

CASE# 042016LS-001

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 2961; 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.

LOCATION
Adhamiya Palace MB408 927

2. DATE (YYYYMMDD)
2004/04/15

3. TIME
1000hrs

4. FILE NUMBER

6. SSN

7. GRADE/STATUS
O-2/ILT

1. LAST NAME, FIRST NAME, MIDDLE NAME

2. ORGANIZATION OR ADDRESS
2nd Battalion, 3rd Field Artillery Regiment

3.

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 04 April 04 [redacted] was detained by [redacted] for making and distributing IED's and having knowledge of attacks against Coalition Forces. His been involve in the resistance for about 4 months. [redacted] on 5 April 04 conducted a calibration Vapor Trace 2 system and ran a verification test; which he displayed a high exposure reading of high explosive called RDX. He also mention [redacted] as helping the resistance with supplies for attacks. He also stated that he was a former Major in the Air Defence Artillery with experience in missiles/rockets. We request that [redacted] be put on hold for further questioning to gather more information and his level of involvement in anti-coalition activities. End of Statement.

TIVA 1133A

[redacted]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT"

TAKEN AT

DATED

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

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

1997 031 1005 PROX 400

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STATEMENT OF [REDACTED] TAKEN AT 100000 DATED 2004/01/15

U. STATEMENT (Continued)

IDENTITY TOA [REDACTED]

NOT USE [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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[REDACTED]

[REDACTED]

AFFIDAVIT

[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 15 day of April, 2004 at Adhamiya Palace [REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED] (Signature of Person Administering Oath)

[REDACTED] (Typed Name of Person Administering Oath)

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ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3, DA FORM 2823, DEC 1998

STANDARD 21 ST JN 145 NHO 1

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