

# 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 [REDACTED] AR [REDACTED]	2. DATE (YYYYMMDD) 19/5/4/03	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS E-4	
8. ORGANIZATION OR ADDRESS [REDACTED]			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: I HAVE NOT SEEN, BUT HAVE HEARD THAT SGT. [REDACTED] AND CPT. [REDACTED] HAVE HIT PRISONERS, THEN THIS WAS COMING FROM GUYS THAT WAS NOT EVEN THERE. I NEVER TALKED TO EITHER ONE OF THEM TO SAY IF THEY HAD HIT ONE OF THEM. I DIDN'T EVEN WANT TO KNOW.

Q: What did you see the two CPT [REDACTED] and [REDACTED] went to the jail to question an Iraqi detainee?  
A: I VIOLATED MY RIGHTS. TO A LAWYER IS PRESENT

10. EXHIBIT XXII	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

STATEMENT OF

TAKEN AT

DATED

9. STATEMENT (Continued)

b(6)-2 whole page

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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]  
[REDACTED]  
[REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED]  
[REDACTED]  
[REDACTED]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9 day of Jul, 03 at FDR Buzz

[REDACTED]  
(Typed Name of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)

15-605525  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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