

Exemptions: B2
B6
B3

SWORN STATEMENT

For use of this form, see AR 190-46; the proponent agency is GOC SOP6

PRIVACY ACT STATEMENT

IMPORTANCE: This is USC Section 981; Title 5 USC Section 3051; E.O. 6367 dated November 22, 1943 (ASPR).
USUAL 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 means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Giessen Germany
2. DATE (YYYYMMDD): 12/11/12
3. TIME: 1330
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:
8. ORGANIZATION OR ADDRESS:
9. HHB 2-3 FA

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

My name is [REDACTED] and I was assigned as a detainee guard at the [REDACTED] during the December 2003 timeframe in Iraq.

I remember [REDACTED] I remember he was lying on the bus with his pants pulled down and we attempted to wake him up twice and he wouldn't wake up. I called a medic and the medic said he was fine so we carried him to the detainee pen and laid him on a blanket. I don't recall him appearing physically injured or beat up. I remember that his lip was bleeding, but I figured that was from the bus door hitting him in the face because he was lying in the stairwell of the bus. He did not appear to have been beat up. I would notice if a detainee appeared beat up and there was no indication that any of the brothers in the [REDACTED] were beat up. I would have been aware if a detainee was sodomized and I am not aware of anyone being sodomized in the detention facility.

I've heard of the name [REDACTED], but I can't put a face to it. I don't know of or heard of instances that [REDACTED] had interaction with detainees.

[REDACTED] I wouldn't be shift when detainees were brought back from an interrogation, but there was no indication from other guards that the detainees came back from interrogations in a different condition than when they left.

It is my assessment that detainees were not abused in their period of detention at the 2/3 FA detention cell or during interrogations.

End of Statement

10. EXHIBIT

N/A

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

0

PAGES

ADDITIONAL PAGES MUST CONTAIN THE WORDING "STATEMENT OF"

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 2823, DEC 1999

SECRET Formica Report - Annex 227

Exemptions: B6

STATEMENT OF [REDACTED]

TAKEN AT

1330

DATED

2004/10/12

STATEMENT (Continued)

B6

Not used [REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT 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 REVENUE, 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 12 day of October, 2004, at [REDACTED] Germany

ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

INITIALS OF PERSON MAKING STATEMENT

PAGE 0 OF 0 PAGES

FORM 2, DA FORM 2023, DEC 1994

SECRET

Formica Report - Annex 227

B6