

AR 15-6 Investigation
Report - 2d Howitzer Battery,
2d ACK

(Redacted)

b(6), b(3)

DEPARTMENT OF THE ARMY
HEADQUARTERS, 2D SQUADRON, 2D ARMORED CAVALRY REGIMENT
UNIT # 92375
BAGHDAD, IRAQ APO AE 09322-2375

AFZX-CB-A

22 September 2003

MEMORANDUM FOR: [REDACTED]

SUBJECT: Appointment of Investigating Officer

1. You are hereby appointed an investigating officer pursuant to AR 15-6 to conduct an informal investigation into the alleged mistreatment of detainees by soldiers of 2d Howitzer Battery, 2d Armored Cavalry Regiment on or about 21 September 2003.
2. In your investigation, all witness statements will be sworn. From the evidence, you will assess the circumstances and events surrounding the incident.
3. Submit your findings and recommendations in four copies on DA Form 1574 to this headquarters, ATTN: AFZX-C-CO, within 7 days.

[REDACTED]

Personal Info Redacted IAW Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by

(Appointing authority)

on 22 SEP 03 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at Camp Marlboro, Baghdad, Iraq at 1045
(Place) (Time)

on 22 SEP 03 (Date) (If a formal board met for more than one session, check here ☐. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 1850 on 22 SEP 03
(Time) (Date)
and completed findings and recommendations at 2200 on 22 SEP 03
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES

	YES	NO ^y	NA ^z
1. Inclosures (para 3-15, AR 15-6)			
Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
a. The letter of appointment or a summary of oral appointment data?	X		
b. Copy of notice to respondent, if any? (See item 9, below)			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?			X
e. Privacy Act Statements (Certificate, if statement provided orally)?			X
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
g. Information as to sessions of a formal board not included on page I of this report?			X
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			X

FOOTNOTES: ^y Explain all negative answers on an attached sheet.

^z Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

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		YES	NO ^{1/}	NA ^{2/}
2	Exhibits (para 3-16, AR 15-6)			
	a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?			X
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			X
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?			X
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			X
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			X
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)				
9	Notice to respondents (para 5-5, AR 15-6):			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate --			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
	a. Was he properly notified (para 5-5, AR 15-6)?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?			
11	Counsel (para 5-6, AR 15-6):			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here <input type="checkbox"/>)			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			
FOOTNOTES: ^{1/} Explain all negative answers on an attached sheet. ^{2/} Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.				

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SECTION IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (board), having carefully considered the evidence, finds:

The three detainees in the Squadron holding pen were punched and kicked at approximately 21 2330 SEP 03 by soldiers from HWB 2/2 ACR for several minutes. (Exhibit I, II, III, IV, V, XI, XII, XIII)

[REDACTED] kicked [REDACTED] several times. [REDACTED] was wearing a dasha and was being detained for forged passports. (Exhibit I, XII)

[REDACTED] hit [REDACTED] several times. [REDACTED] was wearing a white long sleeve shirt and was being detained for pointing a weapon at the tower and using children as a shield. (Exhibit II, XIII)

[REDACTED] hit [REDACTED] several times. [REDACTED] was wearing a read jersey and was being detained for possessing contraband ammunition. (Exhibit III, XI)

[REDACTED] allowed [REDACTED], and [REDACTED] access to the detainee holding area. (Exhibit IV, V)

[REDACTED] and [REDACTED] did not attempt to stop the attacks or report the incident. (Exhibit IV, V)

[REDACTED] acted alone. (Exhibit I, II, III)

[REDACTED] reported hearing screams from the detainee holding area while pulling guard on Tower 6. (Exhibit VIII, IX)

[REDACTED] investigated Tower 6's report to discover the beating incident. (Exhibit VIII)

[REDACTED] evaluated the three detainees and determined they had suffered bumps, bruises and abrasions, but no broken bones. (Exhibit X)

[REDACTED] reported no direct knowledge of similar events within the Battery. (Exhibit I, II, III, IV, V)

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (board) recommends:

The Appointing Authority consult with the Staff Judge Advocate about possible UCMJ action.

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SECTION VI - AUTHENTICATION (para 3-17, AR 15-)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

- b(6), b(3)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

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Exhibit I	[REDACTED]
Exhibit II	[REDACTED]
Exhibit III	[REDACTED]
Exhibit IV	[REDACTED]
Exhibit V	[REDACTED]
Exhibit VI	[REDACTED]
Exhibit VII	[REDACTED]
Exhibit VIII	[REDACTED]
Exhibit IX	[REDACTED]
Exhibit X	[REDACTED]
Exhibit XI	[REDACTED]
Exhibit XII	[REDACTED]
Exhibit XIII	[REDACTED]
Exhibit XIV	[REDACTED]

Personal Infor Redacted LA W Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 Camp Marshall	2. DATE 22 Sep 03	3. TIME 1715	4. FILE NO.
5. NAME [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	Camp Marshall	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer ☐ I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

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

b(6), b(3)

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 <u>Camp MARBUD</u>	2. DATE (YYYYMMDD) <u>2003 09 22</u>	3. TIME <u>1800</u>	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I Went back to the dogpound after shift and was informed about the prisoners. I was told one had a pistol at one of the towers and he was hiding behind kids with it. Another had a mortar pointed at the white house. The 3rd one was making passports for Fediyem to go to the states. When I was told this I got really upset and ~~the one~~ and 2 other soldiers walked to the chicken coop and told the 3 guys to stand up. Each guy walked over to each one of us and stood in our face. I didn't watch what the other 2 soldiers were doing but I know when I moved my foot to come closer my guy just fell down without even being touched. ~~So I kicked him 4 or 5 times on his right arm and then I stopped and left.~~ We were in the chicken coop 2 or 5 minutes and that is all that happen.

