

Pages 1 through 4 redacted for the following reasons:

(b)(1), (b)(2)Low, (b)(5), (b)(6)

(b)(5), (b)(2)Low

(b)(5), (b)(6), (b)(2)Low



REPLY TO
ATTENTION OF

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

(b)(2)Low

13 October 2005

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DEPARTMENT OF THE ARMY
Headquarters, 2ND Battalion, 22ND Infantry
10TH Mountain Division (Light)
(b)(1) Iraq APO AE 09376

(b)(2)Low

11 October 2005

MEMORANDUM FOR 1LT (b)(6) 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 (b)(6), (b)(2)Low @ (b)(2)Low

FOR THE COMMANDER:

(b)(6)

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 (b)(6) 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 (b)(1) Iraq at 1200 (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 (b)(6) SSN: (b)(6) 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 (Time) on 13 OCT 05 (Date)

and completed findings and recommendations at 1600 (Time) on 13 OCT 05 (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

	YES	NO ^{1/}	NA ^{2/}
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 (Certificate, 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 N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?

		YES	NO	NA ²
2	Exhibits (para 3-16, AR 15-6)			
	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. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)				
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				
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)				
9	Notice to respondents (para 5-5, AR 15-6):			
	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	Counsel (para 5-6, AR 15-6):			
	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 voting 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)?			
FOOTNOTES: 1) Explain all negative answers on an attached sheet. 2) Use of the N A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.				

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)

(Member)

(Member)

(b)(6)

(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.)

(b)(6)

400905

LTC IN
commanding



REPLY TO
ATTENTION OF

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

(b)(2)Low

13 October 2005

Exhibit A

C/1-71 15-6 Investigation

Findings

On 11 October 2005, 4th PLT, C/1-71 was conducting a three vehicle mounted patrol vicinity the (b)(1) an area of frequent enemy activity. At approximately 1900 hours, the patrol was traveling south on Rte. (b)(1) and made a left turn onto Rte. (b)(1) traveling east. The patrol leader's (SSG (b)(6)) intent was to conduct refit operations at the (b)(1). Upon making the left turn onto Rte. (b)(1) the patrol immediately recognized that friendly forces in the (b)(1) were engaging a civilian vehicle located in the westbound lane of Rte. (b)(1) approximately 100m from the patrol's location. (Exhibits C1, D1, E1, F1, H1, I1). Members of the patrol witnessed the (b)(1) 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 (b)(1) 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. (b)(1) the patrol was approximately 100m from the civilian vehicle, and shots were already being fired from

the (b)(1) (Exhibits C1, D1, E1, F1, H1, I1). Consequently, the incident is not an escalation of force issue, but rather an element reacting to contact.



REPLY TO
ATTENTION OF

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

(b)(2)Low

13 October 2005

Exhibit B

C/1-71 15-6 Investigation

(b)(5)

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 C 171 CP	2. DATE 17 Oct 85	3. TIME 0745	4. FILE NO.
5. NAME (Type or Print) (b)(6)	8. ORGANIZATION OR ADDRESS CTRP 1-71 CAU		
6. GRADE/STATUS (b)(6)	7. GRADE/STATUS E-6/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 2-22 Infantry AR 15-6
Investigating Officer questioned me about the following offense(s) of which I am suspected/accused: civilian killed on (b)(1)

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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)		2. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		

HHC 2-22 IN

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer ☐ I do not want to be questioned or say anything
- 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 (b)(1)	2. DATE (YYYYMMDD) 2005/10/11	3. TIME 1900	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS E-6/ Active	
8. ORGANIZATION OR ADDRESS C Trp 1-71 CAV, Camp Liberty, APOAE 09736			

9. I, (b)(6), 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 (b)(1). We were on our way south on RTE (b)(1) and turned east on to (b)(1). As we turned east shots were observed on the (b)(1). I told my platoon to push forward to get some distance and to get eyes on whoever was firing on the (b)(1). As we moved forward a car was identified as having muzzle flashes coming from the side of it. At the same time the (b)(1) was engaging the same car. My Green 4 vehicle and my vehicle, Green 1 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 (b)(6)	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.

STATEMENT OF (b)(6) TAKEN AT (b)(1) Iraq DATED 2005/10/11

9. STATEMENT (Continued) NOTHING FOLLOWS

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

(b)(6), 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.

