

CASE # 04201615-001

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

This is USC Section 301; Title 5 USC Section 2061; E.O. 9397 dated November 22, 1943 (SSAR)

To provide commanders and law enforcement officials with access by which information may be personally identified.

Your social security number is used as an additional automatic means of identification to facilitate filing and retrieval.

Disclosure of your social security number is voluntary.

AUTHORITY:
PRINCIPAL PURPOSE:
ROUTING USER:
DECLASSIFY:
LOCATION:

1. LAST NAME, FIRST NAME, MIDDLE NAME

4. ORGANIZATION OR AGENCY
B Bury 2/3 FA, 1st Airborne Division

2. DATE /YYYYMMDD
2004/04/05

3. TIME
1328

5. FILE NUMBER

7. GRADE/STATUS
E6

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

(b)(3)
b(2)

I, [redacted] on 5th of April 2004, at approximately 0130 hours, conducted a Calibration on the Vapor Trace 2 System and ran a Verification test. The system tested successfully. Once completed, I verified a sample taken from a deminse in the custody of the [redacted] in Adhamiya, Baghdad. The results displayed a High exposure reading of a high explosive called (RDX). I have been trained and certified in the proper use and detection of the Vapor Trace 2 System by the General Electric Industrial Systems team dispatched to the Iraq theater of operations. End of Statement.

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10. EXHIBIT

11. INITIALS OF PERSON MAKING 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.

DA FORM 2823, DEC 1999

DA FORM 2823, JUL 72, IS OBSOLETE

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ATTORNEY

... 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]

(Signature of Person Making Statement)

WITNESSES:

[Redacted Name]
[Redacted Organization or Address]

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of April, 2004.

APF, Baghdad, Iraq
[Redacted Name]
[Redacted Title]

[Redacted Name]
[Redacted Organization or Address]

[Redacted Name]
[Redacted Title]

INITIALS OF PERSON MAKING STATEMENT

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