

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-80; the proponent agency is GDCSOPS

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 4-64 AR, Operation Office, [REDACTED], Iraq	2. DATE 24/5/2023	3. TIME 0145	4. FILE NO
5. NAME (Last, First, MI) [REDACTED]	6. ORGANIZATION OR ADDRESS Company 4-64 AR, 4BCT, 3ID		
7. SSN [REDACTED]	8. GRADE/STATUS E-4 (SPC)		
9. APO, AE [REDACTED], Iraq			

PART I - RIGHTS WAIVER/NO-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army HHC 4-64 AR 4BCT, 3ID and wanted to question me about the following offense(s) of which I am suspected/accused: shooting M16 on or about 222251 JUL 05, resulting in 1st M KIA, 2nd M WIA

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.

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(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.

Section B. Waiver

Have you been advised of your rights within the last 6 months, required an attorney? Yes () No ()

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print) SSG [REDACTED]		4. SIGNATURE OF INTERVIEWER [REDACTED]
1b. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR, 4BCT, 3ID		5. TYPE NAME OR OVERSIGHTOR [REDACTED]
2a. NAME (Type or Print) [REDACTED]		6. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR, 4BCT, 3ID

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 388-1, SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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 4-64 AR, Operation Office, [REDACTED], Iraq	2. DATE 23 JUL 85	3. TIME 0145	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	6. ORGANIZATION OR ADDRESS Company 4-64 AR, 4BCT, 3ID FOB [REDACTED], Iraq APO, AE		
7. SSN [REDACTED]	8. GRADE/STATUS E-4		

PART I - RIGHTS WAIVER/NO-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army HHC 4-64 AR 4BCT, 3ID conducting 15-6 investigation and wanted to question me about the following offense(s) of which I am suspected/accused: shooting v/c [REDACTED] on or about 2225JUL05, resulting in 1dN KIA, 2dN WIA

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.
- If I am a personnel subject of 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)

Have you been advised of your rights within the last 6 months, required an attorney? ☒ Yes ☐ No

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print) [REDACTED] 356		[REDACTED]	
b. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR Camp [REDACTED]		4. SIGNATURE OF INVESTIGATOR [REDACTED]	
2a. NAME (Type or Print) [REDACTED]		5. TYPED NAME OF INVESTIGATOR [REDACTED]	
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR HHC 4-64 AR, 4BCT, 3ID	

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 3881) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3881, NOV 89

EDITION OF NOV 84 IS OBSOLETE

USAPA 2.01

16756

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOP3

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 4-64 AR, Operation Office, [REDACTED], Iraq	2. DATE 23 JUL 2005	3. TIME 0147	4. FILE NO
5. NAME (Last, First, MI) [REDACTED]	6. ORGANIZATION OR ADDRESS Company 4-64 AR, 4BCT, 3ID FOB [REDACTED], Iraq APO, AB		
8. SSN [REDACTED]	7. GRADE/STATUS E-5 / 16T		

PART I - RIGHTS WAIVER/NO WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army HHC 4-64 AR 4BCT, 3ID conducting 15-6 investigation.

suspected/accused: shooting via [REDACTED] on or about 22251 JUL 05, resulting in 1xLN KIA, 2xLN WIA

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 of 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.

(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.

B. COMMENTS (Continue on reverse side)

Have you been advised of your rights within the last 6 months, required an attorney? ☒ No [REDACTED]

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]	
1a. NAME (Type or Print) [REDACTED] 331		5. SIGNATURE OF INVESTIGATOR [REDACTED]	
b. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR, 4BCT, 3ID		6. TYPED NAME OF INVESTIGATOR [REDACTED]	
2a. NAME (Type or Print) [REDACTED]		7. ORGANIZATION OF INVESTIGATOR HHC 4-64 AR, 4BCT, 3ID	
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 3881) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED.

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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 4-64 AR, Operation Office [REDACTED] Iraq	2. DATE 23 JUL 05	3. TIME 0145	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	6. ORGANIZATION OR ADDRESS Company 4-64 AR, 4BCT, 3ID FOB [REDACTED], Iraq APO, AE		
6. SSN [REDACTED]	7. GRADE/STATUS E-3/PR		

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, HHC 4-64 AR 4BCT, 3ID conducting 15-6 investigation and wanted to question me about the following offense(s) of which I am suspected/accused: shooting vic [REDACTED] on or about 222251 JUL 05, resulting in 1xLN KIA, 2xLN WIA.

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.
- If I am personnel subject of 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.

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For children 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)

Have you been advised of your rights within the last 6 months, required an attorney? Yes ☒ No ☐ [REDACTED]

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print) SSA [REDACTED]		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR, 4BCT, 3ID		5. TYPE NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR HHC 4-64 AR, 4BCT, 3ID
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 2623) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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 4-64 AR, Operation Office, [REDACTED], Iraq	2. DATE 23 JUL 05	3. TIME 01:41	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	6. ORGANIZATION OR ADDRESS Company 4-64 AR, 4BCT, 3ID		
9. SSN [REDACTED]	7. GRADE/STATUS E-4	8. POB [REDACTED], Iraq APO, AE	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me this habeas is with the United States Army HHC 4-64 AR 4BCT, 3ID conducting 15-6 investigation and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting via [REDACTED] on or about 222251 JUL 05, resulting in 1xLN KIA, 2xLN WIA

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.
- If 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)

Have you been advised of your rights within the last 6 months, required an attorney? Yes/No

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]	
1a. NAME (Type or Print) [REDACTED] 556	b. ORGANIZATION OR ADDRESS AND PHONE HHC 4-64 AR, 4BCT, 3ID	4. SIGNATURE OF INTERVIEWER [REDACTED]	
2a. NAME (Type or Print) [REDACTED]		5. TYPE NAME OF INVESTIGATOR [REDACTED]	
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR HHC 4-64 AR, 4BCT, 3ID	

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 2022) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

CIR

Line 1: Unit Reporting: C/4-64 AR

Line 2: Incident: Escalation of force resulting in local national injuries and death

Line 3: Date/time Group incident occurred: 222300July05

Line 4: Location of incident: [REDACTED]

Line 5: Personnel involved: Will be included in a follow-up report

Line 6: Summary of incident: A three-M1114 patrol from C/4-64 had just torn down a flash TCP on Bridge [REDACTED]. As the patrol began its movement from the bridge, two vehicles broke out of the pack of cars observing the 100m buffer and rapidly approached the patrol. Soldiers from the patrol tried to get the cars to stop and after attempting other methods, fired warning shots. One of the cars stopped, but the other continued to advance. A soldier fired rounds into the vehicle which resulted in the death of a 25 year old female (GSW to the throat), the wounding of an 18 year old female (GSW to the jaw) and the wounding of 60 year old male (GSW to shoulder). IPs at the scene transported the two WIA's to [REDACTED] Hospital. The TF Commander, LTC [REDACTED], appointed CPT [REDACTED] the investigating officer. CPT [REDACTED] is currently reviewing the facts surrounding the incident. LTC [REDACTED] has suspended all patrols until he has reviewed all current procedures and TTPs for patrols and escalation of force and TCPs with his company commanders. Said review is scheduled for 230730JUL05. This headquarters will provide updates as the facts become available.

Line 7: Damage to Government and/or civilian property: 1 LN KIA and 2 LN WIA

Line 8: Commander Reporting: [REDACTED], CPT, AR, Commanding

NSN #308029 UNIT: C CO 4-04 AP BN CONVOY COMMANDER: SSG [REDACTED] CONVOY DESTINATION: ORDER OF MARCH: CONVOY INTERVAL: 50 METERS CONVOY SPEED: DTG: INCIDENT LOCATION: SIZE: WEAPONS: BDA:	At approximately 2345, after clearing Bridge 204, intoxicated civilians, 12 soldiers and 1 interpreter from C CO 4-04 were in a three-vehicle (M1114) convoy heading west on Bridge 204. The distance between the military vehicles was 50 meters apart. There were approximately 50-75 vehicles behind the convoy, maintaining the 50-meter standoff and using all three lanes of the bridge. While the convoy was crossing the bridge, two 4-door sedans accelerated from the back of vehicles and went in front of the traffic, heading toward the convoy at a high rate of speed. One sedan was in the right-hand lane, traveling at approximately 55 MPH, and a dark blue, 4-door Mazda B25 sedan, license plate [REDACTED], was in the middle lane traveling at approximately 55 MPH. After using hand, arm, and light signals to stop the cars from getting closer, and when the vehicles were about 20-25 meters from the convoy, SGT [REDACTED], the gunner in the rear vehicle, fired three initial warning rounds from his M4. One round hit the ground and the other two hit the front right light of the Mazda. The sedan in the right lane headed the warning rounds, but in
ACTIVITY: DENSITY OF LOCAL POPULATION: Approximately 50-75 vehicles on bridge ACTIVITIES: 1x vehicle driving too close to convoy BDA: 2x IN WIA, 1x IN KIA ACTIONS UPON CONTACT: Engaged car with SRF	
RDS FIRED: BDA: N/A EQUIPMENT CONDITION: No damage to equipment LESSONS:	

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 2851; E.O. 9297 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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
2. DATE (YYYYMMDD) 2005 07 23
3. TIME 0037
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS E6
8. ORGANIZATION OR ADDRESS
Cco 9/64 AR BN

9. I, SSS, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Approximately 2230 we were the lead vehicle on Bridge-
clearing vehicles parked on the bridge. The local people
park on the bridge regularly and drink alcohol, socialize,
look and take pictures of . It is a
normal routine on patrols to clear vehicles. we clear
the vehicles by pulling up behind them, getting out
of the hummer and telling them they are not allowed
to park on the bridge. We cleared about 5 vehicles
when we were done with the last one we
proceeded to move out to Rt. when we got
a call on the radio to go back to the rear vehicle
that they needed an interpreter "real bad." When we
arrived at the rear two vehicles and got out I was
told that someone in the Mazda 626 was shot. When I
walked up to the vehicle I noticed there was two holes
in the front windshield. There were people screaming and
the medic, SPC was treating a female that was shot
in the face. There was what appeared to be a dead woman

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
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

SWORN STATEMENT

For use of this form, see AR 180-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 201; Title 5 USC Section 2951; E.O. 8387 dated November 22, 1943 /SSN/.

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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: _____ 2. DATE (YYYYMMDD): 24 July 2005 3. TIME: 1930 4. FILE NUMBER: _____

5. LAST NAME, FIRST NAME, MIDDLE NAME: _____ 6. SSN: _____ 7. GRADE/STATUS: _____

8. ORGANIZATION OF SERVICE: _____

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

في الساعة الحادية عشر تقريبا على طريق كادريخ كانا هناك
 نزل احدى كتيبي ثلاث سيارات رعدية كان يسير امامنا
 وقد كانت اسير خلفه للرتل الا حركتي وكان يفري مدر
 نة اسيارة وان احدى السيارات قد تمها وزعتي رعدية
 سيارة اخرى واقتربت من الرتل الا حركتي ولا كان لي
 ساعة فدرجتي مبرأ نندمهم الرمي وان كانت انش رعي اقل
 وكان سيارة نوعي كولت سداد بلقون في السيارة المكشاة
 بالعداء ابي يفري اسير مباشرة واننا قلنهم
 دندما سمعت اول اطلاق قد توقفت مباشرة وانزلت
 رأسي في دواسة دبابة وسمعت اطلاق نار مرة اخرى

10. EXHIBIT

11. INITIALS 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.

Translation of Mr. [REDACTED] Statement

In the night around 10 pm I think it happened. It is very close to the [REDACTED] city. There was about three HMMWV's (American) that have mission or something like that. And some person he drive in front of me and the HMMWV in front of him they move and he move with the HMMWV and I stopped when I saw the HMMWV in front my car. They try to stop the car and he would not stop and the soldier tried to shot up to stop him and he would not stop. When all this happen I was keeping my head down in my car and I hear another shot. I don't see what happened I saw the person killed.

Translation by

[REDACTED]

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 PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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	2. DATE (MM/DD/YY) 2005 07 23	3. TIME 0115	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS SSG/E6	

8. ORGANIZATION OR ADDRESS
Co 464 TF 4th UA 31D

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

On the evening of 22 July 2005 at about 2245 our patrol was heading westbound on bridge [REDACTED] clearing it of people hanging out. All of the sudden my gunner shouted Stop loudly then proceeded to fire a warning shot. He fired a second ~~the~~ warning shot. Then Sgt [REDACTED] fired 3 more shots. I told the patrol to stop so as to ask the occupants why they failed to stop. Myself and PFC [REDACTED] the patrol medic heard screaming and crying from the car. I then shined my light into the car only to find people seriously wounded. PFC [REDACTED] started to initiate first aid while I flagged down IRAQI Police. The IRAQI Police then transported the wounded to the hospital.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 1 OF 1 PAGES

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

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

SWORN STATEMENT

For use of this form, see AR 130-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 27, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS	C-5 / Team leader		
Ccc 4/64			

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

At about 2200 my section and I left the FOB on a patrol of our sector. I was in the turret, SP4 [REDACTED] was driving, SP4 [REDACTED] was in the back behind [REDACTED] (HETC) and PW2 [REDACTED] was behind the driver, it was already dark when we left the FOB, we proceeded to clear part of route [REDACTED]. Then we proceeded to clear bridge [REDACTED], we entered the East side of the bridge heading west, I was in the lead vehicle in our convoy, about 1/4 of the way over the bridge SP4 [REDACTED] (he was inside) had slowed down to shine a light at cars stopped on the right hand side of the bridge, in order to get them moving off the bridge. At that time a large group of cars (Iraqi) were stopped about 75-100m behind our convoy, this was about 2230, we were stopped for [REDACTED] about 45 seconds, the cars moved off the bridge and we proceeded on. Myself still the rear vehicle, we got about 1/2 way over the bridge when the lead car on the middle lane broke away from the main pack of vehicles at a high rate of speed, then the car in the far left lane followed that car, I could see that the car in the middle was heading toward us at a high rate of speed so I held my arm out high with my finger all touching (this is how they recognize stop) at this time I was also yelling at the top of my lungs "STOP!!!". I did this 3 or 4 times, the car didn't slow down, at this time the lead car was about 25-30m away and moving fast he had left the other cars far behind. At this time I normally would have used a high powered light to shine on the windshield of the car, but I did not have one in my vehicle. At this time I had nothing to throw at the vehicle either.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 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.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF [REDACTED]

TAKEN AT [REDACTED]

DATED 2015 OCT 22 1400

9. STATEMENT (CONTINUED)

The car stopped, and it started to say "T.C.L." to stop the truck because I had forced them into a vehicle; our truck stopped and say [REDACTED] and the media SP. [REDACTED] went to cover the situation while I monitored the rec.

In conclusion to my statement I am upset about the two girls, as I believe I feel I was justified in the actions I took. At the time I was pointing the vehicle was a VBIED or it meant to do us harm, I feel I took all measures and necessary procedure to avoid what happened tonight. I believe any good soldier/NIJ would have done the same thing; I did what I was trained to do, and nothing more.

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 201; Title 5 USC Section 2951; E.O. 9897 dated November 22, 1993 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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
2. DATE (YYYYMMDD) 20050723
3. TIME 0435
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS E-4
8. ORGANIZATION OR ADDRESS C Co. / 1F 4-64 AIR

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

On the evening of 22 JUL 2005, while patrolling on Bridge [REDACTED] at approximately 2230 hrs I was sitting in the rear HUMV. When I hear SGT [REDACTED] yell "stop" towards following traffic. He yelled it a couple more times then fired a warning shot. I then heard 3 more shots fired. When the vehicle stopped, I dismounted with SSG [REDACTED] to investigate the vehicle. Upon reaching the vehicle, I could hear screams & cries from inside. The car was full of people and I could see an female, approximately 16 to 18 yrs old, with her jaw bone shattered. I could make out her tongue, and despite a lot of bleeding, determined that her airway was clear. The interpreter arrived soon after and I asked him to tell her to raise her arm if she was breathing alright, which she did. I applied an Israeli dressing around her jaw area & treated a gunshot wound on her right bicep by applying a field dressing. The female was taken by the police and I started treating the driver, a male in his late 50's to mid sixties. He had a gunshot wound to the right shoulder. I exposed the wound & and examined for an exit wound, which I didn't see. I treated that with an Israeli dressing, then went to examine a female lying in the backseat of the car. She had a gunshot wound centered immediately below the neck. I checked for a pulse at the jugular vein, and found no pulse. I put my hand near the nose and mouth to feel for signs of breath and found none. I then used my flashlight to check her eyes for pupil dilation and found none. I determined that the female had died of wounds. I collected my things then took them back to the HUMV. From there I took photos of the car as ordered by SSG [REDACTED]. I waited with the other soldiers until our CO, CPT [REDACTED] arrived. From there we returned to Fort [REDACTED].

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 1 PAGES

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

THE BOTTOM OF EACH PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE RE-INITIALIZED

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 2851; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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
2. DATE 10050722
3. TIME 0038
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
PV2
6. SSN
7. GRADE/STATUS
E2/PV2
8. ORGANIZATION OR ADDRESS
Cco Test Force 4-64

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

That at approximately 21:05 on 22 July 2005 we were on a patrol and the following actions took place. We were driving our normal route and then we hit bridge. I was in the back then I got out of the 3 vehicular convoy. SFC [REDACTED] was driving, I was sitting behind him, SFC [REDACTED] was the TC, the medic (SFC [REDACTED]) was behind SFC [REDACTED] and Sgt [REDACTED] was in the turret on the gun. I heard Sgt [REDACTED] yell "stop" and then heard 1 warning shot. Sgt [REDACTED] yelled "stop" again, then fired 2 more warning shots, following that I heard 3 shots and then Sgt [REDACTED] said "he got right on our ass hole," so the convoy stopped. SFC [REDACTED] took a precautionary approach to the car. Approximately 7 people were in the car. There was a male driver in his mid 50's to early 60's, an old lady sitting in the passenger seat, an older lady sitting in the back seat along with that last 4 other girls. When I approached I saw a girl between 15-20 who got shot in the face. The medic told me to get his bag so I ran to our humvee and got the medic's bag. He then treated the girl who had been shot near the head area on his right arm. A Remington went by and then we noticed a female in her mid-20's lying in the backseat who had been shot in the neck and was already dead. So he might have been pregnant, not positive but it looked like it. We proceeded to stop traffic until the IP's came and took the family to the hospital except for the dead girl in the back seat. We proceeded to stop traffic until all the precautionary actions were taken. When I looked later there were 2 bullet holes in the windshield. I in the right front headlight and another on the roof toward the front of the vehicle in the middle. Sgt [REDACTED] said the vehicle not stopping into effect that it could have been a UBLED and made his actions based on that. He gave them 2 verbal warnings and 2 warnings with rounds being used.

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
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

SWORN STATEMENT

For use of this form, see AR 190-46; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2651; E.O. 9897 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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	2. DATE (YYYYMMDD) 2005/07/23	3. TIME 0:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E4	
8. ORGANIZATION OR ADDRESS CCO 4-64			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 We (4th platoon Coo) were on a patrol in our sector on 23 July 05. The patrol SP time was 2200. We left the [REDACTED] from [REDACTED] continued on Rt [REDACTED]. Cleared our section of Rt [REDACTED], turned onto Rt [REDACTED] and cleared one side of bridge [REDACTED] on our way back across bridge [REDACTED] approximately 2230. We stopped to clear the side of the road of all parked cars because [REDACTED] is right there. I was in the lead vehicle so once the patrol cars moved, I began to continue down Rt. [REDACTED]. I was about 100 meters down the road from where we had stopped when PFC [REDACTED], who was monitoring the radio said to stop. He then told me that we needed to head back because [REDACTED], who was the last vehicle, [REDACTED] said he needed the interpreter. I turned around and went back to where [REDACTED] was. Once I stopped he were told a gun had been shot, [REDACTED] went to assist, I stayed with the vehicle with PFC [REDACTED]? PFC [REDACTED] to maintain security.

10. EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT _____ DATED _____		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED: [REDACTED]		

SWORN STATEMENT

For use of this form, see AF 190-49; 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 PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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-2 Box 4-54 AB	2. DATE (YYYYMMDD) 2005-07-22	3. TIME 00:45:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS PFC/E-3	
8. ORGANIZATION OR ADDRESS C-2 Box 4-54 AB			

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

On or around 2330 on July 22 we were Route [REDACTED]
 when we received a call on the radio when we were
 about to move out. We were stopped getting cars off
 the bridge. We were about to move when [REDACTED]
 one told us to stop our move. Cause there was
 an incident. He had stated they needed an interpreter.
 Then we stopped I got out of the truck to see what
 was going on. I moved to the location. I then witnessed
 a female on the ground bleeding, which one inches was
 [REDACTED] to her side. Then I walked back to our
 truck to [REDACTED] my crew and [REDACTED] when I stayed
 at [REDACTED] truck

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE READING: 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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY:

Title 10 USC Section 201; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSA).

PRINCIPAL PURPOSE:

To provide commanders and law enforcement officials with means by which information may be accurately

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

2. DATE (YYYYMMDD)

2005 07 23

3. TIME

0036

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

E-5

8. ORGANIZATION OR ADDRESS

600 464 AR

9.

I, [REDACTED]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

A T around 2230 we were on bridge clearing cars off of it as we were leaving my gunner stopped us and said that the other Hummer was not coming. So we stopped and backed up to the rear Hummer. I got out and asked what was wrong then I heard a woman screaming behind us I looked back and saw a woman on the ground. I saw Wreck the medic go running over there, so I ran over with him and he started treating the woman who had been shot in the chin. I then ask SS6 [REDACTED] were the shots came from and he told me that the car had ran up on them after warning shot was fired. So I started securing the area the medic was working at. After Wreck finish taking care of the woman who had got shot in the chin, he start treating the driver of the car who had got shot in the shoulder. As [REDACTED] was treating the driver I looked in the back saw a woman laying in the back seat I knew she was hurt so I told the medic that there was a woman seriously hurt in the back seat. So after he treated the driver he came over to the back seat checked her pulse that is when I saw she was shot in the throat and Wreck said she was dead. That is when SS6 [REDACTED] came and told SS6 [REDACTED] to go get on the radio we finish securing the area as [REDACTED] finish treating the people and we sent them with the IP's to the hospital.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

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.

SWORN STATEMENT

For use of this form, see AR 190-46; 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 (SSA).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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 4-64 AR BN	2. DATE 26 JUL 2005	3. TIME 10045	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS S12/18-2	
8. ORGANIZATION OR ADDRESS C 4-64 AR BN			

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

On 22 July 2005 at approximately 1045, we were on Bridge [REDACTED] doing a patrol. I was the driver of the [REDACTED] vehicle. I had glanced back at the rear [REDACTED] vehicle and saw that the cars were in a good tolerable distance. I continue to scan my sector of fire and about 2 mins later I heard a shot. I quickly looked to the rear and then 2 more shots was fired. The car then was at a dead stop about 75 [REDACTED] meter behind the vehicle. People got out the car screaming and yelling and I was like Oh my God!

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING: STATEMENT _____ TAKEN AT _____ DATED _____		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.		

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. 12957 dated November 22, 1993 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately and routinely used.
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	2. DATE (YYYYMMDD) 20050723	3. TIME 0115	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-3/PL	
8. ORGANIZATION OR ADDRESS Co 4161 316 108 [REDACTED]			

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

At Approx. 2230 I was riding in Land vehicle of a patrol company that my platoon was conducting. I was the operator of the Ford F-150 vehicle. Approx. 2230 we were clearing bridge and upon monitoring the net I was told to inform my TO (SSG [REDACTED]) to stop our vehicle while [REDACTED] truck stopped to investigate a car that they had fired warning shots at. The next transmission over the net was for no reason for me to be around ASAF to bring the Enterprise to their location. They had actually informed us that a female civilian was wounded in the face. From there we hurried back to their location and sent the info. Over our vehicle was parked at that time. Approx 100 meters from [REDACTED] vehicle and Approx 125 meters from the civilian's vehicle. Throughout the whole time from there I assisted in cordoning off the area. I did not hear or see the shots that were fired at the vehicle.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	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.		