

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: ACR 9222... 2. DATE: 20030719 3. TIME: 1730 4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] 6. SSN: [REDACTED] 7. GRADE/STATUS: E-9
8. ORGANIZATION OR ADDRESS: [REDACTED] ACR

9. (Sgt) [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: b(6)-5
In or about 9 Jul 2003 I Examined SSG [REDACTED] and CPT [REDACTED] at separate times. Both appeared to have fractures often associated with punching or hitting with hands. I have also known them to use rightful force while apprehending and detaining suspects. At times they seem excessive but that is merely my view which is from a medical stand point, therefore b(6)-5
Q: How long have you known about people [REDACTED] hitting detainees?
A: Over one month [REDACTED]
Q: Do you know of any other people in [REDACTED] hitting detainees?
A: Yes
Q: Will you identify who else?
A: No [REDACTED]
Nothing follows

10. EXHIBIT: TV 11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED] PAGE 1 OF 7 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED 20030719
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

b(6)-2

all b(6) rest

Page 6, 7c

b(6)-5

008257

STATEMENT OF 99t [REDACTED] TAKEN AT 1980 BUZZ DATED 19 July 2003

9. STATEMENT (Continued)

b(6)-2 entire page

Ex 96, 701

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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 [REDACTED] INFLUENCE.

[REDACTED]
Signature of Person Making Statement

WITNESSES:

[REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19 day of July, 03 at FUB BUZZ

[REDACTED]

Signature of Person Administering Oath

[REDACTED]

(Typed Name of Person Administering Oath)

15-6 OFFICER

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES