

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 FOB BUZZ	2. DATE (YYYYMMDD) 2003 07 20	3. TIME 09.14	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS SFC / Section Ldr	

8. ORGANIZATION OR ADDRESS

[REDACTED] / 3 ACR

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

I, SFC **[REDACTED]** as a member of **[REDACTED]**'s I feel very bad that things in my opinion got out of hand with the treatment of Iraqi people, I know that there are some Iraqis that are killing and committing criminal act against U.S. soldiers but, we do not know who they are, that is why we can't treat everybody thinking that they all are criminals, there are a lot of good people here. Our soldiers need to know that, if you pull guns to their faces and talk bad to them and you are a leader of those troops, they will think that is ok for them to do it too. I did see

b(6)-5 Cpt **[REDACTED]** one time do that to couple of civilians collecting wire at Rutbah and that was wrong. Why our leaders decided to come forward with statement was because we did not wanted any of our soldiers hurt because Cpt **[REDACTED]** was making people mad at him and our soldier for the things that he was doing at Rutbah.

10. EXHIBIT T/III	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] b(6)-2	PAGE 1 OF 3 PAGES
-----------------------------	---	--------------------------

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, SFC [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]
ORGANIZATION OR ADDRESS

[REDACTED]
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

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

15-G OFF-11
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES