

9. STATEMENT (Continued)

*Nothing follows*

AFFIDAVIT

\_\_\_\_\_, 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.

\_\_\_\_\_  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of Nov, 03 at \_\_\_\_\_

\_\_\_\_\_  
(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

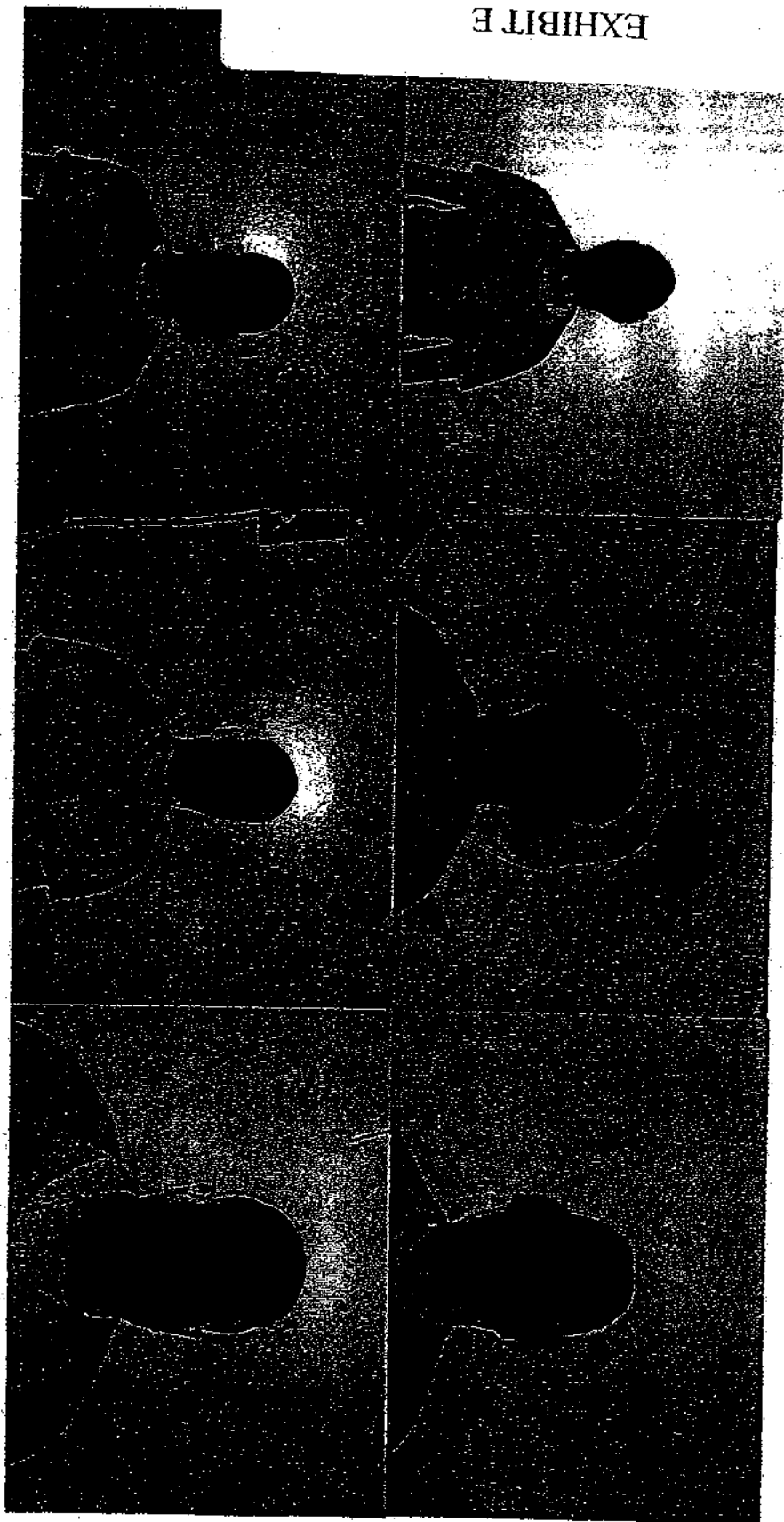
PAGE 1 OF 2 PAGES

001981

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

001982

EXHIBIT E



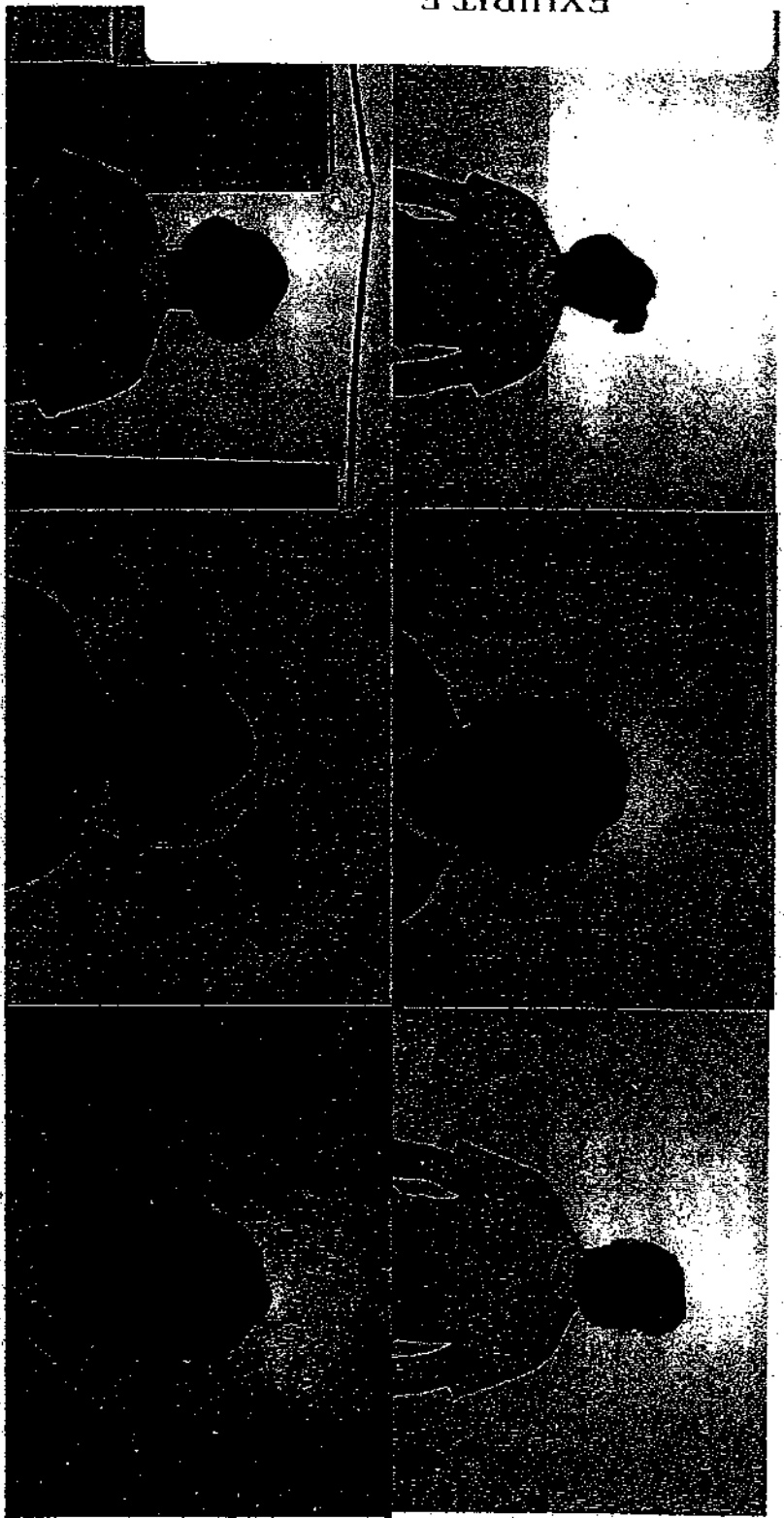
What is the name of the soldier that you identified in the photo?

[Redacted]

What did this soldier do the Iraqi Detainees? Sleep, Piss, Kick, Face down shot against, strong their knee set with his head.

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

EXHIBIT F



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

[Redacted name]

What did this soldier do the Iraqi Detainees? None of them, sleep 12-18 hrs and force them to sleep 12-18 hrs

<sup>No</sup>

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

[Redacted] Selected No one on this page,

EXHIBIT G



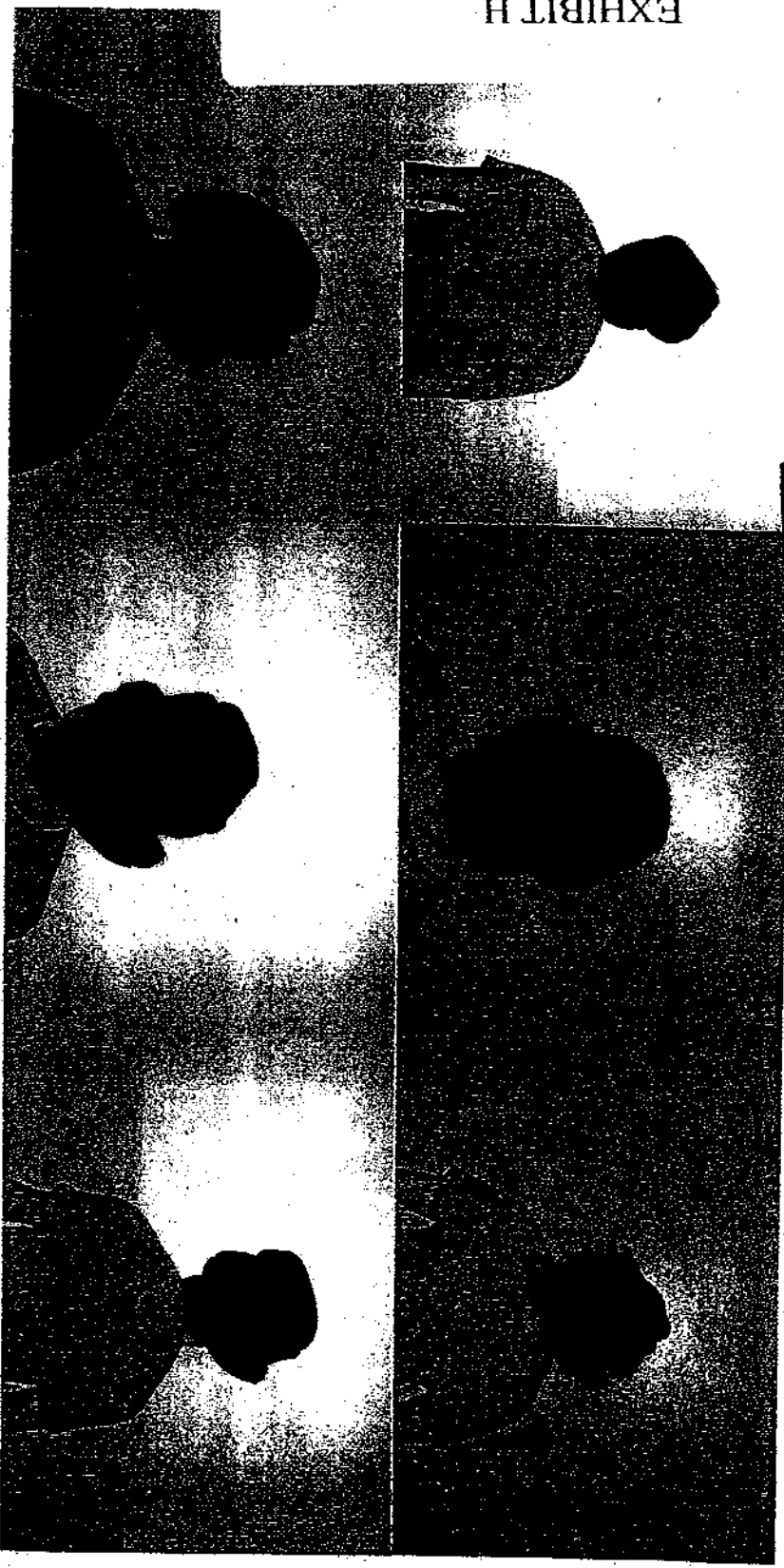
What is the name of the soldier that you identified in the photo?

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.

[Redacted] Selected No One on this Page

EXHIBIT H



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

What did this soldier do the Iraqi Detainees? \_\_\_\_\_

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 [REDACTED]	2. DATE (YYYYMMDD) 20031110	3. TIME 0930	4. FILE NUMBER
5. [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OF BUSINESS [REDACTED]			

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

1. How <sup>many</sup> soldiers observed/were present during the mistreatment of detainees? 6, myself, [REDACTED] [REDACTED] a name something like that, he's from the mortars, 2 Spc. I don't remember their names, they are from the infantry. [REDACTED] is burly big guy muscular, looks a little like Brock Lesnar. EFR

2. Do you believe [REDACTED] could identify the other two SPC's from the Infantry? Yes I do EFR

Nothing follows

EXHIBIT I

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
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STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_  
IN THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

051986

9. STATEMENT (Continued)

*Nothing follows*

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)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of NOV, 03 at [REDACTED]

WITNESSES:

[REDACTED]  
(Name of Person Administering Oath)

[REDACTED]  
(Typed Name of Person Administering Oath)

[REDACTED]  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

001987

Front Gate



EXHIBIT J

001988



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 [REDACTED] 2. DATE 20031112 3. TIME 2005 4. FILE NO.
5. NAME (Last, First, MI) [REDACTED] 8. ORGANIZATION OR ADDRESS [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: Observing Defense Misstatement

- 1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (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.
4. 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) 7. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print) [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]
4. SIGNATURE OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print) [REDACTED]
5. TYPED NAME OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]
6. ORGANIZATION OF INVESTIGATOR [REDACTED]

Section C. Non-waiver

1. 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 [Handwritten Signature]

EXHIBIT K

001989

RIGHTS WAIVER PROCEDURE/WAIVER CERTIFICATE

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.

1. LOCATION [REDACTED]	2. DATE 20031112	3. TIME 2021	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS		
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: [REDACTED]

*Information Concerning Detainee Mistreatment*

- 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. [REDACTED]
  - Anything I say or do can be used as evidence against me in a criminal trial. [REDACTED]
  - (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. [REDACTED]
  - (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. [REDACTED]
  - 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 [REDACTED]

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. FULL NAME OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C. Non-waiver

1. 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  
[REDACTED]

ATTACH THIS CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSE

EXHIBIT L

001990

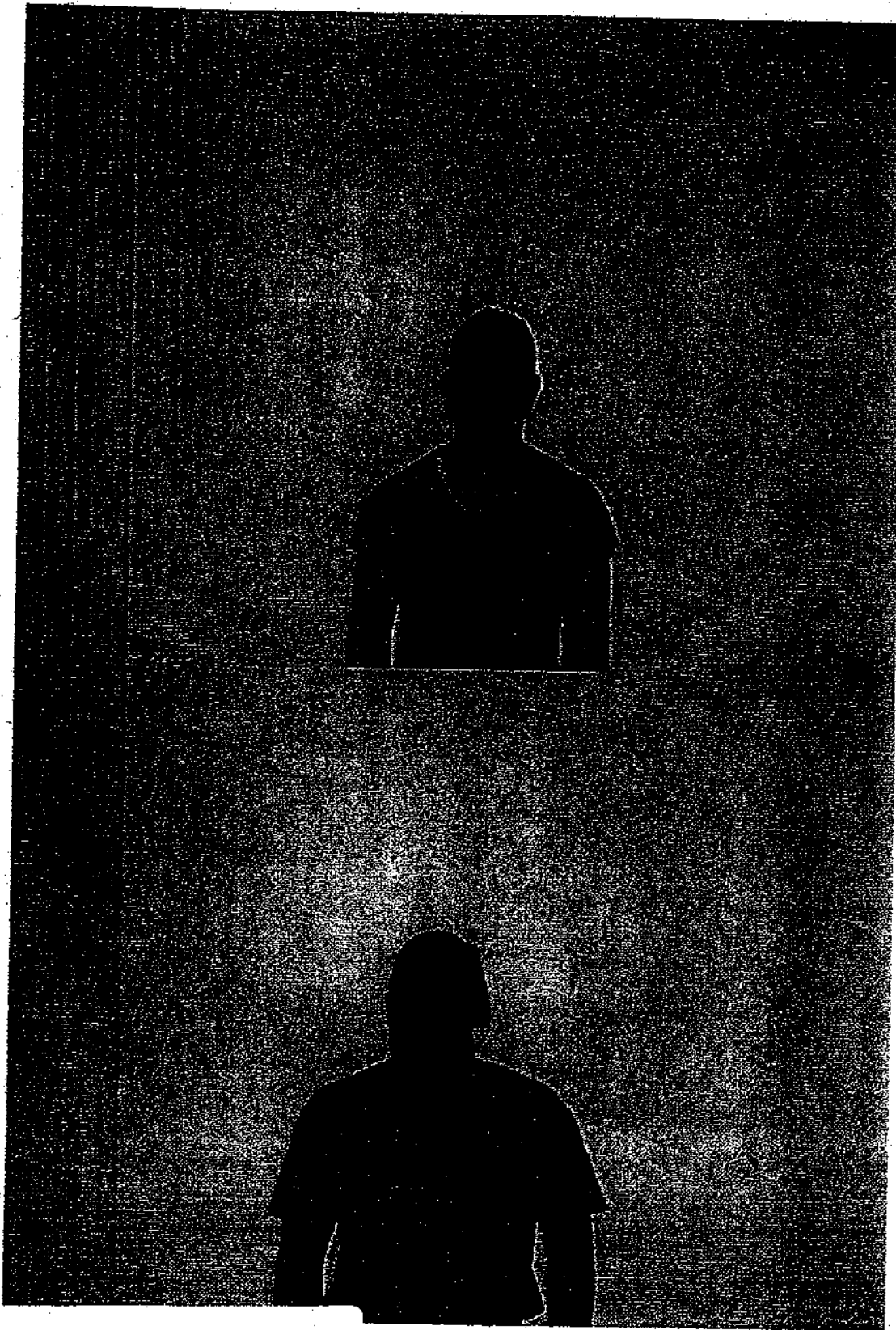
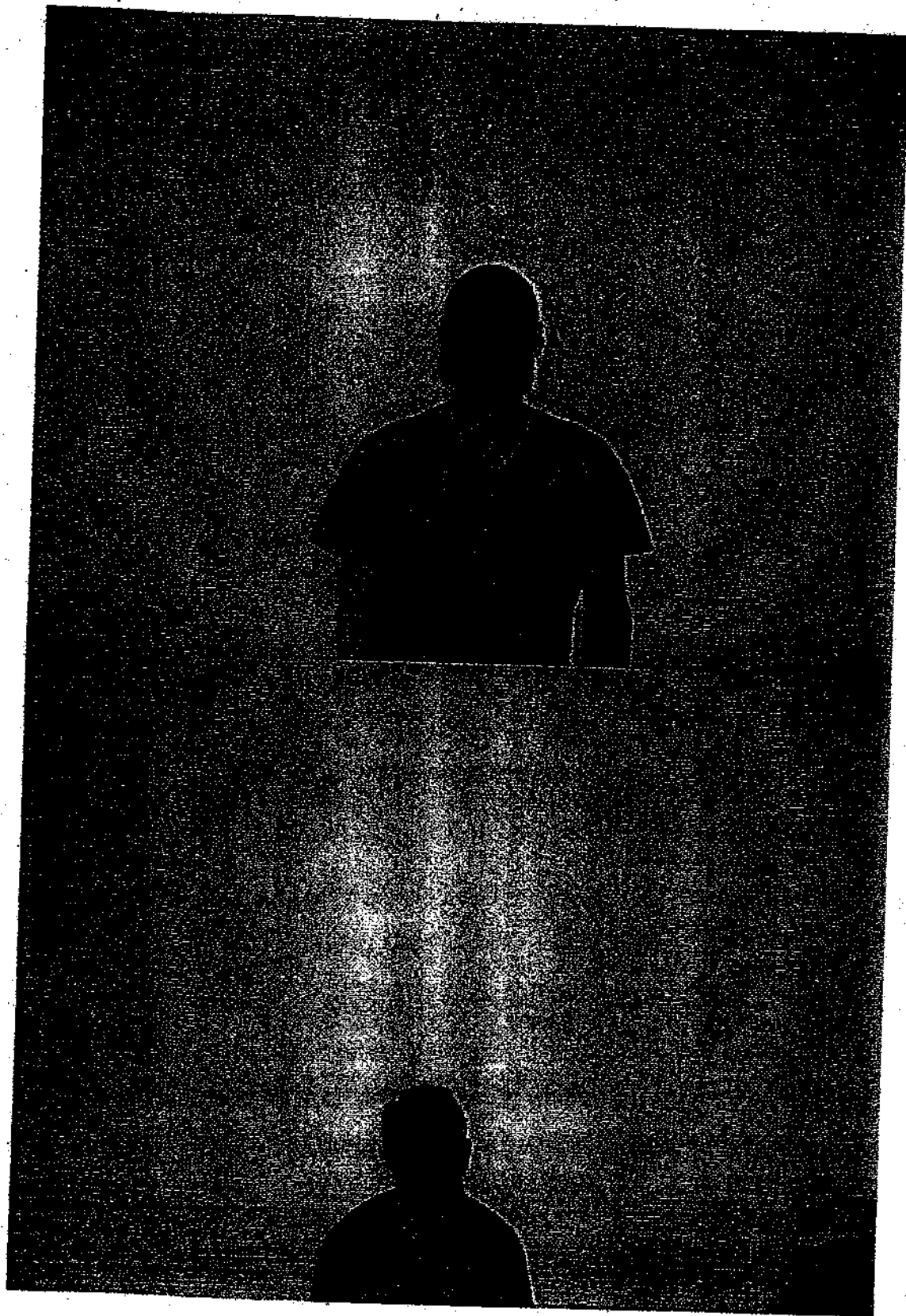
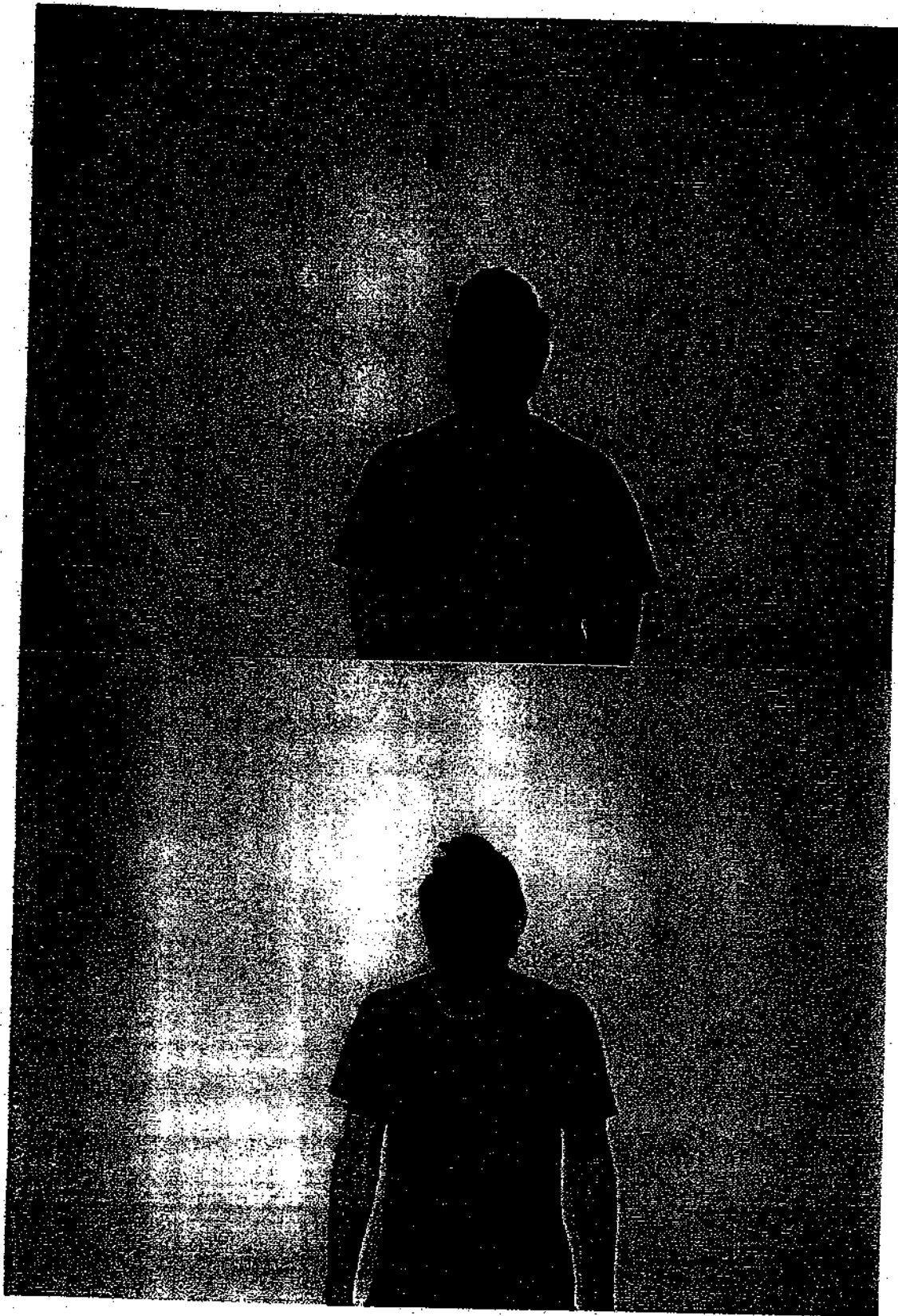


