

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
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: [REDACTED] OPENWELL, VA.
2. DATE (YYYYMMDD): 00040623
3. TIME: 1105
4. FILE NUMBER:
5. LAST NAME FIRST NAME MIDDLE NAME: [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: E5

8. ORGANIZATION OR ADDRESS: 237th MP Co. VIRGINIA BEACH VA.

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

On approximately 1050hrs on 23 June 04 Investigator [REDACTED] presented a line up of photos. After reviewing the photos [REDACTED] identified [REDACTED] Digital Photo #2444R378 was identified as the individual as described in the statement dated 20 Jan 04. As a professional jailer for eleven years, the conduct and treatment of the prisoners were not to standards. I have nothing else to add at this time.

Nothing follows

Not

Used

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF [REDACTED] PAGES

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

STATEMENT OF [REDACTED]

TAKEN AT Hopwell, VA

DATED 20040623

9. STATEMENT (Continued)

Not

Used

AFFIDAVIT

[REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 23. 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

[REDACTED] called and sworn to before me, a person authorized by law to administer oaths, this 23 day of JUNE, 2004 at Hopwell, VA

ORGANIZATION OR ADDRESS

[REDACTED]  
Signature of Person Administering Oath

ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)

5 USC 303

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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