

RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ

For use of this form, see AR 27-10; the proponent agency is TJAG.

(b)(3)
(b)(6)

See Notes on Reverse Before Completing Form

NAME	GRADE	SSN	UNIT	PAY (Basic & Sea/Foreign)
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$1,356.90

1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: ^{1/}
In that you, did, at or near Baghdad, Iraq, on or about 21 June 2003, unlawfully strike [REDACTED] in the face with your hand. This is in violation of Article 128, UCMJ.

2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand that I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all (matters of defense) or why punishment should be very light (matters of extenuation and mitigation). I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. ^{2/} If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. ^{3/} In deciding what you want to do you have the right to consult with legal counsel located at M, W, P 0900-1230 & 1400-1730 hours, TDS, Baghdad International Airport. You now have 48 hours to decide what you want to do. ^{4/}

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
21 OCT 03	[REDACTED]	[REDACTED]

3. Having been afforded the opportunity to consult with counsel, my decision are as follows: (Initial appropriate blocks, date, and sign)
a. I demand trial by court-martial.
b. I do not demand trial by court-martial and in the Article 15 proceedings:
(1) I request the hearing be Open Closed A person to speak in my behalf Is Is not requested.
(3) Matters in defense, mitigation, and/or extenuation: Are not presented Will be presented in person. Are attached.

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
21 OCT 03	[REDACTED]	[REDACTED]

4. In a(n) Open Closed hearing ^{5/} all matters presented in defense, mitigation, and/or extenuation, having been considered, the following punishment is imposed: ^{6/} Reduction to Private (E1); forfeiture of \$575.00 pay per month for two months, suspended, to be automatically remitted if not vacated before 29 April 2004,

5. I direct the original DA Form 2627 be filed in the Performance file Restricted file of the OMPF. ^{7/}

6. You are advised of your right to appeal to the Cdr, 1st AD within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]

7. (Initial appropriate block, date, and sign)
a. I do not appeal b. I appeal and do not submit additional matters ^{8/9/} c. I appeal and submit additional matters ^{8/9/}

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
28 OCT 2003	[REDACTED]	[REDACTED]

8. I have considered the appeal and it is my opinion that:

DATE	NAME AND GRADE OF JUDGE ADVOCATE	SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]

9. After consideration of all matters presented in appeal, the appeal is:
 Denied Granted as follows: ^{10/}

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]

10. I have seen the action taken on my appeal. DATE SIGNATURE OF SERVICE MEMBER

11. ALLIED DOCUMENTS AND/OR COMMENTS ^{11/ 12/ 13/} AS/M
CID Report with sworn statements and rights advisements(81), DA FORM 268, and ERB.

DEPARTMENT OF THE ARMY
HEADQUARTERS
3RD BRIGADE, 1ST ARMORED DIVISION
BAGHDAD, IRAQ APO AE 09324

AFZN-BB-CO

DATE: 21 06 03

MEMORANDUM OF AGREEMENT

THRU Commander, [REDACTED] APO AE 09324
Commander, [REDACTED] APO AE 09324

FOR PFC [REDACTED]
APO AE 09324

SUBJECT: Dismissal of the Court-Martial Charges Preferred on 18 September 2003.

In the case of [REDACTED] the Charges and their Specifications are hereby dismissed with prejudice to the Government conditioned on [REDACTED] pleading guilty under the provisions of Article 15 to the Charge: Violation of the UCMJ Article 128 and Specification: "In that you did, at or near Baghdad, Iraq, on or about 21 June 2003, unlawfully strike [REDACTED] in the face with your hand" and further conditioned on [REDACTED] testifying truthfully at all subsequent pretrial investigations and court-martials in the case of [REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
Commanding

[REDACTED]
[REDACTED]
[REDACTED]
Trial Defense Counsel

[REDACTED]
[REDACTED]
[REDACTED]
USA

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CHARGE SHEET

I. PERSONAL DATA

1. NAME OF ACCUSED (<i>Last, First, Middle Initial</i>) [REDACTED]		2. SSN [REDACTED]	3. GRADE OR RANK PFC	4. PAY GRADE E3	
5. UNIT OR ORGANIZATION [REDACTED] APO AE 09324			6. CURRENT SERVICE		
			a. INITIAL DATE 20020128	b. TERM 3 years	
7. PAY PER MONTH		8. NATURE OF RESTRAINT OF ACCUSED None	9. DATE(S) IMPOSED None		
a. BASIC	b. SEA/FOREIGN DUTY				c. TOTAL
\$1,356.90	None				\$1,356.90

II. CHARGES AND SPECIFICATIONS

10. CHARGE I: VIOLATION OF THE UCMJ, ARTICLE 93.

THE SPECIFICATION: In that [REDACTED] at or near Baghdad, Iraq, on or about 21 June 2003, was cruel toward [REDACTED] a person subject to his orders, by pointing a pistol at [REDACTED] and saying: "Bang!", or words to that effect.

CHARGE II: VIOLATION OF THE UCMJ, ARTICLE 128.

THE SPECIFICATION: In that [REDACTED], did, at or near Baghdad, Iraq, on or about 21 June 2003, unlawfully strike [REDACTED] in the face with his hand.

III. PREFERRAL

1a. NAME OF ACCUSER (<i>Last, First, Middle Initial</i>) [REDACTED]	b. GRADE [REDACTED]	c. ORGANIZATION OF ACCUSER [REDACTED]
SIGNATURE OF ACCUSER [REDACTED]		e. DATE (YYYYMMDD) 20030918

AFFIDAVIT: Before me, the undersigned, authorized by law to administer oaths in cases of this character, personally appeared the above named accuser this 18 day of September, 2003, and signed the foregoing charges and specifications under oath that he/she is a person subject to the Uniform Code of Military Justice and that he/she either has personal knowledge of or has investigated the matters set forth therein and that the same are true to the best of his/her knowledge and belief.

[REDACTED]
Typed Name of Officer

[REDACTED]
Organization of Officer

[REDACTED]
Grade

[REDACTED]
*Official Capacity to Administer Oath
(See R.C.M. 307(b) - must be a commissioned officer)*

[REDACTED]
Signature

12.

On 20 September, 2003, the accused was informed of the charges against him/her and of the name(s) of the accuser(s) known to me
(See R.C.M. 308 (a)). (See R.C.M. 308 if notification cannot be made.)

[Redacted]
Typed Name of Immediate Commander

[Redacted]
Organization of Immediate Commander

[Redacted]
Signature

IV. RECEIPT BY SUMMARY COURT-MARTIAL CONVENING AUTHORITY

13.

The sworn charges were received at 1500 hours, 20 SEPT 2003 at

[Redacted]
Designation of Command or

Officer Exercising Summary Court-Martial Jurisdiction (See R.C.M. 403)

FOR THE

[Redacted]
Typed Name of Officer

[Redacted]
Official Capacity of Officer Signing

[Redacted]
Grade

[Redacted]
Signature

V. REFERRAL; SERVICE OF CHARGES

4a. DESIGNATION OF COMMAND OF CONVENING AUTHORITY

b. PLACE

c. DATE (YYYYMMDD)

Referred for trial to the _____ court-martial convened by _____

_____, subject to the following instructions:²

By _____ of _____
Command or Order

Typed Name of Officer

Official Capacity of Officer Signing

Grade

Signature

On _____, I (caused to be) served a copy hereof on (each of) the above named accused.

[Redacted]
Typed Name of Trial Counsel

[Redacted]
Grade or Rank of Trial Counsel

Signature

FOOTNOTES: 1 - When an appropriate commander signs personally, inapplicable words are stricken.
2 - See R.C.M. 601(e) concerning instructions. If none, so state.

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COURT-MARTIAL CHARGES TRANSMITTAL FORM

PART I

TO: [REDACTED] FROM: [REDACTED] DATE: 20 SEP 03

Court-Martial charges against the following named individual are forwarded as Enclosure 1. Witness statements, any evidence of previous misconduct (to include properly certified DA Forms 2627 and the accused's DA Form 2A and 2-1) are attached as Enclosure 2. Soldier is not pending chapter action UP AR 635-200.

NAME: [REDACTED] RANK: [REDACTED] SSN: [REDACTED]

UNIT: [REDACTED]

Recommend:
 Summary Court-Martial Special Court-Martial
 BCD Special Court-Martial General Court-Martial
 Other *Field Grade Article 15*

NAME OF COMMANDER [REDACTED] SIGNATURE OF COMMANDER [REDACTED]

PART II

TO: [REDACTED] FROM: [REDACTED] DATE: 20 SEP 03

I have reviewed the attached charges, documents, and Article 32 (if applicable) and (recommend)(direct):
 Summary Court-Martial Special Court-Martial
 BCD Special Court-Martial General Court-Martial
 Other

NAME OF COMMANDER [REDACTED] SIGNATURE OF COMMANDER [REDACTED]

PART III

TO: [REDACTED] FROM: [REDACTED] DATE:

I have reviewed the attached charges, documents, and Article 32 (if applicable) and (recommend)(direct):
 Summary Court-Martial Special Court-Martial
with CP and statement
 BCD Special Court-Martial General Court-Martial
 Other

NAME OF COMMANDER [REDACTED] SIGNATURE OF COMMANDER [REDACTED]

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UNITED STATES

vs.

SERVICE OF DOCUMENTS

ON T D S

[REDACTED]

Baghdad, Iraq APO AE 09324

1. The following document was served on trial defense service at Fort Riley, KS

Chain of Command transmittals
Enlisted Records Brief

2. Service was accomplished at 1 Oct 03, 2002.

[REDACTED]

Receipt acknowledged

[REDACTED]

Signature

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UNITED STATES

vs.

SERVICE OF DOCUMENTS

O N T D S / ACCUSED

[REDACTED]

Baghdad, Iraq APO AE 09324

1. The following document was served on trial defense service at Fort Riley, KS

Preferred Charge sheet
Chain of Command transmittals
Enlisted Records Brief
Adverse Action Flag
Allied documents

2. Service was accomplished at 23 Sep, 2003.

[REDACTED]

Military Paralegal

Receipt acknowledged.

[REDACTED]

Signature

*Once this document has been signed by soldier
return to Brigade Military Justice Cell in Brigade
TOC*

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UNITED STATES

vs.

SERVICE OF DOCUMENTS

O N T D S

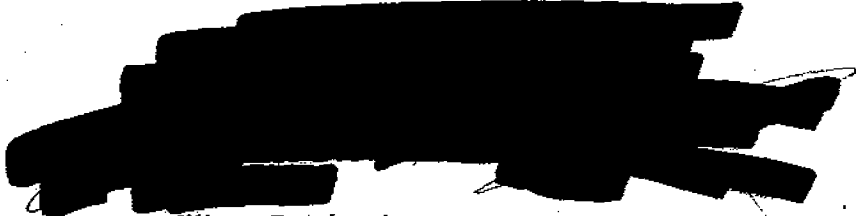


Baghdad, Iraq APO AE 09324

1. The following documents were served on the accused in Baghdad, Iraq

Preferred Charge sheet
Chain of Command transmittals
~~Enlisted Records Brief~~
~~Adverse Action Flag~~
Allied documents

2. Service was accomplished at _____, 2002.



Military Paralegal

Receipt acknowledged.

26 Sep 03


Signature

NCOIC Trial Defense Services

I did not receive an ELB or Adverse Action Flag 

RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ

For use of this form, see AR 27-10: the proponent agency is TJAG.

See Notes on Reverse Before Completing Form

(b)(3)
(b)(6)
(b)(7)(c)

NAME	GRADE	SSN	UNIT	PAY (Basic & Sea/Foreign)
[REDACTED]	[REDACTED]	[REDACTED]	Baghdad, Iraq APO AE	\$1,903.50

1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: ^{1/}
 In that you, did, at or near Baghdad, Iraq, on or about 25 October 2003, violate a lawful general order, to wit: paragraph 3.E.(5), FRAGO 383A to OPOD 03-215 (Iron Stability), dated 21 July 2003, by wrongfully slapping, punching, and stomping on detainee's bare feet in your custody. This is in violation of Article 92, UCMJ.

2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand that I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all (matters of defense) or why punishment should be very light (matters of extenuation and mitigation). I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. ^{2/} If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. ^{3/} In deciding what you want to do you have the right to consult with legal counsel located at Baghdad International Airport. You now have 48 hours to decide what you want to do. ^{4/}

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
4 Dec 03	[REDACTED]	[REDACTED]
TIME		
16:50		

3. Having been afforded the opportunity to consult with counsel, my decision are as follows: (Initial appropriate blocks, date, and sign)
 a. I demand trial by court-martial.
 b. I do not demand trial by court-martial and in the Article 15 proceedings:
 (1) I request the hearing be Open Closed. (2) A person to speak in my behalf Is Is not requested.
 (3) Matters in defense, mitigation, and/or extenuation: Are not presented Will be presented in person Are attached.

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
29 Dec 03	[REDACTED]	[REDACTED]

4. In a(n) Open Closed hearing ^{5/} all matters presented in defense, mitigation, and/or extenuation, having been considered, the following punishment is imposed: ^{6/}
 Found not guilty by battalion commander [REDACTED]

5. I direct the original DA Form 2627 be filed in the Performance fiche Restricted fiche of the OMPF. ^{7/}
 6. You are advised of your right to appeal to the Cdr, [REDACTED] within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
08 Jan 04	[REDACTED]	[REDACTED]

7. (Initial appropriate block, date, and sign)
 a. do not appeal b. I appeal and do not submit additional matters ^{8/9/} c. I appeal and submit additional matters ^{8/9/}

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
08 Jan 04	[REDACTED]	[REDACTED]

8. I have considered the appeal and it is my opinion that:

DATE	NAME AND GRADE OF JUDGE ADVOCATE	SIGNATURE

9. After consideration of all matters presented in appeal, the appeal is:
 Denied Granted as follows: ^{10/}

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE

10. I have seen the action taken on my appeal. DATE SIGNATURE OF SERVICE MEMBER

11. ALLIED DOCUMENTS AND/OR COMMENTS ^{11/12/13/}

Facts and exhibits from 15-6 Investigation, DA Form 268, ERB

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NOTES

- ✓ Insert a concise statement of each offense in terms stating a specific violation and the Article of the UCMJ (Part IV, MCM). If additional space is needed, use item 11 or continuation sheets as described in note 11 below.
- ✓ Inform the member of the maximum punishment which may be imposed under Article 15.
- ✓ Inform the member that if he or she demands trial, trial could be by SCM, SPCM, or GCM. Additionally, inform the member that he or she may object to trial by SCM and that at SPCM or GCM he or she would be entitled to be represented by qualified military counsel, or by civilian counsel at no expense to the government. If the member is attached to or embarked in a vessel, he or she is not permitted to refuse Article 15 punishment. In such cases, all reference to a demand for trial will be lined out and an appropriate remark will be made in item 11 indicating the official name of the vessel and that the member was attached to or embarked in the vessel at the time punishment was imposed.
- ✓ Give the member copy 5 of this form.
- ✓ Offenses determined not to have been committed will be lined out. If the imposing commander decides not to impose any punishment, the member will be notified and all copies of this form destroyed.
- ✓ Amounts of forfeitures of pay will be rounded off to the next lower whole dollar. If a punishment is suspended, the following statement should be added after to: To be automatically remitted if not vacated before (date). If punishment includes a written admonition or reprimand, it will be attached to this form and listed in item 11.
- ✓ The imposing commander will initial the appropriate block. The OMPF performance fiche is routinely used by MOS/specialty career managers and DA selection boards. The OMPF restricted fiche is not given to MOS/specialty career managers or DA selection boards without approval of the Cdr, MILPERCEN or selection board proponent.
- ✓ If the member appeals, this form and all written evidence considered by the imposing commander will be forwarded to the superior authority.
- ✓ Before acting on an appeal, it must be referred to a judge advocate for advice when the punishment, whether or not suspended, includes reduction or one or more pay grades from the fourth or a higher pay grade, or is in excess of one of the following: 7 days arrest in quarters, 7 days correctional custody, 7 days forfeiture of pay, or 14 days of either extra duties or restriction. (See Article 15e(1) to (7), UCMJ.)
- ✓ The superior authority will initial the appropriate block. If the appeal is granted, the specific relief granted will be stated according to note 12.
- ✓ In this space indicate the number of pages attached as follows: Allied documents on appeal consist of _____ pages. Allied documents include all written matters considered by the imposing commander submitted by the member on appeal and the commander's rebuttal, if applicable. If additional space is needed for completion of any item(s), use plain bond headed "Continuation Sheet 1", etc.

Applicable portions of the following format may be used to record action taken on appeal. Appropriate language should be entered in item 11 or, if necessary, on a continuation sheet. Supplementary actions (para 3-38, AR 27-10) will be recorded on DA Form 2627-2.

Suspension, Mitigation, Remission, or Setting Aside

(DATE)

On (date), the punishment(s) of _____ imposed on (date of punishment) (was) (were) (suspended and will be automatically remitted if not vacated before (date)) (mitigated to) (set aside, and all rights, privileges, and property affected restored) (by my order) (by order of) (the officer who imposed the punishment) (the successor in command to the imposing commander) (as superior authority).

(Typed name, grade, and organization of commander) /s/ _____

Racial/ethnic identifiers will be placed in Item 11 (Chapter 15, AR 27-10).

erse of DA Form 2627, Aug 84

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all away from me, then tried to use his superior body weight to make it difficult for me to guide him into the jail. While doing all this he kept talking in arabic. I couldn't understand what he was saying. I had to push him in order to get him to the jail. I told him to stop talking because he kept talking with the other prisoners. He also kept turning around after I had him face the wall. On the 2nd time I made him face the wall he jerked his shoulder and was turning around to face me. Instinctively I ~~knocked~~ ^{punched} him ~~the way~~ ~~in the~~ ~~back~~ ~~of~~ ~~his~~ ~~head~~. He was a big guy and I knew I wouldn't hurt him, but I wanted him to stop resisting me. Once he faced me, he cocked his right leg back like he was gonna kick me. The reason I thought that, was because I've had my soldiers kicked by prisoners even after they were flex cuffed so my reaction was to stomp his lead foot and push him into the wall face first. I'm not sure at what point the guard left or came back from getting the zip strips but perhaps we didn't get a chance to see what the prisoners had done to trigger our reaction. The guard said in his statement that I tighten up the prisoners cuffs, which in fact was the opposite. When

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the prisoners complained about the flex cuffs being too tight, I personally loosen them up. I think the guard ~~was~~ misunderstood the situation and made his own assumptions which later on he wrote on a sworn statement. I read the medical report in ~~which~~ which it says that no bruises were found, so how can this be evidence of a beating that supposedly took place for ~~about~~ an hour when in fact we were only there for about 8-10 minutes max.

001931



DEPARTMENT OF THE ARMY

HEADQUARTERS, [REDACTED]

BAGHDAD, IRAQ APO-AE 09324

REPLY TO:
ATTENTION OF

[REDACTED]
8 January 2004

MEMORANDUM FOR Record

SUBJECT: Field Grade Article 15 for [REDACTED]

1. The following factors were considered during the Article 15 proceedings. These factors were not part of the original investigation that initiated the proceedings:

a. Statement submitted by [REDACTED] The statement indicated the following:

(1) Admission of punching the detainee and stomping his feet.

(2) Explanation of the use of force - [REDACTED] was threatened by the actions of the detainee he was attempting to escort. Specifically, the detainee was physically resisting his movement to the holding facility. The detainee was much larger than [REDACTED]. The detainee violently jerked his shoulder to resist direction and was turning to face, resist, and possibly attack [REDACTED]. Additionally, [REDACTED] felt threatened when the detainee cocked his leg back indicating he was going to kick him.

b. [REDACTED] the first-line leader of the primary witness claiming detainee abuse [REDACTED] presented as a witness to question the reliability of [REDACTED] his accuracy, and his ability to assess the events that occurred at the holding facility.

c. The entire chain of command depicted [REDACTED] as a reserved, controlled, individual. [REDACTED] had never displayed abusive behavior in the past, in fact he always set the example in dealing with local nationals with dignity and respect, particularly during military operations.

2. Based on the above information I find no guilt regarding the charge of detainee abuse. [REDACTED] felt threatened by the behavior of the detainee he was attempting to control, and applied the appropriate amount of force to control the situation.

3. [REDACTED]

[REDACTED]
Commanding

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PERSONAL FINANCIAL STATEMENT WORKSHEET

NAME: [REDACTED]

DATE: 7 Jan 04

MONTHLY INCOME:

Take Home Pay (Plus Allowances) \$ 1,869.00
Spouse's Take Home Pay (Plus allowances) \$ N/A
Other Regular Income + \$ N/A

LINE 1: Total Monthly Income = \$ 1,869.00

MONTHLY EXPENDITURES:

\$ 122.00 - Kid's Beds
\$ 300.00 - Master Bedroom
\$ 36.67 - Backyard Fence
Payment on Current Debts (Loans/DPP/Chg Accts) \$ 50.00 - Credit card
Rent \$ N/A (post housing)
Food \$ 300.00
Utilities (telephone, etc.) \$ 100.00 - Phone
75.00 - Cell phone
25.00 - Cable & Computer access
20.00 - Home renters insurance
Insurance \$ 120.00 - POV insurance
Transportation & Auto Exp. \$ 125.00 - Gas + maintenance
Car Payment \$ 378.16
Child Care \$ 78.00 - preschool (son)
Other: Casual pay + \$ not included

LINE 2: Total Monthly Expenditures = \$ 1,759.83

ANNUAL EXPENDITURES:

Major Purchases and Repairs \$ N/A
Clothing \$ not included
School Costs \$ 360.00
Other: haircuts (my son and I) + \$ 600.00

LINE 3: Total Annual Expenditures (Divided by 12) = \$ 80.00

SUMMARY

Total Monthly Income (Amount on Line 1) \$ 1,869.00

Total Monthly Expenses (Amount on Lines 2 & 3) - \$ 1,839.83

Current Available Income \$ 28.17

Not included - Casual pay \$ 100.00
Clothing for Children N/A
phone cards \$ 35.00
Cleaners N/A



DEPARTMENT OF THE ARMY

BAGHDAD FIELD OFFICE
APO, AE 09324

REPLY TO
ATTENTION OF

29 December 2003

MEMORANDUM FOR Commander [REDACTED]

SUBJECT: Request For Nonpunitive Measures [REDACTED]

[REDACTED] APO, AE 09324

1. Sir, as a defense counsel, I rarely write on the proper disposition of a case, but I feel compelled to do so in this case. I believe that this situation can be handled through administrative corrective measures and does not require the use of a Company Grade article 15, let alone a Field Grade Article 15.

2. The Manual for Courts-Martial clearly states, "Commanders are responsible for good order and discipline in their commands. Generally, discipline can be maintained through effective leadership including, when necessary, administrative corrective measures. Nonjudicial punishment is ordinarily appropriate when administrative corrective measures are inadequate due to the nature of the offense or the record of the servicemember." [REDACTED] has been in the Army for almost 6 years and does not have any past Article 15's and not even a negative counseling statement. Furthermore, "Commanders should use nonpunitive measures to the fullest extent to further the efficiency the command before resorting to nonjudicial punishment." AR 27-10, paragraph 3-2. Paragraph 3-2 further states that "[n]onjudicial punishment may be imposed to - ..Correct, educate, and reform offenders who the imposing commander determines cannot benefit from less stringent measures." Included among nonpunitive measures are: denial of pass or other privileges, counseling, administrative reprimands and admonitions and extra training.

3. Non-punitive measures are appropriate for soldiers who have a good record in the company. However, the use of nonjudicial punishment would be more understandable if this action had (1) actually endangered a soldier or an innocent bystander; and/or (2) been the "last straw" in a series of poor judgment calls made by [REDACTED]. Further, [REDACTED] tells me he is an exceptional soldier and you can confirm this with his squad and platoon leaders. He also informed me that his section was not clearly briefed as to the General Order that he allegedly violated nor the Rules of Engagement pertaining to detainees. I understand that ignorance is no defense however under the circumstances [REDACTED] actions were much more of being emotional about the situation and not harboring any malicious intent towards the detainees coupled with the fact that these detainees were apprehended with a large weapons cache and throwing grenades at U.S. soldiers.

061934

[REDACTED]
SUBJECT: Standard of Proof and Request For Nonpunitive Measures [REDACTED]
[REDACTED] APO, AE 09324

4. Sir, in addition, unlike an E-4, an Article 15 imposed on [REDACTED] will be a permanent part of his file because you must determine whether to file it in his restricted or performance fiche. He also informed me that he is due to go to the promotion board sometime next month however due to the impending Article 15, he will more than likely lose the chance to do so. That in and by itself is punishment enough. Therefore, if you believe that [REDACTED] is a good soldier who has potential to continue in the Army, please weigh carefully the interests of the soldier's career against those of the Army to produce and advance only the most qualified personnel for positions of leadership, trust and responsibility. Please take into account his age, grade, and total service.

5. I am usually a defense counsel in Germany and have heard from virtually every soldier in your battalion who has come to my office that you administer UCMJ issues in a fair and impartial manner. I would also like to state that I only write these types of memos personally if there is an issue that I believe needs to be brought to your attention. On behalf of [REDACTED], I request that this article 15 be returned to the company for administrative corrective measures.

6. For the above reasons, I request this matter should be disposed of by nonpunitive measures.

7. Respectfully submitted,

[REDACTED]
[REDACTED]
[REDACTED] Defense Counsel

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FACTS:

On 4 November 2003, the Brigade Legal Advisor provided me a directive from [REDACTED] to perform an AR15-6 investigation concerning possible detainee maltreatment at the [REDACTED] Battalion Forward Operating Base. Within the packet was [REDACTED] Inquiry (Exhibit A). I reviewed the Commander's Inquiry and found that [REDACTED] gathered a sufficient amount of information to begin an investigation.

According to the Commander's Inquiry (Exhibit A), the following is collaborated by several statements: On 25 October 2003, [REDACTED] was responsible for escorting prisoners to the Detainee Facility located at the [REDACTED] FOB. At approximately 1400 on the 25 October, a 5-ton cargo with six Iraqi Detainees, escorted by two BFVs with crews, delivered the detainees to the 2-70 Armor Detainee Facility. Soldiers from the [REDACTED] escorted the Detainees to the facility from the vehicle down load site.

In the statement (Exhibit B) made by the facility guard, [REDACTED], he observed five soldiers mistreat the Detainees. To clarify mistreat, [REDACTED] stated the soldiers "started to slap the prisoners in the face and sock them in the gut" and "stomped on grey shirted prisoners bare feet" (misspelled word were corrected from the statements to this document).

1st Armored Division's FRAGO 383A (Exhibit C) issues a General Order making it a military crime for Coalitions Forces and civilians accompanying the Force, to Maltreat persons in Iraq. In the Commander's Intent, he states that Maltreatment of Detainees in Iraq by 1AD Forces during this mission is conduct prejudicial to good order and discipline. In paragraph 3.E.(5) maltreatment is defined by hitting, slapping, kicking, etc.

Considering [REDACTED] statement (Exhibit B) and the Division's FRAGO 383A (Exhibit C), further investigation is required to verify the names of the soldiers that were involved with the maltreatment and to find collaborating information that would confirm the maltreatment occurred.

In [REDACTED] statement, his spelling of the names matched no members of the [REDACTED]. He provided in Exhibit D the following spellings: [REDACTED] two more SPC that he could not remember their names. [REDACTED] also stated that he could identify the soldiers in a photo line-up. Prior to my interview with [REDACTED] I explained to [REDACTED] that I needed photos of soldiers in the [REDACTED] Platoon. Specifically I needed, photos of [REDACTED] names of soldiers involved with the detainee transfer mission. He had one of his officers, [REDACTED] provide me photos the following day.

Taking the Brigade Legal Advisor advice, I inserted these four photos into four separate groups of six soldiers. The four soldiers from [REDACTED] Platoon were from Hispanic heritage; consequently, the majority of the soldiers that I included in the photo line-up were

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Hispanic heritage. Exhibits E, F, G and H are the photo line-ups presented to [REDACTED]

In Exhibit E, [REDACTED] selected the top center photo; the photo he selected is [REDACTED] from [REDACTED] Platoon, [REDACTED]. He stated, the soldier in the photo that he selected did the following to the Iraqi Detainees: "slap, punch, forearm shot to the gut, stomped on their bare feet with his boot."

In Exhibit F, [REDACTED] selected the bottom center photo; the photo he selected is [REDACTED] from [REDACTED] Platoon, [REDACTED]. He stated, the soldier in the photo that he selected "punch them, slap them, and forearm shots to the gut."

[REDACTED] did not recognize anyone in Exhibits G and H; photo line-ups that had photos of [REDACTED] and [REDACTED]. Consequently, I eliminated these two soldiers from my investigation as possible suspects.

After [REDACTED] review of the photo line-up, I asked him two more questions (Exhibit I). He stated one of three unidentified soldiers present for the prisoner maltreatment had name like [REDACTED] or [REDACTED] or something like that—he said this person was a big burly guy that looked like a wrestler named [REDACTED]. He also said this big burly guy was a member of the mortars. I called [REDACTED] once again and asked if there was someone that fit the description according to [REDACTED] statement—he stated that the mortar men were not involved in the detainee mission and none had a name similar [REDACTED] or [REDACTED] and was big and burly.

I met with [REDACTED] on 12 November 03, he showed me the detainee facility (Exhibit J). The main gate is located near the detainee facility, which may have had a guard observe the maltreatment or knew the soldiers involved. He introduced me to a [REDACTED] [REDACTED] had a similar name to that provided by [REDACTED] however he was tall and normal build. I asked him if had any information concerning the event in which I was investigating. He said he had gate duty that day and knew the big burly soldier—his name is [REDACTED].

On 12 November, I visited [REDACTED] and explained the purpose of my investigation. [REDACTED] knew very little about what had happened since his platoon was detached from his command at the time of the prisoner maltreatment. I requested a visit with his soldier named [REDACTED] and his chain of command. [REDACTED] and his Platoon Leader [REDACTED] arrived at the Atlas FOB Headquarters on the evening of 12 November—they both requested a lawyer and completed the forms DA 3881 (Exhibits K and L).

I called the Brigade Legal Advisor to see if I could direct the chain of command to provide photos of all the soldiers in [REDACTED] Platoon, [REDACTED] said I had the authority.

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Consequently, I directed [REDACTED] to return to his Company Headquarters and inform his Commander that I would like photos of every member in [REDACTED] Platoon, [REDACTED] and to call me if he had questions. That night, [REDACTED] returned with photos of the [REDACTED] Platoon members.

I printed the photos on 15 pages (Exhibit M) and schedule a visit with [REDACTED] on 14 November. He reviewed the photos and circled [REDACTED]—he wrote above the photo of [REDACTED] that “he was just talking to the prisoners and just watching the prisoners and saw what was going on.” [REDACTED] also circled a photo of soldier named [REDACTED]—he wrote above the picture “he was hitting, smacking, slapping and punching the prisoners.” [REDACTED] could not positively identify the fifth soldier that was present during the detainee maltreatment (Exhibit N).

Exhibit O, is Doctor [REDACTED] statement, which said five detainees had red marking on there wrist presumably left by the flex cuffs—two of the five detainees had numbness in the 4th and 5th fingers. One detainee, [REDACTED] had tenderness to the abdominal area. Another detainee, [REDACTED] had tenderness to the jaw, collarbone, and central abdomen.

Exhibits P and Q are statements of two of the detainees. The statements are consistent with [REDACTED] statements in that four soldiers were hitting the detainees and one soldier named [REDACTED] stood to the side. The soldier standing to the side is likely to have been [REDACTED], which is consistent to [REDACTED] statement.

I had an interview with [REDACTED] on 12 November and requested a statement of [REDACTED] character (Exhibit R). In brief, [REDACTED] states that [REDACTED] is an asset to the company, honest, and has the desire to do what is right.

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INDEX OF EXHIBITS

- EXHIBIT A- [REDACTED] Inquiry
- EXHIBIT B-Statement by [REDACTED]
- EXHIBIT C-1st AD FRAGO 383A
- EXHIBIT D- Statement by [REDACTED]
- EXHIBIT E-Photo line-up
- EXHIBIT F- Photo line-up
- EXHIBIT G- Photo line-up
- EXHIBIT H- Photo line-up
- EXHIBIT I-Statement by [REDACTED]
- EXHIBIT J-Photo of Detainee Facility at the [REDACTED] FOB
- EXHIBIT K- [REDACTED] non-waiver of rights
- EXHIBIT L- [REDACTED] non-waiver of rights
- EXHIBIT M-Photos of [REDACTED] platoon, [REDACTED]
- EXHIBIT N-Statement by [REDACTED]
- EXHIBIT O- [REDACTED] medical examination of detainees
- EXHIBIT P-Detainee statement— [REDACTED]
- EXHIBIT Q-Detainee statement— [REDACTED]
- EXHIBIT R- [REDACTED] Statement of Character for [REDACTED]

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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: [REDACTED] FORB
2. DATE (YYYYMMDD): 20031025
3. TIME: 1730
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]
6. SSN: [REDACTED]
7. GRADE/STATUS: [REDACTED]
8. ORGANIZATION: [REDACTED]

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 1730 On 25 Oct 03 I was assigned to guard the jial and prisoners. I escorted the prisoners to the jial and told [REDACTED] that I was leaving to get some zip ties for a prisoner who wasn't zip tied. When I came back I realized the ties were lighter than they used to be and when I put the zip ties on the other prisoner I started to slap the prisoners in the face and sock them in the gut. I could not really tell if it was with a closed fist or forearm stab. At the same time [REDACTED] was messing with the other mens head piece. Then the two other specialists, I don't remember their names went to the other side of the night wall and started to smack the wall where the prisoners heads were. Then [REDACTED] stomped on Grey shirted prisoners bear feet, just before [REDACTED] started the abused he pushed the old man into the left side of the wall. Before I put them in the jial I frised them and removed 4 packs of cigarettes and a lighter. Then after the talked badly to them for a little while they tested.
nothing follows

EXHIBIT: A
INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

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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 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: [REDACTED] IRAQ
2. DATE (YYYYMMDD): 2003/10/25
3. TIME: 1915
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN: [REDACTED]
7. GRADE/STATUS:
8. HOME/WORK/CELL ADDRESS:
APO-AE 09324

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

On the evening of 25 Oct 2003 at approximately 1845, [REDACTED] who is the [REDACTED] asked for the medics to perform physical exams on some Iraqi Detainees which were brought recently to our FOB. [REDACTED] the [REDACTED] and I went immediately down to the EPW Holding Area to examine them. They were brought out of the holding area individually and examined by me or the PA. The following is a summary of the significant physical findings per our examination.

5 of them had linear erythematous (red) markings on their wrists that were presumably left from the Flex-cuffs. [REDACTED] had subjective numbness of his left 4th and 5th fingers as well as epigastric (upper central) abdominal tenderness to palpation (touch) without evidence of ecchymosis (bruising). [REDACTED] had tenderness to palpation but no ecchymosis of his left clavicle (collar bone), the right side of his mandible by his temporomandibular joint (jaw), and his periumbilical region (central abdomen). He also had subjective numbness of his 4th and 5th fingers on his left hand. Before leaving, I had [REDACTED] give him 800mg of Ibuprofen to help treat his pain.

The above findings were verbally reported to [REDACTED] who then asked me to document the findings on this form.

NOTHING FOLLOWS

10. EXHIBIT: B
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
PAGE 1 OF 12 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

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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:

[REDACTED]

ORGANIZATION OR ADDRESS
[REDACTED]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of OCTOBER, 2003 at [REDACTED]

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 2 OF 2 PAGES

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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: Baghdad, Iraq
2. DATE (YYYYMMDD): 2003 10 25
3. TIME: 2200
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME: [Redacted]
6. SSN: [Redacted]
7. GRADE/STATUS: Iraqi National
8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

I, [Redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
(taken with help of interpreter [Redacted])
I was brought to the prisoner cage this afternoon with 5 other men, all my relatives. When we were brought from the truck into the cage, some soldiers followed us into the cage. It was 5 soldiers. One soldier stood off to the side with my nephew Hassan and didn't let the others touch him. The other 4 soldiers were hitting us, kicking us, and stepping us. One soldier put my face against the wall and hit the back of my head 2 or 3 times. While they were doing this, they were saying bad things about Allah and about our families. They beat on us for about an hour, and then they stopped and left.
Nothing follows

10. EXHIBIT: C
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.

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TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths; this 25 day of OCT, 03 at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS _____

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT _____

PAGE _____ OF _____ PAGES

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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: FOB, Boshaid Iraq; 2. DATE (YYYYMMDD): 2003/10/25; 3. TIME: 2230; 4. FILE NUMBER; 5. NAME, FIRST NAME, MIDDLE NAME; 6. SSN: Iraq; National; 7. GRADE/STATUS; 8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
(Taken help with of interpreter [redacted])
I was brought to the prisoner cage this afternoon with 5 other men, all related to me. When we were brought from the truck into the cage, some soldiers followed us in. It was about 5-7 soldiers. The soldiers started hitting the other prisoners, slapping them in the face, punching them in the body, kicking them, and stepping on their feet. A soldier named [redacted] stood near me and wouldn't let the others hit me, because I spoke a little English. The other soldiers continued to beat the other prisoners until one of the soldiers from the Bradleys, acting as a lookout, said someone was coming. Then, all of the soldiers in the jail left. While this all was going on, the soldiers (except [redacted]) were saying bad things to us, like "I want to fuck your sister" and other things.
M. H. Fulkerson

10. EXHIBIT: D; 11. INITIALS OF PERSON MAKING STATEMENT: H; 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.

001945

TAKEN AT

DATED

9. STATEMENT (Continued)

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 25 day of OCT, 03 at [REDACTED] FOS

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE OF PAGES

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RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is OCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [Redacted] <i>Fall, Baghdad, Iraq</i>	2. DATE <i>25 OCT 03</i>	3. TIME <i>2100</i>	4. FILE NO.
5. NAME (Last, First, MI) [Redacted]	8. ORGANIZATION OR ADDRESS [Redacted]		
6. SSN [Redacted]	7. GRADE/STATUS [Redacted]	<i>3rd Lt, ETC</i>	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [Redacted] *Baghdad, Iraq* and wanted to question me about the following offense(s) of which I am

suspected/accused: *mistreatment of Iraqi detainees*

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
- (For civilians not subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		[Redacted]
b. ORGANIZATION OR ADDRESS AND PHONE		
2a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR
b. ORGANIZATION OR ADDRESS AND PHONE		5. TYPED NAME OF INVESTIGATOR
		6. ORGANIZATION OF INVESTIGATOR
		<i>Baghdad, Iraq</i>

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

SIGNATURE OF INTERVIEWEE
[Redacted]

ATTENTION: THIS WAIVER CERTIFICATE IS NOT A SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

ELLIE

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RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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: [Redacted] FOB, Baghdad, Iraq
2. DATE: 250003
3. TIME: 2105
4. FILE NO.
5. [Redacted]
6. SSN: [Redacted]
7. GRADE/STATUS: [Redacted]
8. ORGANIZATION OR ADDRESS: [Redacted]
9. [Redacted]

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [Redacted] Baghdad, Iraq and wanted to question me about the following offense(s) of which I am

suspected/accused: mistreated at Iraqi Detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- 1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)
1a. NAME (Type or Print)
b. ORGANIZATION OR ADDRESS AND PHONE
3. SIGNATURE OF INTERVIEWEE
4. SIGNATURE OF INVESTIGATOR
5. TYPED NAME OF INVESTIGATOR
6. ORGANIZATION OF INVESTIGATOR
[Redacted signatures and names]

Section C. Non-waiver

I do not want to give up my rights
I want a lawyer
I do not want to be questioned or say anything

SIGNATURE OF INTERVIEWEE
[Redacted signature]

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED.

