

**HAWAI'I ARMY NATIONAL GUARD**  
**SOLDIER RIGHTS AND WARNING STATEMENT**  
*IAWAR 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