

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 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: BATTALION TOC
2. DATE (YYYYMMDD): 2006 OCT 03
3. TIME: 1542
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: Bco 4-23 INF

9. I, CPL (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: I WAS THE COMPANY COMMANDER (CPT (b)(3), (b)(6)) V.C. TODAY ON OCT 03. DURING THE PATROL A BLUE AND YELLOW VAN STARTED RUNNING FROM US, SO WE CHASED AFTER HIM. HE FAILED TO STOP, AFTER REPEATED BURST FROM THE AIR HORN. HE STARTED TO PULL AWAY FROM US, SO THE CO. FIRED A SINGLE SHOT WITH HIS M-4 TO DISABLE THE VAN. THE BULLET HIT THE REAR TIRE OF THE VAN, BUT THE DRIVER STILL GOT AWAY FROM US. AFTER LOOKING FOR THE VAN FOR SEVERAL MIN. WE BROKE OFF THE SEARCH AFTER HEARING ABOUT THE LOCAL THAT WAS SHOT. WE WENT TO THE SITE WHERE THE LOCAL WAS. THE CO DISMOUNTED TALKED TO SOME OF THE PEOPLE, AND THEN WE TOOK A FRIEND OF THE VICTIM TO THE HOSPITAL. THE CO WENT INTO THE HOSPITAL. CAME BACK TO THE STRIKER AND WE RTB'D BACK TO THE FOB. ALL OF THIS TOOK PLACE BETWEEN 1300 TO 1500 HRS.

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

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

STATEMENT OF Cpl (b)(3), (b)(6) TAKEN AT \_\_\_\_\_ DATED 03 OCT 06

9. STATEMENT (Continued)

*nothing follows*

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

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

PAGE 2 OF 3 PAGES

STATEMENT OF Cpl (b)(3), (b)(6) TAKEN AT Barr. TOC DATED 03 OCT 06

9. STATEMENT (Continued)

*Nothing Follows*

(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 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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

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

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Camp Striker; 2. DATE: 2006 10 05; 3. TIME: 17:55; 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: B Co 4-23

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
Q: WHICH VEHICLE WERE YOU IN? BUMPER #? ORDER OF MARCH? (b)(3), (b)(6)
A: B 13 (b)(3), (b)(6) 1ST OF 3 (b)(3), (b)(6)
Q: DID YOU SEE AN ARMY OR OTHER WEAPON IN THE VEHICLE YOU CHASED? (b)(3), (b)(6)
A: NO (b)(3), (b)(6)
Q: HOW FAR (DISTANCE) OR LONG (TIME) DID YOU CHASE THE VEHICLE BEFORE CPT VELOTTA FIRED THE SHOT? (b)(3), (b)(6)
A: 250 m (b)(3), (b)(6) 45 SEC (b)(3), (b)(6)
Q: HOW MANY TURNS DID YOU MAKE WHILE CHASING THE VEHICLE BEFORE CPT (b)(3), (b)(6) ATTEMPTED TO DISABLE THE VEHICLE? (b)(3), (b)(6)
A: ONE TURN, AND SEVERAL MOVES TO AVOID CARS AND BARRICADES (b)(3), (b)(6)
Q: WERE THERE VERY MANY PEDESTRIANS OR PARKED / MOVING CARS ON THE ROAD THAT THE CHASE TOOK PLACE? (b)(3), (b)(6)
A: 6 CARS WERE IN FRONT OF THE VAN AT FIRST. WHEN THEY GOT A CHANCE THEY PULLED OVER TO EACH SIDE OF THE ROAD OUT OF THE WAY. THERE WERE ALSO PEOPLE LOOKING OUTSIDE OF THEIR COURTYARDS (b)(3), (b)(6)
Q: WAS IT OBVIOUS THE VAN WAS FLEEING FROM YOU? HOW FAST WAS THE VAN GOING? (b)(3), (b)(6)
A: YES, BECAUSE AFTER THE CARS IN FRONT OF THE VAN MOVED OUT OF (b)(3), (b)(6)

