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

STATEMENT OF SGT (b)(3), b(6) TAKEN AT 1900 DATED 23 FEB 07

9. STATEMENT *(Continued)*.

At this point the truck still moving at a high rate of speed (30 / 40mph) was within (b)(2)High of V-2 I felt that V-2 was in jeopardy of being hit by a vbied. It was less than three minutes after the initial blast of the Ied. I personaly felt that the vehical would have Stoped or started to slow down if he had any intention of Doing so.

I lifted my weapon, and aimed at the truck which was (b)(2)High from V-2 and about (b)(2)High from where I was standing.

I aimed at the driver and put two controled rounds in to the Driver. The Driver slumped forward, then the vehical began to stop.

The two rounds that I fired impacted the Vehical Between the windshild and Driver side window. the Driver was hit in his left Side, about 8 inches below his shoulder and the second round about 4 inches below the Shoulder.

After I fired, and the vehical staped, I continued to pick up a teams worth of solder and prepared to move to the second house.

Nothing else follows

(b)(3), b(6)

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

PAGE 2 OF 3 PAGES

STATEMENT OF SGT (b)(3), b(6) TAKEN AT 1900 DATED 2007/02/23

9. STATEMENT *(Continued)*

(b)(3), b(6)

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 ____. 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 WI[illegible] THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENC[illegible]

(b)(3), b(6)

WITNESSES:

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

SGT

ORGANIZATION OR ADDRESS

C CO 2-325TH AIR

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of FEBRUARY, 2007 at COB CALLAHAN

(b)(3), b(6)

[Typed Name of Person Administering Oath]

INVESTIGATOR OFFICER

(Authority To Administer Oaths)

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

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is DCSOPS

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	2. DATE	3. TIME	4. FILE NO.

5. NAME *(Last, First, MI)*	8. ORGANIZATION OR ADDRESS
6. SSN / 7. GRADE/STATUS	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: _____

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

1. I do not have to answer any questions 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)*

1a. NAME *(Type or Print)* (b)(3), b(6)

(b)(3), b(6)

b. ORGANIZATION OR ADDRESS AND PHONE
Co 2-325 Air Ft Bragg NC 28310

4. SIGNATURE OF INVESTIGATOR

2a. NAME *(Type or Print)*

5. TYPED NAME OF INVESTIGATOR

b. ORGANIZATION OR ADDRESS AND PHONE

6. ORGANIZATION OF INVESTIGATOR

Section C. Non-waiver

1. I do not want to give up my rights

☐ I want a lawyer

☐ I do not want to be questioned or say anything

(b)(3), b(6)

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

DA FORM 3881, NOV 1989 EDITION OF NOV 84 IS OBSOLETE APD PE v2.01ES

EOF: C CO 2-325th AIR, 2-82, 21 FEB 07

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 supsect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.
2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

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

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

COMMENTS *(Continued)*

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
COP Callahan	20070223	2052	

(b)(3), b(6)

7. GRADE/STATUS: E-4 TL

8. ORGANIZATION OR ADDRESS: Co 2-325 AIR

9.

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

On 21 Feb. 07 was a gunner in the second vehicle for a mounted patrol. At or around 1430 the fourth vehicle in our convoy was hit by an IED, at the corner of (b)(2)High and an unnamed road. Following the IED attack V-2 pulled back to (b)(2)High. I faced my turret north down (b)(2)High to pull security. About 5min. following the explosion, a white flat bed truck approached at about 40mph. heading south down (b)(2)High. At or about (b)(2)High distance between us I fired a warning shot in to the ground with an (b)(2)High I waited about 3sec. the truck maintaind its speed. With about 30m distance I fired one round into the grill of the truck. When the truck did not stop I fired a third round at the driver of the vehicle. At or about the same time I fired I heard additional firing from (b)(2)High and (b)(2)High. The truck came to a stop about 20m away from [illegible] the driver fell towards the [illegible] (b)(2)High, (b)(3)(b)(6) Seat. I continued to pull security down [illegible] About 30min. Later a truck from D co relieved [illegible] an assumed security down (b)(2)High

Nothing else follows.

