

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 used as an additional/alternate means of identification to facilitate filing and retrieval.
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 F.D.B. waterhorse	2. DATE (YYYYMMDD) 2006 04 17 PM	3. TIME 0915 PM	4. FILE NUMBER
5. LAST NAME FIRST NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E-3 PFC	

8. ORGANIZATION OR ADDRESS
B Troop 2-9 Cav 3 HBT 4 ID

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

on the morning of 10 July 2006 my section was searching a house after an IED attack. I was pulling security and I notice one in ~~the~~ standing on the wood line were there was a dirt road the another guy ran across the road and hid in the canal. I told my Spec. (b)(3), (b)(6) which called it up to my Platoon leader. (2nd Lt (b)(3), (b)(6) AFTER that he sent his truck (R1) and my truck went (R7) so were I seen the guy last, when we got there the guy got up and ran again. That is when Spec. (b)(3), (b)(6) fired a warning shot the guy kept running then I fired a warning shot then a group of LNs caught the guy and me and Spec. (b)(3), (b)(6) took the guy and was walking back to our trucks. we had to cross a fence and the guy Brook Free again, while chasing him Spec. (b)(3), (b)(6) and myself fired another warning and then we came to a patch of woods and we stopped and a patch shot that is when we met up with Sgt (b)(3), (b)(6) we pushed through the wood

10. EXHIBIT J	11. 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 _____ 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

FoB Warhorse

DATED

17 of 2006 Pd

9. STATEMENT

(Continued)

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

And on the other side there was an orchard of some sort. We searched around the orchard and noticed that the apache was hovering in one spot me, Spec. (b)(3), (b)(6) and Sgt. (b)(3), (b)(6) went to the spot where the apache was hovering and noticed the guy (b)(3), (b)(6) I yelled alkalk (which means stop in arabic) when we walked towards him he took off again then Spec (b)(3), (b)(6) and my self all fired more warning shots. The guy continued to run and that is when Sgt. (b)(3), (b)(6) said stop him so that is what we did when the guy fell Sgt. (b)(3), (b)(6) immediately performed first aid while me and Spec (b)(3), (b)(6) went to get the trucks. LMS loaded the guy in my 1114 and then we rushed down to the medic Spec. (b)(3), (b)(6) which called off the medic and proceed the man dead.

End of Statement

(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 4. 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)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of September, 2006 at FoB Warhorse

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

(Administering Oath)

(Typed Name of Person Administering Oath)

UCMJ 1-3C

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

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 FOB Warhorse	2. DATE 17 SEPT 2006	3. TIME 0911	4. FILE NO.
5. NAME (Last First MI) (b)(3), (b)(6)	8. ORGANIZATION OR ADDRESS		
6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E-3		

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: _____

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. (b)(3), (b)(6)
- Anything I say or do can be used as evidence against me in a criminal trial. (b)(3), (b)(6)
- (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. (b)(3), (b)(6)
- 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. (b)(3), (b)(6)

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	
1a. NAME (Type or Print) (b)(3), (b)(6)		(b)(3), (b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE AW1-CBAR FOB Warhorse, 674-9353		4. SIGNATURE OF INVESTIGATOR (b)(3), (b)(6)	
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR (b)(3), (b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR	

Section C. Non-waiver

1. I do not want to give up my rights <input type="checkbox"/> I want a lawyer	<input type="checkbox"/> 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

Pages 4 through 10 redacted for the following reasons:

Nonresponsive
Nonresponsive, (b)(1)1.4a, (b)(2)High
Nonresponsive, (b)(2)High