

I, _____ informed
INVESTIGATING OFFICER NAME, RANK, SSN
_____ on _____ of his/her rights, and
SOLDIER NAME, RANK, SSN
that he/she does not have to make any statement relating to the origin, incurrence or
aggravation of any injury or medical problem incurred while in a duty status. The soldier
understood his/her rights.

INVESTIGATING OFFICER SIGNATURE

RANK

I, _____ have been advised this date that I am not
required by law to make any statement relating to origin, incurrence, or aggravation of
any injury or medical problem incurred while in a duty status. I understood my right and
elected to:

Make a Statement.

Not Make a Statement

SOLDIER'S SIGNATURE

DATE