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				
Huntsville, Alabama 5. LAST NAME, FIRST N	IAME MIDDLE NAME	2009/01/27 6. SSN	1540 hours	7. GRADE/STATUS				
LEOPARD, JEFFERY		0. 3514		SFC/AD				
8. ORGANIZATION OR A			01 0/110					
HHD, 1ST BATTALIO	ON, 20TH SPECIAL FORCES GR	OUP (AIRIBORNE) 1ST	SF					
9. I, SFC JEFFERY	WAYNE LEOPARD	, WANT TO MAKE THE	FOLLOWING STATEM	MENT UNDER OATH:				
Karshi-Khanabad Airt Soon after our arrival a testing for any possibl was located on an old site: M8A1 Chemical M8A1 Chemical Alari on them at the Ft Dix, tests on 1 OCT, 12 OC	uring that time the battalion was on base in Uzbekistan. My MTOE posts the Karshi-Khanabad, I notified the e industrial or militray contaminates Soviet era military installation. So Alarm Set, Chemical Agent Monn Set, and the Chemical Agent Monn J Mobilization Station immediator and 18 OCT, we obtained the rechair of Command.	stion and my primary MOS Support Company NBC N tion in the FOB area. I fel SG Roth and I used the fol- itor (CAM), M-256 Detec- positor (CAM) had predeplet tley prior to our deployme	SC at that time was a NCO (SSG Jon Roth at this was a neccessallowing equipment the tor Kit and a M-272 oyment inspections and were service	Battalion NBC NCO/74D4S. a), that we needed to conduct ary precaution, as the FOB site to test in and around the FOB Water Test Kit. Both the and maintenance performed table. When we conducted				
		EOLLOWS						
10. EXHIBIT Exhibit "A" attached	11.	INITIALS OF PERSON MAKIN	NG STATEMENT	PAGE 1 OF PAGES				
	IST CONTAIN THE HEADING "STATE!	MENT OF TAKEN A	T DATED _					
	ADDITIONAL PAGE MUST BEAR THE			MENT, AND PAGE NUMBER				

STATEMENT OF	SFC Jeffery Wayne Leopard	TAKEN AT	Huntsville, Alabama	DATED 2009/01/27
9. STATEMENT	(Continued)	Lows		
		AFFIDAVIT	····	
WHICH BEGINS BY ME. THE ST CONTAINING T	offery Wayne Leopard S ON PAGE 1, AND ENDS ON PAGE 1 . I FOURTHER INTERPRETATION OF THE STATEMENT. I HAVE MADE THIS STATEMENT INTERPRETATION, UNLAW INTERPRETATION, UNLAW INTERPRETATION OF THE STATEMENT, AND WITHOUT COERCION, UNLAW INTERPRETATION OF THE STATEMENT O	ULLY UNDER RRECTIONS	VE READ OR HAVE HAD RESTAND THE CONTENTS (AND HAVE INITIALED THE WITHOUT HOPE OF BENER INCE, OR UNLAWFUL INDU	BOTTOM OF EACH PAGE FIT OR REWARD, WITHOUT
ORGANIZATIO WILLIAM HIDVI	W. Shull SCM YZOTH SFGA Yuntswille All NORADDRESS NC. Sanderson SFC 2014 SFGA Huntsville A	adn	(Signature of Pe	day of Sansural, 2009 Language Control of the Cont
INITIALS OF PER	SON MAKING STATEMENT			PAGE 1 OF 1 PAGES

Date	Tested	Mat.	M-256 Kit	M-272 Water Test Kit	M-8A1 Alarm	CAM
10/1/2002	Water i	n Shower	N/T	Pos. Cianide over time for test	N/T	
10/1/2002	Water i	n Lat.	N/T	Pos. Cianide over time for test	N/T	
10/1/2002	Unexplo	ided Ord Bunk	Pos. Blister	N/T	N/T	Pos. Nerve
10/1/2002	Bunker	in compound	Neg.	N/T	N/T	Neg.
10/12/2002	Water i	n Shower	N/T	Pos. Cianide over time for test	N/T	
10/12/2002	Water in	Lat.	N/T	Pos. Cianide over time for test	N/T	
10/12/2002	Unexplo	ded Ord Bunk	Pos. Blister	N/T	N/T	Pos. Nerve
10/18/2002	Water i	1 Shower	N/T	Pos. Cianide over time for test	N/T	
10/18/2002	Water in	n Lat.	N/T	Pos. Cianide over time for test	N/T	
10/18/2002	Unexplo	ded Ord Bunk	Pos. Blister	N/T	N/T	Pos. Nerve

	SV	VORN STATEMEN	Τ					
	For use of this form, see	AR 190-45; the propone	nt agency is Pf	viG.				
	DDI:	VACY ACT STATEMENT						
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DISCLOSURE:	Disclosure of your SSN and other info	rmation is voluntary.						
1. LOCATION		2. DATE (YYYYMM)	DD) 3. ŤIN	ΛE	4. FILE NUMBE	R		
1/20th SFG(ABN) Hur		2009/01/25		1431				
5. LAST NAME, FIRST N	AME, MIDDLE NAME	6. SSN			7. GRADE/STA	TUS		
Roth, Jon Joseph								
8. ORGANIZATION OR A		211 41 1						
1/20th SFG(ABN)351/ 9.	4 Scuth Memorial Parkway, Hunt	sville, Alabama						
I, Jon J. Roth		, WANT TO MAK	E THE FOLLO	WING STATE	EMENT UNDER OAT	H:		
nultiple times during o	our deployment. After we took th			nn (1)	ur chain of comma	and,		
IV. EXIJIOTI	11.	JJ]	- FA	. Let	PAGE 1 OF 3	PAGES		
ADDITIONAL PAGES MU	ST CONTAIN THE HEADING "STATE		KEN AT	DATED				
	ADDITIONAL PAGE MUST BEAR THE		/	-	 MENT, AND PAGE	NUMBER		

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STATEMENT OF	Jon J. Roth	TAKEN AT	Huntsville, Alabama	DATED 2	009/01/25	5	
9. STATEMENT	(Continued)						
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INITIALS OF PERS	ON MAKING STATEMENT	JJR JJL	,	PAGE	2. OF	3	PAGES
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STATEMENT OF Jon J. Roth	_ TAKEN AT	Huntsville, Alabama	DATED 2009/01/25
9. STATEMENT <i>(Continuec')</i>			
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l lo			
I, Jon J. Roth	AFFIDAVIT		EAD TO ME THIS STATEMENT
WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1 . I F BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CO	FULLY UNDER	RSTAND THE CONTENTS (OF THE ENTIRE STATEMENT MADE
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEME THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAW	NT FREELY \	WITHOUT HOPE OF BENEF	FIT OF REWARD, WITHOUT
TINCERT OF FORIOTIMENT, AND WITHOUT GOERGION, GREAV			
	c		erson Making Statement) pre me, a person authorized by law to
Cuttis W Shull SEM			day of Sarvary, 2009
HHD YZOTH SFCA Huntsville AL	at	HUNTSULLE	AL
ORGANIŽATION OR ADDRIESS	<u> </u>	(Signature of Pe	rson Admilnistering Oath)
William C. Sanderson SEC		MATTAGN R.	13.
HHD/1/20 SFG2(A) Huntsville, A)	<u> </u>		Person Administering Oath)
ORGANIZATION OR ADDRESS		(Authority 1	o Administer Oaths)
INITIALS OF PERSON MAKING STATEMENT	11	<i> </i>	
J.J. R. \geq DA FORM 2823, NOV 2006	441	(.,	PAGE 3 OF 3 PAGES APD PE v1.00