

CUI

ATTENTION

Use this space to indicate categories, limited dissemination controls,
special instructions, points of contact, etc., if needed.

Texas Military Department

Serious Incident Report / Commander's Critical
Information Request

Controlled by: Operations Directorate

Category: PII

Distribution/Dissemination Control: DL ONLY (DISTRO
Follows): JOC SIR-CCIR Distribution List

POC: JFHQ-TX JOC, 512-782-5544

ATTENTION

All individuals handling this information are required to protect
it from unauthorized disclosure.

Handling, storage, reproduction, and disposition of the attached document(s) must
be in accordance with 32 CFR Part 2002 and applicable agency policy.

Access to and dissemination of Controlled Unclassified Information shall be
allowed as necessary and permissible to any individual(s), organization(s), or
grouping(s) of users, provided such access or dissemination is consistent with or in
furtherance of a Lawful Government Purpose and in a manner consistent with
applicable law, regulations, and Government-wide policies.

Standard Form 901 (11-18)
Prescribed by GSA/ISOO | 32 CFR 2002

CUI

Serious Incident Report (SIR) Reporting Instructions

1. This form is used to report incidents to the chain of command which meet the following criteria:
 - a. Category 1 and Category 2 Serious Incidents as defined in AR 190-45, Law Enforcement Reporting, 27 SEP 16 and in AFMAN 10-206.
 - b. Category 3 Incidents as defined in NGB Memo, Serious Incident Reporting for the Army National Guard, 2 Nov 07.
 - c. APPENDIX 12 (Updated TAG PIR, CCIR) to ANNEX C (Operations) to OPORD 18-19 (JFHQ-TX (Steady=State Operations), 28 Jun 2019.
2. The CCIR/SIR reporting process uses four types of reports to provide timely and accurate information. A minimum of two reports are required for each reportable incident, the Initial Report and the Final Report. Report types are:
 - a. **Initial Report.** Includes the initial telephonic report and the initial written report.
 - b. **Add-on.** Includes information not available at the time of the original report.
 - c. **Correction.** Submitted to correct information from an earlier report.
 - d. **Final Report.** Submitted to provide the final disposition of the CCIR/SIR and close it out.
3. To utilize this form:
 - a. Review the entire list of reportable incidents listed on pages 2 and 3. Incidents 1 thru 43 are DA and DAF category one and two reportable SIRs, incidents 44 thru 58 are the TMD category three SIRs. Select the incident that best describes what you need to report by clicking in the corresponding "Check Box". You can only select **ONE** incident. **If the incident you wish to report is not listed, you are not required to report it to the TMD JOC.**
 - b. Scroll down to the "**Required Actions Section**" on page 4. This section is auto-populated based on the selected incident, and informs the reporting unit and the JOC of required actions.
 - c. Scroll down to complete items 1-11 using drop down selection as applicable.
 - d. Add-on, Correction, and Final Reports are submitted utilizing the Initial report; however, when submitting one of these types of reports, the original CCIR/SIR number is followed by the type of report. For example: If the Initial Report CCIR/SIR number is 21076-01, the CCIR/SIR number for an "Add-on" report would be 21076-01-Add-on, and so forth. This form will add additional pages for these types of reports at the end of the Initial Report each time the Add-on, Correction, or Final Report action buttons are selected.
 - e. Update the CCIR/SIR number and save the form with the following file name: Initial Report eight-digit date, BDE, CCIR/SIR Number, Type of Incident. For example, 20170101_176_EN_21076-01-Correction_Accident. Email thru command channels to the JOC - **USE ENCRYPTION** due to CUI (ng.tx.txarng.list.tmd-j33-bs@mail.mil)
 - f. Reporting Time Requirements. **Submission of a CCIR/SIR will not be delayed due to incomplete information.** All pertinent information known at the time of CCIR/SIR submission is included. Additional required information is provided in a subsequent Add-on, Correction, or Final Reports as required. All CCIR/SIR reports require a Final Report that annotates final disposition. (**See SIR close-out requirements in the CCIR-SIR button in the eJOC**)
 - g. **Do not include name(s) in the body of the e-mail or in the file name.** Only include *"Information contained herein is sensitive and intended only for use in the recipient's specific duties and will not be forwarded or further disclosed. Medical or Behavioral Health Services personnel should contact POC listed in CCIR for additional information."* and the BLUF in the body of the e-mail. The Bottom Line Up Front (BLUF) is a short statement that provides the email recipients with the 5 Ws of the incident. The first line of the BLUF will indicate the type of report (Initial, Correction, Add-On, or Written Final Report) and will include the SIR file name in the correct format.
 - h. **The 5Ws in the BLUF will include: Unit, Time and Date, Location, SM Pay Status, Brief description of incident and actions being taken by the unit (if any)**

Reset Form

Category 1 and 2 Serious Incident Reports (SIRs)

- ☐ 1. On- off-post riots, serious disturbances or demonstrations targeted against TMD or involving TMD personnel. (AR 190-45)
- ☐ 2. Any war crimes, including mistreatment of enemy prisoners of war, detainees, displaced persons, retained persons or civilian internees, violations of the Geneva Conventions, and atrocities. (AR 190-45)
- ☐ 3. Any request by a TMD member for political asylum in foreign countries or indications of defection. (AR 190-45)
- ☐ 4. Terrorist activities, sabotage, and incidents, initiated or sponsored by known terrorists, dissident groups, or criminal elements, that occur on/in Texas or involve TMD personnel or property. (AR 190-45)
- ☐ 5. Any bomb or explosive incidents resulting in death, injury of TMD personnel, or damage to TMD property. (AR 190-45) (AFMAN 10-206 CSAF Sup)
- ☐ 6. Any incidents involving material damage that seriously degrade unit operational or training readiness. (AR 190-45)
- ☐ 7. Any threats against Government weapons and ammunition. (AR 190-45)
- ☐ 8. Any information on threats, plans, or attempts to harm or kidnap, or other information bearing on the personal security of the President of the United States, Vice President of the United States, or other persons under United States Secret Service (USSS) protection. (AR 190-45)
- ☐ 9. Incidents involving Army Biological Select Agents and Toxins (BSAT). Refer to AR 190-45 for reportable items.
- ☐ 10. Incidents involving CBRNE agents or research chemical agents. Refer to AR 190-45 or AFMAN 10-206 CSAF Sup for reportable items.
- ☐ 11. Any theft, suspected theft, wrongful appropriation, or willful destruction of Government property or appropriated funds valued at more than \$100,000. (AR 190-45)
- ☐ 12. Any racially or ethnically motivated criminal act by or towards TMD personnel. (AR 190-45) (AFMAN 10-206 CSAF Sup)
- ☐ 13. Any loss, theft, wrongful disposition, willful destruction, or mismanagement of the following:
 - a. evidence as part of a law enforcement investigation.
 - b. sensitive items, other than arms and ammunition (See AR 190-45).
 - c. controlled cryptographic items (CCI). (AR 190-45)
 - d. drugs identified in the Comprehensive Drug Abuse Prevention and Control Act of 1970 (See AR 190-45).
- ☐ 14. Any wrongful possession, manufacture or distribution of controlled substances, to include narcotics, drugs, or marijuana (See AR 190-45 for quantities). (AR 190-45)
- ☐ 15. Any significant violation of Army standards of conduct, to include bribery, conflict of interest, or acceptance of gratuities by Soldiers or DA or non-appropriated fund employees. (AR 190-45)
- ☐ 16. Any theft, loss, suspected theft, unaccounted or recovered arms, ammunition, and explosives. (AR 190-45)
- ☐ 17. Any actual or attempted break-in of arms rooms or storage areas for AA&E. (AR 190-45)
- ☐ 18. Any armed robbery or attempted armed robbery of AA&E. (AR 190-45)
- ☐ 19. Any evidence of trafficking of AA&E, such as bartering for narcotics or any other thing of value, to include taking AA&E across international borders, regardless of the quantity of AA&E involved. (AR 190-45)
- ☐ 20. Any aggravated arson involving TMD personnel or facilities. (AR 190-45)
- ☒ 21. Any death of a TMD member regardless of duty status or location. (AR 190-45) (AFMAN 10-206 CSAF Sup)
- ☐ 22. Any death of a TMD Family member which is deemed to be criminal in nature. (AR 190-45)
- ☐ 23. Any training and troop movement accident that results in (AR 190-45):
 - ☐ a. serious injury
 - ☐ b. fatality
- ☐ 24. Any incident involving firearms that (AR 190-45):
 - ☐ a. results in an injury.
 - ☐ b. results in a fatality
- ☐ 25. Any Kidnapping involving a TMD member. (AR 190-45)
- ☐ 26. Any major fire or natural disaster involving or resulting in (AR 190-45):
 - ☐ a. fatality
 - ☐ b. serious injury
 - ☐ c. property damage in excess of \$250,000
 - ☐ d. damage that seriously degrades unit operational or training capabilities
- ☐ 27. Any group breach of discipline involving 10 or more persons who collectively act to defy authority. (AR 190-45)


- ☐ 28. Any maltreatment of TMD personnel to include assaults, abuse, or exploitation, where the offender has a trainer, supervisor, or cadre-trainee relationship with the victim, regardless of whether they are members of the same organization. (AR 190-45)
- ☐ 29. Any violation of DoD policy as it pertains to monitoring and recording of conversations (AR 190-30, (AR 190-45) AR 190-53, and AR 525-1), or acquisition and storage of non-affiliated U.S. person information (AR 380-13).
- ☐ 30. Any actual or alleged incident of child abuse that takes place within a family unit, TMD organizational setting, or TMD facility. (AR 190-45)
- ☐ 31. Any other incident that the commander determines to be of concern to DoD based on the nature, gravity, potential for adverse publicity, or potential consequences of the incident. (AR 190-45) (AFMAN 10-206 CSAF Sup)
- ☐ 32. Any Directed Energy Threats (Aircraft lasing incident disrupting air operations). (AFMAN 10-206 CSAF Sup)
- ☐ 33. Any Unauthorized Air Vehicle/Military Installation Airspace Violation/Intrusion. (AFMAN 10-206 CSAF Sup)
- ☐ 34. Any Installation Breach. (AFMAN 10-206 CSAF Sup)
- ☐ 35. Class A Mishap—an [aviation] mishap resulting in one or more of the following: Direct mishap cost totaling \$2,000,000 or more; fatality or permanent total disability; destruction of a DoD aircraft; or permanent loss of primary mission capability of an AF space vehicle. (AFMAN 10-206 CSAF Sup)
- ☐ 36. Class B Mishap—an [aviation] mishap resulting in one or more of the following: Direct mishap cost totaling \$500,000 or more but less than \$2,000,000; permanent partial disability; inpatient hospitalization of three or more personnel. (this does not include individuals hospitalized for observation, diagnostic, or administrative purposes that were treated and released); or permanent degradation of primary or secondary mission capability of a space vehicle or the permanent loss of secondary mission capability of a space vehicle. (AFMAN 10-206 CSAF Sup)
- ☐ 37. Significant medical event (i.e., major vaccine reaction) impacting operations. (AFMAN 10-206 CSAF Sup)
- ☐ 38. Did the loss or theft of Personally Identifiable Information (PII) / Personal Health Information (PHI) occur? (AFMAN 10-206 CSAF Sup)
- ☐ 39. Any confirmed active shooter targeting a military installation or military personnel. (AFMAN 10-206 CSAF Sup)
- ☐ 40. Any change to FPCON (only increase of baseline FPCON is locally authorized). (AFMAN 10-206 CSAF Sup)
- ☐ 41. Any change in the arming posture of a civil support mission, a TMD facility, or the 6th CST. (AFMAN 10-206 CSAF Sup)
- ☐ 42. Any change in Information Operation Condition/Cyber Information Condition (INFOCON/CYBERCON).
- ☐ 43. Other Service reportable requirements.

TMD Category 3 Serious Incident Reports (CCIR)

- ☐ 44. Will an event, or a natural or man-made disaster result in the execution of a TMD component COOP plan?
- ☐ 45. Did an aircraft accident, incident, or mission deviation outside of normal operating procedures, i.e. a precautionary landing at a location other than an airport or airfield occur?
- ☐ 46. Did an incident requiring hospitalization over 24 hours involving TMD personnel occur?
- ☐ 47. Did a suicidal ideation involving TMD personnel occur?
- ☐ 48. Was a TMD member arrested by a law enforcement agency?
- ☐ 49. Was a TMD member sexually assaulted or sexually harassed? (not SIR reportable; use SAPR/SARC/TWC process as appl.)
- ☐ 50. Was a TMD member involved in the discharge of a lethal or non-lethal weapon while on SAD or T32 orders?
- ☐ 51. Was a TMD member involved in the unauthorized use of TMD equipment?
- ☐ 52. Was TMD property or equipment (cost/value greater than \$100,000) damaged, vandalized or stolen?
- ☐ 53. Will an elected official, state or federal government agency, or other military organization visit a TMD facility or a location where TMD personnel are located?
- ☐ 54. Any theft, loss, suspected loss or unaccounted for military or GSA vehicle.
- ☐ 55. Any single loss of 10 or more United States DoD/Uniformed Services Identification Cards.
- ☐ 56. Any locally directed TMD facility closure due to natural or manmade events (i.e., local threat, early release or closure due to weather hazards, water/ electricity outage, etc.).
- ☐ 57. Any loss or compromise or spillage of classified information, data, or systems.
- ☐ 58. Are any units unable to execute planned training due to a loss or unavailability of scheduled facilities or resources?

TXARNG

15-Mar-22

SUBJECT: SIR Number 21299-00 Correction Report 1. CATEGORY 2 *SIR 

437.232/552.101

2. Type of Incident:

3. Date & Time: 20211026 0245

4. Location 437.232/552.101

5. Other Informationa. Racial: ☐b. Trainee Involvement: ☐c. Alcohol / Drug Related: ☐d. Violence Related: ☐e. Behavioral Health Related: ☐6. Personnel Involved 7. Subject

437.232/552.1175/552.101

437.232/552.1175/552.101

(3) DODID or SSN (Last 4) 437.232/552.1175/552.101

(4) Race: Other

(5) Gender: Male

(6) DOB: 19970322

(7) Position 437.232/552.101

(8) Security Clearance: Secret

(9) Assigned Unit: 437.232/552.101

(10) Duty Status: State Active Duty

(11) Recent Deployments: Yes ☐ No ☐

Reset Form

b. Victim

(1) Name 437.232/552.101

(2) Rank: 437.232/552.101

(3) DODID or SSN (Last 4):

(4) Race: Mexican-American

(5) Gender: Male

(6) DOB: 19890706

(7) Position 437.232/552.101

(8) Security Clearance: Secret

(9) Assigned Unit: 437.232/552.101

(10) Duty Status: State Active Duty

(11) Recent Deployments: Yes ☐ No ☐

c. Summary of Incident:

437.232/552.101

8. Publicity: Law Enforcement

9. Reporting Commander:

Rank / Name: 437.232/552.1175/552.101

Phone: (210) 232-8579

437.232/552.1175/552.101

10. Point of Contact:

437.232/552.1175/552.101

Phone: (210) 232-8579

437.232/552.1175/552.101

11. Down-Grading Instructions:

Note: Ensure to select save-as from file menu and change the file name accordingly
Add-on, Correction, and Final Reports are submitted utilizing the Initial Report. However, when submitting one of these types of reports, the original CCIR/SIR number is followed by the type of report. For example: If the Initial Report CCIR/SIR number is 21076-01, the CCIR/SIR number for an "Add-on" report would be 21076-01-Add-on, and so forth.

Add-On

Select the button above to generate an additional "add-on" page to this report

Correction

Select the button above to generate an additional "correction" page to this report

Final Report

Select the button above to generate an additional "written final report" page to this report

Save-As

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 camp Zapata | 2. DATE (YYYYMMDD) 2022/01/11 | 3. TIME 1036 | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | 6. SSN [REDACTED] | 7. GRADE/STATUS [REDACTED] | |
| 8. ORGANIZATION OR ADDRESS [REDACTED] | | | |
| 9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: | | | |

While attempting to disassemble a hand gun for cleaning, at approximately 22:15 I had an ND. Due to my neglect to fully ensue that the chamber was clear. Nobody was harmed due to my negligence. I take full responsibility for my actions.

| | | |
|-------------|---|--------------------------|
| 10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] | PAGE 1 OF <u>2</u> 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.

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.

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DISCLOSURE: Disclosure of your SSN and other information is voluntary.

| | | | |
|---|--------------------------------|-----------------|----------------|
| 1. LOCATION 37.232/552.101 | 2. DATE (YYYYMMDD) 20220110 | 3. TIME | 4. FILE NUMBER |
| 5. LAST NAME - FIRST NAME - MIDDLE NAME | 6. SSN | 7. GRADE/STATUS | |
| | | | |
| 8. ORGANIZATION OR ADDRESS | | | |
| | | | |

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On January 10, 2022 I, [REDACTED], received a phone call from [REDACTED] at approximately 23:31 who stated that [REDACTED] negligently discharged his Beretta pistol in the trailers. Upon arrival [REDACTED] briefed me on the incident. [REDACTED] informed me that he checked the trailer & the surrounding trailers for injuries. No injuries were found. The 9mm shell casing was found as well as the expended round. I confiscated all of [REDACTED] fire arms & ammunition. I contacted the [REDACTED]. On January 11th 2022 I submitted all of [REDACTED] fire arms to the TOC as directed, as well as the shell casing & round. I then returned to my normal duties as assigned.

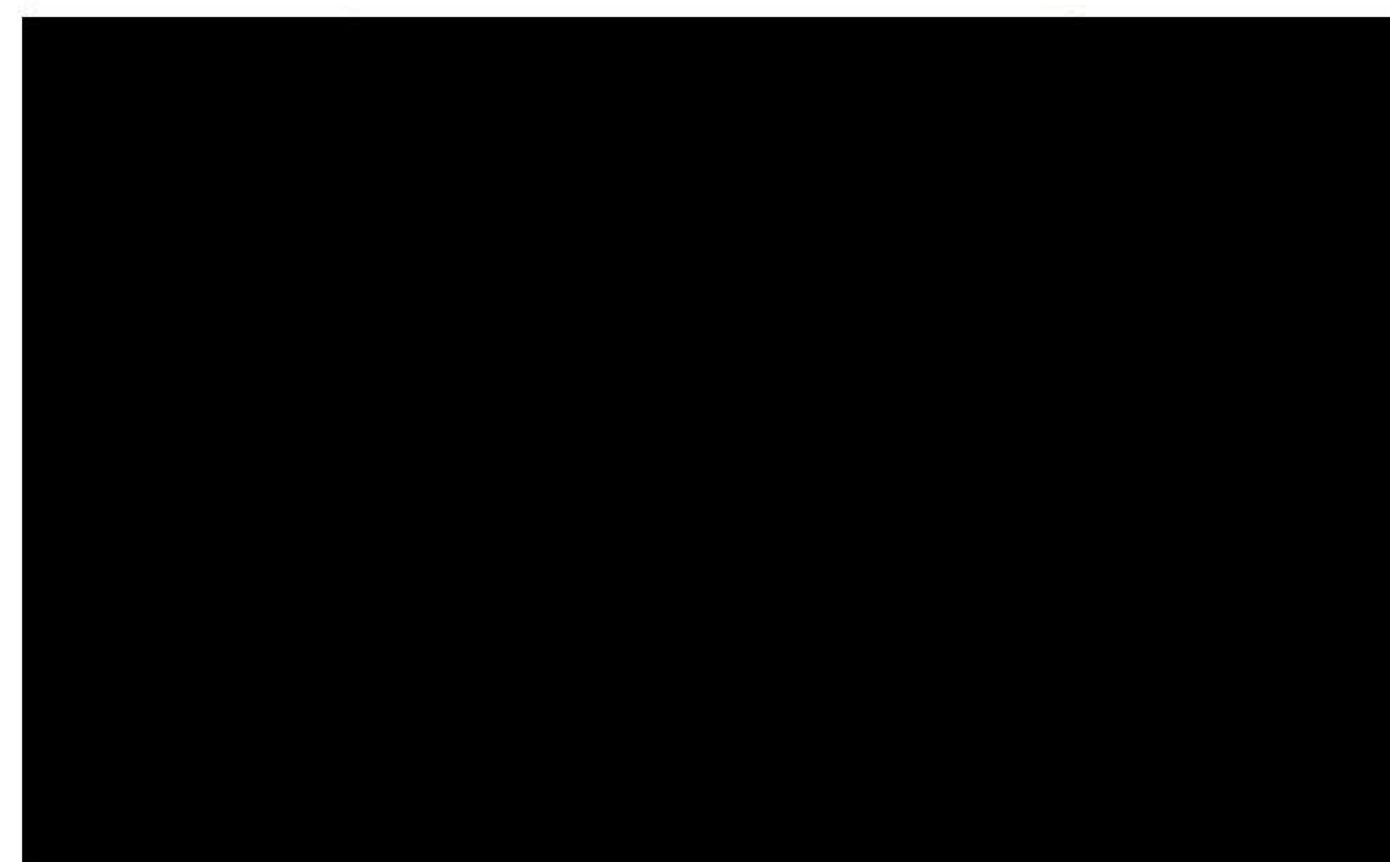
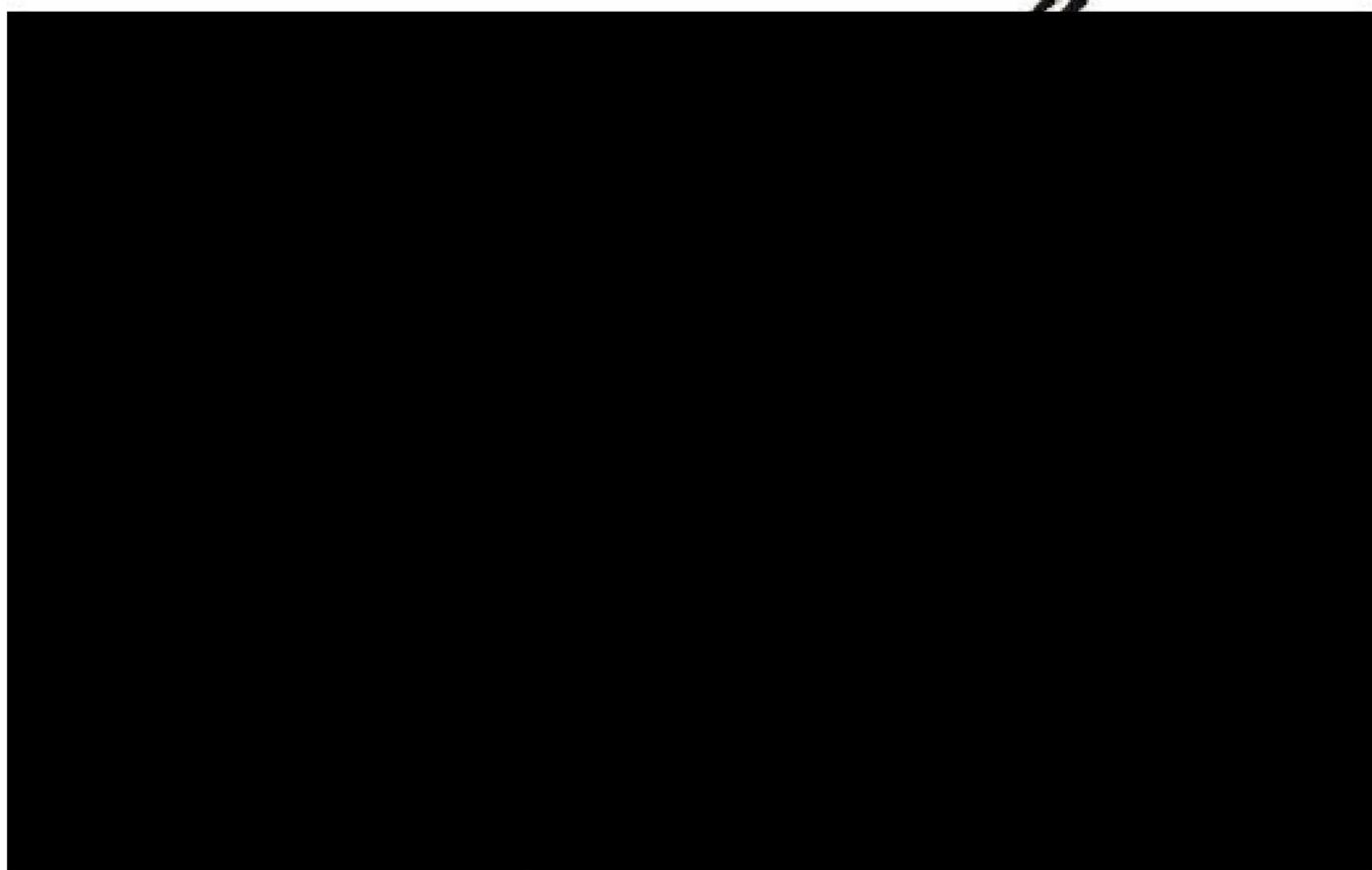
| | | |
|-------------|---|-------------------|
| 10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] | PAGE 1 OF 1 PAGES |
|-------------|---|-------------------|

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 _____

9. STATEMENT (Continued)



AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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 UNLAWFUL INDUCEMENT.

(Signature of Person Making Statement)

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

WITNESSES:

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 _____

PAGE _____ OF _____ PAGES

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 TRAILER 21 | 2. DATE (YYYYMMDD) 20220111 | 3. TIME 15:41 | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | 6. SSN [REDACTED] | 7. GRADE/STATUS E4 | |
| 8. ORGANIZATION OR ADDRESS A150 BEB | | | |

9. I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I WAS WOKEN UP AND ASKED IF I WAS OK I SAID YES. FOUND OUT [REDACTED] FAILD TO CLEAR ONE OF HIS WEAPONS PROPERLY AND A NEGLIGENT DISCHARGE HAPPENED LUCKY NO ONE WAS HURT SINCE HE SHOT HIS ^{THAT} BAG HAD STUFF THAT STOPPED THE BULLET AFTER WE FOUND THE BULLET WE CALMED 437 232 552 0 DOWN SINCE HE WAS STILL IN SHOCK OF WHAT HAPPEN

| | | |
|-------------|---|--------------------------|
| 10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] | PAGE 1 OF <u>2</u> 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 TRAILER 21 DATED 20220111

9. STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. 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 UNLAWFUL INDUCEMENT.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

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

ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

SPOT REPORT (Company)
Operation “LONE STAR”
Task Force East

Who: 437.232/552.1175/552.101

MOS: (Military Intelligence)

DOD ID: 437.232/552.
1175/552 10

TFMs Phone: 214-597-5152

TFMs Email: 437.232/552.
1175/552 101@hotmail.com

TFMs Duty Status: On Duty

Was the TFM on a mission? Yes

Was the TFM Hospitalized? No

If yes, was the TFM Hospitalized over 24hrs? N/A

Location of hospital: N/A

Expected release date: N/A

Assigned TF Unit: 437.232/552.1
1175/552 101

Organic Unit: 437.232/55
2 1175/552

What: SOG truck collided with a metal fence and went under the barrier. The hood is popped open and the vehicle cannot be moved.

When: 19, JAN,2022, 0602

Where: Schuerbach and levee

Narrative:

437.232/55 and 437.232/552. received a call from Border Patrol SE of Schuerbach and Levee. While responding to the call the vehicle collided with a metal fence. 437.232/55 reported that the road was dark and the fence was seen at approximately 10 feet, when the brakes were engaged they locked at the speed of 30 MPH.

DPS responded to the minor accident and the following was documented for the incident.
Case # 22-2456 – Responding Officer: Officer O. Zamora - Badge #: 715

Images:



Leadership POC:

Name: 437.232/552.117

Phone: 437.232/552.1

Email: 475/552 101

SR# 240

437.232/552.101

Date and time being reported: 10FEB2022 1555

Who:

- 437.232/552. (DRIVER)
- 437.232/510 (Small knot on head)
- 437.232/552.
- 437.232/552.1
- 437.232/571
- 52 1175/5

- 437.232/552.11
- 437.23 101
- 437.232
- 437.232/55
- 2 1175/552

What: Rental Van

Short Description: Vehicle collision with 18 Wheeler

Where: San Antonio, TX

When (Date & time it happened): 10FEB2022 1130

Why: Traveling from FMR to Ft. Sam Houston to purchase items from Military Clothing before return to Eagle Pass.

Unit assigned: 437.232/552.117
5/552 101

Duty Status: SAD

SM Hospitalized: Yes

If yes, which hospital? Brooke Army Medical Center

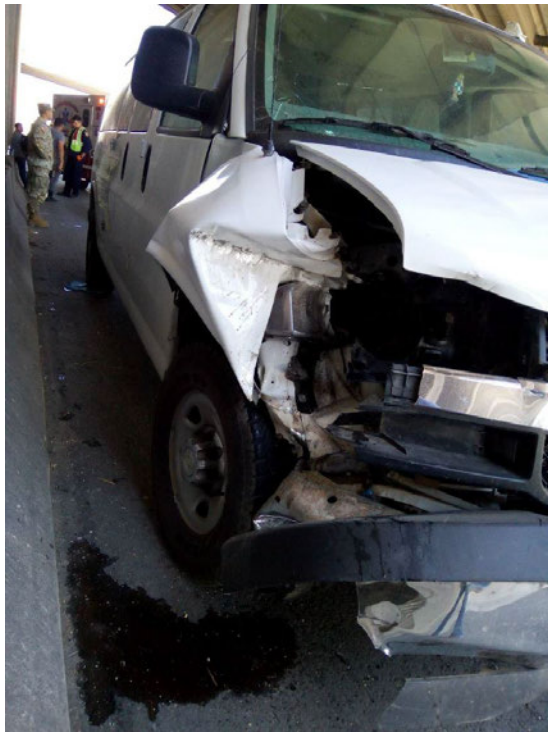
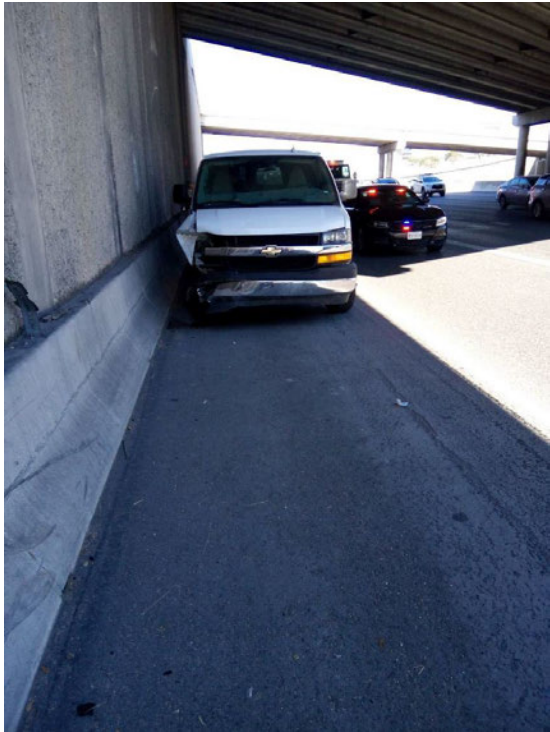
Hospital Phone number: (210) 916-4141

Hospital Address: 3551 Roger Brooke Dr, Fort Sam Houston, TX 78234

Narrative (IN DETAIL, BE SPECIFIC): While merging to exit highway, an 18 wheeler was trying to exit at same time. The driver of the van couldn't evade and collided with 18 wheeler. 1 SM (437.232/552.101) sent to BAMC for head injury. Scans performed as a precaution and set to be released today. 4 SMs requesting medical evaluation from medical staff to ensure no after effects of the collision. SAPD case number: 22028488. No Citations issued for the collision.

*****UPDATE 10FEB2022 *****

Received below 4 photos:



SM Reporting SPOT Report: Phone #: 437.232/552.1175 (512) 909-2406
/552 101

REPORT TYPE: SPOT

TASK FORCE: 437.232/552.101

Date and time being reported: 02/10/22 2230

Who: 437.232/552.117

Phone: 5/552.101
437.232/552.1

EMAIL: 437.232/552.1175/.mil@army.mil

Short Description: Vehicle Accident

Where: Laredo

When (Date & time it happened): 02/10/22 2145

Unit assigned: 437.232/5

Duty Status: Heading to BC

SM Hospitalized: NO

If yes, which hospital? N/A

Hospital Phone number: N/A

Hospital Address: N/A

Narrative (IN DETAIL, BE SPECIFIC): In route back from Laredo 437.232/552.1 was involve in a car accident, near 437.232/552.101, on mines Road in his POV. SM mistook a lane as continuing but merged with another lane. He ended up going into the shoulder and striking a pole. After notifying his chain of command he went to the Laredo Hospital for X-rays. SM was cleared and is RTD but will be on light duty for the next few days. Nothing follows.

_____**NOTHING FOLLOWS**_____

SM Reporting SPOT Report: 437.232/552.11

Phone #: 210-844-5923

75/552.101

TASK FORCE:

Date and time being reported: 16FEB2022/ 0730 hours

Who: 437.232/552.117 / Single Occupant/ possible concussion/ neck injury
5/552 101

Name/Rank/Phone: 437.232/552.1175/552.101

EMAIL: 437.232/552.101/552.137/552.130

SM Leader POC: 437.232/552.1175/5 / 437.232/552 / 437.232/552.117 .mil@army.mil
52 101 1175/552 1 5/552 101

What: Personal POV

Short Description: Dodge Ram 1500 Truck/ Black/ LP#: 437.232/552.101

Where: At the intersection of Mines Rd. and Rancho Viejo Dr., at the stop light, in the middle lane, going North-West on Mines Rd to 437.232/552.101

When (Date & time it happened): Accident occurred at around 0630 hours on 16FEB2022

Why: Traveling from assigned hotel to 437.232/552.101 for duty day.

Unit assigned: 437.232/552.101

Duty Status: In route to 437.232/552.101 for duty

SM Hospitalized: YES/ Laredo Medical Center

If yes, which hospital?

Hospital Phone number: 1(956)796-5000

Hospital Address: 1700 E Saunders St, Laredo, TX 78041

Narrative: SM 437.232/552.1, while driving to work for the day from his assigned hotel room was stopped at a stop light in the middle lane, located at Mines Rd. and Rancho Viejo Dr., heading NW to 437.232/552.101. An unknown silver truck, older model, at a high rate of speed, hit the SM's vehicle in the rear bumper. The Police arrived on scene and 437.232/552.1175/5 was assessed. 437.232/552.1175/5 was transported by ambulance to Laredo Medical Center for treatment with a possible neck injury and concussion. The SM's vehicle was drivable and was transported back to 437.232/552.101 by 437.232/552.117. Two (2) soldiers are being sent to the hospital to check on the soldier at 0730 hours. The Police arrived on scene and an accident report was filed, the soldier was given the report (#22-003378) Officer J. Sanchez from Laredo Police Department (956)795-2800.

