

**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 1250	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E4/RA	
8. ORGANIZATION OR ADDRESS 759th FST (ABN), APO AE 09354			

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

1. WHAT IS YOUR DUTY POSITION? My MOS is 68W, Medic
2. HOW LONG HAVE YOU BEEN IN THE ARMY? HOW LONG IN COUNTRY FOR THIS DEPLOYMENT? 1 yr 11months. 8 months in country for this deployment.
3. DO YOU HAVE PRIOR COMBAT DEPLOYMENTS? IF SO, WHEN AND WHERE? No, this is my first deployment.
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 only patient I treated was SPC Mace, he first came in onto my bed and we imediatly went through our initial assesment, hooked him up to the monitors, and identified all of his wounds. I tried to draw some blood for an Arterial blood gas, but only was able to get a couple drops. He came in with an I.V. already in place. After our first and second assesment we took him quickly back to the operating room. That is where I took the role as circulating around the operating room assisting the Doctors and operating room tech getting supplies needed. After he is declared deceased, I helped as well as CP (b)(3), (b)(6) wash him up, and dress his wound to his lower left leg.

NOTHING FOLLOWS

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

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

9. STATEMENT (Continued)

THIS PAGE NOT USED

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

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

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

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

**AFFIDAVIT**

I, SPC (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 OR UNLAWFUL INDUCEMENT.

\_\_\_\_\_  
(b)(3), (b)(6) \_\_\_\_\_  
(statement)

WITNESSES:

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(b)(3), (b)(6) \_\_\_\_\_  
(Administering 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

PAGE 2 OF 2 PAGES

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