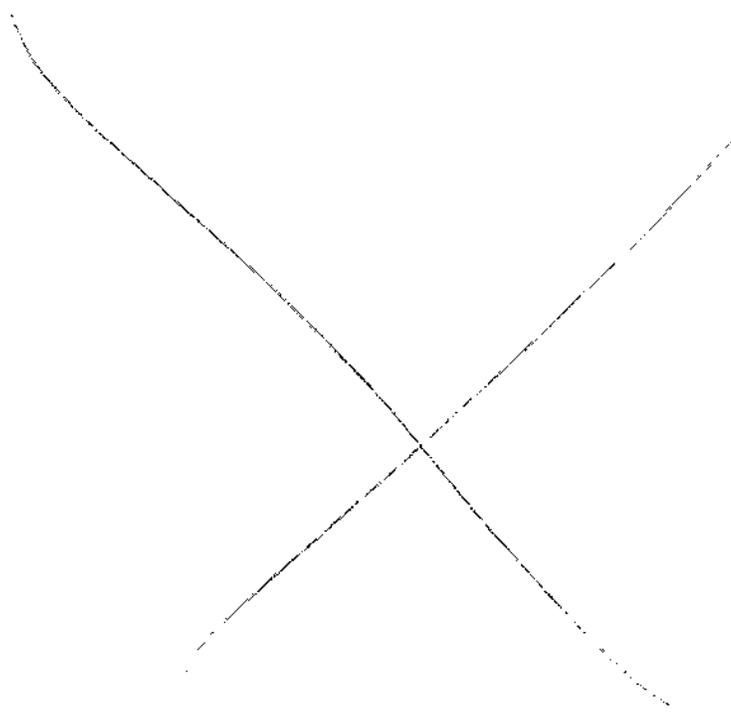


USE THIS PAGE IF NEEDED - THIS PAGE IS NOT NEEDED. PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

Illegible Text, Nonresponsive

INITIALS AND SIGNATURE MAKING STATEMENT
(b)(3)(b)(6)

PAGE OF PAGES



AFFIDAVIT

(b)(3)(b)(6) HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 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)

Signature of Person Making Statement

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this day of 20 at

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

ORGANIZATION OR ADDRESS

Typed Name of Person Administering Oath

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

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

PAGE OF PAGES

EXHIBIT 12

(b)(3), b(6)

3), l

SPR

D CO / 2-506 21JUN06 (IED/EOF)

(b)(2)High

(b)(3), b(6)

(b)(2)High

(b)(2)High



SECRET - NO DISSEM TO THE MEDIA
NO DISSEM TO THE PUBLIC

10/16/17 17

Illegible Text, Nonresponsive

REVERSE OF DA FORM 3881

CENTCOM 013391

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 27, 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: FOB Falero
2. DATE (YYYYMMDD): 11-18-62
3. TIME:
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: Det 2nd Cav INF

9. SFC (b)(3)(b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At the time of the mission I was positioned outside of my vehicle, D113, approx (b)(2)High to the Northwest of D111. I was facing Northwest when I heard rounds fired. It sounded to be several shots from (b)(2)High that were warning shot. A few moments later I heard (b)(2)High shot going over my head. The (b)(2)High shots were when I turned around and saw D111 firing. Shortly after the rounds stopped being fired I saw the a white vehicle still moving at a high rate of speed pass behind D111 and continue until it hit a parked bus approx (b)(2)High. The white car was not in my line of sight until after I passed behind D111. At no time could I see (b)(3)(b)(6) or D111. This all took place (b)(3)(b)(6)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

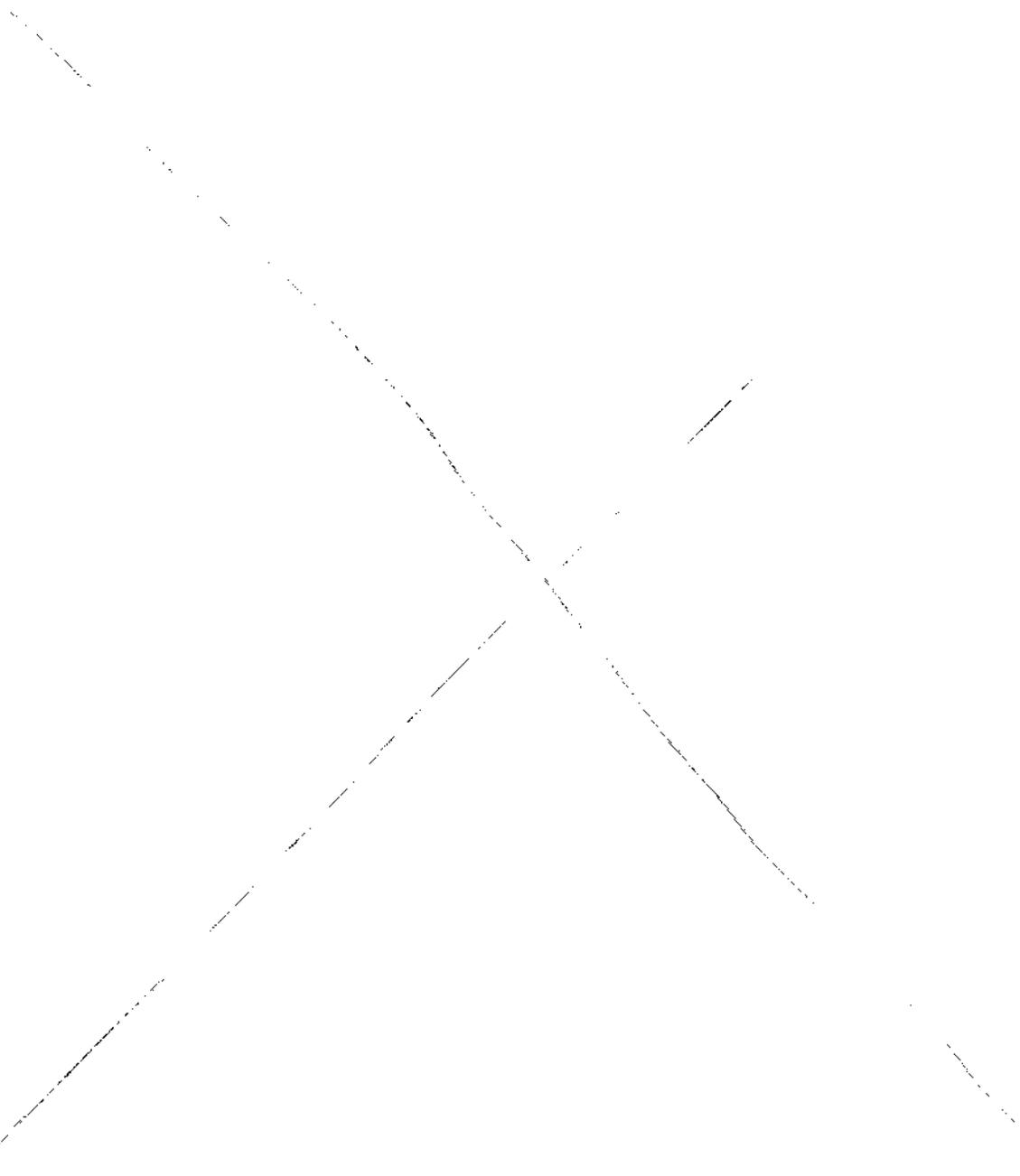
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE BE INDICATED.

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

STATEMENT OF SA [unclear] TAKEN AT [unclear] DATED 2005

9 STATEMENT (Continued)

[unclear] IFD [unclear] [unclear]
[unclear] [unclear] [unclear]
[unclear] [unclear] [unclear]

