

Exemptions: (B)(6)
(b)(2)

SWORN STATEMENT

For use of this form, see AR 190-66; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 3601; Title 5 USC Section 2881; E.O. 9807 dated November 22, 1943 (NSNS).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with names by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Manhattan, Germany | 2. DATE: 20040930 | 3. TIME: 10:18 P. | 4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] | 6. GRADE/STATUS: 02E/AD
7. ORGANIZATION OR ADDRESS: 154th AFM, Mannheim APO 98 0198

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I don't recall the name of the family. As the PA for 2/3 FA we provided medical service as needed. [REDACTED]
I was on duty around the 22 December incident. I did not know of the condition while he was at the 2/3 FA detention facility. I was told that [REDACTED] of hypothermia when he arrived at the first detention center. I didn't know [REDACTED] while he was at the 2/3 FA detention facility. Somebody had mentioned that a detainee was acting eccentric, also lowering his pants, but I was never asked to go check on him. I believe it was [REDACTED] the lead doctor and interpreter, who saw [REDACTED] while he was at the [REDACTED]. There was no discussion of [REDACTED] being sodomized. I did not know of [REDACTED]. Under normal circumstances medical treatment would be required if someone were sodomized with a bottle. I was in the palace at the opposite end from where the detention center was. My medical would have probably noticed any injuries due to physical abuse and surgery. I was never called around these days to go over to 2/3 FA detention center to treat any injuries. I would normally go to 2/3 FA detention center to treat detainees with chronic conditions, such as high blood pressure and diabetes. We had one interpreter named [REDACTED] but I don't remember his last name. I've never heard of an interpreter abusing detainees. From the times that I've visited the 2/3 FA detention center, detainees were always provided with food, water, blankets and medication. There was no indication that detainees at 2/3 FA detention facility were being abused. From what I know, the detention detainees are very straight and professional, and they treated the detainees with dignity. The duties of the two medics from Bravo Battery were to screen the detainees on arrival and departure. I saw a female detainee on a bus inside the camp who did not complain of any abuse but said her doctor had been having her hands behind her back, so we provided her with arthritis pain medication and moved her hands in front of her. I did not hear of [REDACTED] behavior such as left the facility. The two female detainees on the bus did not complain of any abuse towards their brother. [REDACTED]

///END OF STATEMENT///

10. EXHIBIT | 11. INITIALS OF PERSON MAKING STATEMENT | PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] 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.

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STATEMENT OF

TAKEN AT _____ DATED _____

8. STATEMENT (Continued)

APPRANT

HAVE READ OR HAVE HAD READ TO ME THE 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30 day of September, 2004 at Mannheim Germany

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

INITIALS OF PERSON MAKING STATEMENT

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