

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
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] 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER
[REDACTED] 2004 07 05 1100
5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS
[REDACTED] SS

8. ORGANIZATION OR ADDRESS
[REDACTED]

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

My name is [REDACTED]. My MOS is 97E, and I am assigned to 502nd MI, but I'm an augments here. I've been here since 1 March 2004. I'm the NCOIC of the interrogation operation and I screen the detainee packets before they get into the facility. When I screen the packets, I look for the CPA form, and two 2823s. I make sure they're filled out properly. I screen almost all of the packets that come here. I've been doing this since 1 April 2004.

Among the brigades we get some packets that are generally better than others. The packets from [REDACTED] are pretty good. When I interrogate detainees I haven't really seen any association with detainees and CISO 11-AT [REDACTED] pertaining to how they were treated or how they looked. [REDACTED] is the only detainee that's said anything to me about being beaten and coerced into doing anything. I did talk to [REDACTED] but he didn't tell me anything like that. I've talked to maybe less than ten detainees from [REDACTED] and of those ten, only one has had an issue.

END OF STATEMENT

NOT USED

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED] PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [REDACTED] DATED [REDACTED]

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

FORM 2823, DEC 1988

DA FORM 2823, JUL 72, IS OBSOLETE

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B6

STATEMENT OF

[REDACTED]

TAKEN AT

31AP, [REDACTED] DATED

5 JULY 04

B. STATEMENT (Continued)

NOT USED

NOT USED

B6

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. 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 5th day of July, 2004, at [REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 2 OF 2 PAGES

13, 24 FORM 2-23, DEC 1988

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