<table>
<thead>
<tr>
<th>SKU</th>
<th>FG</th>
<th>Quantity</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>17763</td>
<td>3</td>
<td>20</td>
<td>0.5</td>
</tr>
</tbody>
</table>
I was tasked with attaching my 2 qualified personnel to L Troop, 3/3 ACR NLT 110000HRS. These personnel are SPC [redacted] and PFC [redacted]. L Troop was going to conduct counter IED operations every 850 between [redacted] and [redacted] and needed SPC [redacted] and PFC [redacted] to augment their own [redacted] due to the number of ambush positions they were using. SPC [redacted] and PFC [redacted] reported to [redacted] on the evening of 31 Oct 05. They conducted a recce of the proposed positions w/ L Troop on 1 Nov. On 2 Nov, they attended an operations order given by [redacted]. Following the order SPC [redacted] and PFC [redacted] went w/ 2nd Platoon [redacted] 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 [redacted].

Respectfully,
CPT
CPT
Battle CPT 3/3 ACR

VOIP:
DNVT:

EXHIBIT R
STATEMENT OF CPT [REDACTED] TAKEN AT [REDACTED] DATED 3 NOV 2005

STATEMENT (Continued)

along MSR [REDACTED]. I was informed of the shooting in question at approximately 1650 by CPT [REDACTED]. LTC [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 2000 about the incident. PFC [REDACTED] and I were called to the Sqdn TOC at approximately 2005 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 AB battery on numerous patrols and ARF 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 RCE briefing by CPT [REDACTED]. He also received training in how of war at Kane Station and in Iraq. An RCE brief is part of every patrol brief as SOP in

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.

[Signature of Person Making Statement]

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

[Signature of Person Administering Oath]

[Typed Name of Person Administering Oath]

[Authority To Administer Oath]

INITIALS OF PERSON MAKING STATEMENT [REDACTED] PAGE 2 OF 2 PAGES
RIGHTS WARNING PROCEDURE WAIVER CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT

Purpose:
Title 10, United States Code, Section 5032a

To provide commanders and law enforcement officials with means by which information may be accurately identified.

User:
Your Social Security Number is used as an additional means of identification to facilitate filing and retrieval.

Disclosure:
Disclosure of your Social Security Number is voluntary.

LOCATION

NAME

DATE

TIME

8501/256

MCN

FRG

ORGANIZATION OR ADDRESS

GRADE/STATUS

PART 1 - RIGHTS WAIVER/NO-WAIVER CERTIFICATE

Section A: Rights

By signing the form below, I waive my rights to have a lawyer present during questioning. I understand that I have the following rights:

1. I have the right to have a lawyer present during questioning.
2. I have the right to speak privately with a lawyer before, during, and after questioning.
3. I have the right to stop answering questions at any time.

I do not want to stop answering questions at any time. I do not want to be questioned or anything.

COMMENTS: (Optional)

Section B: Waiver

I understand my rights as stated above. I am now willing to discuss the matter under investigation and make a statement without a lawyer present.

WITNESS (If available)

NAME (Type or Print)

ORGANIZATION OR ADDRESS AND PHONE

SIGNATURE OF INTERVIEWEE

Section C: Non-waiver

I do not want to give away rights

I want a lawyer

I do not want to be questioned or anything

SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY ENGLISH STATEMENT (DA FORM 2032) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3981, NOV 82

EDITION OF NOV 04/18

17768
### 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 drafted the questions about the following offense(ies) of which I am

suspected/arrested.

Before he/she asked me any questions about the offense, I was made to realize that I shall have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or can be used as evidence against me in a criminal trial.
3. If my personal attorney is not available, 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.

(Not evidence 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 decide the offense(s) under investigation both or without a lawyer present. I have a right to stop answering questions at any time to speak privately with a lawyer before being further exam I sign the waiver below.

5. COMMENTS (Continue on back page only)

### Section B. Waiver

I understand my rights as stated above. I am now willing to decide 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>
<th>2. ORGANIZATION OR ADDRESS AND PHONE</th>
<th>3. SIGNATURE OF INTERVIEWER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>2a. NAME (Type or Print)</th>
<th>5. TYPED NAME OF INVESTIGATOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CPT</td>
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</table>

<table>
<thead>
<tr>
<th>3. ORGANIZATION OR ADDRESS AND PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAT, 3/3 ACR</td>
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</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 INTERVIEWER

**ATTACH THIS WAIVER CERTIFICATE TO ANY SIGNED STATEMENT. DA FORM 2020. SUBSEQUENTLY EXECUTED BY THE SUBJECT ACCUSED**

**DA FORM 3681, NOV 89**

**EDITION OF NOV 89 IS OBSOLETE**
RIGHTS WARNING PROCEDURE/ WAIVER CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT

Title 10, United States Code, Section 3012(g)

Purpose and Use:
To provide commanders and law enforcement officials with means by which information may be accurately identified.
Your Social Security Number is used as an additional identification to facilitate filing and retrieval.
Disclosure of your Social Security Number is voluntary.

