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- U. Task Organization tc (b)(2)High**

MEMORANDUM FOR RECORD

26 December 2007

SUBJECT: Chronology of Events Informal 15-6

1. The following is the chronology of the Investigation. All interviews were conducted separately and can be found in the exhibits.

- a. 3 NOV 07: 15-6 Appointment orders signed by COL (b)(3)(b)(6) (received and acknowledged).
- b. 7 NOV 07: Interviewed 2LT (b)(3)(b)(6) (PLT LDR) and SGT (b)(3)(b)(6) (Convoy NCOIC). Emailed HM3 (b)(3)(b)(6) (Vehicle TC).
- c. 8 NOV 07: Interviewed SPC (b)(3)(b)(6) (Vehicle Gunner 2<sup>nd</sup> (b)(2)High), SPC (b)(3)(b)(6) (Vehicle Driver 1<sup>st</sup> (b)(2)High). Requested extension of 15-6 until 23 DEC 07.
- d. 12 DEC 07: Emailed HM3 (b)(3)(b)(6)
- e. 15 DEC 07: Emailed HM3 (b)(3)(b)(6) questionnaire.
- f. 16 DEC 07: Interviewed SFC (b)(3)(b)(6) (PLT SGT), CPT (b)(3)(b)(6) (Co CDR). Left packet w/ 201<sup>st</sup> CORPS JAG (CPT (b)(3)(b)(6)) and spoke with CDR (b)(3)(b)(6) (DEP CO) regarding the investigation and my desire to speak with COL (b)(3)(b)(6) (201<sup>st</sup> CORPS Cdr)
- g. 16 DEC 07: Emailed CPL (b)(3)(b)(6) (Vehicle driver 2<sup>nd</sup> (b)(2)High) and SPC (b)(3)(b)(6) (1<sup>st</sup> Vehicle Gunner) documents to complete. Attempted to contact CPL (b)(3)(b)(6) telephonically and via electronic mail with no success.
- h. 17 DEC 07: Received emailed questionnaire back from HM3 (b)(3)(b)(6)
- i. 18 DEC 07: Interviewed LTC (b)(3)(b)(6) (TAG S3) and MAJ (b)(3)(b)(6) (TAG Asst S3)
- j. 19 DEC 07: Received emailed questionnaire back from SPC (b)(3)(b)(6)
- k. 22 DEC 07: Interviewed COL (b)(3)(b)(6) (CDR 201<sup>st</sup> CORPS). COL (b)(3)(b)(6) completes statement.

2. The POC for this memorandum is the undersigned at (b)(2)High

(b)(3)(b)(6)

LTC, FA  
Investigative Officer

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 7 Nov 07

NAME: ZLT

(b)(3)(b)(6)

SIGNATURE

(b)(3)(b)(6)

011549

*12/16/07*

**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:** 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 Camp Alamo	2. DATE 7 Nov 07	3. TIME 1015	4. FILE NO.
2. NAME (Last, First, MI) (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS C Co 1/118 W SECTOR		
3. SSN (b)(3)(b)(6)	7. GRADE/STATUS O-1 / 2LT	Camp Alamo, Afghanistan	

**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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)		SIGNATURE OF INTERVIEWEE	
NAME (Type or Print)		(b)(3)(b)(6)	
ORGANIZATION OR ADDRESS AND PHONE			
NAME (Type or Print)		(b)(3)(b)(6)	
ORGANIZATION OR ADDRESS AND PHONE		ORGANIZATION OF INVESTIGATOR 218 <sup>th</sup> BCT TAG S-5	

**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 INTERVIEWEE

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

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

*(For civilians not subject to the UCMJ)* You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"

(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"

(If the suspect/accused says "yes," find out when and where. If the request was recent (*i.e., fewer than 30 days ago*), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"

(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" (*If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.*)

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

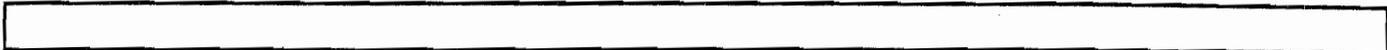
1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

**COMMENTS** (*Continued*)



~~FOR OFFICIAL USE ONLY~~

Full Name: \_\_\_\_\_ (b)(3)(b)(6)  
Rank: 2LT  
SSN: \_\_\_\_\_ (b)(3)(b)(6)  
Unit of Assignment/Duty position: C Co, Camp Alamo SECFOR PL  
Home address: Camp Alamo APO AE 09320  
Work phone Number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ (b)(6)

1. Describe the circumstances surrounding the accident (who, what, when, where, why).

1st SQD CSGT (b)(3)(b)(6) SPC (b)(3)(b)(6), CPL (b)(3)(b)(6) HM3 (b)(3)(b)(6), SPC (b)(3)(b)(6), SPC (b)(3)(b)(6) were driving in front of KMTC on (b)(2) High around 21 Oct 2007 at 0930 hrs west bound returning from a patrol. 2nd vehicle hit a LN with TC side mirror.

2. What is your PLT SOP for preparing/conducting risk assessments before convoys operations?

(b)(2)High

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

I cannot recall because I was not there

4. How would you assess the level of training and experience of the soldiers involved?

SPC (b)(3)(b)(6) (driver of vehicle that hit LN) is a very experienced driver

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

(b)(2)High

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times).

I completed the SIR at 1612 hrs that afternoon and sent a digital copy to CPT (b)(3)(b)(6) (C Co Cdr) and showed a hard copy to COL (b)(3)(b)(6)

7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC? *immediately thereafter*  
due to minimum man power, she had to TC.  
normally my (b)(2)High medic (SSG (b)(3)(b)(6)) is TC but he was on leave.

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment? If so explain.

no

~~FOR OFFICIAL USE ONLY~~

~~FOR OFFICIAL USE ONLY~~

10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

(b)(2)High

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

yes, an internal oral investigation and AAR took place

12. Do you believe there was any negligence on the part of the US soldiers involved?

very minimal

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

no

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

no

15. How did you estimate the speed of the vehicle at the time of the accident?

SPC (b)(3)(b)(6) told me about (b)(2)High mph

16. Describe traffic conditions on (b)(2)High the morning of the accident.

tight traffic until the front gate where it chokes to one lane and heavy pedestrian traffic

17. What is the speed limit on (b)(2)High ?

(b)(2)High

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

they are fine, no

19. Who was the convoy NCOIC?

SGT (b)(3)(b)(6)

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).

yes, 3rd Sqn moving up a narrow path on a hill to (b)(2)High

(b)(2)High

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?

He is an experienced, competent driver. The LN that was hit was also allegedly hit by a motorcycle the week before due to lack of attention on the road.

~~FOR OFFICIAL USE ONLY~~

CENTCOM 011554

22. From a passenger/driver perspective, could this accident have been avoided?

I was not in the convoy, I do not know.

23. Who else do I need to interview to get the full story or complete my investigation?

SFC (b)(3)(b)(6)

24. Is there any other information you have to give me that will facilitate my investigation?

I would like to reemphasize the history of carelessness of the CN when adjacent to vehicular traffic.

"I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete."

(b)(3)(b)(6)

\_\_\_\_\_ (Signature)

U  
ZLT

(b)(3), b(6)

\_\_\_\_\_ (Printed Name/Rank)

### 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 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 <i>Camp Alford</i>	2. DATE (YYYYMMDD) <i>Jul 7 11 07</i>	3. TIME <i>1100</i>	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME <i>(b)(3)(b)(6)</i>	6. SSN <i>(b)(3)(b)(6)</i>	7. GRADE/STATUS <i>0-1 12LT</i>	
8. ORGANIZATION OR ADDRESS <i>C Co 1/118<sup>th</sup> IN SECFOR</i>			

9. I, *2LT* *(b)(3)(b)(6)*, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
*see attached*

*(b)(3)(b)(6)*

*(b)(3)(b)(6)*

*(b)(3)(b)(6)*

*(b)(3)(b)(6)*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u><i>3</i></u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ 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.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

see attached

~~(b)(3), b(6)~~

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

**AFFIDAVIT**

I, 2LT (b)(3)(b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

\_\_\_\_\_  
(b)(3)(b)(6) (Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of Nov 07,

at (b)(3)(b)(6) Camp Alamo

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(b)(3)(b)(6)

\_\_\_\_\_  
Person Administering Oath)

\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 07 Nov 07

NAME: \_\_\_\_\_

(b)(3)(b)(6)

SIGNATURE \_\_\_\_\_

(b)(3)(b)(6)

*1802 J*  
CENTCOM 011559

**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:** 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 <b>CAMP ALAMO</b>	2. DATE <b>7 NOV 07</b>	3. TIME <b>1300</b>	4. FILE NO.
2. NAME (Last First MI) <b>(b)(3)(b)(6)</b>	8. ORGANIZATION OR ADDRESS <b>Co C 1/118 INF</b>		
3. SSN <b>(b)(3)(b)(6)</b>	7. GRADE/STATUS <b>E-5</b>	<b>GAFFNEY SC</b>	

**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. (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)**

NAME (Type or Print)	<b>(b)(3)(b)(6)</b>
ORGANIZATION OR ADDRESS AND PHONE	<b>(b)(3)(b)(6)</b>
NAME (Type or Print)	TYPE) NAME OF INVESTIGATOR <b>(b)(3)(b)(6) CTC</b>
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

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

USAPA V2.01

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

*(For civilians not subject to the UCMJ)* You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"  
(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"  
(If the suspect/accused says "yes," find out when and where. If the request was recent (*i.e., fewer than 30 days ago*), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"  
(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" *(If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)*

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

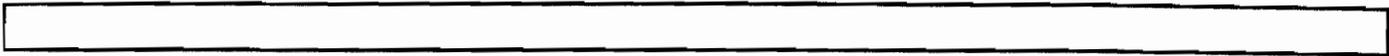
1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

**COMMENTS** *(Continued)*



Full Name: \_\_\_\_\_ (b)(3)(b)(6)  
 Rank: E-6  
 SSN: \_\_\_\_\_ (b)(3)(b)(6)  
 Unit of Assignment/Duty position: Co C 1/118<sup>th</sup> (SECFOR) S&D. LEADER  
 Home address: \_\_\_\_\_ (b)(6)  
 Work phone Number: (005) 114-2000  
 Cell phone number: \_\_\_\_\_ (b)(6)

1. Describe the circumstances surrounding the accident (who, what, when, where, why).

ON OCT 21, 2007 A HUMVEE DRIVEN BY SPC (b)(3), b(6) STRUCK A PEDESTRIAN NEAR CP V6

2. What is your PIT SOP for preparing/conducting risk assessments before commencing operations?

(b)(2)High

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

YES THERE WERE A CONVOY + SAFETY BRIEF PRIOR TO PATROL LEAVING COMPOUND

4. How would you assess the level of training and experience of the soldiers involved?

THE SOLDIERS WERE WELL TRAINED AND THE DRIVER WAS AN EXPERIENCE DRIVER.

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

(b)(2)High

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times).

ONCE INDIVIDUAL WAS STRUCK BY VEHICLE WE ASSESS THE INDIVIDUAL AND REPORTED TO OUR COMMAND CENTER ON BASE. AFTER WE RETURN FROM THE PATROL STATEMENTS WERE SIGNED

7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC?

BECAUSE OF MAN POWER, WE HAVE A MEDIC ON ALL PATROLS AND YES THEY DO PERFORM TC DUTY AND HAS DONE EXCEPTIONALLY WELL.

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment?

If so explain. No

10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

(b)(2)High

(b)(2)High

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened? *YES AND STATEMENTS WERE SIGNED*

12. Do you believe there was any negligence on the part of the US soldiers involved?

*NEGATIVE, THE SOLDIER INVOLVED ARE VERY PROFESSIONAL NEVER HAD ANY PROBLEMS WITH THEM*

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs? *No loss or damaged equipment*

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements? *No. I WAS PRESENCE WITH THE SOLDIER FROM THE TIME*

*THE ACCIDENT HAPPENED UNTIL SWORN STATEMENTS WERE SIGNED*

15. How did you estimate the speed of the vehicle at the time of the accident?

*IN THE RANGE OF (b)(2)High MPH*

16. Describe traffic conditions on (b)(2)High the morning of the accident.

*THERE WERE LARGE TRUCKS TRAVELING ON THE ROAD AND PREDESTRANS STANDING ON ROAD*

17. What is the speed limit on (b)(2)High ?

(b)(2)High *DEPENDING ON TRAFFIC*

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

*No they seem to be okay*

19. Who was the convoy NCOIC?

*I WAS SGT (b)(3)(b)(6)*

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).

*YES IT WAS A DIFFERENT SQUAD AND IT HAPPENED AT AN OP SITE, DON'T KNOW FULL DETAILS OF INCIDENT.*

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving? *WELL TRAINED AND SAFETY CONSCIOUS. HE IS AN EXCELLENT DRIVER*

*AND I PERSONALLY WOULD TRUST HIM TO DRIVE ME ANY WHERE.*

**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?

NEGATIVE.

