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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER

5. LAST NAME, FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9.

illegible text, nonresponsive, (b)(2)High, (b)(6)

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF ___ 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

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V 2.

EXHIBIT 19

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 DATED

6 STATEMENT (Continued)

INITIALS PERSON MAKING STATEMENT

PAGE

STATEMENT OF (b)(3), b(6) TAKEN AT DATED

9 STATEMENT (Continued)

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 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 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 25 day of

at

(b)(3), b(6)

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

EXHIBIT 19

RIG[illegible]TS WARNING PROCEDURE/WAIVER CERTIF[illegible]TE

[illegible] 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.

LOCATION: [illegible] Property

(b)(3), b(6)

GRADE STATUS: E6/PCS

DATE: 25 [illegible] TIME: [illegible]

ORGANIZATION OR ADDRESS

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

[illegible] 764 SB

[illegible] Escalation of [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

COMMENTS [illegible]

Section B. Waiver

[illegible]

WITNESSES [illegible] SIGNATURE [illegible]

NAME (Type or Print)

ORGANIZATION OR ADDRESS AND PHONE

(b)(3), b(6)

NAME (Type or Print)

[illegible]

ORGANIZATION OR ADDRESS AND PHONE

ORGANIZATION OF INTERROGATOR

[illegible]

[illegible]

[illegible] do not want to be questioned [illegible]

[illegible]

(b)(3), b(6)

[illegible] RIGHTS STATEMENT DA FORM 2823, [illegible]

DA FORM 3881 NOV 89 EDITION OF NOV 84 IS OBSOLETE

EXHIBIT 20

CENTCOM 013430

REVERSE OF DA FORM 3881

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
FOB [illegible]	[illegible]	[illegible]	

5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3)(b)(6)

6. SSN (b)(3)(b)(6)

7. GRADE/STATUS [illegible]

8. ORGANIZATION OR ADDRESS [illegible]

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

Cr. 211523D

Illegible Text, Nonresponsive

Illegible Text, Nonresponsive

[illegible] the security about the [illegible] and car. After [illegible] the car [illegible] to pass through the [illegible]. I [illegible] a bouncing underneath the car, ~~because it~~ (3)(b) to see [illegible] to open up the trunk. The driver placed the bouncing [illegible] the vehicle to the head of the detector. Still not known the [illegible] of the trunk the bouncing was underneath [illegible] open the trunk. After the use of the bouncing the vehicle was [illegible] to be [illegible] of [illegible] bringing [illegible] by the robot.

- Nothing following -

10. EXHIBIT

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

PERSON MAKING STATEMENT

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 BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE. USAPA V1.00

EXHIBIT 20

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

STATEMENT OF (b)(3)(b)(6) TAKEN AT

STATEMENT CONTINUED

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

STATEMENT O (b)(3)(b)(6) TAKEN AT FOB Prosperity DATED 25 June

9. STATEMENT (Continued)

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 UNLAWFUL INTERCEPT.

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

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of June 2006 at FOB Prosperity, Baghdad Iraq.

(b)(3)(b)(6) Oath.

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

PAGE 3, DA FORM 2823, DEC 1998

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

EXHIBIT 20

CENTCOM 013434

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

[illegible] use of this form [illegible] the proponent agency is DDCS

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

[illegible]

NAME [illegible]

(b)(3), b(6)

GRADE STATUS [illegible]

[illegible] TIME [illegible]

ORGANIZATION OR ADDRESS

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

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

[illegible] States Army [illegible]

[illegible] to question [illegible] offenses [illegible]

[illegible] 2305

[illegible]

[illegible]

[illegible]

[illegible]

[illegible] the right to talk privately [illegible]

[illegible] the lawyer can be one that [illegible] expense [illegible] lawyer [illegible] will be appointed [illegible] questioning begins.

[illegible] with [illegible] lawyer [illegible] right to [illegible] speak privately [illegible] further [illegible] sign the waiver below.

COMMENTS [illegible]

Section B. Waiver

[illegible]

WITNESSES of Immediate

NAME (Type or Print)

ORGANIZATION OR ADDRESS AND PHONE

NAME (Type or Print)

ORGANIZATION OR ADDRESS [illegible]

[illegible] OF INTERVIEWEE

(b)(3), b(6)

[illegible]

Section C. Non-waiver

[illegible]

[illegible] lawyer

[illegible]

(b)(3), b(6)

[illegible] STATEMENT [illegible] EXECUTED [illegible]

A FORM 3881 NOV 89

EDITION OF NOV [illegible] SOLETE

Exhibit 2.

