

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 FORB BUIZZ, IRAQ	2. DATE (YYYYMMDD) 2003 07 20	3. TIME 1015	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS O-1E	

8. ORGANIZATION OR ADDRESS
[REDACTED] 13 ACR

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

AS A LT., I HAVE BEEN IN 2 TRP, UNDER CPT [REDACTED], SINCE 15 NOV 2002. I ARRIVED WITH THE UNIT IN KUWAIT ON 18 APR 2003 + I HAVE BEEN WITH THE UNIT CONTINUOUSLY SINCE THEN. FOR A PERIOD OF APPROXIMATELY ONE MONTH, FROM MID MAY UNTIL MID JUNE, I SERVED AS CPT [REDACTED] ARABIC TRANSLATOR, AND AS SUCH, I TRAVELED EVERYWHERE WITH HIM. ON MANY OCCASIONS I SAW HIM TREAT IRAQIS IN A VERY DISRESPECTFUL MANNER, TO INCLUDE LEADERS OF RUTBA, SUCH AS THE POLICE CHIEF. HE WOULD YELL AT THEM, CUSS THEM OUT, BELITTLE THEM IN FRONT OF THEIR SUBORDINATES, PUT HIS FINGER IN THEIR FACE, ETC. ON NUMEROUS OCCASIONS I SAW HIM DRAW HIS PISTOL + WAVE IT AROUND IN PEOPLE'S FACES AS HE YELLED AT THEM. THEY HAD PRESENTED NO THREAT TO US AND WERE INVOLVED IN NO ILLEGAL ACTIVITY.

I HAVE HEARD HIM SAY ON NUMEROUS OCCASIONS HOW ALL IRAQIS ARE CROOKS + THIEVES AND HIS ACTIONS TOWARDS THEM WOULD INDICATE THAT HE TRULY BELIEVES THIS. I HAVE OFTEN APOLOGIZED TO IRAQIS FOR HIS TREATMENT OF THEM AND I HAVE BEEN TOLD BY MANY OF THEM, TO INCLUDE RUTBA POLICE, THAT THEY DO NOT LIKE HIM. THEY CLAIMED THAT EVERYONE IN TOWN KNOWS HIM AND OF HIS ACTIONS TOWARDS

10. EXHIBIT XXIV	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 FOB BUZZ / HAW DATED 20 Jul 03

9. STATEMENT (Continued)

THE SAME APPEAL TO THE MAINTENANCE SECTION. AFTER THE INCIDENT AT THE MINE STRIKE SITE, MANY SOLDIERS CAME TO ME + TOLD ME HOW SHOCKED THEY WERE AT THE CO'S ACTIONS. I HAD EACH OF THEM WRITE A SWORN STATEMENT WHILE IT WAS STILL FRESH IN THEIR MINDS. THERE WAS MUCH OUTRAGE AND INDIGNATION OVER ~~AT~~ THIS BECAUSE AN OFFICER HAD ALLEGEDLY DONE IT, THEY ASKED THAT SOMETHING BE DONE.

I CAN HONESTLY SAY THAT CPT ~~REMOVAL~~ FROM COMMAND OF ~~IS~~ IN THE BEST INTEREST OF EVERYONE. MORE IMPORTANTLY, IT SHOWS TO THE SOLDIERS THAT EVERYONE, EVEN OFFICERS, ARE HELD ACCOUNTABLE FOR THEIR ACTIONS.

AFFIDAVIT

I, ~~_____~~, 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.

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 20 day of July 03 at FOB BUZZ

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT ~~_____~~PAGE 3 OF 3 PAGES