EXHIBIT M

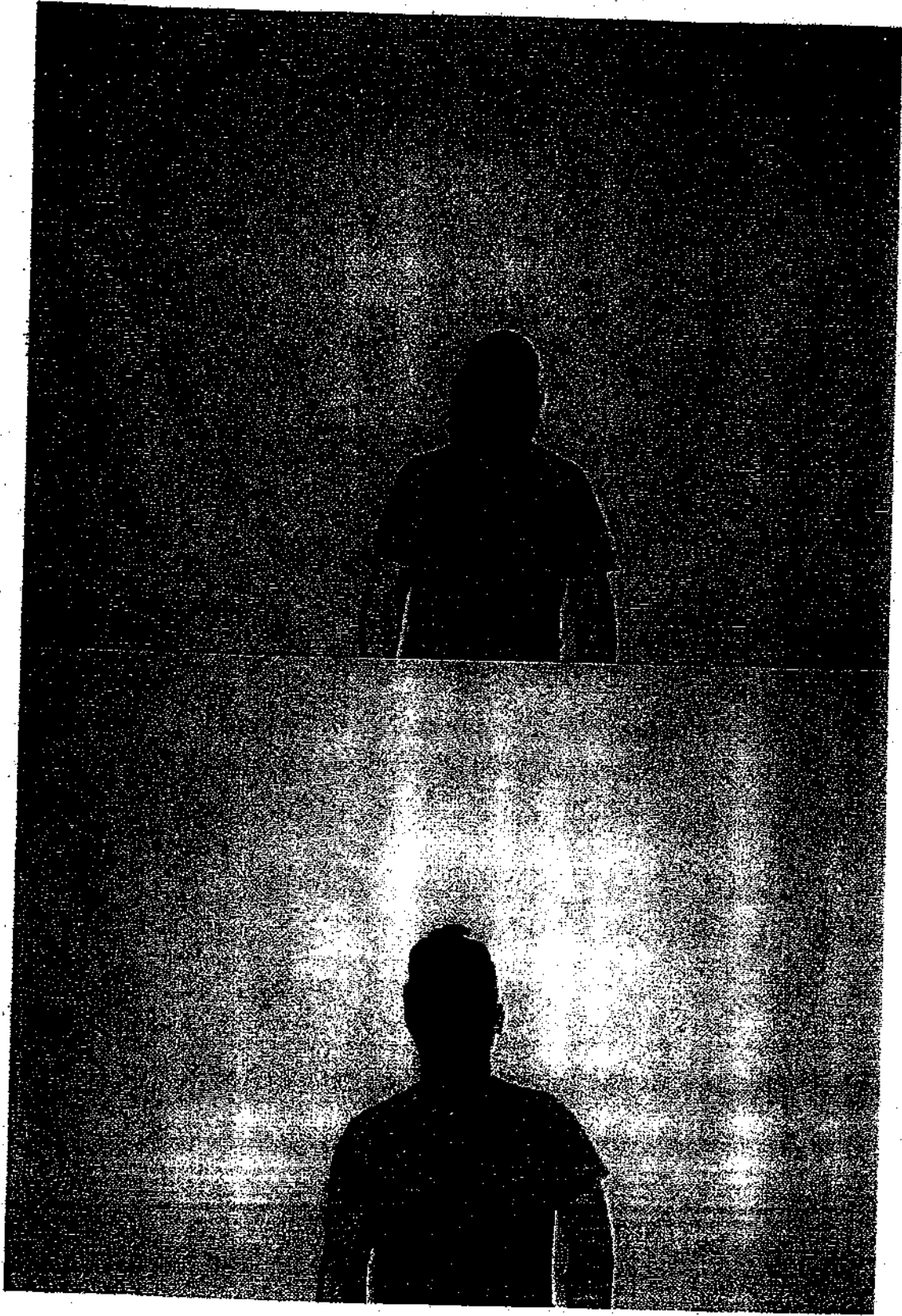
001991



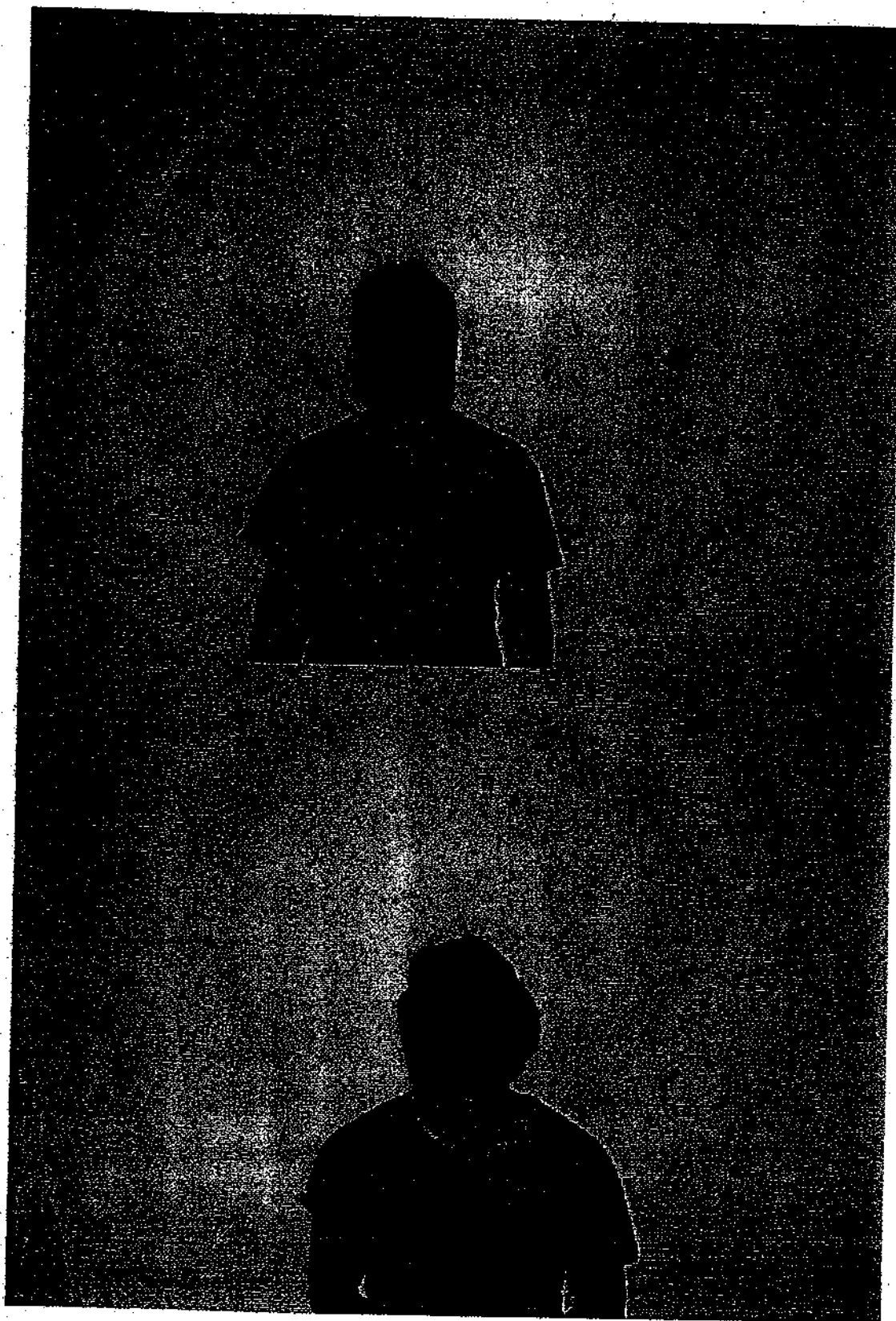
001992



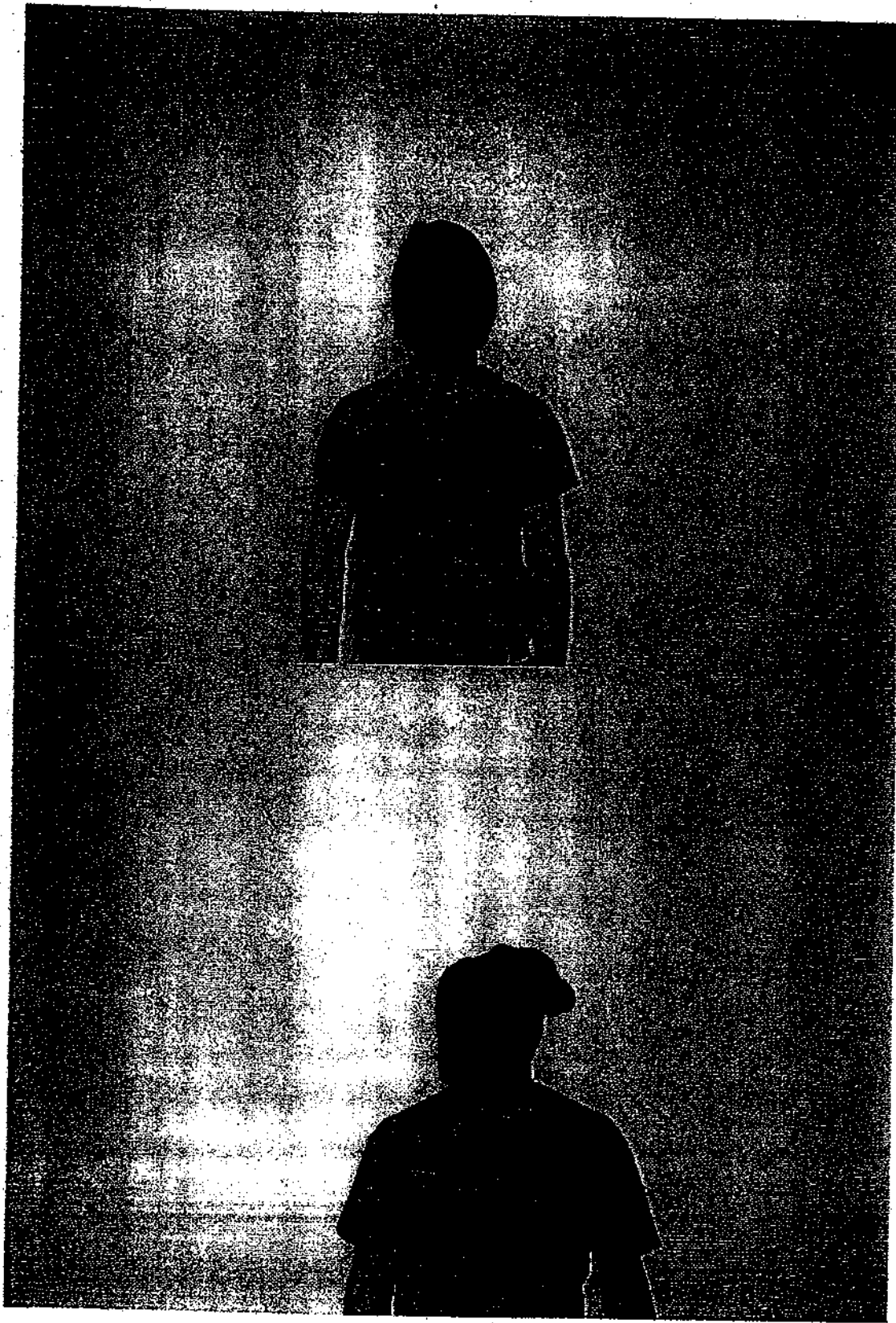
001993



001994



001995

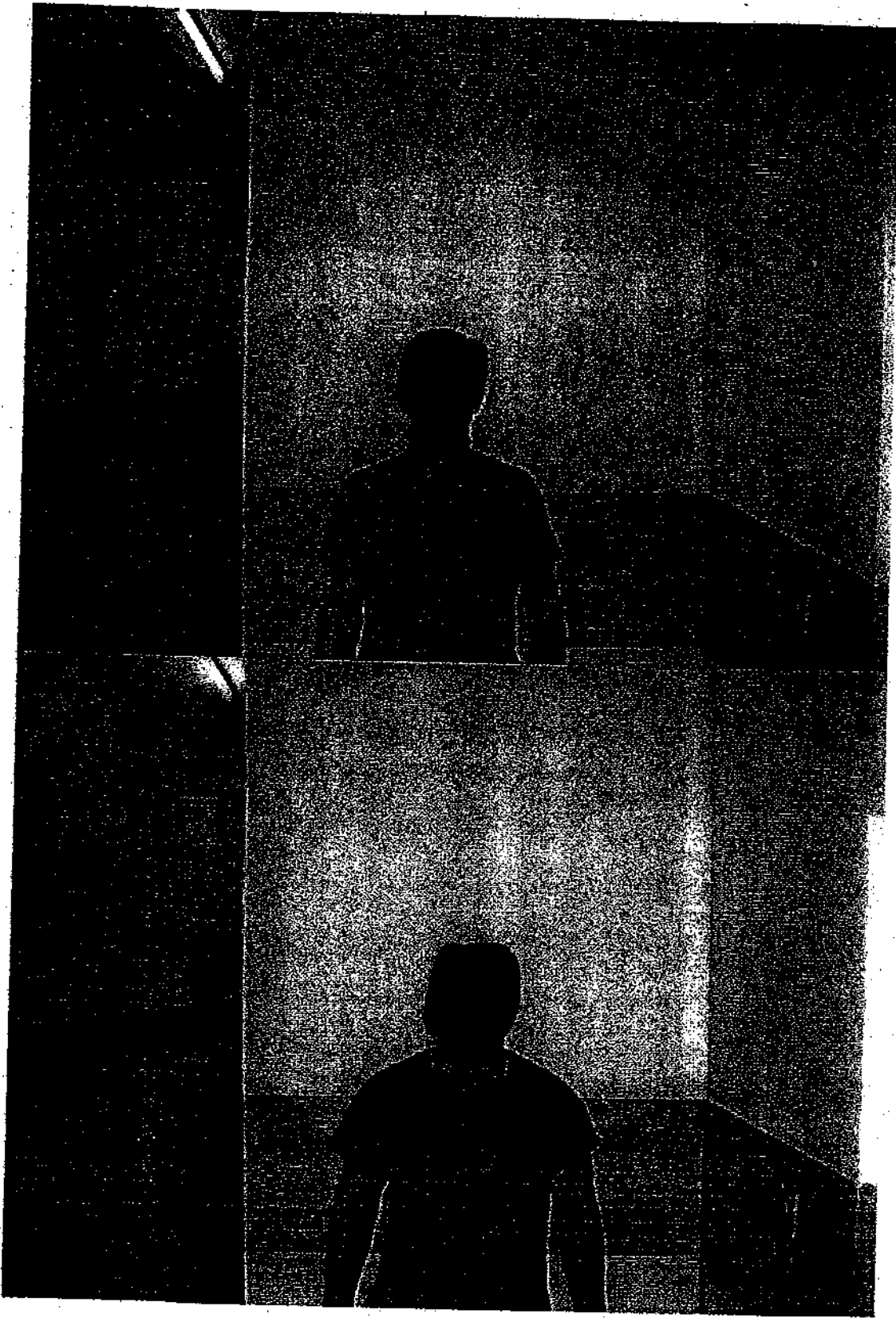


001996

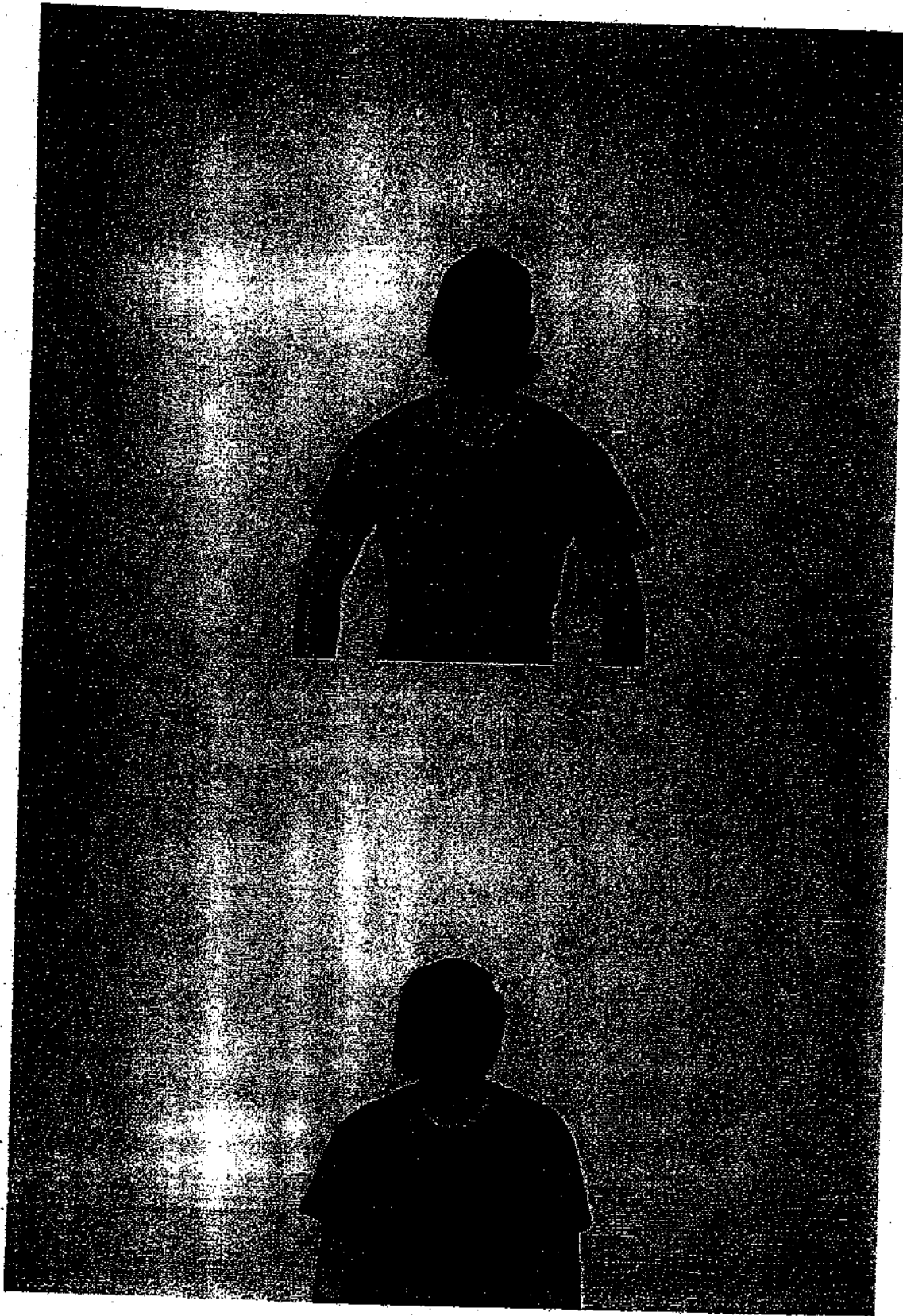




001997



001998



001999

