

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Metro Park Springfield, VA	2. DATE (YYYYMMDD) 2004/05/27	3. TIME 1335	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E5	

8. ORGANIZATION OR ADDRESS
229th MP Co, VA National Guard, Virginia Beach, VA

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

I was at Abu Ghraib (AG) from 21 Aug 03 until 29 Mar 04. I had two week mid-tour leave in October 03. During our train up prior to deploying to Kuwait and Iraq we had some training in PW/detainee handling measures, and it was all according to the training manual. It did not entail Geneva Convention; however, I am aware of Geneva Convention guidelines from previous training. At AG we did not have any formal introduction, orientation or training provided by personnel already there. However, we did continue some of the train up that we had previously conducted in CONUS and in Kuwait. I was not required to read any Interrogation Rules of Engagement; however, after I was there for a while I did hear that some rules had changed and required some sort of specific approval. My primary duty at AG was on the Internal Reaction Force (IRF). At one point, during a period when we were exceptionally short of MPs, I spent just under two weeks doing escort duty to bring detainees to and from interrogation sites. Other than the two cases of abuse for which I provided a statement to CID, I did not observe or become aware of any instances of abuse or humiliation of detainees. I did not see or become aware of any unauthorized photos or videos of detainees. I did see several instances of both MPs giving physical training sessions to detainees as a punishment measure, to include what is called "rocking" whereby the detainee is made to kneel on gravel or rocks as a control measure. For a while after I arrived, I also observed both MPs and MI personnel yelling at detainees. I don't consider either the physical training or yelling to be abuse, however personally and professionally I do not feel that it either is necessary. The yelling is definitely wrong for the MPs, but I do not consider it to be abuse. It might be an approved or accepted interrogation technique, but seemed excessive in that the interrogators always had interpreters there to translate exactly what was said and yelling should not be required. We continuously reported the yelling and handling procedure incidents to our chain of command and after a while it seemed to stop, or at least I was no longer observing it. The IRF folks quickly got a name for ourselves because we continuously reported it and the other folks did not want much to do with us. Q. Is there anything you wish to add? A: No [REDACTED]

//////////////////////////////////////END OF STATEMENT//////////////////////////////////////

NOTHING

FOLLOWS [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF [REDACTED] PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ 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

9. STATEMENT (Continued)

[REDACTED]

No

Use

AFFIDAVIT

[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 27 day of May 2004 at _____

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

[REDACTED] (Signature of Person Administering Oath)
[REDACTED] (Typed Name of Person Administering Oath)
5 USC 33 (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

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