

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: Newport News, Virginia
2. DATE: 2004/06/24
3. TIME: 0815
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: 229th Military Police Co., Virginia Beach, Virginia

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On June 24, 2004, I identified Capt. [redacted] from a photospread provided to me as being the unknown Captain described in my January 20, 2004 statement to CID Agent [redacted]. This is the Captain that I witnessed beating a prisoner inside the hard site in late November 2003. I have nothing further to add to this statement.

Nothing follows

Nothing

Follows

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT
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

Newport News, VA

DATED

2004 06 24

9. STATEMENT (Continued)

NOT

Used

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 24th day of June, 2004 at Newport News, Virginia

[REDACTED]
Signature of Person Administering Oath

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

5 USC 303

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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