

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 Liberty, Iraq	2. DATE (YYYYMMDD) 2011/05/19	3. TIME 1530	4. FILE NUMBER 011-01
5. LAST NAME, FIRST NAME, MIDDLE NAME Smith, John A	6. SSN 000-00-0000		7. GRADE/STATUS E5

8. ORGANIZATION OR ADDRESS
224 MI BN, APO 153 Pad 3, WCVBNM, Camp Liberty, Iraq

9.
I, SGT John A Smith, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On June 6th 2005, while on the Black Bear Convoy Security Team in Baghdad, Iraq (RT Irish), my convoy was hit with an IED and small arms fire while escorting elements of Iraqi police graduates numbering 605 and 579 respectively from Camp Fiji to the Baghdad Bus Station. Upon Impact/explosion of the IED my head struck the right side passenger window causing head pain and an initial headache. After securing the area, reporting casualties the convoy returned to a safe location. I was assessed by my team leader 1LT William Steal. 1LT sent me to the CASH were I was examined and treated with mild head trauma.

Since returning from deployment I have seen my physician for constant headaches and neck pain. Notes from my physician are attached.

***** Nothing Follows*****

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ 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 Smith, John A TAKEN AT Camp Keyes DATED 2011/05/19

9. STATEMENT *(Continued)*

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF Smith, John A TAKEN AT Camp Keyes DATED 2011/05/19

9. STATEMENT (Continued)

AFFIDAVIT

I, John A. Smith, 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.

(Signature of Person Making Statement)

WITNESSES:

1LT William Steal

ORGANIZATION OR ADDRESS

Camp Keyes, Augusta ME 04330

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19 day of May, 2011
at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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