(b)(6)

WITNESSES:

Sgt (b)(6)
C Troop 1-71 CAV
(b)(1) Iraq
ORGANIZATION OR ADDRESS
156 (b)(6)
C Troop 1-71 CAV
(b)(1) Iraq
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October, 2005 at (b)(1) Iraq

(b)(6) (entering Oath)

(Typed Name of Person Administering Oath)

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

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT <small>For use of this form, see AR 190-45; the proponent agency is ODCSOPS</small>			
LO (b)(1)	DATE 13 Oct 05	TIME 0720	FILE NUMBER
(b)(6)	SOCIAL SECURITY NUMBER (b)(6)		GRADE/STATUS E-6/ACTIVE
ORGANIZATION OR ADDRESS CTRP 1-71 CAU			
<p>I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</p> <p>1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy? YES (b)(6)</p> <p>2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element? YES (b)(6)</p> <p>3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)? YES (b)(6)</p> <p>4. What was the distance between your vehicle and the suspected enemy vehicle? 150 m (b)(6)</p> <p>5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact? INSTANTLY (b)(6)</p> <p style="text-align: center; margin-top: 20px;">NOTHING FOLLOWS</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; background-color: #ccc;">(b)(6)</div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 80px; height: 60px; background-color: #ccc;">(b)(6)</div> <div style="border: 1px solid black; width: 80px; height: 60px; background-color: #ccc;">(b)(6)</div> </div> <div style="border: 1px solid black; width: 80px; height: 60px; margin: 10px auto; background-color: #ccc;">(b)(6)</div> </div>			
EXHIBIT C 1	INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF 2 PAGES	
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, (b)(6), 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,

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of Oct, 192005 at

(b)(6)

(Person Administering Oath)

ILT

(b)(6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

USAPPC V2.00

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 <i>C-171 CP</i>	2. DATE <i>13 OCT 85</i>	3. TIME	4. FILE NO.
5. NAME (b)(6)	8. ORGANIZATION OR ADDRESS <i>C 171</i> (b)(1)		
6. SSN (b)(6)	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 AR 15-6*
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: *Civilians 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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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.	(b)(6)
1a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE		4.	
2a. NAME (Type or Print)		5.	
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <i>HHC 222 IN</i>	

Section C. Non-waiver

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

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900 while on Patrol in (b)(1) my platoon was moving from (b)(1) to the (b)(1) to refit. When we turned east on RTE (b)(1) I identified rounds impacting on (b)(1) and also saw (b)(1) engaging a vehical on the west bound lane of RTE (b)(1). 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 D	11. INITIALS OF (b)(6)	MAKING STATEMENT	PAGE 1 OF 1 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.

STATEMENT OF

(b)(6)

TAKEN AT

(b)(1)

Iraq

DATED 2005/10/11

9. STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6)

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.

(b)(6)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October, 2005, at (b)(1) Iraq

(b)(6)

(Administering Oath)

(b)(6)

(Administering Oath)

Executive Officer, CTRR 1-71 CAU
(Authority To Administer Oaths)

Sgt (b)(6)

1-71 CAU

(b)(1) Iraq

156 (b)(6)

1-71 CAU

(b)(1) Iraq

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 1 OF 1 PAGES

SWORN STATEMENT

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

LOCATION C 171 CP	DATE 13 Oct 83	TIME 0730	FILE NUMBER
LA (b)(6)	SOC (b)(6)	GRADE/STATUS	
ORGANIZATION OR ADDRESS			

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy?

Yes (b)(6)

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

Yes (b)(6)

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

Yes (b)(6)

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

75m (b)(6)

5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact?

INSTANTANEOUS (b)(6)

Nothing follows

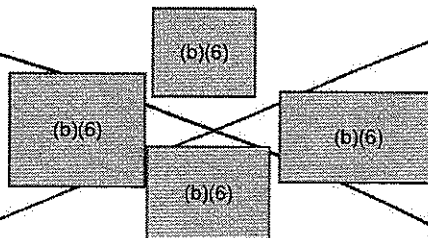


EXHIBIT D1	INITIALS (b)(6)	MAKING STATEMENT	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT 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)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6), 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,

(b)(6)

(Signature)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 21st day of 05, 19200, at

(b)(6)

(Signature on Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name)

(b)(6)

