

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; F.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: Metro Park Springfield, VA
2. DATE (YYYYMMDD): 2004/05/24
3. TIME: 1406
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: E4

8. ORGANIZATION OR ADDRESS: A Co, 141 MI Bn, 300 MI Bdc, Utah National Guard Draper, UT

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

I arrived Abu Ghraib on 30 Oct 03 and remained until 5 Feb 04. I was assigned as the unit mail clerk. I was not given an overall orientation of AG nor any specific training or briefings on interrogation operations or IROEs. There were none posted in the area in which I worked. I was somewhat restricted as to what areas I could enter.

On one occasion circa Thanksgiving 03 in a MP with whom I was in casual conversation made an off hand comment that they had to be mean to the detainees in order to get them to talk because that is what they were used to - how they had been treated under [REDACTED]. He did not make any amplification of that comment and did not provide any specific details. I do not know the identity of the MP.

I did not see, become aware of, or hear about any humiliation or abuse of detainees. I did not see, become aware of, or hear about any unauthorized photos or videos of detainees. I do not know of any use of guard dogs with the detainees.

Q: Is there anything you wish to add? A: No

////////////////////////////////////End of Statement////////////////////////////////////

NOTHING

FOLLOWS
[REDACTED]

10. EXHIBIT: [REDACTED] 11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED] PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ 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.

STATEMENT OF [REDACTED] TAKEN AT Springfield, VA DATED 20040524

9. STATEMENT (Continued)

NOTHING

X

FOLLOW S

[REDACTED]

AFFIDAVIT

[REDACTED] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE [REDACTED] 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 24 day of May 2004 at

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

UCMJ, ARTICLE 136

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE [REDACTED] OF [REDACTED] PAGES