



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, 1<sup>ST</sup> BRIGADE COMBAT TEAM  
CAMP [REDACTED] IRAQ APO AE [REDACTED]

AFZS-LI-Z

1 November 2005

MEMORANDUM THRU Commander, 2d Battalion, 22d Infantry Regiment, 1st Brigade  
Combat Team, Camp [REDACTED] Iraq, APO AE 09376

FOR Commander, C Troop, 1st Squadron, 71st Cavalry Regiment, 1st Brigade Combat  
Team, Camp [REDACTED] Iraq, APO AE 09376

SUBJECT: Guidance based on Recommendations from 15-6 Investigation for  
Escalation of Force

1. I concur with the Investigating Officer and the Appointing Authority that this  
engagement is consistent with the Rules of Engagement. Therefore, I concur that no  
disciplinary action be taken against any specific Soldier.

2. However, the investigation does bring to light some issues which I feel should be  
addressed.

a. First, I direct that US forces post signs in front of the [REDACTED] making that  
area a no stopping or parking area. These signs should be posted so that traffic  
approaching from either direction understands the limits of the no parking area.

b. Second, I direct that investigations involving an escalation of force which includes  
the death of a local national will be conducted by no one more junior than a Captain. In  
addition to rank, the Appointing Authority should select a qualified investigating officer  
based on the individuals training, experience, length of service, and education.

c. Third, I direct that the Chain of Command retrain all Soldiers on the concept of  
positive identification (PID). During this training, Soldiers should be reminded of the  
importance of cross talk before engaging a target.

3. POC is the undersigned at [REDACTED]v@[REDACTED].army.mil.

[REDACTED]

(Signature)  
Commanding



DEPARTMENT OF THE ARMY  
Headquarters Company, 2<sup>nd</sup> Battalion, 22<sup>nd</sup> Infantry Regiment  
10<sup>th</sup> Mountain Division (Light Infantry)  
Fort Drum, New York 13602

REPLY TO  
ATTENTION OF

AFZS-LI-B-HHC

13 October 2005

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27. Sworn Statement (Exhibit J) - LTC [REDACTED]
28. Exhibit K - Visual Depiction of Engagement

DEPARTMENT OF THE ARMY  
Headquarters, 2<sup>ND</sup> Battalion, 22<sup>ND</sup> Infantry  
10<sup>TH</sup> Mountain Division (Light)  
Camp [REDACTED], Iraq APC AE [REDACTED]

AFZS-LI-B

11 October 2005

MEMORANDUM FOR 1LT [REDACTED], HHC/2-22 Infantry

SUBJECT: Appointment of Investigative Officer IAW AR 15-6

1. You are hereby appointed investigating officer pursuant to AR 15-6 to conduct an informal investigation into the circumstances surrounding the direct fire engagement with a civilian vehicle on 11 Oct 2005 by a soldier in C/1-71 CAV.
2. In your investigation, all witness statements will be sworn. From the evidence, you will make findings as to the circumstances of events concerning the loss or damage of government property. You will also make recommendations for any punishment or financial liability to any party. Finally, you will make a recommendation for controls that should be emplaced to ensure this does not happen again in the future.
3. If in the course of your investigation you come to suspect that certain people may be responsible for the damage, you must advise them of their rights under the UCMJ, Article 31, or the Fifth Amendment, as appropriate. In addition, you must provide them a Privacy Act statement before you solicit any (further) personal information. You may obtain assistance with these legal matters from the office of the Staff Judge Advocate.
4. Effective immediately, you are relieved of any current duties and will report directly to the Battalion Executive Officer until the completion of this investigation. Submit your findings and recommendations in four copies on DA 1574 to this headquarters, ATTN: 2-22 IN Battalion Commander, within 24 hours.
5. POC for this memorandum is CPT [REDACTED]@[REDACTED]

FOR THE COMMANDER:

[REDACTED]  
CPT, IN  
Battalion Adjutant

CF:  
2-22 IN, XO  
2-22 IN, CDR

**REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS**

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

**SECTION I - APPOINTMENT**

Appointed by LTC [REDACTED] Commander, 2-22 IN  
(Appointing authority)

on 12 OCT 05 (Date) (Attach Inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

**SECTION II - SESSIONS**

The (investigation) (board) commenced at Camp [REDACTED] Iraq at 1200  
(Place) (Time)

on 12 OCT 05 (Date) (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

Investigator: 1LT [REDACTED] SSN: [REDACTED] HHC, 2-22 IN (TF Courage)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1000 on 13 OCT 05  
(Time) (Date)  
and completed findings and recommendations at 1600 on 13 OCT 05  
(Time) (Date)

**SECTION III - CHECKLIST FOR PROCEEDINGS**

**A COMPLETE IN ALL CASES**

		YES	NO	NA
1	Inclosures (para 3-15, AR 15-6)			
	Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
	a. The letter of appointment or a summary of oral appointment data?	X		
	b. Copy of notice to respondent, if any? (See item 9, below)			X
	c. Other correspondence with respondent or counsel, if any?			X
	d. All other written communications to or from the appointing authority?			X
	e. Privacy Act Statements (Certify if statement provided orally)?			X
	f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
	g. Information as to sessions of a formal board not included on page 1 of this report?			X
	h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			X

FOOTNOTES: 1. Explain all negative answers on an attached sheet.  
2. Use of the X (Certify) indicates that the respondent or appointing authority has reviewed the report and agrees with the findings and recommendations.

does the inclosure describe how they familiarized themselves with that evidence (para 3-2d, AR 15-6)?

		YES	NO	NA
2	<b>Exhibits (para 3-16, AR 15-6)</b>			
	a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?			X
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			X
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?			X
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			X
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			X
<b>B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)</b>				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8				
<b>C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)</b>				
9	<b>Notice to respondents (para 5-5, AR 15-6)</b>			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate:			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
	a. Was he properly notified (para 5-5, AR 15-6)?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?			
11	<b>Counsel (para 5-6, AR 15-6)</b>			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here <input type="checkbox"/> )			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12	If the respondent challenged the legal advisor or any young member for lack of impartiality (para 5-7, AR 15-6):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			

For QNO/NS, explain all negative answers on an inclosure sheet.  
 Use of the N. Commission from a positive representation, not the circumstances described in the question, do not constitute a "yes" answer.

SECTION IV - FINDINGS (para 3-10, AR 15-6)

The *(investigating officer) (board)*, having carefully considered the evidence, finds:

See Exhibit A

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the *(investigating officer) (board)* recommends:

See Exhibit B

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (if any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure , the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

LTC IN  
C. Williams

140105



DEPARTMENT OF THE ARMY  
Headquarters Company, 2<sup>nd</sup> Battalion, 22<sup>nd</sup> Infantry Regiment  
10<sup>th</sup> Mountain Division (Light Infantry)  
Fort Drum, New York 13602

REPLY TO  
ATTENTION OF

AFZS-LI-B-HHC

13 October 2005

**Exhibit A**

**C/1-71 15-6 Investigation**

Findings

On 11 October 2005, 4<sup>th</sup> PLT, C/1-71 was conducting a three vehicle mounted patrol vicinity the [REDACTED], an area of frequent enemy activity. At approximately 1900 hours, the patrol was traveling south on Rte. [REDACTED] and made a left turn onto Rte. [REDACTED] traveling east. The patrol leader's (SSG [REDACTED]) intent was to conduct refit operations at the IP [REDACTED]. Upon making the left turn onto Rte. [REDACTED] the patrol immediately recognized that friendly forces in the [REDACTED] were engaging a civilian vehicle located in the westbound lane of Rte. [REDACTED] approximately 100m from the patrol's location. (Exhibits C1, D1, E1, F1, H1, I1). Members of the patrol witnessed the [REDACTED] receiving direct fire and saw what they believed to be muzzle flashes coming from the suspected enemy vehicle. Subsequently, two of the patrol's crew served gunners engaged the vehicle, as it continued to move in the direction of the U.S. patrol. The middle vehicle in the convoy initiated contact, followed almost immediately by the trail vehicle in the convoy. When the patrol's leadership determined that the suspected enemy was no longer a threat, a cease fire was called. Upon establishing security and conducting an initial investigation, the patrol determined that all individuals in the vehicle were unarmed and had been killed. A visual depiction of the engagement can be found in Exhibit K.

