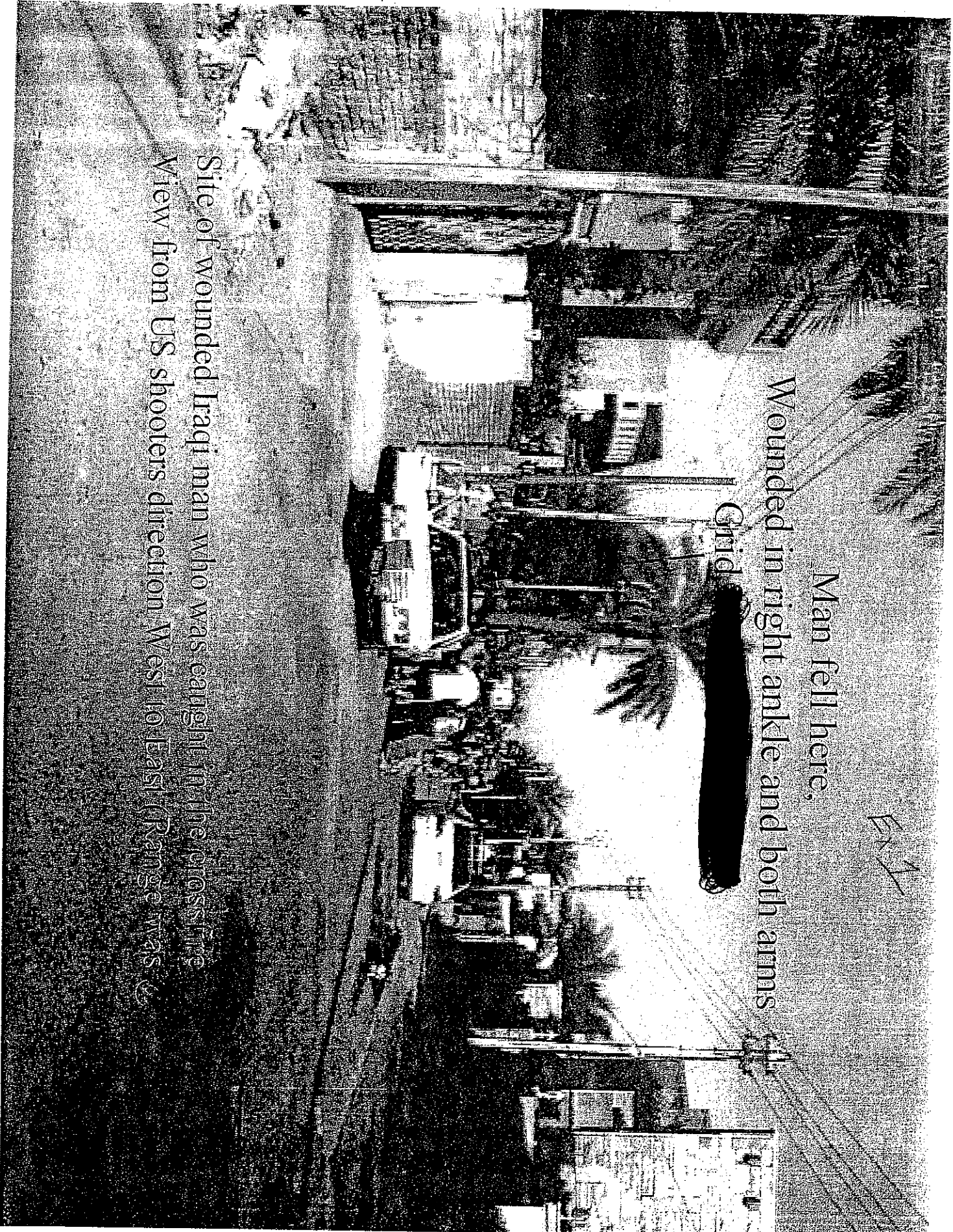


EN 1

Man fell here,

Wounded in right ankle and both arms

Grid



Site of wounded Iraqi man who was caught in the crossfire

View from US shooters direction West to East (Range was

### 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 (SSN).  
**PRIVACY PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately  
**PRIVACY USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Liberty, Iraq OADR	2. DATE (YYYYMMDD) 2005 04 02	3. TIME 1957 OADR	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] OADR	6. SSN [REDACTED] OADR	7. GRADE/STATUS O-2	
8. ORGANIZATION OR ADDRESS 2-14 IN TF 1-41 IN OADR			