CENTCOM 013435

REVERSE OF DA FORM 3881

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[illegible]	[illegible]	[illegible]	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3), b(6)		[illegible]

8. ORGANIZATION OR ADDRESS

[illegible]

9.

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

illegible text, nonresponsive

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

(b)(3), b(6)

PAGE 1 OF 1 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 BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72 IS OBSOLETE USAPA V1.00

EXHIBIT 21

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

STATEMENT ... STATUS ... DATE ...

5. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

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

)(3)(b)(6

STATEMENT OF (b)(3)(b)(6) TAKEN AT FOB Prosperity DATED 25 JUN 06

9. STATEMENT (Continued)

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 INFL NT

(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 25 day of JUN 2006 at FOB Prosperity, IRAQ

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

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

PAGE 1 OF 1 PAGES

PAGE 3, DA FORM 2823, DEC 1998

b)(3)(b)(6

EXHIBIT 21

CENTCOM 013439

3 ORD BN EOD
(MU 2 EOD/Team 2)

211543DJUN06, POST BLAST,

(b)(2) High

Casualties: KIA: none WIA: none

(b)(2)High

FOB Prosperity – 4BCT/4ID

LT b)(3), b(6

EOD1 b)(3), b(6

PR2 b)(3), b(6

UNCLASSIFIED

UNCLASSIFIED

CENTCOM 013440

Critical Information

- DTG: 211543DJUN06
- SIGACT #:
- Unit Call Sign: Dog 16
- Specifics:

(b)(2)High

UNCLASSIFIED

UNCLASSIFIED

UNCLASSIFIED
~~SECRET // REL TO USA, AUS, GBR~~

Narrative/Background

- Team responded to a Post Blast at (b)(2)High reported a detonation occurred hitting a vehicle in their convoy but there were no injuries. EOD arrived on scene and was informed that a vehicle had broken the cordon and was engaged by (b)(2)High and the driver was killed. EOD sent the robot down range to investigate the Post Blast site. No explosive hazards were found. Military ordnance consistent with (b)(2)High was found. No means of initiation were found. Crater was (b)(2)High The first vehicle in a (4) Vehicle convoy was hit. with a (b)(2)High spacing between the remaining vehicles. (b)(2)High

UNCLASSIFIED

UNCLASSIFIED

CENTCOM 013442

Time Line

- EOD:
  - Reported to TF: 211543DJUN06
  - Reported to Team: 211620DJUN06
  - Team Departed: 211640DJUN06
  - Team Arrived: 211705DJUN06
  - Team Completed: 211930DJUN06

UNCLASSIFIED

UNCLASSIFIED

CENTCOM 013443

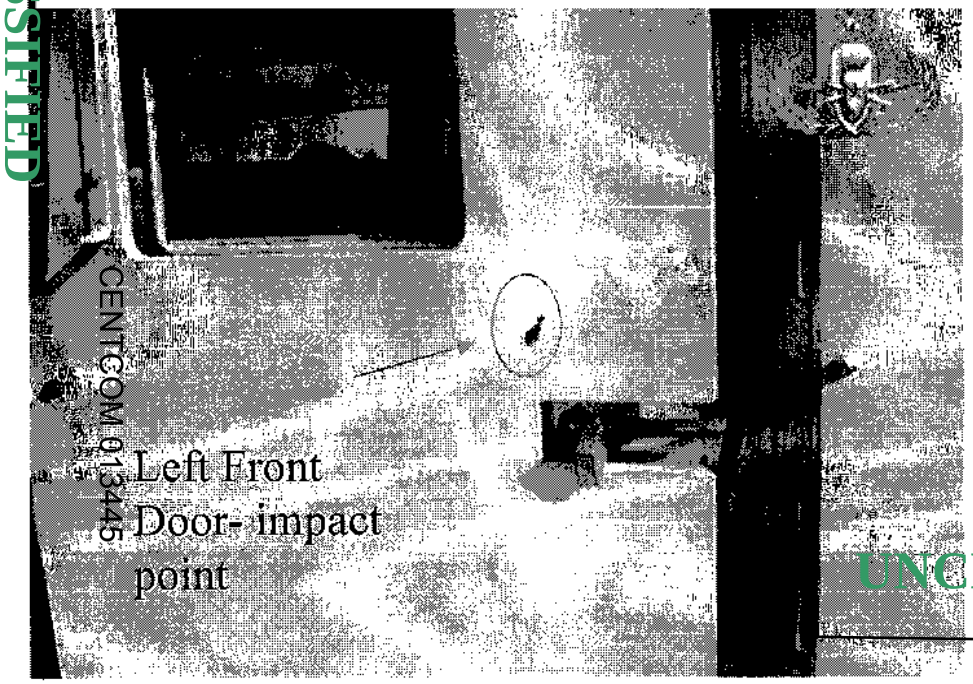
Aerial/Map View of site

(b)(2)High

UNCLASSIFIED
~~SECRET // REL TO USA, AUS, GBR~~

Picture of Vehicle and Blast Site

(b)(2)High



CENTCOM 013445
UNCLASSIFIED
REL TO USA
UNCLASSIFIED
UNCLASSIFIED

UNCLASSIFIED

~~SECRET // REL TO USA, AUS, GBR~~

View from Blast Site

Unsure of Direction

UNCLASSIFIED

UNCLASSIFIED

UNCLASSIFIED

Conclusion

It is believed the device was (b)(2)High No means of initiation were found but it is believed to be RC (b)(2)High detonated. (b)(2)High

UNCLASSIFIED

UNCLASSIFIED

CENTCOM 013447

Pages 22 through 36 redacted for the following reasons:
- -
(b)(1)1.4a, (b)(2)High