(Signature on Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

USAPPC V2.00

11535

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 C 171 CP	2. DATE 13 OCT 05	3. TIME	4. FILE NO.
5. NAME (b)(6)	8. ORGANIZATION OR ADDRESS C 171 (b)(1)		
6. SOCIAL SECURITY NUMBER (b)(6)	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 2-22 Infantry AR 15-6
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: Civilians 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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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.	(b)(6)
1a. NAME (Type or Print)		4.	
b. ORGANIZATION OR ADDRESS AND PHONE		5.	
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR HHC 2-22 IN	
b. ORGANIZATION OR ADDRESS AND PHONE			

Section C. Non-waiver

- 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

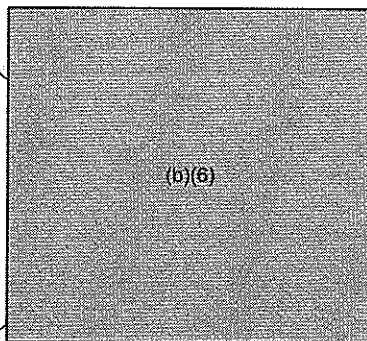
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate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

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

9. (b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

At approximately 1900 hours my patrol turned off route (b)(1) on to (b)(1). At that time I heard shots fired and heard over the radio that (b)(1) was being engaged. I saw a vehicle moving slowly in front of the (b)(1). 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 (b)(6) to cease fire.

NOTHING FOLLOWS



10. EXHIBIT E	11. INITIALS (b)(6)	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.

STATEMENT OF

(b)(6)

TAKEN AT

(b)(1)

Iraq

DATED 2005/10/11

9. STATEMENT (Continued)

(b)(6)

AFFIDAVIT

I, (b)(6), 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.

(b)(6)

(Statement)

WITNESSES:

Sgt

(b)(6)

CTP 1-71 CAV

(b)(1)

Iraq

ORGANIZATION OR ADDRESS

ISG

(b)(6)

CTP 1-71 CAV

(b)(1)

Iraq

DRESS

Subscribed and sworn to before me, a person authorized by law to

a

(b)(1)

is

12

day of

October

2005

Iraq

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Executive Officer CTR 1-71 CAV

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION C 171 CP	DATE 13 OCT 81	TIME 0736	FILE NUMBER
LAST NAME/FIRST NAME, MIDDLE NAME (b)(6)	SOCIAL SECURITY NUMBER (b)(6)		GRADE/STATUS SGT/E5
ORGANIZATION OF C 171 (b)(1)			

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy?
yes (b)(6)
2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element?
yes (b)(6)
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)?
yes (b)(6)
4. What was the distance between your vehicle and the suspected enemy vehicle?
100m (b)(6)
5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact?
30 sec (b)(6)

Nothing follows

(b)(6)

EXHIBIT E1	INITIALS OF (b)(6)	STATEMENT	PAGE 1 OF 1 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)

(b)(6)

AFFIDAVIT

I, (b)(6), 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.

(b)(6)

ment)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of OCT, 2003, at

(b)(6)

on Administering Oath)

ORGANIZATION OR ADDRESS

ILT

(b)(6)

(Type name of person administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

USAPPC V2.00

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 C 171 CP	2. DATE 13 OCT 05	3. TIME 0830	4. FILE NO.
5. NAME (Last, First, MI) (b)(6)	8. ORGANIZATION OR ADDRESS 1-71 CAV, (b)(1)		
6. GRADE/STATUS (b)(6)	7. GRADE/STATUS SPC/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 2-22 Infantry AR 15-6
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: Civilian 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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print)		(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE			
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR HHC 222 IN	
b. ORGANIZATION OR ADDRESS AND PHONE			

Section C. Non-waiver

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

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900 hours our patrol turned off (b)(1) onto (b)(1). At that time I heard shots fired to our front. I saw muzzle flashes coming from the (b)(1). A car to our front with its lights off was slowly driving by the (b)(1). I saw flashes coming from the car and the (b)(1) house was being engaged. I engaged the vehicle with my 249 until it came to a stop and I received a cease fire.

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

(b)(6)

(b)(6)

(b)(6)

(b)(6)

10. EXHIBIT

F

11. INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 1 OF 2 PAGES

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

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

STATEMENT OF

(b)(6)

TAKEN AT

(b)(1)

Iraq

DATED 2005/10/11

9. STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

(b)(6)

I, (b)(6), 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 INFLUENCE.

(b)(6)

(b)(6) Statement

WITNESSES:

(b)(6)

(b)(1)

(b)(1)

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths this 12 day of October, 2005 at (b)(1) Iraq

(b)(6)

(b)(6) Administering Oath

(b)(6)

(Typed Name of Person Administering Oath)

Executive Officer, CTRP 1-71 CAV
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION C-121 CP	DATE 13 OCT 2005	TIME 0845	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	SOCIAL SECURITY NUMBER (b)(6)		GRADE/STATUS SPC Active
ORGANIZATION OR ADDRESS 1-71 CALV			

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy? YES (b)(6)

2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element? YES (b)(6)

3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)? YES (b)(6)

4. What was the distance between your vehicle and the suspected enemy vehicle? 75-100 m (b)(6)

5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact? Immediately (b)(6)

Nothing Follows

EXHIBIT F1	INITIALS (b)(6)	MAKING STATEMENT	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)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6), 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.

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

(b)(6)

(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of Dec, 19 2003 at

(b)(6)

(b)(6) of Person Administering Oath)

167

(b)(6)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

PAGE 2 OF 2 PAGES

USAPPC V2.00

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 C-171 CP	2. DATE 13 OCT 05	3. TIME 0800	4. FILE NO.
5. (b)(6)	8. ORGANIZATION OR ADDRESS Cap 171 CAU		
6. (b)(6)	7. GRADE/STATUS E-3/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 2-22 Infantry AR 15-6 and wanted to question me about the following offense(s) of which I am suspected/accused: Investigating Officer Civilian 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:

- I do not have to answer any question or say anything.
 - Anything I say or do can be used as evidence against me in a criminal trial.
 - (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.
- 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)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print)	(b)(6)	(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	(b)(6)	
2a. NAME (Type or Print)	(b)(6)	(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	6. ORGANIZATION OF INVESTIGATOR HHC 2-22 IN	

Section C. Non-waiver

- 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

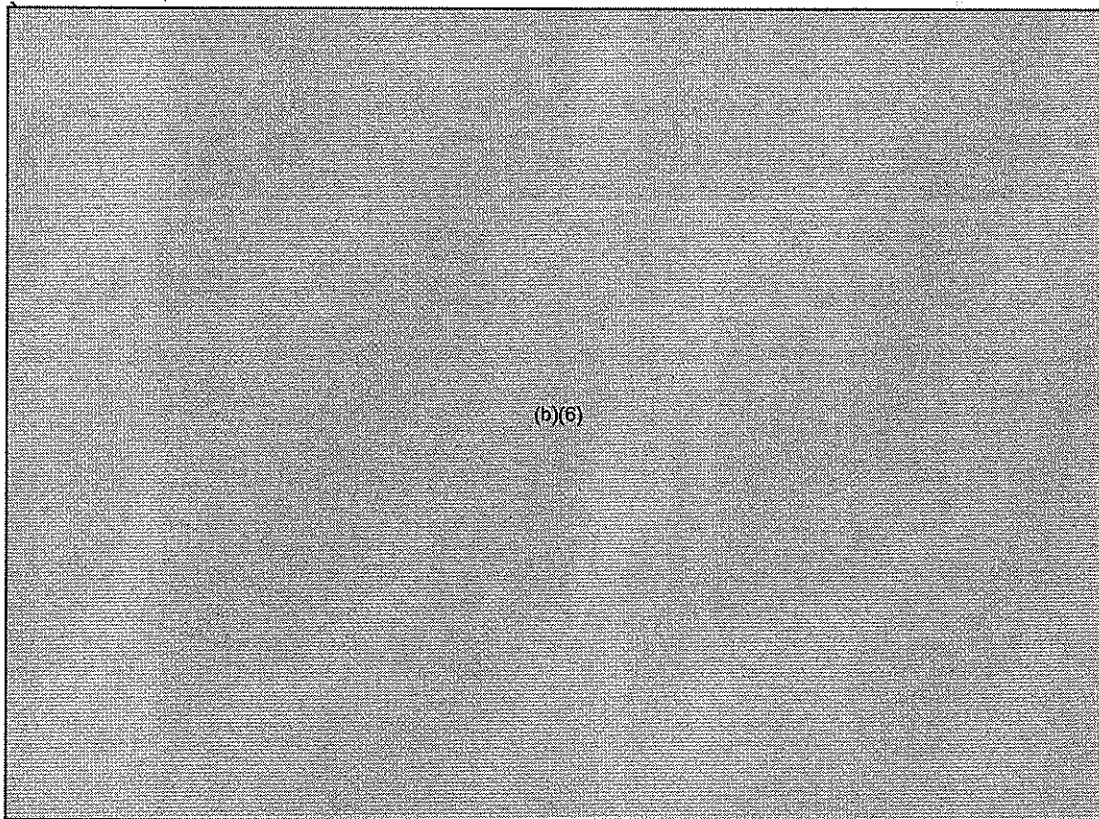
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate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