Q: WHICH DETAINEE DID YOU KICK?

A: The one that was doing the passports

Q: WHO INFORMED YOU OF THE REASONS THE DETAINEES WERE BEING HELD?

A: No answer

Q: ~~WERE THERE "PINK LADIES" OR DID YOU SEE NEUTRAL DOCTORS TO GO TOGETHER?~~

A: We just all went down there together

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>3</u> PAGES
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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 INDICATED.

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF [REDACTED]

TAKEN AT 1800

DATED

225000Z

9. STATEMENT (Continued)

Q: WHAT INSTRUCTIONS HAD YOU BEEN GIVEN WHILE SERVING AS THE DETAINEE GUARD?

A: To give food or water if needed and to make sure they don't get out of the coop [REDACTED]

Q: DO YOU THINK YOUR ACTIONS WERE APPROPRIATE GIVEN THE CIRCUMSTANCES?

A: In a way yes and no ~~yes~~ yes because I know 2 of those guys could have killed a lot of ~~those~~ soldiers and one could have made another attack on America. No, because I felt that I stepped out of line. [REDACTED]

Q: DO YOU HAVE ANYTHING TO ADD?

A: Yes, I think that ~~as~~ any American and soldier would have acted as I did and the other soldiers. For one I'm one of the guys that pulls guard on the tower around the camp all it would have taken is for one of us to come down from the tower and got shot by the guy hiding with the pistol behind kids. And just think of the soldiers that live in the white house if that guy would have shot the mortar round it would have killed hundreds of peoples friends and families. The guy who made passports to go to America, all I can think about is 9/11 and I knew anybody can't stand to see or know people that would try to do any of this to friends or family. [REDACTED]

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 3 PAGES

STATEMENT OF _____

TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

b(6), b(3)

Personal Info Redacted IAW Sec of Def Memo 01-
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AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEP, 03 at THE CAMP MALLARD

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 CAMP MARLBORO	2. DATE 22 SEP 03	3. TIME 1810	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	CAMP MARLBORO	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

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- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR CAMP MARLBORO
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer
☐ I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

b(6), b(3)

SWORN STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP MARBOW	2. DATE (YYYYMMDD) 2063 09 22	3. TIME 1810	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Around 2330 [REDACTED] returned from their shift at the Chicken Coupe, at which time we began discussing the detainees. The decision was made to return there and ^{question} ~~hit~~ the detainees. After walking down there I placed my weapon, camelback & Boonie cap down. I entered the Chicken Coupe where myself [REDACTED] & [REDACTED] separated the men asked a couple of questions getting ~~no~~ no response. [REDACTED] proceeded to hit the men. We only hit the men a few times due to their yelling & loud ~~acting~~ behavior we stopped, got our belongings & left.

Q: DID YOU TALK TO ANY ONE [REDACTED] ABOUT THE
DETAINES WHILE AT THE BARACKS?

A: ~~Negative~~ [REDACTED]
Q: WHICH DETAINES DID YOU HIT?

A: ~~The man accused of pointing a weapon at the tower & using children as a shield. He was wearing a long sleeve white shirt & dark pants.~~ [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

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CORR-101, dtd 9 Nov 01

STATEMENT OF

TAKEN AT

1810

DATED

22 NOV 01

9. STATEMENT (Continued)

Q: WHAT INSTRUCTIONS HAVE YOU RECEIVED ON TREATMENT OF DETAINEES?

A: We have received a block of instructions saying the we must be in uniform (salt cap, water, weapon & magazine), call the C.O.R. for anything that we may need (i.e. water or food etc...). We usually are not to go into chicken coupe at all.

Q: DO YOU THINK YOUR ACTIONS WERE APPROPRIATE GIVEN THE CIRCUMSTANCES?

A: My actions were not appropriate, given that the men were in our custody & under investigation. I came to this conclusion after the fact.

Q: DO YOU KNOW OF ANY SIMILAR INSTANCES; EITHER FIRST HAND OR RUMORS?

A: Yes I have heard several rumors, in our battery & other troops in our sqdn.

Q: DO HAVE ANYTHING TO ADD?

A: Yes. I have lost 2 battle buddies in less than 1 hr. I was particularly close to one of them. The thought of this man standing there w/ a weapon pointed at any of my fellow soldiers angered me. The idea of him using children intimidated me even more. So out of anger I struck him only a few times and told [redacted] to stop.

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

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STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[Redacted Statement Content]

CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, [Redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

[Redacted Signature]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SOP, 2003 at Citrus, MAZLPROP,

ORGANIZATION OR ADDRESS
[Redacted]

[Redacted Signature]
(Signature of Person Administering Oath)

[Redacted Name]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS
[Redacted]

AL 15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
[Redacted]

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

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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 CAMP MANUELORO, BAGHDAD, IRAQ	2. DATE 22C0003	3. TIME 1850	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	CAMP MANUELORO, BAGHDAD	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both:

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR CAMP MANUELORO, BAGHDAD
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer
☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

b(6), 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
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 Camp MARLBORO	2. DATE (YYYYMMDD) 20030922	3. TIME 1800	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION/ OR ADDRESS [REDACTED]			

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

I [REDACTED] had guard w/ [REDACTED] from 1900 to 2300 on 20030921. After getting off my guard point we went back to our sleep area. Not being there for more than minutes, we heard what the locals were detained for. Certain things caught my eyes, and to say the least I was very uncomfortable. One specific thing got me disturbed. One of the men was said to be around one of the towers, hiding behind kids, popping off shots at the soldiers. To be honest it's bad enough that someone is taking shots at you, but then you have a man, no I'm not even going to say a man, a coward hiding behind children. I have an 11 mo. old child and I just got to thinking about what if that was my child, or BC's child, anyone's. To say the least people would have had "fits."
well, we were pretty hot at this point.
~~we didn't~~ →

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

we really didn't even talk about going over to the "chicken coop." we didn't dwell on it for a second. One person said lets go over there and we went. we arrived at the "chicken coop" put our weapons and gear down so it was just "man on man." I told the three detainees to get up. We spread them out. I ask one of the men if he would fight. He had no answers. ~~we had~~ the men a couple of times and left the "chicken coop." We weren't really in there for... minutes, if that! We left on our own and proceeded back to the sleep area.

Q: WHO'S IDEA WAS IT TO GO TO THE CHICKEN COOP?

A: Not sure.

Q: WHICH DETAINEE DID YOU HIT AND HOW OFTEN?

A: ~~one~~ the red T-shirt... A couple of times.

Q: WHAT INSTRUCTIONS DID YOU RECEIVE ABOUT CARE FOR THE OTHERS?

A: Basically treat the detainees ~~for~~ w/ respect. No extra force.

Q: DO YOU THINK YOUR ACTIONS WERE APPROPRIATE GIVEN THE CIRCUMSTANCES?

A: At the time yes I did, No that I've had time to think with out a ~~for~~ question No.

Q: DO YOU KNOW OF ANY SIMILAR SITUATIONS OR HAVE YOU HEARD RUMORS OF SIMILAR INSTANCES?

A: ~~hears~~ Rumors about everything so yes. - Just Rumors.

Q: DO YOU HAVE ANYTHING YOU WOULD LIKE TO ADD?

A: I would just like to say, that my disition that Night might not have been the best one. I've been in the

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

USAPA V1.00

CORR-101, dtd 9 Nov 01

b(3), b(6)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

Army for almost 3 yrs. now and if you look at my rep. I'm a soldier that loves training, the Army and other people! This is not like me to do something like this! I'm a damn good soldier w/ high expectations of myself. Weather or not I get "kicked" for this. ~~and that~~ I know what I did wasn't the best thing to do. You can't tell me that, prove it to me or let me sit and think about it because I know already! Please don't let this one bad ~~disaster~~ move the the highlight of my career! I'm more than that!

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEP 2002 at Camp Lyons, Illinois

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

A2 15-6
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 Camp MARI BORO	2. DATE 22 SEP 03	3. TIME 1550	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	CAMP MARI BORO	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
 - or -
 (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR HHT 2/2 ACR
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer ☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

b(6), b(3)

SWORN STATEMENT

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

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 CAMP MARLBORO	2. DATE (YYYYMMDD) 20030922	3. TIME 1605	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 21 SEPT 03 [REDACTED] and I were on guard at the detainees
Piv from 2300 until 0300. When we came to relieve [REDACTED]
[REDACTED] and [REDACTED], they briefed us on the amount of
prisoners we had (3) and left. Approximately 20 to 25 minutes later,
[REDACTED] and [REDACTED] returned, this time with [REDACTED]
When they walked up, I thought they forgot something [REDACTED]
They placed their weapons, entered the piv, and [REDACTED]
[REDACTED] Again, I said nothing. When they were through, they picked
up their weapons, said "See you guys later," and left [REDACTED] had an icon,
[REDACTED] neither [REDACTED] nor I reported the situation. There was no
reason given for the beating.

Q: ARE YOU AWARE OF SIMILAR EVENTS OR HEARD RUMORS OF SIMILAR
EVENTS.

A: [REDACTED] When I first got here I heard rumors about detainees getting
beat up. They were all were cases where it was looters getting beat
after being detained, but before arriving at the piv. A few days ago
was the last occurrence. One guy beat up a looter that had pushed him
into constantina wire.

Q: ~~ARE THOSE RUMORS BASED ON ACTUAL ACCOUNTS~~

Q: HOW LONG HAVE YOU BEEN ON CAMP MARLBORO?

A: Slightly over 2 weeks, almost 3 weeks.

Q: DO YOU HAVE ANYTHING ELSE TO ADD THAT YOU THINK MAY BE RELEVANT?

A: No I do not.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

RECEIVED JULY 1998
CORR-101, dtd 9 Nov 01

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

b(6), b(3)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[Large redacted area]

Personal Info Redacted LA W Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

AFFIDAVIT

_____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

[Redacted signature]

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of Sept. 03 at Camp [Redacted]

[Redacted witness name]

ORGANIZATION OR ADDRESS

[Redacted witness name]

ORGANIZATION OR ADDRESS

[Redacted signature]

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

AR 15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 Camp Macleod	2. DATE 12-6-03	3. TIME 1630	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	Camp Macleod	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR Camp Macleod
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer
☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

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

b(6), b(2)

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 <i>Camp Marston</i>	2. DATE (YYYYMMDD) <i>2003 0922</i>	3. TIME <i>1640</i>	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

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

I was on duty around 11:00 p.m.; when [REDACTED] came to the chicken coupe. They sat down [REDACTED] weapons they then began to [REDACTED] the prisoners for about a minute or less. After they were [REDACTED] done, they gathered the weapons and left.

Q: How long were they in the chicken coupe?

A: for about a minute.

Q: Did you have a radio that allowed you to talk to the CO, SOG or BOC?

A: [REDACTED]

Q: Did [REDACTED] say why they beat up the prisoners?

A: negative.

