Exemptions : B6
B3

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
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
FOB DANGER, TIKRIT,IRAQ	2004/10/05 MG	1400 MG	

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

8. ORGANIZATION OR ADDRESS
1ST MILITARY POLICE COMPANY IID

9.

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

B6 B3

I remember detainee [redacted]. We had a book that we wrote any complaints in, and when they came in we checked them out. When he came in, he had abrasions on his wrists that looked like they were from flexi cuffs. They looked like they were starting to scab over. He complained of lower back pain. I dont remember him having any markings on his face and I would have wrote down any obvious trauma that I saw. If he had any problems with eyesight, or had a black eye, I would have wrote it down. I don't remember him giving any complaints of abuse. I don't remember him complaining about the detention facility he was secured at. I do remember him complaining about his lower back, and saying that he had kidney problems. I do not remember him saying anything about any medication. Most problems I see with detainees coming in are medical. [redacted]

2. Do you wish to add anything else to this statement?

A. No [redacted]

End of Statement [redacted]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted] B6

PAGE 1 OF 2 PAGES

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.

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Exemptions: B6

STATEMENT OF ... TAKEN AT ... DATED

STATEMENT (Continued)

AFFIDAVIT

[redacted] 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. B6

[redacted]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 day of Oct, 2004 at Hdc #205 FOB Danger Tikrit Iraq B6

[redacted]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[redacted]
(Typed Name of Person Administering Oath)

[redacted]
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT MG

PAGE 2 OF 2 PAGES

PAGE 3, DA FORM

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