

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: Bldg 1012
2. DATE (YYYYMMDD): 2010/10/22
3. TIME: 1914
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(3), (b)(6)
6. SSN: (b)(3), (b)(6)
7. GRADE/STATUS: 04/AD
8. ORGANIZATION OR ADDRESS: 745th FST, FOB (b)(2) High Afghanistan APO, AE 09310

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

This is my statement in regards to the events involving Ms. Linda Norgrove as they unfolded on 8 October 2010.

I was notified by my commander, MAJ. (b)(3), (b)(6) late evening on 8 OCT 2010 that a British hostage has been found and has been critically wounded. I was notified that she is most likely dead. However, we need to evaluate the patient to confirm her status. Maj (b)(3), (b)(6) and I were escorted to the flight-line on FOB (b)(2) High by a Navy corpsmen whom I had not met previously. There we awaited the Chinook helicopter carrying the hostage's body. Once the Chinook arrived and the body was moved to a fixed wing airplane, we embarked the plane and found her in a body-bag. I exposed the top half of her body for examination. Lighting in the back of the plane was minimal. She exhibited copious blood on her face, scalp and hair, otherwise no other deformities or injuries were noted on my examination. She did not exhibit any respiratory effort or heart sounds upon inspection with a stethoscope. We checked both carotids arteries and noted no pulses. We placed Electrocardiogram leads on her chest and recorded no cardiac activity, consistent with death. Her pupils were not reactive to light. I pronounced her dead at 2148Z on 8 October 2010.

I did not examine the patient for any associated injuries given that she was already deceased. There was no reason to bring her to the Forward Surgical Team facilities at that point. My examination did not include, nor did it document, injuries potentially leading to her demise.

END STATEMENT

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

22 05 2010

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 _____ 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 MAJ. (b)(3), (b)(6) TAKEN AT 1914 DATED 2010/10/22

9. STATEMENT (Continued)

(b)(3), (b)(6)
22 OCT 2010

AFFIDAVIT

I, MAJ. (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 UN

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

WITNESSES:

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

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

745th PST REG (b)(2)High
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES