



DEPARTMENT OF THE ARMY
HEADQUARTERS, 316th SUSTAINMENT COMMAND (EXPEDITIONARY)
LSA ANACONDA (BALAD), IRAQ
APO AE 09391

REPLY TO
ATTENTION OF

ARRC-CPA-DM-CG

15 December 2007

MEMORANDUM FOR Commander, Multi-National Corps - Iraq

SUBJECT: Informal AR 15-6 Investigation Regarding Fratricide of SFC John J. Tobiason, HHD, 15 PSB

1. SFC John J. Tobiason was struck in the chest by one 12.7 x 108mm round and died as a result. The investigating officer found that the round was most likely fired from an Iraqi Army weapon directed toward what was thought to be a hostile force. The preponderance of the evidence, including a criminal forensic laboratory examination of the round, supports this conclusion.
2. I recommend that the appointment of the investigating officer (IO) by the 1st Sustainment Brigade Commander be ratified, and that the findings and recommendations of the IO be approved.
3. My point of contact for this action is my Staff Judge Advocate, LTC (b)(3), (b)(6), DSN (b)(6), (b)(3), (b)(6).


GREGORY E. COUCH
Brigadier General, USA
Commanding

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: (Include ZIP Code) Commander 1st Sustainment BDE Camp Taji, APO AE 09378		TO: (Include ZIP Code) Commander 316 ESC, BALAD APO AE 09391		FROM: (Include ZIP Code) Commander 15 PSB Camp Liberty	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) JOHN S TOBIASON			2. SSN (b)(3), (b)(6)		3. GRADE SFC
4. ORGANIZATION AND STATION HHD 15PSB		5. ACCIDENT INFORMATION			
		a. DATE 29 NOV 07		b. PLACE (City and State) CAMP VICTORY, IRAQ	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR					
6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DEAD ON ARRIVAL		7. NAME OF HOSPITAL OR TREATMENT FACILITY Colby TMC, Camp Victory Iraq			
				<input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY	
8. HOUR AND DATE ADMITTED 11-28-07 @ 1600			9. HOUR AND DATE EXAMINED 11-28-07 1610		
10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)					
11. MEDICAL OPINION:					
a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify)					
b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).					
c. INJURY <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.					
d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:					
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL			13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) 42 year AD soldier hit with 50 caliber round as incidental fire while outside gym. Bullet entered through superior chest and exited @ mid chest wall. Resuscitation attempted at gym. Patient lost consciousness. was deceased upon arrival at TMC					
16. DATE 12-1-07		17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(3), (b)(6) CPT MD		18. SIGNATURE (b)(3), (b)(6)	
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADJUTANT					
19. DUTY STATION <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE			20. HOUR AND DATE OF ABSENCE		
			a. FROM		b. TO
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. INDIVIDUAL WAS ON <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING			23. HOUR AND DATE TRAINING		
			a. BEGAN		b. ENDED
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING					
25. MODE OF TRANSPORTATION		26. HOUR BEGINNING TRAVEL		27. DISTANCE INVOLVED	
				28. NORMAL TIME FOR TRAVEL	
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY					
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)					
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO		
33. DATE 2007 12 03		34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER (b)(3), (b)(6) LTC, AG, COMMANDING		35. SIGNATURE (b)(3), (b)(6)	



REPLY TO
ATTENTION OF

HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

FICI-CG

16 DEC 2007

MEMORANDUM FOR RECORD

SUBJECT: Review of Informal AR 15-6 Investigation Involving the 28 November 2007 Stray Round – Fratricide Death of SFC John J. Tobiason, HHD, 15th PSB

1. As the responsible General Court-Martial Convening Authority, I have reviewed the subject investigation and I ratify the appointment of the Investigating Officer. I am satisfied all specified and implied issues of the Appointment Orders have been adequately addressed and the actions taken by subordinate commanders are appropriate.
2. I approve all Findings and conclude the stray round that killed SFC Tobiason was most likely fired by Iraqi Army Soldiers responding to an enemy attack. Consistent with this finding and operational fragmentary orders that expand the friendly fire definition to include Iraqi Security Forces, which is important to partnership in our mutual and coordinated fight against terrorist and criminal attempts to undermine the security and stability of Iraq. Accordingly, I have changed the characterization of this incident as reflected in the subject line to accurately reflect the nature of the incident.
3. Regarding the recommendations for better training of Iraqi Army Soldiers, I refer this matter to the Iraq Assistance Group (IAG) for liaison with Iraqi authorities for review and coordination as the IAG Commander deems appropriate. All force protection recommendations and considerations are referred to MNC-I C3 AT/FP and the MND-B Commander for review and implementation as appropriate.
4. I express my deepest regrets and condolences to the family and friends of SFC Tobiason. We are humbled by his loss. We will take steps to prevent future tragedies of this nature.
5. Point of contact for this memorandum is CPT [REDACTED] (b)(3), (b)(6) MNC-I OSJA, Administrative Law, DSN [REDACTED] (b)(6) or at email [REDACTED] (b)(3), (b)(6)

RAYMOND T. ODIERNO
Lieutenant General, USA
Commanding

CF:
Commanders, MNF-I and CENTCOM
Commanders, MND-B and 316th ESC
Commander, IAG
MNC-I, C3 CHOPS
MNC-I, C3 AT/FP
MNC-I, CSM

SECTION VI - AUTHENTICATION (para 3-17, AR 1.

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

_____	(b)(3), (b)(6)
(Recorder)	(b)(3), (b)(6) LTC, QM (Investigating Officer) (President)
_____	_____
(Member)	(Member)
_____	_____
(Member)	(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

_____	_____
(Member)	(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the ~~(investigating officer)~~ (board) are ~~(approved)~~ (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

See memorandum dated 16 December 2007 ratifying appointment of this investigation, approval of the Findings with action to re-characterize the incident as Friendly Fire, with modification regarding the Recommendations.

16 DEC 2007

RAYMOND T. ODIERNO
Lieutenant General, USA
Commanding, MNC-I

_____	(b)(3), (b)(6)	8 Dec 07
_____	_____	COL, QM



AR 15-6 INVESTIGATION

DEATH OF SFC JOHN J. TOBIASON

HHD, 15TH PSB BN

28 NOVEMBER 2007

316th ESC





REPLY TO
ATTENTION OF

HEADQUARTERS
MULTI-NATIONAL CORPS - IRAQ
BAGHDAD, IRAQ
APO AE 09342

FICI-CG

16 DEC 2007

MEMORANDUM FOR RECORD

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1. As the responsible General Court-Martial Convening Authority, I have reviewed the subject investigation and I ratify the appointment of the Investigating Officer. I am satisfied all specified and implied issues of the Appointment Orders have been adequately addressed and the actions taken by subordinate commanders are appropriate.
2. I approve all Findings and conclude the stray round that killed SFC Tobiason was most likely fired by Iraqi Army Soldiers responding to an enemy attack. Consistent with this finding and operational fragmentary orders that expand the friendly fire definition to include Iraqi Security Forces, which is important to partnership in our mutual and coordinated fight against terrorist and criminal attempts to undermine the security and stability of Iraq. Accordingly, I have changed the characterization of this incident as reflected in the subject line to accurately reflect the nature of the incident.
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4. I express my deepest regrets and condolences to the family and friends of SFC Tobiason. We are humbled by his loss. We will take steps to prevent future tragedies of this nature.
5. Point of contact for this memorandum is CPT [REDACTED] (b)(3), (b)(6) MNC-I OSJA, Administrative Law, DSN [REDACTED] (b)(6) or at email [REDACTED] (b)(3), (b)(6)

RAYMOND T. ODIERNO
Lieutenant General, USA
Commanding

CF:
Commanders, MNF-I and CENTCOM
Commanders, MND-B and 316th ESC
Commander, IAG
MNC-I, C3 CHOPS
MNC-I, C3 AT/FP
MNC-I, CSM

SECTION VI - AUTHENTICATION (para 3-17, AR 1.

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

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

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

LTC, QM

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the ~~(investigating officer)~~ ~~(board)~~ are ~~(approved)~~ ~~(disapproved)~~ ~~(approved with following exceptions/substitutions)~~. (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

See memorandum dated 16 December 2007 ratifying appointment of this investigation, approval of the Findings with action to re-characterize the incident as Friendly Fire, with modification regarding the Recommendations.

16 DEC 2007

RAYMOND T. ODIERNO
Lieutenant General, USA
Commanding, MNC-I

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

3), (18 Dec 07

COL, QM



DEPARTMENT OF THE ARMY
HEADQUARTERS, 316th SUSTAINMENT COMMAND (EXPEDITIONARY)
LSA ANACONDA (BALAD), IRAQ
APO AE 09391

REPLY TO
ATTENTION OF

ARRC-CPA-DM-CG

15 December 2007

MEMORANDUM FOR Commander, Multi-National Corps - Iraq

SUBJECT: Informal AR 15-6 Investigation Regarding Fratricide of SFC John J. Tobiason,
HHD, 15 PSB

1. SFC John J. Tobiason was struck in the chest by one 12.7 x 108mm round and died as a result. The investigating officer found that the round was most likely fired from an Iraqi Army weapon directed toward what was thought to be a hostile force. The preponderance of the evidence, including a criminal forensic laboratory examination of the round, supports this conclusion.
2. I recommend that the appointment of the investigating officer (IO) by the 1st Sustainment Brigade Commander be ratified, and that the findings and recommendations of the IO be approved.
3. My point of contact for this action is my Staff Judge Advocate, LTC (b)(3), (b)(6), DSN (b)(6), (b)(3), (b)(6).


GREGORY E. COUCH
Brigadier General, USA
Commanding

Legal Review



DEPARTMENT OF THE ARMY
OFFICE OF THE STAFF JUDGE ADVOCATE
HEADQUARTERS, 1ST SUSTAINMENT BRIGADE
CAMP TAJI, IRAQ APO AE 09378

REPLY TO
ATTENTION OF:

AFZN-BG-JA

8 December 2007

MEMORANDUM FOR Commander, 1st Sustainment Brigade, Camp Taji, Iraq, APO AE 09378

SUBJECT: Legal Review—Informal AR 15-6 Investigation, Hostile Death

1. I have reviewed the investigation into the Hostile Death of SFC John J. Tobiason, IAW AR 15-6, paragraph 2-3b, and find it to be legally sufficient.
 - a. The investigation complies with legal requirements.
 - b. There are no material errors.
 - c. The evidence supports the findings.
 - d. The recommendations are consistent with the findings.
2. You, as the Appointing Authority, may approve the investigation by completing Section VIII of the DA Form 1574. (Note that an Appointing Authority may also, at his/her discretion, direct the investigating officer to elaborate upon or clarify findings and/or recommendations; direct an investigating officer to conduct additional investigation; or partially or completely disapprove the investigation, including making substituted findings.) Any corrective or disciplinary actions should be closely coordinated with the Office of the Staff Judge Advocate.
3. POC is the undersigned at (b)(6) or (b)(3), (b)(6)

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

CPT, JA
Brigade Judge Advocate

Findings and Recommendations



DEPARTMENT OF THE ARMY
HEADQUARTERS
168TH BRIGADE SUPPORT BATTALION
CAMP VICTORY, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF

AFVI-EBSB

2 December 2007

MEMORANDUM FOR COL (b)(3), (b)(6), Commander, 1st Sustainment Brigade, Camp Taji, Iraq, APO AE 09378

SUBJECT: Findings and Recommendations regarding the circumstances surrounding the wounding and death of SFC John J. Tobiason, SSN (b)(3), (b)(6) from HHD, 15th Personnel Services Battalion, which occurred on 28 November 2007.

1. Purpose. To identify facts and make findings and recommendations with regard to the circumstances surrounding the wounding and death of SFC John J. Tobiason, SSN (b)(3), (b)(6) from HHD, 15th Personnel Services Battalion, which occurred on 28 November 2007.
2. Appointment Authority. I was appointed by COL (b)(3), (b)(6) Commander, 1st Sustainment Brigade, on 30 November 2007 to conduct an informal investigation IAW AR 15-6 (see Enclosure I).
3. Facts. After considering all the evidence, I have determined that the facts of this case are as follows.
 - a. SFC John J. Tobiason, SSN (b)(3), (b)(6), was struck in the chest by one 12.7 x 108mm round at 281742NOV07. The round struck SFC Tobiason in the left side of his chest just above the third rib and exited the left side of his back at the seventh rib (see Exhibit 1).
 - b. The round produced massive and irreparable damage to SFC Tobiason's chest which caused him to immediately lose consciousness and die. (see Exhibit 1)
 - c. The round that struck SFC Tobiason was recovered onsite and retained as evidence. (see Exhibits 2 & 3)
 - d. SGT (b)(3), (b)(6) MWR guard on duty, moved SFC Tobiason immediately to a covered position after he was struck. (see Exhibits 2 & 4)
 - e. SFC Tobiason received initial treatment from a medic who was onsite at the MWR gym. The responding medic along with 3 other medics/combat lifesavers applied immediate lifesaving measures by attempting to control the bleeding, starting an IV and attempting to resuscitate using an Automatic External Defibrillator available at the MWR gym. (see exhibit 5)
 - f. The Victory Fire Department medics arrived on scene 11 minutes after SFC Tobiason was injured. They assisted in providing First Aid. (see Exhibit 6)
 - g. A KBR ambulance arrived 17 minutes after SFC Tobiason was injured and transported him to Golby clinic. Medics continued to render aid with chest compressions enroute to the Troop Medical Clinic. They were not able to re-establish a heartbeat. (see Exhibit 7)

AFVI-EBSB

SUBJECT: Findings and Recommendations regarding the circumstances surrounding the wounding and death of SFC John J. Tobiason, SSN (b)(3), (b)(6) from HHD, 15th Personnel Services Battalion, which occurred on 28 November 2007

- h. SFC Tobiason arrived at Golby clinic 20 minutes after being struck by the projectile. CPT (b)(3), (b)(6) Doctor on Duty, immediately determined that SFC Tobiason was deceased upon arrival. (see Exhibit 1)
- i. There was no warning of incoming rounds or stray bullets prior to SFC Tobiason being struck by the round. After SFC Tobiason was struck the MWR guards heard additional rounds impacting in the vicinity. Other soldiers in the area immediately sought cover in the concrete bunkers which were placed 20 feet from the area where SFC Tobiason was struck. (see Exhibits 1 & 8)
- j. Beginning at 281700NOV07 there was a firefight in the vicinity of Al Furat (see Exhibits 9,10,11) Towers 83, 84, 108 and 122, along the perimeter of Victory Base Complex, were engaged by small arms and machine gun fire. Simultaneously, an Iraqi Army checkpoint at (b)(2)High was also engaged by small arms and machinegun fire. The towers along the perimeter made positive identification and engaged the Anti-Iraqi Forces (AIF) using PKM machineguns, M4s, M240Bs and M2 .50 cal weapons. (see exhibits 12,13,14,15)
- k. The battle space owners nearest the Iraqi Army checkpoint observed Iraqi Army Soldiers firing indiscriminately in response to the attack by the AIF. The Soldiers from 1-28IN indicated that they saw several of the Iraqi Army Soldiers firing in the direction of the Victory Base Complex. The Iraqi Army has a number of DSH-K machineguns that fire the type of round that struck and killed SFC Tobiason. The Soldiers of 1-28IN indicate that they heard machinegun fire that sounded like heavy machinegun fire but did not witness the DSH-K machinegun firing. (see exhibit 11)
- l. 1-28IN indicated that they have never observed or had any evidence of AIF owning or possessing a DSH-K weapon in their battle space. While we can not definitively rule out the possibility that AIF fired the round that struck SFC Tobiason it is highly unlikely since there have been no instances of them using the DSH-K in this area and there were no indicators that they fired one during this engagement. (see exhibit 17)
- m. The circumstances surrounding the IA firing of the DSH-K machinegun can not be validated by any eyewitnesses. The fact that no AIF forces have been seen or in possession of this type of machinegun would suggest that the round that struck SFC Tobiason was fired by the IA unit during the AIF attack on 28 November 2007.
- n. SFC Tobiason's remains are being examined and prepared for delivery to his family. His weapon and personal effects were recovered and returned to his Battalion.
- o. There were no other soldiers wounded during this incident. (see exhibit 2)
- p. SFC Tobiason was trained to react to incoming fire but there was no warning that incoming fire existed. The force protection measures at Victory Base Complex are not designed to warn of incoming small arms fire. (see exhibit 18)

AFVI-EBSB

SUBJECT: Findings and Recommendations regarding the circumstances surrounding the wounding and death of SFC John J. Tobiason, SSN (b)(3), (b)(6) from HHD, 15th Personnel Services Battalion, which occurred on 28 November 2007

q. SFC Tobiason was at the Victory Gym to attend a Morale, Welfare and Recreation sponsored show scheduled for 282000NOV07. He was wearing the ACU uniform required during the duty day. (see exhibit 2)

4. Findings. After considering the facts, I make the following findings.

a. SFC John J. Tobiason, SSN (b)(3), (b)(6), was killed by a stray round fired from an Iraqi weapon discharged off of Victory Base Complex in response to an attack by Anti-Iraqi Forces against the Iraqi Army checkpoint and coalition towers along the perimeter of Victory Base Complex. (see exhibits 9, 10, 11, 12,13,14,15) Appropriate medical aid was rendered immediately and he was transported expeditiously to a medical treatment facility where he subsequently died of his wounds. (see exhibit 1,4,5,6,7) SFC Tobiason was in the proper uniform and was wearing all required equipment at the time of his death. (see exhibit 4) There was no warning of the incoming rounds and sufficient cover was immediately available to the other Soldiers once the incoming rounds were detected. (see exhibits 2,4) The availability and use of protective cover may have prevented injury to other Soldiers.

5. Recommendations. I make the following recommendations.

(b)(5)

(b)(5)

(b)(5)

6. Point of contact for this memorandum is the undersigned at SIPR VOIP (b)(6) or DSN (b)(6).

AFVI-EBSB

SUBJECT: Findings and Recommendations regarding the circumstances surrounding the wounding and death of SFC John J. Tobiason, SSN (b)(3), (b)(6) from HHD, 15th Personnel Services Battalion, which occurred on 28 November 2007

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

LTC, QM
Investigating Officer

DA FORM 1574

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OT.IAG.

IF MORE SPACE IS REQUIRED, INDICATED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by COL (b)(3), (b)(6) COMMANDING, 15TH SUS BDE
 (Appointing authority)

on 30 NOVEMBER 2007 (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)
 (Date)

SECTION II - SESSIONS

The (investigation) (board) commenced at CAMP LIBERTY, IRAQ at 0900
 (Place) (Time)

on 30 NOVEMBER 2007 (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1800 on 3 DECEMBER 2007
 (Time) (Date)

and completed findings and recommendations at 1830 on 3 DECEMBER 2007
 (Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES		YES	NO ^{1/}	NA ^{2/}
1	Inclosures (para 3-15, AR 15-6)			
	Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
	a. The letter of appointment or a summary of oral appointment data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Copy of notice to respondent, if any?(See item 9, below)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Other correspondence with respondent or counsel, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. All other written communications to or from the appointing authority?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Privacy Act Statements (Certificate, if statement provided orally)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	g. Information as to sessions of a formal board not included on page 1 of this report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOTNOTES: ^{1/} Explain all negative answers on an attached sheet.
^{2/} Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

	YES	NO ^{1/}	NA ^{2/}
2 Exhibits (para 3-16, AR 15-6)			
a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)			
4 At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Was a quorum present at every session of the board (para 5-2b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Was each absence of any member properly excused (para 5-2a, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)			
9 Notice to respondents (para 5-5, AR 15-6):			
a. Is the method and date of delivery to the respondent indicated on each letter of notification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was the date of delivery at least five working days prior to the first session of the board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does each letter of notification indicate —	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) the date, hour, and place of the first session of the board concerning that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) the matter to be investigated, including specific allegations against the respondent, if any?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) the respondent's rights with regard to counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) the name and address of each witness expected to be called by the recorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5) the respondent's rights to be present, present evidence, and call witnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Was the respondent provided a copy of all unclassified documents in the case file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
a. Was he properly notified (para 5-5, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Counsel (para 5-6, AR 15-6):			
a. Was each respondent represented by counsel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name and business address of counsel:			
(If counsel is a lawyer, check here <input type="checkbox"/>)			
b. Was respondent's counsel present at all open sessions of the board relating to that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
a. Was the challenge properly denied and by the appropriate officer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did each member successfully challenged cease to participate in the proceedings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13 Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Examine and object to the introduction of real and documentary evidence, including written statements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Object to the testimony of witnesses and cross-examine witnesses other than his own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Call witnesses and otherwise introduce evidence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Testify as a witness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FOOTNOTES: ^{1/} Explain all negative answers on an attached sheet. ^{2/} Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.			

SECTION IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (board) , having carefully considered the evidence, finds:

(SEE ATTACHED MEMORANDUM).