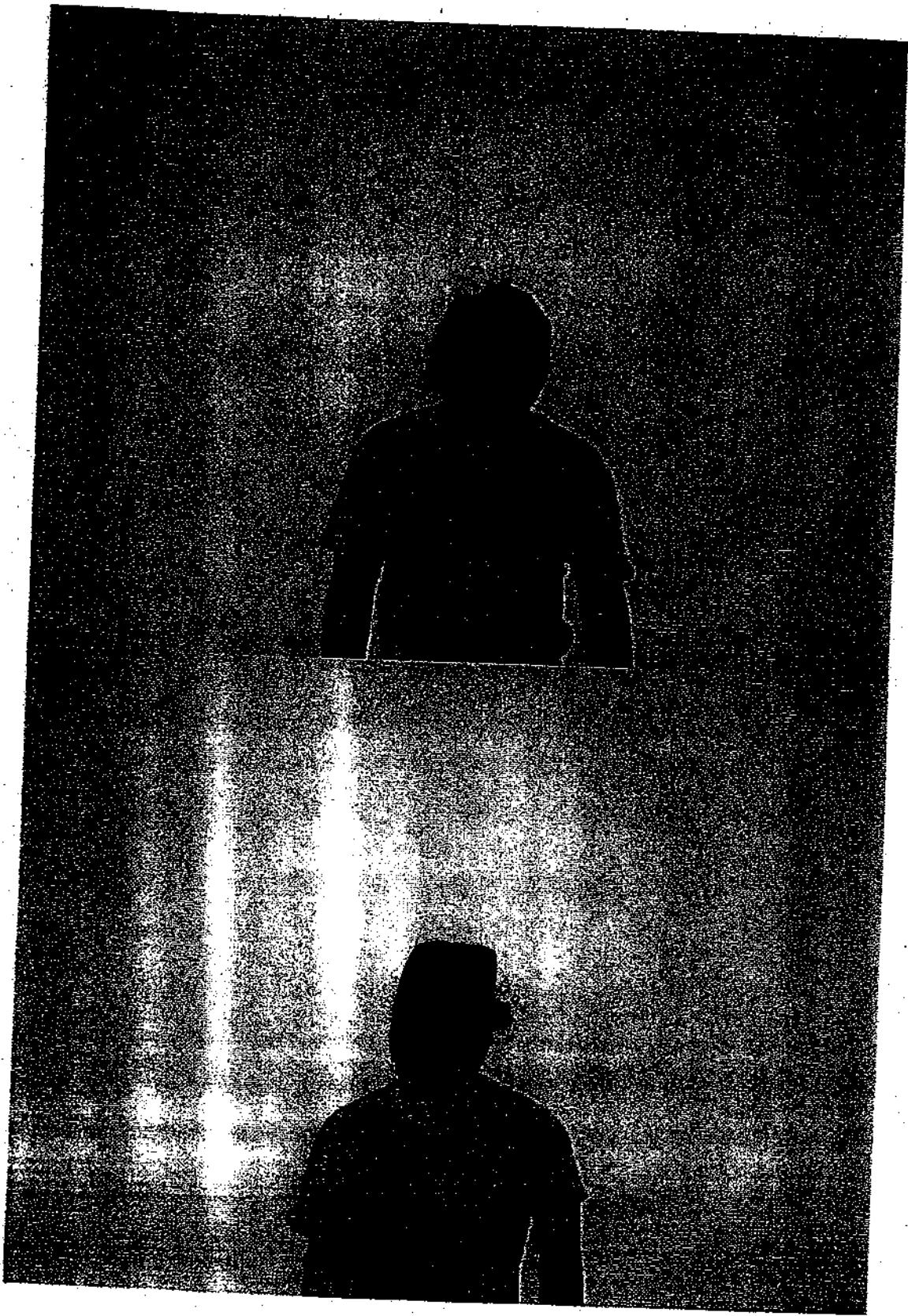


002000

This soldier that you selected, what  
did he do? He was hitting, smacking, stepping and punching to  
prisoner



