

STATEMENT OF

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

TAKEN AT

Camp Liberty

DATED

6 Nov 06

9. STATEMENT (Continued) NOTHING Follows .

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

AFFIDAVIT

I, 22

(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 UN

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

WITNESSES:

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

A/8-10 CAV, 4BCT, 41D(M)
ORGANIZATION OR ADDRESS

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

1LT, AR
A/8-10 CAV, 4BCT, 41D
BAGHDAD, IRAQ APO AE 09344
ORGANIZATION OR ADDRESS

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

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 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 LIBERTY, BAGHDAD, IRAQ
2. DATE (YYYYMMDD): 20061205
3. TIME: 1912
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: ES/ACTIVE
8. ORGANIZATION OR ADDRESS: ATRP 8-10 CAU 4BDE 4ID

9. I, SGT (b)(3)(b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
on 4 NOV 2006 at about 1550 at (b)(2)High I was the gunner of Red 3 truck which was the lead truck of the patrol, we were heading east. We came up on (b)(2)High which was (b)(2)High. We slowed down the closer we came up to the intersection. As we came to a stop I raised my hand signaling for the local national traffic to stop, we started to creep out onto the route. the first car I saw and that saw me came to a stop when he saw my hand was raised, I then saw a white van come from the stopped car, on its left side heading south, it did not stop, I traversed the turnet towards the traffic and still the white van came strving at our (b)(2)High it was about (b)(2)High away moving fast. I raised (b)(2)High and stood up, showing intent of using my weapon but I realised it wasn't stopping. I heard my Driver and TC from inside saying "Oh shit" seeing the van come right at us. I feared it was a VBIED so I fired a 4-8 round (b)(2)High at the direction of the driver as the van was about (b)(3)(b)(6) time the van struck our (b)(2)High I was jerked around by the collision.

10. EXHIBIT: C
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3)(b)(6)
PAGE 1 OF 3 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 X TAKEN AT CAMP LIBERTY DATED 6 Nov 06

9. STATEMENT (Continued)

My TL SSG (b)(3)(b)(6) told my driver SPC (b)(3)(b)(6) to "GO"
 We moved out cause the ~~SSG~~ (b)(3)(b)(6) suspected VBIED had
 not exploded, we headed south then went around the
 Turn around point heading back North via the North lane
 on (b)(2)High, we were moving fast turned right on
 (b)(2)High heading east, when over the Radio the REDZ
 SSG (b)(3)(b)(6) said it wasn't a VBIED and for us turn around
 and go back the accident scene. ~~to~~ The patrol provided first
 aid to the wounded Local National who was critically wounded
 loaded him up and headed to FOB Hawk for medical, he
 died on the way there, we were told to go to Madra Police
 Station to drop the body. ~~nothing follows.~~

INITIALS OF PER (b)(3)(b)(6) STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[Large empty area for the statement content]

AFFIDAVIT

I, Sgt (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 INFLU

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

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

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

Camp Liberty Area #2 09747
ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

A TRP 8-10 CAV, 485 410
ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b)(3)(b)(6)

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 Liberty	2. DATE (YYYYMMDD) 2006/11/06	3. TIME 1337	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3)(b)(6)		6. SSN	7. GRADE/STATUS E5

6. ORGANIZATION OR ADDRESS
A/8-10 Cavalry, 4BCT, 4ID, APO AE 09344

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

Q= 1LT (b)(3)(b)(6) IO
A= SGT (b)(3)(b)(6), GUNNER

Q: Did you and your crew feel your lives were in danger from the vehicle?

A: Roger, sir. We said "oh shit".

Q: Had cars that day been slowing & stopping when you gave them the "slow down / stop" hand gesture?

A: Roger Sir.

Q: How fast was the vehicle travelling when you first saw it?

A: Probably (b)(2)High mph.

Q: Did the driver attempt at all to stop?

A: He swerved towards us.

Q: Were VRIENDS in the S-7 pre patrol INTSUM? How many?

A: (b)(2)High

END OF STMT (b)(3)(b)(6)

10. EXHIBIT C	X (b)(3)(b)(6)	S OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(3)(b)(6) 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 XSGT (b)(3)(b)(6) TAKEN AT CAMP LIBERTY DATED 6 Nov 06

9. STATEMENT (Continued)

Nothing Follows.

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF 1. ASLT

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

TAKEN AT CAMP LIBERTY

DATED 6 NOV 06

9. STATEMENT (Continued)

NOTHING FOLLOWS.

1. ASLT

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

AFFIDAVIT

_____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS _____ 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)

1. ASLT

WITNESSES:

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

ORGANIZATION OR ADDRESS

1. ASLT, 4100

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

1LT, AR

A/B-10 CAV 4BCT, AID

BAGHDAD, IRAQ, APO AE 09344

ORGANIZATION OR ADDRESS

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

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

IN

PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

SWORN STATEMENT

For use of this form, see AR 190-46; 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 (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 Fob liberty Baghdad I-IRAQ	2. DATE (YYYYMMDD) 20061106	3. TIME 1856	4. FILE NUMBER
5. (b)(3)(b)(6)			7. GRADE/STATUS E4

8. ORGANIZATION OR ADDRESS
A TROOP 8-10 CAV 4th BCT 4th ID

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

On or about 1550 HRS on 05 November I was the driver on the A13 vehicle we were traveling eastbound on the street just south of (b)(2)High Road. I slowed down (b)(2)High to inch out at the intersection to RITE (b)(2)High (b)(2)High. The I saw a white van speeding excessively then the white started swerving towards the vehicle I was driving then the white van (b)(3)(b) then I heard a 4-8 Round (b)(2)High then the white van hit my vehicle on my door. Nothing Follows

10. EXHIBIT D	11. INITIALS (b)(3)(b)(6)	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 BE INDICATED.

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

STATEMENT OF X TAKEN AT CAMP LIBERTY DATED 6 NOV 06

9. STATEMENT (Continued)

NOTHING FOLLOWS.

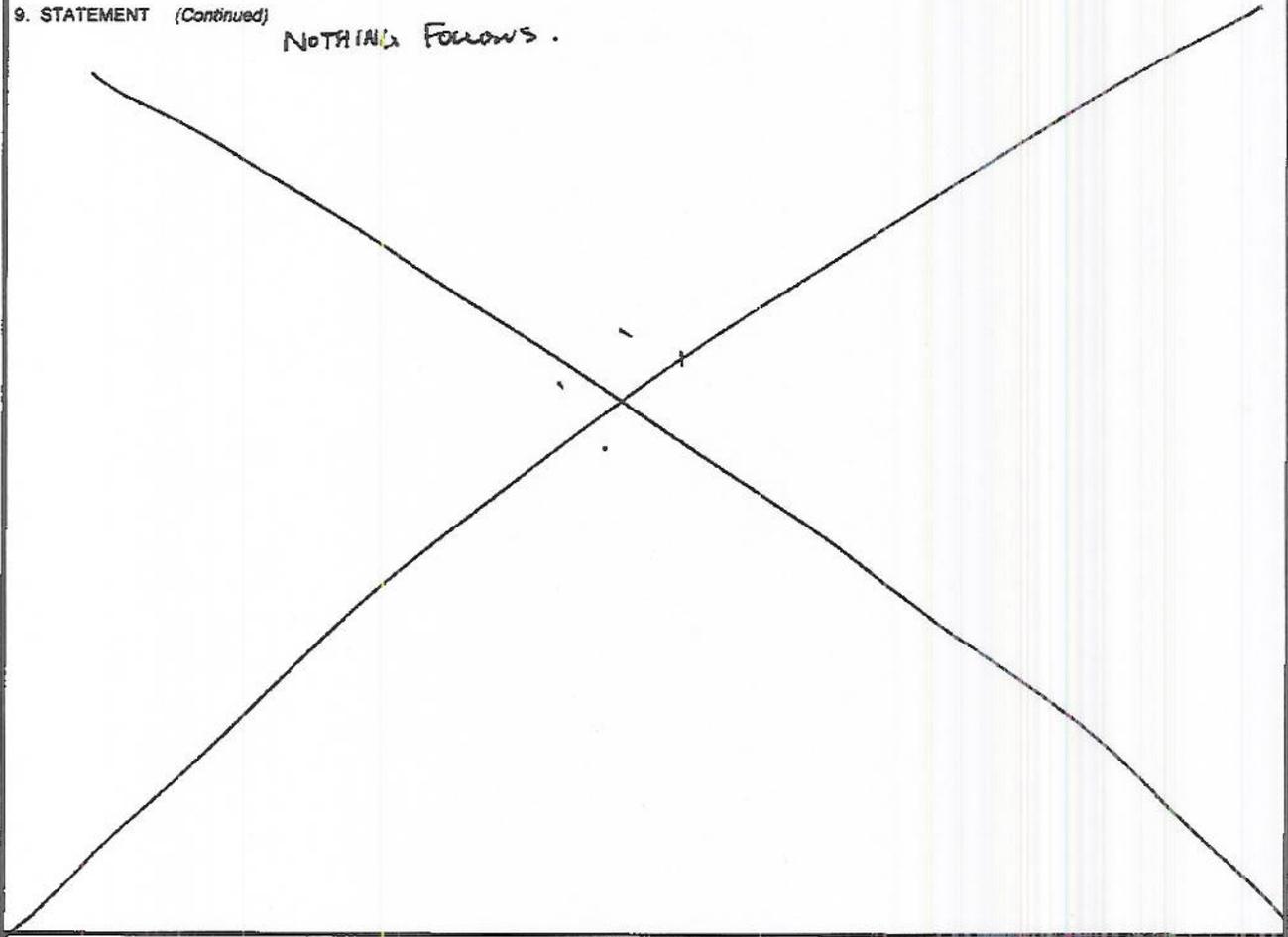
INITIALS OF PERSON MAKING STATEMENT

X

PAGE 2 OF 3 PAGES

STATEMENT OF X TAKEN AT CAMP LIBERTY DATED 10 NOV 06

9. STATEMENT (Continued) NOTHING FOLLOWS.



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 HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

WITNESSES:

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

Camp Liberty APO AE 09344
ORGANIZATION OR ADDRESS

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

A TEL. 8-10 CAV, 4847, 410
ORGANIZATION OR ADDRESS

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

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

X

PAGE 3 OF 3 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 Liberty	2. DATE (YYYYMMDD) 2006/11/06	3. TIME 1325	4. FILE NUMBER
(b)(3)(b)(6)			7. GRADE/STATUS E4

A/8-10 Cavalry, 4BCT, 4ID, APO AE 09344

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

Q= 1LT (b)(3)(b)(6), I.O.
A= SPC (b)(3)(b)(6) Driver

Q: Did the patrol leader go over ROE/EDF steps prior to patrol?

A: Yes.

Q: Did you feel your & your crew's life was in danger from this oncoming vehicle?

A: Yes.

Q: Did the vehicle make any attempt to stop once the gunner gave hand gestures?

A: No.

End of stmt. (b)(3)(b)(6)

10. EXHIBIT

D

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

OF PERSON MAKING STATEMENT

PAGE 1 OF 3 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.

041613CNOV06 – AR2 patrol is moving East along the road south of [redacted] (2)H

The patrol approached the intersection and “inched” forward to allow traffic to stop.

A white truck and another vehicle stopped allowing the patrol to move onto RTE [redacted] (2)H

As A13 began to move onto RTE [redacted] (2)H and turn south a white KIA van approached the lead vehicle at a high rate of speed.

A13G traversed the turret to attempt to initiate EOF procedures. As he traversed the turret and oriented his weapon at the van, it swerved and proceeded directly for A13.

The gunner immediately fired a [redacted] (2)H into the drivers side of the van at approximately 10 to 15 meters.

The vehicle struck the A13 vehicle on the driver’s side. The A13 vehicle immediately moved along its original route to the East side of [redacted] (2)H

Once the site was secured, the patrol attempted to treat the driver of the van. The patrol conducted CASEVAC to FOB Hawk; the driver died while enroute.