10. EXHIBIT; 11. INITIALS OF PERSON MAKING STATEMENT: (b)(3), (b)(6); PAGE 1 OF 3 PAGES; TAKEN AT Camp Striker DATED OCT 05 2006

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 Camp Strike DATED 05 OCT 2006

9. STATEMENT (Continued)

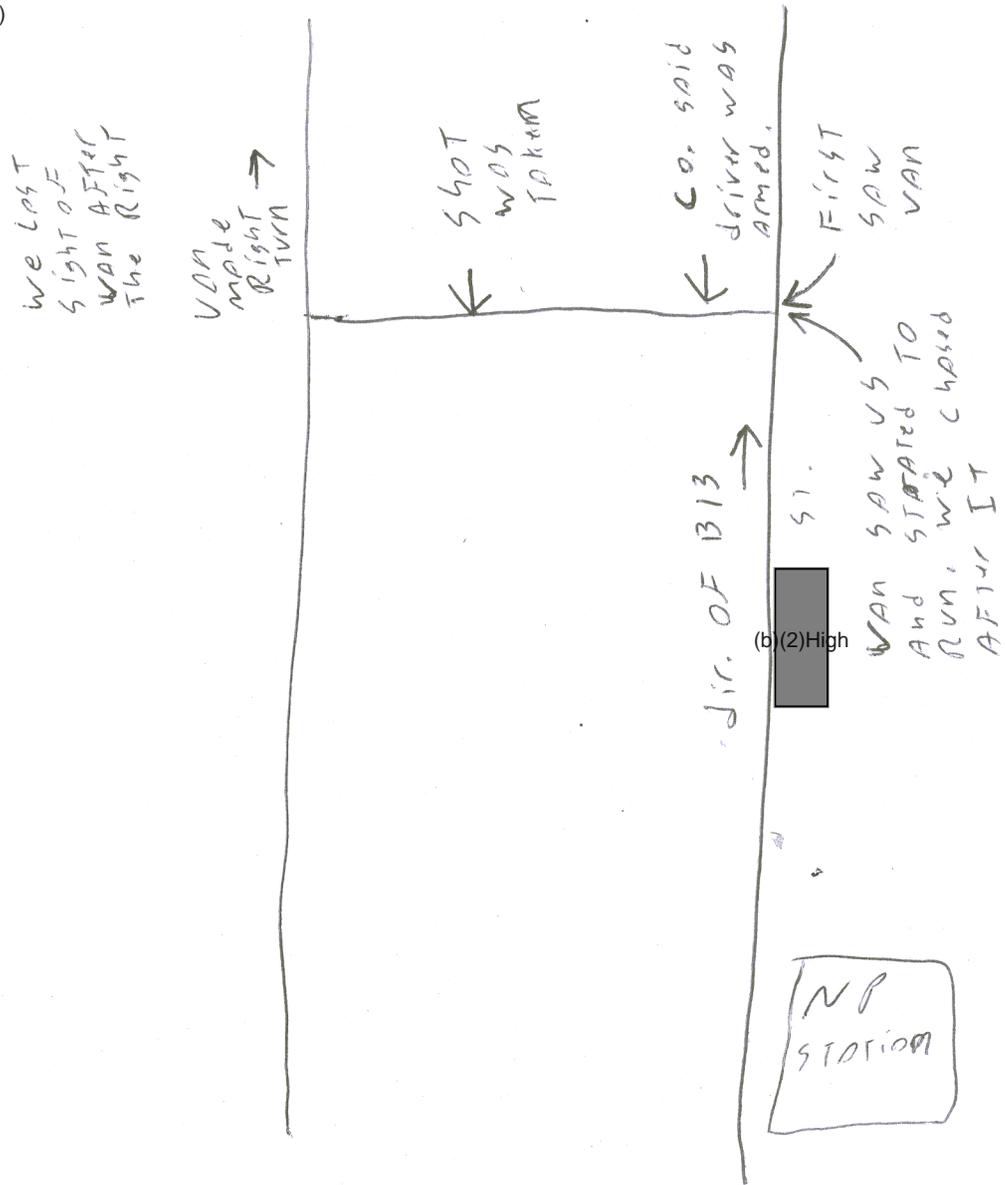
The way The VAN picked up speed and started pulling away from of. His rate of speed was about 55 to 60 mph (b)(3), (b)(6)

Q: DID THE DRIVER OF THE VAN ALMOST HIT ANY PEDESTRIANS OR OTHER CARS? (b)(3), (b)(6)

A: NOT RE THAT I SAW (b)(3), (b)(6)

Q: USE THE SPACE BELOW TO DRAW A SKETCH OF HOW THE CHASE WENT (b)(3), (b)(6)

A:



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

STATEMENT OF

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

TAKEN AT

CAMP STRIKER

DATED

05 OCT 2006

9. STATEMENT (Continued)

Q: HOW FAR AWAY WAS THE VAN WHEN CPT (b)(3), (b)(6) ATTEMPTED TO DISABLE THE VEHICLE? (b)(3), (b)(6)

A: 40 TO 45 M (b)(3), (b)(6)

Q: HOW FAST WERE YOU MOVING WHEN CPT (b)(3), (b)(6) ATTEMPTED TO DISABLE THE VEHICLE? (b)(3), (b)(6)

A: 40 MPH (b)(3), (b)(6)

Q: DO YOU HAVE ANYTHING (b)(3), (b)(6) WHAT HAVE YOU BEEN BRIEFED CONCERNING THE ROE AND FLEEING VEHICLES? (b)(3), (b)(6)

A: FLONKING OR SHOUTING, POINT WEAPON, LASER, OR TAC LIGHT IF YOU FEEL THE VEHICLE IS A THREAT TO CIVILIANS OR OTHER DISABLE THE VEHICLE OR SHOOT THE DRIVER (b)(3), (b)(6)

Q: DO YOU HAVE ANYTHING FURTHER TO ADD CONCERNING THE INCIDENT? (b)(3), (b)(6)

A: I THINK CPT (b)(3), (b)(6) DID WHAT WAS NEEDED TO TRY AND STOP THE VEHICLE. I WOULD HAVE DONE THE SAME. I FELT THAT THE VAN WE CHASED WAS A THREAT, AND IF HE WAS TO GET AWAY FROM US HE WOULD TRY AND KILL US OR SOMEONE ELSE LATER IN TIME. (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 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 \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

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

(Signature of Person Administering Oath)

MAS

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

(Typed Name of Person Administering Oath)

INVESTIGATING OFFICER

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

**RIGHTS WAIVER PROCEDURE/WAIVER CERTIFICATE**

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

**DATA REQUIRED BY THE PRIVACY ACT**

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

1. LOCATION <i>CAMP STRIKER</i>	2. DATE <i>05 OCT 06</i>	3. TIME <i>17:12</i>	4. FILE NO.
5. <i>(b)(3), (b)(6)</i>	8. ORGANIZATION OR ADDRESS <i>B CO 4-23</i>		
6. SSN <i>(b)(3), (b)(6)</i>	7. GRADE/STATUS <i>E-4</i>		

**PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE**

**Section A. Rights**

The investigator whose name appears below told me that he/she is with the United States Army *MAS (b)(3), (b)(6)* and wanted to question me about the following offense(s) of which I am suspected/accused: *IS NOT SUSPECT/OR BEING 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:

- 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 othe UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.  
*or*  
*(For civilians not subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS *(Continue on reverse side)*

**Section B. Waiver**

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES <i>(If available)</i>		3. SIGNATURE OF INTERVIEWEE <i>(b)(3), (b)(6)</i>
1a. NAME <i>(Type or Print)</i>		
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR <i>(b)(3), (b)(6)</i>
2a. NAME <i>(Type or Print)</i>		5. TYPED NAME OF INVESTIGATOR <i>MAS (b)(3), (b)(6)</i>
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR <i>HHC/4-23 IN, 172d SBCT</i>

**Section C. Non-waiver**

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

2. SIGNATURE OF INTERVIEWEE

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