

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 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION (b)(2)High	2. DATE (YYYYMMDD) 2007/08/11	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN	7. GRADE/STATUS E-7 / SFC	
8. ORGANIZATION OR ADDRESS B CO 1/325 A.I.R.			

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

On 11 August 2007, my Platoon was alerted to relieve Third Platoon and conduct a cordon around a IED in the VIC of the (b)(2)High and b(2)High intersection. My Platoon was responsible for providing security while an EOD team was in the process of moving to the IED site. Once we linked up with Third Platoon, we began the to get a report of the situation from the Third Platoon element. My vehicle was the trail vehicle in the OOM and provided security on the southern ramp of (b)(2)High. The vehicle was placed in a luminated area to make it visible and alert on coming traffic prior to reaching the cordon. Shortly after the link up with Third Platoon, a vehilce began to approach my trail vehicle. My vehicle gunner was equipped with (b)(2)High (b)(2)High. As I was moving towards my Platoon Leader to get some information on the situation, a warning shot was fired from my vehicles location. By the time I turned around, three more shots were fired from my vehicles location. At that time, multiple shots from my Platoon Leaders location were fired. At that time, the vehicle stopped (b)(2)High from my vehicle and a (b)(6) years old male jumped out of the vehicle and began to approach my Soldiers that were under the bridge. My Soldiers began to yell at the male, telling him to stop and sit down. The male stopped short of my men and collapsed on the floor. My men then began to search him on the ground and called for a medic. At that moment, my medic and I ran to the individual and began to administer aid to him. My vehicle gunner and driver continued to pull security on the remaining passengers, while the medic and other Soldiers treated the injured male. The male had a exit wound on his right upper chest with the entrance on his left side. We continued to administer aid until QRF arrived.

Nothing Follows

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

10. EXHIBIT	11. 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.

STATEMENT OF

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

TAKEN AT FOB Independence DATED 2007/08/11

9. STATEMENT (Continued)

(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, 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 13 day of August, 2007 at FOB Independence

(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

Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

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 FOB Independence	2. DATE 2007/08/13	3. TIME 1900	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS B Company 1-325 th AIR		
6.	7. GRADE/STATUS E-3		

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)		3. SIGNATURE OF INTERVIEWEE (b)(3)(b)(6)
1a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR (b)(3)(b)(6)
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR (b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR Delta Company 1-325 th AIR

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

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

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 (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 FDB INDEPENDENCE	2. DATE (YYYYMMDD) 2007/08/11	3. TIME	4. FILE NUMBER
5. (b)(3), (b)(6)			7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS			

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

ON THE NIGHT OF 11 AUG 07 I WAS STAGED WITH 1st PLT B Co. 1-325 AT A CORDON OF A SUSPECTED EFP AT THE INTERSECTION OF (b)(2)High WHILE SITTING IN THE I-5 TRUCK IT WAS CALL OVER THE RADIO THAT THERE WAS A LN THAT HAD BEE OBSERVING THE 1st PLT ELEMENT FOR SOME TIME. SFC (b)(3), (b)(6) AND I MOVED TO THE LN LOCATION ACCOMPANIED BY ONE OTHER US SOLDIER. THE LN WAS TAKEN AWAY, AND I MOVED BACK TO THE I-5 TRUCK. WHILE RETURNING TO THE TRUCK I OBSERVED A CAR SPEEDING TOWARDS ME AND THE TRUCK. THE S GUNNER CALLED OUT, "WARNING SHOT." HE THEN FIRED ONE SHOT. AT APPROXIMATELY (b)(6) THE CAR SHOWED NO ATTEMPT TO SLOW OR STOP. AT THIS TIME I FIRED 2 SHOTS INTO THE GRILL OF THE CAR. AT THE SAME TIME VARIOUS OTHER SHOTS WERE FIRED. THE CAR STOPPED AT APPROXIMATELY (b)(2)High AWAY FROM THE I-5 TRUCK. AT THIS TIME THE DRIVER GOT OUT AND COLLAPSED NEAR THE SIDE WALK. I THEN HEARD I CALL FOR MEDIC, AT THIS TIME SFC REYNA AND I MOVED TO THE COLLAPSED MAN. AT THIS TIME I RENDERED AID TO THE MAN'S RIGHT BREAST AND LEFT ARM. THE MAN SHORTLY AFTER

10. EXHIBIT	11. 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 BE INDICATED.

STATEMENT OF

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

TAKEN AT

FOB Independence

DATED

2007/08/11

9. STATEMENT (Continued)

LOST CONSCIOUSNESS, AT THIS TIME SGT. (b)(3), b(6) AND I BEGAN CPR UNTIL THE MEDICAL TRUCK WAS READY. WE THEN LOADED THE MAN INTO TRUCK 1-1 AND STARTED OUR MOVEMENT TO KADAMIA HOSPITAL. IN ROUTE THE PT BECAME UNRESPONSIVE AND I TRANSFERRED TO TRUCK 1-5 TO RENDER AID TO THE OTHER PT. WHEN ARRIVING AT KADAMIA HOSPITAL I MADE A MEDICAL HAND OFF TO THE DOCTORS THERE.

(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, C

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of August, 2007 at FOB Independence

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

(Signature of Person Administering Oath)

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

(Authority To Administer Oaths)

INITIAL

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

IG STATEMENT

PAGE 2 OF 2 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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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>FOB Independence</i>	2. DATE <i>2007/08/13</i>	3. TIME <i>2100</i>	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS <i>B Co 1-325 AIR</i>		
6. GRADE/STATUS <i>E4/SPC</i>			

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

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- 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 <i>(if available)</i>		3. SIGNATURE OF INTERVIEWEE
1a. NAME <i>(Type or Print)</i>		<i>(b)(3), (b)(6)</i>
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
2a. NAME <i>(Type or Print)</i>		5. TYPED NAME OF INVESTIGATOR
b. ORGANIZATION OR ADDRESS AND PHONE		6. 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

2. SIGNATURE OF INTERVIEWEE

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

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 (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 B Co V/325 AIR 2. DATE (YYYYMMDD) 20070811 3. TIME 2230 4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(3), (b)(6) 7. GRADE/STATUS E-4/SPC
8. ORGANIZATION OR ADDRESS B Co V/325 AIR

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

On the night of August 11, 2007 I was conducting a blockline position operation at the intersection of (b)(2)High and (b)(2)High, while pulling security overlooking the I-5 viaduct, I observed a car speeding down the southbound offramp of (b)(2)High. The turret gunner of victor 1-5 was signaling with his tactical light for the vehicle to stop. At this time the vehicle was approximately (b)(2)High away from (b)(2)High. The vehicle speed up, and at about (b)(2)High a warning shot was fired from victor 1-5. At this time I fired 2 warning shots over the vehicle. Another warning shot was fired from victor 1-5, but the car maintained its speed. I saw the driver turn towards my direction and cover his face to brace for impact. I then fired two more shots to neutralize the driver. The vehicle came to an abrupt stop about (b)(2)High from (b)(2)High. The driver exited the vehicle quickly and started to approach US troops before collapsing.

Nothing follows (b)(3), (b)(6)

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

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STATEMENT OF (b)(3), (b)(6)

TAKEN AT FOB Independence DATED 2007/08/11

9. STATEMENT (Continued)

(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, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of August, 2007 at FOB Independence

(b)(3), (b)(6)
Signature of Person Administering Oath

ORGANIZATION OR ADDRESS

(b)(3)(b)(6)
Typed Name of Person Administering Oath
Officer
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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).
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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)(2)High	2. DATE (YYYYMMDD) 2007/08/11	3. TIME	4. FILE NUMBER
5. UNIT NAME, UNIT NUMBER, MODEL NUMBER (b)(3), (b)(6)	6. SSN	7. GRADE/STATUS E-4 / SPC	
8. ORGANIZATION OR ADDRESS B Co 1/325 AIR			

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

On the night of 11 August around 2330 I was occupying a blocking position from the turnet of (b)(2)High. I was oriented up the south band off-ramp at the intersection of (b)(2)High and route (b)(2)High. I noticed a vehicle moving towards my position at a high rate of speed. I attempted to signal with a green laser at over (b)(2) High meters. When the vehicle reached (b)(2) High I began flashing my tech light. It was at that time the vehicle speed up. I called warning shot and when the vehicle reached about (b)(2) High from me I fired one warning shot. The vehicle made no attempt to slow or stop and I then fired two more rounds into the grille. The vehicle came to a complete stop about 10 meters from my position. The driver then exited the vehicle and began moving towards dismount elements before collapsing on the side of the street.

Nothing Follows

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

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

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

TAKEN AT

FOB Independence

DATED

8/07/03/11

9. STATEMENT (Continued)

(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, OR UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of August, 2007 at FOB Independence

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

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

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

ORGANIZATION OR ADDRESS

Officer

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

Pages 12 through 14 redacted for the following reasons:

(b)1.4(a) and (b)(2)High