Ex 6

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At about 021515 APR 2005 we, 3(B/2-14),  
moved to assist 2/C/2-70 AR cordon an IED  
at [REDACTED] We had positions inside the  
Alhalka to cordon off the roads leading to the Ex 1  
IED site.

At 1640 AIF engaged from [REDACTED]  
[REDACTED] my <sup>OADR</sup> one of my vehicles at  
[REDACTED]. The RPG exploded on the  
target shield wounding one of my soldiers.  
My soldier positively identified the shooter at  
[REDACTED] & returned fire w/ M240B &

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER INDICATED.		

13781

STATEMENT OF [REDACTED] TAKEN AT 1957 DATED 2 APR 2005

Ex 6

9. STATEMENT (Continued)

multiple M4's. <sup>APC</sup> ~~Inf~~ <sup>APC</sup> ~~400~~ ~~7.62~~ 400 Rds of 7.62mm were fired & 75 Rds of 5.56mm were fired at AIF. 2 AIF were pushed identified & fled to the north & to the East. LNI's <sup>that APC</sup> ~~to~~ Blue Opel took them away.

Numerous LNI's were wounded in the engagement. [REDACTED] was talking to our soldiers Ex at [REDACTED] when the RPG detonated. He Ex] was evacuated to a hospital by LNI's.

[REDACTED] and [REDACTED] Ex [REDACTED] were in a white Mercedes at [REDACTED] [REDACTED] and were behind the 2 AIF and were ExI shot by our forces. IPI's evacuated them to the hospital. Our medics gave primary care first.

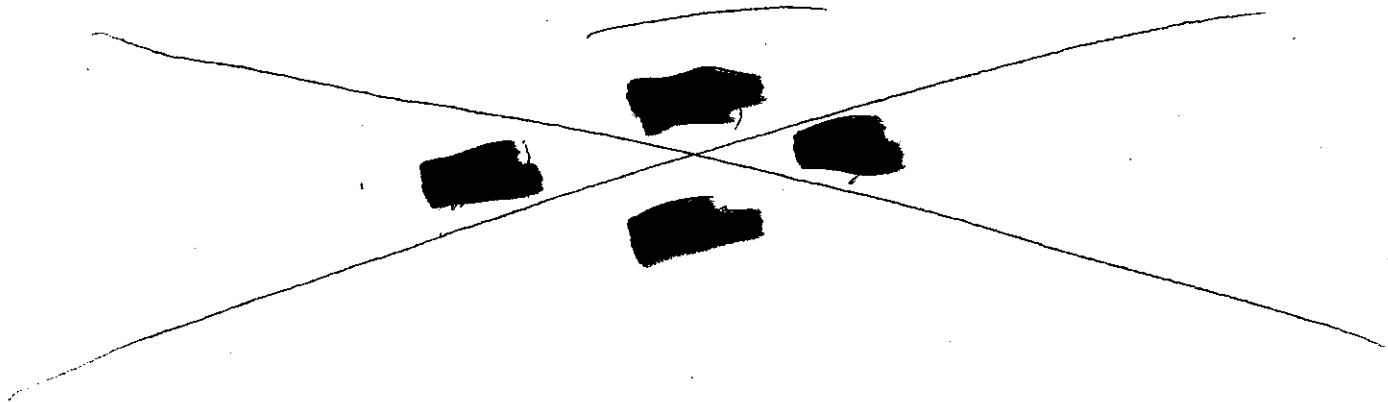
The wife of [REDACTED] was in a Ex 6 car at [REDACTED] and was wounded by ExI stray bullets. She was evacuated by LNI's.

STATEMENT OF [REDACTED] TAKEN AT 1957 DATED 2 APR 2005

9. STATEMENT (Continued)

All shots fired by 3/B/2-14 were tightly directed Eastward down the street that the RPGs were fired from. LNB were simply in the line of fire of bullets aimed at AIF. No unnecessary fire occurred.

nothing follows



AFFIDAVIT

[REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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 CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE] Ex 6  
(Signature of Person Making Statement)

WITNESSES:

[REDACTED] ILT  
[REDACTED] SRC

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2 day of April, 2005 at Camp Liberty Iraq

[REDACTED SIGNATURE]  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS  
[REDACTED]  
[REDACTED]  
[REDACTED]  
ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)  
[REDACTED]  
(Authority To Administer Oaths)

# Privacy Act Statement

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, [REDACTED] have read or have had read to me this Privacy Act Statement. I fully understand the contents of the entire statement.

[REDACTED]  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3 day of April, 2004 at Camp Liberty, Iraq

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Type name of Person Administering Oath)

Investigating Officer AR-15-6  
(Authority to Administer Oath)

Ex 6

Enclosure 1

## RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

1. LOCATION <u>Com Liberty Iraq</u>	2. DATE <u>03 APR 05</u>	3. TIME <u>1453</u>	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS <u>BCU 2-14 IN TF 1-41 IN</u>		
6. SSN [REDACTED]	7. GRADE/STATUS <u>O-2</u>		

ExC

### PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

#### Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army \_\_\_\_\_ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of three (3) Iraqi Local Nationals

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

#### Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <u>1-41 IN</u>

ExC

#### Section C. Non-waiver

1. I do not want to give up my rights  
 I want a lawyer  
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 13785) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED



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 (SSN).
PRINCIPAL 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.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: 1-41 IN TOC
2. DATE (YYYYMMDD): 20050402
3. TIME: 1940
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS: E-5
8. ORGANIZATION OR ADDRESS: 3/B/2-14 IN
9. EXC

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 1515 on 2 APR 2005 I EMPLOYED my M114 AT GRID [REDACTED] IN A BLOCKING POSITION TO CORDON OFF ALL IED FORD AT [REDACTED] MY M114 AND M240B WERE FACING TO THE EAST. AT 1640 AN RPG STUCK 2B/3/B/2-14'S M114 AT GRID [REDACTED] I WAS STANDING BEHIND MY VEHICLE WHEN I HEARD A SMALL EXPLOSION TO MY EAST FOLLOWED BY THE SOUND OF THE RPG FLYING BY. I TURNED AND SAW MY GUNNER ENGAGING 2 MALES BY A WALL IVO [REDACTED] AND RUN TOWARDS THE NORTH WITH HIS M240 B. I SAW ONE MALE GET BY AND I ENGAGED HIM WITH 21 ROUNDS FROM MY M-4 AS I RAN TO THE NORTH SIDE OF MY VEHICLE FOR COVER. AFTER HE RAN OUT OF SIGHT I STOPPED FIRING AND MOVED TO THE SOUTH SIDE OF MY TRUCK. AS WE HAD ALL FLEEING NORTH. DURING THIS TIME MY GUNNER HAD RECALIBERED AND WAS STILL ENGAGING. I GOT HIS ATTENTION AND TOLD HIM TO CEASE FIRE, THEN MYSELF AND 2 SOLDIERS MOVED FORWARD TO OPEN OUR

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

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

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

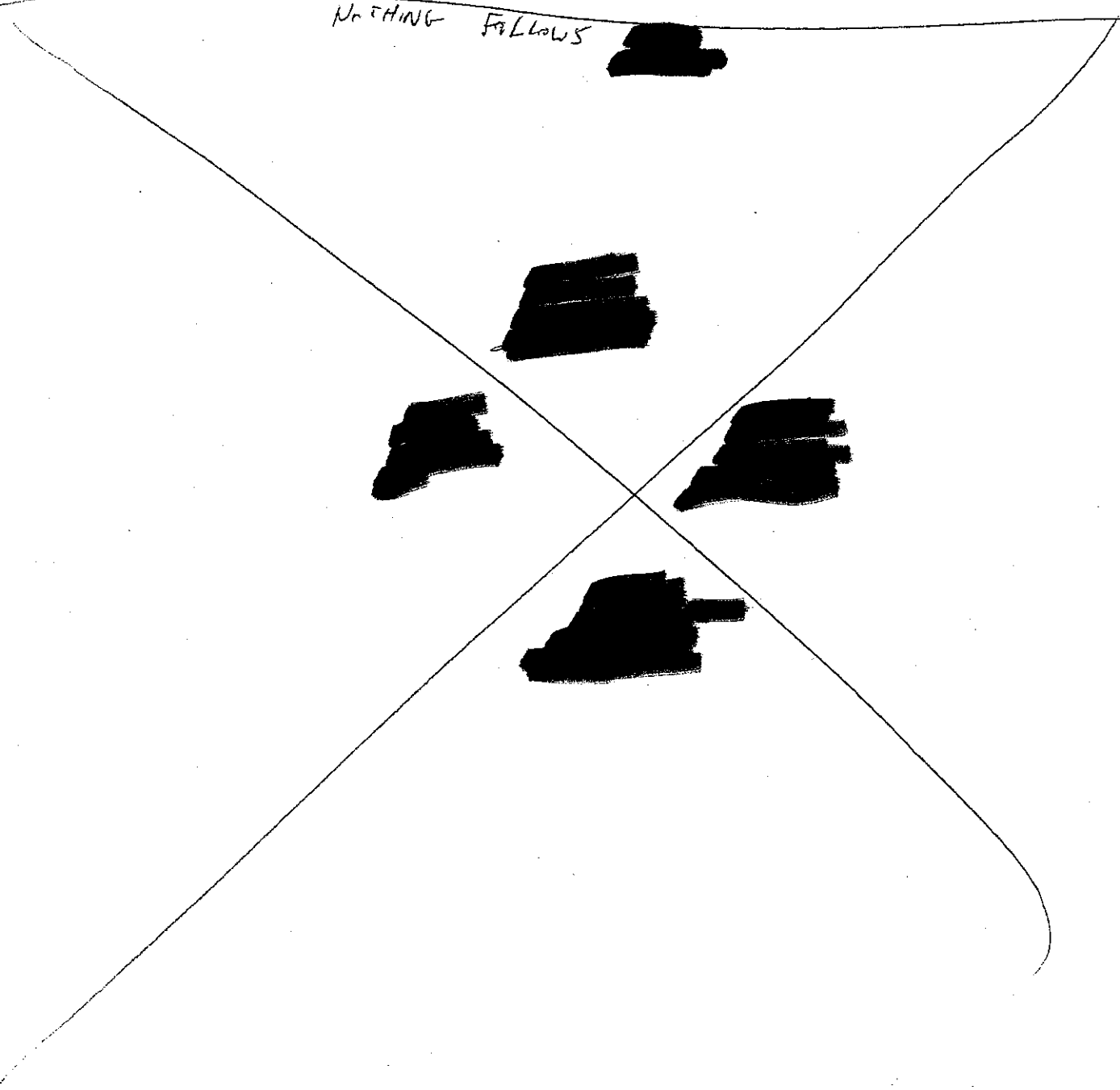
EXC

STATEMENT OF [REDACTED] TAKEN AT 1-41 Tol DATED 2 APR 2005

8. STATEMENT (Continued)

C-WIRE AND LET 3/3/B/2-4IN'S VEHICLE THROUGH. I THEN  
MOVED MY M114 FORWARD IVO [REDACTED] AND MYSELF AND  
MY DISMOUNT STARTED TO TREAT THE CIVILIAN CASUALTIES.

NOTHING FOLLOWS



NAME OF PERSON MAKING STATEMENT [REDACTED]

13787

PAGE 2 OF 3 PAGES

Ex 6

STATEMENT OF [REDACTED] TAKEN AT 1-41 TOL DATED 2 APR 2005

9. STATEMENT (Continued)

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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 CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED] Ex 6  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2<sup>nd</sup> day of APRIL, 2005 at 1-41 TOL

[REDACTED] /LT  
[REDACTED] SPC

[REDACTED]  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

13788

# Privacy Act Statement

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

[Redacted] have read or have had read to me this Privacy Act Statement. I fully understand the contents of the entire statement.

[Redacted Signature]  
(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 at Camp Liberty, Iraq

Ex 6

[Redacted Signature]  
(Signature of Person Administering Oath)

[Redacted Name]  
(Type name of Person Administering Oath)

Investigating Officer  
(Authority to Administer Oath)

Enclosure 1

## RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

1. LOCATION CAMP LIBERTY IRAQ	2. DATE 3 Apr 05	3. TIME 1700	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS 3/B/2-14 IN		
6. SSN [REDACTED]	7. GRADE/STATUS E-5		

EX6

### PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

#### Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army \_\_\_\_\_ and wanted to question me about the following offense(s) of which I am suspected/accused: SHOOTING OF 3 IRAQI LOCAL NATIONALS

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

#### Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)	SIGNATURE OF INVESTIGATOR [REDACTED]	
b. ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR [REDACTED]	
2a. NAME (Type or Print)	6. ORGANIZATION OF INVESTIGATOR 1-4/IN	
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]	

EX6

#### Section C. Non-waiver

1. I do not want to give up my rights.  
 I want a lawyer  I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 13790) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

### 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 (SSN).  
**PRIMARY PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately  
**ADDITIONAL USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

<b>1. LOCATION</b> 1-41 INF TOC IRAQ <span style="float: right;">MSM</span>	<b>2. DATE (YYYYMMDD)</b> 20050402 <span style="float: right;">MSM</span>	<b>3. TIME</b> 1930 <span style="float: right;">MSM</span>	<b>4. FILE NUMBER</b>
<b>5. LAST NAME, FIRST NAME, MIDDLE NAME</b> [REDACTED] <span style="float: right;">MSM</span>	<b>6. SSN</b> [REDACTED] <span style="float: right;">MSM</span>		<b>7. GRADE/STATUS</b> E4 <span style="float: right;">MSM</span>
<b>8. ORGANIZATION OR ADDRESS</b> B <sup>co</sup> 2-14 INF 3rd PLT 10th Mtn Div. <span style="float: right;">EX10</span>			

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 1515 we arrived on site and linked up with the EOD-27 Armor element <sup>[REDACTED] 20050402</sup> and to help provide security for a possible IED. Our vehicle (B<sup>co</sup>, 2-14 INF, 3rd PLT Platoon Leader) was positioned 4 blocks away from the other vehicles in the platoon, with the EOD element, so that the tank could block traffic in the north bound lane of RTE Vernon.

At 1640 ~~short~~ <sup>[REDACTED] 20050402</sup> we heard an explosion. Immediately after we received a call on our company net, ~~[REDACTED]~~ <sup>[REDACTED] 20050402</sup>, 58400 [SC, CT] CH2, reporting that one of our other vehicles had been hit with an RPG and that they were engaging. We drove to the scene ~~directly~~ <sup>[REDACTED] 20050402</sup> immediately, through the neighborhood. When arrived on site we moved one block north to look for the RPG gunner. We did not see anything so we moved back and set up security. Once established we began treating wounded.


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

<b>10. SIGNATURE</b>	<b>11. INITIALS OF PERSON MAKING STATEMENT</b> [REDACTED]	<b>PAGE 1 OF 3 PAGES</b>
----------------------	--	--------------------------

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

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

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF  TAKEN AT 1-41 TOC DATED 2005 04 02

9. STATEMENT (Continued)

EX 6

already taken to the hospital by civilians.

We then continued to look for casualties and get more info about the AIF who engaged us.

  
  
  
  
Nothing Follows

INITIALS OF PERSON MAKING STATEMENT

msm

13792

PAGE 2 OF 3 PAGES

STATEMENT OF [REDACTED] TAKEN AT 141 TOC DATED 2005 04 02

9. STATEMENT (Continued)

Ex 6

Nothing follows

AFFIDAVIT

[REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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 CONCERNING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE] Ex 6  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

[REDACTED] SPC  
[REDACTED]  
ORGANIZATION OR ADDRESS

[REDACTED SIGNATURE]  
(Signature of Person Administering Oath)

[REDACTED]  
ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)  
[REDACTED]  
(Authority To Administer Oaths)



# Privacy Act Statement

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, [REDACTED] have read or have had read to me this Privacy Act Statement. I fully understand the contents of the entire statement.