NOTHING FOLLOWS

SM Reporting SPOT Report: **437.232/552.1175/55** **S3 NCO Phone #: (207)807-3243**
2 101

REPORT TYPE: SPOT

TASK FORCE: Center

Date and time being reported: 181230FEB2022

Who: 437.232/552.1175/5
52 101

Phone: 437.232/552.
1175/552 101

EMAIL: N/A

Short Description: Non-Injury vehicle accident

Where: SW Loop 410 Somerset TX

When (Date & time it happened): 171853FEB2022

Unit assigned: 437.232/552.101

Duty Status: SAD / Off-duty returning from pass

SM Hospitalized: No

If yes, which hospital? N/A

Hospital Phone number: N/A

Hospital Address: N/A

Narrative (IN DETAIL, BE SPECIFIC): SM was involved in a minor POV accident, rear ended in traffic, which resulted in minor vehicle damage and no injury. Law enforcement was notified for police report and SM notified Chain Of Command. SM departed from scene when cleared and returned to 437.232/552.101

NOTHING FOLLOWS_____

SM Reporting SPOT Report: 437.232/552.1175/5

Phone #: 437.232/552.
1175/552 101

TASK FORCE: [REDACTED]

Date and time being reported: 18 Feb 2022 11:40

Who: [REDACTED] [REDACTED] [REDACTED] / no injuries reported

[REDACTED] (Passenger)

[REDACTED] Patricia Ticer (Civilian Vehicle Operator: [REDACTED]) / no injuries reported (*List all involved*)

EMAIL: [REDACTED]@spaceforce.mil
[REDACTED]

What: POV/Rental Accident

Short Description: Minor Vehicle Collision at McDonlad's parking lot

Where: The parking lot of the McDonald's at 1104 International Blvd, Brownsville

When (Date & time it happened): 18 Feb 2022 11:0

Why: Acquire food

Unit assigned: [REDACTED]
[REDACTED]

Duty Status: On Duty

SM Hospitalized: No

If yes, which hospital? N/A

Hospital Phone number: N/A

Hospital Address: N/A

Narrative (IN DETAIL, BE SPECIFIC): As OLS personnel were leaving the parking spot at McDonalds to deliver lunch to post, a civilian driving a black Chevy Malibu (LP: [REDACTED]) reversed into the back of the rover truck (LP: [REDACTED]). Rover truck was at a full stop immediately prior to the accident. Brownsville Police Department were notified and arrived on the scene (Officer Empl #: 8327 and Case #: 22022197). Police are currently requesting McDonald's surveillance footage. Record inquiries can be requested at phone number 548-7113 between 0800-1630. According to [REDACTED] [REDACTED] [REDACTED], rover vehicle had no new damage. Existing damage was from sliding off the levy about a month prior. Damage to the civilian vehicle was

minor (see pictures below). No injuries were reported. The civilian confessed to not having sufficient situational awareness and causing the accident.



NOTHING FOLLOWS

TASK FORCE: 437.232/552.101

Date and time being reported: 1600 19FEB2022

Who: Driver & all occupants/ injuries or casualties (*List all involved*) Name/Rank/Phone: EMAIL:

Driver

Passenger

437.232/552.101

What: Rental Accident (LP#)

Short Description: While backing out of a parking lot space, the back window was struck by tree branch and shattered.

Where: Location of accident: Chili's Restaurant parking lot, 1412 W Expy 83, Weslaco, TX 78596

When (Date & time it happened): Approximately 1300 19FEB2022

Why: Weapons gauging for 437.232/552.101

Unit assigned:

Duty Status:

SM Hospitalized: NONE

If yes, which hospital?

Hospital Phone number:

Hospital Address:

Narrative (IN DETAIL, BE SPECIFIC): While backing out of the parking lot after eating lunch, the van was backed into a small tree, possibly a Crepe Myrtle. The SM driving was checking his mirrors and monitoring the backup camera so not to backup into anything. The beeper backup warning was going off as it usually does when you get near a curb, which is the only thing that was showing up in the camera. The branch that was sticking up was too high for it to pick up. The branch was struck, and the window was broken.

SM Reporting SPOT Report: Phone #: _____

NOTHING FOLLOWS

TASK FORCE: 437.232/552.101

Date and time being reported: 1600 19FEB2022

Who: Driver & all occupants/ injuries or casualties (*List all involved*) Name/Rank/Phone: EMAIL:

Driver: 437.232/552.101

Passengers

437.232/552.101

What: Rental Accident (LP# 437.232/552.101)

Short Description: While backing out of a parking lot space, the back window was struck by tree branch and shattered.

Where: Location of accident: Chili's Restaurant parking lot, 1412 W Expy 83, Weslaco, TX 78596

When (Date & time it happened): Approximately 1300 19FEB2022

Why: Weapons gauging for 437.232/552.101

Unit assigned:

Duty Status:

SM Hospitalized: NONE

If yes, which hospital?

Hospital Phone number:

Hospital Address:

Narrative (IN DETAIL, BE SPECIFIC): While backing out of the parking lot after eating lunch, the van was backed into a small tree, possibly a Crepe Myrtle. The SM driving was checking his mirrors and monitoring the backup camera so not to backup into anything. The beeper backup warning was going off as it usually does when you get near a curb, which is the only thing that was showing up in the camera. The branch that was sticking up was too high for it to pick up. The branch was struck, and the window was broken.

SM Reporting SPOT Report: Phone #: _____

NOTHING FOLLOWS