For use of this form see A	ORN STATEMENT R 190-45; the proponent agency	i- DMC	
		IS PMG.	
AUTHORITY: Title 10 USC Section 301; Title 5 USC S	ACY ACT STATEMENT	vember 22 1042 /	994
PRINCIPAL PURPOSE: To provide commanders and law enforce	ement officials with means by which	ch information may	be accurately identified
ROUTINE USES: Your social security number is used as:	an additional/alternate means of id	lentification to facilit	ate filing and retrieval.
DISCLOSURE: Disclosure of your social security numb	er is voluntary.		
	2. DATE (YYYYMMDD) 3.	TIME	4. FILE NUMBER
Camp Speicher, Iraq	2007/01/03	0430	
(b)(6), (b)(3) 8. Ondavization or address	6. Sen (b)	(6)	7. GRADE/STATUS
Task Force (b)(1)1.4a, (b)(2)High (5)(1), (6)	(1)		1
(p)(e)	. WANT TO MAKE THE FOI	LLOWING STATEM	ENT UNDER OATH:
Q: ad you observe any crustra	ns in the wein	it of the	e registration
torset ? (b)(6) (5)(6)			
A: I SAW Z MAMS IN THE V	nups That were	undel, 5	he putal.
Q: How for would you estimate	these Z MAM	s were fr	an the
)(•)		
A ; (b)(2)High			
Q: What guidance had you rec	eved from LTC	(b)(6)	alent
registration prior to this morale			(6)(4)
	(2)(0)	a	
A: (b)(2) high From A STRUCT			
Ce: why did you chose a target	location that was	closer to	o a structure
than (b)(2) high? You stated the	e terget area locked	to be at 1	(b)(2) high from
any occupied houses."	,	ı	CD out-1
A: I STATES In my Sour ST WAS PRIMARLY my concern.	cutement that the	w Security	security to venture
Further into the such to un	alul a recistantu	huer II.	al have had to
Travel pad the village (that	I had no was A w	hethor it c	was secures or not)
TO RESISTER	. , , , , , , , , , , , , , , , , , , ,		
10 14515722	•		
10. EXHIBIT 6	NITIALS OF PERSON MAKING S	F	PAGE 1 OF PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEM.	(b)(6), (b)(3) ENT OF (b)(6) AKEN AT Co		***************************************
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	RM 2823 JUL 72 IS OBSOLETE		

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STATEMENT OF	(b)(6), (b)(3)	TAKEN AT GO 5	penter [DATED 3 SAN C	·3
9. STATEMENT (C	Continued)				
	(b)(6), (b)(3)	AFFIDAVIT			
CONTAINING THE S	PAGE 1, AND ENDS ON PAGE MENT IS TRUE. I HAVE INITIALED ALL TATEMENT. I HAVE MADE THIS STATE IMENT, AND WITHOUT COERCION, UNL	I FULLY UNDERSTAND TO CORRECTIONS AND HAV MENT FREELY WITHOUT	THE CONTENTS OF 1 /E INITIALED THE BC HOPE OF BENEFIT (JNLAWFUL INDUCEN (b)(OTTOM OF EACH PAGE	IT MADE
WITNESSES:		administer oa	and sworn to before on this, this 3st da	me, a person authorized ay of	by law to
ORGANIZATION OF	RADDRESS		(Signature or Person	(b)(6)	
			MA. (Typed Nan	(b)(6), (b)(3)	
ORGANIZATION OR		***************************************	AR 15-6 Inves	tigating Officer dminister Oaths)	
(b)	MAKING STATEMENT ((6), (b)(3) (5)(6)			PAGE Z OF Z	PAGES
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			Salaran Salaran Care							
		SW	ORN S	TATEMEN	IT					
	For use of thi	is form, see	AR 190-4	5; the propon	ent agen	cy is PMG.				
		PRIV	ACY ACT	STATEMEN	IT		····	**************************************	·	
AUTHORITY:	Title 10 USC Section 301;					November 22	2. 1943 (\$	SSN).		
PRINCIPAL PURPOSE:	To provide commanders a	nd law enfor	cement of	ficials with m	eans by v	which informa	ation may b	e accurately	/ identifi	ed.
ROUTINE USES:	Your social security number	er is used as	an additio	nal/alternate	means o	of identification	on to facilita	ate filing and	l retrieva	al.
DISCLOSURE: 1. LOCATION	Disclosure of your social s	security num								
Al Khaladiyah Iraq			i	YYYYMA		3. TIME		4. FILE N	JMBER	
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HHT 1-73 CAVALRY	, TIKRIT IRAQ									
9.	(b)(6) (b)(2)									
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LUDGI I DO DOTH OPE	2 OOKI (D)(Z)HIAN 1163 NE	HIRLE CHI	ECK OUR	CRIDS TO	JELAN THE T	APGET. O	NCE WE	HAD DON	SELF A	AND MY S WF
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NO BODT AS THE PA	MILY HAD TAKEN IT A' THE IMPACT AREA W.	WAY. THE	ERE WER	E BLOOD :	SMIATS	IN THE RO	ΩM			
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TOOK ALL PRECAUTI	ONS THAT ARE NODAL	HI V BAN	75 AXI AX	W D . WO					2)High	12:3
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COMLECTED I VRZEM	I OF STRUCTURES, NO	REGISTRA	TION TO	J DATE HA	CREEN	COMPLET	CIVIA	KING IN	HOUSE	S. LTAKE
FULL RESPONSIBILIT	TY FOR THIS INCIDENT	T AND THE	E BLAME	LAYS NO	WHERE	ELSE.)(3),	(b)(
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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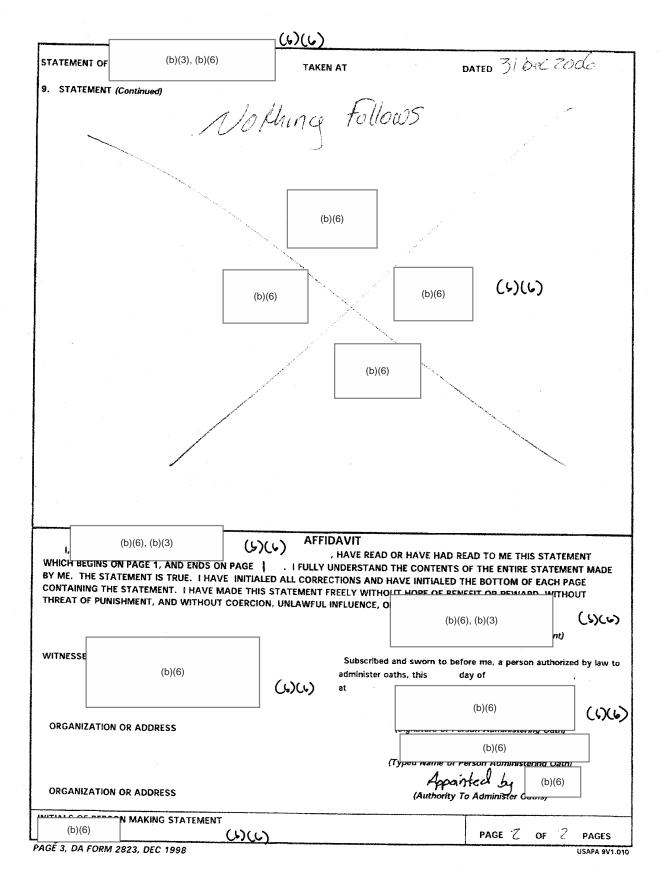
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Fo	or use of this form, see AF	R 190-45; the propone	nt agency is ODCSOPS	
	PRIVA	CY ACT STATEMEN	T	
AUTHORITY: Title 10 USC S PRINCIPAL To provide con	Section 301; Title 5 USC S	Section 2951; E.O. 939	97 dated November 22,	1943 (SSN).
10 provide con	mmanders and law enforce	ment officials with me	eans by which information	n may be accurately identified
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COB SPEICHER, IRAQ		2007/01/01	3. TIME 0500	4. FILE NUMBER
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to ensure an accurate grid to the region brained grids from (b)(2)High rid on my GPS. After cross-checking ide the house, while he and I stood (2)High over the radio and told	ng grids, we returned to d on the steps leading to the east over the villag the gun line not to touc	the OP to register the rooftop. Using	the tubes. CPT)(3), (b	rm, then checked it against the (directed the security element
Vithin moments, women and childrent atrol. After approximately 20 minut oup of 8-10 military aged males we amage and related to us that there we had administered first aid. During this	ere congregated outside	of the house upon	which the impact occ	and assess the situation. A
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STATEMENT OF	(b)(6), (b)(3)	(1)(L) TAKEN AT 3,000	Cher DATED [1/01/07
9. STATEMENT (Continued)				
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BY ME. THE STATEMENT IS CONTAINING THE STATEME THREAT OF PUNISHMENT, A	TRUE. I HAVE INITIA	2 I FULLY UNDERSTAND	(b)(6), (b)(3)	RE STATEMENT MADE
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ORGANIZATION OR ADDRE	SS		(b)(6) (Signature of Person Administe	Ch)(h)
ORGANIZATION OR ADDRES	SS		(Authority To Administer C	Coxxi)
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	SWORN STATEMENT
For use	of this form, see AR 190-45; the proponent agency is PMG.
ROUTINE USES: Your social security	PRIVACY ACT STATEMENT n 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). ders and law enforcement officials with means by which information may be accurately identified, number is used as an additional/alternate means of identification to facilitate filing and retrieval. ocial security number is voluntary.
1. LOCA (b)(2)High	(5)(2) 2. DATE (YYYYMMOD) 3. TIME 4. FILE NUMBER 3. DEC 2006 1/38
8. (b)(6), (b)(3)	(6)(6) 7. GRADE/STATUS
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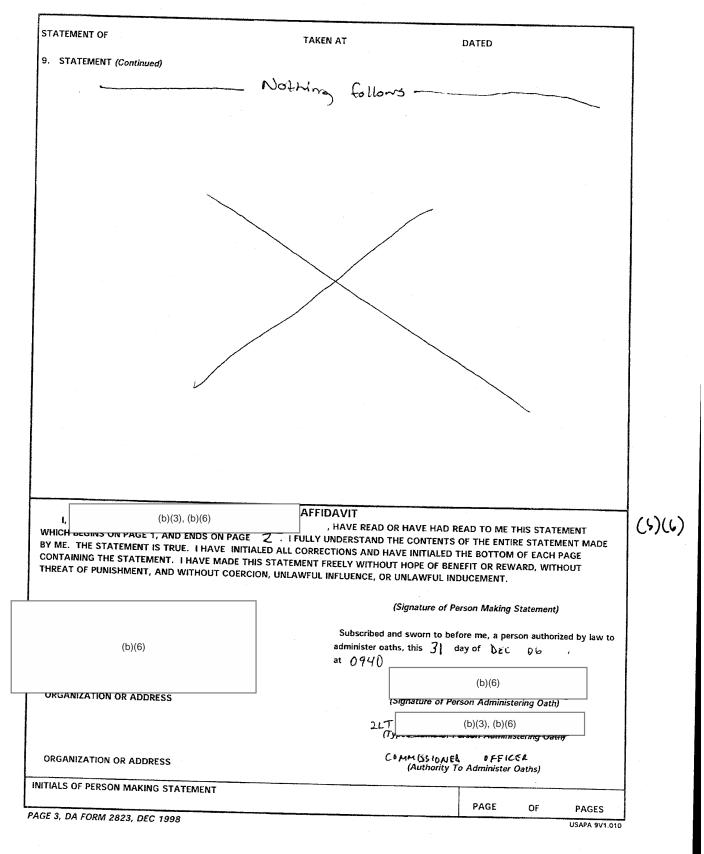


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. 3: 436 01					
UTHORITY: Title 10 USC Section 30	01; Title 5 USC Secti	ACT STATEMENT ion 2951; E.O. 9397	dated November 22	. 1943 (SSN)	
RINCIPAL PURPOSE: 10 provide commander	's and law enforceme	nt officials with mea	ns by which informa	tion may be accurately	dentified.
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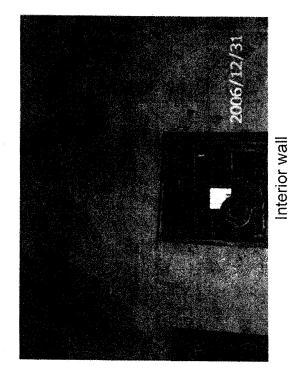
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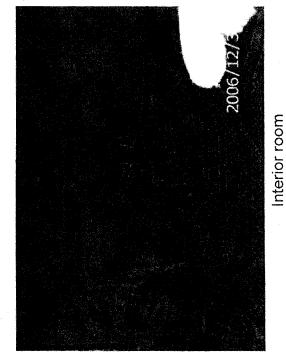
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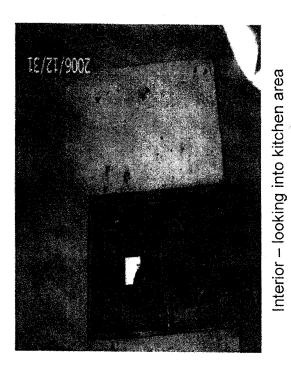


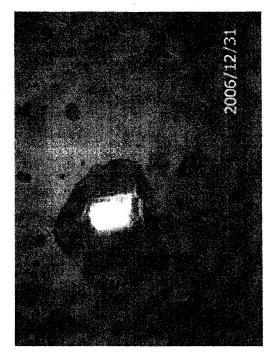
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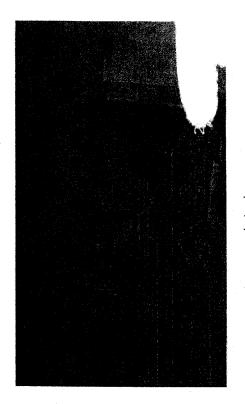






Entrance of Round through Roof

CENTCOM 020591



View from outside front door - looking into house

Interior room

2006/12/31 (b)(6)

Interior - looking toward front door

For use	of this form, see AR 190-45; the prop	onent agency is PMG.			
THORITY	PRIVACY ACT STATEMEN		(C.51)		
	301; Title 5 USC Section 2951; E.O. 9397 lers and law enforcement officials with moat	•			
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CLOSURE: Disclosure of your so	cial security number is voluntary. 2. DATE (YYYYMMD)	(D) [3. TIME	4. FILE NUMBER		
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