

HAWAI'I ARMY NATIONAL GUARD
SOLDIER RIGHTS AND WARNING STATEMENT
IAW AR 600-8-4 (Line of Duty Investigations)

(RN 600-8-4a)

I, _____ informed
(Unit Commander or Designee Rank/Name)

_____ on _____ of his/her rights and
(Soldier Rank/Name) (Date)

that he/she does not have to make a statement relating to the origin, incurrence or aggravation of any injury or medical condition incurred while on a duty status. The Soldier understood his/her rights.

Unit Commander or Designee Signature

Date

I, _____ have been advised
this date that I am not required by law to make any statement relating to the origin,
incurrence or aggravation of any injury or medical condition incurred while on a duty
status. I understand my rights and elect to:

_____ Make a statement.

_____ Not make a statement.

Soldier's Signature

Date