Q: What did you do after they left?

A: [REDACTED] the prisoners some water and continued to monitor them.

Q: Do you know of similar instances or have you heard of similar instances?

A: [REDACTED] heard many of rumors from various [REDACTED] units all the time.

Q: Are you aware of the proper treatment of detainees?

A: I am aware that you are suppose to watch them, make sure they have good water, but nothing deeper of that matter.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF [REDACTED] TAKEN AT 1710 DATED 22 SEP 03

9. STATEMENT (Continued)

Actions

Q: DO YOU THINK
WAS APPROPRIATE?

A: I think that beating on innocent people is wrong in every way and I also think that if someone is trying to hurt us then roughing up is not bad as long as you don't kill them. But as far as the situation from what I seen and know, then ~~no~~ if it is not ok to beat on them, but from they way other troops talk and its war time then ~~yes~~.

Q: DO HAVE ANYTHING ELSE TO ADD THAT YOU THINK WOULD BE RELEVANT TO THIS SITUATION?

A: Due to the fact that I really don't know what is right and whats wrong as far as beating prisoners; my mixed emotions and the short time of the beating made it hard for me to do anything about the situation. I really didn't know what to do. If I knew - right from wrong then I would make sure the right thing happened but I didn't understand the situation.

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3

PAGES

USAPA V1.00

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

b(6), b(3)

Personal Info Redacted IAW Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEP, 2003 at CAMP MARIANO

ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

AL 156
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE
For use of this form, see AR 190-30; the proponent agency is ODCSOPS

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 CAMP MANABO DO	2. DATE 22 SEP 07	3. TIME 1410	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	CAMP MANABO DO	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
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- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer ☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

SWORN STATEMENT

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

b(6), b(3)

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 CAMP MALLIBORO	2. DATE (YYYYMMDD) 2003 07 22	3. TIME 1430	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

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

I [REDACTED] started my COR shift at 1900 when I started my shift the out going COR told me that all the commo was good and everything was fine. So I waited about 30 minutes then I went out to check all of the guard points. My first stop was the chicken coop. When I arrived there I asked did they have water they told me yes but it wasn't cold so I said o.k I would try to get some ice or bring them some cold bottles back and before I left one of the guards said his roommate had come by before me and said that he was going to bring the cooler from their room so I asked which way he went because he said that his roommate was walking so he said in the direction of the aid station so I told them to give me a radio check and if they didn't run into him going that way then I would bring them to bottles of cold water back and they said o.k. from there I went to tower 7 to check their NVG's and their M249 and to make sure they commo, and water and they were good. I then went to the hole in the wall and checked commo, and water, and NVG's also tower 2, 3A, and 3B all were good except 3A which the batteries for the NVG's needed replaced so I came back to the dog pound and got some new batteries then went back out to check 3A then from there I returned to the chicken coop when I returned the guards roommate [REDACTED] already brought their cooler and he said he was good

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

STATEMENT OF

TAKEN AT 1430

DATED 2003 0922

9. STATEMENT (Continued)

so I told them to give me another radio check and I also said that since I had already gotten them two bottles of water if they wanted them to go ahead and take them and he did and I left again and did the whole rotation again which was tower 7 and this time when I went to tower 7 their singars battery was low so I went strait from their to the boc and check to see if they had any batteries charged yet they said No so I went back to tower 7 and told them that when I brought their relief that I would stop past the boc again and by then I boc said the battery should be charged up so I let them know that and then I left and continued my checks by checking the hole in the wall, Tower 2, 3A, and 3B then I left from their and came back to the dog pound and while I was at the chicken coop before I left one of the guard told me to make sure to check on their replacements to make sure that they were replaced on time so I notified their section chief and continue into the bay where I conducted my guard mount which was done at 1030 then we left and I posted the guards at tower 7, then hole in the wall, then Tower 2, 3A, and then 3B then at each guard mount before I left I told them to give me a radio check and then I left by the time I finished it was about maybe 1130 so I went back to the hole in the wall and talked to the NCO their for about 5 minutes and I went back to the dog pound to wake up [redacted] and then I heard over the radio for the SOG, ISG, and the Commander to come to the chicken coop so since I had just got their I was waiting for the relief to get dressed so I drove the SOG to the chicken coop and then was directed by my ISG to get 3 personnel and bring them to the boc when I returned my replacement was dressed so he said that he

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

b(6), b(3)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

would go ahead and take those three guys over their and if briefed him on the commo and then was relieved and from their he left.

Q: WHO WERE THE THREE INDIVIDUALS THE ISG ASKED YOU TO PICKUP?

A: [REDACTED]

Q: WHO WAS ON GUARD WITH YOU AND ON SARFT?

A: [REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 4, AND ENDS ON PAGE 3. 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.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of Sep 03 at CAMP MAJIS-RO

ORGANIZATION OR ADDRESS
[REDACTED]

[REDACTED]
(Administering Oath)

ORGANIZATION OR ADDRESS
[REDACTED]

[REDACTED]
(Typed Name of Person Administering Oath)

ARL 15-6

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 3 OF 2 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE
For use of this form, see AR 190-30; the proponent agency is ODCSOPS

E

b(6), b(3)

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 CAMP MARLBORO	2. DATE 226003	3. TIME 1520	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS CAMP MARLBORO		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused:

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE X [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

- I do not want to give up my rights
☐ I want a lawyer ☐ I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

b(3), b(6)

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 CAMP MARLBORO	2. DATE (YYYYMMDD) 2003 0922	3. TIME 1535	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

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

ON 22 September 2003 AT APPROXIMATELY 0015 while assuming the duties as Sergeant of the Guard, I received a call from Bulldog X-Ray (Boc) stating that the commander and the 1st Sg need to report to the Boc. The C.O.R [REDACTED] and myself then proceed to the B.O.C. I was further instructed to have [REDACTED] and 2 other soldiers reported to the B.O.C. Upon arrival of the 3 soldiers, 1st Sg asked the 3 soldiers to tell him what had happen. He asked them 3 times what had happen before the African American soldier explain that they went to the chicken coop to beat up the prisoners, because they was using the kids as a human shield and he believe that it was wrong. He further explain that he had lost a kid that's why he believe that it was wrong to use kids as a human shield. before going back to the barracks, all these three soldiers apologize for letting the batter down, and they intended to cause no harm.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[REDACTED]

[REDACTED]

[REDACTED]

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 2 OF 3 PAGES

b(6), b(3)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

Personal Infor Redacted IAW Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEPT, 2003 at Camel Mountain

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

AL 156
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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

b(6), b(3)

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 Camp Marlboro, BACHAMP FANG	2. DATE (YYYYMMDD) 2003 09 22	3. TIME 1030	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approx 2400hr [REDACTED] Eagle's troop SOG informed me of a situation w/ the Iraqi Detainees possibly being beaten. [REDACTED] told me that the Guards of tower 6 reported hearing Iraqis screaming for help and saying "No Mister, No" or words to that effect. The two Guards in Tower 6 were [REDACTED] and [REDACTED] also from Eagle's troop. [REDACTED] and I immediately went over to tower 6 to talk to the 2 guards. Got them story and went the Detainee Cage. The SPC on duty said all was OK and quite, then [REDACTED] I identified himself and the SPC informed CAPT [REDACTED] that 3 soldiers did enter the cage & beat the Iraqis. I then informed the Guard who I was and advised him that "Now is the time to tell the truth" I asked the SPC who the 3 soldiers were and said [REDACTED], [REDACTED] and another soldier, I don't remember his Name. All 3 were from How Bat 2/2. [REDACTED] was sent to get medics when [REDACTED] noticed all 3 detainees were complaining about pain. One had a swollen face and another had a KNOT AND ABRASION on the forehead. [REDACTED] Immediately sent for the Commander & 1st Sgt for How Bat and the Medics. [REDACTED] & [REDACTED] checked the Iraqis. [REDACTED] briefed the Commander of How Bat and then he and I departed the Area at approximately 0100 hrs 22 SEP 2003. ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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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 INDICATED.

CORR-101, dtd 9 Nov 01

STATEMENT OF

TAKEN AT

(Camp Marshall) DATED 22 Sep 2007

9. STATEMENT (Continued)

b(6), b(3)

Personal Info Redacted IAW Sec of Def Memo 01 -
CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of Sept 03 at Camp Marshall.

[REDACTED]
ORGANIZATION OR ADDRESS

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

AL 15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

b(6), b(3)

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 Camp Marlboro	2. DATE (YYYYMMDD) 2003 Sep 22	3. TIME 10:40	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION ADDRESS [REDACTED]			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
on or about Sep 21 2003 at 23:24 while pulling
Guard at tower 6, [REDACTED] and I heard
Iraqi voices yelling for help for about 30 sec.
[REDACTED] During this outburst used our
NVG's to see what was going on [REDACTED]
stepped out the back of the tower and
looked in the direction of the Bird cage
though his NVG's. He then told me he saw
scuffling though a bush that was in the way
of tower 6. [REDACTED] said He could not make
anyone out. Once the scuffling stop
[REDACTED] said he could see 4 us soldiers
Exiting the bird cage. [REDACTED] then called
The Eagle Troop [REDACTED] ([REDACTED]) ///
End of Statement ///

CORR-101, dtd 9 Nov 01

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

IX

001561

b(6), b(3)

STATEMENT OF [REDACTED] TAKEN AT 2003 sept 22 DATED Camp Marlboro

9. STATEMENT (Continued)

[REDACTED]

PERSONAL INFO REQUESTED LAW SEC OF DEPT MEMO V1-CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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.

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

[REDACTED]

ORGANIZATION OR ADDRESS

[REDACTED]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of Sept, 2003 at Camp Marlboro

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

AL 15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

b(6), b(3)

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 CAMP MARLBORO BAGHDAD	2. DATE (YYYYMMDD) 2003 09 22	3. TIME 1205	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On the night of the 21st of September an NCO named [REDACTED] came to the SAS to retrieve a medic for the POW cage. Myself and [REDACTED] went to see the injured detainees. When I first got there [REDACTED] was already there and had the guards at attention. He directed myself and [REDACTED] to the detainees inside while himself staying outside. [REDACTED] informed me that the two patients were one that was sitting and one in a red shirt lying down. I received a flashlight from him and went to the one sitting. He had a ruptured blood vessel in his left eye and a bump and bruise under his right eye. He had pain while breathing and bumps on his skull under the hair. His vision was intact and did not have a broken jaw or orbital bone. On the bump under his right eye he had an abrasion that seemed old to my estimation. I had him lay down and palpated his ribs. I felt no crepitus or give to any part where he directed me. I moved on to the detainee in the red shirt and assessed his wounds. This man had larger bumps to the head and a lump on his forehead the size of a golfball with a fresh abrasion that broke the skin. I had him stand he did not seem wobbly or like he would fall.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
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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 INDICATED.

