

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>FOB Loyalty IRAQ</u>	2. DATE <u>22 JAN 08</u>	3. TIME <u>1956</u>	4. FILE NO.
5. 6. (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS <u>C.O 3/89 CAU</u> <u>4th BDE 10th MTN</u>		
7. GRADE/STATUS <u>E-6</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 HHC, 4/10 and wanted to question me about the following offense(s) of which I am suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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)	3. SIGNATURE OF INTERVIEWEE (b)(3)(b)(6)
1a. NAME (Type or Print) (b)(3), (b)(6)	4. SIGNATURE OF INVESTIGATOR (b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE <u>HHC 4th BDE 10th MTN</u> <u>FOB Loyalty 675-1046</u>	
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR <u>MAJ</u> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR <u>HHC, 4/10</u>

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

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>FOB Loyalty IRAG</u>	2. DATE <u>22 Jan 08</u>	3. TIME <u>1333</u>	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS <u>C 03189 CAV</u>		
	7. GRADE/STATUS <u>E-5</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 HHC, 4/10 and wanted to question me about the following offense(s) of which I am

suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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
1a. NAME (Type or Print) (b)(3), (b)(6)		(b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
<u>HHC 4BDE 10.10.12 FOB Loyalty 12 675-1095</u>		(b)(3)(b)(6)
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR
		<u>MAJ</u> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR
		<u>HHC, 4/10</u>

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

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

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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 <u>FOB Loyalty</u>	2. DATE <u>22 Jan 08</u>	3. TIME <u>1500</u>	4. FILE NO.
5. (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS <u>C Co 3/4th Cav</u>		
6. (b)(3), (b)(6)	7. GRADE/STATUS <u>E-5</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 HHC, 410 and wanted to question me about the following offense(s) of which I am

suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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 <u>(b)(3)(b)(6)</u>
1a. NAME (Type or Print) <u>(b)(3), (b)(6)</u>		
b. ORGANIZATION OR ADDRESS AND PHONE <u>HHC 43DE 100th</u> <u>FOB Loyalty 075-1096</u>	4. SIGNATURE OF INVESTIGATOR <u>(b)(3)(b)(6)</u>	
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR <u>MAT</u> (b)(3), (b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR <u>HHC, 4/10</u>	

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

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 <u>FOR Loyalty</u>	2. DATE <u>22 JAN 2008</u>	3. TIME <u>1440</u>	4. FILE NO.
5. _____	8. ORGANIZATION OR ADDRESS <u>CCO 3/89 CAV</u>		
6. (b)(3), (b)(6)	7. GRADE/STATUS <u>E-5</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 HHC, 4110 and wanted to question me about the following offense(s) of which I am

suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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.	
1a. NAME (Type or Print) <u>(b)(3), (b)(6)</u>			<u>(b)(3)(b)(6)</u>
b. ORGANIZATION OR ADDRESS AND PHONE <u>HHC 4625 Doton</u> <u>FOR LOYALTY 675-1046</u>		4.	<u>(b)(3)(b)(6)</u>
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR <u>MAJ</u>	<u>(b)(3), (b)(6)</u>
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <u>HHC, 4110</u>	

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

RIG...S 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>FOB LOYALTY</u>	2. DATE <u>22 JAN, 2008</u>	3. TIME <u>16 38</u>	4. FILE NO.
5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS <u>Cco 3-89</u>		
6. (b)(3), (b)(6)	7. GRADE/STATUS <u>PFC</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 HHC, 4/10 and wanted to question me about the following offense(s) of which I am

suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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
1a. NAME (Type or Print) <u>(b)(3), (b)(6)</u>		<u>(b)(3)(b)(6)</u>
b. ORGANIZATION OR ADDRESS AND PHONE <u>HHC 4RDE 10MD</u> <u>FOB Loyalty</u> <u>675-1046</u>		4. SIGNATURE OF INVESTIGATOR <u>(b)(3)(b)(6)</u>
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR <u>MAJ</u> <u>(b)(3), (b)(6)</u>
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <u>HHC, 4/10</u>

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

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>Fob loyalty Baghdad Iraq</i>	2. DATE <i>2008 0124</i>	3. TIME <i>0843</i>	4. FILE NO.
5.	8. ORGANIZATION OR ADDRESS <i>HHC BSTB 4/10 HCN DTU (L2) Baghdad Iraq</i>		
6.	7. GRADE/STATUS <i>E-6 / BDC SOG</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 *HHC, 4/10* and wanted to question me about the following offense(s) of which I am

suspected/accused: *WITNESS TO VIOLATION OF RULES OF ENGAGEMENT*

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 <i>(b)(3)(b)(6)</i>
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR <i>(b)(3)(b)(6)</i>
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR <i>MAS</i> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <i>HHC, 4/10</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

2. SIGNATURE OF INTERVIEWEE

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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 BLDG 25, FOB LOYALTY, IRAQ	2. DATE 2008 01 23	3. TIME 1844	4. FILE NO.
5. NAME (Last First MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS HHC BSTB 4/10 MTN DIV FOB LOYALTY, IRAQ APO AA 09390		
6. GRADE/STATUS E6 / RA			

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 HHC, 4/10 and wanted to question me about the following offense(s) of which I am suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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.

