Exemptions: (B)(6)
(B)(2)
(B)(3)

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 2951; 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 identified.
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.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
1st. ID. DCCP	2004/Oct/06	13:00	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted] B6	[redacted] B6	CIV B6

8. ORGANIZATION OR ADDRESS

CACI

9.

I, [redacted] B6 , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

(B)(6) B6 B2 B2

My name [redacted] I am a CACI employee assigned to [redacted] I remember [illegible] Muhammad's face but I don't remember the interview. I don't recall any indication that he may have been abused. If we get a prisoner that has some type of injury, and alleging some sort of assault [redacted] There's nothing in my notes that indicate [redacted] alleged abuse or of him complaining of his living conditions. There's nothing remarkable about him in my notes. If wounds on a detainee weren't viewable, or the detainee doesn't bring it to our attention, then we wouldn't have picked up that the detainee was abused.

B3

I don't recall ever having a problem with a detainee's physical condition that came from [redacted] We've had some false allegations of abuse, and a few reports that were legitimate, like detainees that were handed to us from non-U.S. forces such as the Kurdish Intelligence Agency or the Iraqi Police.

(B6)

I do recall th[redacted] an injury to his eye. When they first come in, the detainees are medically screened.

[redacted] B6

Nothing Follows

[redacted] B6

B6

[redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
[redacted] B6	[redacted] B6	[redacted] B6

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 NUMBER MUST BE BE INDICATED.

Exemptions: (b)(6)

STATEMENT OF [redacted] b6 TAKEN AT 1300 DATED 2004/10/06

9. STATEMENT (Continued)

[redacted] b6 North as Follows

[redacted] b6

AFFIDAVIT

I [redacted] b6, 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.

Sworn over phone/Signature on 1st page
(Signature of Person Making Statement)

WITNESSES:

[redacted] b6
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7th day of October, 2004 at [redacted] b6

(Signature of Person Administering Oath)

[redacted]
(Typed Name of Person Administering Oath)

Judge Advocate
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

SECRET//NOFORN

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DOD057153