After reviewing all sworn statements and questioning the relevant parties, one can determine that the C/1-71 patrol committed no wrongdoing. The patrol turned onto a road and immediately encountered a friendly force (IA and American forces in the [REDACTED]) engaging a vehicle with direct fire. It can be logically deduced that if friendly forces have engaged a suspected enemy, positive identification has been established. As a result, the C/1-71 patrol simply aided an adjacent unit that was in contact with the enemy. Additionally, the patrol believed there was an imminent threat from the suspected enemy (Exhibits C1, D1, E1, F1, H1, I1), and acted well within established ROE criteria.

It is important to note that the incident occurred during times of limited visibility, which would hinder the patrol's ability to determine whether individuals in the vehicle were armed. Furthermore, time and distance analysis reveals that the patrol had very little time to assess the situation. Upon making the turn onto Rte. [REDACTED] the patrol was approximately 100m from the civilian vehicle, and shots were already being fired from



the [REDACTED] (Exhibits C1, D1, E1, F1, H1, I1). Consequently, the incident is not an escalation of force issue, but rather an element reacting to contact



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DEPARTMENT OF THE ARMY  
Headquarters Company, 2<sup>nd</sup> Battalion, 22<sup>nd</sup> Infantry Regiment  
10<sup>th</sup> Mountain Division (Light Infantry)  
Fort Drum, New York 13602

AFZS-LI-B-HHC

13 October 2005

**Exhibit B**

**C/1-71 15-6 Investigation**

Recommendations

No disciplinary action is recommended.

The unit is encouraged to conduct ongoing "vignette training" down to the team level in order to address the numerous situations in which ROE can be ambiguous.

The Company leadership is encouraged to address the incident with junior leaders and soldiers, and ensure that despite investigations, maneuver elements need to continue to be aggressive on the battlefield.

## 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>C 171 CP</u>	2. DATE <u>13 Oct 80</u>	3. TIME <u>0745</u>	4. FILE NO.
5. NAME (Last, First, MI) 	8. ORGANIZATION OR ADDRESS <u>CTRP 1-71 CAZ</u>		
6. SSN 	7. GRADE/STATUS <u>SGT/ASST</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 270 S.A. by AR 116  
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: conduct unbecomg in the line of duty

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.

- 01 -

*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 	
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR <u>1st Lt. J. M. [Redacted]</u>	
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR <u>171 CAZ</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 2823) 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

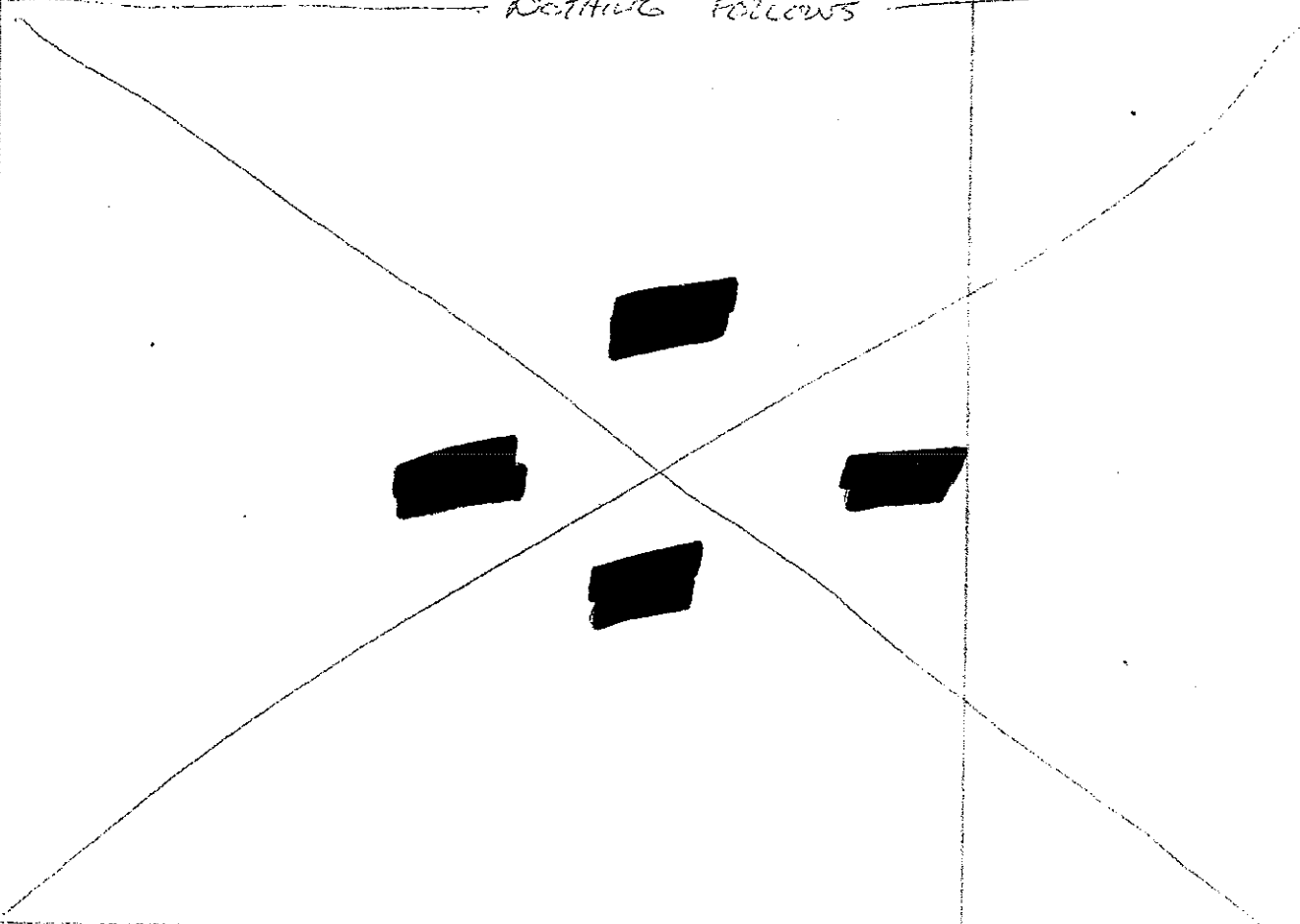
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Vicinity of [redacted]
2. DATE (YYYYMMDD): 2005/10/11
3. TIME: 1900
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: E-6/ Active
8. ORGANIZATION OR ADDRESS: C Troop 1-71 CAV, Camp [redacted] APOAE [redacted]

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

On the 11th of October 2005 4th Platoon, C Troop, 1-71 Cav was on patrol in [redacted]. We were on our way south on RTI [redacted] and turned east on to ASR [redacted]. As we turned east shots were observed on the [redacted]. I told my platoon to push forward to get some distance and to get eyes on whoever was firing on the [redacted]. As we moved forward a car was identified as having muzzle flashes coming from the side of it. At the same time the [redacted] was engaging the same car. My [redacted] vehicle and my vehicle, [redacted] engaged the vehicle until I called a cease fire when I deemed the vehicle to no longer be a threat.

NOTHING FOLLOWS



10. EXHIBIT: C
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [redacted] DATED [redacted]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT IF THE PAGES ARE TO BE INDICATED

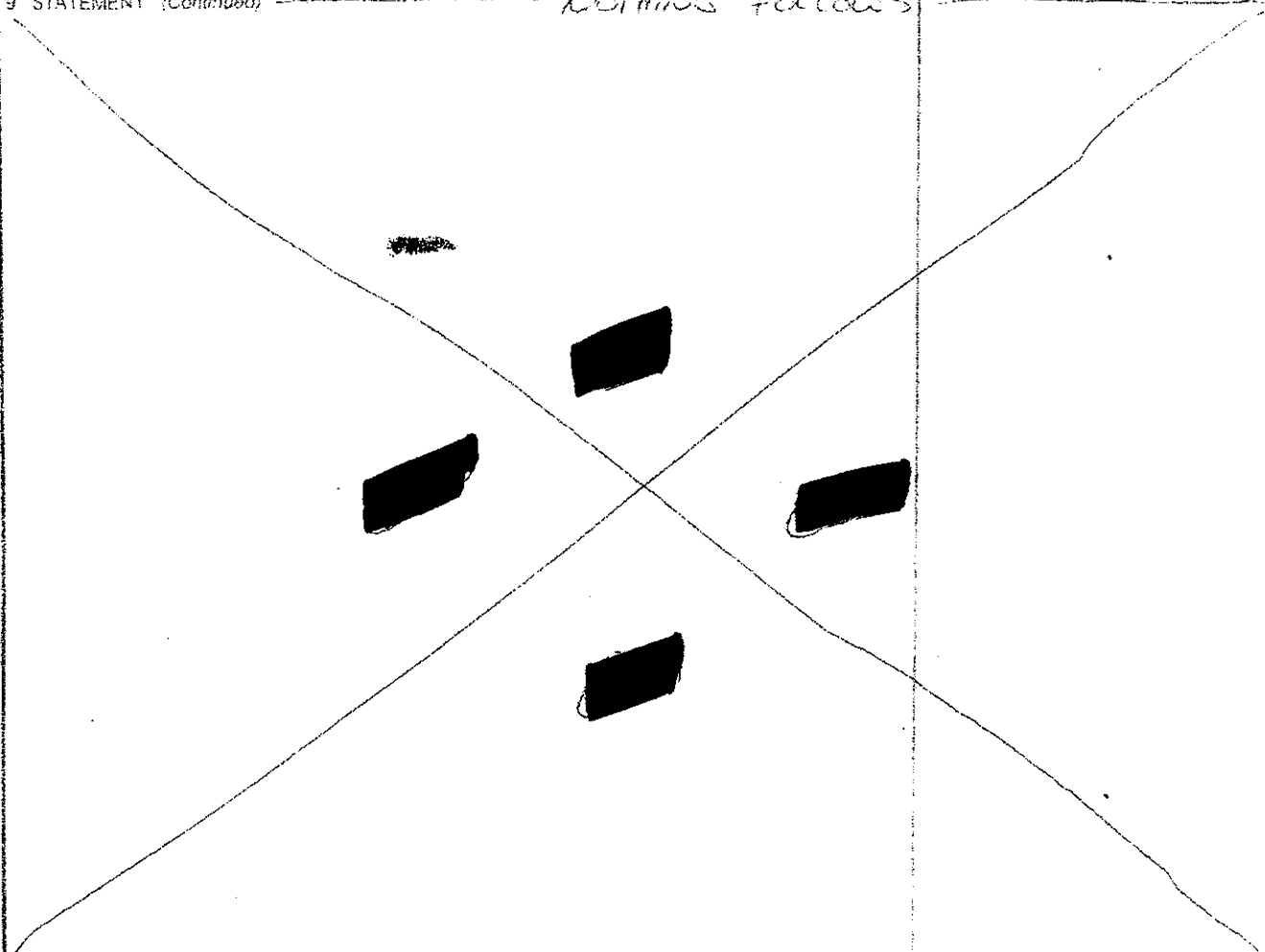
STATEMENT OF

TAKEN AT Camp [redacted] Iraq

DATED 2005.10.12

9 STATEMENT (Continued)

NOTHING FOLLOWS



AFFIDAVIT

I [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)

WITNESSES

Subscribed and sworn to before me a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [redacted] Iraq

Sgt [redacted]  
C Troop 1-71 Cavalry  
Camp [redacted] Iraq

ORGANIZATION OR ADDRESS

156 [redacted]  
C Troop 1-71 Cavalry  
Camp [redacted] Iraq

ORGANIZATION OR ADDRESS

[redacted signature]

(Signature of Person Administering Oath)

[redacted name]  
Executive Officer, C Troop 1-71 Cavalry  
(Authority To Administer Oaths)

(Typed Name of Person Administering Oath)

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 2 OF 2

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 13 Jun 65	TIME 0920	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E6/15005
ORGANIZATION OR ADDRESS COMP 1-71 CAU			

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

1. Were you aware that friendly forces were in the [REDACTED], and therefore believed those friendly forces had positively identified the enemy? **YES** [REDACTED]
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element? **YES** [REDACTED]
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)? **YES** [REDACTED]
4. What was the distance between your vehicle and the suspected enemy vehicle?  
**150 m** [REDACTED]
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
**INSTANTLY** [REDACTED]

*NOTHING FOLLOWS*

EXHIBIT <b>L1</b>	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
----------------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED."  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_. 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 of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_ at \_\_\_\_\_

[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 [REDACTED]

PAGE 2 OF \_\_\_\_\_ PAGES

BAW 612-02

## RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

### 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 [REDACTED]	2. DATE 13 Oct 03	3. TIME	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS C 1171 FCB [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS		

### 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 2-22 Infantry AB 15-6 and wanted to question me about the following offense(s) of which I am suspected/accused: Excess Kill on the battlefield

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)	[REDACTED]	4. SIGNATURE OF INVESTIGATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]		
2a. NAME (Type or Print)	[REDACTED]	5. TYPE OF NAME OF INVESTIGATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]	6. ORGANIZATION OF INVESTIGATOR	
		HPL 223 IN	

#### 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 2823) 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

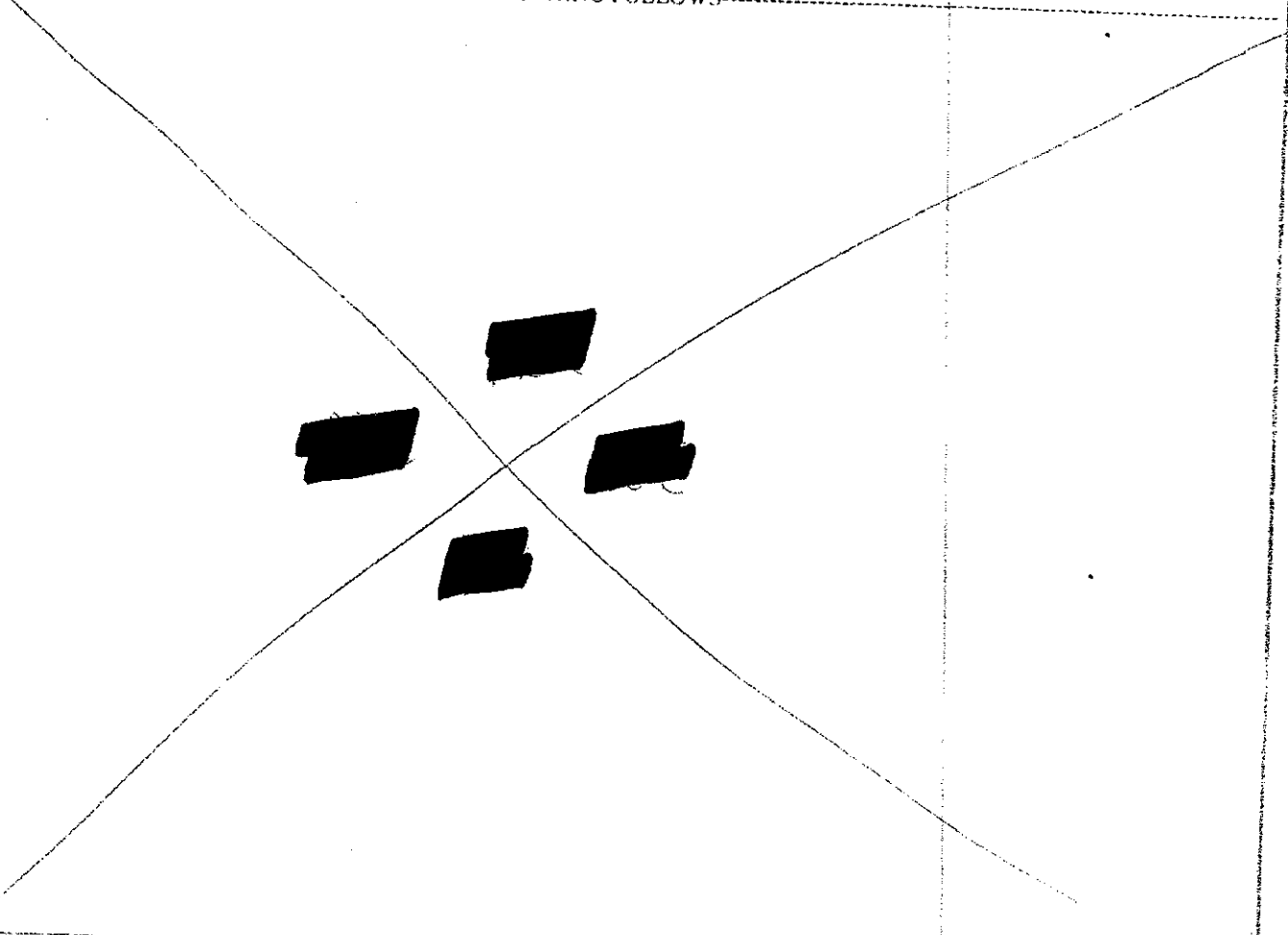
AUTHORITY: Title 10 USC Section 301, Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN)
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary

1 LOCATION Vicinity [redacted] 2. DATE (YYYYMMDD) 2005/10/11 3 TIME 1900 Local 4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted] 6. SSN [redacted] 7. GRADE/STATUS E-6/ACTIVE
8. ORGANIZATION OR ADDRESS C Trp 1-71 CAV. FOB [redacted]

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

At approximately 1900 while on Patrol in [redacted] my platoon was moving from [redacted] Bridge to the IP [redacted] to refit. When we turned east on RTE [redacted] I identified rounds impacting on [redacted] and also saw [redacted] engaging a vehical on the west bound lane of RTE [redacted]. At this time my vehicle engaged the vehical in the west bound lane. After the vehical started to move, the PL gave a cease fire. All weapons ceased firing and security was emplaced around the target vehicle.

NOTHING FOLLOWS



10 EXHIBIT [redacted] 11 INITIALS OF PERSON MAKING STATEMENT [redacted] PAGE 1 OF 1 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. THE PAGE NUMBER MUST BE INDICATED.

STATEMENT OF [REDACTED] TAKEN AT Camp [REDACTED], Iraq DATED 2005-10-11

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 [REDACTED]. 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 of Person Making Statement)

WITNESSES

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [REDACTED] Iraq

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

[REDACTED]  
(Signature of Person Administering Oath)

156 [REDACTED]  
CTP 1-71 CAV  
Camp [REDACTED] Iraq  
ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)  
Executive Officer, CTR 1-71 CAV  
(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 07 13 72	TIME 0730	FILE NUMBER
LAST NAME FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS
ORGANIZATION OR ADDRESS			

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

1. Were you aware that friendly forces were in the [REDACTED] and therefore believed those friendly forces had positively identified the enemy?  
Yes [REDACTED]
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?  
Yes [REDACTED]
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)?  
Yes [REDACTED]
4. What was the distance between your vehicle and the suspected enemy vehicle?  
75m [REDACTED]
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
INSTANTANEOUS [REDACTED]

Nothing follows

EXHIBIT 01	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

[Large area with a large 'X' drawn across it, indicating a redacted or crossed-out statement. There are four small black redaction marks in the center.]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_. 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 [REDACTED]

[REDACTED]  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of Feb, 19 2003 at

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)

[REDACTED]  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

## 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 [REDACTED]	2. DATE 13 OCT 03	3. TIME	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS ES		

### 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 222 Infantry AB 13-6  
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: Combat killed on the battlefield

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)			
1a. NAME (Type or Print)	3. SIGNATURE OF INTERVIEWEE [REDACTED]		
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 HHC 222 IN		

#### 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 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

# SWORN STATEMENT

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

## PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSN)  
PRINCIPAL: 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: Vicinity of [REDACTED] 2 DATE (YYYYMMDD): 2005/10/11 3 TIME: 1900 Local 4 FILE NUMBER:

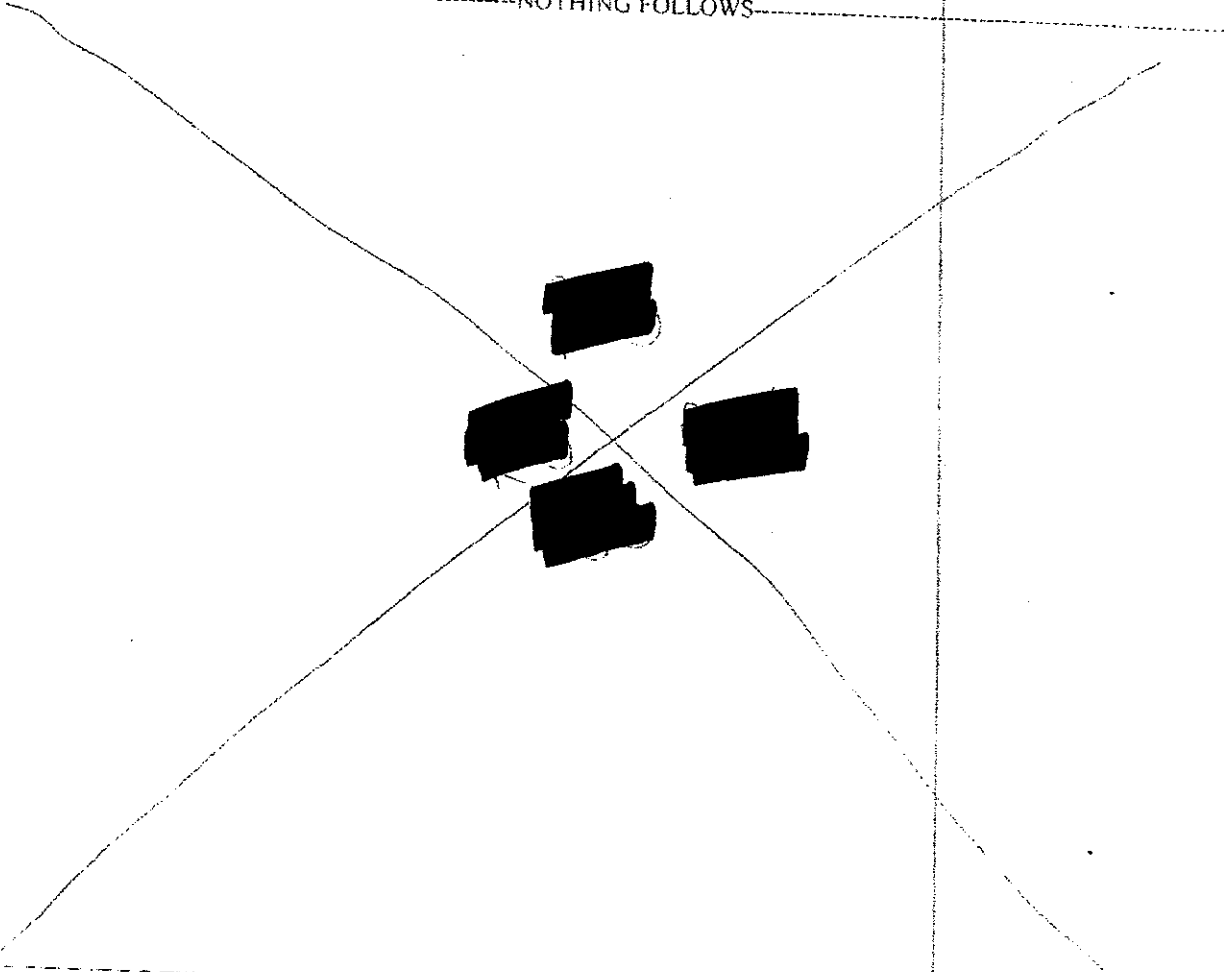
5 LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] 6 SSN: [REDACTED] 7 GRADE/STATUS: [REDACTED] / ACTIVE

8 ORGANIZATION OR ADDRESS: TRP I-71 CAV, FOB [REDACTED]

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

At approximately 1900 hours my patrol turned off route [REDACTED] on to [REDACTED]. At that time I heard shots fired and heard over the radio that [REDACTED] was being engaged. I saw a vehicle moving slowly in front of the [REDACTED]. My vehicle stopped and then I saw flashes coming from the car as I dismounted. I then engaged the driver and front passenger with my M-16 until the vehicle came to a stop. After that I ordered the gunner on my truck, SPC [REDACTED] to cease fire.

NOTHING FOLLOWS



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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [REDACTED] DA [REDACTED]  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND THE DATE MUST BE INDICATED

STATEMENT OF [REDACTED] TAKEN AT Camp [REDACTED] Iraq DATED 2005/10/1

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 [REDACTED]. 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 of Person Making Statement)

WITNESSES

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [REDACTED] Iraq

Sgt. [REDACTED]  
[REDACTED] Iraq  
ORGANIZATION OR ADDRESS

[REDACTED]

(Signature of Person Administering Oath)

ISG [REDACTED]  
LTJG [REDACTED] CAV  
Camp [REDACTED] Iraq  
ORGANIZATION OR ADDRESS

[REDACTED]

(Typed Name of Person Administering Oath)  
Executive Officer, CTR, [REDACTED]  
(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT: [REDACTED]

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 13 OCT 07	TIME 0720	FILE NUMBER
LAST NAME/FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E-5
ORGANIZATION OR ADDRESS [REDACTED]			

I, \_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the [REDACTED] and therefore believed those friendly forces had positively identified the enemy?  
*yes*
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?  
*yes*
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGs)?  
*yes*
4. What was the distance between your vehicle and the suspected enemy vehicle?  
*100m*
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
*30 sec*

*Nothing follows*

[REDACTED SIGNATURE]

EXHIBIT <i>E1</i>	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED."  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.



STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_. 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 of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of SEP, 19\_\_ at

[REDACTED]  
(Signature of Person Administering Oath)

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

[REDACTED]  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF PAGES

## 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 [REDACTED]	2. DATE 13 OCT 05	3. TIME 2030	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS 1-91 CAV, P3 [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS SP4/Active		

### 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 212 2nd Army AR 13-6 and wanted to question me about the following offense(s) of which I am suspected/accused: Investigative Offense

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)	b. ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR [REDACTED]
		6. ORGANIZATION OF INVESTIGATOR HHC 212 AR

#### 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 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

For use of this form, see AR 190-45, the proponent agency is ODC/SOPS

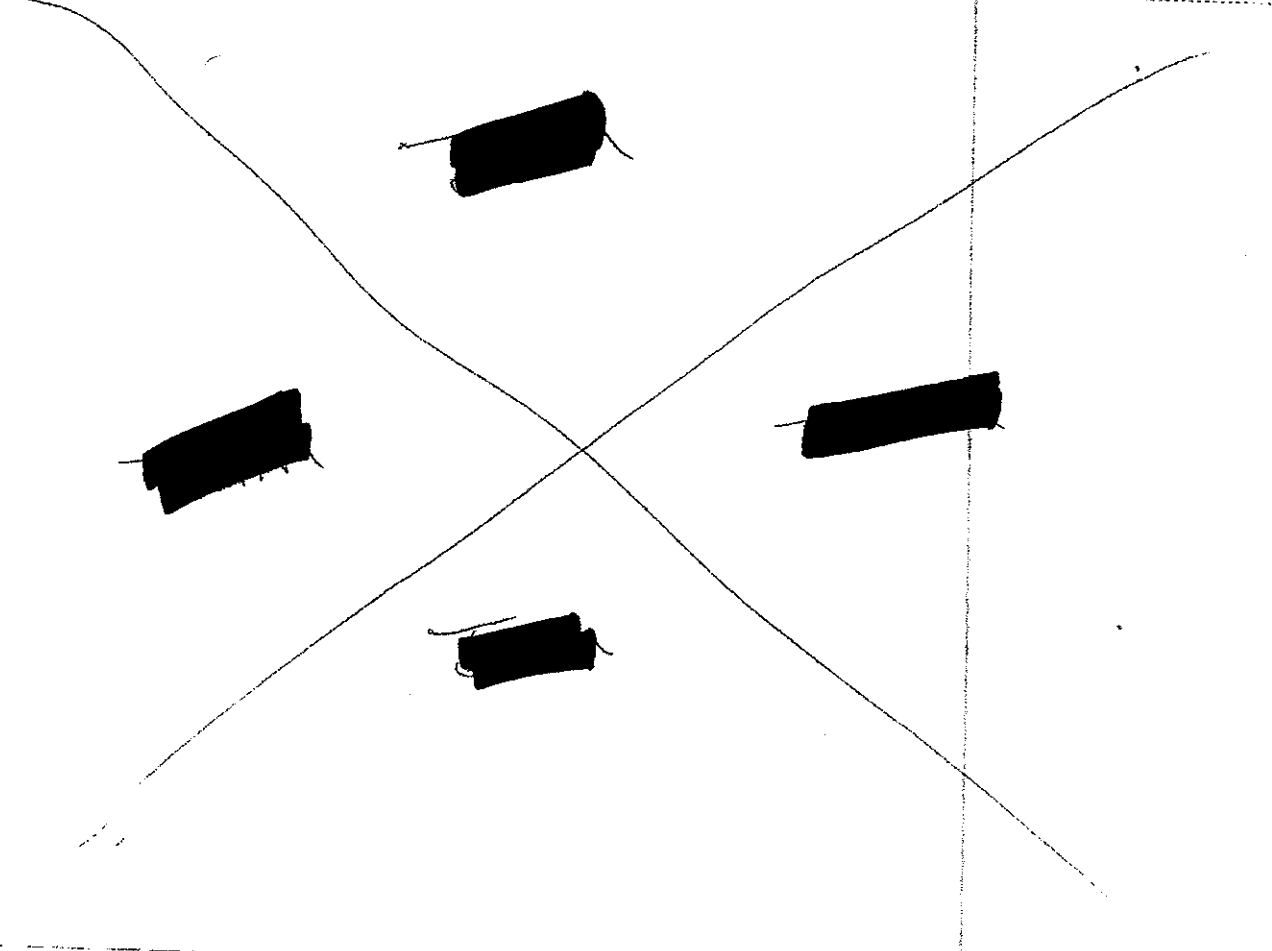
PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951, E O 9397 dated November 22, 1993 (SSA)
PRINCIPAL: 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: Vicinity of [redacted]
2. DATE (YYYYMMDD): 2005/10/11
3. TIME: 1900 Local
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: E-4/ACTIVE
8. ORGANIZATION OR ADDRESS: C TRP 1-71 CAV, FOB [redacted]

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At approximately 1900 hours our patrol turned off [redacted] onto [redacted]. At that time I heard shots fired to our front. I saw muzzle flashes coming from the [redacted] side. A car to our front with its lights off was slowly driving by the [redacted] side. I saw flashes coming from the car and the [redacted] was being engaged. I engaged the vehicle with my 249 until it came to a stop and I received a cease fire.

NOTHING FOLLOWS



10. EXHIBIT: [redacted]
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]

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 THIS MUST BE BL INDICATED

STATEMENT OF [REDACTED]

TAKEN AT Camp [REDACTED] Iraq

DATED 2005 10 11

9 STATEMENT (Continued)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE [REDACTED]. 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 of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [REDACTED] Iraq.

[REDACTED]  
(Signature of Person Administering Oath)

Sgt. [REDACTED]  
C Troop 1-71 Cav  
Camp [REDACTED] Iraq

ORGANIZATION OR ADDRESS

ISG [REDACTED]  
C Troop 1-71 Cav  
Camp [REDACTED] Iraq

ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)  
Exec. Mgr. CTRP  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[Handwritten initials]

PAGE 12

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 13 Oct 2005	TIME 0815	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS SP4 [REDACTED]
ORGANIZATION OR ADDRESS 1-71 CAU			

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

1. Were you aware that friendly forces were in the [REDACTED], and therefore believed those friendly forces had positively identified the enemy?  
YES [REDACTED]
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?  
YES [REDACTED]
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)?  
YES [REDACTED]
4. What was the distance between your vehicle and the suspected enemy vehicle?  
75-100 m [REDACTED]
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
Immediately [REDACTED]

Nothing follows

EXHIBIT F1	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED."  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS  
"PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE  
STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

[Redacted statement content]

AFFIDAVIT

I, [Redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE [Redacted]. 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)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of 2, 19 2005 at [Redacted]

[Redacted Signature]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[Redacted Name]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

[Redacted Authority]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[Redacted Initials]

PAGE 2 OF PAGES

## 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 [REDACTED]	2. DATE 13 OCT 03	3. TIME 0600	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS E-3/Active		

C JAP 171 CAU

### 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 2-22 Infantry AB 15 6 and wanted to question me about the following offense(s) of which I am suspected/accused: Investigating Officer Confess Kill on the battlefield

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)	4. 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 [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE	HMK 222 IN

#### 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 2823) 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

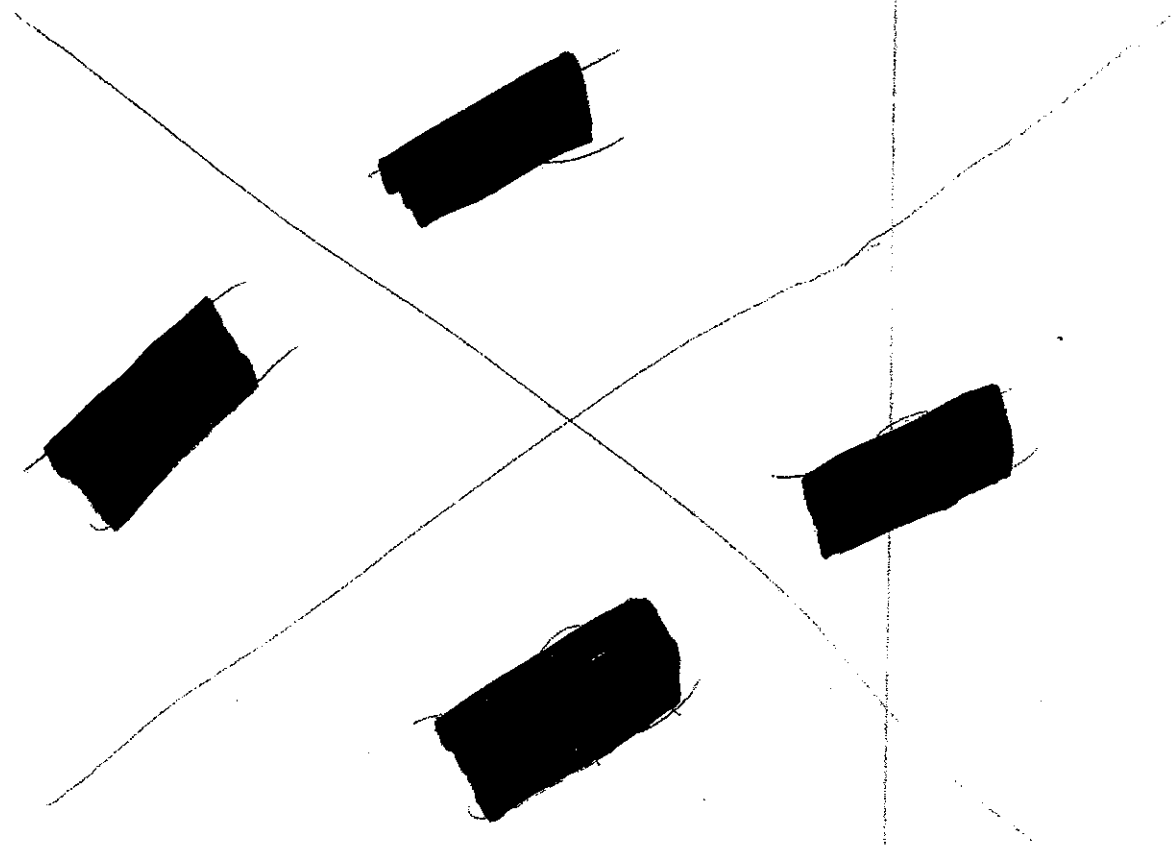
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSN)
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1 LOCATION: Vicinity [redacted]
2 DATE (YYYYMMDD): 2005/10/11
3 TIME: 1900 Local
4 FILE NUMBER
5 LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7 GRADE/STATUS: E-3 ACTIVE
8 ORGANIZATION OR ADDRESS: C TRP 1-71 CAV, FOB [redacted]

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

At approximately 1900hrs our patrol was turning off of RTE [redacted] onto RTE [redacted] towards the [redacted]. As we were turning I heard shots coming from the north side of [redacted]. When I got onto [redacted] in the east bound lane I saw flashes at [redacted] and also flashes coming from the vehicle that was stopped in the west bound lane of RTE [redacted]. When I saw the flashes coming from the vehicle, it started driving again. I was told to stop by my TC. I then saw SSG [redacted] truck engage the car which was at my trucks eleven o'clock position. When the car moved to my trucks then o'clock position, my gunner then engaged the same vehicle. My dismount opened his door and got out and started engaging the vehicle. when it got to my trucks eight o'clock position, my dismount ceased fire and my TC ordered my gunner to cease fire which he did.

NOTHING FOLLOWS



10 EXHIBIT: 6
11. INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF: [redacted] PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT [redacted] DATED [redacted]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND THE DATE.



STATEMENT OF [REDACTED] TAKEN AT Camp [REDACTED] Iraq DATED 2005/10/11

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 [REDACTED]. 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 of Person)

WITNESSES

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

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [REDACTED] Iraq

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)  
Executive Officer CTR, I-71 CAU  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 13 JUL 87	TIME 0800	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E-3/Active
ORGANIZATION OR ADDRESS Cmp 171 CAU			

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

1. Were you aware that friendly forces were in the [REDACTED], and therefore believed those friendly forces had positively identified the enemy?

yes [REDACTED]

2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?

yes [REDACTED]

3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGs)?

yes [REDACTED]

4. What was the distance between your vehicle and the suspected enemy vehicle?

initially 50 meters as it was moving from me to about 20 meters away from my truck [REDACTED]

5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?

Right away [REDACTED]

Nothing follows

EXHIBIT

G1

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

[Redacted statement content]

AFFIDAVIT

I, [Redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE [Redacted]. 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 [Redacted]

[Redacted Signature] (Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of Oct, 19 [Redacted] at [Redacted]

[Redacted Signature] (Signature of Person Administering Oath)

[Redacted Name] (Typed Name of Person Administering Oath)

[Redacted Title] (Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE [Redacted] OF PAGES

# 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 [REDACTED]	2. DATE 13 OCT 85	3. TIME 0800	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS		
6. SSN [REDACTED]	7. GRADE/STATUS E-4/acting		

## 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 222 Infantry AR 13-6  
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: Civilian Killed in the battlefield

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)		[REDACTED]
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
		JUNE 22 1985

### 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 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

For use of this form see AR 190-45 the proponent agency is ODCS/DPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
PRINCIPAL: 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 Vicinity of [REDACTED]	2 DATE (YYYYMMDD) 2005/10/11	3 TIME 1900 Local	4 FILE NUMBER
5 LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6 SSN [REDACTED]	7 GRADE/STATUS E-4/ACTIVE	
8. ORGANIZATION OR ADDRESS C TRP 1-71 CAV, FOB [REDACTED]			

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

At approximately 1900 hours our patrol turned east on route [REDACTED] heading towards the IP Warehouse. I heard gunfire coming from the area around [REDACTED]. At this time I observed round impacts on [REDACTED] and a suspected vehicle. I engaged the suspected AIF vehicle with bursts from my M240 machine gun. The vehicle veered off the road and hit a metal post. At that time my TC yelled cease fire and I stopped engaging.

