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B6

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
FOB Hotel, Najaf, Iraq			

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]	[redacted]	E-7 / RA

ORGANIZATION OR ADDRESS

B Battery, 2d Battalion, 3d Field Artillery

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

1. Did you guard or work at 2-3 FA Detainee Holding Facility in the [redacted] area anytime during December 2003 or January 2004?

YES [redacted]

2. How often did you guard or work at the facility? What shifts did you normally work? [redacted]

EVERYDAY, BUT NO SPECIFIC SHIFT BECAUSE I WAS AVAILABLE 24 hours A DAY [redacted]

3. What were your primary tasks when working at the 2-3 FA Detainee Holding Facility (i.e. in-processing detainees, guarding, providing food, escorting them when they were removed from the holding area, etc.)? [redacted]

I MADE SURE THAT DETAINEES NEEDS WERE MET SUCH FOOD, WATER, MEDICAL CARE, SLEEPING GEAR AND THAT GUARDS WERE POLITE [redacted]

4. Were detainees ever removed from the holding facility for interrogation or tactical questioning? [redacted]

YES [redacted]

5. Where were the interrogations/questioning conducted? [redacted]

IN THE QUESTIONING TENT LOCATED NEAR THE D-CELL [redacted]

6. Were there any other reasons detainees would be removed from the facility and returned? If yes, for what? [redacted]

YES, TO GO TO THE BATHROOM [redacted]

7. Were detainees ever removed by personnel from [redacted] and later returned? For what purpose (if you know)? How long were they gone? [redacted]

NOT TO MY KNOWLEDGE [redacted]

8. Do you know a person named Mohammed Saddam or a person named Roy (Rafid)? [redacted]

YES [redacted]

EXHIBIT | INITIALS OF PERSON MAKING STATEMENT [redacted] | PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____, TAKEN AT ____, DATED ____, CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED. USAPC V1.00

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STATEMENT (Continued)

9. If the answer to question 8 is yes, were either of them allowed access to the detainee holding area? Were they allowed to be present at any detainee questioning or interrogation? What were the circumstances?

NO, AND I NOT AWARE of them being present during Questioning

10. Do you remember the following detainees being at the 2-3 FA Holding Facility in late December 2003?

I remember Hinda because she was the first woman we ever Detained There

11. If you answered yes to question 10, were any of those listed ever released from the 2-3 FA Holding Facility to personnel from SJS ODA? If so, who was released, into whose custody were they released, and what were the circumstances?

No

12. If you answered yes to question 10, were ever allowed to interrogate or question any/all of those listed, either alone or with others? Were either allowed to be present at any of their interrogations?

NO, NOT THAT I AM AWARE O

13. If you answered yes to question 10, was there a time when any of these individuals appeared to have been physically injured? If yes, do you know the cause of the injury?

No

14. Is there anything else you would like to add?

No,

AFFIDAVIT

I 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 1st day of June, 2004 at NAFAP, TERP

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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