

SWORN STATEMENT

For use of this form see AR 190-45; the proponent agency is DDCSDPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 -SSM.
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 means of identification to increase filing and retrieval.
CLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: ARU GHRAIR
2. DATE (YYYYMMDD): 2004/06/06
3. TIME: 1540
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. GRADE/STATUS:

7. ORGANIZATION/ADDRESS: [Redacted] s/w contractor, Abu Ghraib

BC

BL

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

BL

My name is [Redacted]. I made a previous statement [Redacted] about two weeks ago. What I know is from translating [Redacted] during their screenings. I've been here since December 8, 2003. I've heard many, many detainees talking about the police and [Redacted]. Detainees also talk about bad treatment from Iraqis and Coalition forces at the airport. Last week a detainee complained of being stepped on his chest at the airport. I don't know where this airport is. Detainees were brought from the airport in bad shape by I think 4th, but I really don't know the name of the unit. I heard me that a detainee mentioned [Redacted] and asked "do you know [Redacted] they are here?" He said [Redacted] sent a message through him, telling the Coalition forces, "I'm going to clean up the area and her family". I don't know of any Coalition forces' units involved. The two sisters came here January 4th. [Redacted] mentioned that a detainee she was screening, mentioned [Redacted] about two months ago. I'm not familiar with any detainees associated with CISOTF-AP and 5th SF.

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The detainee who made the complaint about the treatment at the airport was not related to [Redacted] in any way.

BL

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NOTHING FOLLOWS

NOTHING FOLLOWS

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

BL

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FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA 01-00

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STATEMENT OF

TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

NOT USED

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)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6th day of June 2004 at ARID HARRIS

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

Art. 136
(Authority To Administer Oaths)

[REDACTED]
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

DA FORM 3823, DEC 1988

PAGE 2 OF 2 PAGES

USAPA V1.00

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B2
B6
B2
B2
B6
B2