RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE
For use of this form, see AR 190-30; the proposing agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORIZED
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.

<table>
<thead>
<tr>
<th>1. LOCATION</th>
<th>2. DATE</th>
<th>3. TIME</th>
<th>4. FILE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-171 CP</td>
<td>13 OCT 05</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. NAME</th>
<th>6. SE</th>
<th>7. GRADE/STATUS</th>
<th>8. ORGANIZATION OR ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PART I - RIGHTS WAIVER/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, KP 4-6 and wanted to question me about the following offense(s) of which I am suspected/austed:

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 my expense to the Government or a military lawyer detailed for me at my 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.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS: (Continue on reverse side)

Section B. Waiver

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

WITNESSES (If available)

<table>
<thead>
<tr>
<th>3. NAME (Type or Print)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>4. ORGANIZATION OR ADDRESS AND PHONE</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>6. ORGANIZATION OF INVESTIGATOR</th>
</tr>
</thead>
</table>

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 SWEARN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3881, NOV 98
EDITION OF NOV 94 IS OBSOLETE

LRAPPC V1.00

12027
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Were you aware that friendly forces were in the [ ] and therefore believed those friendly forces had positively identified the enemy?  
   Yes [ ]

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

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

4. What was the distance between your vehicle and the suspected enemy vehicle?  
   75 M [ ]

5. In respect to time, how long after you turned the corner onto [ ] did you realize that the [ ] was in contact?  
   INSIGNIFICANT [ ]

Nothing follows.

DA FORM 2823, JUL 72  SUPERSEDES DA FORM 2823, 1 JAN 56, WHICH WILL BE USED.
## RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

**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

| LOCATION | 1 7 | P |

### 2. DATE

| DATE | 12 06 05 |

### 3. TIME

| TIME |

### 4. FILE NO.

| FILE NO. |

### 5. N

| N | (h)(6) |

### 6. R

| R | 5 |

### 7. GRADE/STATUS

| GRADE/STATUS | 1 7 |

### 8. ORGANIZATION OR ADDRESS

| ORGANIZATION OR ADDRESS | (h)(6) |

### 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, July 20-2015**, he/she wanted to question me about the following offense(s) of which I am suspected/accused:

*Investigating offense—CIVILIAN FILED ON THE FORM 217*

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

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. __-or-__

   (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

### 5. COMMENTS (Continue on reverse side)

**Section B. Waiver**

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

**WITNESSES (If available)**

1a. NAME (Type or Print) ____________

1b. ORGANIZATION OR ADDRESS AND PHONE ____________

2a. NAME (Type or Print) ____________

2b. ORGANIZATION OR ADDRESS AND PHONE ____________

### Section C. Non-waiver

1. I do not want to give up my rights
   - [ ] I want a lawyer
   - [ ] I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

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

**DA FORM 3881, NOV 89**

Edition of Nov 84 is OBSOLETE

USAPP'd V1.09

12032
At approximately 1900 hours my patrol turned off route (01) on to (01). At that time I heard shots fired and heard over the radio that (01) was being engaged. I saw a vehicle moving slowly in front of the (01). My vehicle stopped and then I saw flashes coming from the car as I dismounted. I then engaged the driver and front passenger with my M-16 until the vehicle came to a stop. After that I ordered the gunner on my truck, SPC (01), to cease fire.
SWORN STATEMENT

LOCATION DATE
(17) OCT 81
TIME
0730
FILE NUMBER
5 1 7 1 / E S

LAST NAME/FIRST NAME/MIDDLE NAME SOCIAL SECURITY NUMBER GRADE/STATUS
(196) (106) SET / 7 1

ORGANIZATION OF
(17) 1 (106)

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

1. Were you aware that friendly forces were in the ______ and therefore believed those friendly forces had positively identified the enemy? 
   YES [red]

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

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

4. What was the distance between your vehicles and the suspected enemy vehicle? 
   100m [red]

5. In respect to time, how long after you turned the corner onto ______ did you realize that the ______ was in contact? 
   30 sec. [red]

Nothing follows

EXHIBIT INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF ___ PAGES
E 4 (106)

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _______ TAKEN AT ______ DATED ______ CONTINUED."

DA FORM 2823; JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

12035
**RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE**

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

**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.

<table>
<thead>
<tr>
<th>1. LOCATION</th>
<th>2. DATE</th>
<th>2. TIME</th>
<th>4. FILE NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>C 131 CP</td>
<td>13 OCT 05</td>
<td>D830</td>
<td></td>
</tr>
</tbody>
</table>

**6. NAME (Last, First, MI) (Optional):**

| 7. GRADE/STATUS |
|-----------------|---|
| L-71 CNV,       | (O1) |

**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]

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 personal subject to the UMIS] 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 UMIS] I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

**5. COMMENTS (Continue on reverse side)**

**Section B: Waiver**

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

**WITNESSES (If available):**

<table>
<thead>
<tr>
<th>1a. NAME (Type or Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1b. ORGANIZATION OR ADDRESS AND PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2a. NAME (Type or Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2b. ORGANIZATION OR ADDRESS AND PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>6. ORGANIZATION OF INVESTIGATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**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

USAPPC V1.00

12037
SWORN STATEMENT

1. LOCATION: Vicinity (01)

2. DATE (YYYY/MM/DD): 2005/10/11

3. TIME: 1900 Local

4. FILE NUMBER:

5. LAST NAME, FIRST NAME, MIDDLE NAME: (06)

6. SSN: (06)

7. GRADE/STATUS: E-4/ ACTIVE

8. ORGANIZATION OR ADDRESS: CTRP L-71 CAV (06)

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900 hours on 10/11/2005, at the house of (06), I heard shots fired to the front of the house. At that time I saw muzzle flashes coming from the house. A car to our front with its lights off was slowly driving by the house. I saw flashes coming from the car and the house being engaged. I engaged the vehicle with my 249 until it came to a stop and I received a cease fire.

NOTHING FOLLOWS.

10. EXHIBIT: 

11. INITIALS OF PERSON MAKING STATEMENT:

ADDITIONAL PAGES MUST CONTAIN THE HEADING ‘STATEMENT TAKEN AT____ DATED____’.

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998