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

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900hrs our patrol was turning off of RTE (b)(1) onto RTE (b)(1) towards the (b)(1). As we were turning I heard shots coming from the north side of (b)(1). When I got onto (b)(1) in the east bound lane I saw flashes at (b)(6) and also flashes coming from the vehicle that was stopped in the west bound lane of RTE (b)(1). 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 (b)(6) 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 (b)(6)	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 AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF

(b)(6)

TAKEN AT

(b)(1)

Iraq

DATED 2005/10/11

9. STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6)

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 THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL

(b)(6)

WITNESSES:

(b)(6)

(b)(1)

ORGANIZATION OR ADDRESS

(b)(6)

CTP 1-71 CAV

(b)(1)

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of October, 2005 at (b)(1) Iraq

(b)(6)

(Administering Oath)

(b)(6)

(Administering Oath)

Executive Officer C T&R, 1-71 CAV
(Authority To Administer Oaths)

INITIALS OF PERSON

STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION <i>C 171 CP</i>	DATE <i>13 OCT 01</i>	TIME <i>0800</i>	FILE NUMBER
(b)(6)	(b)(6)	GRADE/STATUS <i>E-3/Active</i>	
ORGANIZATION OR ADDRESS <i>Ctrp 171 CAU</i>			

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy?

yes

2. At the time, did you believe (b)(6) 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?

initially 50 meters as it was moving it came to about 20 meters away from my truck

5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact?

Right away

Nothing Follows

(b)(6)

(b)(6)

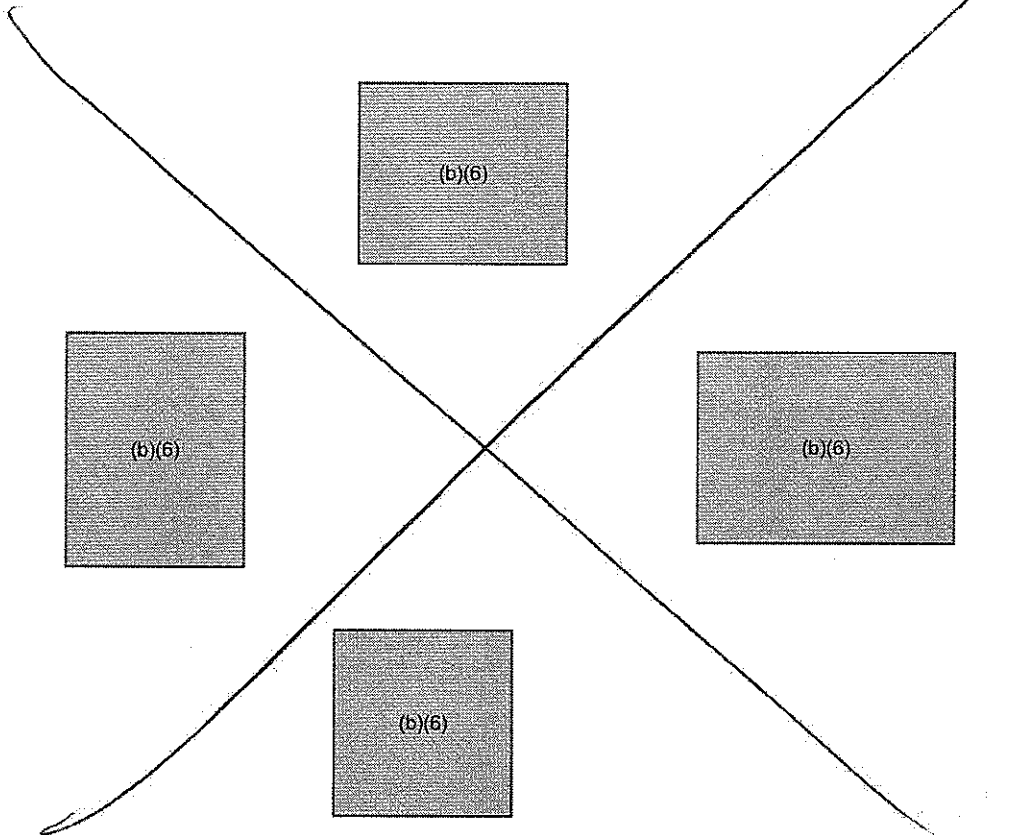
(b)(6)