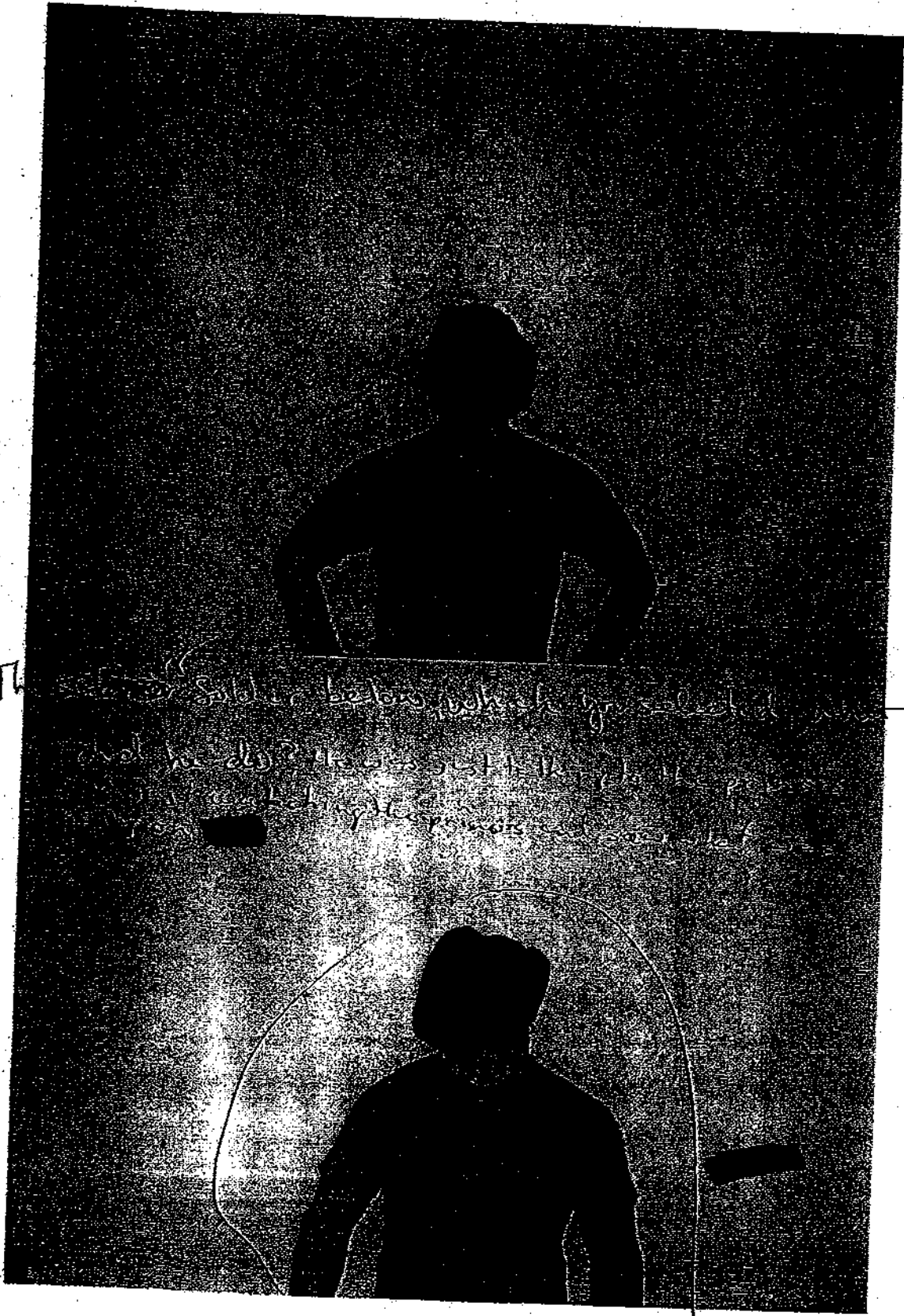
002001



002002

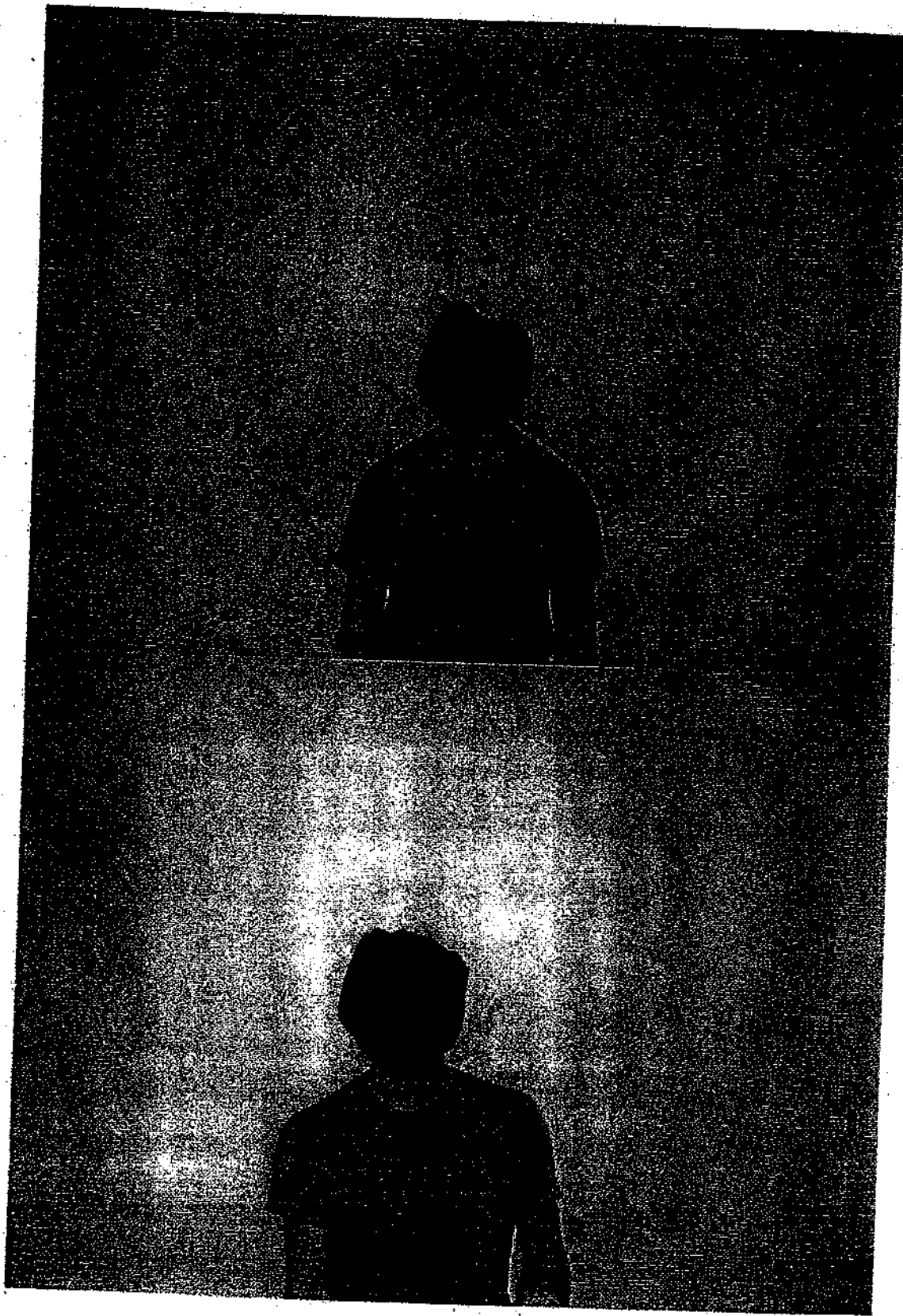


002003



002004





002005

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 [REDACTED] FoB	2. DATE (YYYYMMDD) 20031114	3. TIME 0915	4. FILE NUMBER
5. [REDACTED] NAME	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION [REDACTED] ADDRESS [REDACTED]			

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

I was provided a photo line-up of the 2nd Platoon, [REDACTED]; with in this line-up I observed: The [REDACTED] [REDACTED] was in the line up so I circled him and I recognized one of the other Spec. that was there in the line up.

Is there any additional information that can be provided concerning the Detainee mistreatment? I could not confirm the identity of the other Spec. [REDACTED]

Nothing follows ETC

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 \_\_\_\_\_"

EXHIBIT N

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

002006

9. STATEMENT (Continued)

*Nothing follows*

AFFIDAVIT

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

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

[REDACTED] (Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED] (Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT  
EPR

002007

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 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: FOB, BAGHDAD, IRAQ
2. DATE (YYYYMMDD): 2003/10/25
3. TIME: 1915
4. FSE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On the evening of 25 Oct 2002 at approximately 1845, [redacted] who is the XO of the [redacted] asked for the medics to perform physical exams on some Iraqi Detainees which were brought recently to our FOB. [redacted] the Battalion PA, and went immediately down to the MPW Holding Area to examine them. They were brought out of the holding area individually and examined by me or the PA. The following is a summary of the significant physical findings per our examination.

5 of them had linear erythematous (red) markings on their wrists that were presumably left from the Flex-cuffs.

[redacted] had subjective numbness of his left 4th and 5th fingers as well as epigastric (upper central) abdominal tenderness to palpation (touch) without evidence of ecchymosis (bruising).

[redacted] had tenderness to palpation but no ecchymosis of his left clavicle (collar bone), the right side of his mandible by his temporomandibular joint (jaw), and his periumbilical region (central abdomen). He also had subjective numbness of his 4th and 5th fingers on his left hand. Before leaving, I had [redacted] give him 800mg of Ibuprofen to help treat his pain.

The above findings were verbally reported to MAJ [redacted] who then asked me to document the findings on this form.

NOTHING FOLLOWS

10. EXHIBIT: B
11. INITIALS: [redacted] STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF

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.

EXHIBIT O

002008

B. STATEMENT (Continued)

AFFIDAVIT

WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT 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 25 day of OCTOBER, 2003 at

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

002009

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 18 USC Section 301; Title 6 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: FOB, Bay Ladd, Iraq
2. DATE (YYYYMMDD): 2003 10 25
3. TIME: 2200
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: Bay Ladd, Iraq

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

Created with help of interpreter

I was brought to the prisoner cage this afternoon with 5 other men, all my relatives. When we were brought from the truck into the cage, some soldiers followed us into the cage. It was 5 soldiers. One soldier stood off to the side with my nephew and didn't let the others touch him. The other 4 soldiers were hitting us, kicking us, and stepping us. One soldier put my face against the wall and hit the back of my head 2 or 3 times. While they were doing this, they were saying bad things about Allah and about our families. They beat on us for about an hour, and then they stopped and left.

Nothing follows

EXHIBIT P

INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF 1 PAGES
STATEMENT TAKEN AT DATED

MUST BE INDICATED

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

002010

STATEMENT OF

TAKEN AT

DATED

9. STATEMENT (Continued)

AFFIDAVIT

I, \_\_\_\_\_, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_ 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)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2003 at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority To Administer Oaths)

WITNESSED:  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
INITIALS OF PERSON MAKING STATEMENT \_\_\_\_\_

PAGE OF PAGES

002011

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: [redacted] FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 20051025
3. TIME: 2230
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADE/STATUS:
8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

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

I taken help with [redacted] at [redacted]

I was brought to the prisoner cage this afternoon with 5 other men, all related to me. When we were brought from the truck into the cage, some soldiers followed us in. It was about 5-7 soldiers. The soldiers started hitting the other prisoners, slapping them in the face, punching them in the body, kicking them, and stepping on their feet. A soldier named [redacted] stood near me and wouldn't let the others hit me, because I spoke a little English. The other soldiers continued to beat the other prisoners until one of the soldiers from the Bradleys, acting as a lookout, said someone was coming. Then all of the soldiers in the jail left. While this all was going on, the soldiers (except [redacted]) were saying bad things to us, like "I want to fuck your sister" and other things.

Interviewer's Note: When I asked the individual to write down a piece of [redacted] on a piece of [redacted] paper, the name he gave on the [redacted] was [redacted], he wrote [redacted]

EXHIBIT Q

11. INITIALS OF PERSON MAKING STATEMENT: H [redacted]
PAGE 1 OF 2 PAGES
STATEMENT TAKEN AT DATED

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

002012



STATEMENT OF

TAKEN AT

DATED

9. STATEMENT (Continued)

AFFIDAVIT

I, [REDACTED], 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.

[REDACTED]  
(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 27 day of OCT 2003

at [REDACTED]  
[REDACTED]  
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES  
[REDACTED]  
[REDACTED]  
ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS  
INITIALS OF PERSON MAKING STATEMENT [REDACTED]

002013

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: Feb, Baghdad 2. DATE (YYYYMMDD): 20031112 3. TIME: 1400 hrs 4. FILE NUMBER:
5. NAME: 6. SSN: 7. GRADE/STATUS:
8. ORGANIZATION: Baghdad, Iraq 09324

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

In my opinion as a company commander, [redacted] has been a quality soldier and a great asset to [redacted] I have every confidence in his desire to do what is right and tell the truth to the best of his knowledge. He has always been both straightforward and honest with his squad and platoon leadership as well as with me. He has exhibited no reasons for me to doubt his words or his actions.

Nothing follows

EXHIBIT R

11. [redacted] PERSON MAKING STATEMENT PAGE 1 OF 2 PAGES

STATEMENT TAKEN AT DATED

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

BE INDICATED.

002014

STATEMENT (Continued)

*Nothing follows*

I, \_\_\_\_\_ DO SOLEMNLY SWEAR OR AFFIRM THAT I HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE \_\_\_\_\_. 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 12 day of Nov., 03 at \_\_\_\_\_

\_\_\_\_\_  
(Signature of Person Administering Oath)

\_\_\_\_\_  
(Typed Name of Person Administering Oath)

\_\_\_\_\_  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

NAME OF PERSON MAKING STATEMENT

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