

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 FOB Salerno | 2. DATE (YYYYMMDD) 20100402 | 3. TIME 2107 | 4. FILE NUMBER |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME MOWREY DAVID, LEE | 6. SSN 317-98-5669 | 7. GRADE/STATUS E4 | |
| 8. ORGANIZATION OR ADDRESS 177th FMD FOB Salerno APO, AE 09314 | | | |

9. I, DAVID LEE MOWREY, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

with regards to SFC Jenkins and the "Airhumping"
I do not recall any touching ever ^{DM} involved with
the "Airhumping." SFC Jenkins "Airhumping" was ^{DM} AOT
from a few feet away, and ranged from desks to printers
and anyone in the office. It was goofy, not Sexual!

Nothing
Follows
DHM

| | | |
|-------------|--|--------------------------|
| 10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT DHM | 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 DAVID LEE MOWREY TAKEN AT FOB Salerno DATED 20100402

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

DAVID LEE MOWREY, 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.

[Signature]
(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2nd day of April, 2010 at FOB Salerno
[Signature]
(Signature of Person Administering Oath)
Dwain H. Fullard, SSG
(Typed Name of Person Administering Oath)
11X USC 11844A
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

DLM

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