SWORN STATEMENT					
For use of this form, see AR 190-46; the proponent agency is PMG.					
AUTHORITY:	PRIVACY ACT STATEMENT 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:	agencies, prosecutors, courts, ch the Office of Personnel Manager	her disclosed to federal, state, loca nild protective services, victims, wit nent. Information provided may be irninistrative disciplinary actions, s actions.	inesses, the Departme used for determination	nt of Veterans Affairs, and ons regarding judicial or	
DISCLOSURE;	Disclosure of your SSN and other	r Information is voluntary.	,		
1. LOCATION	Haugar	2. DATE (YYYYMMDD) 20220209	3. TIME 2106	4. FILE NUMBER	
T I ANY III MAN THE PARTY OF TH		6, SSN		7 CPAREIOTATUS	
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9, I,, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:					
During a training flight and I were training					
AMS tasks in NOE BOX 6 and proceeded from there					
to Moore County for LAO purposes. Upon fraquency change					
from Markal Tur we immediately toned up OTAF					
and listeded for any traffic in visite mo Masse					
we did have an Army Chater on it for					
- INF WE MADE a CIRE					
advisory call IDNM, 5NM and ZNM/Final for					
Rwy 05. At no time hid I have hear an advisor					
call from the fixed wing aircraft. We spotted					
and called out oncoming toxal withing and as IP we					
10. EXHIBIT		i m mediately 11. Initials of Person Makin	IG'STATEMENT	Right/East PAGE 1 OF Z PAGES	
ADDITIONAL PAGES MU	ST CONTAIN THE HEADING "ST	TATEMENT OF TAKEN A			
		R THE INITIALS OF THE PERSON		EMENT, AND PAGE NUMBER	

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STATEMENT OF TAKEN A 9. STATEMENT (Continued)	T 2106 DATED W 9 FEB 22
to avoid collision.	We head over the
CTAF so What sounded	like someone on the
ground taking about debr	
runway. with as we co	ontinued East to the
NTA to continue traini	a and execute required
tasks for out flight.	
Norms	NG FOLLOWS
.'	
AFFIDA	VIT
	AVE READ OR HAVE HAD READ TO ME THIS STATEMENT
BY ME. THE STATEMENT IS TRUE, I HAVE INITIALED ALL CORRECTI CONTAINING THE STATEMENT, I HAVE MADE THIS STATEMENT FREI THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INF	ELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT
	(Signature of Person Making Statement)
WITNESSES:	Subscribed and sworn to before me, a person authorized by law to dminister oaths, this <u>g</u> day of <u>For RUARY</u> , 2 ORT
·	2106 Hangar, FBNC
ORGANIZATION OR ADDRESS	(Skynature or Person Administering Oath)
	Language of Language Annual States
	(Typed Name of Person Administering Oath)
ORGANIZATION OR ADDRESS	Investi <del>gating Offica</del> r レベイブ フマン とのス (Authority To Administer Oaths)
INITIALS OF PERSON MAKING STATEMENT	PAGE 2 OF 2 PAGES
DA FORM 2823, NOV 2008	APD LC V1,01ES

## 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 2105 Fort Bragg 20226209 7. GRADE/STATUS 8. ORGANIZATION OF ADDRESS Fort BRACC , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: TRAINIG FLIGHT CONPUCTED ON A NIGHT FOR A LOCAL AREA ORIENTATION MORE CO. PLEW INTO WE PROVIDED MULTIPLE CTAF CHLLS PASS IIN TOWERD AIRPORT, AND A BLACK HAWK THEY WERE OPERATING TO THE IN THE WERE NO FACTOR. AS WERE DOING APROACH WE KNOTICED A FIXED WING CIVILIAN AIRCRAFT DN FINAL ONTHEOPOSITE HEADING PILOT TOOK CONTROLS AND TURN D INSTRUCTOR OU AWAY FROM THE INCOMING AIRCRAFT NEVER INTENDED TO LAND AT THE MADE ALL REQUIRED CALLSTON $w \varepsilon$ OVER THE RADIO RADIO HEARD MISHAP AN SINCE COULD Not LONGER ANY RUTHER WE CONTINUED MISSION THE TO NOTHING FOLLOWS 10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF **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	TAKEN AT	DATED
. STATEMENT (Continued)		
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	AFFIDAVIT	
1,	, HAVE READ OR H	HAVE HAD READ TO ME THIS STATEMENT
HICH BEGINS ON PAGE 1, AND ENDS ON PAGE	GE ( I FULLY UNDERSTAND THE	CONTENTS OF THE ENTIRE STATEMENT MADE
ME. THE STATEMENT IS TRUE, I HAVE INI DISTAINING THE STATEMENT. I HAVE MADE	THIS STATEMENT FREELY WITHOUT H	IOPE OF BENESIT OR REWARD WITHOUT
REAT OF PUNISHMENT, AND WITHOUT COE	RCION, UNLAWFUL INFLUENCE, OR U	NLAWFUL INDUCEMENT.
	<del>c</del>	g Statement)
TNESSES:	Subscribed and	sworn to before me, a person authorized by law to
•	administer oaths,	•
	at 7106	Manger, FONC
		ignature of Person Administering Oath)
RGANIZATION OR ADDRESS	(3)	ignature of Foreoff Actifiliates into Cattly
ORGANIZATION OR ADDRESS	(5)	ignature of Ferent Administering County
ORGANIZATION OR ADDRESS		ped Name of Person Administering Oath)
		Ded Name of Person Administering Oath)  Stices UCMT, CTR+ COS
ORGANIZATION OR ADDRESS  ORGANIZATION OR ADDRESS  IALS OF PERSON MAKING STATEMENT	(194)	oed Name of Person Administering Oalh)