

SWORN STATEMENT

For use of this form, see AF 190-45; the proponent agency is ODCCOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 3041, 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 Camp [redacted]	2. DATE (YYMMDD) 200510c1	3. TIME 1440	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS E4/09L	

6. [redacted] Dec 4th 05 38CT 1AD

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 18 Sept 05 we had MSR [redacted] & MSR [redacted] Gordon of [redacted] to provide security for the accident involving the m151. Guards were getting to observe the accident and our perimeter. They began approaching our position so I fired a warning shot into the burn southeast of our position. Later a car approached us at a high rate of speed from the south. I fired one shot into the embankment in front of the vehicle & he halted his movement.

Morning Report

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.

FULL IT

STATEMENT OF [REDACTED]

TAKEN AT 1440

DATED 2 Oct 05

STATEMENT (Continued)

Nothing to Report

[REDACTED]

[REDACTED]

[REDACTED]

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 STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED EACH PAGE OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT COERCION, THREAT, OR FEAR, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2 day of Oct 05

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

SWORN STATEMENT

For use of this form, see AF 190-45, the proponent agency is PMG.

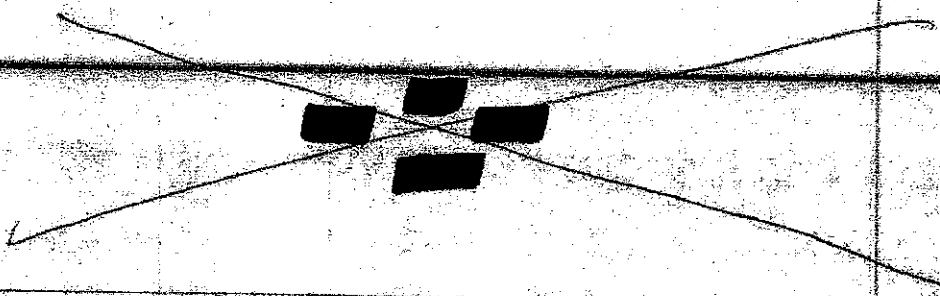
PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301, Title 5 USC Section 2954, E.O. 3287 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: [REDACTED] MSR [REDACTED]
2. DATE (YYMMDD): 3005 09 18
3. TIME: 1300
4. FILE NUMBER:
5. LAST NAME (FIRST NAME (MIDDLE NAME)): [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: O1
8. ORGANIZATION OR ADDRESS:

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

On [REDACTED] 18 SEP 45 at 1300 hrs vicinity [REDACTED] along MSR [REDACTED] we were providing security for a M88 recovery vehicle when I was called by my squad leader SSG [REDACTED] to his location because an Iraqi National was stating that American soldiers had shot his 14 yr old son, [REDACTED]. I then moved to the location of the incident and was ordered by [REDACTED] to move with the father to the [REDACTED] hospital to PID the childrens body. The father said that the child had been hit by fire from one of the tanks. When at the hospital I did positively identify the child's identification card with the body. After that we moved back to [REDACTED] to receive and prepare for follow on mission.



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

STATEMENT OF _____

TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

[The main body of the statement is crossed out with a large 'X' and contains several blacked-out redactions.]

AFFIDAVIT

I, _____, 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 WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 16 day of Sept, 05 at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

JA

1 PAGE OF 2 PAGES