

# 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* and wanted to question me about the following offense(s) of which I am suspected/accused:  
*Investigating Officer*  
*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:

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)	3.		
b. ORGANIZATION OR ADDRESS AND PHONE	4.		
2a. NAME (Type or Print)	5.		
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR <i>#HC 2-22 IN</i>		

### 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 (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 CAV  
(Authority To Administer Oaths)

Sgt (b)(6)

C TRR 1-71 CAV

(b)(1) Iraq

156 (b)(6)

C TRR 1-71 CAV

(b)(1) Iraq

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 1 OF 1 PAGES

<b>SWORN STATEMENT</b> <small>For use of this form, see AR 190-45; the proponent agency is ODCSOPS</small>			
<b>LOCATION</b> C 171 CP	<b>DATE</b> 073 13 OCT 68	<b>TIME</b> 0730	<b>FILE NUMBER</b>
<b>LA</b> (b)(6)	<b>SOC</b> (b)(6)	<b>GRADE/STATUS</b>	
<b>ORGANIZATION OR ADDRESS</b>			
<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?  <i>yes</i> (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?  <i>yes</i> (b)(6)</p> <p>3. Did the engagement occur during hours of limited visibility (ie darkness and under NVGS)?  <i>yes</i> (b)(6)</p> <p>4. What was the distance between your vehicle and the suspected enemy vehicle?  75m (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?  INSTANTANEOUS (b)(6)</p> <p style="text-align: center; font-style: italic; font-size: 1.2em;">Nothing Follows</p> <div style="text-align: center; margin-top: 20px;"> <div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">(b)(6)</div> <div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">(b)(6)</div> <div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">(b)(6)</div> <div style="display: inline-block; border: 1px solid black; padding: 5px; margin: 5px;">(b)(6)</div> </div>			
<b>EXHIBIT</b> D1	<b>INITIALS</b> (b)(6)	<b>MAKING STATEMENT</b>	<b>PAGE 1 OF 1 PAGES</b>
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 REWARD OR PUNISHMENT, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, (b)(6)

(b)(6)

(nt)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 21<sup>st</sup> day of OCT, 1920,

at

(b)(6)

(on Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name)

(b)(6)

(Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON

(b)(6)

STATEMENT

PAGE 2 OF 2 PAGES

USAPPC V2.00

12031

# 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: 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:

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

# 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-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 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

(b)(6)

10. EXHIBIT

E

11. INITIALS OF MAKING STATEMENT

(b)(6)

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT"

GIVEN 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

(b)(6)

Statement)

## WITNESSES:

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

a (b)(1) is 12 day of October 2005

a (b)(1) Iraq

(b)(6)

(Signature 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)  
CTR 1-71 CAV  
(b)(1) Iraq  
ORGANIZATION OR ADDRESS1SG (b)(6)  
CTR 1-71 CAV  
(b)(1) Iraq  
ADDRESS

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 0730	FILE NUMBER
LAST NAME / FIRST NAME / MIDDLE NAME (b)(6)	SOCIAL SECURITY NUMBER (b)(6)		GRADE/STATUS SGT / E5
ORGANIZATION O 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 h (b)(6) 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 <i>E1</i>	INITIALS O (b)(6)	ING STATEMENT	PAGE 1 OF <i>1</i> 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, 2001, at

(b)(6)

on Administering Oath)

ORGANIZATION OR ADDRESS

ILT

(b)(6)

(Typed 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

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## 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, Middle) (b)(6)	8. ORGANIZATION OR ADDRESS 1-71 CAV, (b)(1)		
6. GRADE/STATUS (b)(6)	7. GRADE/STATUS SOP/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: Criminal Viol 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			
2a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR	HHC 222 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 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

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

(b)(6)

(tentative)

WITNESSES:

Sgt (b)(6)  
156 1-71 CAV  
CTP 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)

(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