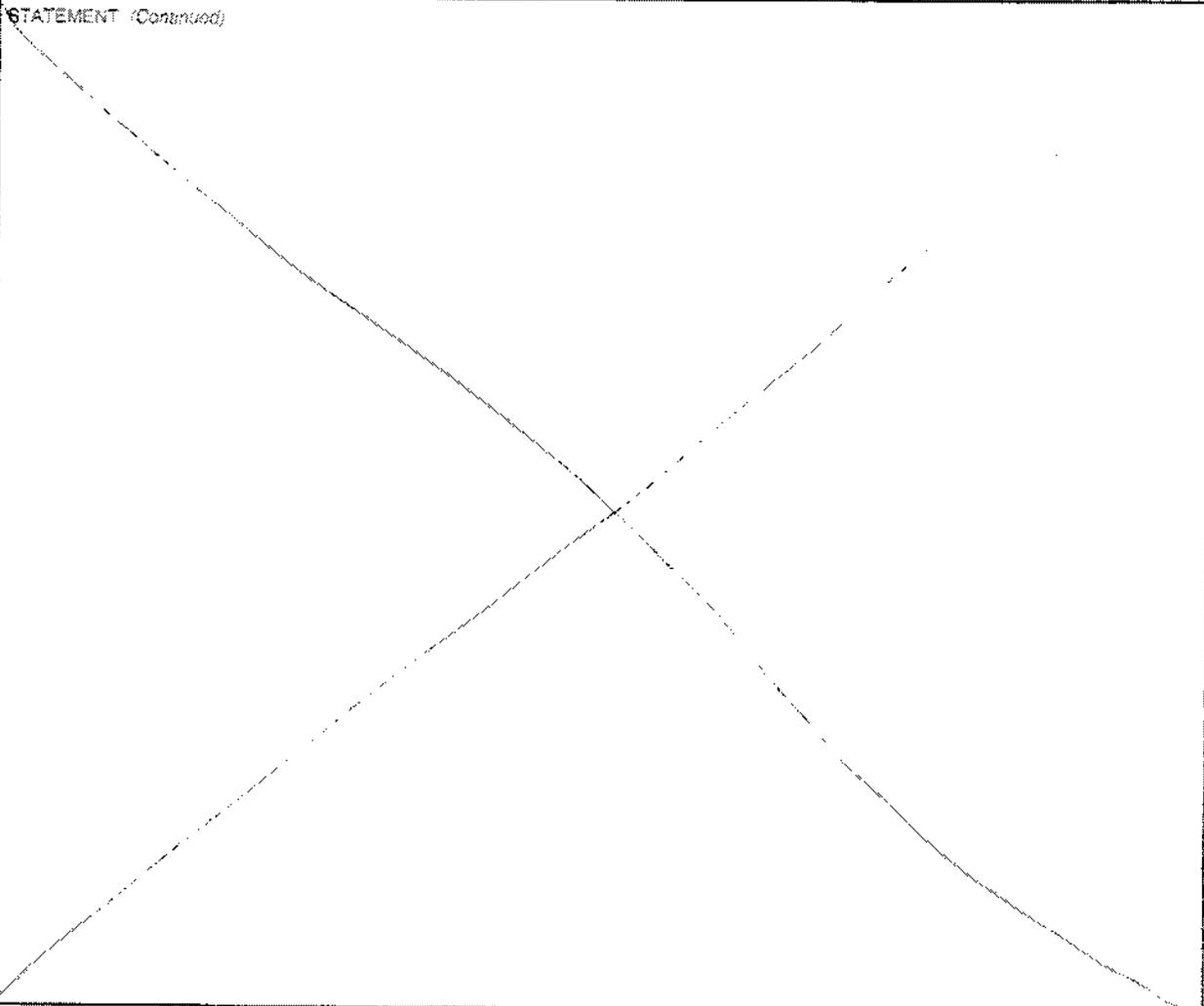


INITIALS OF PERSON MAKING STATEMENT

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

PAGE OF PAGES

STATEMENT (Continued)



AFFIDAVIT

I, _____, 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 19____ at _____

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

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT:

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

PAGE OF PAGES

HS-SPRC 10/7/01

EXHIBIT 13

CENTCOM 013394

(b)(3), b(6)

(b)(2)High

b(3)(b)(6)

D CO / 2-506 21 JUN 06 (IED/EOF)

(b)(3), b(6)

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY Title 5 USC Section 301 Title 5 USC Section 2651, E.O. 3597 dated November 22, 1943 (SSN);
PRINCIPAL For police commanders and law enforcement officials with means by which information may be adequately 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 limited to...

1. LOCATION 2. DATE 3. TIME 4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE STATUS
8. ORGANIZATION OR ADDRESS

I, (b)(3)(b)(6) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.
I was the gunner on the vehicle bumper numbered 3113. My
of the area Sgt. Johnson and my truck commander Sgt.
Williams. After striking the IED, my vehicle passed onto a
unimproved road facing northwest. Sgt (b)(3)(b)(6) truck was
to my rear and Sgt. (b)(3), b(6) truck was to the
East of my position. The LA truck was also to
my rear. I was watching in sector, we saw
personnel (b)(3)(b)(6) and we saw traffic to turn around and
travel away from my point in the cordon as well
maintaining our (b)(3)(b)(6) platoon net radio for IED
(b)(3)(b)(6) as we used the company net radio to coordinate
with company, EOD, and recovery assets. I heard the
fire begin but could not turn around to my own
identity because I was still having to keep vehicle away
from my point in the cordon. I did however pick
up the platoon hand mike and get the situation from

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT (b)(3), b(6) PAGE NO. 3 OF 3

ADDITIONAL PAGES MUST CONTAIN THE HEARING STATEMENT DATE:
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND THE PAGE NUMBER MUST BE INDICATED.

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

STATEMENT OF (b)(3)(b)(6) TAKEN AT Fort Fulkerson DATED 10-1-1968

STATEMENT OF (b)(3)(b)(6) TO relay to LIT (b)(3)(b)(6) Nothing else known

(b)(3)(b)(6), Illegible Text

egible Text, (b)(3)(b)(6)

INITIALS OF PERSON IN CHARGE OF STATEMENT

PLEASE PRINT NAME AND TITLE

STATEMENT (Continued)

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

AFFIDAVIT

(b)(3)(b)(6) HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR 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 _____ day of _____, 19____ at _____

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

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

SAPR 2 19

EXHIBIT 14

CENTCOM 013400

UNCLASSIFIED

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

D CO / 2-506 21JUN06 (IED/EOF)

(b)(2)High

(b)(2)High

(b)(2) High

(b)(2)High

21 JUN 06 14:11

UNCLASSIFIED

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

RIG'S WARNING PROCEDURE/WAIVER CERTIFICATE

Use of this form, see AF 15C-20, the proponent agency is ODSSCF

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.

LOCATION: Fob Falcon	DATE: 22 June 06	TIME: 1512 hours
NAME: (b)(3)(b)(6)	GRADE/STATUS: E-5 / SGT	
SSN: (b)(3)(b)(6)	REG: Dio 2-506 INF Reg	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A - Rights

I, the undersigned, who is a member of the United States Army, and I consent to question me in regard to following information:
 I was asked the following questions in regard to the offenses listed below, however, I do not have in mind any other offenses. I do not have in mind any other offenses.
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.

FOURTH SB, 480T, 41D

In regards to Escalation of Force

(3)(b)

I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.

COPIES TO: [illegible]

Section B - Waiver

I, the undersigned, who is a member of the United States Army, and I consent to question me in regard to following information:
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.

NAME (Type of Print): (b)(3)(b)(6)	SIGNATURE OF INTERVIEWER: (b)(3)(b)(6)
ORGANIZATION OR ADDRESS (Type of Print): (b)(3)(b)(6)	SIGNATURE OF INVESTIGATOR: (b)(3)(b)(6)
DATE (Type of Print):	DATE OF INTERVIEW:
ORGANIZATION OF TRAFFIC CONTROL OFFICER:	ORGANIZATION OF INTERVIEWER:

Section C - Non-waiver

I, the undersigned, who is a member of the United States Army, and I consent to question me in regard to following information:
 I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time. I understand that I have the right to stop the questioning at any time.

ADDITIONAL INFORMATION: [illegible]

EXHIBIT 15

1. The purpose of this plan is to ensure that the project is completed on time and within budget. It will define the roles and responsibilities of all team members and establish a clear communication structure. This plan will also serve as a guide for the project manager and team members throughout the project lifecycle.

2. The project manager will be responsible for overall project management, including planning, execution, monitoring, and closure. The project manager will also be responsible for ensuring that the project is completed on time and within budget. The project manager will also be responsible for ensuring that the project is completed to the satisfaction of the customer.

3. The project team will be responsible for the day-to-day execution of the project. Each team member will have specific responsibilities and will be held accountable for their performance. The project manager will provide guidance and support to the team members throughout the project.

4. The project will be completed on time and within budget. The project manager will ensure that the project is completed to the satisfaction of the customer. The project manager will also ensure that the project is completed in accordance with the project plan and that all team members are held accountable for their performance.

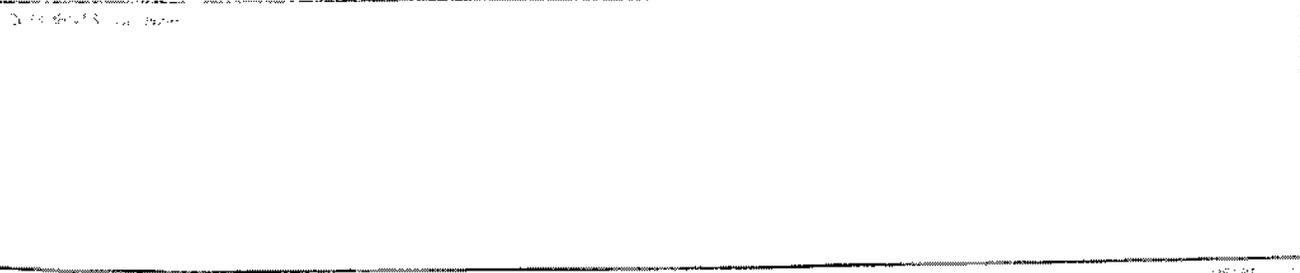
QUALITY ASSURANCE PLAN

5. The project manager will ensure that the project is completed on time and within budget. The project manager will also ensure that the project is completed to the satisfaction of the customer. The project manager will also ensure that the project is completed in accordance with the project plan and that all team members are held accountable for their performance.

6. The project manager will ensure that the project is completed on time and within budget. The project manager will also ensure that the project is completed to the satisfaction of the customer. The project manager will also ensure that the project is completed in accordance with the project plan and that all team members are held accountable for their performance.

7. The project manager will ensure that the project is completed on time and within budget. The project manager will also ensure that the project is completed to the satisfaction of the customer. The project manager will also ensure that the project is completed in accordance with the project plan and that all team members are held accountable for their performance.

8. The project manager will ensure that the project is completed on time and within budget. The project manager will also ensure that the project is completed to the satisfaction of the customer. The project manager will also ensure that the project is completed in accordance with the project plan and that all team members are held accountable for their performance.



SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 3011 Title 5 USC Section 2921 E.O. 9397 dated November 22, 1983 (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: FCB Falcon
2. DATE (YYYYMMDD): 20060622
3. TIME: 1512 hours
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-5 / SGT
8. ORGANIZATION OR ADDRESS: Dco 2: SGT

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

After pushing through the explosion we stopped at the far Eastern side of the cordon. I Radio'd that my crew and I were OK and had sustained no damage. I ordered a detailed (b)(2)High scan for the gunner to search for secondaries, once complete I ordered a (b)(2)High scan outside the truck. After the (b)(2)High scan was complete I ordered the Gunner to orient his weapon system up the road to the north to cover any potential VBIED's that might approach. The road to the east was barricaded with cement T-walls. I then assessed the damage to the outside of the vehicle to determine what kind of recovery needs to happen in order to get the vehicle back to the job. Once that assessment was complete I got back to the truck and called (b)(3)(b)(6) to let him know the status of the vehicle. After that (b)(3)(b)(6) ordered

10. EXHIBIT (b)(3)(b)(6) OF PERSON MAKING STATEMENT PAGE 1 OF PAGE 1

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.

EXHIBIT 15

STATEMENT OF

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

TAKEN AT

~~REDACTED~~

DATE

2002 10 22

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

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

to start up the 4 line VHS report. (b)(3)(b)(6)

was about half way thru the report when we
 heard "..." and what sounded like "..."
 with a couple of seconds. ...
 open up after the (b)(2)High ...
 over the radio to inform us that he had a
 radio vehicle that wasn't stopping and
 approaching at high speed. ...
 of the incident as I was around the stage
 and blocked by buildings after that incident
 we put out cones and went into cordon and
 control and vehicle Recovery operations

Nothing follows.

INITIALS OF PERSON MAKING STATEMENT

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

PAGE

OF

PAGES

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

STATEMENT (Continued)

(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 _____. 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 _____ day of _____ 19____ at _____

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

ORGANIZATION OR ADDRESS _____

Oath:

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS _____

(Authority To Administer Oaths)

INITIALS	STATEMENT	PAGE	OF	PAGES
(b)(3)(b)(6)				

USA-FPC, VS. 2.

EXHIBIT 15

CENTCOM 013406

UNCLASSIFIED

(3), b(6)

557

(b)(2)High

D CO / 2-506 21 JUN 06 (IED/EOF)

(b)(2)High

(b)(2) High

(b)(2)High

(b)(3), b(6)

EXHIBIT 15

UNCLASSIFIED

1. **PROBLEM STATEMENT**
 The problem is to design a system that will allow the user to enter data into a computer system and have the system process the data and produce a report. The system should be able to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

2. **ANALYSIS**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

3. **DESIGN**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

4. **IMPLEMENTATION**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

5. **TESTING**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

6. **CONCLUSION**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

7. **REFERENCES**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

8. **APPENDIX**
 The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors. The system will be designed to handle a large amount of data and should be able to process the data in a short amount of time. The system should also be able to handle errors and should be able to recover from errors.

COMMENTS

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: Fort Belton
2. DATE (YYYYMMDD): 2 June 06
3. TIME: E
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3)(b)(6)
6. SSN: (b)(3)(b)(6)
7. GRADE/STATUS: E-3
8. ORGANIZATION OR ADDRESS: 1st Lt 21506

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

In the 21 June my convoy was directed to our sector in order to...
Panel. We entered zone 26 just to change the route to the north...
truck, which was first in the four truck convoy, was hit by an IED. I
pushed through the kill zone in a North East direction before coming to a stop
When I got out to see fires and twenty fires and to look the truck out
I could see we had pushed through mine. The other three trucks have stayed
back

I had no visual of the other three trucks. But several minutes later, not
entirely sure how much time had passed I heard some of the soldiers
by heavy weapons fire, the (b)(2)High I had no visual of what was happening
but assumed it was one of the trucks the last truck in the convoy because
it was the .50, behind us taking alternative action

