

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301, Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSN)
PRINCIPAL: 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: COP Ford; 2. DATE: 20070326; 3. TIME: 0805; 4. FILE NUMBER; 5. (b)(3), b(6); 7. GRADE/STATUS: E-5 / Team Leader; 8. ORGANIZATION OR ADDRESS: B Co 2-325 AIR

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

We were on a morning clearance patrol in the vicinity of COP Ford. Shortly after we left, we entered a heavy traffic area. My fire team was on rear security, with PV2 (b)(3), b(6) right behind me. He was stopping cars and keeping them away from the patrol. One car approached us at a high rate of speed and was coming near some palm tree logs set up in the road. PV2 (b)(3), b(6) and myself both used hand signals to warn the car that we were there. (b)(3), b(6) yelled "awguf" several times but the car didn't stop. He stepped out into the street to warn him some more. I told him to stop the car. He fired two warning shots into the grill, and 1 into the windshield. One of the shots hit the driver and the car continued to move quickly into oncoming traffic, hitting other cars and crashed into a gate about (b)(2)High away. I witnessed the entire escalation of force and all warnings. The driver did not respond and appeared to have hostile intent.

(b)(3)(b)(6) nothing follows (b)(3)(b)(6) (b)(3)(b)(6)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" 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 SGT (b)(3), b(6) TAKEN AT COB Ford DATED 26 MAR 07

9 STATEMENT (Continued)

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

nothing follows

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

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

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

AFFIDAVIT

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

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

WITNESSES

(b)(3), b(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of MARCH 2007 at COB FORD

D CO 2-325 AIR
ORGANIZATION OR ADDRESS

(b)(3), b(6)

(Typed Name of Person Administering Oath)
Commons DR
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

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

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION COP FORD, BAGHDAD, IZ, 38S MB 44951 94325	DATE 28MAR07	TIME 0030	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME (b)(3), b(6)		SOCIAL SECURITY NUMBER	
ORGANIZATION OR ADDRESS D CO., 2-325 AIR, 2-82 AIRBORNE DIVISION		GRADE/STATUS E5/AD	

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

PATROL DEBRIEF: SWORN STATEMENT CONDUCTED AT TIME OF INCIDENT BY CPT (b)(3), b(6)
COMMANDER D CO., 2-325 AIR.

QUESTIONS & ANSWER:

Q: What was the composition of the patrol?

A: (b)(2)High

Q: How far from the vehicle were you when you first saw the vehicle?

A: About (b)(2)High

Q: How far from the individual that fired were you?

A: (b)(2)High

Q: How did you set the conditions to avoid an EOF incident?

A: (b)(2)High

Q: Did you feel the vehicle posed a credible threat to the safety of your men?

A: Yes.

Q: What was the nature of the threat the vehicle posed?

A: Possible SVBIED.

Q: As the situation developed, at what time if any did the driver demonstrate hostile intent or act?

A: By not responding to any of the steps taken to get him to stop. (b)(2)High

Q: What is your Unit SOP on Local National traffic in/around patrols?

(b)(2)High

Q: Has your Platoon conducted EOF training? If so, when?

A: (b)(2)High

Q: Did you discuss the ROE or EOF in your Patrol Order?

A: (b)(2)High

Q: Was your Patrol Order written?

A: No, it was oral.

Q: Who was the audience?

A: My entire Fire Team.

NOTHING FOLLOWS

(b)(3), b(6)

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

(b)(3), b(6)

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

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

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

nothing follows.

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

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

AFFIDAVIT

I, SGT Brent McQuilkin

WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT 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 28 day of MARCH, 19 07 at COP FORD, BAGHDAD, IZ, 38S MB 44951 94325

ORGANIZATION OR ADDRESS

(b)(3), b(6)

(Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ARTICLE 136

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3), b(6)

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION COP FORD, BAGHDAD, IRAQ, 38S MB 4503 9426	2. DATE 28MAR07	3. TIME 0015	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), b(6)	8. ORGANIZATION OR ADDRESS D CO., 2-325 AIR, 2-82 ABN DIVISION		
6. SSN (b)(3)(b)(6)	7. GRADE/STATUS ES/AD		

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 2-325 AIR, 2-82 ABN DIVISION and wanted to question me about the following offense(s) of which I am suspected/accused: EOF INCIDENT 260806MAR2007 BAGHDAD, IRAQ

- 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)
NONE

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		
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR CPT (b)(3), b(6)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR 2-325 AIR, 2-82 ABN DIVISION

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN)
PRINCIPAL: 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: COP Ford
2. DATE (YYYYMMDD): 2007 03 26
3. TIME: 0805
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), b(6)
6. SSN:
7. GRADE/STATUS: E-5/Squad Leader
8. ORGANIZATION OR ADDRESS: B Co, 2-325 AIR

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

On 26 Mar during a clearance patrol around COP Ford at approx. 0805 on RTE Leman I heard two rounds fired, coming from the rear of the formation, and a third shot, about half a second later. I turned around and saw a white four-door hatchback speed through the rear of the formation, hit a car and then crash into a gate on the side of the road. I told my lead fire team to hold up and look down the road ahead, and then moved to aid a female Iraqi who was climbing out of the wrecked car. When I reached the vehicle the (b)(2)High and medic were pulling an Iraqi male out of the car. I called a CAS guy over to assist the medic, then bandaged a laceration on the forehead of the woman. I then called the PC to confirm that (b)(2)High (It was in progress), then moved forward to ensure security was set.

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

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT 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 CGP Ford

DATED 26 Mar 2007

9 STATEMENT (Continued)

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

Nothing
Follows

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

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

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

AFFIDAVIT

(b)(3), b(6)

I, _____ 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)

WITNESSES

(b)(3), b(6)

D 10 2-325 AIR
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of March 2007 at CGP Ford

(b)(3), b(6)

(Typed Name of Person Administering Oath)

Commissar
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION
COP FORD, BAGHDAD, IZ, 38S MB 44951 94325 DATE 28MAR07 TIME 0015 FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME SOCIAL SECURITY NUMBER GRADE/STATUS
(b)(3), b(6) E5/AD

ORGANIZATION OR ADDRESS
D CO., 2-325 AIR, 2-82 AIRBORNE DIVISION

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

PATROL DEBRIEF: SWORN STATEMENT CONDUCTED AT TIME OF INCIDENT BY CPT (b)(3), b(6)
COMMANDER D CO., 2-325 AIR.

QUESTIONS & ANSWER:

Q: What was the composition of the patrol?
A: (b)(2)High

Q: How far from the vehicle were you when you first saw the vehicle?
A: (b)(2)High I was focused on the front of the formation and ahead of the headquarters element. I heard a commotion, two shots followed by one shot, turned around and saw a vehicle speed into a stopped civilian vehicle, and then hit a house. I saw that there was a female passenger in the vehicle but didn't see the driver.

Q: How far from the individual that fired were you?
A: Around (b)(2)High He was the last man in the patrol pulling rear security.

Q: How did you set the conditions to avoid an EOF incident?
(b)(2)High

Q: Did you feel the vehicle posed a credible threat to the safety of your men?
A: Yes.

Q: What was the nature of the threat the vehicle posed?
A: 1. Possible SVBIED. 2. Possible attempt to run over Platoon Leader.

Q: As the situation developed, at what time if any did the driver demonstrate hostile intent or act?
A: I did not see the vehicle until it had passed into our formation. When a vehicle is as close as it was, and driving as fast as it was, in my opinion that demonstrates hostile intent.

Q: What is your Unit SOP on Local National traffic in/around patrols?
(b)(2)High

Q: Has your Platoon conducted EOF training? If so, when?
(b)(2)High

Q: Did you discuss the ROE or EOF in your Patrol Order?
A: (b)(2)High

Q: Was your Patrol Order written?
A: No, it was oral.

(b)(3), b(6)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
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STATEMENT (Continued)

Q: Who was the audience?

A: Team Leader and above and RTO and Medic, given by PL. Instructed Team Leaders to disseminate patrol order to the rest of the Squad.

NOTHING FOLLOWS

(b)(3), b(6)

(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 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 28 day of MARCH, 19 07 at COP FORD, BAGHDAD, IZ, 38S MB 44951 94325

(b)(3), b(6)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ARTICLE 136

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3), b(6)

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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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 COP FORD, BAGHDAD, IRAQ, 38S MB 4503 9426	2. DATE 27MAR07	3. TIME 2355	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), b(6)	8. ORGANIZATION OR ADDRESS D CO., 2-325 AIR, 2-82 ABN DIVISION		
6. SSN (b)(3)(b)(6)	7. GRADE/STATUS O2/AD		

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 2-325 AIR, 2-82 ABN DIVISION
 and wanted to question me about the following offense(s) of which I am
 suspected/accused: EOF INCIDENT 260806MAR2007 BAGHDAD, IRAQ

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)
 NONE

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	
2a. NAME (Type or Print)	5. CPT (b)(3), b(6)
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR 2-325 AIR, 2-82 ABN DIVISION

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: COP FORD
2. DATE (YYYYMMDD): 20070326
3. TIME: 1120
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), b(6)
6. SSN:
7. GRADE/STATUS: 1LT/PL
8. ORGANIZATION OR ADDRESS: 2LT B CO 2-325 AIR

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

ON 26 MAR AT APPROX 0750 WE DEPARTED COP FORD ON A DISMOUNTED PATROL LEAVING THE ECP AND GOING RIGHT OUT OF THE GATE HEADING SOUTHEAST ALONG THE EASTERN WALL ALONG COP FORD. WE TURNED LEFT TOWARDS LEMON THEN LEFT AGAIN HEADING NORTH WEST ON LEMON.

WE STOPPED ALL THE TRAFFIC AS THE RIGHT FLANK OF THE ELEMENT CROSSED THE ROAD.

AS WE WERE MOVING NW I HEARD SHOUTING FROM THE REAR OF THE FORMATION. I THEN HEARD TWO SHOTS FOLLOWED BY ONE SHOT. IMMEDIATELY AFTER THE SHOT I HEARD A CRASH LIKE A VEHICLE HITTING ANOTHER VEHICLE.

I TURNED TO SEE A WHITE VEHICLE ROLLING THROUGH OUR FORMATION TOWARDS ME. THERE WAS NO DRIVER VISIBLE IN THE FRONT SEAT BUT A FEMALE IN THE BACK SEAT. EVEN THOUGH THE DRIVER WAS NOT VISIBLE, THE VEHICLE CONTINUED AT A HIGH RATE OF SPEED.

THE VEHICLE SWERVED TOWARDS THE LEFT AND CRASHED HEAVILY INTO THE METAL GATE OF A HOME, KNOCKING THE METAL GATE APPROXIMATELY 15 FEET INTO THE DRIVEWAY. THE TIME WAS APPROX 0805

A ROUGH SKETCH IS DRAWN BELOW. THE UNDS WERE TAKEN AFTER THE AREA WAS CORDONED OFF, BUT THE SKETCH IS NOT TO SCALE.

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" DATED

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

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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: LOP FORD
2. DATE (YYYYMMDD): 24070326
3. TIME: 1124
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), b(6)
6. SSN:
7. GRADE/STATUS: 1E7/PL
8. ORGANIZATION OR ADDRESS: 2 PLT B 10 2-325 AIR

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

WHEN THE VEHICLE CAME TO A HALT, THE WOMAN IN THE BACK SEAT LEFT THE VEHICLE AND WALKED TOWARDS THE STATIONARY VEHICLES ON ROUTE LEMON. SGT (b)(3), b(6) TOOK HER AND BROUGHT HER BACK TOWARDS THE VEHICLE WHERE PV2 (b)(3), b(6) TREATED THE CUT ON HER FOREHEAD WITH THE CUS BAG.

AT THE SAME TIME SPL (b)(3), b(6), THE PLT MEDIC, PULLED THE DRIVER OUT OF THE VEHICLE AND BEGAN TREATMENT. THE DRIVER HAD A SINGLE b(2)High GSW TO THE LOWER RIGHT MANDIBLE.

I CALLED D BASE FOR VEHICLE SUPPORT TO CASUALTY THE WOUNDED MAN AND WAGON OFF THE AREA APPROX 0810. THE VEHICLES ARRIVED AND HE WAS EVAL'D APPROX 0840. THE FEMALE WAS TAKEN BY FAMILY MEMBERS WHO ARRIVED ON SCENE TO THE HOSPITAL.

THE FEMALE WAS IDENTIFIED AS (b)(6), A SCHOOL TEACHER. SHE WAS THE PASSENGER IN A TAXI DRIVEN BY (b)(6) (b)(3), b(6) WAS THE DRIVER OF THE TAXI AND IT WAS (b)(6)

(b)(3), b(6)

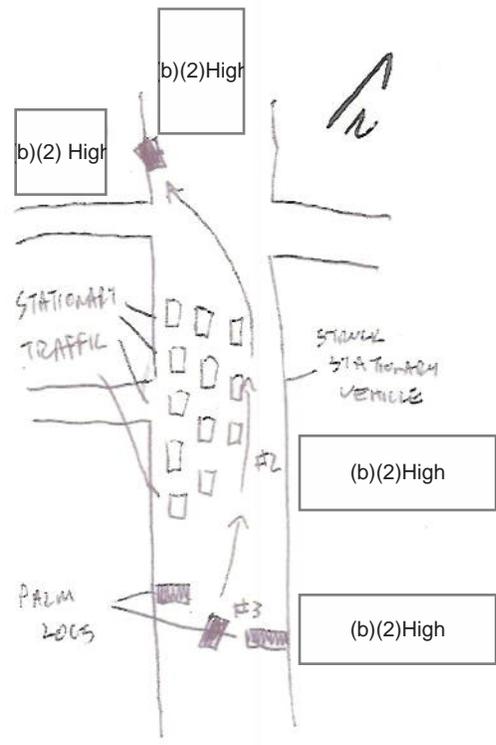
10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3), b(6)
PAGE 2 OF 3 PAGES

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 INDICATED

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

TAKEN AT (LOP FORD) DATED 26 MAR-07

9 STATEMENT (Continued)



#1 VEHICLE COMES TO HALT AFTER CLASHING INTO FROM LANE OF HOUSE (b)(2)High

#2 SHOTS FIRED FROM THIS LOCATION (b)(2)High

#3 VEHICLE STUCK BY 1 ROOM (b)(2)High

(b)(3), b(6)

AFFIDAVIT

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

(b)(3), b(6)

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of MARCH 2007 at LOP FORD.

D Co 2-325 AIR ORGANIZATION OR ADDRESS

(b)(3), b(6)

(Typed Name of Person Administering Oath) Commonwealth (Authority To Administer Oaths)

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

SWORN STATEMENT

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

LOCATION COP FORD, BAGHDAD, IZ, 38S MB 44951 94325	DATE 28MAR07	TIME 0005	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME (b)(3), b(6)		SOCIAL SECURITY NUMBER	GRADE/STATUS O2/AD
ORGANIZATION OR ADDRESS D CO., 2-325 AIR, 2-82 AIRBORNE DIVISION			

I, 1LT (b)(3), b(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

PATROL DEBRIEF: SWORN STATEMENT CONDUCTED AT TIME OF INCIDENT BY CPT (b)(3), b(6)
COMMANDER D CO., 2-325 AIR.

QUESTIONS & ANSWER:

Q: What was the composition of the patrol?

A: (b)(2)High dismantled patrol.

Q: How far from the vehicle were you when you first saw the vehicle?

A: (b)(2)High After it hit a vehicle and all three shots were fired.

Q: How far from the individual that fired were you?

A: Approximately (b)(2)High

Q: How did you set the conditions to avoid an EOF incident?

(b)(2)High

Q: Did you feel the vehicle posed a credible threat to the safety of your men?

A: Yes.

Q: What was the nature of the threat the vehicle posed?

A: Possible SVBIED, possible drive-by shooting, known exfil. route for attacks on COP Ford, and the threat of being run over by an erratic driver.

Q: As the situation developed, at what time if any did the driver demonstrate hostile intent or act?

(b)(2)High

Q: What is your Unit SOP on Local National traffic in/around patrols?

(b)(2)High

Q: Has your Platoon conducted EOF training? If so, when?

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

Q: Did you discuss the ROE or EOF in your Patrol Order?

(b)(2)High

Q: Was your Patrol Order written?

A: No, it was verbal.

Q: Who was the audience?

A: Team Leader and above.

NOTHING FOLLOWS

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT (b)(3), b(6)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

(b)(3), b(6)

EOH W/LN DEATH(D COI2-325AIR), 2-82YARN, 24 MAR 07

(b)(3), b(6)

AFFIDAVIT

I, ILT (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 27 day of MARCH, 19 07 at COP FORD, BAGHDAD, IZ, 38S MB 44951 94325

ORGANIZATION OR ADDRESS

(b)(3), b(6)

CPT

(b)(3), b(6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ARTICLE 136

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(3), b(6)

PAGE 2 OF 2 PAGES

foreign language

I am a citizen,

(b)(6)

Around 8:15 / Few of the Coalition Forces soldiers drove by in front of me on the road. All motor vehicles stopped. They crossed the road. I heard warning shots come thru from one of the soldiers and more shots. After a while I saw a white vehicle drive slowly and veer towards the sidewalk. It collapsed against one of houses gate close by the road. Then I saw the soldiers stopping the man

Translated by

(b)(3), b(6)

Mar 26, 07

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301, Title 5 USC Section 2951, E.O. 9397 dated November 22, 1943 (SSM).
PRINCIPAL: 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: COP Camp D/2-325
2. DATE (YYYYMMDD): 20070326
3. TIME: 1135
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME, I.E. SSN: (b)(3), b(6)
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: Bravo Co, 2nd PH, 2-325 AIR, Edna AA

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

While on patrol on 26 MAR 07 at approximately 0830 hours I heard 3 uncontrolled shots. Not but 1 minute later, I heard screaming to get out of the way. I turned and found that a white, 4-door taxi driven by driverless with a lady in the back seat screaming. As the woman in-scene, I then immediately began to control breathing, stop bleeding and treat for shock. As the driver was shot in the right wrist, shattering his jaw and severing the jugular, I applied pressure to wound after unsuccessful attempts to locate the artery to clamp it off. After bleeding was somewhat controlled, I established an airway by performing a cricothyroidotomy. Patient then began to breathe on their own. No IV was established as RT's bleeding could not be controlled. I was afraid that more fluids may cause bleeding to coagulate. I began breathing for the patient through the airway I provided until evac arrived. Patient was then loaded on a gurney and transported.

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

10. EXHIBIT: (b)(3), b(6)
11. SIGNATURE: (b)(3), b(6)
12. WITNESS STATEMENT:
13. PAGE 1 OF 1 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 INDICATED.

10 (b)(3), b(6)
CENTCOM 012954
Cm-b.1 N

STATEMENT OF (b)(3), b(6) TAKEN AT 1135 DATED 26 MAR 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 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES

(b)(3), b(6)

D CO 2-325 AIR
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of MARCH 2007 at EOJ FOLD

(b)(3), b(6)

Commander
(Authority To Administer Oaths)

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

PAGE 2 OF 2 PAGES

a Record

na Record, did 1 APR 04; the proponent agency is OTSG

AUTHORITY
PURPOSE:
ROUTINE
DISCLOSURE

Foreign Language Text, Illegible Text

are at echelons 1-3
the Army compilation of systems of records notice apply.

DATE DES

Local National CASUALTY SSN: *2/4*

Date/Time
0840

Date of Birth Gender Unit
 Male Female

ARRIVAL

WALK
 CARRIED
 OTHER *1:49er*

US TCN
 Host Nation
 Enemy
 Coalition (I, O, etc)

Service

~~Civilian~~
 Combatant
 Contractor
 USA
 USN
 USMC
 USAF
 SOF
 INGO ()
 Other

WOUNDED BY:

US/COALITION (Nation _____)
 ENEMY
 CIVILIAN (Nation _____)
 TRAINING
 SELF ACCIDENT
 SELF NON-ACCIDENT
 SPORTS-RECREATION
 OTHER:

TRIAGE CATEGORY:

IMMEDIATE MINIMAL
 DELAYED EXPECTANT

TIME *0845*

B/P

GLASGOW COMA SCALE (circle one)

3 8 12 15

PULSE

UNC STUPOR LETHARGY ALERT

RESP

MECHANISM OF INJURY:

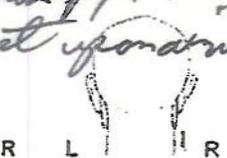
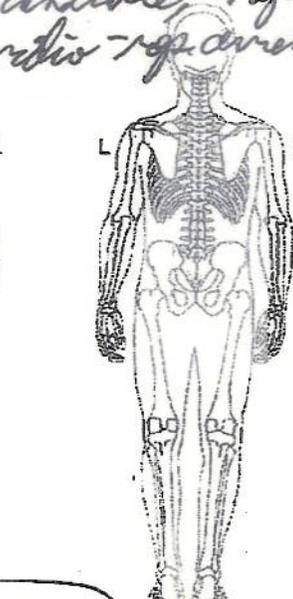
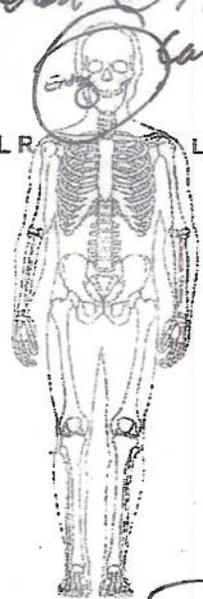
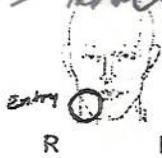
GSW/BULLET KNIFE / EDGE BURN (thermal, flash)
 BLUNT TRAUMA BLAST CRUSH HEAT
 SINGLE FRAGMENT CRASH FALL COLD
 MULTI FRAGMENT BIOLOGICAL SMOKE INHALATION BITE / STING
 OTHER

TEMP

SPO2

INJURY Description (location, nature and size in cm)

skull fracture @ frontalis, Pupils fixed & dilated, cardiac - resp arrest upon arrival



TREATMENT: TIME:

RSI *0847*

INTUBATED SIZE: *40* PLACEMENT *correct*

CRIC *arrived with*

NEEDLE DECOMP

Chest Tube L R

IO line LOCATION: *VC/IO*

CRYSTALLOID NS RATE: *1000/h extend 1c*

TOURNIQUET LOCATION: ON: OFF:

Collar / C-spine Back board ON: OFF:

OXYGEN NC/NRB L/MIN *15*

EXT Fix /splint

AM Amputation BL Bleeding D Deformity H Hematoma
AV Avulsion B Burn F Foreign Body L Laceration
P Puncture X Fracture S Stab Wnd G CSW

**Trauma Record
DISCHARGE SUMMARY**

MEDICATIONS: ?
ALLERGIES: ?

LABS:

XRAYS:

PMH: ?
*Med. pm of the
couldn't stop.
interland... with
after shot + general
resp on scene
pupils fixed + dilated.*

REGION	FINDINGS
Face	<i>patient presented w/ gunshot wound to mandible</i>
Head & Neck (incl C-spine)	<i>C-spine intact / Cric'd @ scene by Medics & Neck Bandaged.</i>
Chest (incl T-spine)	<i>MS. C Suggins / EBL @ scene ~ 250cc</i>
Abdomen (incl L-spine)	<i>soft</i>
Pelvis	<i>stable</i>
UPPER / LOWER Extremities	<i>intact</i>
Skin	<i>intact</i>

DISPOSTION: EVAC to _____
 AIR/GRND EVAC: _____
 RTD
 DECEASED (see below)

Evacuation Priority
 ROUTINE
 PRIORITY
 URGENT
MS

Time of Death: 0946

Chaplain Notified: φ

Remains sent to: IP station

Unit Notified: MS

IP (b)(6) took Body
to Alctz police station @ 1020 hrs

COMMENTS: _____
 PHYSICIAN: MAT

(b)(3), b(6)

EMERGENCY RESUSCITATION RECORD

For use of this form, see MEDCOM Circular 40 5

1. Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/Off.

DATE:

PATIENT STATISTICS:

Age: Gender: Height (in): Weight (lbs): Weight (kg):

2. LOCATION OF RESUSCITATION:

Ward: ICU: MICU SICU CCU NICU PICU ED PACU OR Diagnostic/Procedure Area: Outpatient Clinic: Other (Specify):

FT intubation... (R) LE veins withdrawn... NG Tube

4. INITIAL CONDITION:

CONSCIOUS? BREATHING? PULSE? WITNESSED ARREST? MONITORED AT ONSET?

5. INITIAL RHYTHM?

Asystole Bradycardia Pertussing Rhythm Pulseless Electrical Activity Ventricular Fibrillation Ventricular Tachycardia

FAST I x 2 infiltrated x 2

RETURN OF SPONTANEOUS CIRCULATION (ROSC):

Returned at: Unsustained ROSC: TIME CPR STOPPED: DUE TO: ROSC DNR Death

0944

6. IMMEDIATE CAUSE OF ARREST/EVENT:

Hypotension/Hypovolemia Lethal Arrhythmias Metabolic Myocardial Infarction or Ischemia Respiratory Depression Trauma Unknown Other:

suspect brain injury

7. RESUSCITATION ATTEMPTED:

YES (Check all that apply) Airway Management Chest Compressions Cardiac Massage Defibrillation NO (Check one) False Alarm/Arrest (BLS/ALS not needed) Do Not Resuscitate (DNR) Pronounced Dead Prior to Resuscitation Other:

8. EVENT TIMES:

Collapse/Arrest Onset: CPR Started: 1st Defibrillation: Airway Achieved: 1st Dose Epinephrine: Code Team Called: Code Team Arrived:

9. INTERVENTIONS:

IV Access Gauge: Site: Endotracheal Tube Size: Mechanical Ventilation: Arterial Line: Central Venous Line: Pulmonary Artery Catheter: Nasogastric Tube: Pacing Device (Specify): Implantable Defibrillator/Cardioverter: Other (Specify):

18 44E cut down BUM attempted -> phi attempted -> couldn't insert

CHECK THOSE INITIATED DURING RESUSCITATION. NOTE TIME!

Time(s) Time(s) Time(s) Time(s) Time(s) Time(s) Time(s) Time(s) Time(s)

COMMENTS

Pulse & BP achieved x 4 during resus but not sustained. GCS change 3. COP 100cc

PATIENT DISPOSITION FOLLOWING RESUSCITATION:

Deceased

PATIENT IDENTIFICATION

LOCAT NATIONAL 26 MAR 07

10. GLASGOW COMA SCALE: (Post-resuscitation)

EYE OPENING

4 - Spontaneously 3 - To voice 2 - To pain 1 - No response

VERBAL RESPONSE

5 - Oriented, converses 4 - Disoriented, converses 3 - Inappropriate responses 2 - Incomprehensible sounds 1 - No response

MOTOR RESPONSE

6 - Obeys verbal commands 5 - Localizes painful stimulus 4 - Withdraws from pain stimulus 3 - Flexion, decerebrate posturing 2 - Extension, decerebrate posturing 1 - No movement

SCORE: 3

EMERGENCY RESUSCITATION RECORD - PART 2

TIME (Military)

0850 0903 0908 0911 0921 0925 0932 0934 0937 0946

BLOOD PRESSURE

95/32

HEART RATE

BP 102/32 95/32

79/21

PULSE PALPABLE (Y/N)

121

COMPRESSION (* = CPR)

RHYTHM

DEFIBRILLATION

Energy: 200, 300, 360

CARDIOVERSION

Energy: 50, 100, 200, 300, 360

PACING PERFORMED ()

RESPIRATIONS

TEMPERATURE

96.8

VALVE MASK

with O₂ ()

INTUBATED ()

X

MASK (insert)

% OXYGEN (O₂)

90

PULSE O₂: O₂ SATS

88 77

Note dose and route.

AMIODARONE

ATROPINE

DOPAMINE

EPINEPHRINE

1mg

X

LIDOCAINE

ET

X

ET

X

Heart down

X

IVPB

PROCAINAMIDE

VASOPRESSIN

POTASSIUM (K)

GLUCOSE

CALCIUM (Ca)

MAGNESIUM (Mg)

PH

pCO₂

pO₂

HCO₃

COMMENTS:

Fouly Catheter @ 0910

Fast-one @ 0904

Fast IV (b)(3)(b)(6)

called @ 0946

Preacher
SPC

(b)(3), b(6)

(b)(3), b(6)

MAJ PA-C

NURSE (Signature & Title)

[Signature]

foreign language, (b)(6)

foreign language, (b)(6)

(b)(6)

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG

For use of this form, see AR 220-15; the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans

PAGE NO.

NO. OF PAGES

1

ORGANIZATION OR INSTALLATION

LOCATION

PERIOD COVERED

FROM

TO

DELTA BASE

COP FORD

HOUR

DATE

HOUR

DATE

0014

26 MAR 07

ITEM NO.

TIME

IN

OUT

INCIDENTS, MESSAGES, ORDERS, ETC.

ACTION TAKEN

INL

(b)(2)High, (b)(5), (b)(3)(b)(6)

(b)(3), b(

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY

SIGNATURE

EOF w/LN DEATH(D CO/2-325AIR), 2-82ABN, 24 MAR 07

(b)(3), b(6)

CE

Exhibit Q

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG

For use of this form, see AR 220-15; the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans

PAGE NO.

2

NO. OF PAGES

ORGANIZATION OR INSTALLATION

LOCATION

PERIOD COVERED

FROM

TO

D. Co 2-305

COF FORD

HOUR

DATE

HOUR

DATE

0755

26 MAR 07

26 MAR 07

ITEM NO.

TIME

IN

OUT

INCIDENTS, MESSAGES, ORDERS, ETC.

ACTION TAKEN

INL

(b)(2)High, (b)(3)(b)(6), (b)(5)

(b)(3), b(

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY

SIGNATURE

EOE w/IN DEATH(D CO/2 325AIR) 2 82ABN 24 MAR 07

(b)(3), b(6)

CENTCOM 012962

Exhibit Q

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG
For use of this form, see AR 220-15 the proponent agency is Office of The Deputy Chief of Staff for Operations & Plans

PAGE NO. NO. OF PAGES

ORGANIZATION OR INSTALLATION

LOCATION

PERIOD COVERED

DELTA BASE

Coof Ford

FROM		TO	
HOUR	DATE	HOUR	DATE
0950	26 MAR	1116	26 MAR

ITEM NO. TIME IN OUT

INCIDENTS, MESSAGES, ORDERS, ETC.

ACTION TAKEN

INL

(b)(2)High, (b)(3)(b)(6), (b)(5)

(3), b(

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY

SIGNATURE

Exhibit Q

TRANSCRIBED FROM AAR NOTES

- [REDACTED] (b)(3), b(6) → REAR SECURITY
 - TRAFFIC MOVING SOUTH (WAS STOPPED)
 - [REDACTED] (b)(3), b(6) FIRED 2+1
 - FIRST 2 AT GRILL (1ST BARRACADE)
 - 3RD AT WINDSHIELD (2ND BAR.)
 - [REDACTED] (b)(2)High AFTER 3RD SHOT HIT ANOTHER CAR
 - DRIVER DOWN CAR CRASHED INTO GATE
 - SECURITY PERIMETER SET-UP

NOTES



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

ON-SCENE NOTES

- [REDACTED] (FEMALE)

VICTIM)

- SCHOOL [REDACTED] TEACHER

- [REDACTED]

- [REDACTED] - HER HOUSE

- OWNER OF HOUSE: [REDACTED]

- [REDACTED]