I, [Name], a US Army soldier, 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? [ ]

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

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

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

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

Nothing follows.

EXHIBIT [ ]
INITIALS [ ]
MAKING STATEMENT [ ]

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF __________ TAKEN AT ________ DATED ________ CONTINUED."

DA FORM 2823, JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 66, WHICH WILL BE USED.
RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE
For use of this form, see AR 190-23; 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
2. DATE
3. TIME
4. FILE NO.
   13 OCT 05
   000

5. GRADE/STATUS
6. OCMU

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 question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. 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 own expense 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 (Cont. 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)
2a. NAME (Type or Print)

ORGANIZATION OR ADDRESS AND PHONE

1b. ORGANIZATION OR ADDRESS AND PHONE
2b. ORGANIZATION OR ADDRESS AND PHONE

ORGANIZATION-OF-INVESTIGATOR

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

USASRC V1.00

12042
**SWORN STATEMENT**

For use of this form, see AR 190-45; the proper 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.

<table>
<thead>
<tr>
<th>1. LOCATION</th>
<th>2. DATE (YYYY/MM/DD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>2005/10/11</td>
<td>1900 Local</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>(646)</td>
<td>E-3/ACTIVE</td>
</tr>
</tbody>
</table>

**ORGANIZATION OR ADDRESS**

[REDACTED]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900hrs our patrol was turning off of RTE 1041 E onto RTE 2004 towards the [REDACTED]. As we were turning I heard shots coming from the north side of [REDACTED]. I got on the [REDACTED] in the east bound lane. I saw flashes at [REDACTED] and also flashes coming from the vehicle that was stopped in the west bound lane of RTE 2004. When I saw the flashes coming from the vehicle, it started driving again. I was told to stop by my TC. Then saw SSG 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.
SWORN STATEMENT

1. Were you aware that friendly forces were in the area 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 (i.e., darkness and under NVGS)?

   Yes

4. What was the distance between your vehicle and the suspected enemy vehicle?

   Initially 50 meters as it was moving. It then went to about 35 meters away from my area.

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

   Right away

Nothing Follows
RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

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
2. DATE
3. TIME
4. FILE NO.
5. GRADE/STATUS
6. ORGANIZATION OR ADDRESS

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
2-24 Infantry AR 53-6
I was told to answer any question I have.

I do not want to answer any question or say anything.

I do not want to be questioned or say anything.

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):

b. ORGANIZATION OR ADDRESS AND PHONE:

2a. NAME (Type or Print):

b. 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 2820) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSOLETE
SWORN STATEMENT
For use of this form, see AR 190-45, the proponent agency is ODCSOPS

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

1. LOCATION: Vicinity of
2. DATE (YYYYMMDD) 2005/10/11
3. TIME 1900 Local
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS E-4/ACTIVE

C TRP 1-71 CAV

8. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 1900 hours our patrol turned east on route ( ) heading towards the ( ). I heard gunfire coming from the area around ( ). At this time I observed round impacts on ( ) and a suspected vehicle. I engaged the suspected ALF 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

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 BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

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