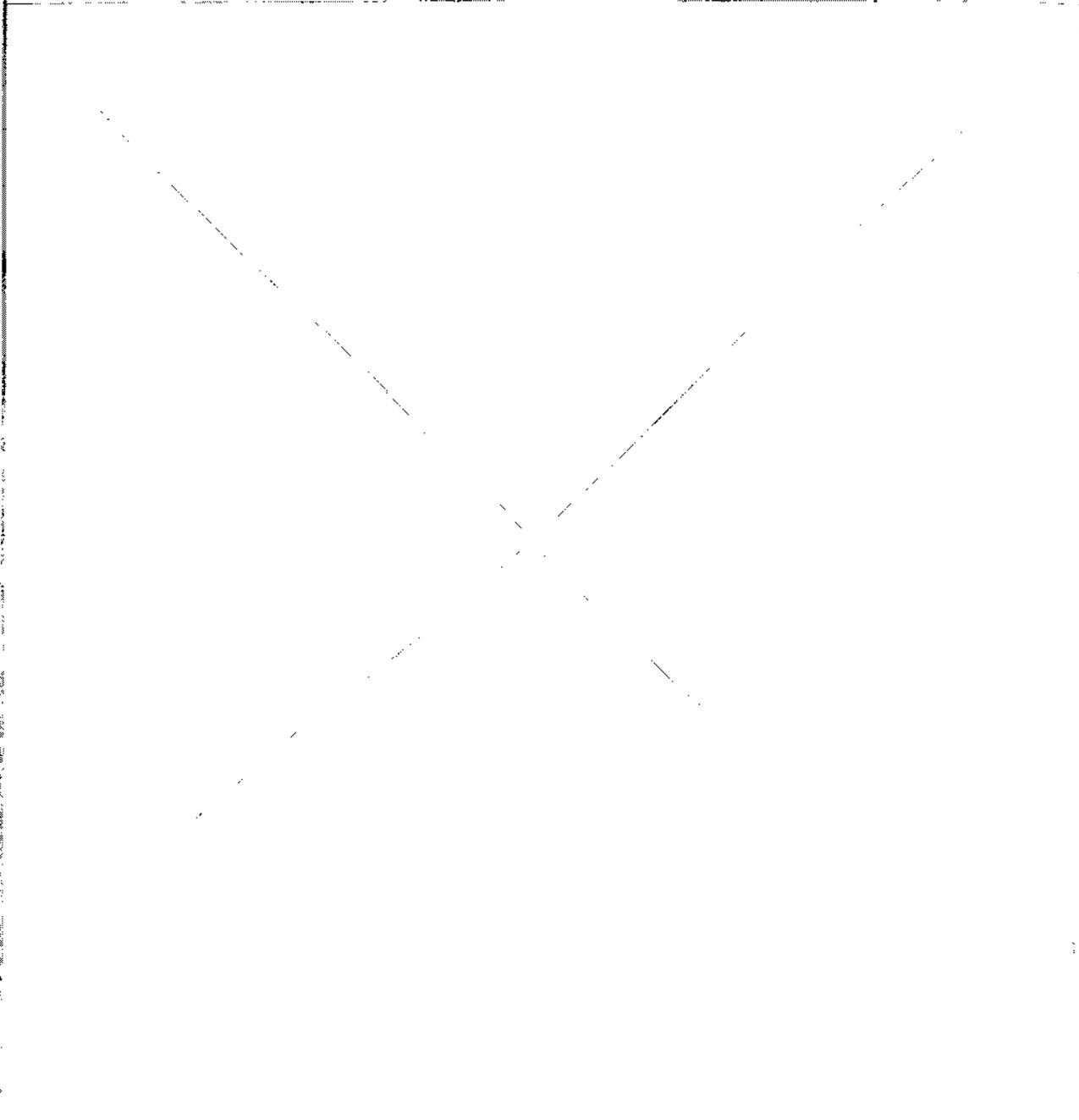
When our position was taken over by another element...
to take over the mission... were hit by... with the... of the
platoon. It was explained to us what had happened.

An approaching vehicle that had shown no signs of slowing down or
stopping even after being yelled at to stop and even had warning shots

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

ADDITIONAL PAGES MUST CONTAIN THE HEADINGS 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.

(b)(3), b(6)

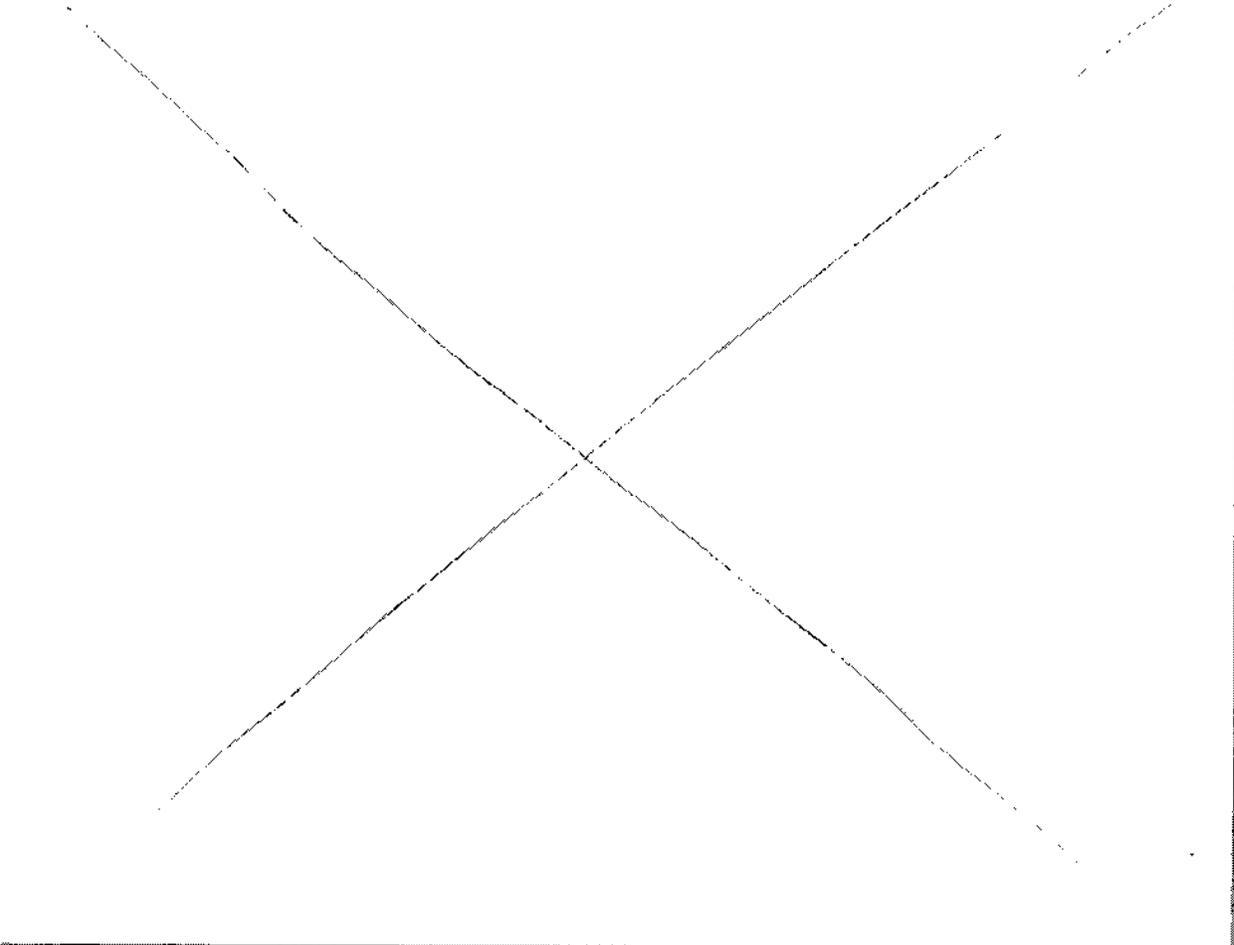


Illegible Text, Nonresponsive, (b)(2)High

b(3), b(6)

IF THIS PAGE IS NOT RECORDED PLEASE PROCEED TO FINAL PAGE OF THIS CASE

STATEMENT (Continued).



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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this day of 19 at

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

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

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

PAGE OF PAGES

USAPPG V2.0

EXHIBIT 16

CENTCOM 013412

SWORN STATEMENT

For use of this form see AR 190-40. The proponent agency is PMG

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301 Title 5 USC Section 2951 E.O. 9397 dated November 20, 1945 (SSA)
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

LOCATION: HQ - J. SOGIN, Fob Falcon IZ DATE: 20060628 TIME: 1130 FILE NUMBER:
5 LAST NAME FIRST NAME MIDDLE NAME: (b)(3)(b)(6) SSN: (b)(3)(b)(6) GRADE/STATUS: 2 E

8 CURRENT HOME OR ADDRESS: 2 SOGIN, Y.A. Bldg 101st Avn Div (BN S2)

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

Increased VBIED activity has been seen in the Ramoade AO. We have had 4 VBIED in the last 14 days. On (b)(2)High we received a report source that 3 VBIED were located at the house of (b)(6) - 3 vehicles, a blue Kia Pick up, Black Toyota Prius, and an Orange and White Taxi were reported to be targeted against US Forces. (b)(2)High
This report was immediately pushed down to the Companies and the vehicles were added to the BoS list. An Operation was conducted in the early morning of the next day but all 3 vehicles were not at the TGT location but (b)(6) was detected. - Nothing Followed

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

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

ADDITIONAL PAGE MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATE:
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED

EXHIBIT 17

(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 FEAR OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Oath)

WITNESSES:

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

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

44C 2-5065-2
ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

44C 2-5065-2
ORGANIZATION OR ADDRESS

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

UNCLASSIFIED

CLASSIFICATION: ~~SECRET//NOFORN~~

SPOT REPORT

DATE: 19 JUNE 2006

COUNTRY: IRAQ (IZ).

IPSP: (U) (b)(2)High

REQS: (b)(2)High

(b)(2)High

THIS SPOT REPORT IS NOT FULLY EVALUATED INTELLIGENCE AND HAS NOT BEEN COORDINATED WITH THE RESPECTIVE COUNTRY TEAM. THE INFORMATION IN THE SPOT REPORT IS NOT TO BE USED IN ANY FINISHED PRODUCT WITHOUT THE SPECIFIC APPROVAL OF MNC-I. THIS INFORMATION IS BEING PROVIDED ONLY TO ALERT COMMANDERS AND STAFF TO POTENTIAL ENEMY/TERRORIST ACTIVITY.

TITLE: (b)(2)High /THREE VBIED'S LOCATED INSIDE ABU DASHIR WILL TARGET U.S. FORCES WITHIN THE NEXT 24 HOURS (U)

1. (U) SEQUENCE NUMBER: (b)(2)High

2. (U) REPORTING UNIT: (b)(2)High

(U) 3. SOURCE: ~~(S//NF)~~ //7 921 0470// (b)(2)High

(b)(2)High WITH DIRECT ACCESS TO THE REPORTED INFORMATION. REPORTING OFFICER HAS AN ESTABLISHED RELATIONSHIP WITH SOURCE. SOURCE WHILE NOT FULLY VALIDATED, HAS RECEIVED HIGH EVALUATIONS AND CORROBORATION FOR PREVIOUS INFORMATION PROVIDED. SOURCE WAS AWARE THE INFORMATION WOULD REACH U.S. FORCES AND MAY BE INTENDED TO INFLUENCE AS WELL AS INFORM. CONTEXT STATEMENT -- (b)(2)High

(b)(2)High

4. (U) (b)(2)High

5. (U) SPOT CRITERIA: (b)(2)High

UNCLASSIFIED

EXHIBIT 17

CENTCOM 013416

UNCLASSIFIED

----- BEGIN TEARLINE ~~(S//REL TO USA, MCFI)~~ -----

(U)

6. SUMMARY: ~~(S//REL TO USA, MCFI)~~ ON 19 JUNE 2006, THREE VBIED'S WERE LOCATED AT A HOUSE IN THE (b)(2)High NEIGHBORHOOD OF AL DORA DISTRICT. THE VBIED'S WILL BE TARGETED AT U.S. FORCES IN THE NEXT 24 HOURS. ENCLOSURE.

(U)

7. DETAILS: ~~(S//REL TO USA, MCFI)~~ ON 19 JUNE 2006, THREE VBIED'S WERE LOCATED AT (b)(2)High, (b)(6) LOCATED AT (b)(2)High THE VBIED'S WILL BE TARGETED AT U.S. FORCES IN THE NEXT 24 HOURS.

(U)

8. ~~(S//REL TO USA, MCFI)~~ Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High

(U)

9. ~~(S//REL TO USA, MCFI)~~ Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High

(U)

10. ~~(S//REL TO USA, MCFI)~~ THE (b)(2)High VEIED IS AN ORANGE AND WHITE TANK. THE VEIED WILL BE DESTROYED BY REMOTE CONTROL AT AN UNKNOWN LOCATION.

(U)

11. ~~(S//REL TO USA, MCFI)~~ (b)(2)High AND THE ORANGE AND WHITE TANKS WERE LOCATED INSIDE THE GATE OF (b)(2)High, (b)(6) THE (b)(2)High WAS LOCATED INSIDE THE GATE OF THE HOUSE ACROSS THE STREET FROM (b)(2)High, (b)(6) AT (b)(2)High

(U)

12. ~~(S//REL TO USA, MCFI)~~ (b)(2)High, (b)(6) IS OCCUPIED BY (b)(6) CONSISTING OF (b)(6) (b)(6)

(b)(2)High

EXHIBIT 17

UNCLASSIFIED

CENTCOM 013417

UNCLASSIFIED

(U)

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

~~SECRET//NOFORN~~

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

LINE:

(U)

----- END TEARLINE ~~S//REL TO USA, MCFI~~ -----

(U)

14. ~~(S//NF)~~ ACTIONS TAKEN: NONE.

15. (U) ACTIONS PENDING: REPORT ADDITIONAL DETAILS AS THEY BECOME AVAILABLE.

16. (U) STATUS: OPEN.

(U)

-- ~~(S//NF)~~ COMMENTS:

(b)(2)High

(b)(2)High

INSTR: (U)

(b)(2)High

PREP: (U)

ENCL: (U) TO FOLLOW -- ONE ENCLOSURE.

SPOT REPORT

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

(U)

~~(S//MCFI)~~,

ACC: (U)

(b)(2)High

DISSEM: (U)

(b)(2)High

DRV FRM: (U)

CLASSIFICATION: ~~SECRET//NOFORN~~

UNCLASSIFIED

UNCLASSIFIED

RENEGADE VBIED'S SINCE 08 JUNE 06

AS OF 22 JUN 06

(b)(2)High

CENTCOM 013419

EW187 18

(b)(2)High, Nonresponsive

EXHIBIT 18

RENEGADE VBIED'S SINCE TOA

AS OF 22 JUN 06

(b)(2)High

CENTCOM 013421

EXHIBIT 18

(b)(2)High, Nonresponsive

EXHIBIT 18

EXHIBIT 18

Nonresponsive, (b)(2)High

Nonresponsive, (b)(2)High

EXHIBIT 18

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 FOO DEP PERITH	2. DATE 05 01 05	3. TIME 0804	4. FILE NO.
5. NAME (Last, First MI) (b)(3), b(6)	6. ORGANIZATION OR ADDRESS		
7. GRADE/STATUS O 2 1 2 7			

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 704th SB 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 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 my unit.
- (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 not 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.

8. 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.

9. 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
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.

2. SIC (b)(3), b(6), (b)(2)Low

ATTACH ... STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

EXHIBIT 19

