H

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)	3. TIME	4. FILE NUMBER
FOB JOYCE	2009/09/10	1713	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(3), (b)(6)	(b)(3), (b)(6)	E-4

8. ORGANIZATION OR ADDRESS

D CO, 1-32 IN, 3rd BCT, 10th MTN DIV LI

9.

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

1) What is your current duty position? HMMWV TC

2) It appears that an ASV rollover occurred during the incident as well. Describe the facts and circumstances surrounding the ASV rollover. (5 W's) Be specific as possible describing, the cause of the rollover (vehicle condition, road condition, threat level, speed, terrain, recovery time, etc.) and the mechanisms / procedures used by the personnel to avoid injury. Describe any recent rollover/HEAT training conducted. The AsV Rolled over while we where atempting to move up the valley to suport the ANA. The cause of the rollover was that the road could not take the weight of the ASV and colapsed at which point everyone braced themselves untill the ASV stoped at which point everyone asesed the damage to the ASV and to our persons. Although the weapon where all inoperable as whos the (b)(2)High and como gear the ASV was still able to self recover and make its way back to FOB Joyce.

The incident ocured at aproximatly 0800L and we where traveling probably Less than 20 mph.

3) What personal protective equipment was worn by your crew at the time of the incident? (b)(2)High

(b)(2)High

4) What was the nature, extent, and cause of injuries to any of your crew and what medical attention did you receive?

During the rollover I banged my knee on the turret cage and (b)(3), (b)(6) bruised arib I wraped my knee in a ACE bandage and (b)(3), (b)(6) recied pain medication

10. EXHIBIT	11. INITIALS OF 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 INDICATED.

STATEMENT OF SPC (b)(3), (b)(6) TAKEN AT FOB JOYCE DATED 2009/09/10

9. STATEMENT *(Continued)*

5) What was the nature, extent, and cause of loss or damage of military equipment? (b)(2)High

(b)(2)High

(b)(2)High

6) Did you observe any women and children either firing at CF troops or providing support to AAF? Did you observe any civilian local national casualties? no

7) What recommendations concerning improvements, if any, to coalition force tactics, techniques, and procedures will help avoid this type of incident in the future? Be as specific as possible, keeping in mind mission and personnel constraints and limitations.
use more HMMWV's.

8) Any other matters pertaining to this incident that you deem relevant? no

AFFIDAVIT

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

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

WITNESSES:

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

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

HHC 1-32 IN, 3 BCT
ORGANIZATION OR ADDRESS

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

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

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

HHC 1-32 IN, 3BCT
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of September 2009

at FOB Joyce (b)(3), (b)(6)

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

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

MAJ (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)