[REDACTED]  
(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 Iraq.

Ex 6

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Type name of Person Administering Oath)

Investigating Officer  
(Authority to Administer Oath)

Enclosure 1

# RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

1. LOCATION <p style="text-align: center; font-size: 1.2em;">Camp Liberty Troop</p>	2. DATE <p style="text-align: center; font-size: 1.2em;">3 Mar 05</p>	3. TIME <p style="text-align: center; font-size: 1.2em;">1700</p>	4. FILE NO.
5. NAME (Last, First, MI) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	8. ORGANIZATION OR ADDRESS <p style="text-align: center; font-size: 1.2em;">BCO 2-14 INF 3rd PLT 10th Mtn Div</p> <p style="text-align: right; font-size: 1.5em;">Ex C</p>		
6. SSN <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7. GRADE/STATUS <p style="text-align: center; font-size: 1.2em;">E4</p>		

## PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

### Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army \_\_\_\_\_ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of 3 Iraqi local nationals

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

### Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE <div style="background-color: black; width: 100%; height: 1.5em;"></div>
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR <div style="background-color: black; width: 100%; height: 1.5em;"></div>
2a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR <div style="background-color: black; width: 100%; height: 1.5em;"></div>
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR <p style="text-align: center; font-size: 1.5em;">H41IN</p>

### Section C. Non-waiver

1. I do not want to give up my rights  
 I want a lawyer  I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE  
3 Mar 05

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 13795) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

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 (SSN).
PRINCIPAL 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.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: RKS, 1-41 INF TOC, Camp Liberty, Iraq
2. DATE (YYYYMMDD): 20050402
3. TIME: 1920
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: E-4 RKT
8. ORGANIZATION OR ADDRESS: Bco 2-14 INF, 2nd BCT, 10th MT Div
9. [REDACTED]

Ex 6

Ex 1

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

While in a blocking position to support [REDACTED] 2/12-00AR [REDACTED] with an IED that was on route force. We receive RPG fire. The RPG was fired from [REDACTED]. The RPG hit one M114 [REDACTED], at that time I moved forward to my vehicle [REDACTED]. I started to engage two males, one was holding a RPG launcher and the other was with him. I shot 15 rounds 5.56mm from my M4, had a double feed, corrected the malfunction, and sent [REDACTED] situation to the PL via SINGAR. One of our other vehicles showed up to our location and I hopped in to the driver seat of our M114 and maneuvered to a forward position (approx 250m east) and pulled security along with the M240B gunner in the turret, to the east.

Nothing Follows
Nothing Follows
Nothing Follows
Nothing Follows

10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

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

Ex 60

STATEMENT OF [REDACTED] TAKEN AT 1920 DATED 20050402

STATEMENT (Continued)

Nothing Follows  
Nothing Follows  
Nothing Follows  
Nothing Follows

AFFIDAVIT

[REDACTED], 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 CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[REDACTED SIGNATURE]  
(Signature of Person Making Statement)

Ex 6

WITNESSES:

[REDACTED] 1LT  
[REDACTED] SAC

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

[REDACTED SIGNATURE]  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED NAME]  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

# Privacy Act Statement

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

[REDACTED] have read or have had read to me this Privacy Act Statement. I fully understand the contents of the entire statement.

