

**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 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 BOSTICK	2. DATE (YYYYMMDD) 2009/10/25	3. TIME 1740	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS O2	
8. ORGANIZATION OR ADDRESS HHT/3-61CAV			

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

Since my arrival at FOB Bostick in early June 2009,

(b)(2)High

(b)(2)High

Following the initial assessment of the attack on COP Keating, the approximated numbers of fighters involved was unheard of for our AO. It was the first time that enemy leaders from different areas were able to act collectively and mass their subordinate fighters in a complex attack. Additionally, the number of foreign fighters was much higher than any reporting suggested. After initial contact,

(b)(2)High

(b)(2)High

*Nothing follows*

10. EXHIBIT	11. INITIALS (b)(3), (b)(6)	STATEMENT	PAGE 1 OF <u>2</u> PAGES
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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.

9. STATEMENT (Continued)

(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 2. 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, OF UNLAWFUL INDUCEMENT

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

WITNE

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of October, 2009

at FOB BOSTICK AF

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

CPT  
LRM

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

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

CLT

CPT

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

(Typed Name of Person Administering Oath)

HHT, 3-6LCAV, 4-4 ID  
ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PER STATEMENT

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

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