

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 FOB BOSTICK, AFGHANISTAN	2. DATE (YYYYMMDD) 2009/10/23	3. TIME 14:19	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E-7/RA	
8. ORGANIZATION OR ADDRESS 759th FST, TF MED, APO AE 09354			

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

1. WHAT IS YOUR DUTY POSITION? Detachment Sergeant

2. HOW LONG HAVE YOU BEEN IN THE ARMY? 16 years HOW LONG IN COUNTRY FOR THIS DEPLOYMENT? 12 month, so far I've completed 7 months of the deployment

3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? Yes IF SO, WHEN February 04-February 05, and January 06-January 07 AND WHERE? Both tours were 12 months to Iraq

4. BRIEFLY DESCRIBE YOUR ACTIONS ON 3 OCT 09, WHO DID YOU TREAT, WHAT WERE THEIR WOUNDS, WHERE DID THE SOLDIER GO AFTER YOU WERE DONE TREATING THEM? The Soldier that I assisted in treatment for was SPC Mace. I was the recorder for the Soldier, and I am responsible for annotating all treatment performed by the Soldiers, Nurses, and and Surgeons and documenting information given to me by the patient if they are responsive. When the Soldier, SPC Mace, came in from what I remembered he was responsive and talking. He was even giving me his personal information up until he was medicated by IV injected. As the Surgeon, MA (b)(3), (b)(6) would perform his examination I was annotate on my trauma sheet. Also patient vitals were given out by our medic, SR (b)(3), (b)(6) which whom I annotated as well. After being examined in our Trauma area MA (b)(3), (b)(6) en wanted the Soldier to go to the Operating room for further exploration of wounds. Then the patient to include staff moved to the Operating Room. After being in the Operating Room for a short time SS (b)(3), (b)(6) me in and stated that he could use some more personnel in the Trauma area and myself and SSG (b)(3), (b)(6) went out to help. The other patient that I remember treating that night was SPC (b)(3), (b)(6) myself and SSG (b)(3), (b)(6) treated him by splinting his leg and having him standby in the holding area until it was time for him to get MEDEVAC to Bagram. After we were done with SPC (b)(3), (b)(6) I remember serving as a litter bearer to take a patient out to the MEDEVAC aircraft. During this time and after I was in and out the Operating Room helping out like getting supplies and equipment and holding stabilization. After awhile the Surgeon, MA (b)(3), (b)(6) pronounced the patient as dying of wounds. The Chaplain was called in just before this in order to say a prayer over the patient. After patient was pronounced died of wounds, we started packaging him up to be placed in a body bag and cleaning up. After this was complete, personnel from the Soldier's unit came in and carried the patient out of the facilities.

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

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

STATEMENT OF (b)(3), (b)(6) _____ TAKEN AT FOB BOSTICK DATED 2009/10/23

9. STATEMENT (Continued)

THIS PAGE NOT USED

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF

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

TAKEN AT FOB BOSTICK

DATED 2009/10/23

9. STATEMENT (Continued)

THIS PAGE NOT USED

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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of OCT, 2009 at FOB BOSTICK, AFGHANISTAN, APO AE 09354

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

ing Oath)

ORGANIZATION OR ADDRESS

(b)(3), (b)(6) SFC, USA

(Typed Name of Person Administering Oath)

ARTICLE 136, UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

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