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 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
FOB [redacted]	03NOV2005	2030	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	E-3

8. ORGANIZATION OR ADDRESS
L TRP 3/3 ACR

9.

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

I was in a [redacted] position with SSG [redacted], SPC [redacted], and PFC [redacted] observing MSR [redacted]. SSG [redacted] and I were located on the back side of the [redacted] position when we heard a gunshot and a car engine accelerating, at time about 1300. SSG [redacted] told me to call up QRF and get their assistance immediately, and he went up to check out the situation. I was the R.T.O and stayed back in my position on the radio. QRF arrived shortly and took over all the radio transmissions. I had no visual on the situation due to bushes blocking my view. SSG [redacted] came back and told me to grab all my gear and we are going to [redacted] to wait for pick up.

Nothing Follows

10. EXHIBIT D

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 BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.00

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

Nothing Follows

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

_____

_____

ORGANIZATION OR ADDRESS

_____

_____

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30 day of November 2005

at FOB [redacted], AZ

[redacted]
(Signature of Person Administering Oath)

[redacted] CPT
(Typed Name of Person Administering Oath)

UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

AUTHORITY:	Title 10 USC Section 301; Title USC Section 2951; E.O. dated November 22, 1943 (SSN)
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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
FOB [redacted], Iraq	20051103	2035	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	O3/AD

8. ORGANIZATION OR ADDRESS

HHB 3/3 ACR FOB [redacted] IRAQ APO AE [redacted]

9.

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 31 OCT 05

I was tasked in a weekly FRAGO to attach my 2 [redacted] qualified personnel to L Troop, 3/3 ACR NLT 011900 NOV 05. Those personnel are SPC [redacted] and PFC [redacted]. L Troop was going to conduct counter IED operations along MSR [redacted] between [redacted] and [redacted] and needed SPC [redacted] and [redacted] PFC [redacted] to augment their own [redacted] due to the number of ambush positions they were using. SPC [redacted] and PFC [redacted] reported to and coordinated w/ the L Troop commander, CPT [redacted] on the evening of 31 OCT 05. They conducted a recon of the proposed positions w/ L Troop on 1 NOV. On 2 NOV they attended an operations order given by CPT [redacted]. Following the order SPC [redacted] and PFC [redacted] went w/ 2nd Platoon/[redacted] out on a patrol of ASR [redacted] so they could zero and test fire their weapons, M24 rifles. On 3 NOV in the morning they were emplaced by L Troop in positions

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	7. GRADE/STATUS
P	[redacted]	O3 AD

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

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

030730NOV05-[redacted] TEAM 4 ([redacted]) OBSERVED 3 BLACK DAEWOO PRINCE VEHICLES AND 1 RED OPEL APPROACH FROM THE WEST ALONG [redacted] ROAD (THE 50 NORTHING). THE FOUR VEHICLES CROSSED ONTO [redacted] AND SET A BLOCKING POSITION. TWELVE INDIVIDUALS DISMOUNTED FROM THE VEHICLES; TWO INDIVIDUALS WERE DRESSED IN IA UNIFORMS AND 10 WERE DRESSED IN BLACK. THEY WERE CARRYING AK-47s AND RPGs. THEY UNLOADED AN IED AND BEGAN EMPLACING IT ON THE MSR. [redacted] TEAM 4 ENGAGED THE NEAREST VEHICLE AND KILLED THE DRIVER. THE TEAM THEN ENGAGED THE AIF WITH M240B AND M249 KILLING FOUR AND WOUNDING THREE. THE AIF RETURNED FIRE, LOADED THE IED AND THE BODIES INTO THE VEHICLE AND SPED OFF. TWO VEHICLES SPED OFF TO THE NORTH, ONE SPED SOUTH AND ONE WENT EAST. 3/3 ACR ESTABLISHED A TCP ON RTE [redacted] IN THE NORTHBOUD LANE AND CONTACTED 2/11 ACR WHO ESTABLISHED A TCP AT [redacted] FOR SOUTHBOUND TRAFFIC. 2/11 ACR SENT ATTACK AVIATION TO CONDUCT AERIAL RECON VIC [redacted] THE ATK AV WAS UNABLE TO ID THE 4 VEHICLES. THE VEHICLE THAT EGRESSED SOUTH WAS LATER FOUND ABANDONED BY 2/11 CAV.

Respectfully,
CPT [redacted]
CPT [redacted]
Battle CPT 3/3 ACR

VOIP: [redacted]
DNVT: [redacted]

EXHIBIT R

STATEMENT OF CPT [redacted] TAKEN AT [redacted] DATED 3 NOV 05

STATEMENT (Continued)

along MSR [redacted]. I was informed of the shooting in question at approximately 1650 by CPT [redacted]. HTC [redacted] talked to CPT [redacted] and I about the shooting at approximately 1920 in his office. I later began talking to PFC [redacted] at approximately 2020 about the incident. ~~PFC~~ PFC [redacted] and I were called to the Sqdn TOC at approximately 2025 to talk w/ CPT [redacted], the investigating officer. PFC [redacted] graduated from an Army [redacted] School in early April 2005 and joined the unit in May 2005 in Iraq. PFC [redacted] has operated w/ the the battery on numerous patrols and QRF missions. He has also taken part in [redacted] operations when the Squadron consolidated the [redacted] at their level for operations. PFC [redacted] was present for the ROE briefing by CPT [redacted]. He also received training in laws of war at home station and in Iraq. An ROE brief is part of every patrol brief as SOP in [redacted]

AFFIDAVIT

I, [redacted], 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 WITH COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of November 2005 at FOB [redacted], IZ

ORGANIZATION OR ADDRESS

[redacted]
(Signature of Person Administering Oath)

CPT [redacted]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

UCMJ
(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM 2823, DEC 1988

USAPA V1.00

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

TY: Title 10, United States Code, Section 3012(g)
PAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
OUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
ISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION: FOB [redacted], Iraq	2. DATE: 20050103	3. TIME: 2000	4. FILE NO.
NAME (Last, First, MI): [redacted]	6. ORGANIZATION OR ADDRESS: HHB 3/3 ACR FOB [redacted] Iraq, APO AE[redacted]		
SSN: [redacted]	7. GRADE/STATUS: SPC/E-4		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that I [illegible] is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: _____

[illegible] 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. [redacted]

Anything I say or do can be used as evidence against me in a criminal trial. [redacted]

(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. [redacted]

-or-

(For civilians 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. [redacted]

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
a. NAME *(Type or Print)*	[redacted]
ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
b. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted] CPT
ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR

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

DA FORM 3881, NOV 89 — EDITION OF NOV 84 IS OBSOLETE — USAPA V2.01

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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: FOB [redacted]	2. DATE: 2005 1103	3. TIME: 2359	4. FILE NO.
5. NAME (Last, First, MI): [redacted]	6. ORGANIZATION OR ADDRESS: L-TRP 3/3 ACR		
8. SSN: [redacted]	7. GRADE/STATUS: E-5		

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

Before he/she asked me any questions about the offense(s) involved, 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. [redacted]
2. Anything I say or do can be used as evidence against me in a criminal trial. [redacted]
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. [redacted]

   (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. [redacted]

6. 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)*	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted] CPT
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR

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

DA FORM 3881, NOV 89 — EDITION OF NOV 84 IS OBSOLETE — USAPA V1.01

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

TY:	Title 10, United States Code, Section 301 3(g)
'AL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately identified.
UTINE USES:	Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
ISCLOSURE:	Disclosure of your Social Security Number is voluntary.

LOCATION: FOB [redacted]	2. DATE: 03NOV05	3. TIME: 2000	4. FILE NO.
1. NAME (Last, First, MI): [redacted]	8. ORGANIZATION OR ADDRESS: L TRP 3/3 ACR		
6. SSN: [redacted]	7. GRADE/STATUS: E-6/AD		

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

_____ and wanted to question me about the following offense(s) of which I am

suspected/accused: _____

[redacted] he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

[redacted] I do not have to answer any question or say anything.