SECRET//REL TO USA, MCFI

SECRET//REL TO USA, MCFI

QUESTIONS

CENTCOM 013463

SECRET//REL TO USA, MCFI

Digital Photo Exhibits for the AR 15-6 Investigation of 1/D/2-506th IN

DTG of EOF Incident

211540JUN2006

EXHIBIT 24

CENTCOM 013464

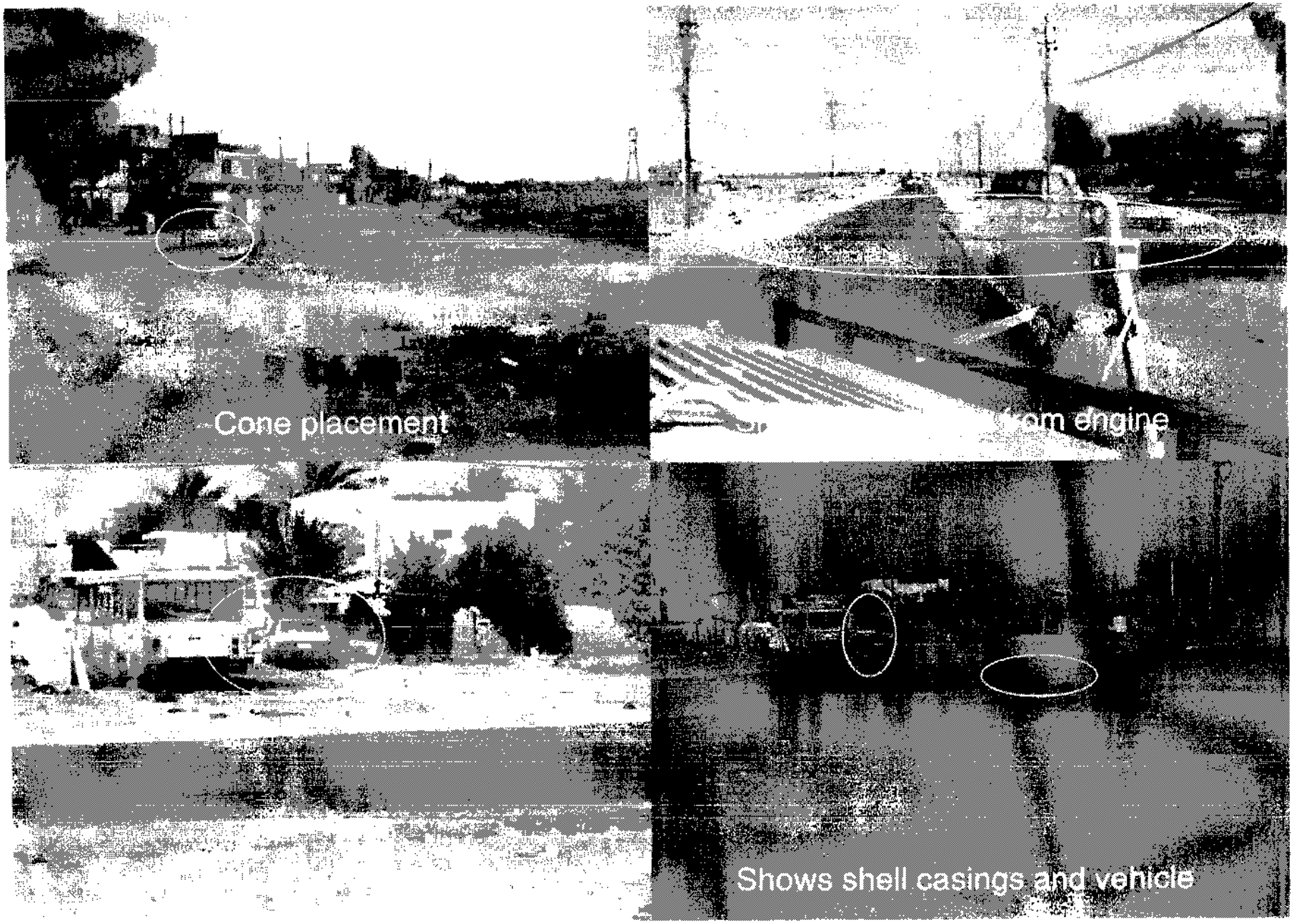


EXHIBIT 24