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 [REDACTED] DATED [REDACTED]

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

STATEMENT OF [REDACTED]

TAKEN AT Camp [REDACTED] Iraq

DATED 2005/10/11

9 STATEMENT (Continued)

[REDACTED]

AFFIDAVIT

[REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE [REDACTED]. 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 of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October 2005 at Camp [REDACTED] Iraq

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)  
Executive Officer, CTR, I-71CAV  
(Authority To Administer Oath)

WITNESSES

Sgt [REDACTED]  
I-71CAV  
Camp [REDACTED] Iraq  
ORGANIZATION OR ADDRESS

1SG [REDACTED]  
CTR, I-71CAV  
Camp [REDACTED] Iraq  
ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

SWORN STATEMENT

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

LOCATION [REDACTED]	DATE 13 OCT 03	TIME 2140	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS P-4/active
ORGANIZATION OR ADDRESS 1 MP 1-71 (AV)			

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

1. Were you aware that friendly forces were in the [REDACTED] and therefore believed those friendly forces had positively identified the enemy?  
yes [REDACTED]
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?  
yes [REDACTED]
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGs)?  
yes [REDACTED]
4. What was the distance between your vehicle and the suspected enemy vehicle?  
100m [REDACTED]
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
a few seconds [REDACTED]

nothing follows

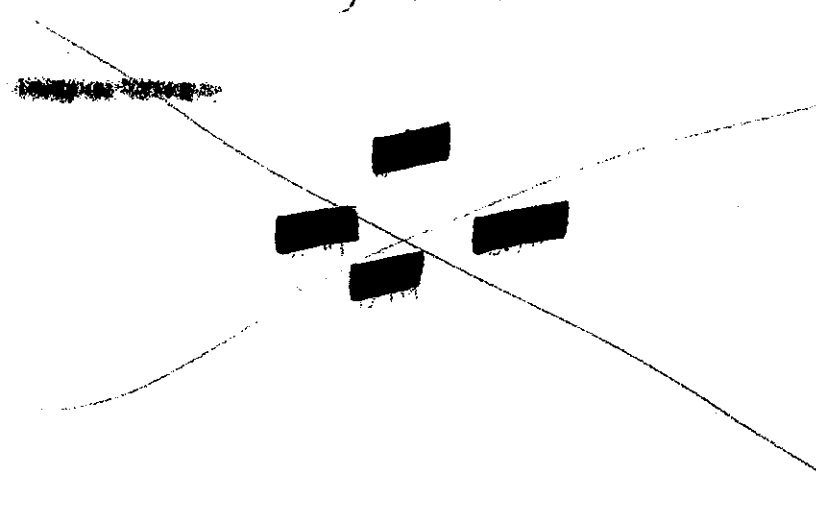
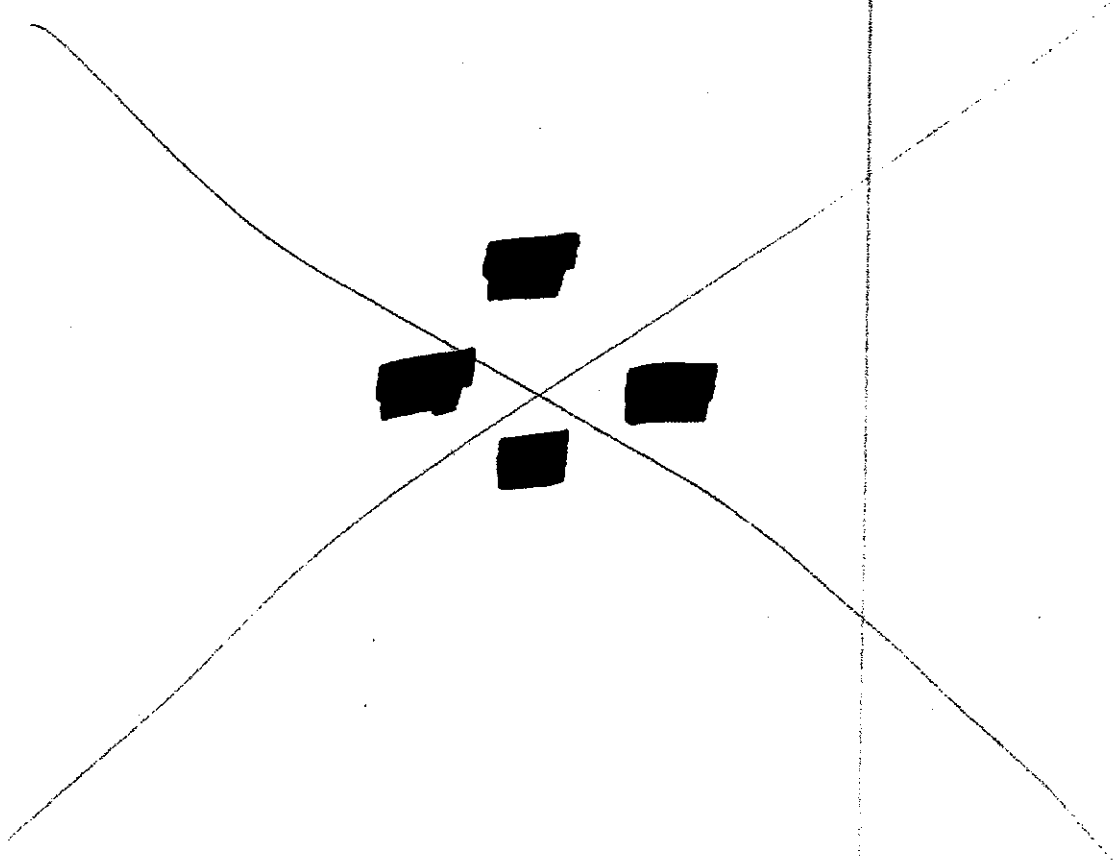


EXHIBIT K1	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 4 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED."  
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS  
 "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE  
 STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)



AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE [REDACTED]. 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 of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of Dec 19 19 [REDACTED] at [REDACTED]

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)

[REDACTED]  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE [REDACTED] OF [REDACTED] PAGES



## 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 [REDACTED]	2. DATE 13 OCT 03	3. TIME 0820	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS		
6. SSN [REDACTED]	7. GRADE/STATUS E3 / Active		

### 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 1-22 Infantry AR 15-6  
Investigating officer and wanted to question me about the following offense(s) of which I am suspected/accused: Conduct while on the battlefield

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)	[REDACTED]	4. SIGNATURE OF INVESTIGATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]		
2a. NAME (Type or Print)	[REDACTED]	5. TYPED NAME OF INVESTIGATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]	6. ORGANIZATION OF INVESTIGATOR	
		HHC 272 IN	

#### 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 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

AUTHORITY:

Title 10 USC Section 3031, Title 38 USC Section 2031, E.O. 9857 dated November 27, 1980 (1980)

PRINCIPAL:

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

Vicinity

2. DATE (YYYYMMDD)

2005/10/11

3. TIME

1900 Local

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

E-1 (ACTIVE)

8. ORGANIZATION OR ADDRESS

C TRP 1-71 CAV, FOB

9.

..... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

At approximately 1900hrs as I turned the corner I saw [redacted] engaging upon a vehicle. I also saw [redacted] receiving fire. We drove onto the other lane in which the vehicle already was in front of [redacted] while it was receiving fire. When we drove towards the vehicle it began moving in which my gunner opened fire. After the vehicle stopped, my platoon leader gave the order to cease fire.

.....NOTHING FOLLOWS.....

10. EXHIBIT

I

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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.

