

Exception: B6  
B2

# SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is GDCSOPS

## PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**ROUTINE USES:** To provide commanders and law enforcement officials with means by which information may be accurately identified.  
**DISCLOSURE:** Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.  
Disclosure of your social security number is voluntary.

1. LOCATION

2. DATE (YYYYMMDD)

3. TIME

4. FILE NUMBER

2004/10/18

1535

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

HHC 501 FSB CMR 453 APO AE 09074

9.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

In December 2003, I was a "NCOIC" for the 501st FSB, 1st BCT BSA. During my deployment to Iraq, I worked both dayshift and nightshift. My duties included in-processing detainees at the BSA and caring for detainees during their stay at our facility. [redacted] and [redacted] were also NCOICs during this time.

At first, I didn't look closely for injuries when detainees were in-processed. After awhile, I was concerned and began to take notice of various injuries because we were providing medical care for detainees once they arrived at our facility. Among the injuries, I saw in one occasion a detainee who had suffered broken ribs and a fracture to one of his arms, on another occasion I received one detainee who had received a bullet wound to his forearm and hand. I also noticed abrasions on detainees' wrists as a result of their zip cuffs being too tight. In the case of the individual with the gun shot wounds however, there was indication that he had been treated.

We started paying close attention to detainees physical condition during inprocessing because detainees were complaining alot about excessive force being used during their capture. Sometimes it seemed like detainees were complaining about injuries that had preceded their capture. I was not involved in the capture of detainees. I have no idea if any of the injuries or bruises I saw were caused during capture or in detention or if they preceded capture.

Some detainees complained about being beaten during detention. Most complained that they were captured by Iraqi police and beaten by them before being brought to a Coalition holding facility. However, sometimes they complained about Coalition forces beating or mistreating them. I cannot recall seeing or hearing about any specific instances relating to certain Coalition units or specific detainees.

Detainees were transferred to our facility from a number of units. It is hard to identify any particular unit that was worse than others. However, I would say that [redacted] This may have been because they were more heavily involved in operations to capture or kill insurgents than any other unit. *nothing follows.*

✓ **SECRET//NOFORN**

EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

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 STATEMENT. THIS MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

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Exceptions: B6

STATEMENT OF [REDACTED]

TAKEN AT [REDACTED]

DATE [REDACTED]

STATEMENT (Continued)

**AFFIDAVIT**

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THE STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT 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.

[REDACTED]  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 18 day of OCTOBER, 1967.  
[REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED]  
(Signature of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]  
(Address of Person Administering Oath)

INITIALS OF PERSON MAKING STATEMENT

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**SECRET//NOFORN** Formica Report - Annex 231