

**RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE**

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

**DATA REQUIRED BY THE PRIVACY ACT**

**AUTHORITY:** Title 10, United States Code, Section 3012(g)  
**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.

(b)(6)		2. DATE 16 Oct 08	3. TIME 1535	4. FILE NO.
5. (b)(6)	8. ORGANIZATION OR ADDRESS USAREC			
6. SSN (b)(6)	7. GRADE/STATUS (b)(6)			

**PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE**

**Section A. Rights**

The investigator whose name appears below told me that he/she is with the United States Army USAREC and wanted to question me about the following offense(s) of which I am suspected/accused: \_\_\_\_\_

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

**Section B. Waiver**

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		(b)(6)
1a. NAME (Type or Print)	(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	U	
2a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR USAREC

**Section C. Non-waiver**

1. I do not want to give up my rights  
 I want a lawyer  I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

### 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 (b)(6)	2. DATE (YYYYMMDD) 2008 10/14	3. TIME 1535	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS (b)(6)	
8. ORGANIZATION OR ADDRESS U4ARFC			
9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			

(b)(7)b, (b)(6)

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6)	PAGE 1 OF 8 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.		

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

STATEMENT OF (b)(6) TAKEN AT (b)(6) TED 14 Oct 08

9 STATEMENT (Continued)

(b)(7)b, (b)(6)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 8 PAGES

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

STATEMENT OF

(b)(6)

TAKEN AT

(b)(6)

D

14 Oct 09

(b)(7)b, (b)(6)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 3 OF 8 PAGES

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

STATEMENT OF

(b)(6)

TAKEN AT

(b)(6)

14 Oct 08

9. STATEMENT (Continued)

(b)(7)b, (b)(6)

#134: How did you manage policy #13?  
BA: Co Cdr's were required to tell me in  
advance if they had a situation that required  
anyone to work past the intended 13 hours and  
the policy was discussed quarterly at our inter-  
nal on spouse teleconference.

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 4 OF 8 PAGES

STATEMENT OF

(b)(6)

TAKEN AT

(b)(6)

14 Oct 08

9. STATEMENT (Continued)

14Q: When was last spouse teleconference and where are the slides and/or summary?

14A: (b)(6) sent the slides out to all spouses and has them on record. I also have electronic copies. The last spouse teleconference was 1 Oct and I included my replacement in this teleconference. I changed command on 3 Oct.

15Q: How often did you do sensing sessions and who has the results?

15A: We conducted 1-2 staff assistance visits each qtr at company level. After each SAV, we conducted a teleconference with all commanders to share and learn. Each SAV included a sensing session and our ED rep maintained the results.

(b)(7)b, (b)(6)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 5 OF 8 PAGES

STATEMENT OF

(b)(6)

TAKEN AT

(b)(6)

16 Oct 08

9. STATEMENT (Continued)

(b)(7)b, (b)(6)

17Q: ~~What~~ (b)(6) what else can you tell us about the suicide that we did not ask or who else should we talk to?

17A: There are many lessons learned from these suicides and I do hope the recommendations are considered so that recruiting battalions and our community response teams are better prepared to respond to the realities of recruiting during a time of war.

18Q: What could you have done different to stop the suicides?

18A: If we should have argued more with the doctors or policemen when they told us to take them back. There were multiple issues with each suicide and they may simply do not have the training needed to care for someone who has been diagnosed with high anxiety, stress, bi-polar, etc. I was on scene when Sgt Andersson wife committed suicide and I saw the police officers and negotiators on scene could not stop her. This problem must be analyzed more.

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 6 OF 3 PAGES

STATEMENT OF

(b)(6)

- TAKEN AT

(b)(6)

14 Oct 88

## 9. STATEMENT (Continued)

19Q: what could bn and/or usARLCK do differently?

19A:

- (1) Conduct realistic and hands on training at pre-command courses and recruiter/battalion cdr/etc on handling soldier from Iraq/deployments that may be suicidal.
- (2) Assign a dedicated doctor, chaplain and/or Police at Bde and/or bn level. Someone who is diagnosed with a serious mental disorder must be over-watched 24/7 by a professional. All of our suicide victims who saw a doctor were returned to duty. The problem is we do not have anyone at our level trained to over-watch 24/7.
- (3) Do not return anyone diagnosed with a serious mental disorder back to duty until they are cured. If it must be done, see my recommendation above to assign us a few professionals.

20Q: How are you involved in frag co (dr) and how do you validate?

20A: we had monthly OPDs and daily (1630) production teleconferences. A different co cdr and staff conducted the monthly OPD and validation

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 7 OF 8 PAGES

STATEMENT OF

(b)(6)

TAKEN AT

(b)(6)

16 out of 08

9. STATEMENT (Continued)

20A cont: of training was done during the daily conference calls and weekly station visits. we had designated times for training and inspection and validation to ensure a positive and predictable climate with the Co Cdr's.

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 8. 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 INDUCEMENT.

(b)(6)

(Taking Statement)

WITNESSES:

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

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