23. Who else do I need to interview to get the full story or complete my investigation?

EVERYONE WHO WAS INVOLVED IN THE ACCIDENT.

24. Is there any other information you have to give me that will facilitate my investigation?

NO. BUT IF ANYTHING COULD HAVE BEEN DONE TO AVOID THE ACCIDENT,  
I AM CONFIDENT THAT THE DRIVER WOULD HAVE TAKEN THAT ACTION.

"I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete."

(b)(3)(b)(6)

(Signature)

E-5 (SGT)  
(Printed Name/Rank)

**FOR OFFICIAL USE ONLY**



USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

**AFFIDAVIT**

I, (b)(3)(b)(6), \_\_\_\_\_, 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 \_\_\_\_\_ WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFL

(b)(3)(b)(6)

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to

administer oaths, this 7 day of NOV 2002

at \_\_\_\_\_ (b)(3)(b)(6) CA, Alamo

(b)(3)(b)(6)

(Signature of Person Administering Oath)

(b)(3)(b)(6)

LTC

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 2007 11 08

NAME: \_\_\_\_\_ (b)(3)(b)(6)

SIGNATURE: \_\_\_\_\_ (b)(3)(b)(6)

**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:** 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 <i>Camp Alamo, Afghanistan</i>	2. DATE <i>20071108</i>	3. TIME <i>12:20</i>	4. FILE NO.
2. NAME (Last, First, MI)  (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS <i>C Co 1-118th SECFOR</i>		
3.  (b)(3)(b)(6)	7. GRADE/STATUS <i>E-4 / SPC</i>		

**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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)		SIGNATURE OF INTERVIEWEE	
NAME (Type or Print)		(b)(3)(b)(6)	
ORGANIZATION OR ADDRESS AND PHONE		SIGNATURE OF INVESTIGATOR	
		(b)(3)(b)(6)	
NAME (Type or Print)		TYPE AND GRADE OF INVESTIGATOR	
		(b)(3)(b)(6) <i>LTJ</i>	
ORGANIZATION OR ADDRESS AND PHONE		ORGANIZATION 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 INTERVIEWEE

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

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

(For civilians not subject to the UCMJ) You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"

(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"

(If the suspect/accused says "yes," find out when and where. If the request was recent (i.e., fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"

(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" (If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

**COMMENTS (Continued)**



**FOR OFFICIAL USE ONLY**

Full Name: (b)(3)(b)(6) \_\_\_\_\_  
Rank: E-4  
SSN: (b)(3)(b)(6) \_\_\_\_\_  
Unit of Assignment/Duty position: C LA 1-118th SECFOR  
Home address: (b)(6) \_\_\_\_\_  
Work phone Number: \_\_\_\_\_  
Cell phone number: \_\_\_\_\_

1. Describe the circumstances surrounding the accident (who, what, when, where, why).

First squad of the SECFOR was returning from a mission on 20071021. As we turned on to J-BAD road we approached a Bus stop to our right. As we proceeded through an Afghan male stepped back into the road and was struck by the lead trucks  
micro

(b)(2)High

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

yes, yes

4. How would you assess the level of training and experience of the soldiers involved?

Very good, everyone kept a calm collected attitude and we got the male to help as soon as possible.

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

(b)(2)High

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times).

7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC?

Because we were short handed and needed her to be. Sometimes, depending on our situation w/ pax.

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment? If so explain.

Negative

**FOR OFFICIAL USE ONLY**

CENTCOM 011573

**FOR OFFICIAL USE ONLY**

10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

(b)(2)High

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

yes.

12. Do you believe there was any negligence on the part of the US soldiers involved?

NO

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

NO

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

NO

15. How did you estimate the speed of the vehicle at the time of the accident?

16. Describe traffic conditions or (b)(2)High the morning of the accident.

About normal

17. What is the speed limit or (b)(2)High ?

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

Good, NO

19. Who was the convoy NCOIC?

Sgt. (b)(3)(b)(6)

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).

yes / Sgt. (b)(3)(b)(6), SPC (b)(3)(b)(6), SPC (b)(3)(b)(6) / on North Pole hill

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?

**FOR OFFICIAL USE ONLY**

CENTCOM 011574

**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?

*Sure*

23. Who else do I need to interview to get the full story or complete my investigation?

24. Is there any other information you have to give me that will facilitate my investigation?

“I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete.”

(b)(3)(b)(6)

\_\_\_\_ (Signature)

(b)(3)(b)(6)

1E-4 (Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

**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 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 <i>Camp Alamo, Afghanistan</i>	2. DATE (YYYYMMDD) <i>20071108</i>	3. TIME <i>12:20</i>	4. FILE NUMBER
(b)(3)(b)(6)	6 (b)(3)(b)(6)		7. GRADE/STATUS <i>E-4 / SPC</i>

*C co 1-118th SFG(A)*

9. I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

*SEE ATTACHED SHEET*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>3</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ 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.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

*(This area is currently blank, crossed out with a diagonal line.)*

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

**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 \_\_\_\_\_

(b)(3)(b)(6)

ing Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of Nov of 07

at \_\_\_\_\_

Alamo

(b)(3)(b)(6)

Person Administering Oath)

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

(Typed Name or Person Administering Oath)

\_\_\_\_\_

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 8 Nov 07

NAME: (b)(3)(b)(6) \_\_\_\_\_

SIGNATURE: (b)(3)(b)(6) \_\_\_\_\_

**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:** 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 <u>Camp Alamo</u>	2. DATE <u>8 Nov 07</u>	3. TIME <u>1056</u>	4. FILE NO.
(b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS <u>Cco 1-118th</u>		
(b)(3)(b)(6)	7. GRADE/STATUS <u>SPC/E4</u>		

**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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)

NAME (Type or Print)	
ORGANIZATION OR ADDRESS AND PHONE	(b)(3)(b)(6)
NAME (Type or Print)	(b)(3)(b)(6) <u>LYC</u>
ORGANIZATION OR ADDRESS AND PHONE	ORGANIZATION 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 INTERVIEWEE

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

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

*(For civilians not subject to the UCMJ)* You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"  
(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"  
(If the suspect/accused says "yes," find out when and where. If the request was recent (i.e., fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"  
(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" *(If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)*

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

**COMMENTS (Continued)**



**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 (SSM).  
**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 (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			

9.  
I, (b)(3)(b)(6) \_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
  
*See attached*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ 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.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

*(This area is mostly blank, with a large diagonal line drawn across it from the bottom-left corner to the top-right corner.)*

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

*[A large diagonal line is drawn across the statement area, indicating that the statement content is redacted or has been crossed out.]*

**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 IN \_\_\_\_\_ INDUCEMENT.

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 8 day of NOV, 07

WITNESSES:

at \_\_\_\_\_

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

**FOR OFFICIAL USE ONLY**

Full Name: (b)(3)(b)(6) \_\_\_\_\_  
Rank: E-4  
SSN: (b)(3)(b)(6) \_\_\_\_\_  
Unit of Assignment/Duty position: Cool-118th Driver  
Home address: (b)(6) \_\_\_\_\_  
Work phone Number: \_\_\_\_\_  
Cell phone number: [REDACTED]

1. Describe the circumstances surrounding the accident (who, what, when, where, why).

1st Squad on patrol, 2 huver, morning, bus stop, patrol

2. What is your PLT SOP for preparing/conducting risk assessments before convoys operations?

(b)(2)High

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

Yes, Yes

4. How would you assess the level of training and experience of the soldiers involved?

good

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

(b)(2)High

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times).

after accident called and reported to Cobra Tac

7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC?

We are short handed on personal

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment? If so explain.

No

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CENTCOM 011586

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10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

(b)(2)High

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

Yes

12. Do you believe there was any negligence on the part of the US soldiers involved?

NO

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

NO

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

NO

15. How did you estimate the speed of the vehicle at the time of the accident?

by feel

16. Describe traffic conditions on (b)(2)High the morning of the accident.

where accident happened congested

17. What is the speed limit or (b)(2)High ?

between (b)(2)High

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

NO

19. Who was the convov NCOIC?

Sgt. (b)(3)(b)(6)

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).

3 squad<sup>night</sup> patrol mission on North Pool Hill

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?

**FOR OFFICIAL USE ONLY**

CENTCOM 011587

**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?

NO

23. Who else do I need to interview to get the full story or complete my investigation?

(b)(3)(b)(6)

24. Is there any other information you have to give me that will facilitate my investigation?

NO

“I do herby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete.”

(b)(3)(b)(6)

\_\_\_\_\_ (Signature)

(b)(3)(b)(6)

\_\_\_\_\_ SPC

(Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

# PRIVACY ACT STATEMENT

tbj

(b)(3)(b)(6)

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 16 Dec. 07

NAME: (b)(3)(b)(6)

SIGNATURE: (b)(3)(b)(6)

**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:** 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 <u>201st Corps RSN-C</u>	2. DATE <u>16 Dec 02</u>	3. TIME <u>1400</u>	4. FILE NO.
2. (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS <u>C. Co 1st 118th Infantry 218 BCT</u>		
3. (b)(3)(b)(6)	7. GRADE/STATUS <u>E7/SFC</u>		

**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 218th BCT TAG  
Camp Alamo and wanted to question me about the following offense(s) of which I am  
suspected/accused: U/A

- 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:
- I do not have to answer any question or say anything.
  - Anything I say or do can be used as evidence against me in a criminal trial.
  - (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.
- 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)

NAME (Type or Print)	(b)(3)(b)(6)
ORGANIZATION OR ADDRESS AND PHONE	

NAME (Type or Print)	TYPED NAME OF INVESTIGATOR (b)(3)(b)(6)
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

SIGNATURE OF INTERVIEWEE

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

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

(For civilians not subject to the UCMJ) You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"  
(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"  
(If the suspect/accused says "yes," find out when and where. If the request was recent (*i.e.*, fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"  
(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" (If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

**COMMENTS** (Continued)

**FOR OFFICIAL USE ONLY**

Full Name: (b)(3)(b)(6)  
Rank: SFC  
SSN: (b)(3)(b)(6)  
Unit of Assignment/Duty position: C. Co 1<sup>st</sup> 118<sup>th</sup> Infantry 218 BCT / Platoon Sergeant  
Home address: (b)(6)  
Work phone Number: 431-8316  
Cell phone number: (b)(6)

1. Describe the circumstances surrounding the accident (who, what, when, where, why).

From what I can remember Sir, SGT. (b)(3)(b)(6) called me on my cell phone on the day in question. He was the 1<sup>st</sup> squad leader at the time of the accident. SGT. (b)(3)(b)(6) said that SPC. (b)(3)(b)(6) had hit someone and he didn't have any control of avoiding the accident. The accident happened on route violet also known as J Bad road. The local national backed up into the highway and SPC. (b)(3)(b)(6) could not avoid hitting him.

2. What is your PI T SOP for preparing/conducting risk assessments before convoys operations?

(b)(2)High

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

Yes sir / yes sir

4. How would you assess the level of training and experience of the soldiers involved?

Very highly trained sir. These soldiers did patrols daily.

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

(b)(2)High

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times). I received a call from SGT. (b)(3)(b)(6) and I told him to let me know as soon as he got the status of the local national at Camp Warehouse. By this time radio traffic was already stating what happened. I then inform my LT and the S-3 shop.

7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC?

We had a number of people on leave and down range so therefore we had to use HM3 (b)(3)(b)(6) as a TC. Yes, we have medic go on almost every patrol. If we need them to be a TC, then they (the medic) becomes the TC for one vehicle.

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment?

If so explain. Not to my knowledge

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CENTCOM 011592

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10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

(b)(2)High

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

yes and yes

12. Do you believe there was any negligence on the part of the US soldiers involved?

No sir

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

non to my knowledge sir

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

No sir =

15. How did you estimate the speed of the vehicle at the time of the accident?

(b)(2)High miles per hour

16. Describe traffic conditions on (b)(2)High the morning of the accident.

Very heavily populated

17. What is the speed limit or (b)(2)High ?

To my knowledge (b)(2)High miles per hour, but I can find out.

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

fine / no sir

19. Who was the convoy NCOIC?

SGT, (b)(3)(b)(6)

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).

SGT (b)(3)(b)(6) was the convoy Commander, Spec (b)(3)(b)(6) was the driver. To my knowledge the ground gave away beneath the vehicle and it rolled over. I think it was North Pool Hill on Peji Hill. They were on patrol.

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?

Outstanding soldier. Very much so sir, Very dependable and reliable

**FOR OFFICIAL USE ONLY**

CENTCOM 011593

**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?

*No sir*

23. Who else do I need to interview to get the full story or complete my investigation?

*Sgt. (b)(3)(b)(6), Spec. (b)(3)(b)(6) CPL (b)(3)(b)(6), Spec. (b)(3)(b)(6)*

24. Is there any other information you have to give me that will facilitate my investigation?

*No sir*

"I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete."

(b)(3)(b)(6)

\_\_\_\_\_ (Signature)

(b)(3)(b)(6)

SFC (Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

**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 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 <i>Army Blackhorse 201st Corps RSAC-C</i>	2. DATE (YYYYMMDD) <i>2007 12 16</i>	3. TIME <i>1400</i>	4. FILE NUMBER
5. NAME (LAST, FIRST, MIDDLE NAME) <i>(b)(3)(b)(6)</i>	6. SSN <i>(b)(3)(b)(6)</i>	7. GRADE/STATUS <i>E-7</i>	
8. ORGANIZATION OR ADDRESS			

9. I, *(b)(3)(b)(6)* WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
  
*See the attached sheet*  
  
*(b)(3)(b)(6)*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT <i>(b)(3)(b)(6)</i>	PAGE 1 OF <i>3</i> PAGES
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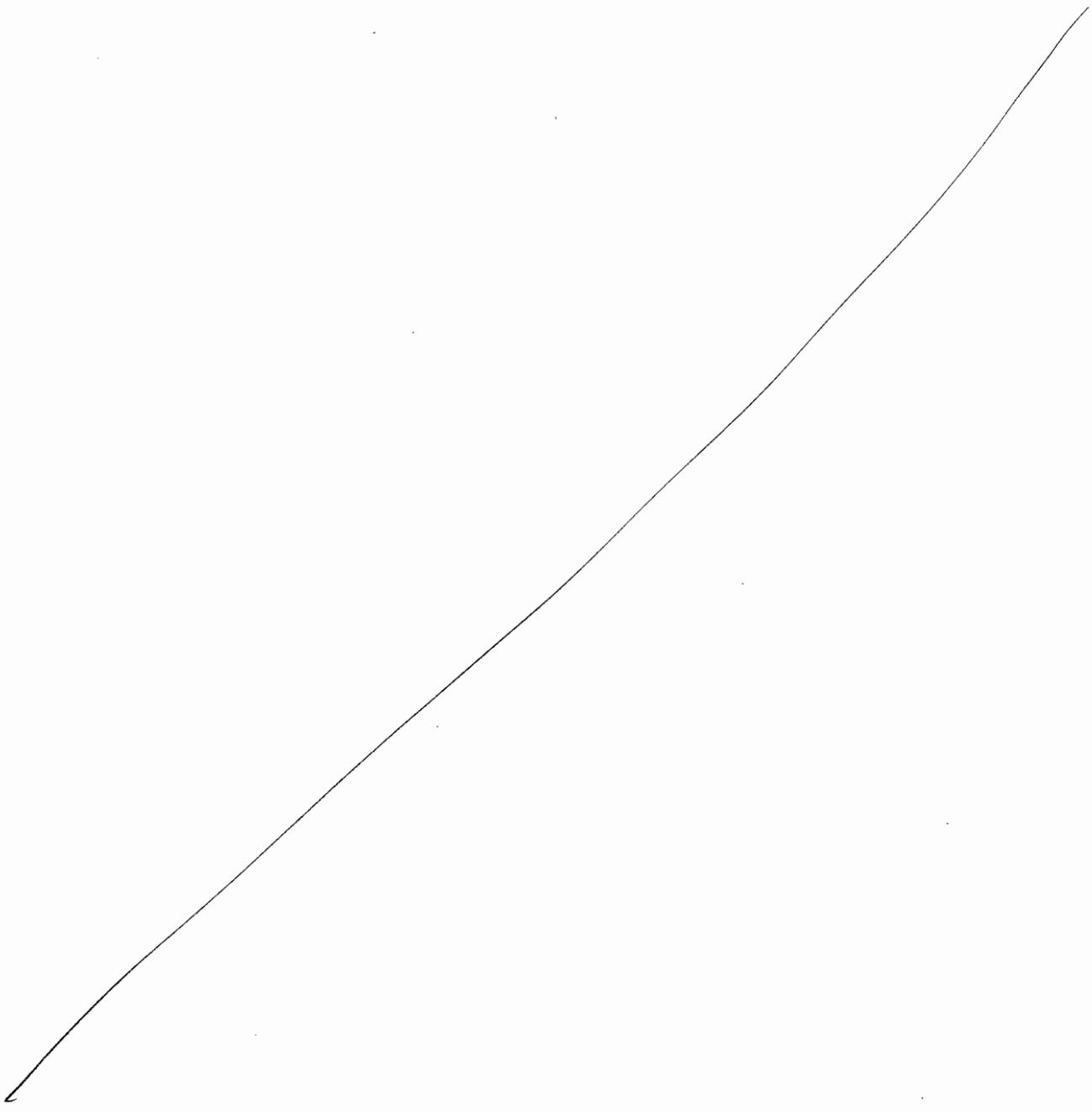
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

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USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)



INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 2 OF 3 PAGES

9. STATEMENT (Continued)

**AFFIDAVIT**

I, (b)(3)(b)(6), 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,

(b)(3)(b)(6)

*(Signature of Person Making Statement)*

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 16 day of DEC 2007 at Camp M. de L. - 201<sup>st</sup> LSAC - 1

(b)(3)(b)(6)

*(Signature of Person Administering Oath)*

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

LTC

*(Signature of Person Administering Oath)*

ORGANIZATION OR ADDRESS

*(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 3 OF 3 PAGES

# PRIVACY ACT STATEMENT

(b)(3)(b)(6)

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

### 3. ROUTINE USES:

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

### 4. DISCLOSURE:

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 16 DEC 07

NAME: \_\_\_\_\_

(b)(3)(b)(6)

SIGNATUR

CENTCOM 011598

**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:** 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 <i>CAMP AIMAL, AFGHANISTAN</i>	2. DATE <i>16DEC07</i>	3. TIME <i>1310</i>	4. FILE NO.
2. NAME (Last First MI)  (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS <i>C Co 1-110th IN SECFOR 2015 RSAC-C</i>		
3. ....  (b)(3)(b)(6)	1. GRADE/STATUS <i>03 / CPT</i>	<i>CAMP AIMAL APO AE 09320</i>	

**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 *TRAINING ASSISTANCE GROUP*  
 \_\_\_\_\_ 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:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (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.

- 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)

*UNDERSTAND THIS IS INFORMAL INVESTIGATION OF WHICH I AM NOT SUSPECT OR ACCUSED.*

**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)	SIC	_____
NAME (Type or Print)		
ORGANIZATION OR ADDRESS AND PHONE	SIC	(b)(3)(b)(6)
NAME (Type or Print)	TYF	_____
ORGANIZATION OR ADDRESS AND PHONE	ORG	(b)(3)(b)(6)
		<i>218th BCT TAG</i>

**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 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

USAPA V2.01

**PART II - RIGHTS WARNING PROCEDURE**

**THE WARNING**

1. **WARNING** - Inform the suspect/accused of:
  - a. Your official position.
  - b. Nature of offense(s).
  - c. The fact that he/she is a suspect/accused.
2. **RIGHTS** - Advise the suspect/accused of his/her rights as follows:

"Before I ask you any questions, you must understand your rights."

  - a. "You do not have to answer my questions or say anything."
  - b. "Anything you say or do can be used as evidence against you in a criminal trial."
  - c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer

can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

- or -

*(For civilians not subject to the UCMJ)* You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."

- d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

Make certain the suspect/accused fully understands his/her rights.

**THE WAIVER**

"Do you understand your rights?"  
(If the suspect/accused says "no," determine what is not understood, and if necessary repeat the appropriate rights advisement. If the suspect/accused says "yes," ask the following question.)

"Have you ever requested a lawyer after being read your rights?"  
(If the suspect/accused says "yes," find out when and where. If the request was recent (*i.e.*, fewer than 30 days ago), obtain legal advice whether to continue the interrogation. If the suspect/accused says "no," or if the prior request was not recent, ask him/her the following question.)

"Do you want a lawyer at this time?"  
(If the suspect/accused says "yes," stop the questioning until he/she has a lawyer. If the suspect/accused says "no," ask him/her the following question.)

"At this time, are you willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer and without having a lawyer present with you?" *(If the suspect/accused says "no," stop the interview and have him/her read and sign the non-waiver section of the waiver certificate on the other side of this form. If the suspect/accused says "yes," have him/her read and sign the waiver section of the waiver certificate on the other side of this form.)*

**SPECIAL INSTRUCTIONS**

**WHEN SUSPECT/ACCUSED REFUSES TO SIGN WAIVER CERTIFICATE:** If the suspect/accused orally waives his/her rights but refuses to sign the waiver certificate, you may proceed with the questioning. Make notations on the waiver certificate to the effect that he/she has stated that he/she understands his/her rights, does not want a lawyer, wants to discuss the offense(s) under investigation, and refuses to sign the waiver certificate.

**IF WAIVER CERTIFICATE CANNOT BE COMPLETED IMMEDIATELY:** In all cases the waiver certificate must be completed as soon as possible. Every effort should be made to complete the waiver certificate before any questioning begins. If the waiver certificate cannot be completed at once, as in the case of street interrogation, completion may be temporarily postponed. Notes should be kept on the circumstances.

**PRIOR INCRIMINATING STATEMENTS:**

1. If the suspect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.

2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

**NOTE:** If 1 or 2 applies, the fact that the suspect/accused was advised accordingly should be noted in the comment section on the waiver certificate and initialed by the suspect/accused.

**WHEN SUSPECT/ACCUSED DISPLAYS INDECISION ON EXERCISING HIS OR HER RIGHTS DURING THE INTERROGATION PROCESS:** If during the interrogation, the suspect displays indecision about requesting counsel (for example, "Maybe I should get a lawyer."), further questioning must cease immediately. At that point, you may question the suspect/accused only concerning whether he or she desires to waive counsel. The questioning may not be utilized to discourage a suspect/accused from exercising his/her rights. (For example, do not make such comments as "If you didn't do anything wrong, you shouldn't need an attorney.")

COMMENTS *(Continued)*



**FOR OFFICIAL USE ONLY**

Full Name: \_\_\_\_\_ (b)(3)(b)(6)  
Rank: CPT  
SSN \_\_\_\_\_ (b)(3)(b)(6)  
Unit of Assignment/Duty position: C Co 1-118th IN  
Home address: CAMP AIMAL, AFGHANISTAN APO AE 09320  
Work phone Number: 312 431 8316  
Cell phone number: \_\_\_\_\_ (b)(6)

1. When and how did you find out about the accident? CELL PHONE CALL FROM 2LT YUDICE NIGHT OF THE INCIDENT
2. What actions did you take upon learning of this accident? Specifically who did you notify and how did you notify them? Did you report the accident to Col Smith and/or COL Bradshaw? 201st PARA TBC AND COLONEL (b)(3)(b)(6)
3. Do you have a CO SOP for preparing/conducting risk assessments on "routine" convoys operations or sec patrols? YES, CONOP FORM
4. Have you conducted a counseling session or AAR w/ LT Yudice regarding this incident? INFORMALLY, AWAITING OUTCOME OF THE IS-G.
5. What procedures or processes, if any, have been implemented as a result of this accident? (b)(2)High
6. What is your assessment of LT (b)(3)(b)(6) as a PLT LDR? A young, hard charging 2LT. WITH A LOT OF POTENTIAL THAT NEEDS SOME MORE FOCUS ON LEADING HIS MEN.
7. Do you have any concerns about any of the soldiers involved in the incident? Any previous problems or incidents w/ the soldiers from this plt? NONE
8. To your knowledge was a convoy brief conducted prior to execution of the convoy? Was there a safety portion included? Co SOP INCLUDES A CONVOY BRIEF
9. Who else do I need to interview to get the full story or complete my investigation? UNSURE
10. Is there any other information you have to give me that will facilitate my investigation? NONE THAT I KNOW OF.

"I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete."

\_\_\_\_\_  
(b)(3)(b)(6) \_\_\_\_\_ (Signature)  
\_\_\_\_\_  
CPT (Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

**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 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 <i>CAMP RIMAL, AFGH</i>	2. DATE (YYYYMMDD) <i>20071216</i>	3. TIME <i>1310</i>	4. FILE NUMBER
(b)(3)(b)(6)	A SSN (b)(3)(b)(6)		7. GRADE/STATUS <i>03/CPT</i>
8. ORGANIZATION OR ADDRESS <i>C Co 1-118 IN SELFOR, 201<sup>st</sup> RSAC-C</i>			

9. I, \_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

*SEE ATTACHED STATEMENT*

10. EXHIBIT	11. INITIALS <i>(b)(3)(b)(6)</i>	STATEMENT	PAGE 1 OF <i>2</i> PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING			
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.			