STATEMENT OF [REDACTED] TAKEN AT 1205 DATED 2003 0922

9. STATEMENT (Continued)

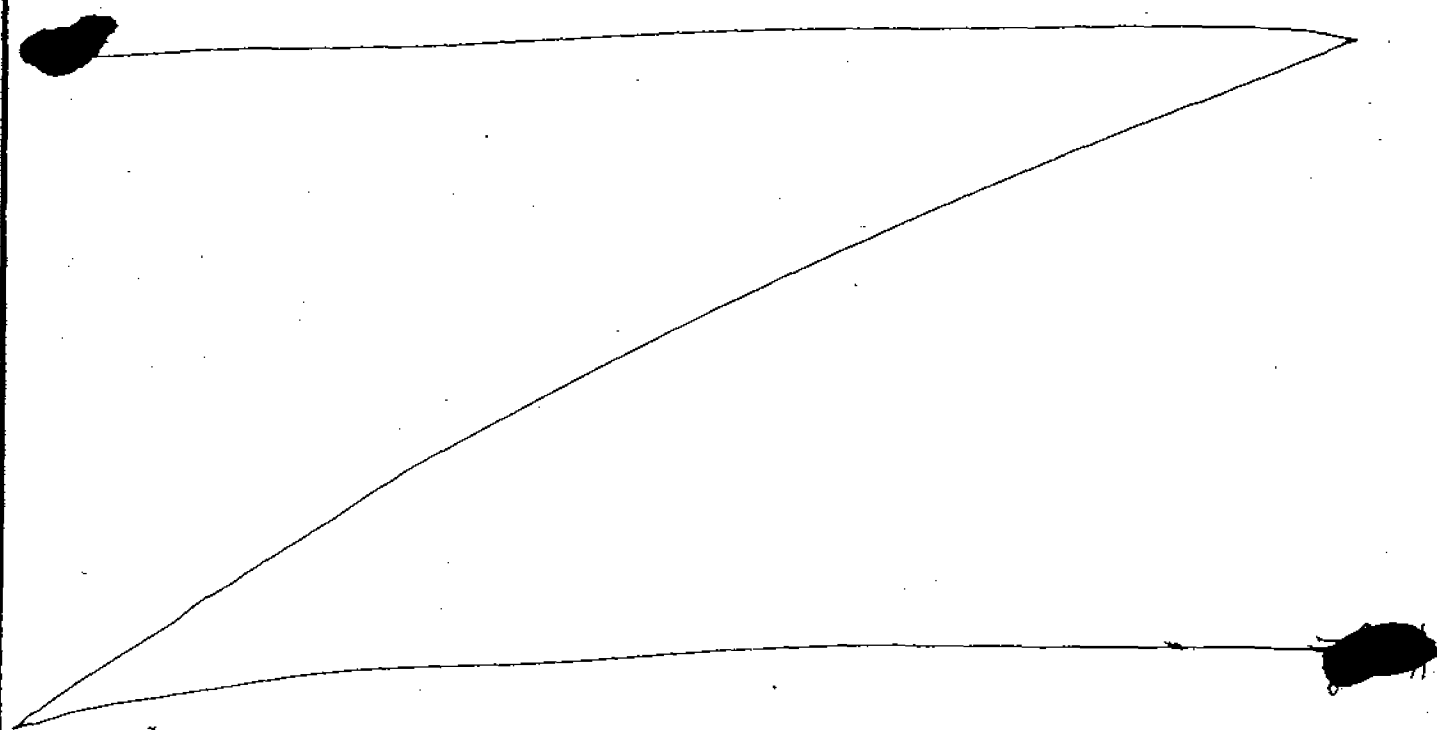
Most of this patients pain came from his back, I was going to begin to examine this when [REDACTED] arrived and took over the exam. I went into my airbag and retrieved some 4x4 gauze and an IV bag. I cut open the IV bag and soaked the gauze and cleaned the patients cuts and scrapes. As soon as I was done with this [REDACTED] informed me he was going to wait for a translator and see if the patients had further injuries. He informed me that it was fine for me to return to the SAS.

Q: ~~WAS~~ WAS THE GOVT. MAN YOU TREATED WAITING?

A: The detainee had on a Iraqi man dress.

Q: DID YOU TREAT THE THIRD PRISONER?

A: No I did not treat the third detainee.



INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

b(6), b(3)

STATEMENT OF [REDACTED] TAKEN AT 1205 DATED 2003 09 22

9. STATEMENT (Continued)

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

[REDACTED] (Person Making Statement)

WITNESSES:

X [REDACTED]
[REDACTED]
ORGANIZATION OR ADDRESS
[REDACTED]
[REDACTED]
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of September, 2003 at Camel Valley, AZ

[REDACTED] (Person Administering Oath)

[REDACTED] (Person Administering Oath)

AR-15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

RECEIVED FBIHQ ACQUACED LAW SEC 01 JPLI MICHIO 01 -
CORR-101, dtd 9 Nov 01

SWORN STATEMENT

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

b(6), b(3)

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 CAMP MALLERO	2. DATE (YYYYMMDD) 20030927	3. TIME 1045	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS NA	
8. ORGANIZATION OR ADDRESS [REDACTED]			

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

WAS SITTING ON MY BED. 3 SOLDIERS ENTERED THE CUBES. THE SOLDIERS TOLD THEM TO COME NOW. THE SOLDIER IN THE MIDDLE SAID "OK" AND THEY BEGAN BEATING THEM. THEY HIT US FOR ABOUT 4 MINUTES. I AM VERY SICK AND TIRED. THEY HAVE BROUGHT NO MEDICINE. I NEED TO GO TO THE HOSPITAL TO CHECK MY BROTHER. SOLDIER IN THE MIDDLE SAID "I AM GOING TO BEAT YOU UP" THE SOLDIER IN THE TOWER SCREAMED FOR THEM TO STOP. THEY THEN LEFT.