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (board) recommends:

(SEE ATTACHED MEMORANDUM).

SECTION VI - AUTHENTICATION (para 3-17, AR 1.)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

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

(Recorder)

(b)(3), (b)(6) LTC, QM

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

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

(b)(3), (b)(6), COL, QM

8 Dec 07

SECTION VI - AUTHENTICATION (para 3-17, AR 1.

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

_____	_____
(Recorder)	(b)(3), (b)(6) LTC, QM (Investigating Officer) (President)
_____	_____
(Member)	(Member)
_____	_____
(Member)	(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

_____	_____
(Member)	(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

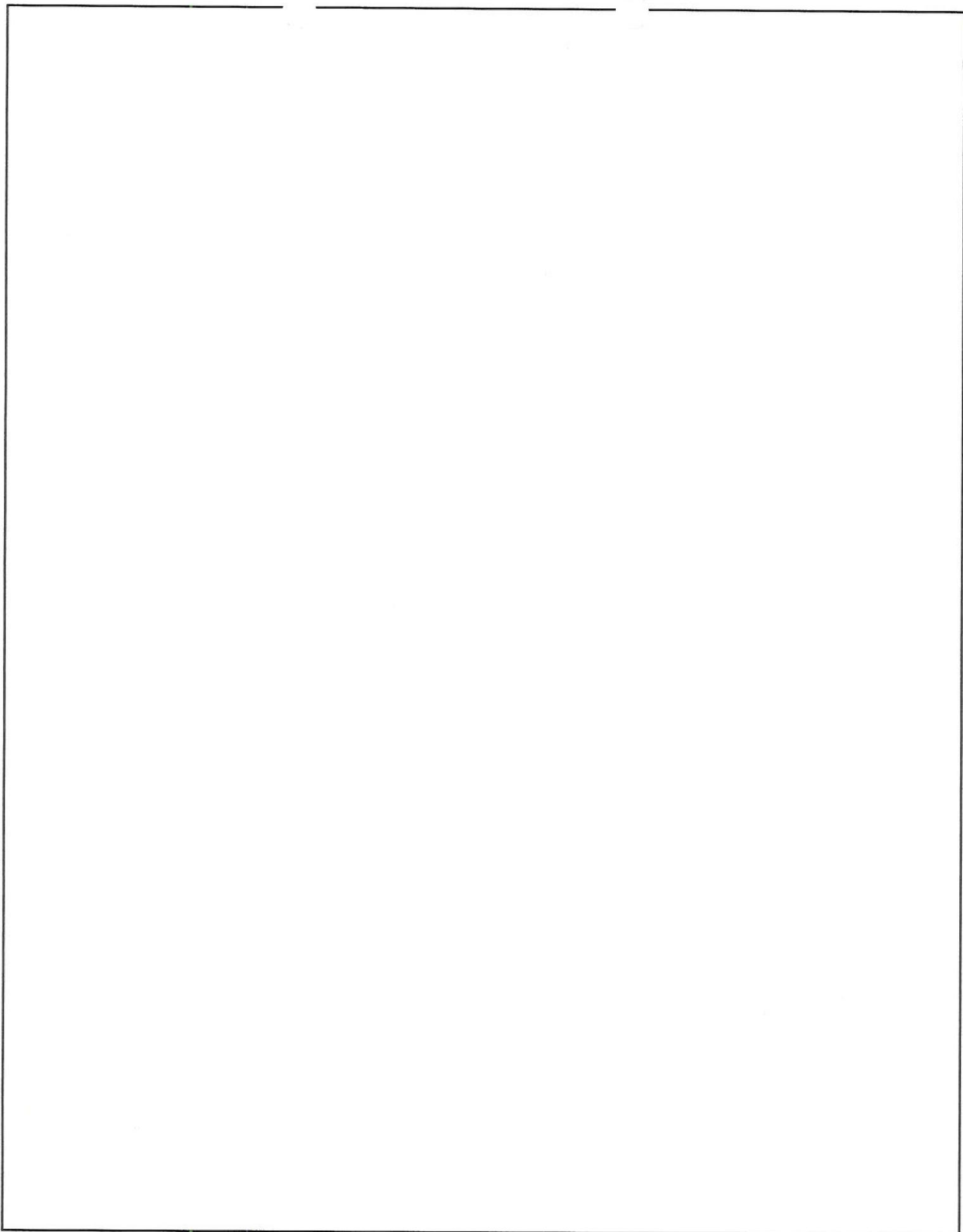
The findings and recommendations of the ~~(investigating officer)~~ (board) are ~~(approved)~~ (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

See memorandum dated 16 December 2007 ratifying appointment of this investigation, approval of the Findings with action to re-characterize the incident as Friendly Fire, with modification regarding the Recommendations.

16 DEC 2007

RAYMOND T. ODIERNO
Lieutenant General, USA
Commanding, MNC-I

_____	_____
(b)(3), (b)(6)	8 Dec 07
(b)(3), (b)(6)	COL, QM



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Enclosures

Appointment Orders

ENCLOSURE I



DEPARTMENT OF THE ARMY
HEADQUARTERS, 1ST SUSTAINMENT BRIGADE
CAMP TAJI, IRAQ APO AE 09378

REPLY TO
ATTENTION OF.

AFZN-BG

30 November 2007

MEMORANDUM FOR Commander, 168th BSB, 1st SB, Camp Liberty, Iraq, APO AE 09344

SUBJECT: Appointment to Conduct an AR 15-6 Investigation

1. You are appointed to serve as an investigating officer pursuant to AR 15-6, para 2-1. You are to conduct an informal investigation into the circumstances surrounding the wounding and death of SFC John J. Tobiason (b)(3), (b)(6) from HHD, 15 PSB, which occurred on 28 November 2007. This is your primary duty until properly relieved. Your report will include a complete summary of the facts and circumstances of the incident, including:

- a. The site of where SFC Tobiason was wounded, including SFC Tobiason's location when the first signs of impact were noticed.
- b. The personnel present at the site where SFC Tobiason was wounded;
- c. The uniform and protective gear worn by SFC Tobiason;
- d. Whether there was any enemy action in the vicinity that may have contributed to his death; if so what was the action, and its proximity to where SFC Tobiason was located.
- e. The extent of any medical care given to SFC Tobiason on the scene and by the attending medical facility
- f. The amount of time that elapsed from the time SFC Tobiason was wounded until he was transported to a medical facility;
- g. With some level of detail the apparent cause of death;
- h. Whether an alarm or advance warning was sounded, alerting SFC Tobiason and others in his area of enemy action or incoming small arms fire;
- i. The actions of SFC Tobiason and others when they became aware of small arms fire impacting;
- j. The nature of cover taken by SFC Tobiason if any; if cover was not taken why not and what is the nature and location of the nearest available cover.
- k. Whether or not SFC Tobiason had been trained concerning the response to small arms fire or an alarm indicating such;
- l. Status of remains, others wounded, and sensitive items at the time of your report.

ENCLOSURE I

AFZN-BG

SUBJECT: Appointment to Conduct an AR 15-6 Investigation

2. Your investigation will use the informal procedures under the provisions of AR 15-6. You may speak with any and all individuals you believe have information pertinent to your investigation. All witness statements will be sworn if possible and recorded on DA Form 2823 and you will obtain Privacy Act Statements from all witnesses who complete a written statement. If circumstances preclude you from obtaining a sworn statement, you will summarize the witness' statement in a Memorandum for Record and attest to the accuracy of your summary.
3. If, in the course of your investigation, you come to suspect or believe that an individual may be criminally responsible, you will advise that individual of his or her rights under Article 31, UCMJ using DA Form 3881.
4. If, in the course of your investigation, you find it necessary to evaluate the performance, professionalism, or conduct of a person senior to you, contact the Brigade Judge Advocate before proceeding.
5. Prior to initiation of this investigation, you must schedule a briefing with CPT (b)(3), (b)(6) (b)(3), (b)(6) Brigade Judge Advocate, 1st SB, DSN: (b)(6). Your report will include the original copy of a completed DA Form 1574, the findings and recommendations memorandum and all statements and other evidence you received, tabbed and indexed in accordance with 316th ESC Guide to assembling 15-6 packets.
6. Make specific findings and recommendations and cite the statements that support your findings. If conflicting evidence exists, then say who you believe and why. You will make a recommendation to me on what course of action is appropriate based on your specific findings. You must obtain a legal review of your report and submit it to me or LTC (b)(3), (b)(6), the Brigade Deputy Commander no later than 13 December 2007; do not submit your packet to any other staff section. If you need more time I must personally approve an extension. This duty takes priority over all other duties.

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

COL, QM
Commanding

ENCLOSURE I

ENCLOSURE II

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

PURPOSE: The purpose of this solicitation is to gather facts and make recommendations to assist the appropriate authorities in determining what action to take with regard to allegations of:

LTC (b)(3), (b)(6) the Investigation Officer for the 15-6, investigating the circumstances surrounding the wounding and death of SFC John. J Tobiason on 28 Nov 2007.

ROUTINE USES: Any information you provide is disclosable to members of the Department of Defense who have a need for the information in performance of their official duties, and where use of such information is compatible with the purpose for which the information is collected. In addition, the information may be disclosed to Government agencies and persons outside the Department of Defense for law enforcement purposes, or if determined to be disclosable pursuant to a request submitted under the Freedom of Information Act, or if needed for Congressional or other Government Investigations.

DISCLOSURE MANDATORY FOR INDIVIDUAL WHO MAY BE ORDERED TO TESTIFY: Providing the information is mandatory. Failure to provide information could result in disciplinary or other adverse action against you under the UCMJ or applicable Army or other federal regulations.

DISCLOSURE VOLUNTARY FOR INDIVIDUAL WARNED OF HIS RIGHTS UNDER ARTICLE 31, UCMJ, OR THE FIFTH AMENDMENT OF THE U.S. CONSTITUTION: Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information other than essential information, which might not otherwise be available to the commander for his/her decision(s) in this matter.

ACKNOWLEDGMENT

I have read and been provided a copy of the Privacy Act Statement above and understand its contents.

1 Dec 2007
Date:

(b)(3), (b)(6)
Signature:

(b)(3), (b)(6) SGT USA
Printed Name and Rank:

ENCLOSURE II

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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1 Dec 2007
Date:

(b)(3), (b)(6)
Signature: (b)(3), (b)(6)

MWR Technician KBR
Printed Name and Rank:

ENCLOSURE II

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

PURPOSE: The purpose of this solicitation is to gather facts and make recommendations to assist the appropriate authorities in determining what action to take with regard to allegations of:

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30 November 2007
Date:

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

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

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

Printed Name and Rank:

SGT

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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2 DEC 07
Date:

(b)(3), (b)(6)
Signature:

(b)(3), (b)(6) CIV
Printed Name and Rank:

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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12-1-07
Date:

(b)(3), (b)(6)
Signature: (b)(3), (b)(6)
(b)(3), (b)(6) CPT MD
Printed Name and Rank:

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

PURPOSE: The purpose of this solicitation is to gather facts and make recommendations to assist the appropriate authorities in determining what action to take with regard to allegations of:

LTC (b)(3), (b)(6)
MAJ (b)(3), (b)(6) the Investigation Officer for the 15-6, investigating the circumstances surrounding the wounding and death of SFC John. J Tobiason on 28 Nov 2007.

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2007-12-1
Date: _____

(b)(3), (b)(6)
Signature: _____
(b)(3), (b)(6)

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

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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(b)(3), (b)(6)
Signature: _____

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

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(b)(3), (b)(6)
Signature: _____
(b)(3), (b)(6)

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ACKNOWLEDGMENT

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01-DEC-07
Date:

(b)(3), (b)(6)
Signature:

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

ENCLOSURE II

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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12-1-07
Date: _____

(b)(3), (b)(6)
Signature: (b)(3), (b)(6)

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

ENCLOSURE II

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DEC 1st 2007.

Date:

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

Signature:

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Printed Name and Rank:

GUARD -

ENCLOSURE II

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(5 U.S.C. 522a)

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(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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(b)(3), (b)(6)
Printed Name and Rank: (b)(3), (b)(6) (b)(3), (b)(6)

ENCLOSURE II

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(5 U.S.C. 522a)

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ENCLOSURE II

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(5 U.S.C. 522a)

AUTHORITY: 5 U.S.C. 301 and 10 U.S.C. 3012

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Signature:

(b)(3), (b)(6)
Printed Name and Rank:

SPC/E-4

PRIVACY ACT STATEMENT
(5 U.S.C. 522a)

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Signature:

(b)(3), (b)(6) SAC
Printed Name and Rank:

ENCLOSURE II

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(5 U.S.C. 522a)

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1 DEC 07

Date:

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

Signature:

1LT

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

Printed Name and Rank:

ENCLOSURE II

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20071201
Date:

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

(b)(3), (b)(6)
Printed Name and Rank:

SFC

ENCLOSURE II

ENCLOSURE

III

Chronology of Investigation

29 Nov 2007

MAJ (b)(3), (b)(6) notified that he was the IO. Meet with LTC (b)(3), (b)(6) and CPT (b)(3), (b)(6) Round that came from SFC Tobiason's body was delivered to the Forensics Lab and analyzed. It was a 12.7 X 108 mm round from a DShK-38 Heavy Machine Gun. The MPs that were received the call gave MAJ (b)(3), (b)(6) brief at the Gym on what took place.

30 Nov 2007

LTC (b)(3), (b)(6) notified that he was now the IO. Interviewed, toured and received statements from Towers 108, 122, 83, 84. Interviewed and received statements from the Victory Gym, and Golby TMC. Spoke with MAJ (b)(3), (b)(6) 1-28 IN Bn XO, the Battle Space for the area where the fire fight took place. The MPs gave us their report. Received the Forensic report.

1 Dec 2007

Received statements from 1-28 IN. Spoke with and got statements from Fire Department and the CLS, SGT (b)(3), (b)(6) Stopped by the Fornesic Lab, found that two more rounds from the same weapon were found by the MPs.

2 Dec 2007

Interviewed and received statements from Paramedic on the site. Typed up draft Findings and Recommendations.

3 Dec 2007

Telephonic interview with MAJ (b)(3), (b)(6) Final Draft of Findings and Recommendations

4 Dec 2007

Submitted for Legal Review.

ENCLOSURE III

Exhibits

EXHIBIT 1

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 Golby TMC	2. DATE (YYYYMMDD) 2007 12 01	3. TIME 1600	4. FILE NUMBER
5. LAST NAME / FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS CPT	
8. ORGANIZATION, OR ADDRESS Golby TMC			

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

see attached SF 600

Nothing follows

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

STATEMENT OF (b)(3), (b)(6) CPT TAKEN AT 12-08-07 DATED 01600

9. STATEMENT (Continued)

[A large diagonal line is drawn across the statement area, indicating that the statement content is redacted.]

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 UNLAWFUL INDUCEMENT.

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December at Victory Inn

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
(b)(3), (b)(6)

EXHIBIT 1

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
<p>11-28-07 1840</p>	<p>42 year male outside at gym tonight. was hit in Left chest wall thru and thru. At time attempted resuscitation at Gym. Attempted to stop bleeding started CPR patient came with AED stickers attached. Patient had been unconscious ~ 15-20 minutes prior to arriving at TMC. Upon arrival patient was being bagged with chest compressions.</p>
	<p>vitals - HR - unpalpable BP - unobtainable RR - apneic HEENT - oropharyngeal airway in place with regurgitated food particles in mouth. Pupils dilated and fixed bilaterally. No gag reflex. Lung - apneic. No breath sounds. entrance wound ~ midclavicular 3rd rib ~ 2 cm in diameter. Exit wound ~ 7th rib space posterior lateral chest. Heart - No heart sounds audible. No pulses palpated extremities cool to touch. Abdomen - soft ND</p>
	<p>Assessment - Thru and thru gunshot wound to chest. Patient arrived to TMC expired. No heart rate No pulses Rhythm analyzed and asystolic. Pupils fixed and dilated. Patient had declaration of death at 1815. Patient (b)(3), (b)(6) chaplain pray and delivered to mortuary affairs (b)(3), (b)(6)</p>

STANDARD FORM 88 (REV. 6-97) BACK

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

NO CAPT USA
GOLBY TMC

EXHIBIT 1

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: (Include ZIP Code) Commander 1st Sustainment BDE Camp Taji, APO AE 09378	TO: (Include ZIP Code) Commander 316 ESC, BALAD APO AE 09391	FROM: (Include ZIP Code) Commander 15 PSB Camp Liberty
---	---	---

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) JOHN S TOBIASON	2. SSN (b)(3), (b)(6)	3. GRADE SFC
4. ORGANIZATION AND STATION HHD 15PSB	5. ACCIDENT INFORMATION	
	a. DATE 29 NOV 07	b. PLACE (City and State) CAMP VICTORY, IRAQ

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY Colby TMC, Camp Victory Iraq
8. HOUR AND DATE ADMITTED 11-28-07 @ 1600	9. HOUR AND DATE EXAMINED 11-28-07 1610
10. NATURE AND EXTENT OF <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)	

11. MEDICAL OPINION:

a. INDIVIDUAL WAS WAS NOT UNDER THE INFLUENCE OF ALCOHOL DRUGS (Specify)

b. INDIVIDUAL WAS WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate).

c. INJURY IS IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.

d. INJURY WAS WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD
---	--	------------------------------------

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)
 42 year AD soldier hit with 50 caliber round as incidental fire while outside gym. Bullet entered through superior chest and exited @ mid chest wall. Resuscitation attempted at gym. Patient lost conscious. was deceased upon arrival at TMC.

16. DATE 12-1-07	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(3), (b)(6) CPT MD	18. SIGNATURE (b)(3), (b)(6)
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SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADJUTANT

19. DUTY STATION <input checked="" type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM b. TO
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO	

22. INDIVIDUAL WAS ON <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE TRAINING a. BEGAN b. ENDED
---	--

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING			
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL

29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE
 PRESENT FOR DUTY ABSENT WITH AUTHORITY ABSENT WITHOUT AUTHORITY

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

33. DATE 2007 12 03	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER (b)(3), (b)(6) LTC AG Commanding	35. SIGNATURE (b)(3), (b)(6)
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EXHIBIT 2

MILITARY POLICE REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 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.

MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER		FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342

Section I - Administration

1. REPORT TYPE: <input checked="" type="checkbox"/> Information <input type="checkbox"/> Traffic <input type="checkbox"/> Military Offense <input type="checkbox"/> Criminal <input checked="" type="checkbox"/> Complaint	3. EVALUATION: <input checked="" type="checkbox"/> Founded <input type="checkbox"/> Unfounded 4a. COMPLAINT DATE: (YYYY/MM/DD): 2007/11/28	4c. COMPLAINT RECEIVED BY: <input type="checkbox"/> In person 911 <input type="checkbox"/> CB <input checked="" type="checkbox"/> Telephone <input type="checkbox"/> Mail <input type="checkbox"/> Radio <input type="checkbox"/> Crime Stoppers <input type="checkbox"/> Alarm <input type="checkbox"/> Other (Specify):	5a. CLEARANCE REASON: <input type="checkbox"/> A Death of Offender <input type="checkbox"/> B Prosecution Declined <input type="checkbox"/> C Extradition Declined <input type="checkbox"/> D Victim Refused To <input type="checkbox"/> E Juvenile, No Custody <input type="checkbox"/> U Unfounded <input type="checkbox"/> X Apprehension	5b. EXCEPTIONAL CLEARANCE DATE: (YYYY/MM/DD): 7. INVOLVEMENT: <input type="checkbox"/> Hate <input checked="" type="checkbox"/> Death <input type="checkbox"/> Trainee <input type="checkbox"/> Domestic Gang <input type="checkbox"/> Extremist
2. STATUS: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Cdr's Action	4b. COMPLAINT TIME: (24hr.): 1742	6a. MP ACTION: <input type="checkbox"/> MPI <input type="checkbox"/> CID <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Traffic <input type="checkbox"/> Other (Specify)		6b. DATE REFERRED: (YYYY/MM/DD):

Section II - Offense

1a. OFFENSE NO. 1	1b. SUBJECT NO. INVOLVEMENT: 1	1c. VICTIM NO. INVOLVEMENT: 1	1d. NIBRS LOCATION CODE: 26	1e. <input type="checkbox"/> Attempted <input checked="" type="checkbox"/> Completed	1f. SAME OFFENSE DATA FOR ALL OFFENSE CODES: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (See 3975-1)
1g. OFFENSE CODE(s): 2SR1	1h. OFFENSE DESCRIPTION(s): STRAY ROUND (ON POST)			1i. OFFENSE LOCATION ADDRESS: CAMP VICTORY GYM CAMP VICTORY, AE IZ 09342	
2a. BEGIN DATE: (YYYY/MM/DD): 2007/11/28	3. TYPE OF CRIMINAL ACTIVITY (Check Up To Three): <input type="checkbox"/> B Buying/Receiving <input type="checkbox"/> C Cultivating/Manufacturing/Publishing <input type="checkbox"/> D Distributing/Selling <input type="checkbox"/> E Exploiting Children <input type="checkbox"/> O Operating/Promoting/Assisting <input type="checkbox"/> P Possessing/Concealing <input type="checkbox"/> T Transporting/Importing <input type="checkbox"/> U Using/Consuming		4. OFFENSE STATUTORY BASIS: <input type="checkbox"/> A UCMJ <input type="checkbox"/> B Non-Criminal Fatality <input type="checkbox"/> C State <input type="checkbox"/> D Local <input type="checkbox"/> E Foreign <input checked="" type="checkbox"/> F Federal, Non-UCMJ		5. OFFENDER USED (Check Up To Three) <input type="checkbox"/> A Alcohol <input type="checkbox"/> C Computer Equipment <input type="checkbox"/> D Drugs/Narcotics <input checked="" type="checkbox"/> N Not Applicable
2b. BEGIN TIME (24hr.): 1742	2c. END DATE: (YYYY/MM/DD): 2007/11/28		2d. END TIME: (24hr.): 1753		

NATIONAL INCIDENT BASED REPORTING SYSTEM (NIBRS) LOCATION CODES

- | | | |
|---------------------------------|-------------------------------------|--|
| 01 Air/Bus/Train Terminal | 10 Field/Woods/Training Area | 19 Rental/Storage Facility |
| 02 Bank/Credit Union | 11 Government/Public Building | 20 Residence/Quarters/Barracks/BEQ/BOQ |
| 03 Bar/Officer/NCO Club | 12 Grocery Store/Commissary | 21 Restaurant/Dining Facility |
| 04 Church/Synagogue/Temple | 13 Highway/Road/Alley/Street | 22 School/College |
| 05 Commercial Office Building | 14 Hotel/Motel/VAQ/VEQ/TLQ | 23 Service/Gas Station |
| 06 Construction Site | 15 Jail/Prison/Corrections Facility | 24 Specialty Store/Concessionaire |
| 07 Convenience Store/Shoppette | 16 Lake/Waterway/Ocean | 25 Child Care Facility/Home Day Care |
| 08 Dept/Discount Store/Exchange | 17 Liquor/Store/Class VI | 26 Recreation Area/Park |
| 09 Drug Stor/Hospital/Clinic | 18 Motor Pool/Parking Lot/Garage | 27 Training Center/Service School |
| | | 28 On Board Ship |

6. TYPE OF WEAPON/FORCE. Check up to three and indicate in the second block next to the item whether:

F - Fully Automatic S - Semi-Automatic M - Manual U - Unknown

<input type="checkbox"/>	11 Firearm(Unk Type)	<input type="checkbox"/>	35 Motor Vehicle	<input type="checkbox"/>	90 Other(Specify)
<input type="checkbox"/>	12 Handgun	<input type="checkbox"/>	50 Poison	<input type="checkbox"/>	99 None
<input type="checkbox"/>	13 Rifle	<input type="checkbox"/>	60 Explosives		
<input type="checkbox"/>	14 Shotgun	<input type="checkbox"/>	65 Fire/Incendiary		
<input type="checkbox"/>	40 Personal Weapons	<input type="checkbox"/>	70 Narcotics/Drugs		
<input type="checkbox"/>	20 Knife/Cutting Instrument	<input type="checkbox"/>	85 Asphyxiation		
<input type="checkbox"/>	30 Blunt Object	<input type="checkbox"/>	95 Unknown		

7. NUMBER OF PREMISES ENTERED
(For Burglary/Housebreaking only)

Forcible Entry No Forcible Entry

8. AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES (Check up to two)

<input type="checkbox"/>	1 Argument	<input type="checkbox"/>	20 Criminal Killed By Private Citizen
<input type="checkbox"/>	2 Assault on Law Officer	<input type="checkbox"/>	21 Criminal Killed By Law Enforcement
<input type="checkbox"/>	3 Drug Dealing	<input type="checkbox"/>	30 Child Playing With Weapon
<input type="checkbox"/>	4 Gangland	<input type="checkbox"/>	31 Gun Cleaning Accident
<input type="checkbox"/>	5 Juvenile Gang	<input type="checkbox"/>	32 Hunting Accident
<input type="checkbox"/>	6 Domestic Quarrel	<input type="checkbox"/>	33 Other Negligent Wpn Handling
<input type="checkbox"/>	7 Mercy Killing	<input type="checkbox"/>	35 Other Negligent Killings
<input type="checkbox"/>	8 Other Felony Involved		

9. ADDITIONAL JUSTIFIABLE HOMICIDE CIRCUMSTANCES

<input type="checkbox"/>	A Criminal attacked police officer and that police officer killed the criminal
<input type="checkbox"/>	B Criminal attacked police officer and was killed by another police officer
<input type="checkbox"/>	C Criminal attacked civilian
<input type="checkbox"/>	D Criminal attempted flight from a crime
<input type="checkbox"/>	E Criminal killed in commission of a crime
<input type="checkbox"/>	F Criminal resisted arrest
<input type="checkbox"/>	G Unable to determine

10. BIAS MOTIVATION (As applicable) Yes No Unknown

Section III - Subject

1a. SUBJECT NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): UNKNOWN,	1c. SSN/FNN/ALIEN REG NO:	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD):	1g. POB: City, State, Country:	1h. GRADE:	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:	1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:		
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves <input type="checkbox"/> R Regular	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS:	2b. INSTALLATION/CITY:	2d. Zip/APO:		
		2c. STATE/COUNTRY:	2e. UNIT PHONE:		
	3a. RESIDENCE STREET ADDRESS:	3b. INSTALLATION/CITY:	3d. ZIP/APO:		
	3c. STATE/COUNTRY:				

4a. HAIR COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Blond <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Other (Specify)	4b. EYE COLOR <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Violet	4c. COMPLEXION <input type="checkbox"/> Albino <input type="checkbox"/> Medium <input type="checkbox"/> Black <input type="checkbox"/> Medium Brown <input type="checkbox"/> Dark <input type="checkbox"/> Ruddy <input type="checkbox"/> Dark Brown <input type="checkbox"/> Yellow <input type="checkbox"/> Fair <input type="checkbox"/> Sallow <input type="checkbox"/> Light <input type="checkbox"/> Olive <input type="checkbox"/> Light Brown	4d. AGE RANGE (Specify) 4e. HEIGHT 4f. WEIGHT:	5. JUVENILE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/ Alaskan Native <input type="checkbox"/> W White <input type="checkbox"/> U Unknown
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8. ETHNICITY <input type="checkbox"/> H Hispanic <input type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown	9. IDENTIFYING MARKS AND LOCATION: 11. OFFENDER'S DISPOSITION:	10. HOW DRESSED AT TIME OF INCIDENT (Clothing, Materials, Colors):
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12. SECURITY CLEARANCE <input type="checkbox"/> None <input type="checkbox"/> Confidential <input type="checkbox"/> Secret <input type="checkbox"/> Top Secret <input type="checkbox"/> Other (Specify)	13. MARITAL STATUS <input type="checkbox"/> Annulled <input type="checkbox"/> Divorced <input type="checkbox"/> Divorce Decree, Not Finalized <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed	14. SUBJECT ARMED WITH (Check up to 2 and indicate in 2nd box whether F - Fully Automatic, M - Manual, S - Semi-Automatic, U - Unknown) <input checked="" type="checkbox"/> <input type="checkbox"/> 1 Unarmed <input type="checkbox"/> <input type="checkbox"/> 16 Lethal Cutting Instrument <input type="checkbox"/> <input type="checkbox"/> 11 Firearm (Unk Type) <input type="checkbox"/> <input type="checkbox"/> 17 Club/Blackjack/Knuckles <input type="checkbox"/> <input type="checkbox"/> 12 Handgun <input type="checkbox"/> <input type="checkbox"/> 15 Other (Specify) <input type="checkbox"/> <input type="checkbox"/> 13 Rifle <input type="checkbox"/> <input type="checkbox"/> 14 Shotgun
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15a. SUBJECT INVOLVEMENT <input type="checkbox"/> Accessory <input type="checkbox"/> Conspiracy <input type="checkbox"/> Principle <input type="checkbox"/> Solicit	15b. APPREHENSION TYPE <input type="checkbox"/> Military <input type="checkbox"/> Surrender <input type="checkbox"/> Civil Authorities <input type="checkbox"/> Other (Specify)	15c. APPREHENSION DATE (YYYY/MM/DD):	15d. APPREHENDING PMO (UIC/MPC):
		15e. DETENTION TYPE <input type="checkbox"/> N Non-Uniformed Svc. <input type="checkbox"/> U Uniformed Svc.	15f. HOW DRESSED AT TIME OF APPREHENSION:

15g. DISPOSITION OF PERSON UNDER 18 YEARS <input type="checkbox"/> H Handled Internally <input type="checkbox"/> R Referred to Other Authorities (Specify)	15h. FBI FORM 249 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16a. INVOLVEMENT <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug <input type="checkbox"/> None	16b. ALCOHOL/DRUG TEST RESULTS:
	15i. FBI FORM R-84 SUBMITTED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

16c. ILLNESS/INJURY:	16d. ALCOHOL/DRUG INVOLVEMENT REMARKS:
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17a. CHEMICAL TEST TYPE <input type="checkbox"/> Blood Test <input type="checkbox"/> Breathalyzer <input type="checkbox"/> Saliva Test <input type="checkbox"/> Urine Test <input type="checkbox"/> Other (Specify)	17b. DRUG TYPE		<input type="checkbox"/> M Other Stimulants <input type="checkbox"/> N Barbiturates <input type="checkbox"/> O Other Depressants <input type="checkbox"/> P Other Drugs <input type="checkbox"/> Q Steroids <input type="checkbox"/> M Unknown Type Drug
	<input type="checkbox"/> A "Crack" Cocaine <input type="checkbox"/> B Cocaine <input type="checkbox"/> C Hashish <input type="checkbox"/> D Heroin <input type="checkbox"/> E Marijuana <input type="checkbox"/> F Morphine	<input type="checkbox"/> G Opium <input type="checkbox"/> H Other Narcotics <input type="checkbox"/> I LSD <input type="checkbox"/> J PCP <input type="checkbox"/> K Other Hallucinogens <input type="checkbox"/> L Amphetamines/Methamphetamines	

17c. DRUG TEST AND MEASUREMENT (i.e.: parts per million, cubic centimeters, etc.)	17d. DRUG DETECTION BY OTHER LAW ENFORCEMENT MEANS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Section IV - Victim

1a. VICTIM NO: 1	1b. NAME (Last, First, Middle Name, JR., Sr., III): TOBIASON, JOHN JOSEPH	1c. SSN/FNN/ALIEN REG NO: (b)(3), (b)(6)	1d. PROTECTED IDENTITY:
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1e. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1f. DOB (YYYY/MM/DD): 1965/10/22	1g. POB: City, State, Country:	1h. GRADE: SSG	1i. HOME PHONE:	
	1j. WORK PHONE:	1k. NICKNAMES/ALIAS:		1l. CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien:	
	1m. COMPONENT <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> V Reserves	1n. DRIVER LICENSE NO: (b)(6)	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, STREET ADDRESS: DET 4, 847TH BSB	2b. INSTALLATION/CITY: CAMP STRIKER	2d. Zip/APO: 09349		
	3a. RESIDENCE STREET ADDRESS: POD 5, 157A	2c. STATE/COUNTRY: IZ	2e. UNIT PHONE:		
		3b. INSTALLATION/CITY: CAMP STRIKER	3d. ZIP/APO: 09349		
3c. STATE/COUNTRY: IZ					

4a. TYPE OF VICTIM: <input type="checkbox"/> B Business <input type="checkbox"/> F Financial <input type="checkbox"/> G Government <input checked="" type="checkbox"/> I Individual <input type="checkbox"/> R Religious Org <input type="checkbox"/> S Society/Public <input type="checkbox"/> O Other <input type="checkbox"/> U Unknown	4b. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4c. AGE <input type="checkbox"/> Under 24 Hours <input type="checkbox"/> 1 - 6 Days Old <input type="checkbox"/> 7 - 364 Days Old <input type="checkbox"/> 42 Years Old Range (Specify):	4d. RACE <input type="checkbox"/> A Asian/Pac. Islander <input type="checkbox"/> B Black <input type="checkbox"/> I American Indian/ Alaskan Native <input checked="" type="checkbox"/> W White <input type="checkbox"/> U Unknown	4e. ETHNICITY <input type="checkbox"/> H Hispanic <input checked="" type="checkbox"/> N Not of Hispanic Origin <input type="checkbox"/> U Unknown
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5. BIAS MOTIVATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Check Applicable Bias)		
<input type="checkbox"/> AA Anti-Atheist/Agnostic <input type="checkbox"/> AB Anti-Alaskan Native <input type="checkbox"/> AC Anti-American Indian <input type="checkbox"/> AD Anti-Arab <input type="checkbox"/> AE Anti-Asian <input type="checkbox"/> AG Anti-Bisexual <input type="checkbox"/> AH Anti-Black <input type="checkbox"/> AI Anti-Catholic	<input type="checkbox"/> AK Anti-Female Homosexual <input type="checkbox"/> AL Anti-Heterosexual <input type="checkbox"/> AM Anti-Hispanic <input type="checkbox"/> AN Anti-Islamic(Moslem) <input type="checkbox"/> AO Anti-Jewish <input type="checkbox"/> AQ Anti-Male Homosexual <input type="checkbox"/> AR Anti-Multi-Racial Group <input type="checkbox"/> AS Anti-Multi-Religious Group <input type="checkbox"/> AT Anti-Pacific-Islander	<input type="checkbox"/> AU Anti-Protestant <input type="checkbox"/> AV Anti-White <input type="checkbox"/> AW Anti-Homosexual Bias <input type="checkbox"/> AY Anti-Other Religion <input type="checkbox"/> AZ Anti-Other Ethnicity <input type="checkbox"/> BA Anti-Mental Disability <input type="checkbox"/> BB Anti-Physical Disability <input type="checkbox"/> BC Sexual Harassment <input type="checkbox"/> AX Unknown Bias

6. RELATIONSHIP OF VICTIM TO OFFENDER, for multiple offender relationships, enter the subject's number)

<input type="checkbox"/> AA Spouse	<input type="checkbox"/> AV Step-Sibling	<input type="checkbox"/> BL Homosexual Relationship
<input type="checkbox"/> AB Child	<input type="checkbox"/> AZ Friend	<input type="checkbox"/> BN Extended Family
<input type="checkbox"/> AC Sibling	<input type="checkbox"/> BA Neighbor	<input type="checkbox"/> BY Employee
<input type="checkbox"/> AD Parent	<input type="checkbox"/> BB Com. Law Spouse	<input type="checkbox"/> BZ Employer
<input type="checkbox"/> AE Parent-in-Law	<input type="checkbox"/> BC Acquaintance	<input type="checkbox"/> BX Stranger
<input type="checkbox"/> AF Step Child	<input type="checkbox"/> BD Baby-Sittee(baby)	<input type="checkbox"/> CA Otherwise Known
<input type="checkbox"/> AG Grandparent	<input type="checkbox"/> BE Boy/Girlfriend	<input checked="" type="checkbox"/> 1 CB Relationship Unknown
<input type="checkbox"/> AH Step-Parent	<input type="checkbox"/> BF Child of Boy/Girlfriend	<input type="checkbox"/> VO Offender
<input type="checkbox"/> AK Grandchild	<input type="checkbox"/> BH Former Spouse	

7. VICTIM INVOLVEMENT Accessory Principle Conspiracy Solicit

8. INJURY TYPE (Check up to five)

<input type="checkbox"/> B Broken Bones	<input checked="" type="checkbox"/> O Major Injury
<input type="checkbox"/> I Possible Internal	<input type="checkbox"/> T Tooth Loss
<input type="checkbox"/> L Severe Laceration	<input type="checkbox"/> U Unconsciousness
<input type="checkbox"/> M Minor Injury	<input type="checkbox"/> Z None

9a. DD FORM 2701 PROVIDED VICTIM Yes No

9b. IF NOT PROVIDED, WHY NOT? Declined Not Required

Section V - Persons Related To Report

1a. PERSON RELATED TO REPORT NUMBER **1**

1b. STATUS Civil Authorities Complaint Military Police Sponsor Witness

1c. NAME (Last, First, Middle Name, JR., Sr., III): **(b)(3), (b)(6)**

1d. SSN/FNN/Alien Reg No: **(b)(3), (b)(6)**

1e. CITIZENSHIP US Resident Alien Country (Specify):

1f. CATEGORY: A Army C Coast Guard F Air Force H Public Health M Marine N Navy O NOAA P Family Member Q Civil Service R Civilian S Contractor T Other Gov. Empl. U Foreign Nat'l Empl. V Other Foreign Nat'l W Retired Military

1g. DOB (YYYY/MM/DD): **(b)(6)**

1h. POB: City, State, Country:

1i. GRADE: **SGT**

1j. HOME PHONE: **(b)(6)**

1k. WORK PHONE:

1l. NICKNAMES/ALIAS:

1m. COMPONENT R Regular G Nat'l Guard V Reserves

1n. DRIVER LICENSE NO: **(b)(6)**

1o. IS LICENSE FR Foreign State (Specify): Other (Specify):

2a. ORGANIZATION, UIC, STREET ADDRESS: **3RD SIGNAL CO SPC TB 3RD ID**

2b. INSTALLATION/CITY: **CAMP VICTORY**

2c. STATE/COUNTRY: **IZ**

2d. ZIP/APO: **09342**

2e. UNIT PHONE: **(b)(6)**

3a. RESIDENCE STREET ADDRESS: **RM 48C, AUDIE MURPHY LSA**

3b. INSTALLATION/CITY: **CAMP VICTORY**

3c. STATE/COUNTRY: **IZ**

3d. ZIP/APO: **09342**

4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: Yes No

4b. IF NOT PROVIDED, WHY NOT? Declined Not Required

5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701

Section VI - Property

1a. ITEM NO:	1b. CODE:	1c. QUANTITY:	1d. VALUE:	1e. DESCRIPTION	1f. SERIAL NUMBER:
1g. DATE RECOVERED (YYYY/MM/DD):		1h. DATE RETURNED (YYYY/MM/DD):		1i. SECURITY	1j. PROPERTY OWNERSHIP
1k. PROPERTY LOSS TYPE (Check all that apply)					
<input type="checkbox"/> 1 None	<input type="checkbox"/> 2 Burned	<input type="checkbox"/> 3 Counterfeited/Forged	<input type="checkbox"/> 4 Damaged/Destroyed/Vandalized	<input type="checkbox"/> 5 Recovered	<input type="checkbox"/> 6 Seized
				<input type="checkbox"/> 7 Stolen	
				<input type="checkbox"/> S Secured	<input type="checkbox"/> A Federal
				<input type="checkbox"/> U Unsecured	<input type="checkbox"/> B State
				<input type="checkbox"/> Z Unknown	<input type="checkbox"/> C City
					<input type="checkbox"/> D County/Borough
					<input type="checkbox"/> E Foreign Govt.
					<input type="checkbox"/> F Private
					<input type="checkbox"/> U Unknown

PROPERTY DESCRIPTION CODE TABLE

01 Aircraft	12 Farm Equipment	23 Office-Type Equipment	34 Structures-Storage
02 Alcohol	13 Firearms	24 Other Motor Vehicles	35 Structures-Other
03 Automobile	14 Gambling Equipment	25 Purse/Handbag/Wallet	36 Tools/Hand and Power
04 Bicycle	15 Heavy Construction Equip.	26 Radio/TV/VCR	37 Trucks
05 Buses	16 Household Goods	27 Audio/Visual Recording	38 Vehicle Parts/Accessories
06 Clothing/Furs	17 Jewelry/Precious Metals	28 Recreational Vehicle	39 Watercraft
07 Computer Hard/Software	18 Livestock	29 Structure-Single Occupancy	40 OTHER (Specify)
08 Consumable Goods	19 Merchandise	30 Structures-Other Dwellings	
09 Credit/Debit Cards	20 Money	31 Structures-Commercial/Business	
10 Drugs/Narcotics (See below)	21 Negotiable Instruments	32 Structures-Industry/Manufacturing	41 Pending Inventory
11 Drugs/Narcotics Equipment	22 Non-Negotiable Instruments	33 Structures-Public/Community	42 Special Category

DRUG/NARCOTIC MEASURES

GM - Gram KG - Kilogram OZ - Ounce LB - Pound FO - Fluid Ounce GL - Gallon LT - Liter ML - Milliliter DU - Dosage Unit NP - Number of Plants

Section VII - Narrative

ON 20071128 AT 1742 THIS STATION AS NOTIFIED OF A STRAY ROUND STRIKING A SOLDIER OUTSIDE OF THE CAMP VICTORY GYM. PATROLS 1-1 (b)(3), (b)(6) AND 1-4 (b)(3), (b)(6) WERE DISPATCHED. UPON ARRIVAL OF BOTH PATROLS AT 1753, IT WAS DETERMINED THAT THE VICTIM HAD BEEN STRUCK IN THE CHEST BY A STRAY ROUND WHILE WAITING IN LINE TO ENTER THE VICTORY GYM. PERSONNEL ON THE SCENE AT THE TIME OF THE INCIDENT MOVED THE VICTIM TO COVER AND BEGAN RENDERING FIRST AID. SOUTH VICTORY FIRE DEPARTMENT ARRIVED IMMEDIATELY AFTER PATROLS 1-1 AND 1-4 AND ASSUMED RESPONSIBILITY OF MEDICAL EFFORTS. MEDICS FROM GOLBY TMC ARRIVED ON SCENE AT 1806 AND TRANSPORTED THE VICTIM TO THEIR LOCATION WHERE HE WAS PRONOUNCED DEAD.

<p>1. Enclosures:</p> <p>V1 J. TOBIASON : EVIDENCE/PROP DOC (DA 4137) [1] V1 J. TOBIASON : FIELD INTERVIEW SHEET [1] P1 M. (b)(3), (b)(6) : SWORN STATEMENT (DA 2823) [1] P1 M. (b)(3), (b)(6) : FIELD INTERVIEW SHEET [1] P2 I. (b)(3), (b)(6) : INVESTIGATORS STATEMENT (DA 2823) [1] P3 S. (b)(3), (b)(6) : INVESTIGATORS STATEMENT (DA 2823) [1] P4 S. (b)(3), (b)(6) : FIELD INTERVIEW SHEET [1] P5 M. (b)(3), (b)(6) : FIELD INTERVIEW SHEET [1] P6 A. (b)(3), (b)(6) : FIELD INTERVIEW SHEET [1] P7 A. (b)(3), (b)(6) : INVESTIGATORS STATEMENT (DA 2823) [1]</p>	<p>2. Distribution:</p>	<p>3. Name: (b)(3), (b)(6)</p> <p>4. Grade: MAJ</p> <p>5. Title Of Reporting Official: DEPUTY PROVOST MARSHAL</p> <p>6. Signature:</p>
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MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 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.

MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 2	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No: (b)(3), (b)(6)	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):		
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 506 MP DET (L&O) WP3UAA PMO BLDG 25C	2b. INSTALLATION/CITY: CP VICTORY	2d. ZIP/APO: 09342	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY: AE IZ	2e. UNIT PHONE: (b)(6)	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

EXHIBIT 2

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**This form is a continuation of SECTION V, DA Form 3975.
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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
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MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER	FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342	

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 3	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No: (b)(3), (b)(6)	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> IT International <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 506 MP DET (L&O) WP3UAA PMO BLDG 25C		2b. INSTALLATION/CITY: CP VICTORY	2d. ZIP/APO: 09342	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: AE IZ	2e. UNIT PHONE: (b)(3), (b)(6)	
			3b. INSTALLATION/CITY:	3d. ZIP/APO:	
		3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

EXHIBIT 2

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**This form is a continuation of SECTION V, DA Form 3975.
Please attach it to DA Form 3975 when completed.**

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
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DISCLOSURE: Disclosure of your Social Security Number is voluntary.

MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE (YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:		TO: COMMANDER	FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 4	1b. STATUS <input type="checkbox"/> Civil Authorities <input checked="" type="checkbox"/> Sponsor <input type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police			
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No:	1e. CITIZENSHIP <input type="checkbox"/> US <input checked="" type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien		
1f. CATEGORY: <input checked="" type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE: CPT	1j. HOME PHONE:
	1k. WORK PHONE: (b)(6)	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input checked="" type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves
	1n. DRIVER LICENSE NO:	1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: HHD 15TH PSB	2b. INSTALLATION/CITY: CAMP LIBERTY	2d. ZIP/APO:	
	3a. RESIDENCE STREET ADDRESS:	2c. STATE/COUNTRY:	2e. UNIT PHONE:	
		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
	3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required	5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701		

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

**This form is a continuation of SECTION V, DA Form 3975.
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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
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MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER		FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 5	1b. STATUS <input checked="" type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No: (b)(3), (b)(6)	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Country (Specify): <input type="checkbox"/> Resident Alien			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 547TH AMSC		2b. INSTALLATION/CITY: CAMP LIBERTY	2d. ZIP/APO: 09344	
	2c. STATE/COUNTRY: IZ		2e. UNIT PHONE: (b)(6)		
	3a. RESIDENCE STREET ADDRESS:		3b. INSTALLATION/CITY:	3d. ZIP/APO:	
		3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

EXHIBIT 2

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 United States Code Section 301 Title 5 United States Code Section 2951 Executive Order 9397 dated Nov 22, 1943(SSN)
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MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER		FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 6	1b. STATUS <input checked="" type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No: (b)(3), (b)(6)	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien Country (Specify):			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> IT International <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify):		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 3RD BN, 17TH FA RGT, 5/2ND INF DIV WJMCAA 3RD BN, 17TH FA RGT, 5/2ND INF DIV		2b. INSTALLATION/CITY: FORT LEWIS	2d. ZIP/APO: 98433	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: WA US	2e. UNIT PHONE:	
			3b. INSTALLATION/CITY:	3d. ZIP/APO:	
		3c. STATE/COUNTRY:			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701	

MILITARY POLICE REPORT - ADDITIONAL PERSONS RELATED TO REPORT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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PRIVACY ACT STATEMENT

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MILITARY POLICE REPORT NUMBER 01429-2007-MPC419	DATE(YYYY/MM/DD) 2007/11/29	ORI NUMBER IZ09342DM	USACRC CONTROL NUMBER
THRU:	TO: COMMANDER		FROM: ATTN: PROVOST MARSHAL 506TH MP DET (L & O) CP VICTORY, AE IZ 09342

SECTION V - PERSONS RELATED TO REPORT

1a. PERSON RELATED TO REPORT NUMBER 7	1b. STATUS <input type="checkbox"/> Civil Authorities Sponsor <input type="checkbox"/> Complaint Witness <input checked="" type="checkbox"/> Military Police				
1c. NAME (Last, First, Middle Name, JR., Sr., III): (b)(3), (b)(6)	1d. SSN/FNN/Alien Reg No: (b)(3), (b)(6)	1e. CITIZENSHIP <input type="checkbox"/> US <input type="checkbox"/> Resident Alien <input type="checkbox"/> Country (Specify):			
1f. CATEGORY: <input type="checkbox"/> A Army <input type="checkbox"/> C Coast Guard <input type="checkbox"/> F Air Force <input type="checkbox"/> H Public Health <input type="checkbox"/> M Marine <input type="checkbox"/> N Navy <input type="checkbox"/> O NOAA <input type="checkbox"/> P Family Member <input type="checkbox"/> Q Civil Service <input type="checkbox"/> R Civilian <input type="checkbox"/> S Contractor <input type="checkbox"/> T Other Gov. Empl. <input type="checkbox"/> U Foreign Nat'l Empl. <input type="checkbox"/> V Other Foreign Nat'l <input type="checkbox"/> W Retired Military	1g. DOB (YYYY/MM/DD):	1h. POB: City, State, Country:	1i. GRADE:	1j. HOME PHONE:	
	1k. WORK PHONE:	1l. NICKNAMES/ALIAS:		1m. COMPONENT <input type="checkbox"/> R Regular <input type="checkbox"/> G Nat'l Guard <input type="checkbox"/> V Reserves	
	1n. DRIVER LICENSE NO:		1o. IS LICENSE <input type="checkbox"/> FR Foreign <input type="checkbox"/> State (Specify): <input type="checkbox"/> Other (Specify): <input type="checkbox"/> IT International		
	2a. ORGANIZATION, UIC, And STREET ADDRESS: 506 MP DET (L&O) WP3UAA PMO BLDG 25C		2b. INSTALLATION/CITY: CP VICTORY	2d. ZIP/APO: 09342	
	3a. RESIDENCE STREET ADDRESS:		2c. STATE/COUNTRY: AE IZ	2e. UNIT PHONE: (b)(6)	
			3b. INSTALLATION/CITY:	3d. ZIP/APO:	
3c. STATE/COUNTRY:		5. NUMBER OF VICTIMS (0) AND WITNESSES (0) NOTIFIED WITH DD FORM 2701			
4a. DD FORM 2701 PROVIDED VICTIM/WITNESS: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		4b. IF NOT PROVIDED, WHY NOT? <input type="checkbox"/> Declined <input checked="" type="checkbox"/> Not Required			

EXHIBIT 2

EVIDENCE/PROPERTY CUSTODY DOCUMENT
 For use of this form, see AR 190-45 and AR 195-5; the proponent agency is US ARMY
 Criminal Investigation Command

MPR/CID Sequence Number
01429-2007
 CID Report/CID ROI Number

Receiving Activity: **PROVOST MARSHALS OFFICE** Location: **VICTORY BASE COMPLEX, IRAQ**

Name, Grade, and Title of Person from whom Received: Address: (Include zip code) **09342**
VICTORY GYM
CAMP VICTORY, IRAQ
 Owner
 Other **CRIME SCENE**
APO, AE 09342

Location from where obtained: **FROM PERSON OF TOBIASON, J.J.** Reason Obtained: **EVIDENCE** Time/Date obtained: **1800/2007/128**

Item No.	Quantity	Description of Articles (Include model, serial number, condition and unusual marks or scratches)
01	01	IDENTIFICATION TAG, ALUMINUM-TYPE CONSTRUCTION, STAMPED WITH "TOBIASON JOHN J (b)(3), (b)(6) BPOS ROMAN-CATH". CONTAMINATED WITH BODILY FLUIDS. ///LAST ITEM///

CHAIN OF CUSTODY

Item No.	Date	Released By	Received By	Purpose of Change of Custody
01	20071128	Signature	Signature (b)(3), (b)(6)	EVIDENCE
		Name, Grade or Title	Name, Grade or Title (b)(3), (b)(6) SGT	
1	20071128	(b)(3), (b)(6)	Signature (b)(3), (b)(6)	EVIDENCE CUSTODIAN
		Name, Grade or Title (b)(3), (b)(6) SGT	Name, Grade or Title (b)(3), (b)(6) SGT	
		Signature (b)(3), (b)(6)	Signature	
		Name, Grade or Title	Name, Grade or Title	
		Signature	Signature	
		Name, Grade or Title	Name, Grade or Title	
		Signature	Signature	
		Name, Grade or Title	Name, Grade or Title	

Replaces DA Form 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 which are obsolete

EXHIBIT 2

01429.2007

PRIVACY ACT STATEMENT

MILITARY POLICE REPORT
INTERVIEW WORKSHEET
AR 190-30

AUTHORITY: 10 USC, Section 3013(g)

PURPOSE: To obtain a descriptive data record of all personnel involved as the subject, victim, witness or complainant of a military police report. The social security number is used for identification of personnel involved.

ROUTINE USES: Information may be released IAW AR 340-21, paragraph 3-2.

DISCLOSURE: Disclosure is voluntary, however, failure to provide the information requested may cause a delay in processing of subject; all others, no effect.

TYPE OF COMPLAINT	MP PATROL/NAME: <i>Agency Assist</i>	INTERVIEW DATE/TIME:	INCIDENT DATE/TIME:	LOCATION OF INCIDENT:
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ALL PERSONS: SUBJECT VICTIM WITNESS COMPLAINANT

Deployed Last 180 Days (Location/Dates): LN TCN Contractor Relation to Subject:

FULL NAME (LAST, FIRST, MIDDLE): <i>(b)(3), (b)(6)</i>	SSN/FNN: <i>(b)(3), (b)(6)</i>	RANK: <i>E-5</i>	ETS/PCS: <i>03 NOV 2011</i>	CITIZENSHIP: <i>U.S.</i>
---	-----------------------------------	---------------------	--------------------------------	-----------------------------

DOB (YYMMDD): <i>(b)(6)</i>	AGE: <i>29</i>	POB (CITY, STATE): <i>(b)(6)</i>	ALIAS/AKA/MAIDEN NAME: —	STATE/DRIVERS LICENSE #: —
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UNIT (UNIT NAME, CAMP, APO): <i>3rd Sig. Co. Spc TB 3rd Inf. Div.</i>	WORK PHONE: <i>(b)(6) / (b)(6)</i>	HOME PHONE: —
--	---------------------------------------	------------------

ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO): <i>(b)(3), (b)(6)</i>	HOME OF RECORD: —	MOS/DUTY POSITION: <i>2SS (Sat. Com)</i>
--	----------------------	---

HAIR: <i>Brn</i>	EYES: <i>Brn</i>	COMPLEXION: <i>Fair</i>	HT/WT: <i>5'11/205</i>	SEX: <i>M</i>	RACE: <i>WH</i>	ETHNICITY: <i>NH</i>	MARITAL STATUS: <i>M</i>	RELATIONSHIP TO SUBJECT:
---------------------	---------------------	----------------------------	---------------------------	------------------	--------------------	-------------------------	-----------------------------	--------------------------

Branch: Army Navy Air Force Marines Coast Guard Component: Active National Guard Reserves

SCARS/MARKS/TATTOOS:	DESCRIPTION OF CLOTHING:	DISPOSITION:	SECURITY CLEARANCE:
----------------------	--------------------------	--------------	---------------------

DESCRIPTION OF INJURIES:	TYPE AND LOCATION OF TREATMENT:	ATTENDING PHYSICIAN:
--------------------------	---------------------------------	----------------------

VEHICLE INFORMATION:

COLOR:	YEAR:	MAKE:	MODEL:	BODY:	STATE/PLATE #:
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VIN #:	POST DECAL/POST:	YEARS DRIVING:
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INSURANCE COMPANY:	POLICY NUMBER:	TELEPHONE #:
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SPONSOR INFORMATION:

NAME (LAST, FIRST, MIDDLE):	SSN/FNN:	RANK:	ETS/PCS:	CITIZENSHIP:
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DOB (YYMMDD):	AGE:	POB (CITY, STATE):	ALIAS/AKA/MAIDEN NAME:	STATE/DRIVERS LICENSE #:
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UNIT (UNIT NAME, CAMP, APO):	WORK PHONE:	HOME PHONE:
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ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO):	HOME OF RECORD:	MOS/DUTY POSITION:
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HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:	ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:
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Branch: Army Navy Air Force Marines Coast Guard Component: Active National Guard Reserves

SCARS/MARKS/TATTOOS:	DISPOSITION:	DESCRIPTION OF CLOTHING:	<input type="checkbox"/> LN <input type="checkbox"/> TCN	SECURITY CLEARANCE:
			<input type="checkbox"/> Contractor	

PLACE REMARKS ON BACK SIDE
Updated as of 17 August 2007

EXHIBIT 2

Commander

01429-2007

MILITARY POLICE REPORT INTERVIEW WORKSHEET AR 190-30

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Section 3013(g)
 PURPOSE: To obtain a descriptive data record of all personnel involved as the subject, victim, witness or complainant of a military police report. The social security number is used for identification of personnel involved
 ROUTINE USES: Information may be released IAW AR 340-21, paragraph 3-2
 DISCLOSURE: Disclosure is voluntary, however, failure to provide the information requested may cause a delay in processing of subject; all others, no effect.

TYPE OF COMPLAINT Death	MP PATROL/NAME: (b)(3), (b)(6)	INTERVIEW DATE/TIME: 20071128	INCIDENT DATE/TIME: 20071128	LOCATION OF INCIDENT: Golby Gym
ALL PERSONS: <input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> COMPLAINANT				

Deployed Last 180 Days(Location/Dates):	LN	TCN	Contractor	Relation to Subject:
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FULL NAME(LAST, FIRST, MIDDLE): (b)(3), (b)(6)	SSN/FNN: (b)(3), (b)(6)	RANK: CPT	ETS/PCS:	CITIZENSHIP: US
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DOB(YMMDD):	AGE:	POB(CITY, STATE):	ALIAS/AKA/MAIDEN NAME:	STATE/DRIVERS LICENSE #:
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UNIT (UNIT NAME, CAMP, APO): HHD 15PSB	WORK PHONE: (b)(6)	HOME PHONE:
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ADDRESS(INDIVIDUALS LIVING QUARTERS W/ CAMP, APO): (b)(6) LIBERTY	HOME OF RECORD:	MOS/DUTY POSITION:
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HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:	ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:
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Branch: <input checked="" type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Component <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves
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SCARS/MARKS/TATTOOS:	DESCRIPTION OF CLOTHING:	DISPOSITION:	SECURITY CLEARANCE:
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DESCRIPTION OF INJURIES:	TYPE AND LOCATION OF TREATMENT:	ATTENDING PHYSICIAN:
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VEHICLE INFORMATION:

COLOR:	YEAR:	MAKE:	MODEL:	BODY:	STATE/PLATE #:
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VIN #:	POST DECAL/POST:	YEARS DRIVING:
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INSURANCE COMPANY:	POLICY NUMBER:	TELEPHONE #:
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SPONSOR INFORMATION:

NAME(LAST, FIRST, MIDDLE):	SSN/FNN:	RANK:	ETS/PCS:	CITIZENSHIP:
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DOB(YMMDD):	AGE:	POB(CITY, STATE):	ALIAS/AKA/MAIDEN NAME:	STATE/DRIVERS LICENSE #:
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UNIT (UNIT NAME, CAMP, APO):	WORK PHONE:	HOME PHONE:
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ADDRESS(INDIVIDUALS LIVING QUARTERS W/ CAMP, APO):	HOME OF RECORD:	MOS/DUTY POSITION:
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HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:	ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:
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Branch: <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard <input type="checkbox"/> Component <input type="checkbox"/> Active <input type="checkbox"/> National Guard <input type="checkbox"/> Reserves

SCARS/MARKS/TATTOOS:	DISPOSITION:	DESCRIPTION OF CLOTHING:	LN <input type="checkbox"/> TCN <input type="checkbox"/>	SECURITY CLEARANCE:
				Contractor

PLACE REMARKS ON BACK SIDE

Updated as of 17 August 2007

EXHIBIT 2

Physician

01429-2007

MILITARY POLICE REPORT INTERVIEW WORKSHEET AR 190-30

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Section 3013(g)
 PURPOSE: To obtain a descriptive data record of all personnel involved as the subject, victim, witness or complainant of a military police report. The social security number is used for identification of personnel involved.
 ROUTINE USES: Information may be released IAW AR 340-21, paragraph 3-2.
 DISCLOSURE: Disclosure is voluntary, however, failure to provide the information requested may cause a delay in processing of subject; all others, no effect.

TYPE OF COMPLAINT Death		MP PATROL/NAME: (b)(3), (b)(6)	INTERVIEW DATE/TIME: 20071128	INCIDENT DATE/TIME: 20071128	LOCATION OF INCIDENT: Golby Gym
ALL PERSONS: <input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input checked="" type="checkbox"/> COMPLAINANT					
Deployed Last 180 Days(Location/Dates):		LN	TCN	Contractor	Relation to Subject:
FULL NAME(LAST, FIRST, MIDDLE): (b)(3), (b)(6) CPT		SSN/FNN: (b)(3), (b)(6)	RANK: CPT	ETS/PCS:	CITIZENSHIP: USA
DOB(YMMMDD), (b)(6)	AGE: 32	POB(CITY, STATE): (b)(6)	ALIAS/AKA/MAIDEN NAME:		STATE/DRIVERS LICENSE #:
UNIT (UNIT NAME, CAMP, APO): 547th AMSC Camp Liberty 09344		WORK PHONE: (b)(3), (b)(6)		HOME PHONE:	
ADDRESS(INDIVIDUALS LIVING QUARTERS W/ CAMP, APO): (b)(6) Dodge North		HOME OF RECORD:		MOS/DUTY POSITION:	
HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:
ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:			
Branch:	Army	Navy	Air Force	Marines	Coast Guard
Component:	<input checked="" type="checkbox"/> Active	National Guard	Reserves		
SCARS/MARKS/TATTOOS:		DESCRIPTION OF CLOTHING:		DISPOSITION:	SECURITY CLEARANCE:
DESCRIPTION OF INJURIES:		TYPE AND LOCATION OF TREATMENT:			ATTENDING PHYSICIAN: (b)(3), (b)(6) CPT
VEHICLE INFORMATION:					
COLOR:	YEAR:	MAKE:	MODEL:	BODY:	STATE/PLATE #:
VIN #:		POST DECAL/POST:		YEARS DRIVING:	
INSURANCE COMPANY:		POLICY NUMBER:		TELEPHONE #:	
SPONSOR INFORMATION:					
NAME(LAST, FIRST, MIDDLE):		SSN/FNN:	RANK:	ETS/PCS:	CITIZENSHIP:
DOB(YMMMDD):	AGE:	POB(CITY, STATE):	ALIAS/AKA/MAIDEN NAME:		STATE/DRIVERS LICENSE #:
UNIT (UNIT NAME, CAMP, APO):		WORK PHONE:		HOME PHONE:	
ADDRESS(INDIVIDUALS LIVING QUARTERS W/ CAMP, APO):		HOME OF RECORD:		MOS/DUTY POSITION:	
HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:
ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:			
Branch:	Army	Navy	Air Force	Marines	Coast Guard
Component:	<input type="checkbox"/> Active	National Guard	Reserves		
SCARS/MARKS/TATTOOS:		DISPOSITION:	DESCRIPTION OF CLOTHING:		SECURITY CLEARANCE:
			LN	TCN	
			Contractor		

PLACE REMARKS ON BACK SIDE

Updated as of 17 August 2007

EXHIBIT 2

Paramedic

01429-2007

MILITARY POLICE REPORT INTERVIEW WORKSHEET AR 190-30

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Section 3013(g)
 PURPOSE: To obtain a descriptive data record of all personnel involved as the subject, victim, witness or complainant of a military police report. The social security number is used for identification of personnel involved.
 ROUTINE USES: Information may be released IAW AR 340-21, paragraph 3-2.
 DISCLOSURE: Disclosure is voluntary, however, failure to provide the information requested may cause a delay in processing of subject; all others, no effect.

TYPE OF COMPLAINT Death		MP PATROL/NAME: (b)(3), (b)(6)	INTERVIEW DATE/TIME: 20071128	INCIDENT DATE/TIME: 20071128	LOCATION OF INCIDENT: Golby Gym
ALL PERSONS: <input type="checkbox"/> SUBJECT <input type="checkbox"/> VICTIM <input checked="" type="checkbox"/> WITNESS <input type="checkbox"/> COMPLAINANT					
Deployed Last 180 Days (Location/Dates):			LN	TCN	Contractor
FULL NAME (LAST, FIRST, MIDDLE): (b)(3), (b)(6)			SSN/FNN: (b)(3), (b)(6)	RANK: PFC	ETS/PCS: Feb 09
DOB (YYMMDD): (b)(6)			AGE: 21	POB (CITY, STATE): (b)(6)	CITIZENSHIP: US
UNIT (UNIT NAME, CAMP, APO): 547th ASMC Victory 09342			ALIAS/AKA/MAIDEN NAME:	STATE/DRIVERS LICENSE #: MO	WORK PHONE: (b)(6)
ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO): (b)(6) Dogdecity South			HOME OF RECORD:	MOS/DUTY POSITION: 68W	HOME PHONE:
HAIR: BLK	EYES: BRN	COMPLEXION:	HT/WT:	SEX:	RACE:
ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:			
Branch: <input checked="" type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Component
<input type="checkbox"/> Active	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves			
SCARS/MARKS/TATTOOS:		DESCRIPTION OF CLOTHING:		DISPOSITION:	SECURITY CLEARANCE:
DESCRIPTION OF INJURIES:		TYPE AND LOCATION OF TREATMENT:		ATTENDING PHYSICIAN:	
VEHICLE INFORMATION:					
COLOR:	YEAR:	MAKE:	MODEL:	BODY:	STATE/PLATE #:
VIN #:			POST DECAL/POST:	YEARS DRIVING:	
INSURANCE COMPANY:			POLICY NUMBER:	TELEPHONE #:	
SPONSOR INFORMATION:					
NAME (LAST, FIRST, MIDDLE):			SSN/FNN:	RANK:	ETS/PCS:
DOB (YYMMDD):			AGE:	POB (CITY, STATE):	CITIZENSHIP:
UNIT (UNIT NAME, CAMP, APO):			ALIAS/AKA/MAIDEN NAME:	STATE/DRIVERS LICENSE #:	WORK PHONE:
ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO):			HOME OF RECORD:	HOME PHONE:	
HAIR:	EYES:	COMPLEXION:	HT/WT:	SEX:	RACE:
ETHNICITY:	MARITAL STATUS:	RELATIONSHIP TO SUBJECT:			
Branch: <input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Component
<input type="checkbox"/> Active	<input type="checkbox"/> National Guard	<input type="checkbox"/> Reserves			
SCARS/MARKS/TATTOOS:		DISPOSITION:	DESCRIPTION OF CLOTHING:	LN	TCN
				<input type="checkbox"/>	<input type="checkbox"/>
				Contractor	

PLACE REMARKS ON BACK SIDE
 Updated as of 17 August 2007

EXHIBIT 2

Victim

01429.2007

MILITARY POLICE REPORT INTERVIEW WORKSHEET AR 190-30

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC, Section 3013(g)
 PURPOSE: To obtain a descriptive data record of all personnel involved as the subject, victim, witness or complainant of a military police report. The social security number is used for identification of personnel involved.
 ROUTINE USES: Information may be released IAW AR 340-21, paragraph 3-2.
 DISCLOSURE: Disclosure is voluntary, however, failure to provide the information requested may cause a delay in processing of subject; all others, no effect.

TYPE OF COMPLAINT: Death		MP PATROL NAME: (b)(3), (b)(6)		INTERVIEW DATE/TIME: 20071128/N/A		INCIDENT DATE/TIME: 20071128		LOCATION OF INCIDENT: Gym Colby	
ALL PERSONS: <input type="checkbox"/> SUBJECT <input checked="" type="checkbox"/> VICTIM <input type="checkbox"/> WITNESS <input type="checkbox"/> COMPLAINANT									
Deployed Last 180 Days (Location/Dates):				LN	TCN	Contractor		Relation to Subject:	
FULL NAME (LAST, FIRST, MIDDLE): Tobiason, John, Joseph				SSN/FNN: (b)(3), (b)(6)		RANK: SFC		ETS/PCS:	CITIZENSHIP: US
DOB (YYMMDD): 19651022		AGE: 42	POB (CITY, STATE):		ALIAS/AKA/MAIDEN NAME:			STATE/DRIVERS LICENSE #:	
UNIT (UNIT NAME, CAMP, APO): Det 4 847th BSB Camp Striker				WORK PHONE:			HOME PHONE:		
ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO): Pod 5 157A Camp Striker				HOME OF RECORD:			MOS/DUTY POSITION:		
HAIR:	EYES:	COMPLEXION: Light	HT/WT:	SEX: M	RACE: C	ETHNICITY: N	MARITAL STATUS:		RELATIONSHIP TO SUBJECT:
Branch: <input checked="" type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	Component: <input checked="" type="checkbox"/> Active	<input type="checkbox"/> National Guard	Reserves		
SCARS/MARKS/TATTOOS: —			DESCRIPTION OF CLOTHING: P.T.s			DISPOSITION:		SECURITY CLEARANCE: —	
DESCRIPTION OF INJURIES: GSW to Chest			TYPE AND LOCATION OF TREATMENT: B TMC Colby			ATTENDING PHYSICIAN: FI Sheet			
VEHICLE INFORMATION:									
COLOR:		YEAR:		MAKE:		MODEL:		BODY:	STATE/PLATE #:
VIN #:				POST DECAL/POST:			YEARS DRIVING:		
INSURANCE COMPANY:				POLICY NUMBER:			TELEPHONE #:		
SPONSOR INFORMATION:									
NAME (LAST, FIRST, MIDDLE): (b)(3), (b)(6)				SSN/FNN: (b)(3), (b)(6)		RANK: ISG		ETS/PCS: 160401	CITIZENSHIP: US
DOB (YYMMDD): (b)(6)		AGE: 38	POB (CITY, STATE): (b)(6)		ALIAS/AKA/MAIDEN NAME:			STATE/DRIVERS LICENSE #:	
UNIT (UNIT NAME, CAMP, APO): HAD, 15th ASB				WORK PHONE: (b)(6)			HOME PHONE:		
ADDRESS (INDIVIDUALS LIVING QUARTERS W/ CAMP, APO):				HOME OF RECORD: N.C.			MOS/DUTY POSITION: 42A3m ISG		
HAIR: Blk	EYES: brn	COMPLEXION: brown	HT/WT: 63/155	SEX: M	RACE: B	ETHNICITY:	MARITAL STATUS: M		RELATIONSHIP TO SUBJECT: ISG
Branch: <input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Air Force	<input type="checkbox"/> Marines	<input type="checkbox"/> Coast Guard	Component: <input type="checkbox"/> Active	<input type="checkbox"/> National Guard	Reserves		
SCARS/MARKS/TATTOOS:			DISPOSITION:		DESCRIPTION OF CLOTHING:		LN <input type="checkbox"/>	TCN <input type="checkbox"/>	SECURITY CLEARANCE:
							Contractor		

PLACE REMARKS ON BACK SIDE

Updated as of 17 August 2007

EXHIBIT 2

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

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 CAMP VICTORY PROVOST MARSHALS OFFIC	2. DATE (YYYY/MM/DD) 2007/11/29	3. TIME	4. FILE NUMBER
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5. LAST NAME, FIRST NAME MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS SGT
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8. ORGANIZATION OR ADDRESS
506TH MILITARY POLICE DET (L&O)

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

ON 20071128 AT APPROXIMATELY 1730 HOURS, I (PATROL 1-1) WAS SITTING IN THE PMO PATROL ROOM WHEN I BEGAN TO HEAR THE SOUNDS OF A FIREFIGHT EMINATING FROM THE PERIMETER WALL, ADJACENT DODGE CITY SOUTH. SGT (b)(3), (b)(6) (PATROL 2-0) ENTERED THE PATROL ROOM SHORTLY THEREAFTER AND REMARKED THAT THEY HAD HEARD ROUNDS RICOCHETING OVER HIS HEAD. IMMEDIATELY AFTER THAT, DEALER MAIN RTO (SPC (b)(3), (b)(6)) CAME INTO THE PATROL ROOM AND NOTIFIED ME THAT THERE WAS A REPORT OF A STRAY ROUND STRIKING A SOLDIER AT THE VICTORY GYM. I IMMEDIATELY DEPARTED THE PMO. WHILE ENTERING MY PATROL VEHICLE, I RADIOED OTHER PATROLS TO REQUEST ADDITIONAL RESPONSE. PATROL 1-4 (b)(3), (b)(6) HAD JUST PULLED IN THE PARKING LOT WHEN I CALLED OUT, AND IMMEDIATELY TURNED AROUND AND EXITED THE PARKING LOT IN FRONT OF ME. UPON OUR ARRIVAL AT 1753, WE MADE ROOM FOR SOUTH VICTORY FIRE TO PULL THEIR ENGINE INTO THE PARKING LOT BEHIND US. AS 1-4 AND I APPROACHED THE SCENE, I OBSERVED (b)(3), (b)(6) THE SERGEANT OF THE GUARD, YELLING FOR MEDICS, AND I ASSURED HIM THAT FIRE WAS ALREADY ON SCENE. I OBSERVED A LARGE POOL OF BLOOD ON THE GROUND IN THE WALK-WAY INTO THE GYM, AND NUMEROUS PERSONNEL HUDDLED WITHIN THE MORTAR SHELTER ADJACENT THE WALK WAY. I OBSERVED (b)(3), (b)(6) ORDERING THE INDIVIDUALS TO REMAIN UNDER COVER. ROUNDING THE BARRIERS THAT COMPRISED THE WALK-WAY, I OBSERVED ANOTHER POOL OF BLOOD. IT APPEARED AS THOUGH THE VICTIM HAD BEEN MOVED FROM THE SPOT HE ORIGINALLY FELL, TO ANOTHER SPOT BEHIND COVER. I THEN OBSERVED A MALE LYING ON THE GROUND, AND SEVERAL INDIVIDUALS SURROUNDING HIM RENDERING MEDICAL AID. I OBSERVED PATROL 2-0 (b)(3), (b)(6) USING HIS FLASHLIGHT TO PROVIDE ADDITIONAL LIGHT TO THE MEDICS. PATROL 1-4, 1-0 (b)(3), (b)(6) AND I BEGAN TO HEAR SIRENS AND CLEARED TRAFFIC TO ALLOW THE AMBULANCE FROM GOLBY TMC TO ENTER THE SCENE. MEDICS FROM GOLBY TMC TRANSPORTED THE VICTIM TO GOLBY TMC VIA AMBULANCE. AS THE AMBULANCE WAS LEAVING, AN INDIVIDUAL APPROACHED ME AND ASKED IF I WAS WITH THE MILITARY POLICE. I REPLIED IN THE AFFIRMATIVE AND HE ASKED WHAT HE SHOULD DO WITH THE ROUND THAT STRUCK THE VICTIM. I INDICATED THAT IF THE ROUND WAS AVAILABLE, IT NEEDED TO BE TURNED OVER TO THE MPS. A MOMENT LATER, A DIFFERENT INDIVIDUAL APPROACHED ME AND ASKED IF I WAS AN MP. WHEN I INDICATED I WAS, HE STATED, "I WAS TOLD TO GIVE THIS TO YOU" AND THEN HE HANDED ME THE ROUND, WHICH I THEN SECURED INSIDE OF A PLASTIC FIELD DRESSING WRAPPER THAT HAD BEEN DISCARDED ON THE SCENE. PATROL 1-4 BEGAN INTERVIEWING (b)(3), (b)(6) SHE COLLECTED A FIELD INTERVIEW SHEET AND DA 2823 FROM

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	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.

EXHIBIT 2

1429-07

CAMP VICTORY PROVOST MARSHALS

STATEMENT OF (b)(3), (b)(6) TAKEN AT OFFIC DATED 2007/11/29

9. STATEMENT (Continued)

(b)(3), (b)(6) SHORTLY THEREAFTER I BEGAN CLEARING BYSTANDERS FROM THE SCENE. WHEREUPON AN INDIVIDUAL IDENTIFIED HIMSELF TO ME AS SPECIAL AGENT (b)(3), (b)(6) FROM CID. I SPOKE TO SMITH BRIEFLY AND GAVE HIM A SYNOPSIS OF THE EVENTS, AND THEN DIRECTED HIM TO THE PATROL SUPERVISOR, 1-0. I WAS THEN APPROACHED BY AN INDIVIDUAL WHO HANDED ME AN IDENTIFICATION TAG BELONGING TO THE VICTIM. I PLACED THE TAG INSIDE OF AN ADDITIONAL BANDAGE WRAPPER, AS IT WAS CONTAMINATED WITH THE VICTIM'S BODILY FLUIDS. I RETURNED TO MY PATROL VEHICLE AND PLACED THE WRAPPERS CONTAINING THE ROUND AND THE TAG INSIDE THE TRUNK OF MY VEHICLE FOR SAFEKEEPING. I RETURNED TO THE SCENE AND OBSERVED PATROL 1-4 COMPLETING HER INTERVIEW OF OLEVANO. I THEN SPOKE BRIEFLY WITH PATROL 1-0 WHO DIRECTED MYSELF AND PATROL 1-4 TO CLEAR THE SCENE AND RETURN TO THE PMO. I RETURNED TO THE PMO AND PLACED THE ROUND AND IDENTIFICATION TAG INTO EVIDENCE/PROPERTY BAGS AND RELEASED THEM TO THE DESK SERGEANT ON DUTY (SGT) (b)(3), (b)(6).///NOTHING FOLLOWS///

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, OR UNLAWFUL INFLUENCE.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me a person authorized by law to administer oaths, this 2 (b)(3), (b)(6) November, 2007 at CAMP VICTORY PROVOST MARSHALS OFFICE

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

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b)(3), (b)(6) SSG MILITAR

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ART 136(b)(4) UCMJ

(Authority To Administer Oaths)

EXHIBIT 2

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 pmo camp victory iraq 09342	2. DATE (YYYYMMDD) 2007/11/28 (b)(3), (b)(6)	3. TIME 1942 (b)(3), (b)(6)	4. FILE NUMBER 01429-2007
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS e-4/spc	
8. ORGANIZATION OR ADDRESS 506th mp det(I & O)			

9. I, (b)(3), (b)(6), (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH
 on 28 november 2007 I was dispatched to the golby tmc on camp victory. There i collected Field interview sheets on the attending physican, responding medics, victim, company commander, his first segerant, the victim was pronouced dead on arrival at the golby tmc by the attending physican, the responding medics on the scene were not involoved due to the victim being dead on thier arrival. *//end of statement//*
 (b)(3), (b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING 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.

EXHIBIT 2

STATEMENT OF (b)(3), (b)(6) TAKEN AT 1942 DATED 20071128

9. STATEMENT (Continued)

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 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) (Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of Nov 2007 at PMO camp (b)(3), (b)(6) Iraq 09542

(b)(3), (b)(6) (b)(3), (b)(6) (Administering Oath)

(b)(3), (b)(6) (Typed Name of Person Administering Oath)

AAT 136 (b)(4) VMS (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

EXHIBIT 2

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 Victory Base Complex, PMO	2. DATE (YYYYMMDD) 2007/11/29	3. TIME 1228	4. FILE NUMBER 01429-2007
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS E-4 MP	
8. ORGANIZATION OR ADDRESS 506th Military Police Detachment, Bldg. 25-C, Victory Base Complex, Iraq			

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

ON 28 NOVEMBER 2007, AROUND 1750 HRS, I WAS DRIVING DOWN LIGHTNING ROAD IN FRONT OF THE PMO (CP VICTORY) WHEN I HEARD ROUNDS GO OFF IN THE DISTANCE. THEY SEEMED RELATIVELY CLOSE. AS SOON AS I PULLED INTO THE PMO PARKING LOT I HEARD PATROL 11 SAY OVER THE RADIO THAT A SOLDIER HAD BEEN HIT OVER AT THE VICTORY GYM. I IMMEDIATELY TURNED AROUND AND TOLD THE DESK (VIA RADIO) THAT I WAS EN ROUTE. I ARRIVED APPROXIMATELY TWO MINUTES LATER. PATROL 11 WAS RIGHT BEHIND ME. I CALLED OUT ON SCENE AT 1751 HRS. FIRE WAS ALREADY ON SCENE. I MADE CONTACT WITH PATROL 10 (PATROL SUPERVISOR). UPON OBSERVING THE SCENE, I NOTICED A LARGE PUDDLE OF BLOOD AT THE ENTRANCE OF THE GYM (WHERE IDs ARE CHECKED). THERE WAS A TRAIL OF BLOOD AND THEN ANOTHER PUDDLE OF BLOOD. A LITTLE FARTHER DOWN (APPROXIMATELY 10 FEET FROM THE ENTRANCE) THERE WAS A SOLDIER LYING ON THE GROUND (TOBIASON, JOHN). THERE WERE SEVERAL INDIVIDUALS SURROUNDING SSG TOBIASON AND APPLYING FIRST AID. I MADE CONTACT WITH THE NCOIC OF THE GYM. (b)(3), (b)(6) SGT (b)(3), (b)(6) WAS THE FIRST RESPONDER WHO APPLIED IMMEDIATE MEDICAL AID TO SSG TOBIASON. I INFORMED HIM THAT I WAS GOING TO NEED A SMALL AMOUNT OF INFORMATION FROM HIM AS SOON AS THE SCENE HAD CLEARED. MEDICAL AID HAD STILL NOT ARRIVED. I THEN NOTICED AN M16A2 RIFLE LYING UNATTENDED ON SCENE. IT HAD A LARGE AMOUNT OF BLOOD ON IT. IT WAS IDENTIFIED AS THE VICTIMS. I HANDED IT TO AN E-5 (SGT) WHO WAS GOING TO BE RIDING IN THE AMBULANCE WITH SSG TOBIASON. SSG (b)(3), (b)(6) SGT (b)(3), (b)(6) AND I MOMENTARILY CLEARED TRAFFIC ON ECHO VALLEY ROAD FOR THE AMBULANCE TO GET THROUGH. THE AMBULANCE ARRIVED AT 1806 HRS. SSG TOBIASON AND OTHER INDIVIDUALS LEFT IN THE AMBULANCE. AGAIN, I MADE CONTACT WITH SGT (b)(3), (b)(6) I FILLED OUT A FIELD INTERVIEW WORKSHEET FOR HIM AND ALSO GOT A SWORN STATEMENT (DA FORM 2823) FROM HIM. I CLEARED THE SCENE AT 1824 HRS. ///END OF STATEMENT///

10. EXHIBIT	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 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.

EXHIBIT 2

01429.2007

STATEMENT OF (b)(3), (b)(6)

TAKEN AT 1228

DATED 2007/11/29

9. STATEMENT (Continued)

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 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)

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, (b)(3), (b)(6) (authorized by law to administer oaths, this 29th (b)(3), (b)(6) November, 2007

at Victory Base Complex (b)(3), (b)(6)

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

(b)(3), (b)(6) (Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Art. 136 (b) (4) UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

EXHIBIT 2

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 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

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

On 28 Nov 2007 at approx 1745 I was on GYM Guard at victory GYM as shift NCOIC when small arms fire came in from a south east direction and struck a soldier in ACU'S at the check point in the chest. He fell to the ground and I started first aid. I called in on the radio to BDOC for medical support and we dragged the soldier to cover. Medic's from inside the GYM came out and took over medical aid and I secured the area.

10. EXHIBIT 11. INITIALS OF (b)(3), (b)(6) ON MAKING STATEMENT PAGE 1 OF 2 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 BE INDICATED.

EXHIBIT 2

STATEMENT OF _____

TAKEN AT

20071128

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

DATED

1820

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

9. STATEMENT (Continued)

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

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 _____. 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 IN _____ (b)(3), (b)(6)

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of NOV, 2007 at VBC, FRAO OSS (b)(3), (b)(6)

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Art 156 (u/b) vamt
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 3



DEPARTMENT OF THE ARMY
Multi-National Corps - Iraq
Law Enforcement Ballistic (GS) Forensics Laboratory
Camp Victory, Iraq
APO AE 09342

FICI-PMO

30 November 2007

MEMORANDUM THRU

LABORATORY COORDINATOR, MNC-I LAW ENFORCEMENT FORENSICS
LABORATORY (GS), CAMP VICTORY, IRAQ, APO AE 09342
PROVOST MARSHAL, MNC-I, CAMP VICTORY, IRAQ, APO AE 09342

FOR: SFC (b)(3), (b)(6) 506 MP Det. (L&O), VBC, Iraq, APO AE 09342

SUBJECT: Firearms - Final Report
MNC-I Case Number 2007-0471
Submitter Case Number: MPR 01429-2007-MPC419

EXHIBITS:

1 - One fired jacketed bullet. (Doc #612-07)

BACKGROUND:

Evidence collected from an SAF incident.

FINDINGS:

1. Examination of Exhibit 1 disclosed it to be consistent with a 12.7x108mm caliber (Ball) bullet fired from a firearm rifled with eight grooves, right twist. The most common firearms with similar rifling include the Degtyarev (DShK-38) heavy machine gun. Exhibit 1 will be retained in the Open Case File for future comparisons.
2. One original report has been produced. This report was completed at or near the time of the examination(s) and prepared in the ordinary course of business by the undersigned. The report was generated as a regular practice of the Multi-National Corp - Iraq Law Enforcement Ballistic (GS) Forensics Laboratory. Point of contact is the undersigned, DSN

(b)(6)

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

Firearm & Toolmark Examiner

EXHIBIT 3



DEPARTMENT OF THE ARMY
Multi-National Corps - Iraq
Law Enforcement Ballistic (GS) Forensics Laboratory
Camp Victory, Iraq
APO AE 09342

FICI-PMO

1 December 2007

MEMORANDUM THRU

LABORATORY COORDINATOR, MNC-I LAW ENFORCEMENT FORENSICS
LABORATORY (GS), CAMP VICTORY, IRAQ, APO AE 09342
PROVOST MARSHAL, MNC-I, CAMP VICTORY, IRAQ, APO AE 09342

FOR SFC (b)(3), (b)(6), 506 MP Det. (L&O), VBC, Iraq APO AE 09342

SUBJECT: Firearms - Final Report
MNC-I Case Number: 2007-0475
Submitter Case Number: None listed

EXHIBITS (all under Doc 618-07):

1 - Two fired jacketed bullets

BACKGROUND:

The above exhibit was recovered from JVB building 56.

FINDINGS:

1. Examination of Exhibit 1 revealed it to be consistent with being 12.7 X 108mm caliber bullets fired from a barrel having eight lands and grooves with a right twist. It was determined that the two jacketed bullets were fired from the same firearm. The most common firearms with similar rifling include the Degtyarev (DShK-38) heavy machine gun.
2. Exhibit 1 was compared to the Open Case File and it was determined that the 12.7 X 108mm bullet from MNC-I case number 2007-0471 (Submitter case number MPR 01429-2007-MPC419) was fired from the same firearm as Exhibit 1. Exhibit 1 will be retained in the Open Case File for future comparisons.
3. An original report has been produced. This report was completed at or near the time of the forensic examination(s) and

FICI-PMO

SUBJECT: Firearms - Final Report
MNC-I Case Number 2007-0475
Submitter Case Number: None listed

prepared in the ordinary course of business by the undersigned. This report was made by the regularly conducted activity as a regular practice of the Multi-National Corps-Iraq Law Enforcement Ballistic (GS) Forensics Laboratory. Point of contact is the undersigned, DSN [REDACTED] (b)(6)

[REDACTED] (b)(3), (b)(6)

Forensic Firearms Examiner

EXHIBIT 3



DEPARTMENT OF THE ARMY
Multi-National Corps - Iraq
Law Enforcement Ballistic (GS) Forensics Laboratory
Camp Victory, Iraq
APO AE 09342

FICI-PMO

1 December 2007

MEMORANDUM THRU

LABORATORY COORDINATOR, MNC-I LAW ENFORCEMENT FORENSICS
LABORATORY (GS), CAMP VICTORY, IRAQ, APO AE 09342
PROVOST MARSHAL, MNC-I, CAMP VICTORY, IRAQ, APO AE 09342

FOR SPC (b)(3), (b)(6), 506th MP det., VBC, Iraq APO AE 09342

SUBJECT: Firearms - Final Report
MNC-I Case Number: 2007-0474
Submitter Case Number: None listed

EXHIBITS (all under Doc 617-07):

1 - One fired jacketed bullet

BACKGROUND:

The above exhibit was recovered from a SAF incident.

FINDINGS:

1. Examination of Exhibit 1 revealed that it is consistent with being 7.62 X 54R caliber bullet fired from a barrel having four lands and grooves with a right twist. Common firearms having this rifling are the SVD (Dragunov) style rifles and the PKM general purpose machine gun. Exhibit 1 was compared against the Open Case File with no matches found. Exhibit 1 will be retained in the Open Case File for future comparison.

2. An original report has been produced. This report was completed at or near the time of the forensic examination(s) and prepared in the ordinary course of business by the undersigned. This report was made by the regularly conducted activity as a regular practice of the Multi-National Corps-Iraq Law Enforcement Ballistic (GS) Forensics Laboratory. Point of

FICI-PMO

SUBJECT: Firearms - Final Report
MNC-I Case Number 2007-0474
Submitter Case Number: None listed

contact is the undersigned, DSN [REDACTED] (b)(6)

[REDACTED]
(b)(3), (b)(6)

Forensic Firearms Examiner

EXHIBIT 4

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 <i>Camp Victory Ilog</i>	2. DATE (YYYYMMDD) <i>2007 11 29</i>	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME <i>(b)(3), (b)(6)</i>	6. SSN <i>(b)(3), (b)(6)</i>	7. GRADE/STATUS <i>ES/AA</i>	
8. ORGANIZATION OR ADDRESS			

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

(b)(3), (b)(6) On 28 Nov at approx 1730-1735 we heard a fire fight Breakout to the southeast of our point. we heard continuous fire from that direction for about 25 mins. Around 1745 we heard rounds pass by our point and ricochet off the walls around us. Less than a minute later rounds were still passing when a soldier let out a moan and collapsed. I ran over to administer first aid and yelled for people to get in the bunker. I called for a medic and again had to tell people to seek cover in the bunker. Many people stood around, more concerned with what was going on than personal safety.

Nothing follows

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

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT <i>(b)(3), (b)(6)</i>	PAGE 1 OF <i>2</i> PAGES
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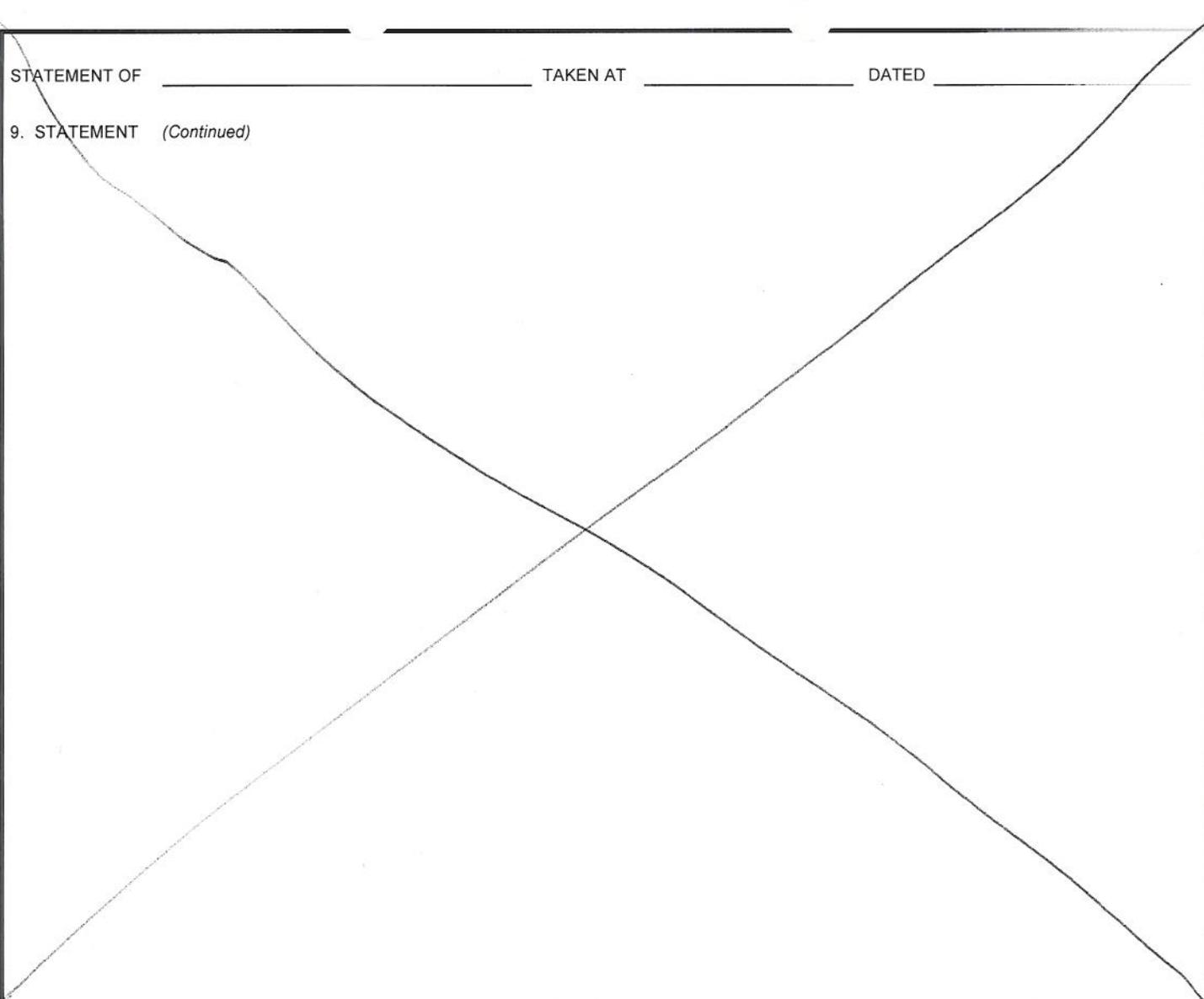
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

EXHIBIT 4

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)



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, OR UNLAWFUL INDUCEMENT.

(b)(3), (b)(6)
(Signature of (b)(3), (b)(6) Agent)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25th day of November, 2007 at Camp Victory Iraq

(b)(3), (b)(6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b)(3), (b)(6)

PAGE 2 OF 2 PAGES

EXHIBIT 4

EXHIBIT 5

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	2. DATE (YYYYMMDD) 2007/11/30	3. TIME 1130	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 HHC 58TH IBCT , CAMP VICTORY, APO AE 09342			

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

On Wednesday, November 28, 2007 approximately 1740hr, I was at the gym on Camp Victory. Approximately 10 minutes after starting my workout, I heard yelling for medic at the front entrance of the gym. I ran to the entrance and immediately had to take cover as rounds were impacting the T-walls around me. I saw a fallen soldier on the ground. near the entrance and tried to move him into cover with the assistance of one other person. I quickly assessed his condition and found an entrance wound on his chest with the exit wound on his back. I immediately started medical treatment and sent a nearby soldier to call for an ambulance. There were about 3 other medics/CLS trained personal assisting me. While waiting for the ambulance, the fallen soldier went into cardiac arrest and we immediately started CPR on the soldier. I continued CPR on the soldier for approximately 10 minutes until the ambulance arrived and the patient was loaded for transport.

nothing follows

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

10. EXHIBIT <i>N/A</i>	11. INITIALS OF PERSON MAKING STATEMENT (b)(3), (b)(6)	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 INDICATED.

EXHIBIT 5

9. STATEMENT (Continued)

[Large area crossed out with a large X, indicating redacted content]

(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 OR UNLAWFUL INDUCEMENT (b)(3), (b)(6)

(b)(3), (b)(6)
(b)(3), (b)(6) (Signature of Person Making Statement)

WITNESSES:

(b)(3), (b)(6)
(b)(3), (b)(6) SSG, Legal NCO
58th BCT
Trailer #11ATZ, APO AE 09342
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December, 2007 at Camp Victory, Baghdad, Iraq (b)(3), (b)(6)
(b)(3), (b)(6)
(b)(3), (b)(6) (Signature of Person Administering Oath)

(b)(3), (b)(6) CPT, JA
(Typed Name of Person Administering Oath)
Art. 136 (a)(5), UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
(b)(3), (b)(6)

EXHIBIT 5

EXHIBIT 6

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 <i>WSLLC South Victory</i>	2. DATE (YYYYMMDD) <i>2007-12-01</i>	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME <i>(b)(3), (b)(6)</i>	6. SSN <i>(b)(3), (b)(6)</i>	7. GRADE/STATUS <i>Civilian Firefighter</i>	
8. ORGANIZATION OR ADDRESS			

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

While at the Fire station # 2 we were notified by our dispatch that a soldier was down at the MWR. Eng 611 got in Route to the MWR. Upon arrival at the scene we noticed a soldier lying on the ground and several people around the soldier. As ^{(3), (b)} I ^{WE} walked closer we noticed a couple of female soldiers performing CPR, One of the soldiers performing CPR announced that she was a medic, she was the one performing ^{(3), (b)} chest ^{compression} Engine 611 assisted her and others helping her with more medical assistance until the paramedics arrived. KBR paramedics transported the soldier to the TMC. After that, Eng 611 assisted in the clean up of the area. Once the area was clean Eng 611 left the scene to resupply water. Once water supply in the truck was full, Eng 611 was back in route to station # 2.

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

EXHIBIT 6a.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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

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

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

(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, OR UNLAWFUL INDUCEMENT. (b)(3), (b)(6)

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December, 2007 at Camp Victory Iraq

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)

Investigating officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
(b)(3), (b)(6)

EXHIBIT 6a

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 WSLIC South Victory	2. DATE (YYYYMMDD) 20071201	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 Civilian Fire Fighter	
8. ORGANIZATION OR ADDRESS			

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

On Wednesday, Nov. 28th, I was working dispatch when I received a phone call, stating that a man was injured at building 24B, from the result of a gun shot wound. I then notified my crew members of the incident and dispatched them to the scene. The TMC had already been notified, therefore, ~~were already~~ (b)(3), (b)(6) I did not have to dispatch their units to the scene. Engine 611 arrived on scene at 1750 and Captain (b)(3), (b)(6) assumed command. At 1805 all dispatch duties were transferred to Fire Fighter (b)(3), (b)(6) because of my obligations at another site.

Nothing Follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 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.

EXHIBIT 6b

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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

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

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

(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, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December, 2007 at Camp Liberty Fox

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigating Officer

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

EXHIBIT 6b

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 <i>Camp Victory WSLC F.O.</i>	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME <i>(b)(3), (b)(6)</i>	6. SSN <i>(b)(3), (b)(6)</i>	7. GRADE/STATUS <i>CJW / Firefighter</i>	
8. ORGANIZATION OR ADDRESS			

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

I was in the fire station we got a call that said we had a man down from a gunshot at the gym around 1751. Responded to the call got on scene + ^{provided} ~~assisted~~ help to medics already on scene doing CPR & first aid the ambulance arrive at 1805 & transported the patient a short time later E611 helped with wash down cleared the scene ^{(b)(3), (b)(6)} 1913

nothing follows

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

EXHIBIT 6c

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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

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

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

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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

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

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

(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 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 UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December, 2007 at Camp Roberts Iraq

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigating Officer

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

EXHIBIT 6C

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 <i>WSLLC SOUTH VICTORY FIRE</i>	2. DATE (YYYYMMDD) <i>2007-12-01</i>	3. TIME <i>1311</i>	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME <i>(b)(3), (b)(6)</i>	6. SSN <i>(b)(3), (b)(6)</i>	7. GRADE/STATUS <i>CIVILIAN / FIREFIGHTER</i>	
8. ORGANIZATION OR ADDRESS			

9. I, *(b)(3), (b)(6)*, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
E-611 WAS DISPATCHED TO A GSA @ THE GYM, SOLDIER DOWN. THE CALL CAME OUT DURING A FIREFIGHT TO THE SOUTHEAST. E-611 RESPONDED, I DONNED MY BODY ARMOR ENROUTE. WHEN WE ARRIVED ON SCENE THERE WERE APPROXIMATELY 7+ PEOPLE AROUND THE SOLDIER, HE WAS MOVED TO A SHELTERED AREA. THERE WAS LIMITED VISIBILITY, CPR WAS BEING ADMINISTERED. I KNELT DOWN TO ASSIST ROLLING THE BODY TO BANDAGE THE WOUND FROM THE BACK. TWO SOLDIERS WERE IDENTIFIED AS MEDICS. CPR WAS RESUMED UNTIL A BACKBOARD WAS AVAILABLE TO MOVE THE SOLDIER. I ASSISTED IN MOVING AND SECURING HIM TO THE BOARD WHILE AED PADS WERE PUT ON AND AN IV WAS ATTEMPTED. AN OCCLUSIVE DRESSING WAS APPLIED AND THEN A STRETCHER ARRIVED FROM A KBR AMBULANCE. WE LIFTED THE BACKBOARD TO THE STRETCHER AND ROLLED. THE AMBULANCE LEFT IMMEDIATELY. WE THEN ASSISTED WITH CLEAN-UP AND WASH DOWN.

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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

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

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

(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, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of December, 2007 at Camp Liberty Iraq

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigating officer
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

EXHIBIT 6d

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 Camp Victory Iraq	2. DATE (YYYYMMDD) 20071201	3. TIME 1345	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS Civ/FF	
8. ORGANIZATION OR ADDRESS WSLLC South Victory FIRE-DEPT			

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 28 Nov 07 at 1751 my dispatcher notified us of call at the MWR/Gym for someone shot. I asked the dispatcher to call the TMC, he said they were contacted by the MPs. We arrived on scene. I found the patient on the ground with several people around him giving 1st Aid. The MPs asked all non essential personell to clear away. I assisted at least 4 other soldiers w/ first aid and CPR. The patient had a gun shot wound in his left chest, clear thru his back. The wounds were covered and direct pressure was applied. CPR was started and I noticed bubbling from his chest wound. A back board was brought up. An AED was applied but no shocks were attempted. The patient was placed on a back board for transport. The ambulance arrived at 1805. The patient was moved from the ground by back board to a folding stretcher and placed in the KBR ambulance. At 18:08 the KBR Ambulance transported the patient to the TMC. The fire department stayed and helped clean up medical supplies and wash down the area. We cleared the scene at 19:02 hrs.

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.

EXHIBIT 6e

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

~~_____~~

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

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

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

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

EXHIBIT 6e

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[Redacted statement area with large X and four (b)(3), (b)(6) boxes]

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 _____. 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 _____ (b)(3), (b)(6)

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1 day of Dec, 2007 at Camp Victory

(b)(3), (b)(6)
(Signature of Person Administering Oath)

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)
Army Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT PAGE OF PAGES

EXHIBIT 6e

EXHIBIT 7

FIRE AND EMERGENCY SERVICES STANDARD INCIDENT REPORT

29 oct 06

Revision #1

SOP 4A

Site:	F01
Date of Incident:	28-Nov-07
Incident Number#	F01 CY04 0078
Ambient Temp: °F	54
Emergency/Non-Emergency	Emergency

Report Type
 Draft Report
 Final Report of Fire

Installation F1 South Victory	Location of Incident S. Victory MWR	Building Number 24B
Fire / Non-Fire Non-Fire	Apartment Number N/A	Occupancy Involved Assembly
Method of Alarm DSN	Incident Category Other	Type of Incident Medical Investigation
Occupants used Extinguishers N/A	Number of Extinguishers used 0	Electrical Incident Type N/A
Cause Hostile Action	Call Received 17:51	Call Dispatched 17:51
Units Responded (Time) 17:51	On Scene 17:52	Incident Stabilized 18:08
Termination Time 19:02	Cleared Scene 19:02	Response Time 0:01

Army Loss Fire Related \$0	Army Loss Non-Fire Related \$0	Army Exposed Value \$0
Non-Army Loss Fire Related \$0	Non Army Loss Non-Fire Related \$0	Non-Army Exposed Value \$0
Vehicle Type N/A	Aircraft N/A	

Mutual Aid Received (Yes/No) No	Responding Fire Department F1 South Victory	
	Responding Units Engine 611	
Mutual Aid Units	Responding Units	

EXHIBIT 7

FIRE AND EMERGENCY SERVICES STANDARD INCIDENT REPORT

29 oct 06

Revision #1

SOP 4A

Site: **F01**
 Date of Incident: **28-Nov-07**
 Incident Number#: **F01_CY04_0078**

INJURIES / FATALITIES

Military

Number of Injuries 1	Number of Fatalities 1	Person Rescued by Fire Department N/A
Age of Victim Unknown	Sex of Victim Male	Rank Unknown
Type of Injury Gun Shot Wound		

Civilian

Number of Injuries 0	Number of Fatalities 0	Person Rescued by Fire Department N/A
Age of Victim 0	Sex of Victim Female	Type of Injury N/A

Firefighter

Firefighter Injured N/A	I & I Form Completed N/A
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Alarm System

Alarm System Provided N/A	Type of System N/A	Alarm System First Indicator of Fire N/A
Operated at Fire N/A	Alarm System Connected to FACC N/A	

NARRATIVE

17:51 South victory dispatch received a call for a man down at the MWR from a gun shot wound as a result of indirect fire. 17:51 TMC had been notified. 17:52 E611 is on scene, CPT (b)(3), (b)(6) in command. Arrived to find a soldier on the ground wounded from a gun shot, left chest and thru the body. E611 crew worked with combat medics already on scene to provide first aid and CPR. The patient was placed on a back-board and made ready for transport. 18:05 KBR medic arrived. 18:08 KBR medic transported the patient to the TMC. 18:15 Engine 611 crew assisted with clean up and wash down of area. 19:02 E611 cleared the scene, command terminated and went to resupply water. 19:17 E611 was back in full service.

EXHIBIT 7

FIRE AND EMERGENCY SERVICES STANDARD INCIDENT REPORT

29 oct 06

Revision #1

SOP 4A

Site:	F01
Date of Incident:	28-Nov-07
Incident Number#	F01 CY04 0078

Distribution List

KBR Safety Office
Chief, Fire and Emergency Services
Fire Alarm Communication Center

Fire Control Operator On Duty

FF (b)(3), (b)(6)
Name

Assistant Chief on Duty

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

Fire Chief

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

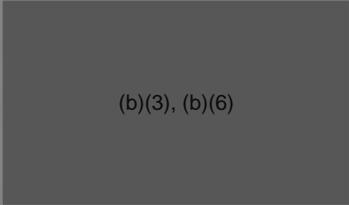


EXHIBIT 7

EXHIBIT 8

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 KBR FI Medical	2. DATE (YYYYMMDD) 20071202	3. TIME 1300	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS CIV	
8. ORGANIZATION OR ADDRESS KBR FI APO AE 09344			

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 See attached statement.
 NOTHING FOLLOWS

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.

EXHIBIT 8

Statement of [redacted] taken
at 1300 on 2 December 2007. [redacted]

November 28, 2007

RE: DOA

At approximately 17:59, I was called in the clinic by F1 Operations for a person hit by a stray round at the MWR Gym. I immediately called my supervisor for notification and was enroute to the Gym.

Upon arrival to the scene, I found Fire Department with multiple civilians and military personnel surrounding area. Upon arrival to the patient, pt was lying supine on backboard without a c-collar, a military female performing chest compressions, and a male military personnel attempting an external jugular IV (unsuccessful); there were multiple military personnel kneeling down on the ground around the patient. NRB on was on the patient. Patient had defibrillation pads on chest, shirt off, nasal airway inserted in nose, oral airway inserted in his mouth, entrance wound to left chest area with gauze packed inside; unable to visualize exit wound but pt had tape around chest and abdominal area also. +Vomitus from pt's nasal and oral orifices. A male military personnel handed me a bag of fluids asking me to spike the bag. I spiked the bag and handed it back to him. There was total kiosk, so I told them, "Let's get the patient loaded onto the stretcher and in the ambulance". Multiple military personnel along with F1 personnel [redacted] assisted in getting patient loaded in ambulance via backboard and stretcher with straps.

I invited military personnel in back of the ambulance with me and no one answered and they walked away. I closed the doors and continued CPR. Patient transported to TMC with +chest compressions enroute without incident. Pupils are fixed and dilated without a pulse or respirations.

Upon arrival to the TMC and the doors were opened by a military medical personnel, I continued CPR and asked for a physician onboard to, "make the call". LTC boarded the ambulance, I stopped CPR and she listened for breath sounds, and accessed the wound. She stated, "He is gone but let's get him inside". We unloaded the patient and rolled him into the TMC emergency area and a cardiac monitor was applied without a rhythm. No pulse confirmed by TMC physician; he asked me to confirm no pulse; I did confirm pt had no pulse. Pupils are fixed and dilated. The call was made by TMC physician.

Pt's room keys were handed to me onscene. Golby TMC informed me of the identity of the patient's unit representative and I handed him the patient's keys.

[redacted]
399666
F1 KBR Paramedic

End of statement

[redacted] 2 Dec 2007

COUBIT R

9. STATEMENT (Continued)

[Redacted Statement Content]

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 (b)(3), (b)(6) IN, AND WITHOUT INDUCEMENT

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2nd day of December 2007 at Camp Roberts, Ill

(b)(3), (b)(6)
(Signature of Person Administering Oath)

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)

Investigating officer
(Authority To Administer Oath)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 8

EXHIBIT 9

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 South Victory Gym	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS KBR			

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

On the evening of 28Nov07, I (b)(3), (b)(6) was standing at the front entrance to the Victory South Gym talking to the two guards, SFC Tobiason was standing on the north side of the Guards and I was on the south side of the guards. We heard small arms fire to the east and slightly north. The next thing we were taking incoming all around us, with rounds skipping across the concrete and bouncing off of the concrete barriers around us. I Ducted behind the barrier and the guards hit the ground. I saw SFC Tobiason standing and heard him let out a soft moan and fall onto his back. I yelled are you hit and heard nothing. I saw the guard SGT (b)(3), (b)(6) crawl toward SFC Tobiason to help him. I yelled you got him I'm going for the phone. Small arms fire was still hitting around us this entire time. I ran in the front door and called the emergency number (b)(6) and told them we had a man down at the front entrance to the Gym with a gunshot wound and needed a ambulance ASAP, they said yes and I said are you sending an ambulance confirm and they said yes again and I hung up the phone. I yelled to my coordinator (b)(3), (b)(6) to radio KBR operations and I ran into the Gym and yelled very loud for a medic or doctor for assistance. Many people came running the first to follow me out the door was SGT (b)(3), (b)(6). I lead them to SFC Tobiason where SGT (b)(3), (b)(6) was administering first aid. SFC Tobiason had been moved several feet south allowing for some protection behind the wall since small arms fire could still be heard with some still hitting around us. I let the medics do their job and pushed everyone back inside of the Gym and had my staff keep them inside where there was less danger from small arms fire and they would stay out of the way of the medics who were administrating first aid to SFC Tobiason. During this time Amy Amy SEW, from behind the counter handed a triage kit I had put together on my own to one of the medics assisting outside. The phone rang and I spoke to KBR operations and updated them, then returning the phone to the military personal using the phone to keep the military informed of the situation. Myself along with General Cordon and others waited by the door until SFC Tobiason was taken away. We blocked off the area allowing people to exit only through the back door until hours later when KBR Hazmat had finished cleaning up the entrance to the Gym and gave an all clear to reopen the front entrance to the Gym.

I would like to add that SGT (b)(3), (b)(6) did not hesitate for a second and because he didn't I could get help from the inside and make the call immediately. Also when asking for assistance SGT (b)(3), (b)(6) came at a full run to assist in the situation. I can't see any way to improve on these two soldiers actions.

Nothing Follows

10. EXHIBIT	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 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)

[The main body of the statement is crossed out with a large 'X' and contains four redacted areas labeled (b)(3), (b)(6).]

AFFIDAVIT

I, (b)(3), (b)(6) (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 (b)(3), (b)(6) INDUCEMENT (b)(3), (b)(6)

(b)(3), (b)(6)
(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2nd day of December, 2007 at Camp Victory Inn

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Signature of Person Administering Oath)
(b)(3), (b)(6)
(Typed Name of Person Administering Oath)
Investigative Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 9

EXHIBIT 10

Page 122 redacted for the following reason:

(b)(1)1.4a, (b)(1)1.4c

EXHIBIT 11

MND-B SIR FORMAT

From: 164 EN BN

Thru: VBC BDOC

To: 151 RSG / Division Operation Center

Subject: SAF

1. Category: SAF
2. Type of incident: SAF ENGAGEMENT
3. DTG: 282000NOV07
 - A. DTG of incident: 281745NOV07
 - B. DTG unit was notified of incident: 071747NOV07
 - C. DTG received by DOC:
4. Location: (b)(2)High ZONE 36S
 - A. Subject: SAF ENGAGEMENT
 - B. Personnel involved: T122-Ugandan
 - C. Summary of incident:

SUMMARY:

On 281747NOV07, ADOC was notified of SAF engagement at T122. T122 reported 3 rounds impacting the tower and PID muzzle flash of 10x150m (b)(2)High. T122 returned fire; (b)(2)High (b)(2)High No damage or injuries reported. NFTR.

6. Other Information:

Remarks:

7. Commander reporting:
8. Point of contact: Battle Captain VOIP (b)(6)
9. Report originated by: Battle Captain VOIP (b)(6)
10. Released by: BN S3, VOIP (b)(6)
11. Unit Notifications:

Position Name Time Instructions

FOD / DOC NCO ONLY:

Current FOD & DOC NCOIC:

FOD / DOC NCO Actions:

FOD Notifications:

A. Telephone

Position Name Time Instructions

B. Email

Position Name Time Instructions

071128 SIR Tower Engagement (45 Rounds PKM T-83, 12 Rounds PKM T-84) ZONE 5NW,
HHC Task Force Vigilant, VBC BDOC (FINAL)

MND-B SIR FORMAT

From: Task Force Vigilant

Thru: VBC BDOC

To: 1CD / Division Operation Center

Subject: Tower Engagement

1. Category: Tower Engagement
2. Type of incident: Tower Engagement

3. DTG:

- A. DTG of incident: 281750NOV07 T-83 (approximate)
- B. DTG of incident: 281810NOV07 T-84 (approximate)
- C. DTG unit was notified of incident: 281810NOV07
- D. DTG received by DOC:

4. Location: (b)(2)high

5. Personnel involved: EODT, TF Vigilant

A. Subject: Tower Engagement

B: Additional Personnel Involved

C. Summary of incident:

SUMMARY:

On 28 November 2007 Tower 83 at 120 degrees and Tower 84 received SAF IVO Al Furat.
EODT Personnel achieved PID and reengaged; (b)(2)High

(b)(2)High

6. Other Information:

A. Racial: N/A

EXHIBIT 11

- B. Alcohol Involvement: N/A
- C. Last Deployment to OIF/OEF: N/A
- D. Is Soldier on Rear "D"? N/A

7. Remarks: NONE

8. Commander reporting: CPT (b)(6)(b)(3), HHC, TFV (b)(6)

9. Point of contact: EODT (b)(3), (b)(6), 2LT (b)(6)(b)(3), Battle Captain VOIP (b)(6)

10. Report originated by: EODT (b)(3), (b)(6), 2LT (b)(6)(b)(3), Battle Captain VOIP (b)(6)

11. Released by: MAJ (b)(3), (b)(6) BN Operations Officer, VOIP (b)(6)

12. Unit Notifications:

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
-----------------	-------------	-------------	---------------------

FOD / DOC NCO ONLY:

Current FOD & DOC NCOIC:

FOD / DOC NCO Actions:

FOD Notifications:

A. Telephone

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
-----------------	-------------	-------------	---------------------

B. Email

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
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MND-B SIGACT 2 (281854)
(CCIR#1)

MND-B EVENT 24 (281853)

UNIT: BDOC

WHO: TF VIGILANT, 151 RSG BDOC

WHAT: SAF

WHEN: 281750NOV07

SECT: UNK

WHERE: (b)(2)high

KIA: 1 X US UPPER LEFT CHEST WOUND (NBD)

WIA: NONE

1750: VICTORY GYM GUARD REPORTS 1 X WIA (US) AT GYM UPPER LEFT CHEST WOUND. CALLED FIRE/ADOC. MEDICS/POLICE ON SCENE TREATING WIA.

SOLDIER TRANSPORTED TO GOLBI CLINIC. SOLDIER KIA AT CLINIC

1825: GYM GAURD REPORTS ALL UNITS CLEARED . CM. SIR TO FOLLOW.

1850: BDOC GETS NOTIFICATION THAT SOLDIER WIA AT GYM IS KIA

NOTE: THIS EVENT IS RELATED TO SAF EVENT IN COA FURAT MND-B EVENT 25(281918). THE BDOC RECEIVED MULTIPLE CALLS AND REPORTS OF ROUNDS IMPACTING THE FOB. THE ROUNDS STRIKING THE BASE WERE CONSISTANT WITH THE ROUNDS BEING FIRED FROM COA FURAT.

SUMMARY:

1 X SAF
1 X US KIA
0 X DMG

////CLOSED////

EXHIBIT 11

MND-B SIR FORMAT

From: 164 EN BN

Thru: VBC BDOC

To: 151 RSG / Division Operation Center

Subject: SAF

1. Category: SAF
2. Type of incident: SAF ENGAGEMENT
3. DTG: 282040NOV07
 - A. DTG of incident: 281752NOV07
 - B. DTG unit was notified of incident: 281754NOV07
 - C. DTG received by DOC:

4. Location: (b)(2)high ZONE 36S

- A. Subject: SAF
- B. Personnel involved: T108
- C. Summary of incident:

SUMMARY:

On 281754NOV07, Slayer ADOC was notified of SAF engagement at T108. T108 reported 1 round impacting the tower and had PID of muzzle flash (b)(2)High T108 returned fire with (b)(2)High 108 also reports observing their rounds impacting ground in vicinity of PID. No damage or injuries reported. NFTR.

6. Other Information:

Remarks:

7. Commander reporting:
8. Point of contact: Battle Captain VOIP (b)(6)
9. Report originated by: Battle Captain VOIP (b)(6)
10. Released by: BN S3, VOIP (b)(6)

11. Unit Notifications:

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
-----------------	-------------	-------------	---------------------

FOD / DOC NCO ONLY:

Current FOD & DOC NCOIC:

FOD / DOC NCO Actions:

FOD Notifications:

A. Telephone

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
-----------------	-------------	-------------	---------------------

B. Email

<u>Position</u>	<u>Name</u>	<u>Time</u>	<u>Instructions</u>
-----------------	-------------	-------------	---------------------

EXHIBIT 12

STATEMENT OF (b)(3), (b)(6) TAKEN AT COP Battle, Baghdad DATED 2007/11/30

9. STATEMENT (Continued)

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

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 OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

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

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

B Company, 1st Battalion 28th Infantry

ORGANIZATION OR ADDRESS

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

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

B Company, 1st Battalion 28th Infantry

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of November, 2007

COP Battle

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigative Officer

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

STATEMENT OF (b)(6)(b)(3) TAKEN AT 2338 (b)(6)(b)(3) DATED 2007/11/28 (b)(6)(b)(3)

9. STATEMENT (Continued)
NOTHING FOLLOWS

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

AFFIDAVIT

I, (b)(6)(b)(3), 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, (b)(3), (b)(6) OR (b)(6) INDUCEMENT.

(b)(3), (b)(6)
(b)(3), (b)(6)
(b)(3), (b)(6) (Signature of Person Making Statement)

WITNESSES:

(b)(6)(b)(3)
SFC (b)(6)(b)(3)
B Company, 1st Battalion, 28th Infantry Regiment
ORGANIZATION OR ADDRESS
(b)(6)(b)(3)
1LT (b)(6)(b)(3)
B Company, 1st Battalion, 28th Infantry Regiment
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28 day of November, 2007 at COP Battle, Baghdad, Iraq

(b)(6)(b)(3)
(Signature of Person Administering Oath)

CPT (b)(6)(b)(3)
(Typed Name of Person Administering Oath)

ART 136 (b) (4) UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

EXHIBIT 12b

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG.

PRIVACY ACT STATEMENT

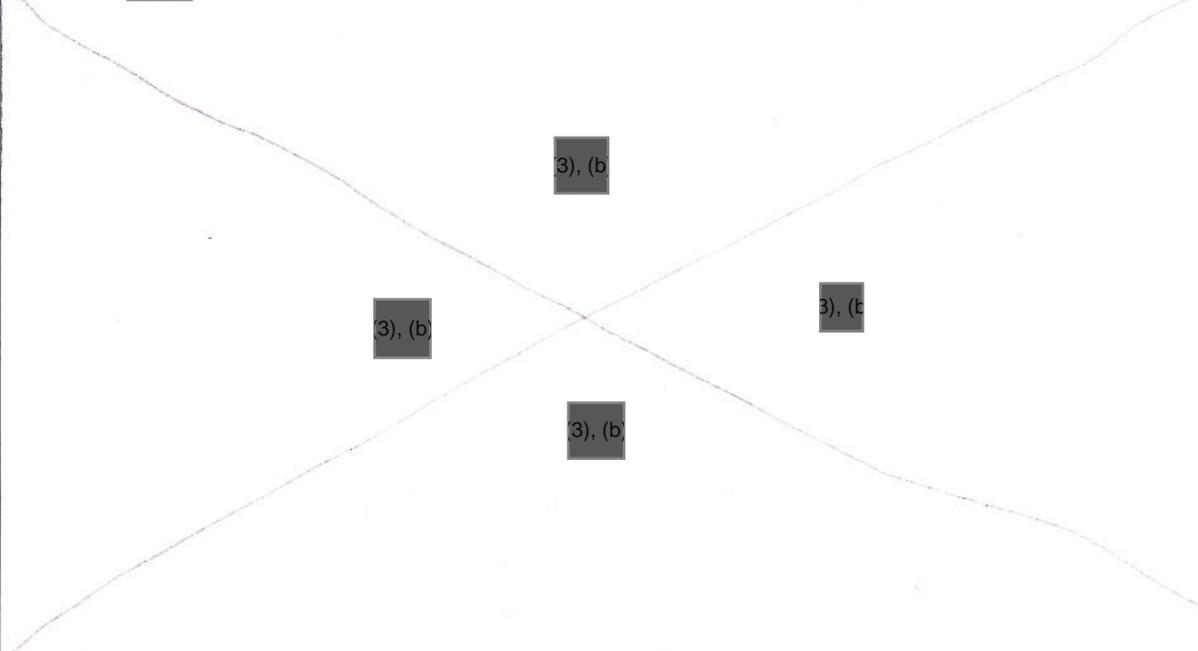
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: COP BATTLE, BAGHDAD, IRAQ
2. DATE (YYYYMMDD): 2007/11/30
3. TIME: 2235
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6)(b)(3)
6. SSN: (b)(6)(b)(3)
7. GRADE/STATUS: E-7/ AD

8. ORGANIZATION OR ADDRESS: B Company, 1st Battalion, 28th Infantry Regiment, 4IBCT, 1st ID, MND-Baghdad, FOB Falcon, Iraq, APO, AE 09361

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

On or about 28 November 2007, Battle Company was conducting a reconciliation meeting at (b)(2)High. At 1730hrs, while standing on top of the meeting hall, heavy machine gun fire as well as small arms fire could be heard coming from the west and in the vicinity of Furat (Muhalla 893). I soon received word from ILLI (b)(6), (b)(3) that the platoon along with CPT (b)(3), (b)(3) was breaking from the meeting to investigate the heavy volume of fire to our west. The platoon moved north on route Cedar, turned west on Furniture road then south on route Cypress to the Iraqi check point vicinity grid 38S MB 3302 8160. When we reached the check point at around 1736hrs, ILLI (b)(3), (b)(3) called for the medic, and reported up two wounded Iraqi Soldiers. The medic, SPC (b)(3), (b)(3) rides with me so we dismounted and proceeded to the check point. At this point, small arms fire was still being fired from within Muhalla 893. After a quick examination the IA evacuated there own wounded and the platoon mounted up and headed into Muhalla 893 to discourage the current fire fight. While moving into the Muhalla from the Western side in the vicinity of (b)(2)High, our lead vehicle saw muzzle flashes and tracer rounds orientated towards the convoy. The enemy fire was oriented from the east to the west. The lead vehicle engaged using night optics and a laser with seven to eight round controlled burst from a .50 caliber machine gun. The direction of our engagement was from the west to the east. After this exchange of fire, civilians moved into the street with their hands in the air. Our convoy was oriented to the east and we dismounted to detain the civilians. The individuals were members of the concerned citizens guard force. They stated that someone from within Muhalla 893 engaged the Iraqi check point with precision small arms fire and in return the Iraqi Army engaged with a huge amount of heavy and small arms machmed gun fire. After obtaining this information, CPT (b)(3), (b)(3) wanted to return to the IA checkpoint on route cypress. When we arrived he talked with several of the soldiers further developing how the situation unfolded. Around 1940hrs the platoon mounted up and was told to head back to COP Battle. END STATEMENT (b)(3), (b)(3)



10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3), (b)(3)
PAGE 1 OF 2 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 BE INDICATED.

EXHIBIT 12C

STATEMENT OF (b)(3), (b)(6) TAKEN AT 2235hrs (3), (b) DATED 2007/11/30 (3), (b)

9 STATEMENT (Continued)

NOTHING FOLLOWS

[Large redacted area with a large 'X' drawn across it. Contains several (3), (b) redaction codes.]

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, OR UNLAWFUL INDUCEMENT.

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

(b)(3), (b)(6)
(b)(3), (b)(6) ILT
B Company, 1st Battalion, 28th Infantry Regiment
(b)(3), (b)(6) ORGANIZATION OR ADDRESS
(b)(3), (b)(6) ILT
B Company, 1st Battalion, 28th Infantry Regiment
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30 day of November, 2007 at COP Battle, Baghdad, Iraq

(b)(3), (b)(6)
(Signature of Person Administering Oath)

CPT (b)(3), (b)(6)
(Typed Name of Person Administering Oath)

ART 136 (b) (4) UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

EXHIBIT 12C

EXHIBIT 13

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 TANCO 83	2. DATE (YYYYMMDD) 20071129	3. TIME 2130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS CIV UGANDA	
8. ORGANIZATION OR ADDRESS EODI			

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

It was at exactly 1200hrs when we assumed duty at tower 83 having made a complete shift change with the day shift guards. We found all park Military Equipments in good working condition and the situation report confirmed normal and calm.

At 1210hrs, we made radio checks with Eagle X-ray and Victor I as well as EODI Ssg.

At 1700hrs, Multiple Shootings of Small arms fire (SAF) and Machine gun started from the direction of 110°-600m (behind the trees), 120°-500m (behind the building), 126°-700m (behind the apartment building), 137°-600m (behind Affurati hospital), 140°-700m also behind the building right of the Affurati hospital. All rounds were visual with tracers but not directed at the tower nor UBC. We reported to Eagle X-ray and Victor I as well.

At 1710 hrs, Sglt (b)(3), (b)(6) and Ssg (b)(3), (b)(6) (EODI) came to tower 83 to assess the situation, found SAF and Machine gun Shootings going on but not directed at the tower.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>3</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.

EXHIBIT 13a

We again refered to Eagle x-ray of Victor I (EOD).

At 1730hrs, Small arms fire and heavy Machine gun Shootings continued at the direction 120°-400m; 126°-700m; 137°-600m and 140°-700m VISUAL with tracers and all rounds directed to VBC, Others passing on top of tower 83.

At 1750hrs, We got PID at 130°-400m in front of the building from the ground level where the rounds were coming from. We returned fire at the same direction 120°-400m. fire continued at direction 126°-600m, 137°-600m, 140°-700m. We never Engage these directions because we never had PID since all rounds were coming behind the apartment ~~and~~ building and the ARTUR hospital as well.

We reported the return of PKM machine gun rounds (AS'ras) to Eagle x-ray and Victor I.

At 1755hrs, We also received Small arms fire (SAF) from the direction 125°-250m and 135°-250m behind the concrete barriers/walls from the ground level. all rounds were directed at tower 83 having passed above the tower and VBC as well. We couldn't return fire because we never had PID since all rounds were coming from behind the concrete barriers/walls.

At 1800hrs, Victor I Came to tower 83 to assess the situation and confirmed the PKM Machine gun rounds that were fired as AS' rounds. He left the scene when the situation was coming down with some small arms fire still in our areas of operation.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

At 1810hrs, Victor II and EDDI Supervisor came to tower 83 also to assess the situation and refilled the belt of PKM Machine gun. He was briefed about the scenario and confirmed the situation.

At 1850hrs, Victor II and EDDI Supervisor left tower 83 when the situation was confirmed normal and calm.

At 0000hrs, day shift guards came in tower 83 and made a successful complete shift change. They were briefed about the situation, having found all post military equipments in good working condition.

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

9. STATEMENT (Continued)

[Large area crossed out with a large X]

AFFIDAVIT

(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 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 29th day of November, 2007

at Campo Libertad, Iowa

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigative Officer
(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

EXHIBIT 13a

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: TANGO 83
2. DATE (YYYYMMDD): 20071129
3. TIME: 2200
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: CIV USARVALDI
8. ORGANIZATION OR ADDRESS: EODT

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
It was at exactly 1200 hrs when we assumed duty at tower 83 and made a shift change with day shift guards. we found when all equipments were in good working condition, situation was normal and we made radio checks with eagle x-ray, Sgt Mitang and Sgt EODT.
at 1700 hrs SAF and how machinegun shooting started at direction of 110-600m, 120-500m 126-700m 137 600m 140-700m behind apartment building and adjacent hospital all rounds were visual with tracers not directed to the tower.
at 1710 hrs Sgt (b)(3), (b)(6) and Sgt (b)(3), (b)(6) (EODT) came at Tango 83 to assess the situation and found shootings going on but not directed to the tower we reported to Eagle x-ray and victor I
at 1730 hrs both SAF and machinegun shootings continued at 120-400m, 126-700m 137-600m 140-700m visual passing on top of the tower. we reported to eagles x-ray and victor I again

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 3 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 BE INDICATED.

EXHIBIT 13b

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

at 1750 hrs we got PID from the direction of 120°-400 m
 1h front of the building left of the apartment building
 from the ground level. we returned fire at the same
 direction where the rounds were coming from.
 Fire continued at 126°-600m behind the apartment
 building. 137°-600m behind the hospital. 140°-700m
 also these rounds were directed to the VBC and tower
 83 as well. we didnt return fire because we never
 heard PID since shootings were behind the buildings.
 we reported to victor I and Balghe a-ray having
 fired 45 rounds of PKM machinegun.

at 1755 we also received small arms fire at 125° 130°
 250° directed to the VBC passing over tower 83.
 we couldnt return fire because we never heard
 PID since rounds were coming from behind the
 concrete barrier on route Irish (Ragles)

at 1800 hrs victor I came to tower 83 to assess
 the situation and confirmed the 45 rounds of
 PKM machinegun fired.

at 1810 hrs victor II and Bodi Supervisor came to
 tower 83 also to assess the situation.
 He also refilled the PKM machinegun bullets
 and found the situation cooling down.

at 1850 victor II and Bodi Supervisor left tower
 83 when situation was confirmed normal and
 calm

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

9. STATEMENT (Continued)

at 0000 hrs we made the shift change with the day shift.

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 _____. 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 29th day of November, 2007 at Camp Liberty Log

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

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

Investigative Officer (Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

EXHIBIT 14

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: VICTORY BASE COMPLEX T&U
2. DATE (YYYYMMDD): 2007-11-29
3. TIME: 2056
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: CIV UGANDA
8. ORGANIZATION OR ADDRESS: EODI) EXPLOSIVE ORDNANCE DISPOSAL TECHNOLOGY

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
I by the names mentioned above, statify that I assumed duty at T&U from day shift guards. We found weapons in amber status and stuation with my sectors of protection was conformed normal it was at 1200pm midday we put our weepsons in green status no rounds in chamber at T&U on 28/11/2007.
At 1745pm there were small arms fire from 120° by 500m This is between Aljwat Hospital which is at 116° by 505m and another one was coming from apartment building at 128° by 450m the rounds were passing at the top of our tower and heading direct to victory Base complex. from this location we had pid and visual of tracers within. Since one of our duties is to protect our coalition force and personnel in this V.B. we returned back fire 12 rounds 7.62mm of PKM machine gun after we sent acontact report to victor one (Mr. (b)(3), (b)(6)) and eagle Xray. Mr. (b)(3), (b)(6) came to T&U to conform the stuation. we gave him the direction and the distance where SAF were coming from.

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 3 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 BE INDICATED.

EXHIBIT 14a

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[The main body of the page is crossed out with a large handwritten 'X' from the top-left to the bottom-right and from the top-right to the bottom-left.]

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

EXHIBIT 14a

9. STATEMENT (Continued)

[Large area crossed out with a large X, indicating the statement content is redacted.]

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 _____. 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)
(b)(3), (b)(6) (Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 24th day of November, 2007 at Camp Liberty, Iowa

(b)(3), (b)(6)
(Signature of Person Administering Oath)

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)

Investigative Officer
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

EXHIBIT 14a

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: VICTORY BASE COMPLEX TOWER 84
2. DATE (YYYYMMDD): 20071129
3. TIME: 2113hrs
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: CIVILIAN UNEMPLOYED
8. ORGANIZATION OR ADDRESS: EXPLOSIVE ORDNANCE DISPOSAL TECHNOLOGY (EODT).

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
EVENTS THAT TOOK PLACE AT TOWER 84 28/11/2007.
AM by the names above and work for for the above mentioned security company. Yesterday I arrived at my place of work at 12pm and took over work from day shift guards checked all my tower equipments and found were in a good operational condition and the situation was normal and calm.
At 1745 there were shootings b/n the Alkurati hospital and the Alkurati building that are 1200 and 545m from my tower. The shootings continued reported to ERONE X-RAY and my supervisor MAJI about that was taking place in my location. I told ERONE X-RAY that the tracers were entering the base passing on the left hand of my tower and on top coming into the base.

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 3 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 BE INDICATED.

EXHIBIT 14b

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

At 1750hrs I observed the PID and saw the
 area where the shootings were coming from into the
 base. I returned fire at My PID which was at
 around 120° distance 545m with a PKM Machine Gun.
 I fired 12 rounds at My PID and later the
 situation became silent. and called upon
 N1 who is My Supervisor MR N1 and briefed
 him about the shootings in My sector and
 later came at My tower & checked me on
 and told him every story that had happened in
 My sector.

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

EXHIBIT 146

9. STATEMENT (Continued)

[Large area crossed out with a large X]

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 _____. 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 29th day of November, 2007 at Comp District Sig

(b)(3), (b)(6)
(Signature of Person Administering Oath)

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)
Investigative Officer
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

EXHIBIT 146

EXHIBIT 15

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

1. LOCATION: T108, Camp Slayer Iraq
2. DATE (YYYYMMDD): 2007/11/28
3. TIME: 1800
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: HHC 164th Eng Bn

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At approximately 1730, audible small arms fire was heard in the Al Furat area around Tower 130. The fire gradually got louder and closer to Tower 108. I was scanning with the Vipers when I noticed a person fire an AK-47 toward Tower 110. The person was about 120 degrees 370 meters from our Tower and by the time I transitioned to the 240B, the individual had fled the area. Next we took fire from an individual at approximately 70 degrees, 550 meters from our position. SPC (b)(3), (b)(6) and I both established positive identification on this person from the flash of the muzzle, with rounds coming near our tower. SPC (b)(3), (b)(6) fired eight rounds from the .50 cal, two tracers landed right in the area of the muzzle flash. The individual fired no more rounds. Next we took small arms fire from a person on the east side 50-75 meters from our tower, and we never got positive identification or the position where he fired from. Finally the small arms fire started to wear down after about an hour of the fight. This is when a single round impacted our tower on the east side. After that the small arms fire stopped and no other events occurred.
Not used
(b)(3), (b)(6)
(b)(3), (b)(6)
(b)(3), (b)(6)
(b)(3), (b)(6)

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3), (b)(6)
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF 2030 TAKEN AT DATED 20072811
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

EXHIBIT 15a

STATEMENT OF

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

TAKEN AT 2300

DATED 2007/11/28

9. STATEMENT (Continued)

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

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

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

(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 OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

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

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 28th day of Nov, 2007 at Camp Victory Iraq

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

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

(Typed Name of Person Administering Oath)

Investigator officer (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

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

1. LOCATION: T108, Camp Slayer Iraq
2. DATE (YYYYMMDD): 2007/11/28
3. TIME: 1800
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: HHC 164th Eng Bn

9. I, (b)(3), (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At about 1730 at Tower 108, I was down from the tower getting chow from SPC (b)(3), (b)(6) in the chow truck. I then heard gunshots and ran back up into the tower. I got on the .50 cal and SPC (b)(3), (b)(6) was on the 240B. We listened to small arms and machine gun fire all throughout Al Furat for about half an hour. SPC (b)(3), (b)(6) then witnessed a gunman open fire on Tower 110 about 370 meters from us. He got on the 240B and waited for the gunman to fire again, but they ran off. We continued scanning our sector of fire and listened to more fire coming from gunmen and from other towers returning fire. Then at about 1800, I got positive identification on approximately 2-3 gunmen open fire on our Tower. They were at 70 degrees and about 550 meters from our tower. Once SPC (b)(3), (b)(6) and I both had PID, I returned 8 rounds with the .50 cal and watched 2 tracers impact where the gunman shot from. The firing then ceased. From about 1800 to 1830, we heard noises that sounded metallic, then shortly afterward we heard about 3-4 shots about 75 meters away from us against the barriers to our east. Nothing further happened there. Then at about 1830, one shot rang out and impacted our tower right below the 240B hitting a metal bracket hanging over the edge. There was more random gunfire for about another half hour, but no more impacts to our tower and no more positive identification.
Not Used

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: (b)(3), (b)(6)
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(3), (b)(6) TAKEN AT 2230 DATED 20072811
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

EXHIBIT 156

STATEMENT OF (b)(3), (b)(6)

TAKEN AT 2230

DATED 2007/11/28

9. STATEMENT (Continued)

Not Used

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

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

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

(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, OR UNLAWFUL INDUCEMENT.

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 20th day of November, 2007 at UBC

(b)(3), (b)(6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

HHC 164th E. Bn

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Investigative officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 16

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 Camp Slayer	2. DATE (YYYYMMDD) 2007/11/30	3. TIME 0915	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS EODT Baghdad, Iraq APO AE 09342			

9. I, (b)(3), (b)(6) Roster # 595, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 28 November around 1730hrs T122 received 3 of Small Arms Fires. I returned fire, shooting 20 rounds of PKM at 60 degrees at 150 meters. At approximately 1750, EODT supervisor Gavin and Andre arrived at the tower to monitored the situation.

Did you have positive identification when you fired?

Answer: yes (b)(3), (b)(6)

How did you know where the fire was coming from?

Answer: I say muscle jabst (b)(3), (b)(6)

Could you tell what type of weapon was firing at you?

Answer: we heard a single shoot (b)(3), (b)(6)

~~NOT USED~~

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 Camp Slayer DATED 2007/11/30

9. STATEMENT (Continued)

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

INITIALS OF PERSON MAKING STATEMENT

(3), (b)

PAGE 2 OF 3 PAGES

EXHIBIT 16a

9. STATEMENT (Continued)

[The main body of the statement is crossed out with a large 'X'. There are four redaction boxes containing the text: (b)(3), (b)(6), (b)(3), (b)(6), (b)(3), (b)(6), and (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 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 UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30 day of November, 2007 at Camp Slayer

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

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

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Investigator Green
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 16a

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 Camp Slayer	2. DATE (YYYYMMDD) 2007/11/30	3. TIME 0915	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS EODT Baghdad, Iraq APO AE 09342			

9. I, (b)(3), (b)(6) Roster # 546, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 28 November around 1730hrs T122 received 3 of Small Arms Fires. I returned fire, shooting 5 rounds of M4 at 60 degrees at 150 meters. At approximately 1750, EODT supervisor Gavin and Andre arrived at the tower to monitored the situation.

- Did you have positive identification?
- Answer: Yes (b)(3), (b)(6)
- How did you know where the fire was coming from?
- Answer: I saw muzzle flash (b)(3), (b)(6)
- Could you tell what type of weapon was firing at you?
- Answer: We received a single shoot. (b)(3), (b)(6)

NA used

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.

EXHIBIT 16b

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 Camp Slayer DATED 2007/11/30

9. STATEMENT (Continued)

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

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

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

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

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

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

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

EXHIBIT 16b

9. STATEMENT (Continued)

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

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

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

(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 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 UNLAWFUL INDUCEMENT.

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

(b)(3), (b)(6)
(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 30 day of November, 2007 at Camp Slayer

(b)(3), (b)(6)
(Signature of Person Administering Oath)

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)

Investigative Officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

EXHIBIT 16b

EXHIBIT 17



DEPARTMENT OF THE ARMY
HEADQUARTERS, 168TH BRIGADE SUPPORT BATTALION
CAMP VICTORY, IRAQ
APO AE 09344

REPLY TO
ATTENTION OF

AFVI-EBSB

3 December 2007

MEMORANDUM FOR RECORD

SUBJECT: Telephonic Interview—MAJ (b)(3), (b)(6) Battalion Executive Officer, 1-22 Infantry

1. Background. I am conducting an informal AR 15-6 investigation into death of SFC John J. Tobiason. On 3 December 2007 I conducted a telephonic interview with MAJ (b)(3), (b)(6) a person I believe has information relevant to my investigation. I could not conduct an interview in person because he is located off of Victory Base Complex.

2. Contents of the interview.

a. I called MAJ (b)(3), (b)(6) to confirm the contents of his sworn statement regarding the firing of Iraqi Army weapons during the attack on 28 November 2007. I asked MAJ (b)(3), (b)(6) if the Iraqi Army had a DSH-K machine gun at the checkpoint. He replied that the IA does have a DSH-K weapon at the checkpoint. I inquired as to whether they have had or currently have any incidents of Anti-Iraqi Forces possessing a DSH-K machinegun. He replied that there have been no incidents or indicators of AIF having said weapon. I asked MAJ (b)(3), (b)(6) if he could confirm that he heard but did not see the IA firing the DSH-K weapon during the time of the attack. He confirmed that he and his Soldiers heard a heavy machinegun firing but did not observe it directly. MAJ (b)(3), (b)(6) indicated that there were no other U.S. forces in the area to observe the actions of the IA or the AIF.

b. The circumstances surrounding the IA firing of the DSH-K machinegun can not be validated by any eyewitnesses. The fact that no AIF forces have been seen or in possession of this type of machinegun would suggest that the round that struck SFC Tobiason was fired by the IA unit during the AIF attack on 28 November 2007.

3. Point of contact for this memorandum is the undersigned at DSN (b)(6)

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

LTC, QM
Investigating Officer

EXHIBIT 17

EXHIBIT 18

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 CAMP LIBERTY, IRAQ	2. DATE (YYYYMMDD) 2007/12/03	3. TIME 1430	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(3), (b)(6)	6. SSN (b)(3), (b)(6)	7. GRADE/STATUS MAJ	

8. ORGANIZATION OR ADDRESS
HHD, 15TH PERSONNEL SERVICES BATTALION, CAMP LIBERTY, IRAQ

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

The 15th PSB conducts react to indirect fire drills and has published an SOP which is disseminated to its subordinate detachments. All Soldiers are briefed on procedures for reacting to indirect fire.
SFC Tobiason was briefed on these procedures.

NOTHING FOLLOWS

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 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.

EXHIBIT 18

9. STATEMENT (Continued)

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

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

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

(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 (b)(3), (b)(6) OR INDUCEMENT.

(b)(3), (b)(6)
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of December, 2007 at UIC

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b)(3), (b)(6)
(Typed Name of Person Administering Oath)
Investigative officer
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

EXHIBIT 18

EXHIBIT 19

Timeline 28 Nov 07

- 1700: Unk # of insurgents attack IA Checkpoint with automatic fire and machine gun fire.
- 1729: T138 had PID of one LN shooting in the direction fo T130. T138 returned fire.
- 1742: Rounds land in front of the South Victory Gym.
- 1742: SFC Tobiason hit in chest by stray round.
- 1742 MPs notified.
- 1743: SGT (b)(3), (b)(6) assess SFC Tobiason and begins first aid, placing HEMCON bandage on entry wound and tries to stop bleeding from exit wound.
- 1744: (b)(3), (b)(6) goes into Gym, yells for medic, then has is assistant calls KBR letting them know he needs an ambulance, soldier hit by stray round.
- 1744: SGT (b)(3), (b)(6) responds to (b)(3), (b)(6) call, is handed a CLB as she goes outside to render aid. SGT (b)(3), (b)(6) is a Combat Medic. She finds several other individuals rendering aid to SFC Tobiason.
- 1751: South Victory Fire Department notified. MPs arrive.
- 1753: Fire Department arrived at South Victory Gym. Assisted with First Aid.
- 1759: KBR Paramedic (b)(3), (b)(6) notified of casualty at South Victory Gym.
- 1806: KBR ambulance arrives.
- 1808: Loads soldier and rushes to Golby TMC, continuing with CPR.
- 1803: Ambulance arrives at Golby TMC. CPT (b)(3), (b)(6) took vitals and continued first aid.
- 1815: Soldier pronounced dead by CPT (b)(3), (b)(6)

EXHIBIT 20

Page 173 redacted for the following reason:

(b)(1)1.4a, (b)(1)1.4c