CENTCOM 013465

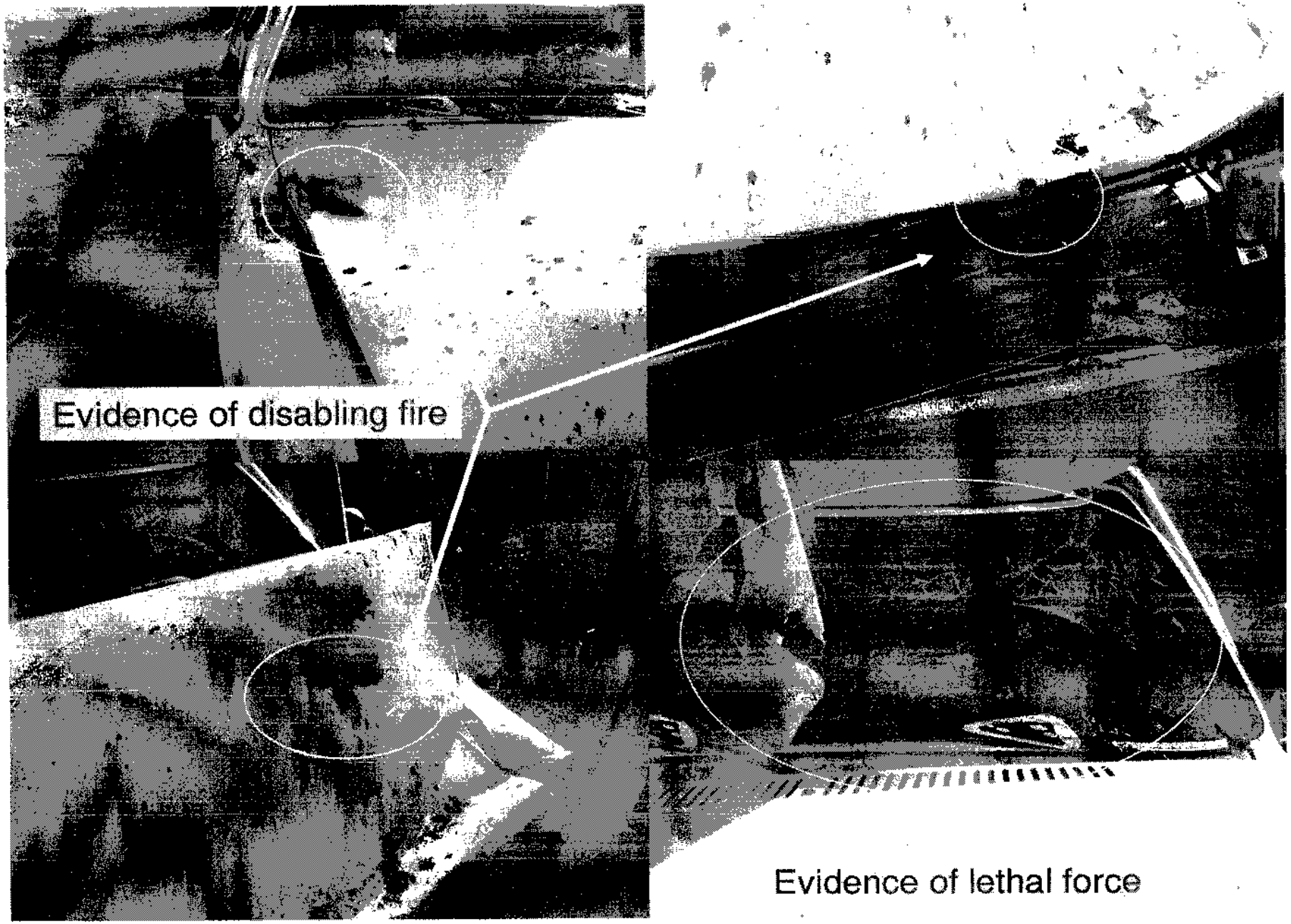


EXHIBIT 24

CENTCOM 013466

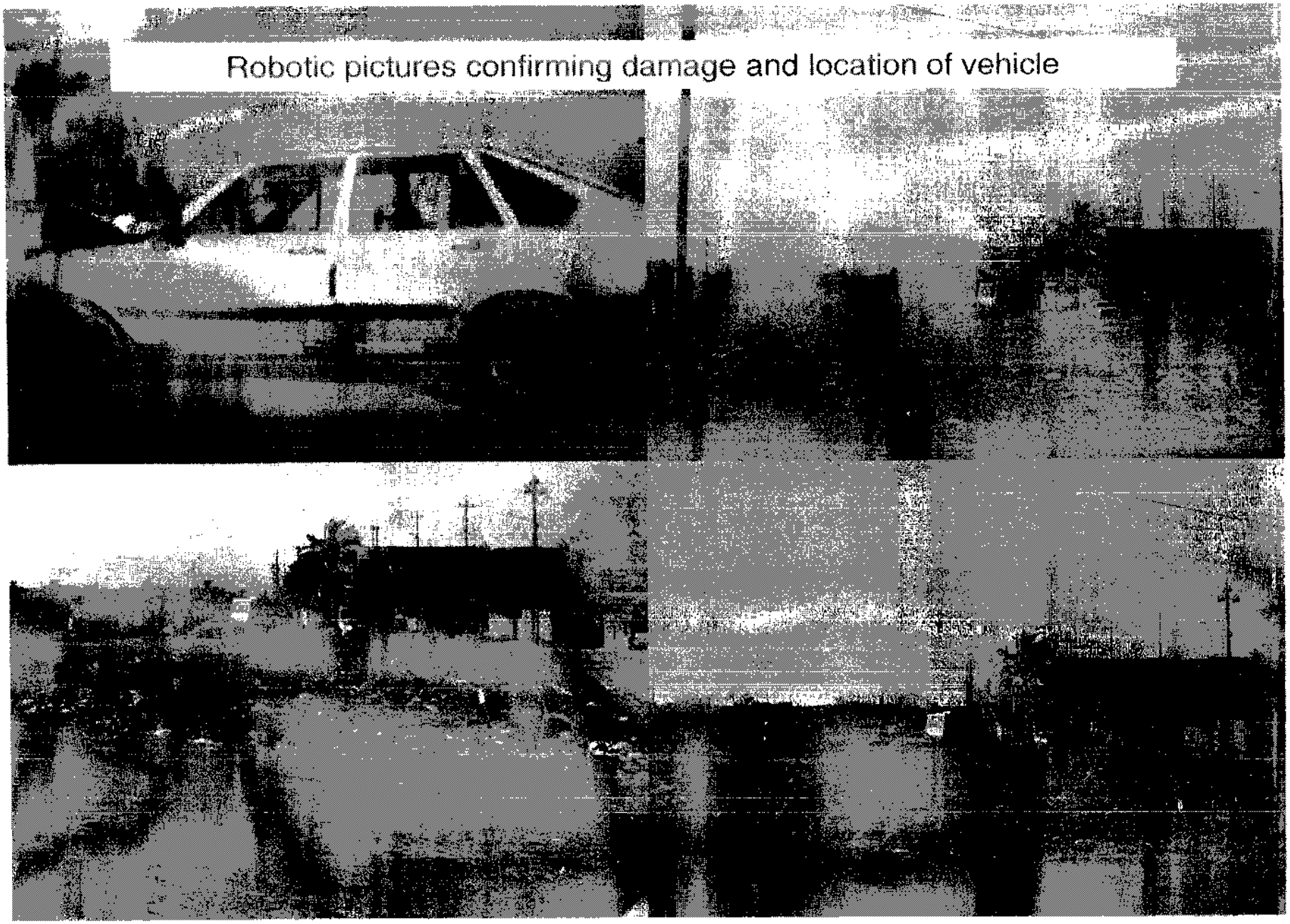


EXHIBIT 24

CENTCOM 013467

Page 42 redacted for the following reason:
- -
(b)(1)1.4a, (b)(2)High

SECRET//REL TO USA, MCFI

SECRET//REL TO USA, MCFI

SECRET//REL TO USA, MCFI