AFFIDAVIT

WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE \_\_\_\_\_ I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT 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 16 day of October 2005 at Camp [redacted] [redacted]

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

Executive Officer, CTR 1-71 CAW  
(Authority To Administer Oaths)

WITNESSES

[redacted]  
CTR 1-71 CAW  
Camp 2 [redacted] [redacted]  
ORGANIZATION OR ADDRESS

ISL [redacted]  
CTR 1-71 CAW  
Camp [redacted] [redacted]  
ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 2 OF 2 PAGES

**SWORN STATEMENT**

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

LOCATION [REDACTED]	DATE 13 Oct 88	TIME 0400	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS E-3 Active
ORGANIZATION OR ADDRESS			

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

1. Were you aware that friendly forces were in the [REDACTED] and therefore believed those friendly forces had positively identified the enemy? *yes*
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element? *yes*
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGs)? *yes*
4. What was the distance between your vehicle and the suspected enemy vehicle?  
*Under 100 meters*
5. In respect to time, how long after you turned the corner onto [REDACTED] did you realize that the [REDACTED] was in contact?  
*When I saw sparks hanging off Sandhouse wall, I saw them engaging the target.*

*NOTHING FOLLOWS*

EXHIBIT <i>I 1</i>	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

[Redacted Statement Content]

AFFIDAVIT

I, [Redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE [Redacted]. 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)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this [Redacted] day of [Redacted], 19 [Redacted] at [Redacted]

[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)

INITIALS OF PERSON MAKING STATEMENT

[Redacted Initials]

PAGE OF PAGES

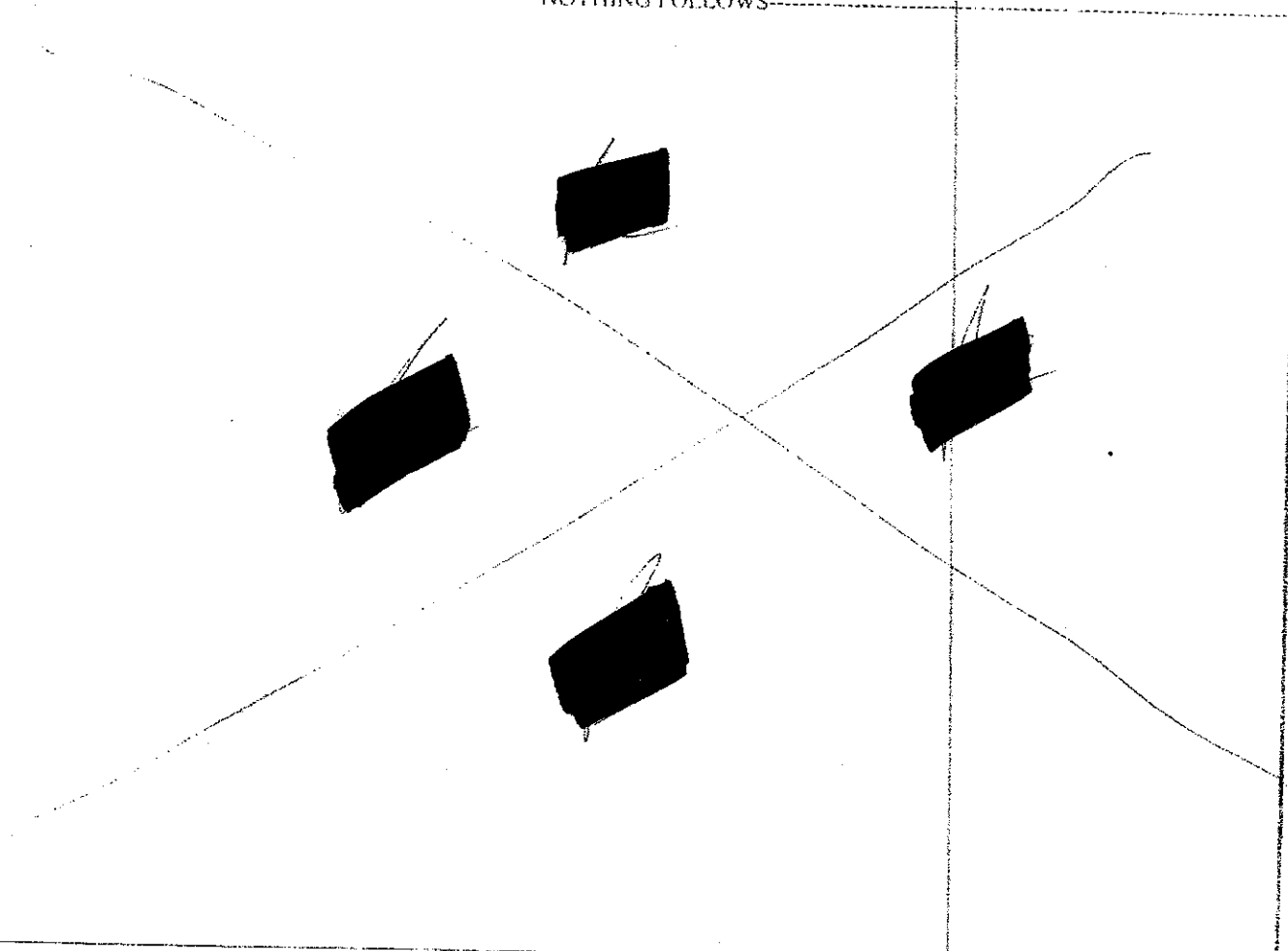
**AUTHORITY:** Title 38 USC Section 501, Title 38 USC Section 5011, and 38 CFR 1.501  
**PRINCIPAL:** To provide commanders and law enforcement officials with means by which information may be accurately identified  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] the vicinity of [REDACTED]	2. DATE (YYYYMMDD) 2005/10/11	3. TIME 1900 Local	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-3 ACTIVE	
8. ORGANIZATION OR ADDRESS C Troop 1-71 CAV			

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

On 11 OCT 2005 at 1900, we came out of RTE [REDACTED] and took a left on [REDACTED]. As we were crossing over the eastbound lane, my gunner heard shots. I then seen muzzle flash on top of [REDACTED]. I then saw rounds impacting into [REDACTED] and my TC told me to turn around. When we turned around I then saw a car that was shot up. My TC told me to take far security and thats where we sat.

-----NOTHING FOLLOWS-----



10. EXHIBIT J	11. INITIALS [REDACTED]	ON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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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.



AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE [REDACTED]. 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 of Person Making Statement)

WITNESSES.

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October, 2005

at Camp [REDACTED], Iraq

S. T. [REDACTED]  
C. T. [REDACTED] 1-71 CAV  
St. [REDACTED] 24 12662

ORGANIZATION OR ADDRESS

156 [REDACTED]  
C. T. [REDACTED] 1-71 CAV  
Camp [REDACTED] Iraq APO AE 09376

ORGANIZATION OR ADDRESS

[REDACTED]

(Typed Name of Person Administering Oath)

Executive Officer C 712 (71 CAV)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 2 PAGES

Exhibit 3

# Report

At hour of 1900 from the  
1/10 2005/ from Thursday American  
force shooting the one car that  
(unknown car) that stopped  
behind the American patrol near  
~~the~~ The [redacted] that  
lead to kill 3 person inside  
the car. also one check point  
in the [redacted] for shooting  
above the car [redacted]  
L.t. colonel [redacted]

1/10/2005



بسم الله الرحمن الرحيم

م/ تقرير

في الساعة ١٩-٠٠ من يوم ١١/١٢/٥٠٠٠ المصادف للتلاوة قامت  
القوات الصهيونية بأطلاق النار على سيارة محمولة على الطريق  
السرير أثناء دوريتهم حيث كانت السيارة متوقفة خلف  
الترنك الامريكى قرب احدى نقاط الجيش العراقي مما  
أدى الى مقتل الشخص المسمى المرحوم داخل السيارة  
المجهولة . وكذلك قامت احدى نقاط الملاحه  
النار فدور لحوادث (سيارة) حتى رقت قبل  
الملاحه النار من قبل القوات الصهيونية .

[Redacted]

[Redacted]

[Redacted]

[Redacted]

١١/١٢/٥٠٠٠