PART I - RIGHTS WAIVER/ WAIVER CERTIFICATE

Section A. Rights

I acknowledge that the person whose name appears below told me that he/she is with the United States Army.
I am being questioned about the following offense(s) of which I am suspected:
I also acknowledge that I have any questions about the offense(s), however, he/she made it clear to me that I have the following rights:
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 or a lawyer employed by the Government or a military lawyer designated for me at no expense.
I have the right to be advised by a lawyer without a lawyer present with me during questioning.
I have the right to stop answering questions at any time, to speak privately with a lawyer before answering further, and to sign this waiver.

Section B. Waiver

I understand my rights as stated above. I am now willing to answer the questions under investigation and make a statement without being assisted by a lawyer first and without having a lawyer present with me.

I certify that the information below is correct and complete.

WITNESSES (If available)

1. NAME (Type or Print)

2. DATE OF INTERVIEW

3. TIME OF INTERVIEW

4. LOCATION

5. ORGANIZATION OR ADDRESS

6. INITIALS

7. FILE NO.

Section C. Revocation

I do not want to give up my rights
☐ I want a lawyer
☐ I do not want to be questioned at any time

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT AND SUBSEQUENTLY EXECUTED BY THE SUBJECT/ACCUSED.
**PART I - RIGHTS WAIVER/WAIVER CERTIFICATE**

Section A. Rights

On 18 June 2011, the accused was told by the investigator where the accused is with the United States Army and wanted to question about the following offenses of which he is suspected:

<table>
<thead>
<tr>
<th>1. Charge</th>
<th>2. Description</th>
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</table>

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the allegations under investigation and make a statement without consulting a lawyer or anyone else or having a lawyer present with me.

<table>
<thead>
<tr>
<th>WITNESS (If available)</th>
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</table>

**PART II - RIGHTS WAIVER/WAIVER CERTIFICATE**

<table>
<thead>
<tr>
<th>3. NAME (Last Name First)</th>
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</table>

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

<table>
<thead>
<tr>
<th>5. NAME (Last Name First)</th>
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</table>

<table>
<thead>
<tr>
<th>6. ORGANIZATION OR ADDRESS</th>
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Section C. Re-waiver

I did not want to give up my rights:

- [ ] I want to be questioned
- [ ] I want to be questioned about anything

<table>
<thead>
<tr>
<th>REASON FOR INTERROGATION</th>
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</table>
PART 1 - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that I have rights under United States law.

I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during any questioning. I have the right to a civilian lawyer if no one from the Government will act as my representative if I can't afford a lawyer.

I also have the right to stop answering questions at any time, or speak privately with a lawyer before answering questions, or speak with someone else not authorized to discuss the information under investigation.

I was told that anything I say may be used as evidence against me. I was also told that I have the right to an attorney and that if I can't afford one, one will be provided for me before any questioning begins.

5. COMMENTS: (continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am not waiving my rights under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

6. WITNESSES (if available)

7. SIGNATURE OF INVESTIGATOR

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 INVESTIGATOR

ATTACH THIS WAIVER CERTIFICATE TO ANY APPEARANCE STATEMENT OR FORM 232 SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 2881, NOV 98
EDITION OF NOV 04 OR DECREES

17772
RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

DATA REQUIRED BY THE PRIVACY ACT

Purpose: To provide commanders and law enforcement officials with means by which information may be accurately identified. Your Social Security Number is used as an additional/ameliorate means of identification to facilitate filing and retrieval. Disclosure of your Social Security Number is voluntary.

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 allegations of which I am suspected:

1. Did not have to make any statements 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 or a representative of the Government. I can have one or as many as I want, at my expense or the expense of the Government.
4. If the statements are to be used in a civil case, I understand that the lawyer can come to the investigation, with or without a lawyer present, and I have a right to stop answering questions at any time, or ask privately with a lawyer before answering further, unless I sign the waiver below.

Section B. Witness

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

WITNESSES (if available)

1. NAME (Type or Print)

2. SIGNATURE OF INVESTIGATOR

ORGANIZATION OR ADDRESS AND PHONE

3. NAME (Type or Print)

4. SIGNATURE OF INVESTIGATOR

5. ADDRESS OF INVESTIGATOR

6. ORGANIZATION OF INVESTIGATOR

ATTACH 102 WAIVER CERTIFICATE TO ANY EGGNOM STATEMENT OR CASE IN WHICH SUBSEQUENTLY EXECUTED BY THE SUSPECTED/ACCUSED

DA FORM 3881, NOV 99

Edition of Nov 948 OBSOLETE

17773
17776