[redacted] Anything I say or do can be used as evidence against me in a criminal trial.

For persons 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.

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.

COMMENTS *(Continue on reverse side)*

Section B. Waiver

I understood 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
a. NAME *(Type or Print)*	[redacted]
ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
b. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted], CPT
ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR

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

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

ITY:	Title 10, United States Code, Section 3012(g)
PAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately identified.
OUTINE 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: FOB [redacted]	2. DATE: 03 Nov 05	3. TIME: 2000	4. FILE NO.
5. NAME (Last, First, MI): [redacted]	6. ORGANIZATION OR ADDRESS: L Trp 3/3 ACR		
7. SSN: [redacted]	8. GRADE/STATUS: E-3		

PART I - RIGHTS WARNING/WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army

_____ and wanted to question me about the following offense(s) of which I am

suspected/accused: _____

Before he/she asked me any questions about the offense(s), he/she made it clear to me that I have the following rights:

1. I do not have to answer any questions 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.

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.

7. 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. [redacted]
a. NAME *(Type or Print)*	4. SIGNATURE OF INVESTIGATOR [redacted]
ORGANIZATION OR ADDRESS AND PHONE	5. TYPED NAME OF INVESTIGATOR [redacted], CPT
b. NAME *(Type or Print)*	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR
ORGANIZATION OR ADDRESS AND PHONE	

Section C. Non-waiver

I. 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

DA FORM 3881, NOV 88 – EDITION OF NOV 84 IS OBSOLETE USAPA V2.01

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

TY:	Title 10, United States Code, Section 301 [2g]
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 FOB [redacted]	2. DATE 03 NOV 2005	3. TIME 0000	4. FILE NO.
5. NAME (Last, First, MI) [redacted]	8. ORGANIZATION OR ADDRESS CTRP S/3 ACR		
6. SSN [redacted]	7. GRADE/STATUS E-5		

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

_____ and wanted to question me about the following offense(s) of which I am

suspected/accused: _____

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 questions or say anything. [redacted]
2. Anything I say or do can be used as evidence against me in a criminal trial. [redacted]
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. [redacted]

-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. [redacted]

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. [redacted]

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)*	
1a. NAME *(Type or Print)*	3. SIGNATURE OF INTERVIEWEE [redacted]
2. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
3a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted], CPT
3. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR

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

SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT *(DA FORM 2823)* SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

ITY: Title 10, United States Code, Section 301 Zgi
AL 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: FOB [redacted]	2. DATE: 03 NOV 05	3. TIME: 2200	4. FILE NO.
5. NAME (Last, First, MI): [redacted]	8. ORGANIZATION OR ADDRESS: L - Trans 315 MP		
6. SSN: [redacted]	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 [redacted] and wanted to question me about the following offense(s) of which I am suspected/accused: [redacted]

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 questions or say anything. [redacted]
2. Anything I say or do can be used as evidence against me in a criminal trial. [redacted]
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. [redacted]

(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. [redacted]

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. [redacted]

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)*	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted] CPT
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHT, 3/3 ACR