Q: DID THEY USE ANY TYPE OF WEAPON?
A: NO THEY KICKED ME AND STOPPED ON MY HEAD.

Q: SOLDIER IN THE MIDDLE VISIT US IN THE DAY
A: YES, HE WAS THERE IN THE AFTERNOON AND DROVE AWAY IN A TRUCK, WITH AN OPEN BACK (6 PACK HOMO). AT NIGHT THEY WALKED BACK.

ADDRESS: [REDACTED]
PLACE OF BIRTH: [REDACTED]

TRANSLATED BY: [REDACTED]

TRANSCRIBED BY: [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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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 INDICATED.

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

RECORDED INTO RECORDED LAWY DEC 01 1991 10:00 AM
CORR-101, dtd 9 Nov 01

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

b(6), b(3)

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

[Redacted Statement Content]

Personal Info Redacted IAW Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

AFFIDAVIT

_____, 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.

X

(Signature of Person Making Statement)

WITNESSES:

[Redacted Witness Information]

ORGANIZATION OR ADDRESS

[Redacted Witness Information]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEP, 2003 at Chief of Base, Bojito, 30th/10th

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

WHITE MALE

b(6), 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
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 Camp Mard Ebn Bashad Iraq	2. DATE (YYYYMMDD) 20030522	3. TIME 1100	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS			

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

THREE PEOPLE CAME INTO THE CAMP WITH US. ALL OF A SUDDEN
 THEY PUNCH AND KICK US. THEY HIT US WITH THEIR HANDS AND
 KICKED US.

Q: How long did they stay in the camp?
 A: ABOUT 4 OR 5 MINUTES. WHEN THEY HIT US IT WAS BAD AND PAINFUL.

Q: How are you feeling now?
 A: MY RIBS ARE BROKEN AND I HAVE SCRAPS ON MY HANDS, FACE,
 BACK AND FEET

Q: DID THE GUARDS COME IN?

A: NO, THEY STAYED OUTSIDE

Q: DID YOU RECOGNIZE THE FORMER GUARD IN THE CAMP?

A: NO, THEY ALL LOOKED THE SAME.

Q: WHY DID THE SOLDIERS COME?

A: I DON'T KNOW

TRANSLATED BY: [REDACTED]

TRANSCRIBED BY: [REDACTED]

BIRTHDAY = 1965, JULY

ADDRESS: [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 3 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 INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____

TAKEN AT _____

DATED _____

b(6)

9. STATEMENT (Continued)



[The main body of the statement is crossed out with a large diagonal line.]



INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

b(6), b(2)

CORR-101, dtd 9 Nov 01

AFFIDAVIT

_____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

X

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of Sept 2003 at Camp Manu Boyo

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

AL 15-6
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

WHITE OFFICE

b(6), 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
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 CAMP MARLBORO BACHOND LA	2. DATE (YYYYMMDD) 20030922	3. TIME 1115	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN NA	7. GRADE/STATUS NA	
8. ORGANIZATION OR ADDRESS NA			

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

THE SOLDIERS HAD US SIT DOWN IN THE CAGE BROUGHT US FROM THE INVESTIGATION. HE SAID HE HAD SOMETHING FOR US. AT NIGHT HE RETURNED WITH TWO OTHER SOLDIERS. HE KICKED ME EVEN THOUGH I SAID I COULDN'T BREATHE. HE KICKED ME WITH HIS LOG ON MY ARM. THE SOLDIER IN THE TOWER YELLED AT THEM AND THEY LOT.

Q: SOLDIER IN THE AFTERNOON WAS THE SAME AS THE ONE AT NIGHT.
A: YES.

Q: HOW DID THEY BRING YOU TO THE CAGE?
A: IN A TRUCK.

Q: WHAT TYPE OF TRUCK WAS IT?
A: A TRUCK WITH NO TOP AND FENCOS ON THE SIDE.

Q: WHAT ARE YOU INJURED?
A: MY ARM BACK AND BRUISED. MY LEG IS BRUISED AND SCRATCHED.

Q: WHY DID THE SOLDIERS LAUGH?
A: THE SOLDIER IN THE TOWER YELLED AT THEM.

Telephone: [REDACTED]
 BIRTHDAY: [REDACTED]
 ADDRESS: [REDACTED]

TRANSLATED By: [REDACTED]
 TRANSCRIBED By: [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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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 INDICATED.

CORR-101, did 9 Nov 01

b(6), b(3)

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

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CORR-101, dtd 9 Nov 01

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

STATEMENT OF

TAKEN AT

DATED

b(6), b(2)

9. STATEMENT (Continued)

PERSONAL INFO REQUESTED IN WRITING BY DOJ
CORR-101, dtd 9 Nov 01

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of SEP, 03 at CHAP MALL

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

A-15-1
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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

b(6), b(3)

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 CAMP MUTHADON	2. DATE (YYYYMMDD) 20020924	3. TIME 0815	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			

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

On the night of the 21st of sept, after Notification of patients at the Detainee hold Area I arrived to find 3 Iraqi Males. With injuries. After a complete exam of each of their injuries I realized that two of the patients had superficial injuries Contusions/Abrasions, but no injuries that would require further care. The injuries were obviously caused by some type of blunt force trauma (striking force). And they were very recent due to the fact that the blood on the abrasions had not solidified. The third Iraqi Civilian had a abrasion and contusion to the forehead with a good amount of swelling. This Patient exam took a good deal longer than the others due to the fact that I had to CK his LOC. which meant I would need a translator so that I could rule out a concussion. I waited for the translator completed my exam and after I was satisfied with my results and knew he did not have an apparent concussion I returned to the aid station to complete SF 600 (Exam Records) that detailed the entire exam process and location of the injuries.