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF (b)(3)(b)(6) TAKEN AT Camp Aymar DATED 16 DEC 07

9. STATEMENT (Continued)

[Redacted Statement Area]

(b)(3)(b)(6)

AFFIDAVIT

I, (b)(3)(b)(6), 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 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 THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

(b)(3)(b)(6)

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(b)(3)(b)(6)  
Subscribed and sworn to before me, a person authorized by law to administer oaths, this 16 day of DEC 2007 at RSAR-C  
\_\_\_\_\_  
(b)(3)(b)(6)  
\_\_\_\_\_  
(b)(3)(b)(6)  
\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 3 OF 3 PAGES

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

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(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

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DATE: 16DEC07  
(b)(6) \_\_\_\_\_

NAME: \_\_\_\_\_ (b)(6)

(b)(6) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ (b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6), (b)(2)High

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

Nonresponsive

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(6)

**FOR OFFICIAL USE ONLY**

Full Name: \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_  
Rank: E-4/HM3  
SSN: \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_  
Unit of Assignment/Duty position: Navv ETT 620A Navv Corpsman \_\_\_\_\_  
Home address: \_\_\_\_\_ (b)(6) \_\_\_\_\_  
Work phone Number: 0195529200 \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ (b)(6) \_\_\_\_\_

1. Describe the circumstances surrounding the accident (who, what, when, where, why).  
21OCT07 SPC<sup>(3)</sup>, b<sup>(6)</sup> was driving the lead truck on b<sup>(2)</sup> High There were people gathered on the sides of the road and traffic passing by.

2. What is your PLT SOP for preparing/conducting risk assessments before convoys operations?

We did a convoy brief prior to our SP. I don't remember exactly what was said. It was a while ago and I have since left theater and honestly don't think about that stuff anymore.

3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?

Yes and Yes.

4. How would you assess the level of training and experience of the soldiers involved?

As with everyone, there's always room for improvement, but they knew what they were doing. I would say great.

5. What was the purpose of the convoy /patrol? What was the duration of the operation?

Patrol and go to camp Black Horse. Maybe an hour or two?

6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times). Upon our return to Camp Alamo we reported it right away. I believe someone called before we came back because we had to take the patient to the French hospital for MEDEVAC. We wrote our sworn statements and gave them to LT (b)(3)(b)(6)

7. Why was HM: (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a corpsman on the patrol? As TC?

I was the TC because there was no one else to fill the position. There were only 6 of us on the convoy including myself. YES, it's normal to have a corpsman on a patrol because I'm there to take care of the injured in case we get "hit". If there's no one else on the convoy to fill the position then yes.

9. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment?  
If so explain.

I don't know, I wasn't there with them the whole time during my deployment.

**FOR OFFICIAL USE ONLY**  
**FOR OFFICIAL USE ONLY**

10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

Don't know because I left shortly after to return home.

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

I think that's what you're doing now, so yes.

12. Do you believe there was any negligence on the part of the US soldiers involved?

No, they did their job and sometimes accidents just happen.

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

No damage was found.

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

No, we were busy cleaning blood off the stretcher and inside the truck.

15. How did you estimate the speed of the vehicle at the time of the accident?

I asked SPC(b)(3)(b)(6)

16. Describe traffic conditions on (b)(2)High the morning of the accident.

Heavy pedestrians congregated at what looked like a bus stop. Road construction, concrete barriers in the middle of (b)(2)High 3 dirt trucks in front of us, normal traffic, and a mom with her kids on the side with the concrete barriers.

17. What is the speed limit on (b)(2)High ?

I didn't know Afghanistan had posted speed limits. I honestly don't know, it's usually what's safe for the convoy.

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

When I was there they seemed to be holding up ok. I asked them and told them if they needed to talk they could talk to me. I don't think they need professional counseling.

19. Who was the convoy NCOIC?

Don't remember.

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what, when, where, why).  
I wasn't there when that happened so this question does not apply to me.

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?

I think SPC (b)(3)(b)(6) is an excellent and safe driver. His driving is that of what it should be, he moves the vehicle safely and drives like one should drive a (b)(2)High in a hostile environment.

**FOR OFFICIAL USE ONLY**  
**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?

No, there were people on both sides of the road and the man stepped out in front of the truck. There was nothing SPC (b)(3)(b)(6) could have done differently, the man just took a step backwards and that was it. I never saw his face just the side view.

23. Who else do I need to interview to get the full story or complete my investigation?

I don't know, the other people on the convoy.

24. Is there any other information you have to give me that will facilitate my investigation?

No.

"I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete."

\_\_\_\_\_ (Signature)  
\_\_\_\_\_ HM3 (b)(3)(b)(6) \_\_\_\_\_ (Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

# PRIVACY ACT STATEMENT

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**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

### 3. ROUTINE USES:

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### 4. DISCLOSURE:

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 13 DEC 07

NAME: \_\_\_\_\_ (b)(3)(b)(6)

SIGNATURE: \_\_\_\_\_ (b)(3)(b)(6)

CENTCOM 011611

**FOR OFFICIAL USE ONLY**

Full Name: \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_  
Rank: SPC  
SSN: \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_  
Unit of Assignment/Duty position: C co. 1-118/ SECFOR \_\_\_\_\_  
Home address: \_\_\_\_\_ (b)(6) \_\_\_\_\_  
Work phone Number: X \_\_\_\_\_  
Cell phone number: \_\_\_\_\_ (b)(6) \_\_\_\_\_

1. Describe the circumstances surrounding the accident (who, what, when, where, why).
  - 1<sup>st</sup> squad
  - Vehicle accident
  - Route Violet
  - Patrol
  
2. What is your PLT SOP for preparing/conducting risk assessments before convoys operations?
  - (b)(2)High
  
3. Was a convoy brief conducted prior to execution of this convoy? Was there a safety portion included?
  - Yes, yes
  
4. How would you assess the level of training and experience of the soldiers involved?
  - Well trained and unsure of experience
  
5. What was the purpose of the convoy /patrol? What was the duration of the operation?
  - Presence patrol/approximately 1-2 hours
  
6. Describe the sequence of events w/ regard to reporting the accident through the chain of command. (Include dates & times).
  - Unsure of dates and time
  - accident
  - reported to cobra toc
  - unsure where it went from there
  
7. Why was HM3 (b)(3)(b)(6) the TC of the vehicle? Is it normal to have a medic on the patrol? As TC?
  - We did not have enough secfor soldiers to fill my truck, so she was put in as our medic and acting TC.
  - We always roll out with a medic. They usually end up TC.
  
- 9.

10. Have any of the soldiers involved in the accident had any previous incidents or accidents during this deployment?

If so explain.

NO

**FOR OFFICIAL USE ONLY**  
**FOR OFFICIAL USE ONLY**

10. As a result of the accident what procedures have been implemented to enhance safety and prevent any future occurrences?

Unsure, sent downrange

11. Was an AAR or internal investigation following the incident conducted to review what happened and why it happened?

Yes, after we got done fillin out the statements

12. Do you believe there was any negligence on the part of the US soldiers involved?

NO

13. Was there any loss or damaged of equipment which resulted from the accident, if so what was the approx damage costs?

NO

14. Do you believe there was a meeting or get together to "get the story straight" before completing any sworn statements?

NO

15. How did you estimate the speed of the vehicle at the time of the accident?

unsure

16. Describe traffic conditions on (b)(2)High the morning of the accident.

Light

17. What is the speed limit on (b)(2)High ?

(b)(2)High

18. How are the soldiers that were involved holding up? Do you see a need for any professional counseling?

Good. NO

19. Who was the convoy NCOIC?

Sgt (b)(3)(b)(6)

20. Weren't some of your soldiers involved in a recent (b)(2)High roll-over? (Who, what , when, where, why).

Yes. Another squad

21. What is your assessment of the driver of the vehicle? Is he a safety conscious driver? How would you characterize his driving?  
Good driver  
Yes  
Professional driver

**FOR OFFICIAL USE ONLY**  
**FOR OFFICIAL USE ONLY**

22. From a passenger/driver perspective, could this accident have been avoided?  
Gunner-could not have been avoided

23. Who else do I need to interview to get the full story or complete my investigation?  
Whoever else was involved

24. Is there any other information you have to give me that will facilitate my investigation?  
No

“I do hereby swear or affirm that the statement and information that I have given is the truth, the whole truth, and nothing but the truth so help me god. I further acknowledge that I have been advised not to discuss this investigation with anyone until it is complete.”

\_\_\_\_\_ ORIGINAL SIGNED \_\_\_\_\_ (Signature)

\_\_\_\_\_ (b)(3), b(6) / SPC \_\_\_\_\_ (Printed Name/Rank)

**FOR OFFICIAL USE ONLY**

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

**1. PURPOSE:** The authority for the collection of personal information during the conduct of this informal investigation under AR 15-6 is 10 U.S.C. §3013.

**2. PRINCIPAL PURPOSE:** The purpose for soliciting this information is to ascertain sufficient factual information on which to make findings and recommendations to assist the appointing authority in determining the appropriate disposition of this matter.

**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 1<sup>st</sup> Dec 07

NAME: \_\_\_\_\_

(b)(3)(b)(6)

SIGNATURE \_\_\_\_\_

(b)(3)(b)(6)

CENTCOM.011615

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; 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 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 Camp Alamo/ KMTC, Kabul Afghanistan	2. DATE (YYYYMMDD) 2008/12/18/19	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3)(b)(6)	6. SSN (b)(3)(b)(6)	7. GRADE/STATUS O-4	
8. ORGANIZATION OR ADDRESS 218th BCT / TAG VI			

9. I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
 The following is in reference to the accident involving a Afghan citizen and the KMTC (b)(2)High on 21 OCT. 2007.  
 I (b)(3)(b)(6) was at my place of duty in the TAG S3 shop at Approximately 0900 on the morning of 21 OCT. 2007 when the S2 NCO who shares the office with the S3 received a phone call from the KMTC S2 OIC reporting that a Afghan (b)(6) was struck and killed by an American convoy. Due to lack of detail on the phone call S2 NCO went over to KMTC to gather more detailed information. I then checked with (b)(2)High TOC as per (b)(2)High to see if they had any details on any incident, at the time they did not. S2 NCO contacted me by cell phone and informed me that the Afghan civilian was a (b)(6) and was struck out side KMTC by an unknown American convoy. I informed the TAG commander that a KMTC civilian instructor had been struck by an ANA convoy and that the initial report was that he had been killed. I returned to the (b)(2)High TOC at approximately 0930 to find about any further development. The (b)(2)High NCOIC was on the Cell phone with the (b)(2)High patrol that was on the road, and they were reporting that they had hit a Afghan with the (b)(2)High mirror in front of KMTC. The patrol was at Camp Warehouse TMC and that the Afghan was unconscious and being treated. It was determined after another phone call to the KMTC S2 that the two incidents were the same by confirming the name of the victim. The (b)(2)High patrol reported that the victim was to be Air lifted to the Hospital in Bagram. the last information I had on the status of the instructor was that he was alive, unconscious, and at Bagram. I was informed several (est 8) days later in a combined staff meeting by the KMTC S2 that the instructor had died.

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(3)(b)(6)	PAGE 1 OF 2 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER. MUST BE BE INDICATED.

9. STATEMENT (Continued)

*(The main body of the statement is crossed out with a large X and contains several instances of (b)(3), b(6))*

**AFFIDAVIT**

I, (b)(3)(b)(6), 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 WITHOUT COERCION, UNLAWFUL INFLUENCE

(b)(3)(b)(6)  
*(Signature of Person Making Statement)*

WITNE (b)(3)(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19 day of DEC, 2007 at CAMP ALAMO AFGHANISTAN

2187 BCE TNG  
ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

JUDGE ADVOCATE  
*(Authority To Administer Oaths)*

# PRIVACY ACT STATEMENT

[Use ONLY if the AR 15-6 Report of Investigation will be filed under the witness' name or other personal identifier (AR 15-6, paragraph 3-7e); generally, this is only applicable to the "subject" of the investigation (i.e., a suspect or respondent) or when private information is elicited.]

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**3. ROUTINE USES:**

a. Any information you provide may be filed in a system of records under your name or other personal identifier and used for any lawful and official purpose.

b. Any information you provide is disclosable to members of the Department of Defense (DOD) who have an official need for this information in the performance of their duties. Blanket routine uses listed in AR 340-21 also apply. In addition, the information may be disclosed to government agencies outside DOD as follows:

(1) To members of the Department of Justice when necessary in the defense of litigation against DOD or members of DOD as a result of actions taken in their official capacity.

(2) To members of the Department of Justice when necessary for the further investigation of criminal misconduct.

**4. DISCLOSURE:**

a. For an individual who may be ordered to testify (no right to refuse to testify): Providing the information is MANDATORY. Failure to provide information could result in disciplinary or other adverse action against you under the Uniform Code of Military Justice, Army regulations, or Office of Personnel Management regulations, as appropriate.

b. For an individual who is warned of his/her rights under Article 31, UCMJ, or the Fifth Amendment to the U.S. Constitution: Providing information is VOLUNTARY. There will be no adverse effect on you if you choose to invoke your Article 31 or Fifth Amendment rights, other than that which might result as a consequence of the appointing authority having less than complete information on which to base his/her disposition of this matter.

DATE: 22 Dec 07

NAME: \_\_\_\_\_

(b)(3)(b)(6)

SIGNATURE: \_\_\_\_\_

(b)(3), b(6)

CENTCOM 011618





# Issues

*For 31 Oct RUB*



CENTCOM 011620

SIGNIFICANT ISSUES / EVENTS: HEADQUARTERS	STATUS
Death of (b)(6) was struck by the side view mirror of a (b)(6) on 07 and passed away at BAF on 23 Oct 07 due to a traumatic brain injury.	(b)(6) was on 21 Oct
GARRISON Nonresponsive TRAINING & EDUCATION	

Nonresponsive



USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

NOTHING FOLLOWS

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

9. STATEMENT (Continued)

**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 INFLUEN

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG		PAGE NO.	NO. OF PAGES		
C co 1/118 INF		Alamo			
		FROM	DATE	HOUR	TO
ITEM NO.	TIME	0600	21 OCT	0600	22 OCT
		Incidents, messages, orders		ACTION TAKEN	INL

Nonresponsive

12	0925	SGT (3)(b) called and stated that they were traveling down (b)(2)High and they struck a local national with the mirror on the hummer in the back of the head. The local national was at Warehouse and now he's going to Baarim by Meddevac.	loaded	Nonresponsive, (b)(2)
----	------	---	--------	-----------------------

Nonresponsive

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG			PAGE NO.	NO. OF PAGES				
<b>C co 1/118 INF</b>			<b>Alamo</b>			PERIOD COVERED		
						FROM		TO
						HOUR	DATE	HOUR
			0600	21 OCT	0600			
ITEM NO.	TIME		Incidents, messages, orders	ACTION TAKEN				
	IN	OUT						

Nonresponsive

12		0925	SGT. (b)(3)(c) called and stated that they were	logged
----	--	------	---	--------

Nonresponsive

Nonresponsive

Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High

Annex A-1

**UNCLASSIFIED**

Exhibit U

CENTCOM 011627



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

CJTF PHX SJA

3 November 2007

MEMORANDUM FOR LTC (b)(3)(b)(6) TAG, 218<sup>th</sup> BCT, CJTF PHOENIX VI

SUBJECT: Appointment of Investigating Officer – AR 15-6

1. References:

- a. AR 15-6, Procedures for Investigating Officers and Boards of Officers, 2 Oct 06
- b. Uniform Code of Military Justice, 2005

2. Appointment. You are hereby appointed as an investigating officer IAW AR 15-6, to conduct an informal investigation into the vehicle accident involving an UAH striking and killing a local national on 21 OCT 2007 (see attached SIR). Your investigation should include the following:

- a. The facts and circumstances of the accident;
- b. The mission and purpose of the convoy/patrol at the time of the accident and the risk assessment conducted;
- c. The cause of the accident and an assessment of actions that can be taken to avoid future accidents;
- d. The nature and extent of loss of military equipment, if any; and
- e. How, when and by whom the accident was initially reported and the nature and reason for the delay in reporting the accident or subsequent death of the local national, if any.

**THIS INVESTIGATION IS YOUR PRIMARY DUTY AND TAKES PRECEDENCE  
OVER ALL OTHER DUTIES ASSIGNED.**

CENTCOM 011628

CJTF PHX SJA

SUBJECT: Appointment of Investigating Officer – AR 15-6

3. Your legal advisor. Before you begin your investigation, you must receive a briefing from the Office of the Staff Judge Advocate (OSJA). MAJ (b)(3)(b)(6) is appointed as your legal advisor. You must contact MAJ (b)(3)(b)(6) no later than four (4) days from the date of appointment so that he may provide you a briefing packet. You can reach MAJ (b)(3)(b)(6) at (b)(3)(b)(6), (b)(2)High DSN: 312-237-2149, cell: (b)(6) B Hut Number H5; Camp Phoenix, Kabul, Afghanistan. You should consult with MAJ (b)(3)(b)(6) regarding developing an investigation plan, determining whether witnesses need to be advised of their rights under the UCMJ, Article 31 or the Fifth Amendment, special procedures for interviewing Department of the Army civilian employees, and preparing findings and recommendations.

4. Procedures.

a. Because no individual has been named as a respondent at this time, you are to conduct this investigation using the informal procedures outlined in Chapter 3, AR 15-6.

b. You should swear in all witnesses prior to their interview. You are to thoroughly document all witness interviews on a DA Form 2823 (Sworn Statement). You should interview witnesses in person, if possible. Provide every witness a privacy act statement before taking any personal information such as social security numbers. You are to retain copies of the signed privacy act statement. If you are to use a DA Form 2823 you should reduce any oral statements to memorandums for record.

c. If in the course of your investigation you come to reasonably suspect that certain people may have committed criminal conduct, you must advise them of their rights under Article 31, UCMJ (right against self-incrimination) and the Fifth Amendment, U.S. Constitution, as appropriate. You must record any waivers of their Article 31 or Fifth Amendment rights on a DA Form 3881 (Rights Warning Procedure / Waiver Certificate). If a witness does not wish to waive their rights and instead requests an attorney, refer them to the OSJA, POC: SGT (b)(3)(b)(6) (b)(3)(b)(6), (b)(2)High Tel: 312-237-2112.

d. At the conclusion of your investigation, you will report your findings and recommendations on a DA Form 1574 (Report of Investigation).

1. Your findings must be supported by substantial evidence. Your evidence needs to be attached to your report, with each document labeled as a separate exhibit. You are required to cite, by exhibit number, the evidence that supports your findings in the report.

2. Your recommendations must be supported by the findings. Your recommendation should state whether someone is liable for the loss. If appropriate, include in your recommendations whether judicial, or non-judicial proceedings, or further investigation is warranted.

CJTF PHX SJA

SUBJECT: Appointment of Investigating Officer – AR 15-6

3. Your report must include an index of all exhibits. Your report must include a written chronology of your actions on this investigation. Your report must include a table of contents.

e. You are strongly encouraged to consult your legal advisor if you have any questions regarding these procedures.

5. Superior conflict. If, in the course of your investigation, you determine that the investigation will require you to examine the conduct or performance of duty of a soldier senior to you, or to which you have a moral or ethical conflict, then you shall report that fact to my office immediately. I will then appoint another soldier, senior to the soldier affected, who will either replace you as the investigating officer or conduct a separate inquiry into the matters pertaining to that soldier.

6. Scope of the investigation. Your objective is to conduct a thorough and impartial investigation of the matters identified above. You should consider whether any regulations or UCMJ provisions have been violated. Your report, when finished, should answer these questions:

- a. What happened?
- b. Who was involved or witnessed what happened? What did they see or do?
- c. Where did it happen?
- d. When did it happen?
- e. Why did it happen?
- f. How did it happen?

7. Determination of possible criminal conduct. If you determine through your investigation that possible criminal conduct has occurred, immediately notify your legal advisor before proceeding. Criminal conduct includes violations of the UCMJ, of punitive regulations, International, Host Nation, or other applicable State or Federal Law. In making this decision, consider whether it is more likely than not, under the circumstances you are aware of that an offense has been committed by someone.

8. Legal review. Due to the type and nature of the investigation a legal review of your report is required. LTC (b)(3)(b)(6) is appointed as the legal reviewer for the Task Force Commander.

CJTF PHX SJA

SUBJECT: Appointment of Investigating Officer – AR 15-6

9. Suspense. Your appointment remains in effect until the investigation is complete and no further investigation is required, unless released sooner by the Task Force Commander. Submit your findings and recommendations **NLT 10 DAYS** from the date of appointment to the Office of the Staff Judge Advocate, B Hut Number H5; Camp Phoenix, Kabul, Afghanistan. You should request extensions only when circumstances require. Submit your requests for extensions to the Task Force Commander, through LTC (b)(3)(b)(6) at (b)(3)(b)(6), (b)(2)High, DSN 312-237-2236.

FOR THE COMMANDER

(b)(3)(b)(6)

Encl

COL, IN  
Deputy Commanding Officer

CF:  
COL (b)(3)(b)(6)  
MAJ

TABLE OF CONTENTS

- I. DA FORM 1574 (Report of Proceedings by Investigating Officer)
- II. CHRONOLOGY OF EVENTS
- III. INDEX OF EXIBITS
- IV. EXIBITS A-U

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by Commander Combined Joint task Force Phoenix VI, BG Robert E. Livingston (Appointing authority)

on 3 November 2007 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at (Place) at (Time)

on (Date) (If a formal board met for more than one session, check here [ ]). Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any. The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1700 (Time) on 26 December 2007 (Date) and completed findings and recommendations at 1700 (Time) on 28 December 2007 (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

YES NO 1/ NA 2/

- 1 Inclosures (para 3-15, AR 15-6)
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)
a. The letter of appointment or a summary of oral appointment data?
b. Copy of notice to respondent, if any?(See item 9, below)
c. Other correspondence with respondent or counsel, if any?
d. All other written communications to or from the appointing authority?
e. Privacy Act Statements (Certificate, if statement provided orally)?
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?
g. Information as to sessions of a formal board not included on page 1 of this report?
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?

(b)(2)High

FOOTNOTES: 1/ Explain all negative answers on an attached sheet. 2/ Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

		YES	NO <sup>1/</sup>	NA <sup>2/</sup>
<b>Exhibits (para 3-16, AR 15-6)</b>				
a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?				
b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?				
c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?				
d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?				
e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?				
f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?				
g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?				
3 Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?				
<b>B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)</b>				
4 At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?				
5 Was a quorum present at every session of the board (para 5-2b, AR 15-6)?				
6 Was each absence of any member properly excused (para 5-2a, AR 15-6)?				
7 Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?				
8 If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?				
<b>C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)</b>				
9 Notice to respondents (para 5-5, AR 15-6):				
a. Is the method and date of delivery to the respondent indicated on each letter of notification?				
b. Was the date of delivery at least five working days prior to the first session of the board?				
c. Does each letter of notification indicate --				
(1) the date, hour, and place of the first session of the board concerning that respondent?				
(2) the matter to be investigated, including specific allegations against the respondent, if any?				
(3) the respondent's rights with regard to counsel?				
(4) the name and address of each witness expected to be called by the recorder?				
(5) the respondent's rights to be present, present evidence, and call witnesses?				
d. Was the respondent provided a copy of all unclassified documents in the case file?				
e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?				
10 If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):				
a. Was he properly notified (para 5-5, AR 15-6)?				
b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?				
11 Counsel (para 5-6, AR 15-6):				
a. Was each respondent represented by counsel?				
Name and business address of counsel:				
(If counsel is a lawyer, check here <input type="checkbox"/> )				
b. Was respondent's counsel present at all open sessions of the board relating to that respondent?				
c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?				
12 If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):				
a. Was the challenge properly denied and by the appropriate officer?				
b. Did each member successfully challenged cease to participate in the proceedings?				
13 Was the respondent given an opportunity to (para 5-8a, AR 15-6):				
a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?				
b. Examine and object to the introduction of real and documentary evidence, including written statements?				
c. Object to the testimony of witnesses and cross-examine witnesses other than his own?				
d. Call witnesses and otherwise introduce evidence?				
e. Testify as a witness?				
f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?				
14 If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?				
15 Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?				
<b>FOOTNOTES:</b> <sup>1/</sup> Explain all negative answers on an attached sheet.				
<sup>2/</sup> Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.				

(b)(2)High

**SECTION IV - FINDINGS** (para 3-10, AR 15-6)

The (investigating officer) (board) , having carefully considered the evidence, finds:

As a result of my investigation into the vehicle accident involving a (b)(2)High striking and killing a local national on 21 OCT 07, the following information is provided as required:

a. Facts and circumstances surrounding the incident. On 21 OCT 07 soldiers assigned to 1st PLT Co C 1-118 IN (b)(2)High were conducting a (b)(2)High patrol in the vicinity of Kabul Military Training Center (KMTC). This patrol consisted of two (2) (b)(2)High and six (6) personnel. Vehicle #1 consisted of: SPC (b)(3)(b)(6) (Driver), HM3 (b)(3)(b)(6) TC), and SPC (b)(3)(b)(6) (Gunner). Vehicle #2 consisted of: CPL (b)(3)(b)(6) (Driver), SGT (b)(3)(b)(6) (TC/Convoy CDR), and SPC (b)(3)(b)(6) (Gunner). Upon nearing completion of the mission, SGT (b)(3)(b)(6) directed the convoy to return to Camp Alamo using the gate located off (b)(2) High (Jalalabad Highway) as opposed to entering KMTC through the Masoud gate. The decision to use this route was a Random Anti-terrorism Measure (RAM) so as not to establish a routine or pattern for their Convoy Operations. As the convoy the convoy turned left onto (b)(2)High traveling west, they encountered heavy traffic conditions. As they approached checkpoint V6, they came upon three dump trucks and passed them. After passing the trucks the road narrowed or bottlenecked into one lane. There were parked vehicles in the road on the right hand side of the road and a median which separates the east and west bound lanes of (b)(2) High. The driver of vehicle #1 reported seeing a family walking between the median and into on-coming traffic. A large group of LN's (estimated between 12-15 personnel) were walking in/around the area of the parked vehicles. As the convoy was passing through the area, the estimated speed of the convoy at the time of the accident was 30-35 MPH one of the LN's stepped backwards into the road without looking. As the LN stepped backwards he was struck by vehicle #1. SGT (b)(3)(b)(6) ordered the convoy to stop and HM3 (b)(3)(b)(6) attempted to perform first aid. Due to the nature and extent of the injuries to the LN, it was determined that the best course of action was to evacuate the casualty to the hospital at Camp Warehouse. The convoy attempted to MEDEVAC the wounded LN using internal assets; however, they were unable to load the casualty into their (b)(2) High. An Afghan National Police (ANP) Light Tactical Vehicle (LTV) arrived on the scene and transported the LN to Camp Warehouse. The LN was ultimately airlifted to Bagram Airfield (BAF) where he died a few days later. The LN was later identified as (b)(6) a literacy instructor at KMTC. Although I was unable to substantiate the allegation, it was reported to me that the LN had been involved in a similar incident with a motorcycle a few weeks prior to this incident. As best as I was able to ascertain, the incident took place between 0900 and 0920.

b. The mission purpose of the convoy/patrol at the time of the accident and risk assessment conducted.  
The mission of the convoy/patrol was a routine mounted security patrol in the PLT area of operations. The duration of the mission was estimated to be approximately 1.5 hrs. With regard to the risk assessment, the PLT Ldr (2LT) (b)(3)(b)(6) prepares a weekly risk assessment and posts it in the TOC. Per the PLT SOP the Convoy Cdr as a part of his convoy operations brief must include the risk assessment and ensure that safety is adequately addressed during the briefing. By all accounts SGT (b)(3)(b)(6) conducted this briefing and included appropriate risk and safety information.

Continued on attached sheet.

**SECTION V - RECOMMENDATIONS** (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (board) recommends:

(b)(5), (b)(2)High

c. The cause of the accident and an assessment of actions that can be taken to avoid future accidents. There were numerous factors which resulted in the accident; however, I do not believe there was any negligence on the part of the Soldiers involved. While tragic and unfortunate I am confident there was nothing the Soldiers involved could have done to prevent this accident from occurring. Having personally traveled this route on numerous occasions and having first hand knowledge of the area in which the accident took place, I am surprised this type accident hasn't occurred more frequently. The primary cause of the accident was heavy traffic combined with a narrowing/bottleneck road due to vehicles parked in/on the route and a LN not maintaining situational awareness when moving around vehicles on a heavily traveled road. With regard to actions or steps that may be taken to prevent future occurrences/accidents, I prefer to focus my recommendations /comments on lessons learned. First and foremost, crew communications are vital. In a situation such as this the Driver, TC, and Gunner must continuously communicate about what they observe during a Convoy operation. Experience is also a key factor and in this instance having a young Navy medic (E4) serve as a TC was a poor decision. Convoy Operations in an urban environment are extremely dangerous and strong Command and Control (C2) is required to conduct safe operations. The Convoy Cdr must strictly enforce proper interval, speed and ensure that communications are maintained throughout the operation.

d. The nature and extent of loss of military equipment. There was no loss or damaged equipment which resulted from this accident.

e. How, when and by whom the accident was initially reported and the nature and reason for delay in reporting the accident or subsequent death of the local national. According to the staff journal entry located at exhibit S, the Cobra TOC was notified at 0925 on 21 OCT 07. SFC (b)(3)(b)(6) PLT SGT reports that he received a phone call from SGT (b)(3)(b)(6) to report the incident. Upon the patrol returning to Camp Alamo, 2LT (b)(3)(b)(6) (was directed by COL (b)(3)(b)(6)) to take statements from the soldiers involved. The TAG Assistant S3, MAJ (b)(3)(b)(6) had earlier briefed COL (b)(3)(b)(6) on the limited information that they had received from the Cobra TOC regarding the accident. Using the statements taken from the soldiers involved in the accident, 2LT (b)(3)(b)(6) prepared his Serious Incident Report (SIR) and submitted it to his Company Commander (CPT) (b)(3)(b)(6) located at 201st RSAC (Camp Blackhorse). It is important to note, that the TAG Cdr had no Command Support relationship to the (b)(2) High PLT (see Task Organization located at exhibit U). CPT (b)(3)(b)(6) reports having been telephonically notified by 2LY (b)(3)(b)(6) about the accident but cannot recall the approximate time. According to CPT (b)(3)(b)(6) he verbally notified his next higher, COL (b)(3)(b)(6) (201st RSAC Cdr) and the 201st RSAC TOC. The date time group on the SIR was 211612OCT2007. The 201st RSAC Battle Captain's log, located at Exhibit T, indicates that the 201st RSAC had visibility of the incident as early as 1015 on 21 OCT 07. According to the Battle captain's log under actions taken, 201st RSAC attempted to contact Staff Judge Advocate (SJA) at Camp Phoenix to report the incident. The SJA at Camp Phoenix, LTC (b)(3)(b)(6) reports that neither he nor his staff was notified. I attempted to interview COL (b)(3)(b)(6) 201st RSAC Cdr, regarding his knowledge of the events which transpired that day and the subsequent reporting of the accident; however he wasn't willing to discuss the events with me in a manner which was conducive to my understanding what happened and if the incident had ever been reported to CJTF Phoenix. COL (b)(3)(b)(6) attitude and demeanor towards me as the IO was rude and as unprofessional as any experience that I have observed in 22 years of military service. As best as I have been able to ascertain, the 201st RSAC submitted the SIR to Phoenix on 30 OCT 2007 only after the situation came to light during a Commanders Update Brief. A day following my trip to Camp Blackhorse to discuss the issue with COL (b)(3)(b)(6) I was copied on an email from COL (b)(3)(b)(6) to COL (b)(3)(b)(6) in which he identified the timely reporting of the accident as a "problem". Based upon these facts, my conclusion is that the reporting process broke down at the 201st RSAC Command level.

**SECTION VI - AUTHENTICATION** (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(b)(3)(b)(6)

\_\_\_\_\_  
(Recorder)

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

**SECTION VII - MINORITY REPORT** (para 3-13, AR 15-6)

To the extent indicated in Inclosure \_\_\_\_\_, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

**SECTION VIII - ACTION BY APPOINTING AUTHORITY** (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

Please see decision & disposition memos.

(b)(3)(b)(6)

\_\_\_\_\_

COL, IN  
DCO



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

CJTF PHX SJA

2 January 2008

MEMORANDUM THRU COL (b)(3)(b)(6) DCO

FOR BG ROBERT E. LIVINGSTON, CJTF PHX VI COMMANDER

SUBJECT: LEGAL REVIEW OF AR 15-6 INVESTIGATION

1. In accordance with AR 15-6 and the Appointment Memorandum dated 3 November 2007, I have reviewed the Investigating Officer's Report of Proceedings (DA 1574) and the accompanying Investigative Report.

2. IAW with AR 15-6 section 2-3 b, I have made the following determinations:

- a. The proceedings substantially comply with the legal requirements of AR 15-6.
- b. No fatal errors in the investigation were found.
- c. There is sufficient evidence to support the findings of the investigation.
- d. The recommendations of the Investigating Officer are consistent with the findings.

3. I concur with the Investigating Officer's recommendation that the 201<sup>st</sup> ARSIC must ensure SIR's and CCIR's are submitted in a timely manner through multiple channels (Command, Operations Centers, and SJA) and via multiple methods (secure electronic mail and phone).

4. POC is the undersigned at (b)(3)(b)(6), (b)(2)High or DSN 312-237-2236.

(b)(3)(b)(6)

LTC, JA  
Staff Judge Advocate

CENTCOM 011638



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

CJTF PHX SJA

2 January 2008

MEMORANDUM THRU SJA

FOR RECORD

**SUBJECT:** Decision Memorandum on AR 15-6 vehicle accident involving an UAH striking and killing a local national on 21 October 2007.

1. I have reviewed the AR 15-6 investigation.

2. Findings:

a (b)(3)(b)(6) I approve the findings.

b. [ ] I do not approve the findings, and direct the report to the investigating officer to reconsider the facts, and develop findings consistent with the facts.

3. Recommendations:

a (b)(3)(b)(6) I approve the recommendations.

b. [ ] I do not approve the recommendations, find them inconsistent with the findings, and return to the investigating officer for review and resubmission to the SJA.

c. [ ] I approve in part the recommendations, and by substitution or exception direct the following:

1.

---

2.

---

4. POC is LTC (b)(3)(b)(6) SJA, (b)(3), b(6), (b)(2)High

(b)(3)(b)(6)

COL, IN  
Deputy Commanding Officer

CENTCOM 011639



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX VI  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

CJTF PHX SJA

2 January 2008

MEMORANDUM FOR SJA

SUBJECT: Request for Disposition Decision – Vehicle accident involving an UAH striking and killing a local national on 21 October 2007.

I have reviewed the AR 15-6 in the above matter. Based on the case I direct the following action(s):

- a.  b)(3)(b)(6) No further action.
- b.  Directed to the Soldiers immediate commander for determination of appropriate action, if any.
- c.  Oral counseling by the soldiers next immediate commander.
- d.  Oral counseling by the Deputy or myself.
- e.  Written adverse counseling administered by  CG  DCO  CDR
- f.  Memorandum of Reprimand  CG  DCO  CDR
- g.  Article 15 (CJTF 82 original jurisdiction with E9s and Officers)
- h.  Court-Martial Charges
- i.  Other:

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(b)(3)(b)(6)

COL, IN  
Deputy Commanding Officer

CENTCOM 011640

**TITLE: ACCIDENT REPORT/SERIOUS INCIDENT REPORT (SIR)  
REPORT NUMBER:**

(b)(2)High

211612OCT2007

1<sup>st</sup> PLT, C Co 1-118 IN SECFOR

UAH accident w/ LN pedestrian

210930OCT2007

NO

(b)(2)High

(b)(2)High

(1) (b)(3)(b)(6) none, non-fatal

(2) E-4

(3) (b)(3)(b)(6)

(4)

(5) (b)(3), b(6)

(6)

(7) Driver

(8) -

(9) 1<sup>st</sup> Plt, C Co 1-118<sup>th</sup> IN

(10) PFD

(1) (b)(3)(b)(6) none, non-fatal

(2) E-4

(3) (b)(3)(b)(6)

(4)

(5) (b)(3), b(6)

(6)

(7) Gunner

(8) -

(9) 1<sup>st</sup> Plt, C Co 1-118<sup>th</sup> IN

(10) PFD

(1) (b)(3)(b)(6) , none, non-fatal

(2) E-4

(3)

(4) (b)(3)(b)(6)

(5)

(6)

(7) Truck Commander

(8) -

(9) TAG TMC, Camp Alamo, KMTC, Afghanistan

(10) PFD

b)(2)High passenger side rear-view mirror hit LN pedestrian during mounted patrol Anticipated Publicity

2LT (b)(3)(b)(6) Camp Alamo SECFOR PL

2LT (b)(3)(b)(6) Camp Alamo SECFOR PL

(b)(2)High

N/A

SEC 43 (SPC(3)(b)) SP(b)(3)(b)(6) HM3 (b)(3)(b)(6) was lead vehicle and SEC 44 (CPL b)(3)(b)(6) SPC (b)(3)(b)(6) SGT )(6), (b)( was trail vehicle. Convoy was coming up the range road out to (b)(2)High on V6. The convoy had made the right onto and had passed three dump trucks when on the median to their left a woman w/ two children and a man on the actual road were walking towards the convoy. On the right, two parked vans w/ approx. 12-15 LNs were standing on the road next to the vans. As SEC 43 approached to about )(2)High SEC 43 let off the gas to a speed of 35 mph. At about )(2)High a LN took a back step into the road facing the van on the right w/o looking at traffic or the oncoming convoy. SEC 43 passes through the pedestrian traffic and hears two thuds from the right side. He travelled about (b)(2)High and the Convoy Commander (in the second UAFU) ordered the convoy to stop. The Convoy Commander and HM3 (b)(3)(b)(6) (Navy medic) went back to the scene and tried to render medical aid and control the crowd. After about 5 minutes, the LN was placed on a gurney and attempted to put in SEC 44 but were unsuccessful. They then put him in the bed of an ANP pick-up and proceeded to Camp Warehouse. They stayed there for approx. 2 hours and the LN was MEDEVACed to BAF and the Patrol returned to Camp Alamo through (b)(2)High N/A

