RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

[illegible]

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 4-64AR Operations Office, FOB [redacted]	2. DATE [illegible]
3. NAME [redacted] [redacted]	ORGANIZATION [illegible] FOB [redacted]

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, 4-64AR, 4BCT, 3ID [illegible] [redacted] [redacted] [illegible] resulting in [illegible] KIA [illegible]

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

- 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 [redacted] [illegible]

[illegible] speak privately with a lawyer before answering further, even if I sign the waiver below. [redacted]

5. COMMENTS *(Continue on reverse side)*

Have you been advised of your rights within the last 6 month, and requested an attorney? Yes / No [redacted]

Section B. Waiver

[illegible]

1a. NAME *(Type or Print)*	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	[redacted]
2a. NAME *(Type or Print)*	4. TYPED NAME OF INVESTIGATOR [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	5. ORGANIZATION OF INVESTIGATOR HHC/4-64 AR

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

DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSOLETE USAPA 2.01

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

AUTHORITY: [illegible]

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: [illegible] FOB [redacted] [illegible]

4. NAME (Last, First, MI): [redacted]

5. [illegible]: [redacted] | C-3

7. ORGANIZATION OR ADDRESS: [illegible] 4-64AR, 4BCT, 3ID [redacted] APO AE [redacted]

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, 4-64AR, 4BCT, 3ID conducting AR15-6 investigation and wanted to question me about the following offense(s) of which I am suspected/accused: [illegible] on [redacted] at [redacted] [illegible] resulting in [illegible] KIA [illegible] 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:

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. [illegible]

   - 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. [illegible] whose appointment 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 [illegible] [redacted]

5. COMMENTS *(Continue on reverse side)*

Have you been advised of your rights within the last 6 month, and 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
1a. NAME *(Type or Print)* CPT [redacted]	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE [illegible] 4-64 AR [illegible]	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted] CPT, FA
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHC/4-64AR IO

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

TAB C

SWORN STATEMENT

[redacted]

1. PFC [redacted], WANT TO MAKE THE FOLLOWING SWORN STATEMENT UNDER OATH:

[redacted] for picking up [redacted] at around 12:15. [redacted] took a right on [redacted] rd.. Traffic was heavy but staying approx. 100 to 150 m behind our convoy. We was enroute to pick up the second OP from the [redacted] Hotel. As we approached the traffic light / intersection of [redacted] and [redacted] rd. [redacted] at the intersection. The traffic behind the convoy also slowed and come to a stop. The traffic was stoped about 100 to 150 meters behind our convoy. I was the gunner for the trail vehicle. The vehicles were taken 2 of [redacted] and I gave hand signals for the vehicle to [redacted] stopped [redacted] after that a white 4-door sudan pulled out of the Apt. buildings parking lot to the third lane

10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [redacted] | PAGE 1 OF 4 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 NUMBERS MUST BE INDICATED.

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

STATEMENT OF PFC [redacted] TAKEN AT ______________ DATED 19 JUL 05

9. STATEMENT *(Continued)* of traffic. That vehicle approached our convoy at approx 25 to 30 mph. I again gave hand signals and yelled for the car to stop. Once within 50 to 60 meter I pointed my weapon. The vehicle keed coming and about 40 to 50 meters I gave a 3-5 round burst from the 240B [illegible] warning [illegible] in front of the car on the passenger side. The vehicle still kept coming and I fired a 7 to 9 round [illegible] into the front [illegible] eventually walking the rounds onto the driver about 20 to 25 meters out. The vehicle come to a stop about 5 meters away from [illegible]. We couldnt push forward because of the traffic [illegible] soldiers [illegible] pushed out to provide security. I [illegible] the [illegible], once we found he was still alive, I gave my CLS bag to

AFFIDAVIT

I, PFC [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE ____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY [illegible] THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

[redacted]

Subscribed and sworn to before me, a person authorized by law to administer oaths [illegible]

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)