

SWORN STATEMENT  
For use on this form, see AR 190-45; the proponent of is DDCSOPS  
LOCATION: FOR HOPD NATAF LEAP  
DATE: 7 JUN 04 TIME: 1049 FILE NUMBER:  
LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] SOCIAL SECURITY NUMBER: [REDACTED] GRADE/STATUS: E-4/PA  
ORGANIZATION OR ADDRESS: NHB/7-3 FA

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

1. Did you guard or work at 2-3 FA Detainee Holding Facility in the [REDACTED] area anytime during December 2003 or January 2004?

YES. [REDACTED] B6

2. How often did you guard or work at the facility? What shifts did you normally work?

YES, ABOUT ONCE A WEEK BUT NO PARTICULAR SHIFT. [REDACTED] B6

3. What were your primary tasks when working at the 2-3 FA Detainee Holding Facility (i.e. in-processing detainees, guarding, providing food, escorting them when they were removed from the holding area, etc.)?

I GUARDED THEM, FEED THEM, GAVE THEM WATER AND TOOK THEM TO THE LATRINE. [REDACTED] B6

4. Were detainees ever removed from the holding facility for interrogation or tactical questioning?

YES. [REDACTED] B6

5. Where were the interrogations/questioning conducted?

YES, EITHER IN THE INTERPRETER TENT OR THE OTHER DETAINEE CELL. [REDACTED] B6

6. Were there any other reasons detainees would be removed from the facility and returned? If yes, for what?

YES, TO BE INPROCESSED. [REDACTED] B6

7. Were detainees ever removed by personnel from [REDACTED] and later returned? For what purpose (if you know)? How long were they gone? b3

YES TO BE QUESTIONED WHICH USUALLY LASTED ABOUT 20 MINUTES. [REDACTED] B6

8. Do you know a person named [REDACTED] or a person named [REDACTED] B6

NO. [REDACTED] B6

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

[REDACTED] B6

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

USARPC VI.10

**SECRET//NOFORN** Formica Report - Annex 102

STATEMENT (Continued)

9. If the answer to question 8 is yes, were either of them allowed access to the detainee holding areas? Were they allowed to be present at any detainee questioning or interrogation? What were the circumstances?

N/A. B6

10. Do you remember the following detainees being at the 2-3 FA Holding Facility in late December 2008: [REDACTED] B6

I don't remember any by name, but I remember two females. B6

11. If you answered yes to question 10, were any of those listed ever released from the 2-3 FA Holding Facility to personnel from [REDACTED] If so, who was released, into whose custody were they released, and what were the circumstances?

NO, NOT WHILE I WAS ON SHIFT. B6

12. If you answered yes to question 10, were [REDACTED] ever allowed to interrogate or question any/all of those listed, either alone or with others? Were either allowed to be present at any of their interrogations?

NO, NOT WHEN I WAS ON SHIFT. B6

13. If you answered yes to question 10, was there a time when any of those individuals appeared to have been physically injured? If yes, do you know the cause of the injury?

NO. NOT TO MY KNOWLEDGE. B6

14. Is there anything else you would like to add?

Negative. B6

AFFIDAVIT

I, [REDACTED] BC, 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] B6  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7th day of March, 2009, at NATAF, TAMP

ORGANIZATION OR ADDRESS

[REDACTED]  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]  
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

USAFPCV1.10

~~SECRET/NOFORN~~

Formion Report - Annex 102