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

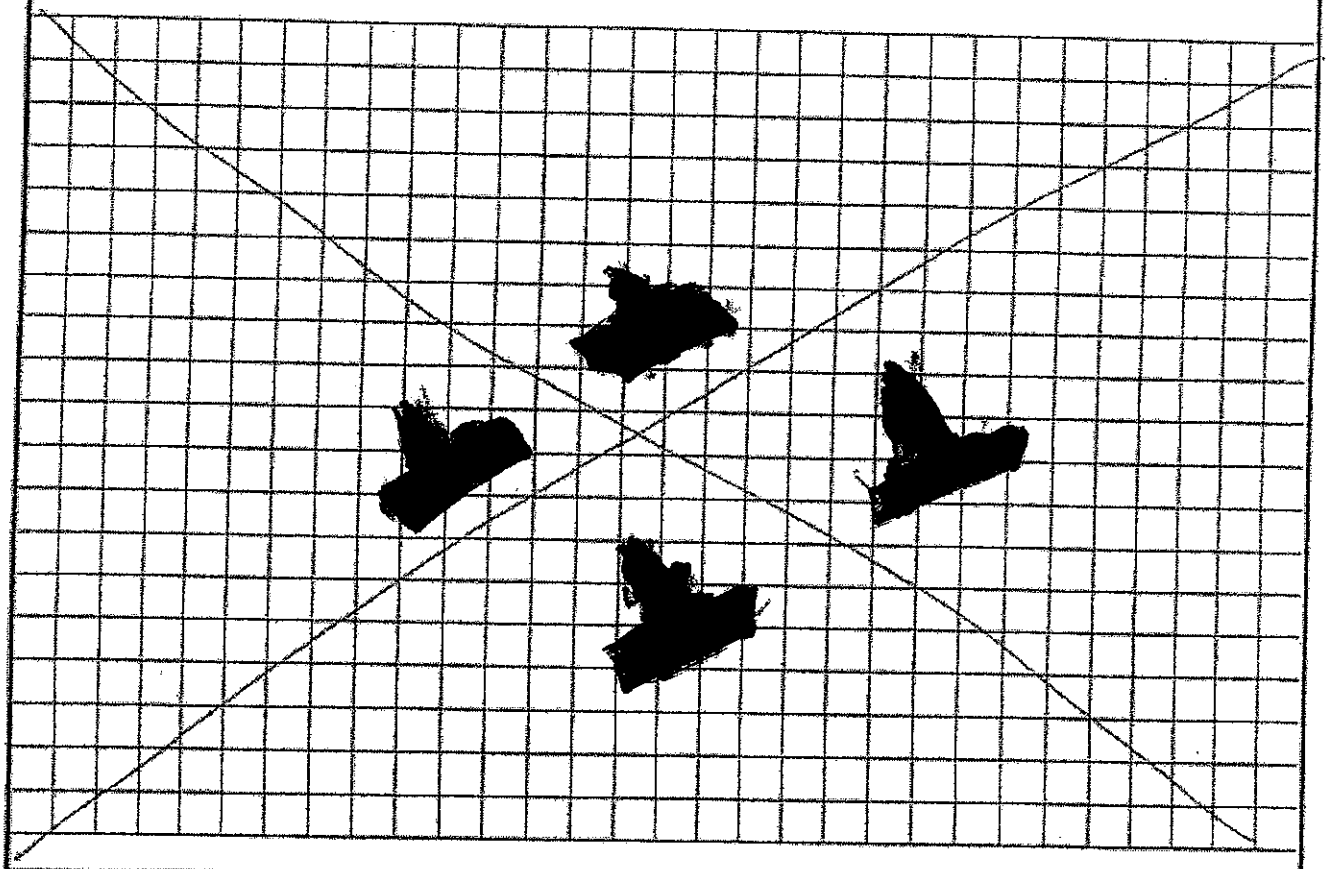
SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT *(DA FORM 2823)* SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

EXHIBIT T

STATEMENT OF [redacted] TAKEN AT FOB [redacted] DATED 03 NOV 05

9. STATEMENT (Continued)



AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE , AND ENDS ON THE LAST PAGE. I FULLY UNDERSTAND THE CONTENTSOF 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 BENEFIR OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITH COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of NOV 05

at FOB FALCON, IZ

[redacted]
ORGANIZATION OR ADDRESS (Person Administering Oath)

CPT [redacted]
(Person Administering Oath)

MAJ
ORGANIZATION OR ADDRESS (Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT [redacted]

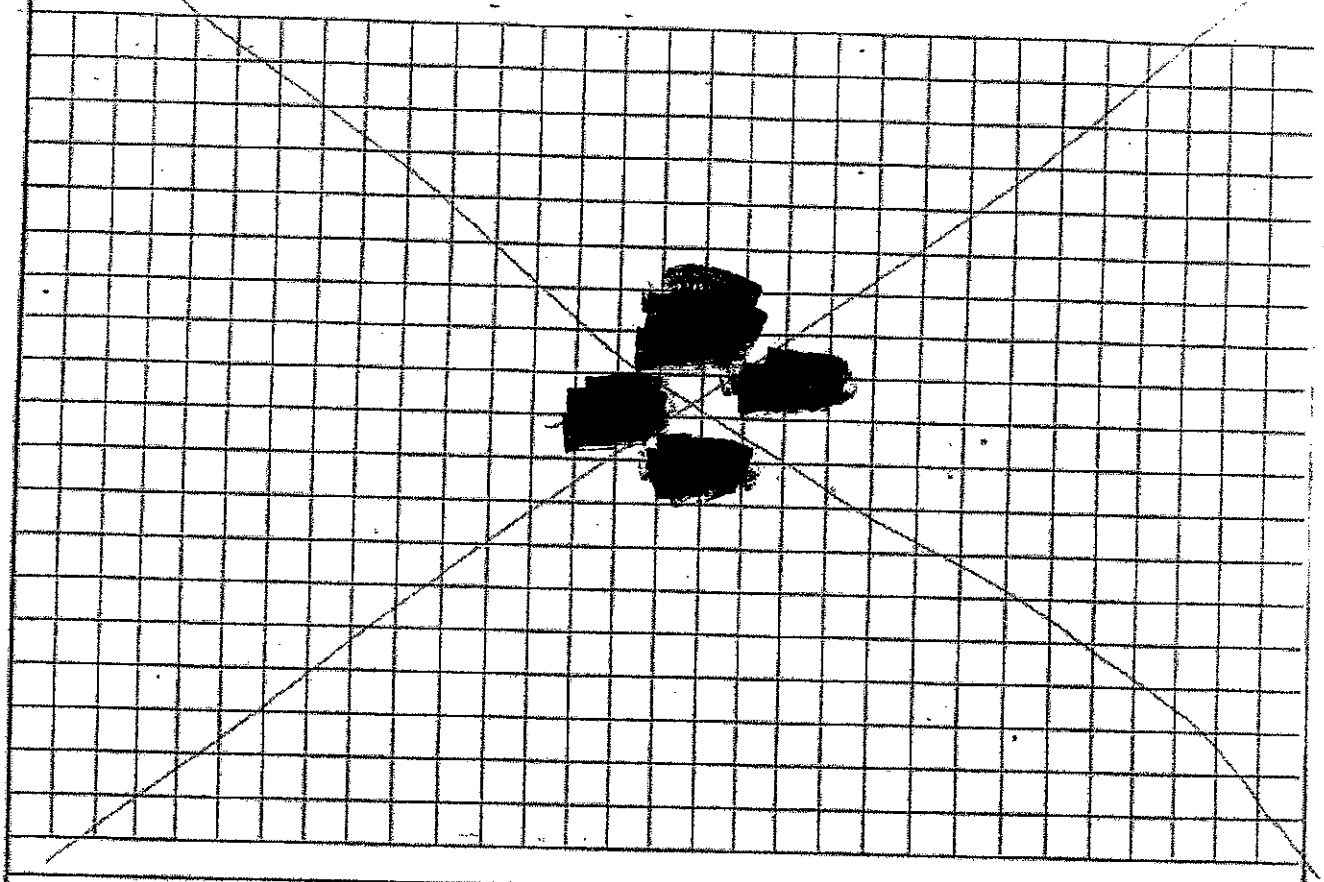
PAGE 1 OF 1 PAGES

PAGE 3, DA FORM 2823, DEC 1988

USAPA V1.00

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)



AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE , AND ENDS [redacted]. I FULLY UNDERSTAND THE CONTENTSOF 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 WITH COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

_____

_____

_____
ORGANIZATION OR ADDRESS

_____

_____

_____
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of NOVEMBER, 2005
at FOB GATECON, I7

[redacted]
(Typed Name of Person Administering Oath)

CPT [redacted]
(Typed Name of Person Administering Oath)

UCMJ
(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

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