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
FOB Joyce, Afghanistan	2009/11/21		

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3), (b)(6)	(b)(3), (b)(6)	E-7/AD

8. ORGANIZATION OR ADDRESS

A Co, 1-32 IN, Task Force Mountain Warrior, FOB Joyce, Afghanistan APO AE 09354

9.

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

WHERE WERE YOU? WHAT DID YOU KNOW? WHEN DID YOU KNOW IT? AND WHAT ACTIONS OR RECOMMENDATIONS DID YOU TAKE OR MAKE?

I WAS IN THE TOC BUILDING, IN THE OPS SGM OFFICE. ALL I KNEW WAS THAT THERE WERE A FEW MARINES THAT WERE KIA DUE TO ENEMY FIRE. THERE WERE A LOT OF PEOPLE IN THE TOC SO I DID NOT WANT TO ADD ANY CONFUSION TO THE SITUATION. I STAYED OUT OF THE TOC DURING THE INCIDENT

WERE YOU PRESENT IN THE TOC FROM 0030-0800? IF PRESENT, WHAT WAS YOUR ASSESSMENT OF THE TACTICAL SITUATION DURING THIS TIME PERIOD?

NEGATIVE I CAME IN AFTER 0800

DID YOU TALK TO ANYONE IN THE VALLEY?

NEGATIVE

HOW LONG WERE YOU THE OPS SGM?

FOR APPROXIMATLEY 1 MONTH

ARE YOU A GRADUATE OF THE BATTLESTAFF OPERATIONS COURSE?

NEGATIVE

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

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.

STATEMENT OF (b)(3), (b)(6) TAKEN AT FOB Joyce DATED 2009/11/21

9. STATEMENT *(Continued)*

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

AFFIDAVIT

I, (b)(3), (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREEL T THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLI

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 21 day of November, 2009 at FOB Joyce, Afghanistan

(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

AR 27-55 Chapter 3-1(b)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE OF PAGES