	For use	of this form, see A	ORN STATEMENT R 190-45; the proponent ac	ency is ODCSOPS			
		nouv	ACY ACT STATEMENT				
THODITY	Title 10 USC Section			ated November 22, 19	43 (SSN).	rientified	
UTINE USES:	Your social security r	Your social security number is used as an additional/alternate means of identification to the					
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ou Ghraib Detentic	m Facility		6. SSN		7. GRADE/STA	TUS	
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ORGANIZATION O	R ADDRESS	A bu Ghraib					
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e were told. COL	PAPPAS was in char	rge of the Site an		during interroughlic	n, or abuse of an	detamee.	
ver witnesses. or	neard about any photo	os or videos of d		nit in the second second		and the	
n not aware f any	numiliation done by a	in interrogator to	a detainee. I worked w h the linguists/interprete	rs. Thever had or s	aw any problems	with any of	
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ADDITIONAL PAG	ES MUST CONTAIN TH	HE HEADING "STA	1. INITIALS OF PERSON ATEMENT TAK THE INITIALS OF THE PE	EN AT DATE	D		

	TAKEN AT Abu Ghraib DATED
STATEMENT (Continued)	
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	AFFIDAVIT
I	HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT E I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MAD E I FULLY UNDERSTAND THE CONTENTS OF THE BOTTOM OF EACH PAGE
BY ME. THE STATEMENT IS TRUE. I HAVE INIT	ALED ALL CORRECTIONS AND TO THOPE OF BENEFIT OR REWARD, WITHOUT HIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT RCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.
	(Signature of Person Making Statement)
	Subscribed and sworn to before me, a person authorized by law to
WITNESSES	administer oaths, this day of
	at Abu Ghraib Detention Facility
	(Signature of Person Administering Oeth)
ORGANIZATION OR ADDRESS	(Signature of Person Administering Oeth)
ORGANIZATION OR ADDRESS	•
	(Typed Name of Person Administering Oath)
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