(b)(2)High

(b)(3)(b)(6) E-mail (b)(3)(b)(6), (b)(2)High

218<sup>m</sup> BCT

N/A

good visibility, day, dry

None

(b)(2)High

Kabul Military Training Center

No

Yes

No

No

N/A

No

KALA

KALA

(b)(2)High, Nonresponsive

N/A

N/A

(b)(2)High

No

N/A

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; 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 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 <b>CAMP ALAMO KMTC</b>	2. DATE (YYYYMMDD) <b>20071021</b>	3. TIME <b>1242</b>	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME <b>(b)(3)(b)(6)</b>	6. SSN <b>(b)(3)(b)(6)</b>	7. GRADE/STATUS <b>E-4/HM3 USN</b>	
8. ORGANIZATION OR ADDRESS <b><del>1st Lt</del> TMC TAG III CAMP ALAMO KMTC</b>			

9. **(b)(3)(b)(6)**

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

TODAY AT APPROXIMATELY 0930 20071021 ON U-BAD ROAD WE WERE DRIVING IN A **(b)(2)High** SPC **(b)(3), b(6)** WAS OUR GUNNER, SPC **(b)(3), b(6)** WAS OUR DRIVER, AND I WAS TC IN THE LEAD VEHICLE. WE WERE TRAVELING AT ABOUT **(b)(2)High** MPH AT THE TIME OF THE INCIDENT. THERE WERE 3 (THREE) DIRT TRUCKS IN FRONT OF US. WE PROCEEDED TO PASS THEM WITH OUR 2 (TWO) TRUCK CONVOY. UPON PASSING, THERE WAS A GROUP OF AFGHANS STANDING TO THE SIDE OF THE ROAD AT WHAT LOOKED LIKE A BUSS STOP. THERE WAS A BLACK VAN PARKED TO THE SIDE AS WELL. ON THE DRIVERS SIDE THERE WERE CONCRETE BARRIERS AND ROCKS. THE DRIVER WAS CLEAR TO PASS AND WAS AS FAR OVER TO THE DRIVERS SIDE AS POSSIBLE. AS WE WERE PASSING ONE OF THE AFGHAN MALES STEPPED BACKWARDS INTO THE ROAD AND WAS INITIALLY STRUCK BY THE TC'S SIDE MIRROR. AFTER THAT I HEARD TWO MORE LOUD THUMPS ON THE TRUCK. WE STOPPED THE **(b)(2)High** AND THE SECOND ONE STOPPED AS WELL. I GOT OUT OF THE **(b)(2)High** GRABBED MY MEDIC BAG AND RAN OVER TO THE PATIENT. UPON ARRIVAL, THE AFGHAN MALE WAS UNCONSCIOUS, CONVULSING, THROWING UP DARK RED BLOOD, HAD BLOOD COMING OUT FROM BOTH EARS, AND EYES. HIS EYE APPEARED TO BE SLIGHTLY BULGING AS WELL. HIS SKULL WAS CRACKED AND A LOT OF BLOOD WAS COMING OUT. SGT **(b)(3)(b)(6)** BROUGHT THE STRETCHER AND WE PROCEEDED TO PLACE HIM, THE PATIENT, ON IT AND SECURE HIM ON TO IT. THERE WAS NOTHING THAT I COULD DO MEDICALLY

10. EXHIBIT	PERSON MAKING STATEMENT <b>(b)(3)(b)(6)</b>	PAGE 1 OF <b>2</b> PAGES
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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 HMS

(b)(3)(b)(6)

IT 1242

DATED 20071021

9. STATEMENT (Continued)

FOR THE INJURED AFGHAN DUE TO THE MASSIVE HEAD TRAUMA WITH THE HELP OF BYSTANDERS WE TRIED TO PUT OUR PATIENT IN THE HUMVEE WITHOUT SUCCESS BECAUSE IT WOULDN'T FIT WITH ALL THE GEAR. THE ANP HAD STOPPED AROUND THAT TIME SO WE LOADED THE PATIENT ON THE BACK OF THE ANP TRUCK.

SGT (b)(3)(b)(6) (b)(3)(b)(6) RODE IN THE BACK OF THE ANP TRUCK AND WE PROCEEDED TO DRIVE TO WAREHOUSE. WE ARRIVED AT WAREHOUSE AND THE FRENCH TOOK OVER PATIENT CARE. I TALKED WITH ONE OF HIS FRIENDS TO GET THE FAMILY INFORMATION SO THEY (b)(3)(b)(6) COULD SEE THERE FAMILY MEMBER. THE PATIENT WAS STABILIZED AT WAREHOUSE AND MEDEVACED TO BAF WITH A POOR PROGNOSIS. BAF WAS CONTACTED BY SSGT (b)(3)(b)(6) TO GIVE THE NAMES OF THE FAMILY MEMBERS SO THEY COULD BE EXORTED IN. I GAVE THEM A NOTE WITH MY NAME AND PHONE NUMBER IN CASE THEY HAD ANY PROBLEMS AT THE GATE AT BAF. AFTER ALL OF THAT WAS TAKEN CARE OF WE SAID GOODBYE AND LEFT.

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

~~NO FURTHER ENTRIES~~

AFFIDAVIT

I, HMS (b)(3)(b)(6) 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 INFL

(b)(3)(b)(6)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(b)(3)(b)(6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

**SWORN STATEMENT**

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**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION CAMP ALAMO / KUNITZ	2. DATE (YYYYMMDD) 2007 10 21	3. TIME 1236	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(3)(b)(6)	6. SSN (b)(3)(b)(6)	7. GRADE/STATUS E4 / NG	
8. ORGANIZATION OR ADDRESS 1 <sup>st</sup> Plr Co 1-15 INF SECFOR			

9. I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 0930 hours on Checkpoint V6 we drove up on a group of local nationals on the side of the road. We were traveling about 35mph and one of the locals, as we were passing by he stepped towards the vehicle. Before I had time to alert my driver of this, we struck two locals with our TC side mirror. After that Sgt (b)(3), b(6) called a halt on the convoy and I began pulling security to the front. While directing vehicles and foot traffic to continue moving, (b)(3), b(6) and Sgt (b)(3)(b)(6) along with some ANP put the victim with the serious head injury on a litter. He was then loaded into an ANP truck and we drove to warehouse. Once arriving at warehouse he was taken to the hospital. Before we left for Alamo the victim was MEDEVACed to BAF. NOTHING FOLLOWS

~~(b)(3)(b)(6)~~

~~(b)(3)(b)(6)~~

~~(b)(3)(b)(6)~~

~~(b)(3)(b)(6)~~

10. EXHIBIT	INITIALS OF PERSON MAKING STATEMENT (b)(3)(b)(6)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ 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.

CENTCOM 011646

STATEMENT OF

(b)(3)(b)(6)

TAKEN AT

1230

DATED

21 Oct 07

9. STATEMENT (Continued)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

**AFFIDAVIT**

(b)(3)(b)(6)

\_\_\_\_\_, 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 WITHOUT COERCION, UNLAWFUL INFL

(b)(2)Low

(Signature of Person Making Statement)

WITNESSES

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

(b)(3)(b)(6)

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

(Signature of Person Administering Oath)

HMS

(b)(3)(b)(6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 2 OF 2 PAGES

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1. LOCATION: Camp Alamo
2. DATE (YYYYMMDD): 20071021
3. TIME: 12:37
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-4 / NG
8. 1st Platoon Coo 1-118th SECFOR

I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At 0930 at checkpoint V6 we approached a group of local nationals on our right side of J-BAO road. I heard my TC tell me that the lead truck had hit a man. As we rode by I seen the man lying on the ground with blood coming from his head. The local nationals started to get upset & yelling. The medic then dismounted and approached the man. She told us we needed to take him to Camp Warehouse. We put him on our litter and loaded him into our humvee. He couldn't fit so we took him out and put him on the back of the AVP pickup truck. We left the scene around 5 min after the incident happened. We headed to Warehouse to take him to the hospital.
Nothing follows!

(b)(3)(b)(6)

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3)(b)(6)
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 BE INDICATED.

CENTCOM 011648

STATEMENT OF

(b)(3)(b)(6)

TAKEN AT

12:37

DATED

2007 10 21

9. STATEMENT (Continued)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

AFFIDAVIT

(b)(3)(b)(6) \_\_\_\_\_, 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 WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(3)(b)(6)

ment)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

(b)(3)(b)(6)

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF P

(b)(3)(b)(6)

EMENT

PAGE 1 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; 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 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: KMTC Camp ALAMG
2. DATE (YYYYMMDD): 2007 10 21
3. TIME: 1234
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-5
8. (b)(3)(b)(6)
9. (b)(3)(b)(6)

I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the day of Oct 21, 2007, at approximately 0930 our convoy were transiting the violet near CP V6. We passed three big work truck and a van was parked on the right side of the road people were standing beside the parked van and 2 pedestrians were struck by first truck in convoy. The convoy was immediately stopped and we proceeded to help the victims. We assessed the situation and transported victims to Warehouse. It took us about 5 minutes before we took the victims to get medical help. We transported victim to warehouse on ANP vehicle. The patient was bleeding from head and mouth. The medic on the scene made a quick observation of patient and determine he needed serious help so that when took him to warehouse. Once at the warehouse we took patient in emergency room and remain on site for further information from the doctor. We exchanged number with the family of victim and received the information so they could visit him

10. EXHIBIT:
11. PERSON MAKING STATEMENT: (b)(3)(b)(6)
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 BE INDICATED.

CENTCOM 011650

STATEMENT OF

(b)(3)(b)(6)

TAKEN AT KNITC

DATED 2007 10 21

9. STATEMENT (Continued)

at medical center. Once all information was exchanged, the victim was medicine to Bagram and after that we returned to camp Alamo. Nothing follows.

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

AFFIDAVIT

I, (b)(3)(b)(6), 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 WITHOUT COERCION, UNLAWFUL INFLUENCE

(b)(3)(b)(6)

(Signature of Person Making Statement)

V (b)(3)(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(b)(3)(b)(6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 2 OF 2 PAGES

walk around the front of Alamo then to the side

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; 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 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: Camp Adams RMTTC
2. DATE (YYYYMMDD): 20071021
3. TIME: 1234
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-4 / SPC
9. 1st Plt. Coe 1-112th Sector

I, (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

After performing a (b)(2)High patrol we came to V6 on (b)(2)High (b)(2)High. As we pulled onto (b)(2) High we started to pass 3 dump trucks as we passed them ahead at what we call the bus stop. I was the lead truck driver in a 2 truck convoy. I could see a family of a woman carrying a child and a little walking with her they were in our lane of traffic down beside the median, they were on my left. On my right was about 12 to 15 people and a mini van as we approached at about (b)(2)High to (b)(2)High mph I seen a man walk around the front of the van then to the side he had his right side to me I was trying to slow my speed and also get through without hitting anyone. When I was about (b)(2)High away the man stepped backward and I struck him with the TC side mirror. We then stopped the convoy and our medic got out with Sgt (b)(3)(b)(6), and our medic said there was nothing she could do so we then loaded him in an ANP truck and went to Warehouse compound. We were only on site for about 5 min.

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3)(b)(6)
PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ 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 Spc

(b)(3)(b)(6)

TAKEN AT 1234

DATED 20071021

9. STATEMENT (Continued)

While at Camp Warehouse the medics worked on him. We were there for about 2 hrs then they flew him out to BHF. Nothing follows.

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

(b)(3)(b)(6)

AFFIDAVIT

(b)(3)(b)(6)

\_\_\_\_\_, 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 WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(3)(b)(6)

\_\_\_\_\_  
ing Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

(b)(3)(b)(6)

\_\_\_\_\_  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

(b)(3)(b)(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; 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 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: Camp Alamo (KMTA)
2. DATE (YYYYMMDD): 2001021
3. TIME: 1235
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: CPE
8. ORGANIZATION OR ADDRESS: 1183AF Special

9. I, CPE (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At VC on Islet At 0930. The lead Humvee struck me personally. I was the driver of Cad Humvee.
On the time of the H.I. we stopped, we were traveling at speed of (b)(2)High the medic started working on civilian. Could not get contact with Cerba too. I made sure all traffic stayed away, and all civilians tried to put the male in Humvee but put him on back of pickup and took him to warehouse.
Since we got to warehouse I called Cerba TOC on the radio Nothing follows
(b)(3)(b)(6)
(b)(3)(b)(6)
(b)(3)(b)(6)
(b)(3)(b)(6)

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3)(b)(6)
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

CENTCOM 011654

STATEMENT OF \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_ TAKEN AT Camp Adams DATED 10/10/07

9. STATEMENT (Continued)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

AFFIDAVIT

I, \_\_\_\_\_ (b)(3)(b)(6) \_\_\_\_\_, 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.

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Making Statement)

WITNESSE

HM-3

(b)(3)(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

**PURCHASE REQUEST AND COMMITMENT**

For use of this form, see AR 37-1; the proponent agency is OASA(FM)

26 FEB 2008 PAGES

4. TO: PURCHASING AND CONTRACTING OFFICE, CAMP PHOENIX (PRWED ROUTE: KOPI) 5. THRU: CJTF-PHOENIX VI 6. FROM: CJTF PHX - SJA CAMP PHOENIX, AFGHANISTAN

It is requested that the supplies and services enumerated below or on attached list be

7. PURCHASED FOR SOLATIA PAYMENT 8. DELIVERED TO 9. NOT LATER THAN (Date) 10 MAR 2008

The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: (Check appropriate box and complete item.)

12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY  13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED	
				UNIT PRICE a	TOTAL COST b
1	SOLATIA PAYMENT FOR DEATH OF Brothe  SOLATIA PAY AGENT  SOLATIA REFERENCE # 07-115	1	EA		\$2,000.00

10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION (3)(b) 11. TELEPHONE NUMBER 318-237-2047  
FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

19. ACCOUNTING CLASSIFICATION AND AMOUNT (2) H  
20. TYPED NAME AND TITLE OF CERTIFYING OFFICER (3)(b) COMPROLLER, CJ8  
21. SIGNATURE  
22. DATE

23. DISCOUNT TERMS

24. PURCHASE ORDER NUMBER

25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE  
SOLUTION PAYMENT TO BROTHER WHO WAS ACCIDENTALLY KILLED IN ARSIC-CENTRAL AC  
26. DELIVERY REQUIREMENTS  
ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES  NO   
IF YES, NUMBER OF DAYS REQUIRED

27. TYPED NAME AND GRADE OF INITIATING OFFICER (3)(b)	28. SIGNATURE	29. DATE	34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE (3)(b) COL/O-6	35. SIGNATURE	36. DATE
30. TELEPHONE NUMBER 318-237-2047	32. SIGNATURE	33. DATE			
31. TYPED NAME AND GRADE OF SUPPLY OFFICER (3)(b)					

37. OBLIGATION RECORD

DATE	REFERENCE NUMBER	OBLIGATED INCURRED			UNOBLIGATED BALANCE			REMARKS

38. AMOUNT OF COMMITMENT \$

DATE	REFERENCE NUMBER	OBLIGATED INCURRED			UNOBLIGATED BALANCE			REMARKS

39. PROCUREMENT DATA

BIDDER NO.	Item						DISCOUNT DAYS				BUSI-NESS		DELIVERY TIME	DESTINATION FOB POINT
	Qty						10	20	30	NI	Lg	Sm		
	Unit													



DEPARTMENT OF THE ARMY  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX V  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

REPLY TO  
ATTENTION OF:

CJTF PHX SJA

26 May 2009

MEMORANDUM FOR COL (b)(3)(b)(6) DCO, CJTF-Phoenix VI, Camp Phoenix,  
Afghanistan APO AE 09320

SUBJECT: Solatia Payment Approval Request – 21 October 07 Traffic Accident, KMTC

1. Executive Summary. You are the approving authority for Solatia per the Legal SOP. Solatia uses O&M funds and will reduce the Commander's funds. Herein it is recommended that you approve the Solatia payment. The facts of the accident are memorialized in a 15-6.

2. Discussion. Solatia Payments are intended to be a quick, gratuitous payment to Afghan Nationals as an expression of sympathy and condolence to a victim or a victim's family in connection with an injury, death, or damage involving U.S. Forces and accompanying civilian employees in Afghanistan. The payments are not an admission of legal liability or fault. Solatia payments are proper when an injury, death, or property damage is:

(a) Suffered in connection with the Afghan national's employment with the U.S. Armed Forces;

(b) Caused by a military member or civilian employee of the U.S. Armed Forces in the performances of official duty;

(c) The result of an accident involving an official U.S. Armed Forces vehicle driven by an authorized military or civilian driver; or

(d) Caused by a military member or civilian employee of the U.S. Armed Forces in a non-official duty status and the member or employee is unable to make a solatia payment.

3. In this case, the death of Ahmad Shaw was the result of an accident involving a U.S. Army vehicle driven by one of our soldiers. Solatia is proper under the facts of this incident.

CENTCOM 011658

CJTF PHX SJA

SUBJECT: Solatia Request- Traffic Accident resulting in death of Local National

4. POC is LTC

(b)(3)(b)(6)

SJA

(b)(3), b(6), (b)(2)High

(b)(3)(b)(6)

Staff Judge Advocate

**SOLATIA PAYMENT REQUEST FORM**

*(Read Privacy Act Statement and Instructions before completing form.)*

**PRIVACY ACT STATEMENT**

AGREEMENT: DoD Form 101, 101 U.S.C. 1221, 1221, DoD Financial Management Regulation, Vol. 5, Chapter 31, and DoDD 7000.15, DoD Accountable Officers and Certificate Officers.

**PRINCIPAL PURPOSE(S):** To maintain a record of solatia payment requests, approvals, and final disposition. The information will also be used for identification purposes associated with certification of documents, and/or Facility of public records and funds.

**NOTHING FREE(S):** The information on this form may be disclosed as generally permitted under § U.S.C. 552(b) of the Privacy Act of 1974, as amended. It may also be disclosed outside of the Department of Defense (DoD) to the Federal Reserve banks to verify authority of the accountable individual to issue Treasury checks. In addition, other Federal, State and local government agencies, which have identified a need to know, may obtain this information for the purposes identified in the DoD Market Routing Uses published in the Federal Register.

**DISCLAIMER:** Voluntary, however, failure to provide the requested information may preclude payment.

**SECTION I - COMPLETED BY SOLATIA PAYMENT REQUESTING OFFICIAL**

1. NAME OF REQUESTING OFFICER  (b)(3)(b)(6)	2. TITLE Solatia Payment Officer	3. DOD COMPONENT/ORGANIZATION U.S. Army 1218th BCT CJTF-Phoenix VI
4. GRADE/ZIP CODE 20080302	5. NAME OF INDIVIDUAL TO RECEIVE SOLATIA PAYMENT  (b)(6)	
6. TYPE OF SOLATIA PAYMENT: <input checked="" type="checkbox"/> Death of Local National <input type="checkbox"/> Serious Injury of Local National <input type="checkbox"/> Non-serious Personal Injury or Property Damage		

7. FACTS SUPPORTING SOLATIA PAYMENT (number or write accurate sheet if necessary)  
 On 21 October 2007, a (b)(2) High in a two vehicle conveyance struck a local national when he accidentally stopped into the road as the UAH passed. A side mirror on the UAH struck the head of the local national.

**SECTION II - COMPLETED BY QUALIFIED COMMANDER/SOLATIA APPROVAL AUTHORITY**

8. NAME OF APPROVING OFFICER  (b)(3)(b)(6)	9. GRADE  (b)(2) Low	10. TITLE & DOD COMPONENT/ORGANIZATION DCO, CJTF-Phoenix VI U.S. Army
11. I HEREBY REQUEST THE FOLLOWING ACTION REGARDING THIS MATTER (check one) <input checked="" type="checkbox"/> Approve Solatia Payment <input type="checkbox"/> Requires Further Substantiation <input checked="" type="checkbox"/> Approve Solatia Payment		
12. ASSIGNMENT OF SOLATIA PAYMENT TO BE MADE BY AFI: 99J50AFA	13. DATE PAYMENT SHOULD BE MADE 17 MAR 08	14. DATE MONEY IS DRAWN 12 MAR 08
15. NAME OF PAYEE  (b)(3)(b)(6)	16. GRADE  (b)(3)(b)(6)	17. DATE 12 MAR 08

**SECTION III - COMPLETED BY SOLATIA PAYMENT OFFICER/WITNESS/PAYER**

18. I HEREBY CERTIFY THAT SOLATIA PAYMENT APPROVED ABOVE WAS ACCOMPLISHED ON <u>17 MAR 08</u> DATE.	
19. DATE 17 MAR 08	(b)(3)(b)(6)
20. DATE 17 MAR 08	
21. DATE 17 MAR 08	

(b)(6), Foreign Language Text

## STATEMENT OF AGENT OFFICER'S ACCOUNT

DISBURSING OFFICER'S NAME ADDRESS DISBURSING STATION SYMBOL NO

(b)(3)(b)(6) DFAS INDIANAPOLIS, IN  
 SFC (b)(3)(b)(6)  
 DEPUTY DISBURSING OFFICER  
 DSSN 5570  
 APO AE 09320

AGENT OFFICER'S NAME GRADE SSN UNIT ADDRESS  
 (Include ZIP Code/ APO number and Telephone number)

17-Mar-08  
 11 T (b)(3)(b)(6)  
 (b)(3)(b)(6)  
 PAY AGENT/CLAIMS/SOLATIA  
 CJTF

SOLATIA PAYMENT TFP8F3LTB00513

(b)(2)High  
 26-FEB-2008

(b)(3)(b)(6), (b)(2)High

TRANSACTIONS	TOT VOU	INCREASE <i>(Received by Agent)</i>	BEGINNING BALANCE <i>(In Agent's Account)</i>	DECREASE <i>(Turned in by Agent)</i>	ENDING BALANCE <i>(In Agent's Account)</i>

(b)(2)High

**ON ADVANCE:** I HAVE INTRUSTED FUNDS AND/OR OTHER ITEMS AS INDICATED IN THIS STATEMENT TO THE ABOVE NAMED AS MY AGENT OFFICER.

**ON ADVANCE:** I AS AGENT OFFICER HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE. I HAVE ASSUMED PECUNIARY RESPONSIBILITY THEREFORE I WILL NOTIFY THE DISBURSING OFFICER IMMEDIATELY UPON DISCOVERY OF ANY LOSS OR SHORTAGE, AND I HAVE RECEIVED AND UNDERSTAND WRITTEN INSTRUCTIONS CONCERNING MY DUTIES AND RESPONSIBILITIES AS AN AGENT OFFICER.

DATE	SIGNATURE OF DISBURSING OFFICER	DATE	SIGNATURE OF AGENT OFFICER
(b)(3)(b)(6)	(b)(3)(b)(6) SFC	17-Mar-08	(b)(3)(b)(6)
<p><input checked="" type="checkbox"/> <b>ON RETURN:</b> I HAVE RECEIVED FUNDS AND/OR OTHER ITEMS AS INDICATED ABOVE AND I HAVE RETURNED THE FUNDS AND/OR OTHER ITEMS TO THE ABOVE NAMED AGENT OFFICER.</p>		<p><input checked="" type="checkbox"/> <b>ON RETURN:</b> THE ABOVE STATEMENT OF ACCOUNT IS CORRECT.</p>	
DATE	SIGNATURE C	DATE	S
17-Mar-08	(b)(3)(b)(6)	17-Mar-08	(b)(3)(b)(6) 1LT



REPLY TO  
ATTENTION OF

DEPARTMENT OF THE ARMY  
HEADQUARTERS, COMBINED JOINT TASK FORCE PHOENIX V  
CAMP PHOENIX, KABUL, AFGHANISTAN  
APO AE 09320

CJTF PHX SJA

26 May 2009

MEMORADUM FOR COL Gregory W. Batts, DCO, CJTF-Phoenix VI, Camp Phoenix  
Kabul, Afghanistan APO, AE 09320

SUBJECT: Solatia payment fo (b)(6) c/o (his brother) (b)(6)

1. This memorandum (b)(6) t for a solatia payment to (b)(6) Sayed  
Hussein's (b)(6) died as a result of injurie n he was  
struck by a (b)(2)High 007.

2. At the time of the accident, (b)(6) was working as a civilian (b)(6)  
On the day in question (b)(6) alking outside of KMTC, n  
Road. As a convoy of (b)(2)High oached (b)(6) he i ently stepped  
into the road and was e head by th first (b)(2)High

3. This claim would most likely not be payable under the Foreign Claims Act, due to the  
fact that it does not appear that U.S. Forces were negligent. Despite the fact that it  
does not appear U.S. Forces were negligent in this c an appropriate  
expression of sympathy to compensate the family of (b)(6)

4. In this case, the recommended payment amount is: 100,000.00 AFA. This payment  
will be made using O & M funds of the approving commander.

5. POC is 1LT (b)(3)(b)(6), (b)(2)High

(b)(3)(b)(6)

Legal Assistance/Claims Officer



