

# SWORN STATEMENT

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

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

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF **(b)(6)** TAKEN AT **(b)(6)** DATED **(b)(6)** CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE **(b)(6)** OF **(b)(6)** 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) \_\_\_\_\_  
(Signature)

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

(b)(6)

\_\_\_\_\_  
(Signature of Person Administering Oath)

LT (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 C-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  
 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)(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

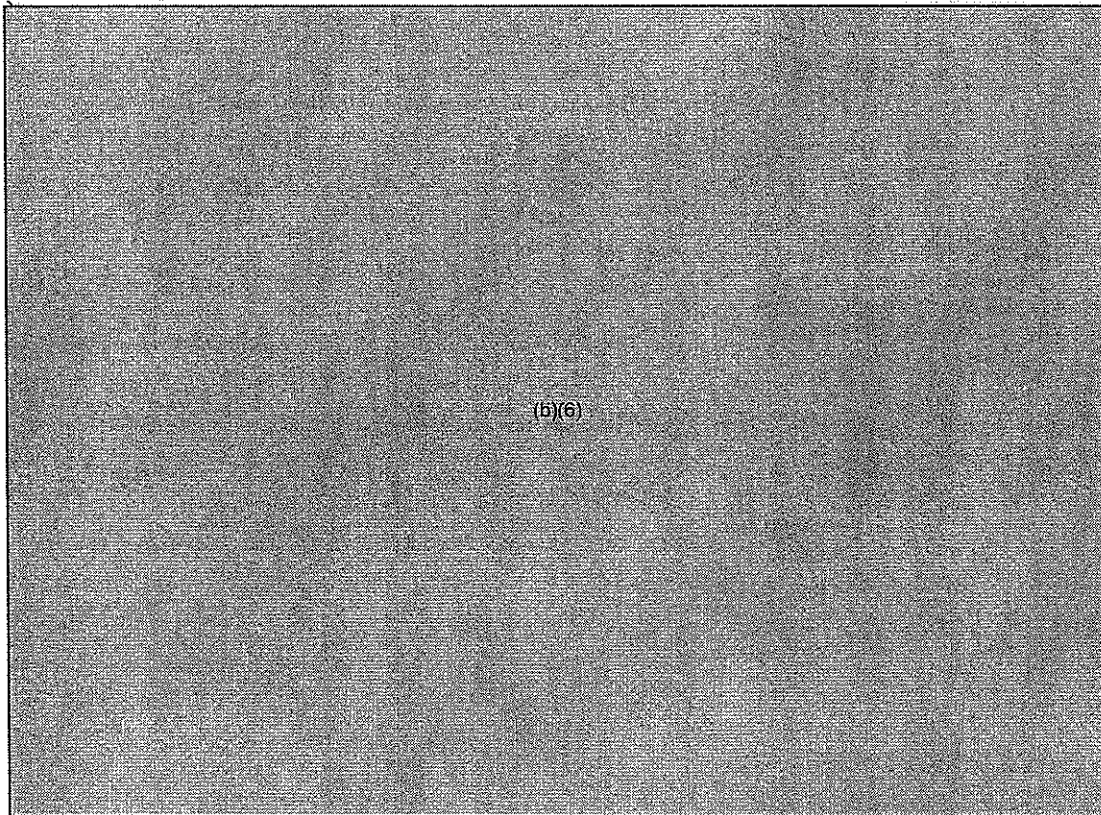
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
 PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.  
 ROUTINE USES: Your social security number is used as an additional/alternate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

(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) Iraq

(b)(6)

(b)(6) (Administering Oath)

(b)(6)

(b)(6) (Administering Oath)

Executive Officer CTR, I-71 CAU  
(Authority To Administer Oaths)

INITIALS OF (b)(6) STATEMENT

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 05</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* (b)(6)

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

*initially 50 meters as it was moving it came to about 20 meters away from my track* (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?

*Right away* (b)(6)

*Nothing Follows*

(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
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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)

AFFIDAVIT

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(b)(6)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of Oct, 1922,

at

(b)(6)

(Administering Oath)

ORGANIZATION OR ADDRESS

HT  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

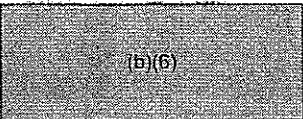
PAGE 2 OF 2 PAGES

USAPP-C 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 F-4/4chms		

**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:

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.

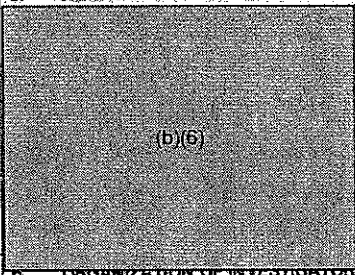
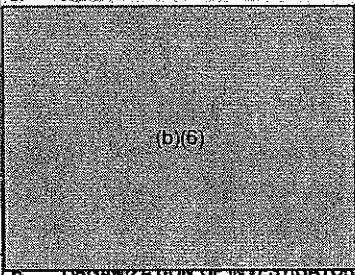
- or -

(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.

<b>WITNESSES (If available)</b>		<b>3. SIGNATURE OF INTERVIEWEE</b>
1a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)		
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 GDCSOPS

## PRIVACY ACT STATEMENT

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

1. LOCATION Vicinity of (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 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

10. EXHIBIT H	11. (b)(6) OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

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

9. STATEMENT (Continued)

(b)(6)

(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:

Sgt (b)(6)  
CTP 1-71 CAU  
(b)(1) Iraq  
ESS  
156 (b)(6)  
CTP 1-71 CAU  
(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)

(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