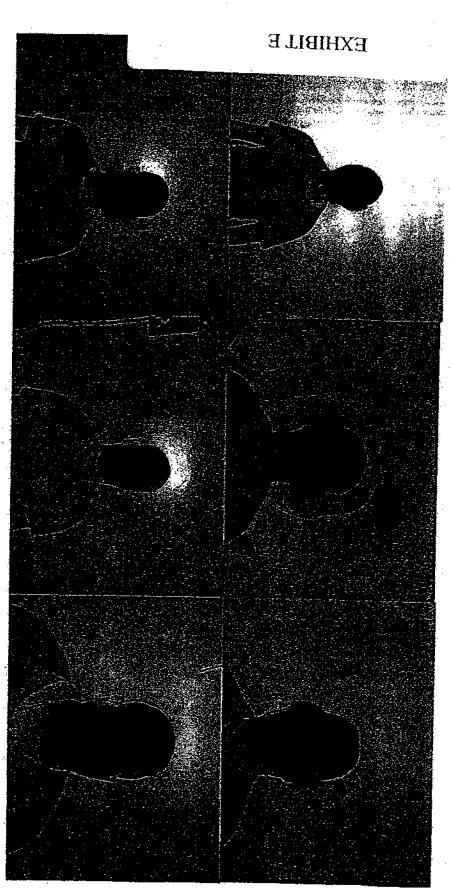
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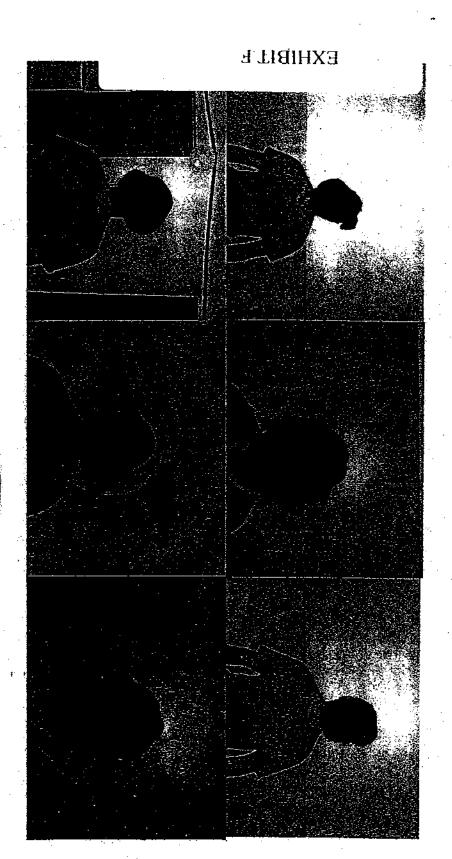
Circle the photo. Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so



What is the name of the soldier that you identified in the photo?

What did this soldier do the Iraqi Detainees? 5

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.



What is the name of the soldier that you identified in the photo?

What did this soldier do the Iraqi Detainees? Conck

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Circle the photo. Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so

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EXHIBIT G

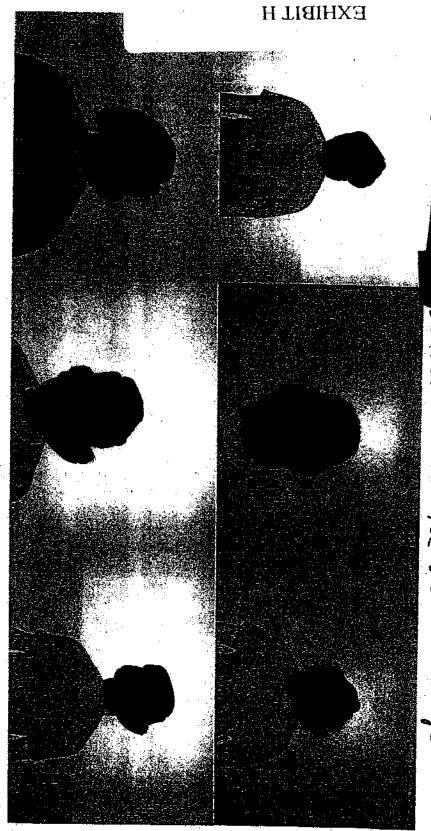
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What did this soldier do the Iraqi Detainees?

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.

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What is the name of the soldier that you identified in the photo?



What did this soldier do the Iraqi Detainees?

SWORN STATEMENT

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AUTHORITY:	Title 10 USC Section 301;		•		
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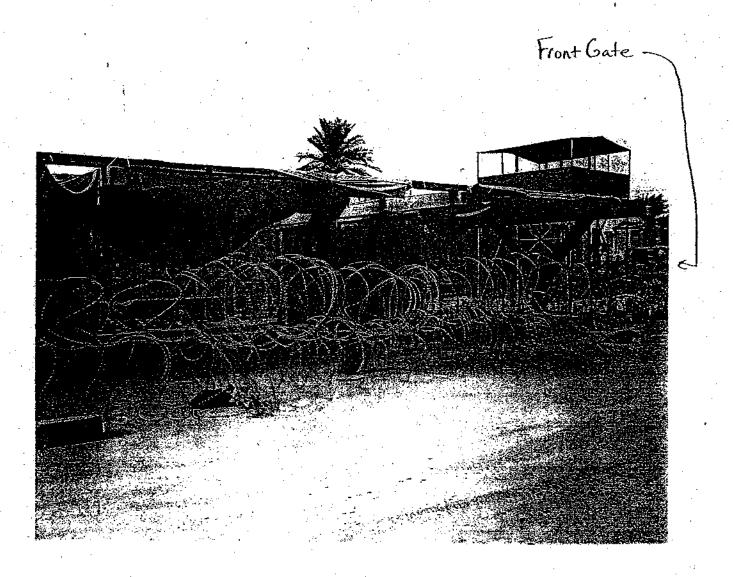


EXHIBIT J

HOOFDOUELANWIAER CERTIFIC" LE For use of this form, see AR 190-30; the proponent agency is ODCSOPS 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. FILE NO. W31112 ORGANIZATION OR ADDRESS CRADE/STAR/S PART 1 - RIGHTS WAIVER/NON-WAIVER CERTIFICATE Section A. Rights The investigator whose name appears below told me that helshe is with the United States Army wanted to question me about the following offensels) of which I am Deliver Moticat went Before he/she asked me any questions about the offense(s) he awever 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 to a criminal trial (For personnel subject othe 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, (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 it I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins If 4 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 COMMENTS (Continue on reverse side) Section B. Waiver Lunderstand my rights as stated above, I am now willing to discuss the offensels) under investigation and make a statement without talking to a lawyer first and without WITNESSES (If available) ORGANIZATION OR ADDRESS AND PHONE SIGNATURE OF INVESTIGATOR NAME (Type or Print) TYPED NAME OF INVESTIGATOR ORGANIZATION OR ADDRESS AND PHONE ORGANIZATION OF INVESTIGATOR Section C. Non-waiver I do not-want to give up my rights it. I do not want to be questioned or say anything

EDITION OF NOV 84 IS OBSC

SIGNATURE OF INTERVIEWEE

DA FORM 3881, NOV 89

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT IDA FORM 28231 SUBSE

EXHIBIT K

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

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section			
PRINCIPAL PURPOSE: To provide commanders and law en	forcement officials with means	by which information	may be accurately identified.
NOUTINE USES: Your Social Security Number is used	l as an additional/alternate mea	ins of identification to	facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security No.	umper is voluntary.		
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5. NAME Cartifica til	8. ORGANIZATION	OR ADDRESS	
6. SSN 7. GRADE/STA	TUE		•
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Section A: Rights		· · · · · · · · · · · · · · · · · · ·	
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2. Anything I say or do can be used as evidence against me in a crimin	nal trial.		•
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during questioning. This lawyer can be a civilian lawyer I arrange for both.	r at no expense to the Government	or a military lawyer detail	ed for me at no expense to me,
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(For civilians not subject to the UCM.)) I have the right to talk priva	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	ofter expetioning and to a	
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will be appointed for me before any questioning begins.			yer me, mare one, a mwya.
4. If I am now willing to discuss the offense(s) under investigation; will	th or without a lawyer present, I ha	ve a right to stop answeri	ng questions at any time, or
speak privately with a lawyer before answering further, even if I sign	n the waiver below		
5. COMMENTS (Continue on reverse side)			
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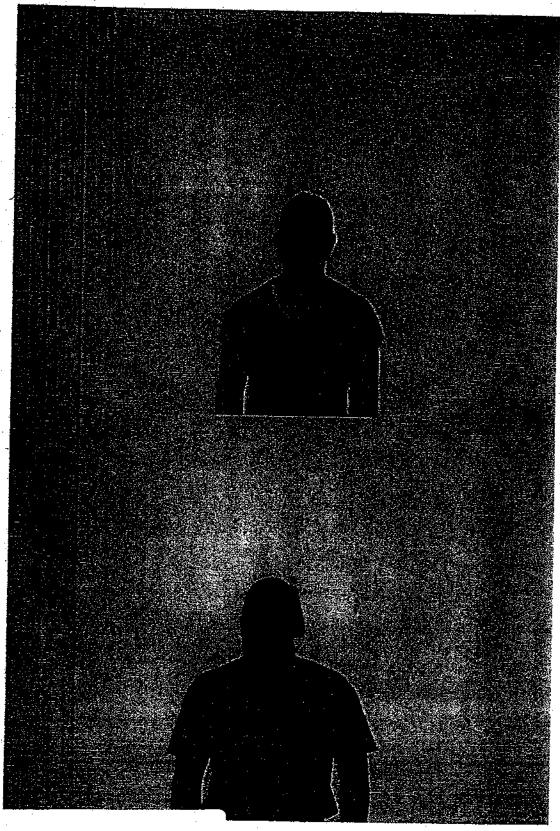
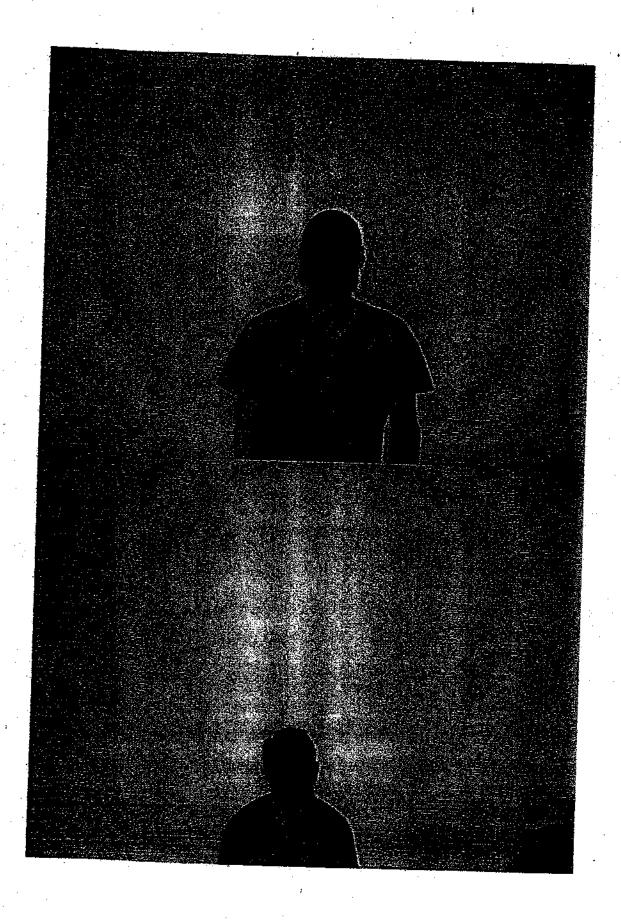
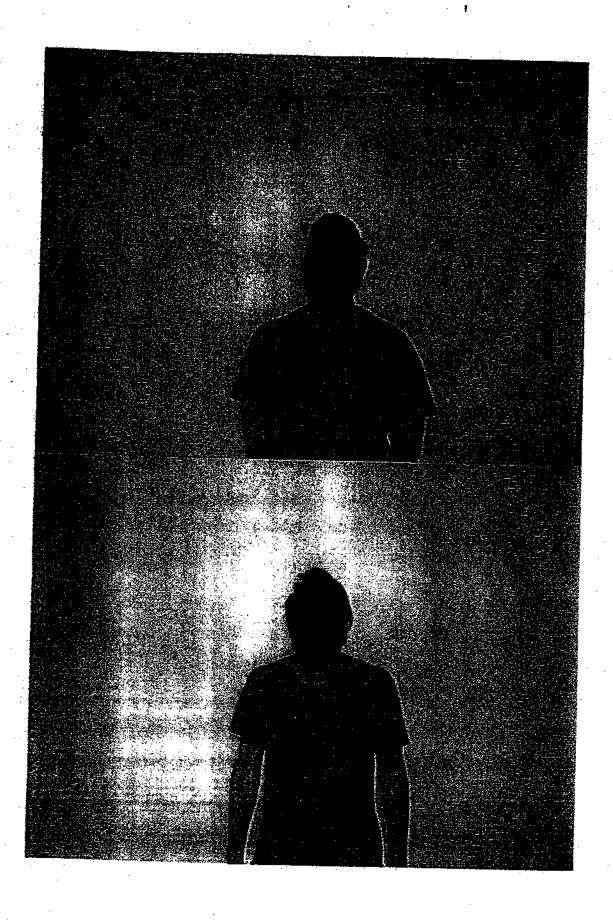
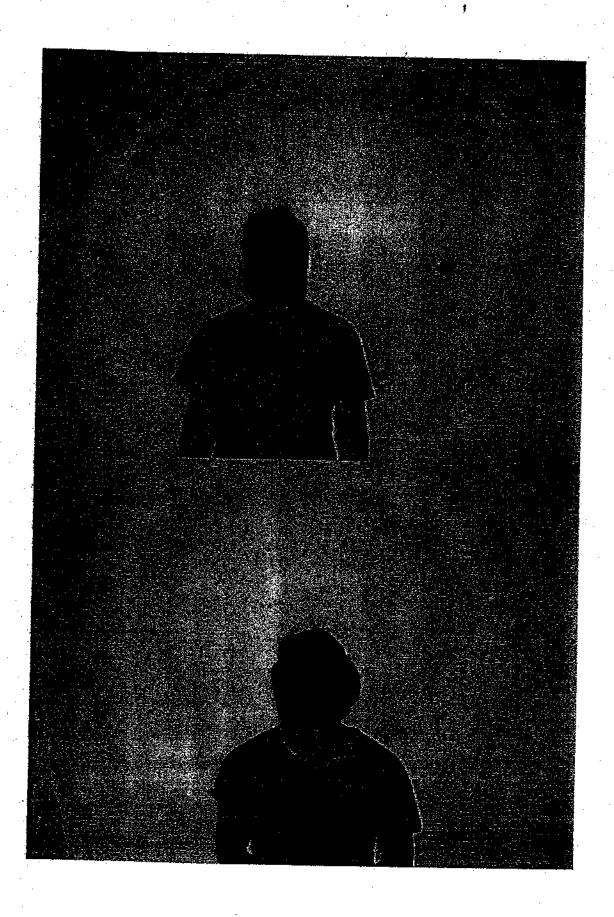


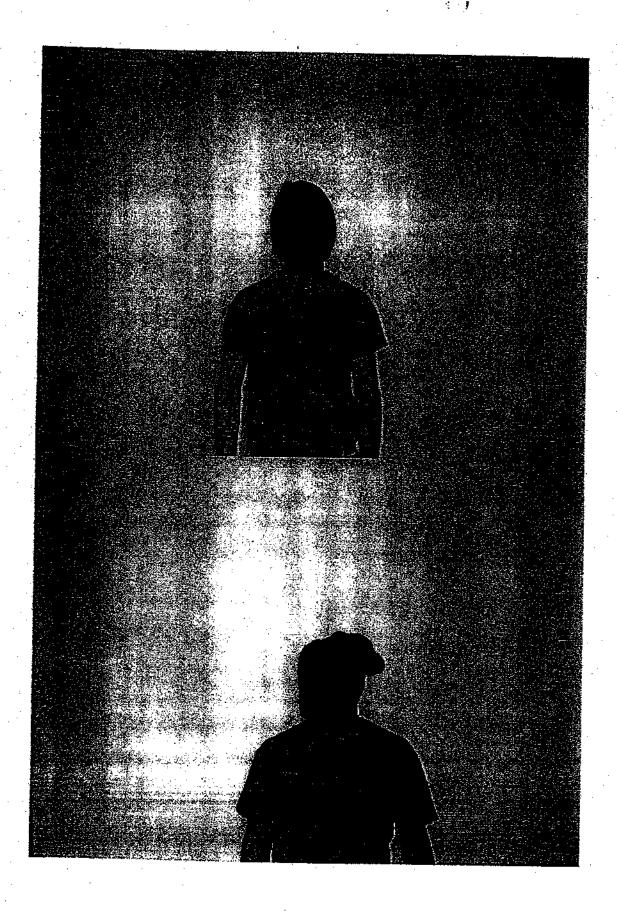
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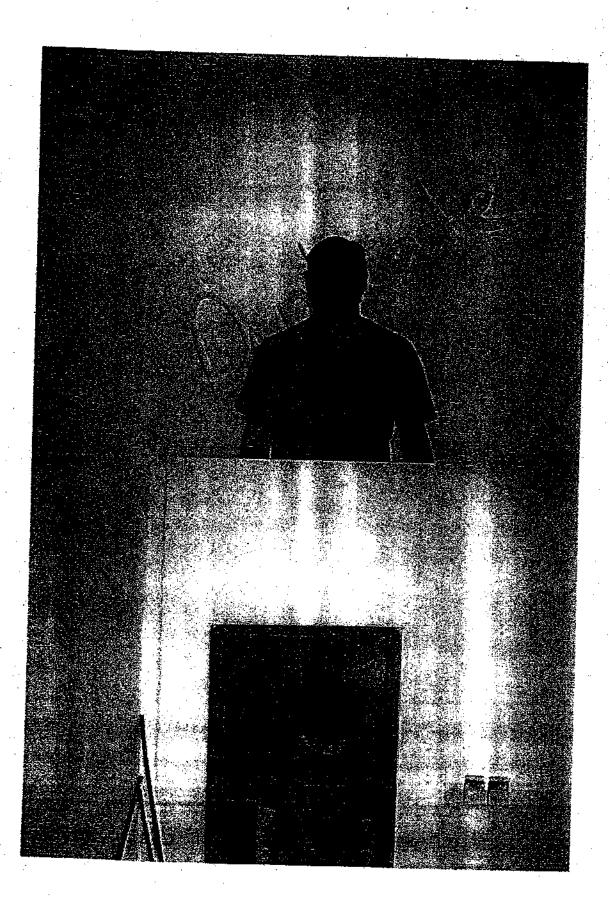


