

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
HOPEWELL, VA.
2. DATE (YYYYMMDD)
20040623
3. TIME
1135
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
E-5
8. ORGANIZATION OR ADDRESS
237th MP B. VIRGINIA BEACH VA.

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
I APPROXIMATELY 1050 HRS ON 23 JUNE 04 INVESTIGATOR [REDACTED] PRESENTED A LINE UP
OF PHOTOS. AFTER REVIEWING THE PHOTOS I IDENTIFIED [REDACTED] DIGITAL PHOTO [REDACTED]
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 [REDACTED]

NOTHING FOLLOWS
[REDACTED]

Not

Used

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 1 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 Hopewell, 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 265. 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 23 day of JUNE, 2004 at Hopewell 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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