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	DATE	TIME	FILE NUMBER
26 Federal Plaza NY, NY	3 Nov 04	1320	

LAST NAME, FIRST NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
		Special Agent

ORGANIZATION OR ADDRESS
FBI

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

I recall interviewing [redacted] on 3-4 occaisons in May/June 2003. Present during the interviews was SA [redacted] (FBI) and [redacted] (DoD Contractor). The interviews were conducted in Arabic with [redacted] translating. [redacted] appeared to be [redacted] and in poor health. [redacted] stated that he was [redacted]. He was wearing a [redacted]. His hands appeared to have [redacted] also displayed an [redacted] under one of the [redacted] under his [redacted] indicated that [redacted] were an effect of the [redacted] did not make any statement which indicated that he had been tortured, abused or mistreated. I did not participate in, or witness [redacted] being mistreated, abused or tortured by any person.

On one occaison, [redacted] requested prescription medication. SA [redacted] and I passed on that request to the military intellegence personnel. Upon our next meeting, [redacted] indicated that he had received the medical treatment.

USED
NOT

FBI018633CBT

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 1 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 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED

FILE NUMBER:

STATEMENT OF | TAKEN AT | DATED | CONTINUED:

STATEMENT *(Continued)*

NOT USED

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AFFIDAVIT

I, SA [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 7. 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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[redacted]

(Signature of Person Making Statement)

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WITNESSES:

law [redacted], ADC, FBI, NY
26 Federal Plaza
New York, N.Y.
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by to administer oaths, this 3 day of Nov, 2004 1027d at 26 federal Plaza, New York NY 10278

[redacted]
(Signature of Person Administering Oath)

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SA [redacted]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

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

INITIALS OF PERSON MAKING STATEMENT

PAGE ____ OF ____ PAGES

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