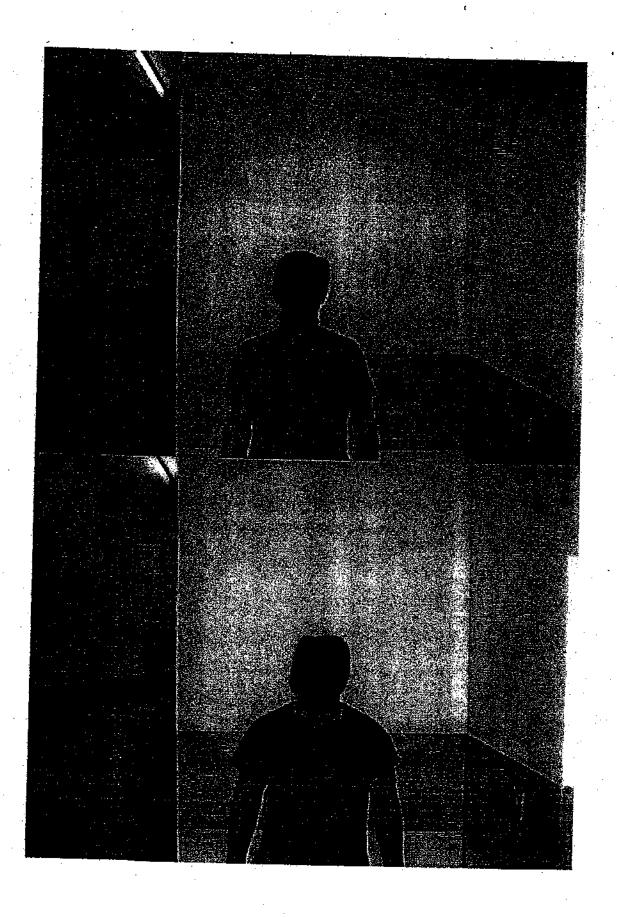


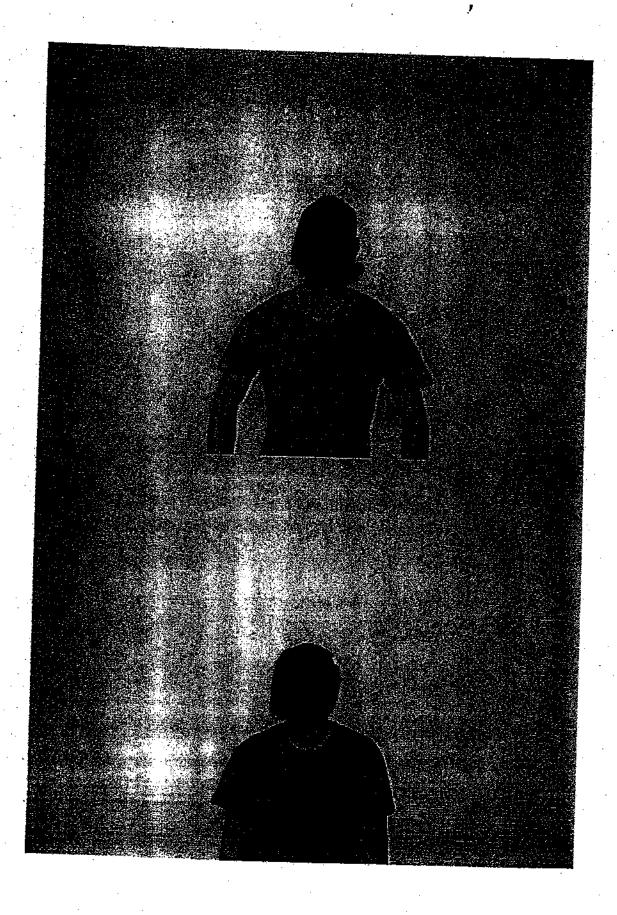


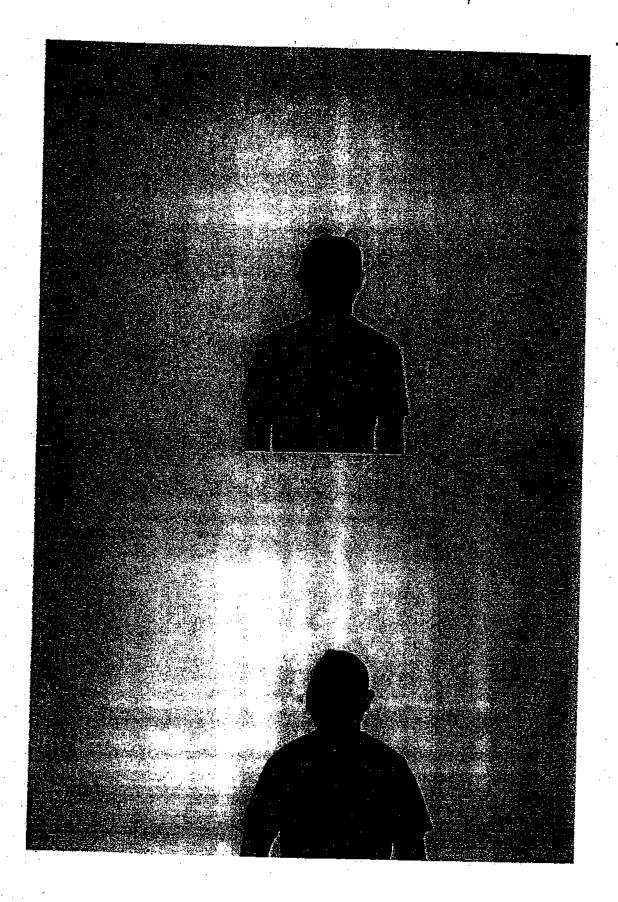




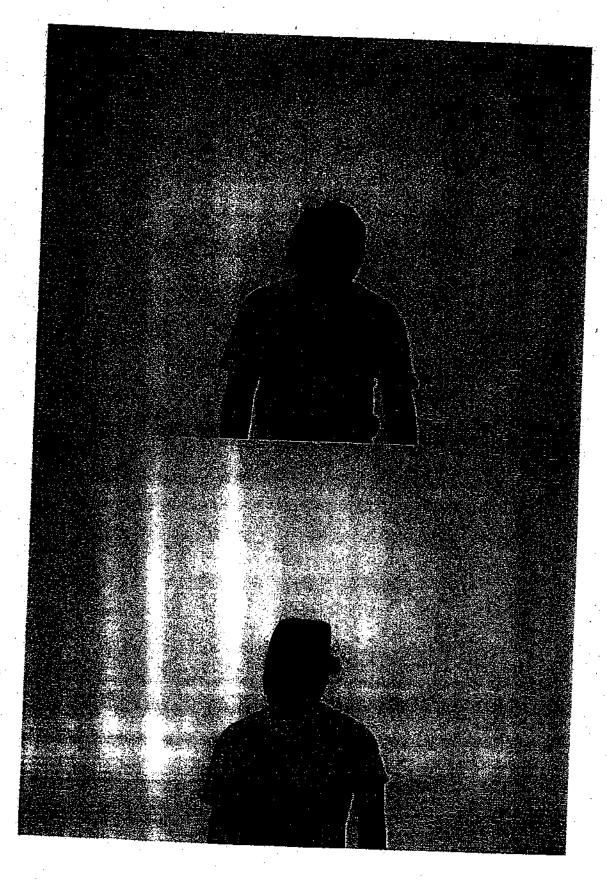


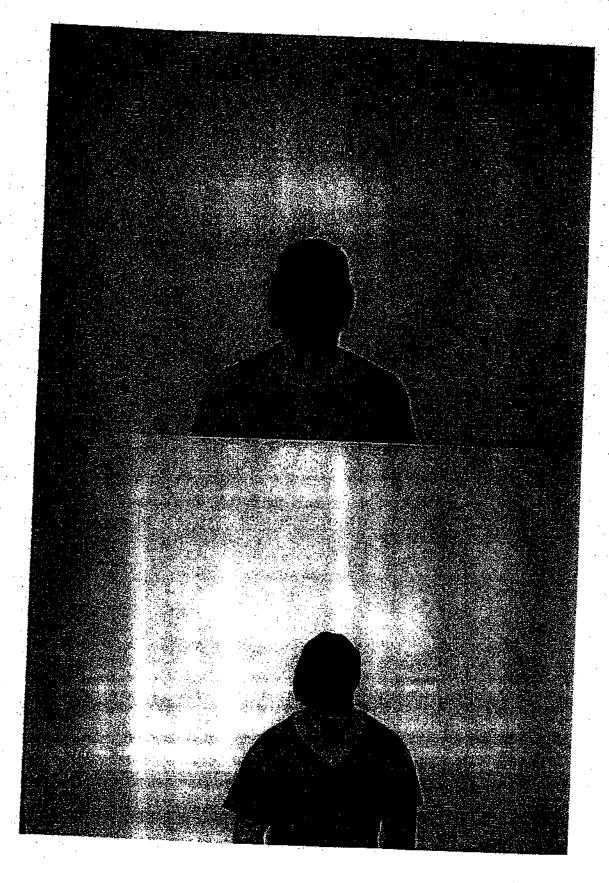


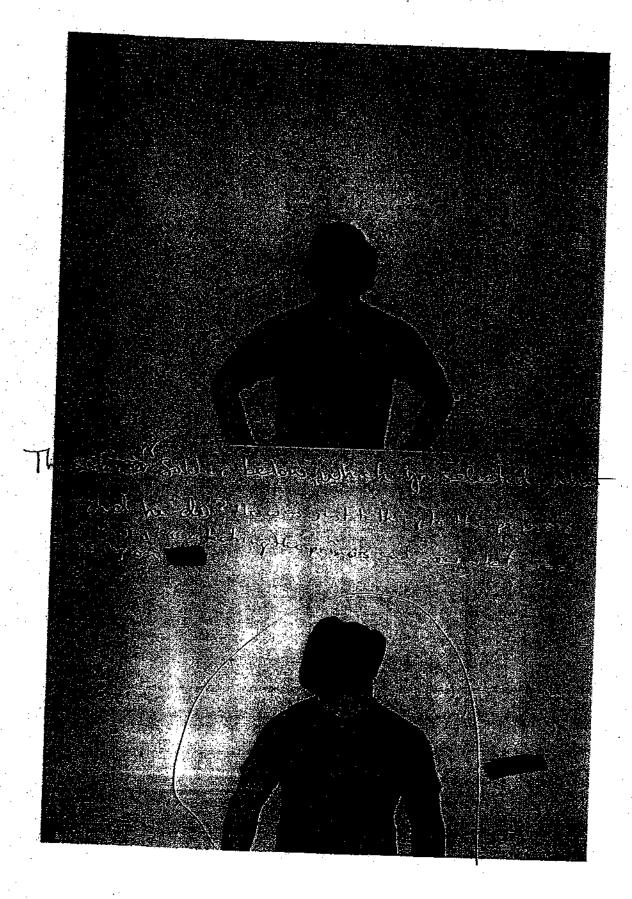


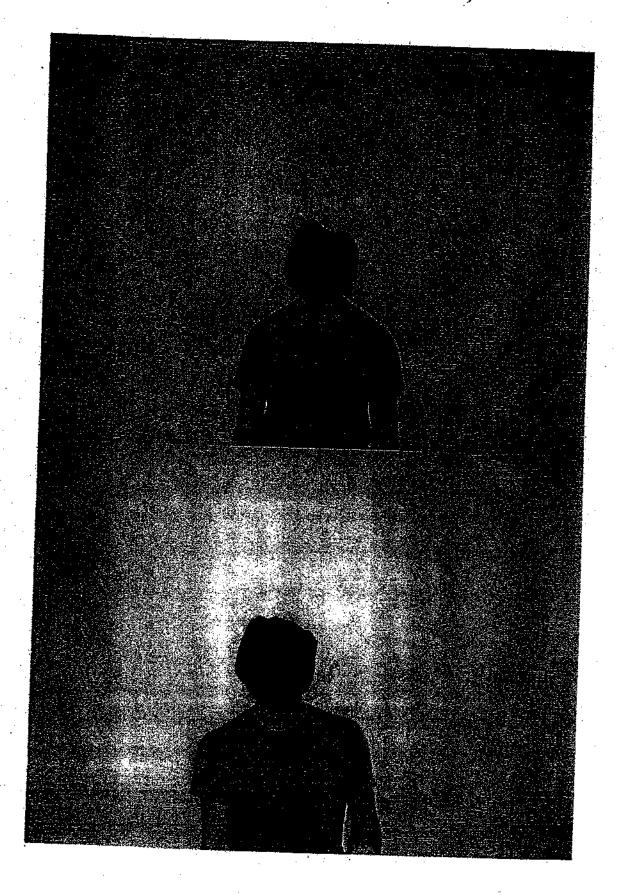


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SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT AUTHORITY: Title 10 USC Section 301: Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). PRINCIPAL PURPOSE: To provide commanders 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 2. DATE (YYYYMMDO) 4. FILE NUMBER 20031114 7. GRADE/STATUS 8. ORGANIZATION WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: I was provided a photo line-up of the 2nd Platoon, with in this line-up I observed: The was in the line was fireled him and I recongized one of the other 5 pe. that was there in the Is there any additional information that Can be provided concerning the Retainer Mistreatment? I could not confirm the identity of the other Nothing fellows EFR

10. EXHIBIT

11. INITIALS OF PERCON MAKING STATEMENT
PAGE 1 OF 2— PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT ______ TAKEN AT _____ DATED _____

EXHIBIT N

THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

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

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SWORN STATEMENT

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

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AUTHORITY:	The source a	PRIVA	CY ACT STATEMENT		
PRINCIPAL PURPOSE:	Title 10 USC Section 30)1; Title 5 USC	Section 2951; E.O. 939	7 dated November	22, 1943 (SSN).
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	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.
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Nothins follows

EXHIBIT R

PERSON MAKING STATEMENT PAGE 1.0F PAGES

STATEMENT ____ TAKEN AT ____ DATED ___

AR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

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