

Exemptions: (B)(6)
(B)(7)
(D)(1) 1.4(a)

SWORN STATEMENT

For use of this form, see AR 159-45; the proponent agency is GSCSOPs

PRIVACY ACT STATEMENT

AUTHORITY: Title 50 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (22MR)
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 insurance means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Giessen, Germany
2. DATE (YYYYMMDD): 2004 10 12
3. TIME: 15:30
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. ESN: [REDACTED]
7. GRADE/STATUS: [REDACTED]
8. ORGANIZATION OR ADDRESS: HNB 2-3 FA

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

My name is [REDACTED] and I'm assigned to 2/3 FA as a combat medic. When I was in Iraq, I was a detainee guard at the detention cell once or twice a week. There were no medical duties that I was required to fulfill at the detention cell. I remember that the [REDACTED] were on the bus because it was too cold for them in the detention cell. Nothing seemed unusual with the [REDACTED]. One of the brothers cried a lot, but the sisters were fine.

I didn't know that the detainee that died after he left the 2/3 FA detention facility was part of the [REDACTED] family. He was the only detainee I remember who needed a blanket because he was cold. I heard he died of hypothermia or a heart attack. If there was something really wrong with him, I would of remembered. I don't recall him appearing severely beat up. I would of noticed if someone was severely beat up. He was very quiet and slept most of the time. I remember someone saying that he defecated on himself but that wasn't unusual with detainees.

The two brothers and two sisters on the bus appeared normal and did not appear physically abused. The brother that cried a lot did not appear to have been crying from being beat up. There was no indication that any of them appeared to have been sodomized. I don't recall any of the brothers to be physically deformed.

When detainees were brought back from an interrogation they did not appear to have been abused. [REDACTED] I have never seen any indication of physical abuse when [REDACTED] has brought back a detainee.

After the detainee died after leaving 2/3 FA detention facility, there were rumors that he was retarded, but there were no rumors that he was beat to death.

I do know someone called [REDACTED]. He was a good guy. I've seen him in the detainee pen scolding detainees, but he was never unaccompanied.

End of Statement

SECRET

EXHIBIT: N/A
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 0 PAGES
TAKEN AT: _____ DATED: _____

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

DA FORM 2023, DEC 1998

DA FORM 2023, JUL 72, IS OBSOLETE

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Exemptions? BG

STATEMENT OF

TAKEN AT

1380

DATE

7.004 10/17

BG

1. STATEMENT (Continued)

End of Statement
BG

AFFIDAVIT

WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 0. 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 PUNISHMENT, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

FORM 2, DA FORM 1022, DEC 1966

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of October, 2004

by Lillian Gorman

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Capacity of Administering Oath)

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SECRET

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