

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

LOCATION New York, New York	DATE 3 NOV 04	TIME 1300	FILE NUMBER
[REDACTED]		SOCIAL SECURITY NUMBER	GRADE/STATUS GS-13
ORGANIZATION OR ADDRESS FBI, NY			

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

During the time period May - June 2003, I was sent to Iraq as part of a contingent of FBI agents. My primary mission was to conduct interviews of Iraqi detainees who were being held by coalition forces at Baghdad International Airport (BIA), Iraq.

On or about the second week in June, one of the people we (SA [REDACTED] FBI NY) interviewed was [REDACTED] who had been part of the former Iraqi Intelligence Service. From what I understood, [REDACTED] had been interviewed by someone prior to our interviews. But I don't know by who. [REDACTED] did not appear to have been tortured or beaten prior to our interviews. He stood each time we entered the interview tent and shook our hands. He stated (through an interpreter) that he [REDACTED] He had [REDACTED] and chest, and was receiving medical attention. [REDACTED] appeared to be from a disease. [REDACTED] never stated he was beaten or had been mistreated. He was cooperative when we interviewed him and did not complain of any mistreatment.

NOT USED

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EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 1 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] 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

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE OBSOLETE

OIG REG 02/18/05-PART 2 (b)

ACQUIC 18982 p.1

STATEMENT OF STATEMENT (Continued) TAKEN AT FILE NUMBER: DATED CONTINUED:

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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.

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WITNESSES:

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(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by

to administer oaths, this 3 day of NOV, 20 04
at 26 Federal Plaza, New York, N.Y. 10278

Oath)

SA

(Typed Name of Person Administering Oath)

ART 136, UCMJ / 5 USC 303
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

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