(b)(6)

(b)(6)

EXHIBIT <i>61</i>	PERSON MAKING STATEMENT <i>(b)(6)</i>	PAGE 1 OF <i>2</i> PAGES
<p>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.</p>		

STATEMENT (Continued)



AFFIDAVIT

I, (b)(6), 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 ANY HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

(b)(6)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of Oct, 192005 at

(b)(6)

(Administering Oath)

DET
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

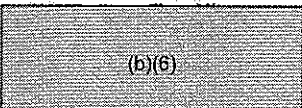
USAPPC V2.00

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 C 171 Q	2. DATE 13 OCT 85	3. TIME 0800	4. FILE NO.
5. 	8. ORGANIZATION OR ADDRESS		
6. (b)(6)	7. GRADE/STATUS E-4/GCHM		

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 AR 15-6
Investigating Officer and wanted to question me about the following offense(s) of which I am suspected/accused: Civilians 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 -

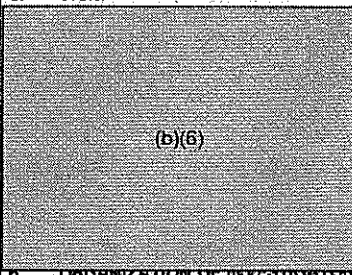
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want 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)	 (b)(6)	6. ORGANIZATION OF INVESTIGATION HHC 2-22 IN
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)		
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 (b)(1)	2. DATE (YYYYMMDD) 2005/10/11	3. TIME 1900 Local	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS E-4/ ACTIVE	

8. ORGANIZATION OR ADDRESS

C TRP 1-71 CAV (b)(1)

9.

(b)(6)

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900 hours our patrol turned east on route (b)(1) heading towards the (b)(1) I heard gunfire coming from the area around (b)(1). At this time I observed round impacts on (b)(1) 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

(b)(6)

(b)(6)

(b)(6)

(b)(6)

10. EXHIBIT

H

11.

(b)(6)

OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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

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

STATEMENT OF (b)(6) TAKEN AT (b)(1) Iraq DATED 2005/10/11

9. STATEMENT (Continued)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6), 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.

(b)(6)

(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 (b)(1) Iraq.

(b)(6)

(Typed Name of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Executive Officer, CTRR, 1-71 CAV
(Authority To Administer Oaths)

Sgt (b)(6)

CTRR 1-71 CAV

(b)(1)

ESS

156 (b)(6)

CTRR 1-71 CAV

(b)(1) Iraq

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION C 171 CP	DATE 13 OCT 83	TIME 0800	FILE NUMBER
(b)(6) NAME	(b)(6) NUMBER	GRADE/STATUS F4/gdim	
ORGANIZATION OR ADDRESS C 171 F-71 (AV)			

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy? *yes* (b)(6)

2. At the time, did you believe that the vehicle you engaged was a hostile enemy that posed a threat to your element? *yes* (b)(6)

3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)? *yes* (b)(6)

4. What was the distance between your vehicle and the suspected enemy vehicle? *100 m* (b)(6)

5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact? *a few seconds* (b)(6)

nothing follows

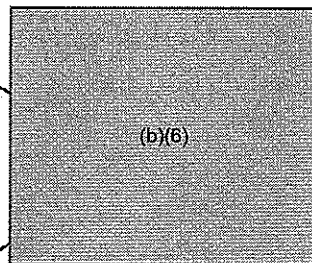


EXHIBIT H1	INITIALS (b)(6)	ON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE 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)

(b)(6)

AFFIDAVIT

I, (b)(6), 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.

(b)(6)

(Person Making Statement)

WITNESSES:

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

(b)(6)

(Administering Oath)

ORGANIZATION OR ADDRESS

165
(Type)

(b)(6)

(Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 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 C 171 CP	2. DATE 13 OCT 05	3. TIME 0800	4. FILE NO.
5. (b)(6)	8. ORGANIZATION OR ADDRESS		
6. SS (b)(6)	7. GRADE/STATUS E-3 / 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 42 15-6
Investigating officer and wanted to question me about the following offense(s) of which I am suspected/accused: Cum gratia killed as 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.	(b)(6)
1a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE		4.	
2a. NAME (Type or Print)		5.	
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR HAC 2-22 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:

File 10 USC Section 301, Title 5 USC Section 2901, E.O. 9397 dated November 22, 1993 (1994).