[REDACTED]  
(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 at Camp Liberty, Iraq

Ex 6

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Type name of Person Administering Oath)

Investigating Officer  
(Authority to Administer Oath)

Enclosure 1

# RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

1. LOCATION <p style="text-align: center; font-size: 1.2em;">Camp Liberty, Iraq</p>	2. DATE <p style="text-align: center; font-size: 1.2em;">03 APR 05</p>	3. TIME <p style="text-align: center; font-size: 1.2em;">1710</p>	4. FILE NO.
5. NAME (Last, First MI) <div style="background-color: black; width: 100%; height: 1.2em;"></div>	8. ORGANIZATION OR ADDRESS <p style="text-align: center; font-size: 1.2em;">Box 2-14 IN 2nd BCT 10th MT Div</p>		
6. SSN <div style="background-color: black; width: 100%; height: 1.2em;"></div>	7. GRADE/STATUS <p style="text-align: center; font-size: 1.2em;">E4</p>		

## PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

### Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army \_\_\_\_\_ and wanted to question me about the following offense(s) of which I am suspected/accused: SHOOTING of three local Iraqi Nationals

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

### Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE <div style="background-color: black; width: 100%; height: 2em;"></div>
1a. NAME (Type or Print)	4. SIGNATURE OF INVESTIGATOR <div style="background-color: black; width: 100%; height: 2em;"></div>	
b. ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR <p style="text-align: center; font-size: 1.2em;">EX6</p>	
2a. NAME (Type or Print)	6. ORGANIZATION OF INVESTIGATOR <p style="text-align: center; font-size: 1.2em;">1-41 IN</p>	
b. ORGANIZATION OR ADDRESS AND PHONE		

### Section C. Non-waiver

1. I do not want to give up my rights  
 I want a lawyer  I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 13799) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

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 (SSN).
PRINCIPAL 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.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: 1-41 TOC
2. DATE (YYYYMMDD): 20SS04132AMS
3. TIME: 1915 AMS
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS: E-4/SPC
8. ORGANIZATION OR ADDRESS: 3rd Bco / 2-14 IN 2 BCT 10th Mtn Div

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

My truck set in a cordon @ ISIS to help the tankers cordon off an IED for EOD to blow it. AT 1640 I had just finished another scan of my sector when an APG was fired by my position from a white car at [redacted] I saw where the round originated and started to return fire w/ my 240B. When I expended my rounds I started to reload at that point one of the AIF fled, I picked up fire to intercept him but did not make it. After I expended my second can of 7.62 mm a cease fire was called the dismounts moved up moved wire and we maneuvered on the target [redacted] once there we secured the area and moved 250 m East of the target where I resumed pulling security.

Nothing Follows [redacted]

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE IN 13800 OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

*Nothing Follows*  
*Nothing Follows*  
*Nothing Follows*  
*Nothing Follows*  
*Nothing Follows*



STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

Nothing Follows  
Nothing Follows  
Nothing Follows  
Nothing Follows

AFFIDAVIT

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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 CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

\_\_\_\_\_

(Signature of Person Administering Oath)

\_\_\_\_\_

(Typed Name of Person Administering Oath)

\_\_\_\_\_

(Authority To Administer Oaths)

WITNESSES:

\_\_\_\_\_

ILT  
SFC

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT \_\_\_\_\_

13802

# Privacy Act Statement

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, [REDACTED] have read or have had read to me this Privacy Act Statement. I fully understand the contents of the entire statement.

[REDACTED]  
(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, Iraq.

Ex 6

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Type name of Person Administering Oath)

Investigating Officer  
(Authority to Administer Oath)

# RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

1. LOCATION <u>Camp Liberty, Iraq</u>	2. DATE <u>03 Apr. 05</u>	3. TIME <u>1700</u>	4. FILE NO.
5. NAME (Last, First, MI) 	8. ORGANIZATION OR ADDRESS <u>3/B/2-14 IN</u> <u>2 BCT</u> <u>10 MTN DIV</u>		
6. SSN 	7. GRADE/STATUS <u>E4/SPC</u>		

## PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

### Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army \_\_\_\_\_ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of 3 local Iraqi Nationals

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

### Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)	3. SIGNATURE OF INTERVIEWEE 
1a. NAME (Type or Print)	4. SIGNATURE OF INVESTIGATOR <span style="float: right; font-size: 1.5em;">ExCo</span>
b. ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR 
2a. NAME (Type or Print)	6. ORGANIZATION OF INVESTIGATOR <u>1-4/IN</u>
b. ORGANIZATION OR ADDRESS AND PHONE	

### Section C. Non-waiver

1. I do not want to give up my rights  
 I want a lawyer  I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2881) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED