

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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 [REDACTED] ACR Area	2. DATE (YYYYMMDD) 2003 07 16	3. TIME 2045	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-4	
8. MAILING ADDRESS [REDACTED] 13 ACR			
9. [REDACTED]			

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WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

around 9 July 2003 496 [REDACTED] (b) 5 approached me in reference to pain in his (R) hand. He stated he had tripped on the way to piss in the middle of the night. He complained of pain with movement and palpation in the 4th 2nd metacarpal. I treated him with an anti-inflammatory and splint. Advise to ice, elevate, and rest.

Nothing follows

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10. EXHIBIT <u>III</u>	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED 2003 07 16

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.