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 (b)(1)

2. DATE (YYYYMMDD)

2005/10/11

3. TIME

1900 Local

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

(b)(6)

6. SSN

(b)(1)

7. GRADE/STATUS

E-3/ ACTIVE

8. ORGANIZATION OR ADDRESS

C TRP I-71 CAV (b)(1)

9.

(b)(6)

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900hrs as I turned the corner I saw (b)(1) engaging upon a vehicle. I also saw (b)(1) receiving fire. We drove onto the other lane in which the vehicle already was in front of (b)(1) 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

(b)(6)

10. EXHIBIT

I

11. INITIALS

(b)(6)

IN 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.

NOTHING FOLLOWS

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

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.

(b)(6)

ement)

WITNESSES:

(b)(6)

(b)(1)

(b)(6)

(b)(1)

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

at (b)(1) Idig

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Executive Officer CTR 1-71 CAU
(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION e 171 C7	DATE 13 Oct 85	TIME 0600	FILE NUMBER
(b)(6)	SO (b)(6)	GRADE/STATUS E-3 / Active	
ORGANIZATION OR ADDRESS			

I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the (b)(1) and therefore believed those friendly forces had positively identified the enemy? (b)(6) 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 (b)(6)
3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)? yes (b)(6)
4. What was the distance between your vehicle and the suspected enemy vehicle? Under 100 meters (b)(6)
5. In respect to time, how long after you turned the corner onto (b)(1) did you realize that the (b)(1) was in contact? When I saw sparks banging off (b)(1) wall & I saw them engaging the target. (b)(6)

NOTHING FOLLOWS

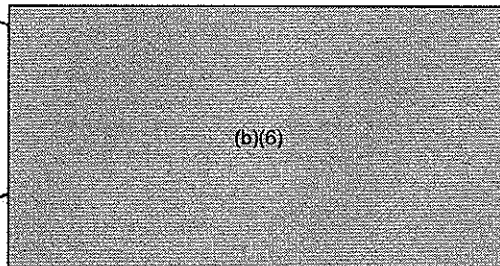


EXHIBIT I 1	INITIALS (b)(6)	MAKING STATEMENT	PAGE 1 OF 2 PAGES
<p>ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ 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.</p>			

STATEMENT (Continued)

(b)(6)

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH (b)(6). 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

(b)(6)

(Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of OCT, 2003, at

(b)(6)

(Administering Oath)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

121

(b)(6)

(Typed name of person administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 2 PAGES

USAPPC V2.00

AUTHORITY: Title 10 USC Section 507, Title 5 USC Section 2557, E.O. 3557 dated November 22, 1976, 41 CFR 101-11.6.
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.

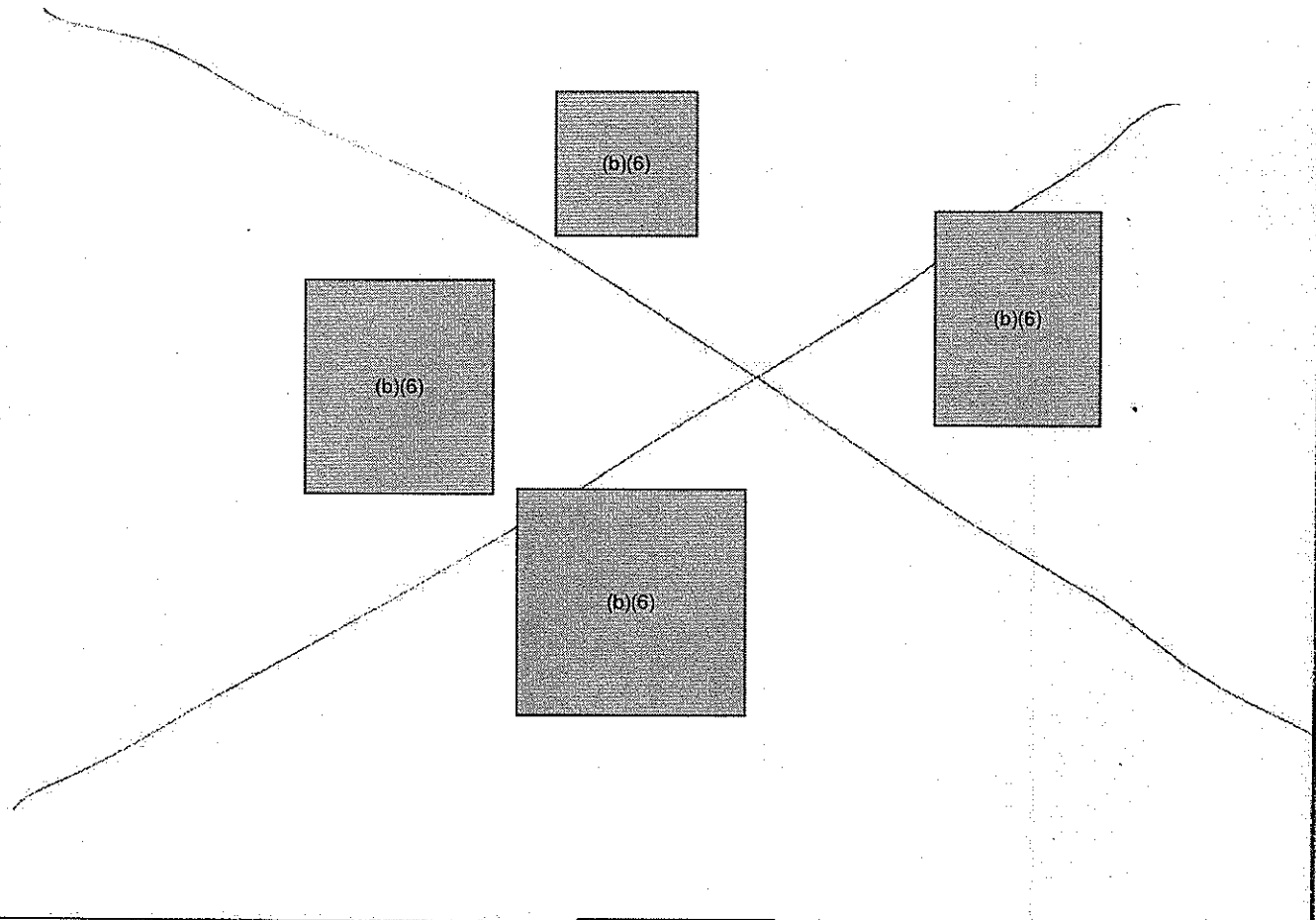
1. LOCATION (b)(1)	2. DATE (YYYYMMDD) 2005/10/11	3. TIME 1900 Local	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS E-3/ ACTIVE	

8. ORGANIZATION OR ADDRESS
C Troop 1-71 CAV

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 11 OCT 2005 at 1900, we came out of RTE (b)(1) and took a left on (b)(1). As we were crossing over the ex-hound lane, my gunner heard shots. I then seen muzzle flash on top of (b)(1). I then saw rounds impacting into (b)(1) 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. IN (b)(6) MAKING STATEMENT	PAGE 1 OF 2 PAGES
------------------	--------------------------------	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(6) IN AT _____ DATED _____"

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

morning 10:00 -

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6), 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 IN

(b)(6)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to

ad _____ 12 day of October, 2005

at (b)(1) T148

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Executive Officer C TAP (1-71 CAU)
(Authority To Administer Oaths)

Sgt (b)(6)
C Troop 1-71 CAU
Ft. Drum NY 13602
ORGANIZATION OR ADDRESS

156 (b)(6)
C Troop 1-71 CAU
(b)(1) 1009 APO AE 09376
ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

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Exhibit J

Report

At hour of 1900 from the
11/10/2005/ from twisday American
force shooting the one car that
(unknown car) That stopped
behind the American patrol near
~~the~~ The [REDACTED (b)(1)] that
lead to kill 3 person inside
the car. also one check point
in the [REDACTED (b)(1)] for shooting
above the [REDACTED (b)(6)]
L.t. colonel [REDACTED (b)(6)]
[REDACTED (b)(6)]

11/10/2005

بسم الله الرحمن الرحيم

م/ تقرير

في الساعة ١٩٠٠ من يوم ١١/١٢/٢٠٠٥ المصادف الثلاثاء قامت
القوات الصديقة بإطلاق النار على سيارة مجهولة على الطريق
السريع أثناء دوريتهم حيث كانت السيارة متوقفة خلف
الركل الأمريكي قرية أهدى نقاط الجيش العراقي مما
أدى إلى مقتل الأشخاص الموجودين داخل السيارة
المجهولة. وكذلك قامت أحدى النقاط بإطلاق
النار فودع بحيلة (سيارة) حتى رقت قبل
الطلام النار من قبل القوات العراقية.

(b)(6)

Page 53 redacted for the following reason:

(b)(1)