

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: Camp Brittan Kuwait
2. DATE (YYYYMMDD): 2004/06/05
3. TIME: 1325
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS: PVT/E-1
8. ORGANIZATION OR ADDRESS: 535 MP Bn DET 5 Camp Brittan Kuwait APO AE 09366

9. [Redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
1. To the best of my recollection the individual in BDD's in the photo is [Redacted] 372 ND MP 3rd PVT. Former Marine Corps, Inf. Normally assigned to convey escorts. He was a friend and former team member of [Redacted] Always had a K-bar knife on him.
2. I heard from [Redacted] that the death of the detainee was from interrogation from MI. She told me it was listed as a heart attack but she knew that it was something else. JCS
3. [Redacted] told me that MI and OGA said that they were to keep doing what they were doing to the detainees because they were talking faster than ever. JCS
4. The night of the 7 detainees there was no one of the time I was there from MI. The photo that [Redacted] showed me I did not know the no MPs that was there.
5. I did not see or to my knowledge know of MI taking photos, making detainees wear women's underwear, abusing detainees, or use of dogs for interrogation, other than paragraph 3 I don't know of MI telling the MPs to abuse or soften up the detainees. JCS
Nothing follows [Redacted]

10. EXHIBIT:
11. INITIALS OF PERSON MAKING STATEMENT: [Redacted]
PAGE 1 OF 1 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.

AG0000526

STATEMENT OF

[REDACTED]

7. I was
woman's ---
had. JCS

a)

8. Reference to paragraph 2 [REDACTED] reference something else
was the cause of death. Q. Did she tell you what it is?
A. She told me that he had been beaten.

9. Q. Is there anything else you wish to add?
A. NO [REDACTED]

Nothing
Follows

AFFIDAVIT

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

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5 day of June 2004 at CAMP ALEXANDER, IOWA

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

5 USC 303

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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