(b)(2)High

EXHIBIT “E”

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 Liberty, Iraq	2. DATE 06NOV06	3. TIME 1400	4. FILE NO.
5. NAME (Last First MI) (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS A/8-10 Cav 4BCT, 4ID APO AE 09344		
6. (b)(3)(b)(6)	7. GRADE/STATUS E6		

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 8-10 Cav, 4BCT, 4ID and wanted to question me about the following offense(s) of which I am suspected/accused: Lethal Escalation of Force on 04NOV06

Before he/she asked me any questions about the offense(s) (b)(3)(b)(6), he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything (b)(3)(b)(6)
- Anything I say or do can be used as evidence against me in a criminal (b)(3)(b)(6)
- (For personnel subject to the UCMJ) I have the right to talk privately (b)(3)(b)(6), 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 (b)(3)(b)(6)

- 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 (b)(3)(b)(6), 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)		(b)(3)(b)(6)	1LT, AR
1a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE			
2a. NAME (Type or Print)	(b)(3)(b)(6)		
b. ORGANIZATION OR ADDRESS AND PHONE			1LT, AR
		6. ORGANIZATION OF INVESTIGATOR A TRP. 8-10 CAV, 4BCT, 4ID(M)	

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

2. SIGNATURE OF INTERVIEWEE

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

EXHIBIT "F"

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)*

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 Liberty, Iraq	2. DATE 06NOV06	3. TIME 1400	4. FILE NO.
5. NAME (Last, First, MI) (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS A/8-10 Cav 4BCT, 4ID APO AE 09344		
6. SSN	7. GRADE/STATUS E6		

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 8-10 Cav, 4BCT, 4ID and wanted to question me about the following offense(s) of which I am

suspected/accused: Lethal Escalation of Force on 04NOV06

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:

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.

If I am 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.

Other:

- or -

If I am 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.

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 to 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	
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	(b)(3)(b)(6) AR	
2a. NAME (Type or Print)			
b. ORGANIZATION OR ADDRESS AND PHONE	1b. ORGANIZATION OR ADDRESS AND PHONE	SIGNATURE OF INVESTIGATOR	
	(b)(3)(b)(6)	A/TP 8-10 CAV, 4BCT, 4ID(M)	

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

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

EXHIBIT "G"

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 Liberty, Iraq	2. DATE 06NOV06	3. TIME 1400	4. FILE NO.
5. NAME (Last, First, MI) (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS A/8-10 Cav 4BCT, 4ID APO AE 09344		
6. SSN	7. GRADE/STATUS E5		

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 8-10 Cav, 4BCT, 4ID and wanted to question me about the following offense(s) of which I am suspected/accused: Lethal Escalation of Force on 04NOV06

He/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

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.

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)		3. SIGNATURE OF INVESTIGATOR
1a. NAME (Type or Print)	(b)(3)(b)(6)	[Signature] 06NOV06 AR
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)	(b)(3)(b)(6)	1, 1LT, AR
b. ORGANIZATION OR ADDRESS AND PHONE	5. ORGANIZATION OF INVESTIGATOR A Trp 8-10 CAV, 4BCT, 4ID(M)	

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

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

EXHIBIT "H"

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 Liberty, Iraq	2. DATE 06NOV06	3. TIME 1400	4. FILE NO.
5. NAME (Last, First, MI) (b)(3)(b)(6)	8. ORGANIZATION OR ADDRESS A/8-10 Cav 4BCT, 4ID APO AE 09344		
6. SSN	7. GRADE/STATUS E4		

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 8-10 Cav, 4BCT, 4ID and wanted to question me about the following offense(s) of which I am suspected/accused: Lethal Escalation of Force on 04NOV06

Before he/she asked me any questions about the offense(s), he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything (b)(3)(b)(6)
- Anything I say or do can be used as evidence against me in a criminal trial (b)(3)(b)(6)
- (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 both. (b)(3)(b)(6)

- 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. (b)(3)(b)(6)

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 with the investigator (b)(3)(b)(6) to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)

1a. NAME (Type or Print)	(b)(3)(b)(6)	, 1LT, AR
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)	(b)(3)(b)(6)	, 1LT, AR
b. ORGANIZATION OR ADDRESS AND PHONE	8. ORGANIZATION OF INVESTIGATOR A Troop 8-10 Cav, 4BCT, 4ID (M)	

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

2. SIGNATURE OF INTERVIEWEE

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

EXHIBIT "I"

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)