

SWORN STATEMENT

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

LOCATION Abu Ghraib, Iraq, APO AE 09335	DATE 27-01-04	Time 1204	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		GRADE/STATUS CTV
ORGANIZATION OR ADDRESS CACI, Abu Ghraib Correctional Facility, Abu Ghraib, Iraq, APO AE 09335			

I want to make the following Statement under oath:
 Incident with hearing unusual sounds coming from the Segregation Hole in isolation wing alpha, around or about 20 DEC 03. After the conclusion of an interrogation that included [REDACTED] (term) in the stairwell of Segregation. The detainee was returned into MP custody of [REDACTED]. After the detainee was received by the two MP's, the interrogation team walked ahead of the MP's and detainee. The detainee was being placed into the Segregation Hole according to the approved interrogation plan and the sound of the detainee falling or possibly being struck was heard. The interrogation team looked back and the MP's were coming out of the facility and closed the door. Both [REDACTED] and I looked at each other and asked what was the sound as we walked up the steps to the MP office area. Both of us [REDACTED] and [REDACTED] felt very uncomfortable with what we had heard and when the two MP's returned to the MP office area, located on the second deck, in between section alpha and bravo, we confronted the MP's. The reaction of [REDACTED] was that he was agitated with the comment or suggestion. [REDACTED] did reply to our questioning, but I can't recall the exact words of his statement, other than he was not happy. Explanation of an approved interrogation plan. When an interrogation plan outside the approved Interrogation Rules of Engagement (IROE) is requested by an interrogator, the plan must be reviewed and approved by Col Tom Papus and the Jag Officer. However, in some circumstance, this approval must go up to the office of General Sanchez for direct approval. In response to questions by the investigator and the special treatment of a detainee. The following is a description of the process of an ongoing interrogation. A detainee that I am actively interrogating was placed on an approved Sleep Meal Management Program. This program, has very specific and detailed rules required for implementation. In terms of what I have used recently over a 25 day period of time to interrogate the detainee. In this case, the detainee is provided with 4 hours of sleep per 24 hour period. The configuration of this sleep/wake program can be divided in any configuration and needs to be written out in detail for each day and approved through the appropriate chain of command, OIC, COL Papus and Jag. In this example, the final approving authority was COL Tom Papus. To elaborate on a typical 72 hour program recently used, the sleep/meal management portion cannot continue more that 72 consecutive hours. At which point, a 12 hour uninterrupted sleep session is mandatory before the program can continue. During a typical SMMS program, the MP's are responsible for administering the written program provided by the interrogator. A copy of the detailed, written program that they receive and keep on record in the office, during the duration of the session. In all cases, the NCO managing the alpha wing or responsible for the section are verbally briefed about the program, the details of the program, the detainee and intelligence value of the detainee (background). In addition, the MP's are advised that during the awake time period of an approved SMMS program, the MP's are allowed to do what is necessary to keep the detainee awake in the allotted period of time as long it adheres to approved rules of engagement and [REDACTED].

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 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

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proper treatment of the detainee. For example, this current detainee does not like to conform to proper grooming standards. So, I've referred to the MP's to give the detainee his special treatment. This is to include, showering of the detainee (not excessively) daily if necessary, having the detainee brush his teeth and the maintaining of short hair and no facial hair. Hence, the MP's are not directed when and how this is to be administered, but that it can be used to keep the detainee awake when the detainee is more prone to sleep.

Q. Have you ever had an incident where one of your detainees was bruised or complained of being assaulted by any of the guards?

A. No.

Q. Have you ever verbally requested one of the guards to assault one of your detainees?

A. No.

Q. Have you seen or heard any other type of suspicious incidents that would indicate abuse of the prisoners besides what you have listed in the above statement?

A. No.

Q. Do you know of any type of pictures that show abuse of detainees?

A. No.

Q. Do you have anything else to add to this statement concerning the matters under investigation?

A. No.

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

[REDACTED]

I HAVE READ OR 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 OR BENEFIT OR REWARD WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR UNLAWFUL INDUCEMENT

[REDACTED]
(Signature of Person Making Statement)

WITNESSES

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 22nd day of January, 2004 at Abu Ghraib, Iraq, APO AE 09335.

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS
10th Military Police Battalion (CID)
Baghdad, Iraq, APO AE 09335

(Typed Name of Person Administering Oath)
Article 136, UCMJ or 5 USC 803
(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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