

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 Camp Striker	2. DATE 5 Oct 2006	3. TIME 1800	4. FILE NO.
5. NAME (Last, First, MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS B. Co. 4-23 Inf		
6. SSN (b)(3), (b)(6)	7. GRADE/STATUS SPC		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

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

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 -
3. *(For civilians not subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

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

WITNESSES (If available)	3. SIGNATURE OF INTERVIEWEE (b)(3), (b)(6)
1a. NAME (Type or Print)	4. SIGNATURE OF INVESTIGATOR (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR MAS (b)(3), (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR 14HC 4-23 INF, 172 SOCT

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. _____

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2825) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

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: TOL 4-23 IW BN, Camp Striker, VBA
2. DATE (YYYYMMDD): 20061005
3. TIME: 1115
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: O3/LPT/AD

8. ORGANIZATION OR ADDRESS: HHC 4-23 IW, Camp Striker, APO AE 09322

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

Q: WHERE ARE THE CLOSEST "BODY DUMPING" AREAS IN RELATION TO THE AREA WHERE THE B/Y-23 IN EOF OCCURRED ON 050706?

A: There is a body dumping site approx 300 meters to the south along route (b)(2)High, and there were 3 bodies dumped within 500 meters of the area early in Sept. However there has not been a reported incident along the street that the incident took place.

Q: WHAT TIMES DURING THE DAY ARE MOST OF THE ESK BODIES BEING FOUND AND MOST LIKELY DUMPED?

A: 0600-1200 are the most likely times to encounter a murder or ESM in this area. Sunday followed by Tuesday are the most likely day. This is based on information gained in Sept. 06, and the majority of the events in this area occurred at the beginning of Sept. & drastically tapered off since.

Q: WHAT IS THE PROFILE FOR ESK BODY DUMPING? # PERSONNEL & VEHICLES?

A: From what I have been briefed it usually consists of 2 vehicles, either sedan or SUV, and 3-4 people in each vehicle. Two people will dump the body while the rest pull security. Those pulling security can be armed.

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

005348

STATEMENT OF (b)(3), (b)(6) TAKEN AT Camp Striker, VBL DATED 20061005

9. STATEMENT (Continued)

Q: DO YOU RECAL ANY REPORTS MENTIONING A YELLOW OR YELLOW AND BLUE MINIVAN? TARGETS?

A: Not to my memory or immediate records.

NO FURTHER QUESTIONS.

NOTHING FOLLOWS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF

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

TAKEN AT

Camp Striker, VBL DATED 2006 10 05

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

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

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

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 5th day of October, 2006 at Camp Striker, VBL

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

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