Personal info Redacted IAW Sec 01 IAW MEMO 01 -
CORR-101, dtd 9 Nov 01

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF _____ PAGES
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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 INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO AL PAGE OF THIS FORM.

STATEMENT OF _____ TAKEN AT b(6), b(3) DATED _____

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

STATEMENT OF _____

TAKEN AT _____

DATED _____

b(6), b(3)

9. STATEMENT (Continued)

CORR-101, dtd 9 Nov 01

AFFIDAVIT

_____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 14 day of APR 03 at CAMP MARIANO

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ALISA
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE

OF

PAGES

AR 15-6 Investigation Report -

Cory Davis

(Redacted)

b(6), b(3)

15-6 INVESTIGATION

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Personal Info Redacted IAW Sec of Def Memo 01-
CORR-101, dtd 9 Nov 01

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER OR BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is UICJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by Commander, 2d ACR, Camp Dragoon, Baghdad, Iraq
(Appointing authority)

on 16 Aug 03 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at Camp Dragoon, Baghdad Iraq at 0700
(Place) (Time)

on 16 Aug 03 (Date) (If a formal board met for more than one session, check here ☐. Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 2200 on 16 Aug 03
(Time) (Date)
and completed findings and recommendations at 1600 on 17 Aug 03
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES		YES	NO	N
1	Inclosures (para 3-15, AR 15-6)			
	Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
	a. The letter of appointment or a summary of oral appointment data?	X		
	b. Copy of notice to respondent, if any? (See item 9, below)			
	c. Other correspondence with respondent or counsel, if any?			
	d. All other written communications to or from the appointing authority?			
	e. Privacy Act Statements (Certificate, if statement provided orally)?			
	f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			
	g. Information as to sessions of a formal board not included on page 1 of this report?			
	h. Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			

FOOTNOTES: 1) Explain all negative answers on an attached sheet.
2) Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

2	Exhibits (para 3-16, AR 15-6)	YES	NO	Y	N
a.	Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X			
b.	Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X			
c.	Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X			
d.	Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?				
e.	Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?				
f.	Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	X			
g.	If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?				
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?				
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)					
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?				
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?				
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?				
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?				
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?				
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)					
9	Notice to respondents (para 5-5, AR 15-6):				
a.	Is the method and date of delivery to the respondent indicated on each letter of notification?				
b.	Was the date of delivery at least five working days prior to the first session of the board?				
c.	Does each letter of notification indicate —				
(1)	the date, hour, and place of the first session of the board concerning that respondent?				
(2)	the matter to be investigated, including specific allegations against the respondent, if any?				
(3)	the respondent's rights with regard to counsel?				
(4)	the name and address of each witness expected to be called by the recorder?				
(5)	the respondent's rights to be present, present evidence, and call witnesses?				
d.	Was the respondent provided a copy of all unclassified documents in the case file?				
e.	If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?				
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):				
a.	Was he properly notified (para 5-5, AR 15-6)?				
b.	Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?				
11	Counsel (para 5-6, AR 15-6):				
a.	Was each respondent represented by counsel?				
	Name and business address of counsel:				
	(If counsel is a lawyer, check here <input type="checkbox"/>)				
b.	Was respondent's counsel present at all open sessions of the board relating to that respondent?				
c.	If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?				
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):				
a.	Was the challenge properly denied and by the appropriate officer?				
b.	Did each member successfully challenged cease to participate in the proceedings?				
13	Was the respondent given an opportunity to (para 5-8a, AR 15-6):				
a.	Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?				
b.	Examine and object to the introduction of real and documentary evidence, including written statements?				
c.	Object to the testimony of witnesses and cross-examine witnesses other than his own?				
d.	Call witnesses and otherwise introduce evidence?				
e.	Testify as a witness?				
f.	Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?				
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?				
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?				

FOOTNOTES: 1) Explain all negative answers on an attached sheet.

2) Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

b(6), b(3)

██████████ did make a statement stating to "beat a detainee" and release him. It is determined that although ██████████ made such a comment, it was not the direct cause of a violation of the Rules of War or the ROE. ██████████ has a history of making hostile comments about Iraqi civilians (Exhibit H,I,J,L) but not in the presence of local Iraqis (Exhibit J,L). ██████████ was counseled by his squadron commander about making such comments (Exhibit I). The circumstances that evolved between the third week of June 03 and the first week of July 03 resulted in the stripping of Iraqi detainees, which cannot be linked to any statements that ██████████ made regarding the treatment of detainees. Questioning of the NCO responsible for the stripping incident revealed that ██████████ might have made a statement to beat the detainee and release him. However, this cannot be proven as fact since no one but ██████████, ██████████, and ██████████ were able to hear the dialogue that took place between the three soldiers (Exhibit M). If ██████████ gave ██████████ the directive, ██████████ should have asked for clarification, not complied and reported it to his chain of command. ██████████ did not ask for clarification (Exhibit M). 2nd Squadron's actions of releasing some detainees (Exhibits H,J,K,L) are not listed in their battle drill regarding detainees (Exhibit N) and created the opportunity to mistreat detainees as occurred in the stripping incident. There is no evidence of any mistreatment of Iraqi civilians prior to the stripping incident, or after the incident, yet ██████████ has a history of derogatory comments towards Iraqi civilians through this period.

CORR-101, dtd 9 Nov 01

In view of the above findings, the (investigating officer) (board) recommends:

b(5)-3
deliberative process

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) (board) are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)