(b)(3), b(6)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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

STATEMENT OF (b)(3), b(6) TAKEN AT COB LALLAHAN DATED 23 FEB 07

9. STATEMENT *(Continued)*

(b)(3), b(6)

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

PAGE 2 OF 3 PAGES

CENTC

(b)(3), b(6)

STATEMENT OF SPC. (b)(3), b(6) TAKEN AT 2052 DATED 20070223

9. STATEMENT *(Continued)*

(b)(3), b(6)

AFFIDAVIT

I, SPC (b)(3), b(6) _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(3), b(6)

(Signature of Person Making Statement)

WITNESSES:

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

SGT

ORGANIZATION OR ADDRESS

C CO 2-325th A.I.R. 82d

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22nd day of FEBRUARY, 2007 at C03 CALAHAN

(b)(3), b(6)

(Typed Name of Person Administering Oath)

INVESTIGATING OFFICER

(Authority To Administer Oaths)

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

PAGE 3 OF 3 PAGES

HTS WARNING PROCEDURE/WAIVER C TIFICATE

For use of this form, see AR 190-30; the proponent agency DCSOPS

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	2. DATE	3. TIME	4. FILE NO.
COB CALLAHAN	23 FEB 07	2052	

5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS
6. (b)(3), b(6)	7. GRADE/STATUS E4 / SPC

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 HERE AT COB CALLAHAN and wanted to question me about the following offense(s) of which I am suspected/accused: ESCALATION OF FORCE.

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
1a. NAME *(Type or Print)* (b)(3), b(6)	(b)(3), b(6)
C co 2-325 AIR	4.
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR PAUL MORTON
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR B CO 2-325TH AIR.

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

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

PART II - RIGHTS WARNING PROCEDURE

THE WARNING

1. WARNING - Inform the suspect/accused of:
   a. Your official position.
   b. Nature of offense(s).
   c. The fact that he/she is a suspect/accused.
2. RIGHTS - Advise the suspect/accused of his/her rights as follows:
   "Before I ask you any questions, you must understand your rights."
   a. "You do not have to answer my questions or say anything."
   b. "Anything you say or do can be used as evidence against you in a criminal trial."
   c. (For personnel subject to the UCMJ) "You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be a civilian you arrange for at no expense to the Government or a military lawyer detailed for you at no expense to you, or both."

   - or -

   (For civilians not subject to the UCMJ) You have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with you during questioning. This lawyer can be one you arrange for at your own expense, or if you cannot afford a lawyer and want one, a lawyer will be appointed for you before any questioning begins."
   d. "If you are now willing to discuss the offense(s) under investigation, with or without a lawyer present, you have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if you sign a waiver certificate."

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

THE WAIVER

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

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

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

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

SPECIAL INSTRUCTIONS

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

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

PRIOR INCRIMINATING STATEMENTS:

1. If the supsect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.
2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

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

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

COMMENTS *(Continued)*

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
	20070223	2012	

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

7. GRADE/STATUS E-7 / SFC

8.

9.

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

On Feb 21, 07 after being Attacked by an IED a Truck failed to stop resulting in the Drivers Death. I was on A Rooftop when the incident happened. I heard 2-3 shots, followed by warning shot over my radio. I turned around saw the vehicle and at that time it was not slowing down. The vehicle was traveling at 30-35 mph. There was more fire and the vehicle stopped. I could not see the Driver from my position. I got a radio message stating that the Driver might be dead. nothing follows

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

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

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

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

10. EXHIBIT E

11. INITIALS OF PERSON MAKING STATEMENT (b)(3), b(6)

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF (b)(3), b(6) TAKEN AT COB CALLAHAN DATED 23 FEB 07

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 _____. 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)

WITNESSES:

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

SPC

ORGANIZATION OR ADDRESS

CCO 2-325TH AIR

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of February 2007 at

(b)(3), b(6)

(Typed Name of Person Administering Oath)

INVESTIGATING OFFICER

(Authority To Administer Oaths)

INITIALS OF PERSON MAKI

(b)(3), b(6)

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
COB CALLAHAN	20070225	1011	

5.	6. SSN	7. GRADE/STATUS
(b)(3), b(6)	(b)(3), b(6)	02

8. ORGANIZATION OR ADDRESS

9.

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

DID ANYONE GO UP TO THE VEHICLE AFTER IT WAS SHOT? (IF NOT WHY?)

Not initially, we were spread way too thin already and we had just been attacked and we suspected that the vehicle had explosives in it. The vehicle was not clear, not within our cordon and we didn't have the man power to push out to it until the QRF showed up. The QRF investigated the vehicle.

DID THE MEDICS CHECK OUT THE LN OR ATTEMPT TO HELP HIM?

Our medic did not check out the LN because of the same reasons above

WERE PICTURES TAKEN OF THE SCENE?

One picture was taken of the vehicle from the roof but my platoon did not investigate the vehicle so we do not have a close up picture

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

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 1020 DATED 25 Feb 06

9. STATEMENT *(Continued)*

WERE THE NP'S CALLED? IF SO WHAT HAPPENED?

Yes, C6 said the NP needed to handle the situation so he told C5 over the radio to get the NPs on scene.

WAS THE VEHICLE SEARCHED, OR ANYTHING FOUND IN THE VEHICLE?

The QRF searched the vehicle but did not find anything

WERE PARAMEDICS CALLED?

I do not Know

AFFIDAVIT

I, (b)(3), b(6) _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

(b)(3), b(6)

g Statement)

WITNESSES:

(b)(3), b(6)

ORGANIZATION OR ADDRESS

C CO 2-325TH ASL

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of Feb 07

at

(b)(3), b(6)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STA (b)(3), b(6)

PAGE 2 OF 2 PAGES

DA FORM 2823, NOV 2006 EOF: C CO 2-325th AIR, 2-82, 21 FEB 07

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

ADD RF v1.00

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	2. DATE	3. TIME	4. FILE NO.
COB CALLAHAN	25 Feb 07	1020	

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

6.

7. GRADE/STATUS: 02

8. ORGANIZATION OR ADDRESS: C Co 2-325th AIR 2 BCT 82nd

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 AT COB CALLAHAN and wanted to question me about the following offense(s) of which I am suspected/accused: ESCALATION OF FORCE

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)*

1a. NAME *(Type or Print)*
(b)(3), b(6)

b. ORGANIZATION OR ADDRESS AND PHONE
C Co 2 325th AIR 2d BCT.

2a. NAME *(Type or Print)*

b. ORGANIZATION OR ADDRESS AND PHONE

3. SIGNATURE OF INTERVIEWEE
(b)(3), b(6)

6. ORGANIZATION OF INVESTIGATOR
B CO 2-325 AIR 2BCT 82D ABN

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

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 supsect/accused has made spontaneous incriminating statements before being properly advised of his/her rights he/she should be told that such statements do not obligate him/her to answer further questions.
2. If the suspect/accused was questioned as such either without being advised of his/her rights or some question exists as to the propriety of the first statement, the accused must be so advised. The office of the serving Staff Judge Advocate should be contacted for assistance in drafting the proper rights advisal.

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

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

COMMENTS *(Continued)*

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
COB CALLAHAN	20070225	1009	

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

7. GRADE/STATUS: E-7 / SPC

8. ORGANIZATION OR ADDRESS: C co 2-325 2nd PLT

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

DID ANYONE GO UP TO THE VEHICLE AFTER IT WAS SHOT? (IF NOT WHY?)

NO, Not enough forces on ground. we were trying to secure Immediate area. If there was a QUICK REACTION Force more of the area could have been secured, and the vehicle could have been checked out.

DID THE MEDICS CHECK OUT THE LN OR ATTEMPT TO HELP HIM?

NO, The vehicle hadn't been cleared, nor the Body.

WERE PICTURES TAKEN OF THE SCENE?

NO, Busy securing the scene.

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

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 Lab Callaghan DATED 25 FEB 07

9. STATEMENT *(Continued)*

WERE THE NP'S CALLED? IF SO WHAT HAPPENED?

NO, But they showed up after the IP's came. The IP's came to the area, looked at what happened and left the scene. The NP's came up cleared the body and vehicle and left. Do not know how they were notified.

WAS THE VEHICLE SEARCHED, OR ANYTHING FOUND IN THE VEHICLE?

NO, when the Force got there with EOD, I asked his reccomendation on how to clear/search the vehicle. He said he could send the Robot in, but normally they don't search the vehicle they Blow them in Place.

WERE PARAMEDICS CALLED?

NO, the medic and I asked about b)(3)(b)(6 taking care of the body, but the vehicle wasn't clear yet.

AFFIDAVIT

I, (b)(3), b(6) _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(3), b(6)

(Signature of Person Making Statement)

WITNESSES:

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

ORGANIZATION OR ADDRESS

Co Z-325TH AIR

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of FEBRUARY, 2007

at _____

(b)(3), b(6)

Oath)

ILT

g Oath)

(Authority To Administer Oaths)

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

PAGE 1 OF 2 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is DCSOPS

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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	2. DATE	3. TIME	4. FILE NO.
COB CALLAHAN	25 FEB 07	1024	

5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS
6. (b)(3), b(6) 7. GRADE/STATUS E7 SFC	C CO 2-325TH AIR 2BCT 82D

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

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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. (b)(3), b(6)	
b. ORGANIZATION OR ADDRESS AND PHONE C CO 2-325 AIR	4. SIGNATURE OF INVESTIGATOR (b)(3), b(6)
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR (b)(3), b(6) 1LT/IN
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR B CO 2-325 AIR 2BCT 82D ABN

Section C. Non-waiver

1. I do not want to give up my rights
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COMMENTS *(Continued)*

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
COP Callahan	20070225	1638	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3), b(6)		E4 TL

8. ORGANIZATION OR ADDRESS

Co 2-325

9.

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

WHAT EOF SIGNALS DID YOU USE PRIOR TO THE WARNING SHOT? With my left hand I signaled him to stop using the Iraqi hand gesture for Stop. At the same time I shouted "Kif".

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF (b)(3), b(6) TAKEN AT 1042 DATED 25 FEB 07

9. STATEMENT *(Continued)*

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

(b)(3), b(6)

AFFIDAVIT

I (b)(3), b(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE ____. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. 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:

(b)(3), b(6)

ORGANIZATION OR ADDRESS

C CO 2-325TH AIR

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of FEBRUARY, 2007 at

(b)(3), b(6)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

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

PAGE 2 OF 2 PAGES

DA FORM 2823, NOV 2006

EOF: C CO 2-325th AIR, 2-82, 21 FEB 07

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

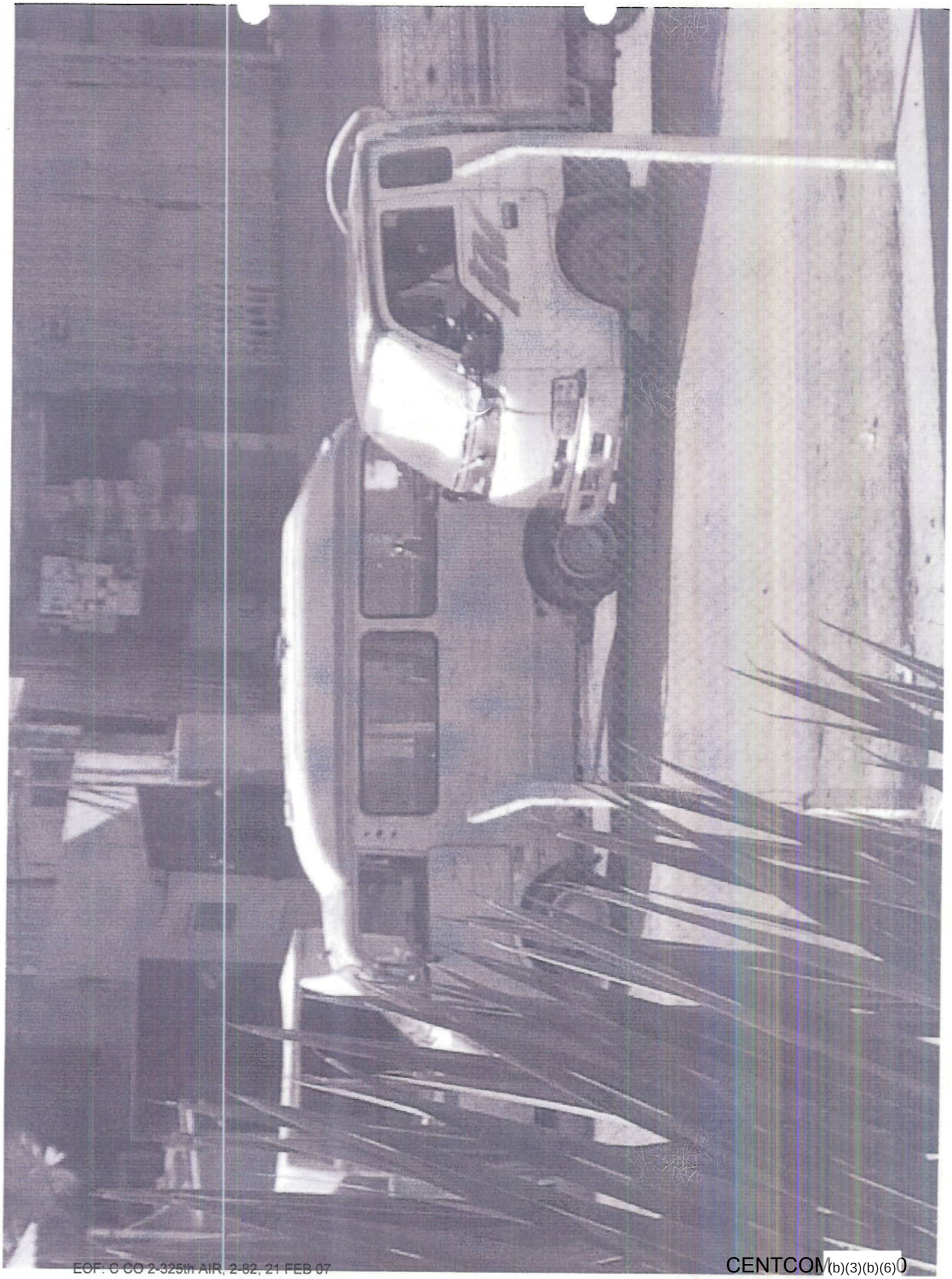
APD PE v1.00

EXHIBIT I

TAKEN BY (b)(3), (b)(6) PFC

CIO 2-325 AIR

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



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

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
COB CALLAHAN	20070225	1349	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3), b(6)		E-7

8. 764th EOD

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

I was responding to a request for EOD Support on AN IED Strike on CF. During the initial gustion process of the Individuals on scence, we were asked by a E-7, name unknown if we were able to ckeck out a civilian vehicle where the Driver had been Killed. I informed them I needed to deploy my robots for that operation. at this time at least 3 U.S. forces walked near the vehicle towards my location. The E-7 asked those soldiers if they had seen ther body or looked in the truck. I was not requested to use my robots. I returned to my EOD Vehicle to gather evidence of the blast site. No further request for EOD Support was asked.

Initials Follows

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

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