SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is DCSOPS

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 USE(S):	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[redacted]	1505 hours	

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

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I reviewed various photographs of the alleged detainee abuses and identified the following: In the photograph labeled [redacted], the male with brown hair, desert camouflage trousers, brown t-shirt standing in the foreground on the right was [redacted], First Name Unknown, SPC/E4; who served as either an interrogator or analyst. In photograph 3b5n8beda10ae4d6ffdbe6291652[redacted]3fdb9.jpg, the male with black shirt, standing in the background and leaning towards a detainee, was a CACI contractor that went by the nickname [redacted] I believe his name was either [redacted] In photograph labeled [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]

Q: Do you have anything to add to this statement? A: No. AS ——END OF STATEMENT——

NOT USED

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF [redacted] PAGES
	[redacted]	

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____"

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

DA FORM 2823, DEC 1998 DA FORM 2823, SEP 72, IS OBSOLETE

AG0000712

STATEMENT OF [redacted] TAKEN AT JIDC, BCCF, Iraq DATED 2004/06/05

8. 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 [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 05 day of June 2004

at JIDC, BCCF, Iraq

[redacted]
(Signature of Person Administering Oath)

[redacted]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

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

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [redacted]

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