

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 Abu Ghraib, Iraq, APO AE 09335	2. DATE (YYYYMMDD) 2004/04/27	3. TIME 1830	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS SPC	

8. ORGANIZATION OR ADDRESS
66th MILITARY INTELLIGENCE GROUP, Deployed to Abu Ghraib Correctional Facility, Abu Ghraib, Iraq, APO AE 09335

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

I arrived at Abu Ghraib on 15 October 2003 to conduct interrogation operations. When I first arrived to Abu Ghraib, I received an orientation on Iraqi culture like Ramadan and the Interrogation Rules of Engagement (IROE) on what you could or could not do but I did not receive any Geneva Convention training. We did receive it later. I was really surprised on the ground level rules. We had rules but the MPs had no ground rules on how to conduct detainee handling. We really didn't know what they could or could not do to a detainee. I don't really know who was in charge of the MPs but COL PAPPAS was in charge of MI. I think COL PAPPAS was in charge of the site. I saw [REDACTED] around and believe he was the JIDC Commander. He was doing the same job [REDACTED] is currently doing. I never witness detainee abuse. I did see naked detainees. I think it happened one night in December. I was picking up a detainee to take him to the stairwell room to interrogate him. I believe anytime there was a new detainee in the segregation area they were stripped of their clothes. I asked the person (MP) with the naked detainee if that was approved. That individual told me to stay out of it. I told them that we were not allowed to do that. I reported it to my NCOIC [REDACTED]. She told me that was a problem between MI and the MPs because there was no written SOP for the MPs. I heard there was the use of dogs but I never saw it. I can't remember who told me. It wasn't until CID began the investigation that I learned that there were allegations of detainee abuse. The only time I knew of any possible foul play was when I found out [REDACTED] was disciplined for walking a naked detainee back to his camp. We were allowed to interrogate by the stairs in the segregated area and the shower room. The command was aware of this

Q. Do you have anything to add to this statement?
A. No

////////////////////////////////////End of Statement//////////////////////////////////// [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 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 Abu-GHAYB

DATED 27 APR 2004

STATEMENT (Continued)

[REDACTED STATEMENT CONTENT]

AFFIDAVIT

I, [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]

(Signature of Person Making Statement)

WITNESSES

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 27 day of April, 2004 at Abu Ghayb Correction Facility

[REDACTED SIGNATURE]

(Signature of Person Administering Oath)

[REDACTED NAME]

(Typed Name of Person Administering Oath)

UCMJ Article 136

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED INITIALS]

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