

Exemptions: B6
B2

SWORN STATEMENT

For use of this form, see AR 130-45; the proponent agency is DDCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 28 USC Section 534; 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 identified.
ROUTINE USES: Your social security number is used as an additional/duplicate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Giessen, Germany
2. DATE (YYYYMMDD): 20040812
3. TIME: 13:30
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. ORGANIZATION OR ADDRESS: HHA 2-3 FA
7. IDENTIFICATION: [REDACTED]
8. SPC: [REDACTED]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

My name is Specialist [REDACTED] B6
I am assigned to 2/3 FA as a combat medic and I was assigned as a combat medic in Iraq between the December 2003 and January 2004 timeframe. I was responsible for providing detainees at 2/3 FA detention facility with basic medical care. B2

[REDACTED] B2
and got me quite often because of detainees complaining of some minor injury. Usually the prisoners would complain of the zip ties rubbing their hands, headaches, or some other minor discomfort. I've not seen detainees who appeared to be suffering from injuries due to being physically abused, other than something that might have happened to them while they were detained. I did not see any detainees receive any further injury or see evidence of further injury after their point of detention. It was not common, but I have seen detainees who looked to have a rough time while being detained. It looked like only necessary force was used to detain prisoners. I vaguely remember a family of two sisters and some brothers who were detained in the December timeframe. I don't remember any specific medical conditions of that family. I did see detainees who appeared to be drunk or drugged up but I can't remember them specifically. I do not remember [REDACTED] pulling his pants down and defecating in his cell. I never saw anyone defecate on themselves and no one mentioned about that to me. It seems to me that I would've known about it if someone had defecated on themselves but it's possible that I would not have known about it. I've never seen a detainee who appeared to have been sodomized, and I have never heard about a detainee who had been sodomized. I have no knowledge or recollection of abuse that occurred after a detainee's initial point of detention. I have no knowledge or recollection of anyone being sodomized or beaten to death. I witnessed a lot of drunken bizarre behavior from some detainees. I don't remember if I was involved in medically screening the [REDACTED] B6
We treated all detainees' injuries when they came to our detention cell. B2

and of Statement [REDACTED] B6

10. EXHIBIT

N/A

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 0 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF

TAKEN AT [REDACTED] B6
DATED [REDACTED]

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 1993

SECRET//NOFORN Formica Report - Annex 223

Exemptions: B6

STATEMENT OF

TAKEN AT

13:30

DATED

2004 10 12

9. STATEMENT (Continued)

NOT USED

B6

AFFIRANT

I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND THIS DAY 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 REWARD OR BENEFIT, 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 12 day of October, 2004 at Giesseon Germany

ORGANIZATION OR ADDRESS

Signature of Person Administering Oath

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

Signature of Person Administering Oath

INITIALS OF PERSON MAKING STATEMENT

PAGE 0 OF 0 PAGES

U.S. DA FORM 2022, DEC 1999

U.S. DA FORM

SECRET//NOFORN

Formica Report - Annex 223