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(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.

1a. WITNESSES (If available) (b)(3), (b)(6)	3. SIGNATURE OF INTERVIEWEE (b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE HHC 4/10 FOB LOYALTY BLDG 25	4. SIGNATURE OF INVESTIGATOR (b)(3)(b)(6)
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR MAJ (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR HHC, 4/10

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

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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>FOB Loyalty</u>	2. DATE <u>24 JAN 08</u>	3. TIME <u>10:50</u>	4. FILE NO.
5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS <u>BSTB 4-10 MTN (C)</u>		
6. (b)(3), (b)(6)	7. GRADE/STATUS <u>O-1</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 14HL, 410 and wanted to question me about the following offense(s) of which I am suspected/accused: WITNESS TO A VIOLATION OF THE RULES OF ENGAGEMENT
 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.
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- 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 <u>(b)(3)(b)(6)</u>
1a. NAME (Type or Print)	b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR <u>(b)(3)(b)(6)</u>
2a. NAME (Type or Print)		5. TYPE NAME OF INVESTIGATOR <u>MAJ</u> (b)(3), (b)(6)
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

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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>FOB Loyalty</u>	2. DATE <u>24 JAN 08</u>	3. TIME <u>1700</u>	4. FILE NO.
5. NAME	8. ORGANIZATION OR ADDRESS <u>HHC/BSTB / 4-10MTN</u>		
6. SSN <u>(b)(3), (b)(6)</u>	7. GRADE/STATUS <u>CPT</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 HHC 4110 and wanted to question me about the following offense(s) of which I am suspected/accused: VIOLATION OF RULES OF ENGAGEMENT

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
1a. NAME (Type or Print)		(b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
		(b)(3)(b)(6)
2a. NAME (Type or Print)		5. TYPE/NAME OF INVESTIGATOR
		<u>MAJ</u> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR
		<u>HHC, 4110</u>

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

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>FOB LOYALTY, BAGHDAD, IRAQ</u>	2. DATE <u>24 JAN 07</u>	3. TIME <u>1422 HRS</u>	4. FILE NO.
5. NAME (Last First MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS <u>HHC, BSTB, 4/10 MTW DIV</u> <u>FOB LOYALTY, BAGHDAD, IRAQ</u>		
6.	7. GRADE/STATUS <u>O-3/ACTIVE</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 HHC, 4/10 and wanted to question me about the following offense(s) of which I am suspected/accused: WITNESS TO A VIOLATION OF THE RULES OF ENGAGEMENT
 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
1a. NAME (Type or Print) (b)(3), (b)(6)		(b)(3)(b)(6)
b. ID PHONE <u>HHC 4806 10mtw</u> <u>FOB Loyalty</u>	(b)(6)	4. SIGNATURE OF INVESTIGATOR (b)(3)(b)(6)
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR <u>MAJ</u> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <u>HHC, 4/10</u>

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

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>HHC BOP</u>	2. DATE <u>23 JAN 08</u>	3. TIME <u>1547</u>	4. FILE NO.
5. NAME (Last First MI)	8. ORGANIZATION OR ADDRESS <u>HHC BSTB</u>		
6. (b)(3), (b)(6)	7. GRADE/STATUS <u>O3 / <i>Commander</i></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 HHC, 4110 and wanted to question me about the following offense(s) of which I am

suspected/accused: VIOLATION TO A VIOLATION OF RULES OF ENGAGEMENT

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
1a. NAME (Type or Print)		(b)(3)(b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
		(b)(3)(b)(6)
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR
		<u>MAJ</u> (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR
		<u>HHC, 4110</u>

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



DEPARTMENT OF THE ARMY
 HEADQUARTERS, 4th BRIGADE COMBAT TEAM
 10th MOUNTAIN DIVISION
 FORWARD OPERATING BASE LOYALTY, IRAQ 09390

REPLY TO
 ATTENTION OF

AFZS-LP-Z

28 January 2008

MEMORANDUM FOR Commander, 4th BCT, 10th MTN DIV, FOB Loyalty, Iraq 09390

SUBJECT: Legal Review of AR 15-6, Death of Local National ((b)(2)High 21 JAN 08)

1. In accordance with AR 15-6, paragraph 2-3, I have reviewed the AR 15-6 investigation into the facts and circumstances involving the operation conducted by HHC, Brigade Special Troops Battalion and attached elements on 21 January 2008 which resulted in the death of an Iraqi local national (LN). I make the following determinations:

a. The proceedings comply with the legal requirements under AR 15-6 and contain no material errors or violate any individual's legal rights.

b. Sufficient evidence supports the findings. The investigation officer (IO) found that members of a (b)(2)High from the 3-89th Cavalry Squadron (b)(2)High properly engaged LN, Mr (b)(6) with lethal force resulting in his death in accordance with the Rules of Engagement. Specifically, the IO found (b)(6) was on foot in an historical improvised explosive device (IED) hotspot at approximately 0350 hours. Furthermore, (b)(6) actions during this time were consistent with someone emplacing an IED in that he was carrying a large to medium sized bag which was giving off a heat signature and had left the bag in the roadway median and walked away from it. After observing Mr (b)(6) activity for several minutes, (b)(2)High leader, SSG (b)(3), (b)(6) gave the order to fire to (b)(2)High SGT (b)(3), (b)(6) and SGT (b)(3), (b)(6) (b)(3), (b)(6) Both (b)(2)High acted upon this order resulting in the death of (b)(6). Subsequently, it was discovered that Mr. (b)(6) bag contained discarded aluminum cans which he was apparently collecting at the time of his death. However, this after the fact discovery does not change the real time observations of Mr. (b)(6) actions by (b)(2)High. Therefore, the IO properly found, based upon good evidence and given the totality of the circumstances, the actions of the Soldiers were in accordance with the Rules of Engagement as they reasonably perceived Mr. (b)(6) as having hostile intent as an IED emplacer.

c. The IO's recommendations are consistent with his findings.

2. Point of contact for this memo is the undersigned at (b)(3), (b)(6), (b)(2)High of VOIP 675-1052.

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

CPT, JA
 Trial Counsel / Ops Law



REPLY TO
ATTENTION OF:

DEPARTMENT OF THE ARMY
HEADQUARTERS, 4TH BRIGADE COMBAT TEAM
10TH MOUNTAIN DIVISION
MULTI-NATIONAL DIVISION-BAGHDAD
CAMP LOYALTY, IRAQ APO AE 09390

JAN 21 2008

AFZC-B-CDR

MEMORANDUM FOR MAJ (b)(3), (b)(6), HHC, 4th Brigade Combat Team, 10th Mountain Division, Multi-National Division-Baghdad, FOB Loyalty, Iraq APO AE 09390

SUBJECT: Appointment as Investigating Officer under AR 15-6

1. You are hereby appointed as an Investigating Officer pursuant to *AR 15-6, Procedures for Investigating Officers and Boards of Officers*, to conduct an investigation into the facts and circumstances surrounding the operation conducted by HHC, BSTB, 4th BCT, and attached elements which resulted in the death of an Iraqi local national on 21 January 2008.
2. You will issue Findings and Recommendations that cover the following areas of inquiry:
 - a. Assess the use of force with respect to the Rules of Engagement and the Law of Armed Conflict. Identify the procedures in place at the time of the incident to authorize use of force.
 - b. Identify all individuals wounded or killed. Determine whether wounded or killed local nationals were engaged in hostilities against Coalition Forces at the time of the incident.
 - c. Determine whether local nationals involved in the incident should receive compensation for injuries, death or damages to property.
 - d. Identify any other relevant matters that you discover in the course of your investigation.
3. Your legal advisor is CPT (b)(3)(b)(6), 4th Brigade Operational Law Team, VOIP 675-1052, who will give you an in-brief before you begin your investigation and be available to assist you during the investigation.
4. You may speak with any and all individuals that you believe have information pertinent to your investigation. You will obtain guidance from your legal advisor if in the course of your investigation you determine that completion thereof requires examining the conduct or performance of, or may result in Findings and Recommendations adverse to, a person senior to yourself.
5. If during the course of your investigation you come to suspect that an individual you are questioning may have committed a crime, you will advise that individual of his or her rights under Article 31, UCMJ, or the Fifth Amendment as appropriate. You will administer and record such rights advisements on DA Form 3881.

AFZC-B-CDR

SUBJECT: Appointment as Investigating Officer under AR 15-6

6. All witness statements will be sworn and, if possible, submitted on DA Form 2823. If circumstances preclude you from obtaining a sworn statement, or if you obtain a statement telephonically, you will summarize such a statement in a Memorandum for Record and swear to the accuracy of your summary.
7. Your report will be submitted to this office on DA Form 1574 together with all evidence marked as Exhibits, and an Index to said Exhibits. Your Findings must be based on the evidence you include as Exhibits and your Recommendations must be based on your Findings.
8. Your complete report will be submitted to this office no later than 20 January 2008. Requests for delays should be submitted to me in writing.

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

COL, IN
Commanding

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 COL (b)(3), (b)(6)
(Appointing authority)

on 21 JAN 08 (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)
(Date)

SECTION II - SESSIONS

The (investigation) (board) commenced at FOB Loyalty, Iraq at 1200
(Place) (Time)
on 21 JAN 08 (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and
(Date) 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 on 26 JAN 08
(Time) (Date)
and completed findings and recommendations at 1200 on 28 JAN 08
(Time) (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.