

**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 Social Security Number (SSN).

**PRINCIPAL PURPOSE:** To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

**ROUTINE USES:** Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

**DISCLOSURE:** Disclosure of your SSN and other information is voluntary.

1. LOCATION COP KEATING	2. DATE (YYYYMMDD) 2009/10/03	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-5	
8. ORGANIZATION OR ADDRESS B TRP 3-61 CAV			

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

On October 3, 2009 I witness the following Soldiers action first hand while under heavy enemy fire. I witness each of these individuals leave the TOC to run Ammo to the Gun Trucks; I also witness them running back and forth to the Aid Station to help out the Medics. At the end of the day each and everyone help with combating the fire that was consuming all the building on the COP.

Sgt  
Sgt (b)(3), (b)(6)  
Spc  
Pfc

\*\*\*\*\*NOTHING TO FOLLOW\*\*\*\*\*

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

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

STATEMENT OF SGT (b)(3), (b)(6) TAKEN AT FOB Bostwick DATED 15 OCT 2009

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF SGT (b)(3), (b)(6) TAKEN AT FOB Bastuck DATED 15 OCT 2009

9. STATEMENT (Continued)

**AFFIDAVIT**

I, SGT (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 \_\_\_\_\_ REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLU \_\_\_\_\_ IT.

(b)(3), (b)(6) \_\_\_\_\_  
(Signature Making Statement)

(b)(3), (b)(6) \_\_\_\_\_, a person authorized by law to administer oaths, this 15th day of October, 2009 at FOB Bastuck Afghanistan

ORGANIZATION OR ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

ORGANIZATION OR ADDRESS \_\_\_\_\_

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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