

SWORN STATEMENT <small>For use of this form, see AR 190-45; the proponent agency is DDCSOPS</small>			
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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Joint Interrogation Debriefing Center	2004/06/06	1317	
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS
[REDACTED]		[REDACTED]	SSG/E6
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: [REDACTED] P is the female depicted in the following photographs: [REDACTED] [REDACTED] the male with black shirt, standing in the background and leaning towards a detainee, was a CACI contractor named [REDACTED] In photograph [REDACTED].jpg, 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]. Q: Do you have anything to add to this statement. A: No.			
END OF STATEMENT			
NOT USED			
10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT		PAGE 1 OF 2 PAGES
	[REDACTED]		
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.			

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

STATEMENT OF

TAKEN AT

JIDC, BCCF, Iraq

DATED

2004/06/06

9. STATEMENT (Continued)

NOT USED

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.

(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 JIDC, BCCF, Iraq

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

UCMJ Article 136 (b)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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