

SWORN STATEMENT

For use of this form, see AR 180-45; the proponent agency is DDCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2051; E.O. 9397 dated November 22, 1943 (SSA).
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 Joint Interrogation Debriefing Center	2. DATE (YYYYMMDD) 2004/06/06	3. TIME 15:00	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS SPC/RA	
8. ORGANIZATION OR ADDRESS Joint Interrogation Debriefing Center, Baghdad Central Correction Facility, Iraq			

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

I reviewed various photographs of the alleged detainee abuses and identified the following: In photograph 3b5b8beda01ae4d6ffd e62916523fdb9.jpg, the male with black shirt, standing in the background and leaning towards a detainee, was a CACI contractor named [REDACTED]. In photograph [REDACTED] the male in a black shirt was also [REDACTED]. In photograph labeled [REDACTED] the male on the left in a black shirt was also [REDACTED]. In photograph labeled [REDACTED] the male in the black top was also [REDACTED]. The scene in photograph labeled [REDACTED] depicts the cell of the detainee that was shot after firing at an MP in November or December 2003. Q: Do you have anything to add to this statement. A: No.

NOT USED

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF [REDACTED] TAKEN AT JJDC, BCCF, Iraq DATED 2004/06/06

2. STATEMENT (Continued)

[REDACTED]

NOT [REDACTED] USED

AFFIDAVIT

[REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE [REDACTED]. 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 06 day of June, 2004 at JJDC, BCCF, Iraq

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

UCMJ Article 136 (b)
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF [REDACTED] PAGES