Exhibit F

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SWORN STATEMENT

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

PRIVACY ACT STATEMENT

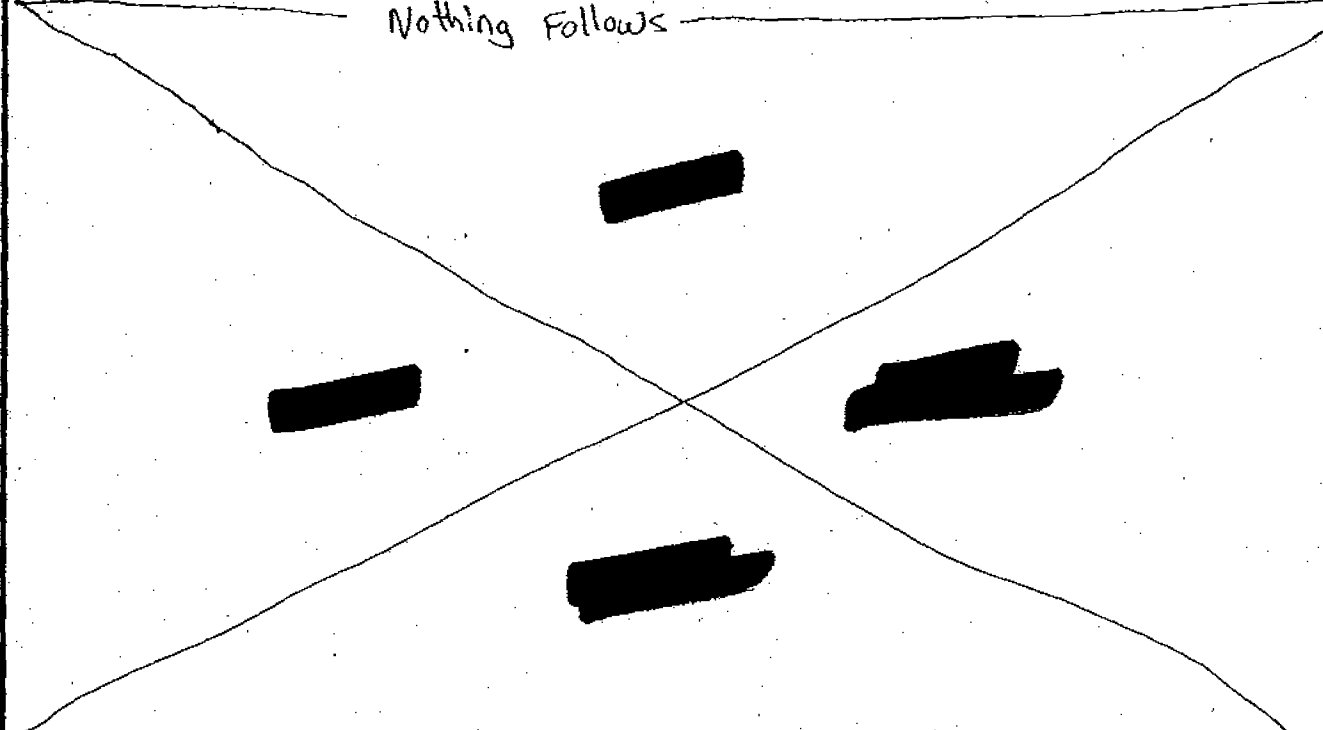
AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Baghdad, Iraq
2. DATE (YYYYMMDD): 2003 10 26
3. TIME: 13:00
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION/UNIT/FACTOR/ISSUE
9.

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

That during the EPW pickup I was driving the lead Bradley. When we returned to compound we parked our Bradley and cleared our weapon. After this I climbed into the drivers hatch of another Bradley and moved it to the motor pool. during this time I didn't see the EPW or the accused. Nor did I hear anyone talking about it when I returned to my room.

Nothing Follows



10. EXHIBIT: G
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.

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9. STATEMENT (Continued)

AFFIDAVIT

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of October, 2003 at [REDACTED] FOB, Baghdad, Iraq.

ORGANIZATION OR ADDRESS
[REDACTED] Baghdad, Iraq

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS
[REDACTED] BAGHDAD, IRAQ

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 2 OF 2 PAGES

001950

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 FOB, Baghdad, Iraq	2. DATE 26 OCT 03	3. TIME 1300	4. FILE NO.
5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS		
6. SSN	7. GRADE/STATUS Baghdad, Iraq		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army HHC 2-70 AR BN, 3 BCT, 1 AD and wanted to question me about the following offense(s) of which I am

suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
2a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE	BAGHDAD, IRAQ	Baghdad, Iraq

Section C. Non-waiver

- I do not want to give up my rights.
 I want a lawyer I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001951

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 13 10 26
3. TIME: 1320
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION

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

myself, [redacted] and [redacted] unloaded the prisoners from the 5 ton at the gate. We walked them to the holding area and made sure they were all zip tied. After securing them I and [redacted] walked back to our rooms and [redacted] stayed with the prisoners. At that time the prisoners had suffered no physical damage. It was approximately 10 minutes after unloading the prisoners before [redacted] and I walked away. Nothing follows.

10. EXHIBIT: A
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.

001952

9. STATEMENT (Continued)

[REDACTED]

AFFIDAVIT

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

[REDACTED]

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of October, 2003 at [REDACTED] FOB, Baghdad, Iraq

[REDACTED]

(Signature of Person Administering Oath)

[REDACTED]

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 2 PAGES

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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: [redacted] FOB, Baghdad, Iraq
2. DATE: 26 OCT 03
3. TIME: 1315
4. FILE NO.
5. NAME (Last, First, MI)
6. ORGANIZATION OR ADDRESS
7. GRADE/STATUS: Baghdad, Iraq

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [redacted] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- 1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal case.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)

1a. NAME (Type or Print)
b. ORGANIZATION OR ADDRESS AND PHONE
3. SIGNATURE OF INTERVIEWEE
4. SIGNATURE OF INVESTIGATOR
5. TYPED NAME OF INTERVIEWEE
6. ORGANIZATION OF INVESTIGATOR: Baghdad, Iraq

Section C. Non-waiver

- 1. I do not want to give up my rights.
I want a lawyer
I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001954

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 20031026
3. TIME: 1335
4. FILE NUMBER
5. NAME - FIRST NAME, MIDDLE NAME, LAST NAME
6. SSN
7. GRADE/STATUS

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH, YESTERDAY D.E.V.
AS MY VEHICLE ROLLED BACK IN APPROXIMATELY 1430. WE PULLED UP BY THE Q.R.F. STAGING POINT FOR Q.R.F. I DISMOUNTED MY VEHICLE AND BEGAN DISCUSSING HOW WE WERE GONNA MOVE THE ADDITIONAL BRAD BACK TO THE LINE. AFTER WE FINISHED TALKING, I WALKED OVER TO THE BACK OF THE STON AND AT THAT TIME THE E.P.W'S WERE ALREADY DOWN LOADED. I THEN ASKED THE DRIVER OF THE STON TO PULL FORWARD SO WE COULD MOVE THE BRAD AT THAT TIME THE DRIVER PULLED THE STON FORWARD AND AS I WAS WALKING BACK TOWARDS THE CLEARING PIT, THE EPW'S WERE BEING ESCORTED ACROSS THE GRAVEL. FROM THE TIME I DISMOUNTED MY VEHICLE TILL I BEGAN WALKING BACK TO THE BARRACKS, IT TOOK ABOUT 5 MINUTES. THE LAST TIME I SAW THE EPW'S WAS AS THEY WERE BEING ESCORTED ACROSS THE GRAVEL.

NOTHING FOLLOWS D.E.V.

NOTHING FOLLOWS [REDACTED]

10. EXHIBIT: I
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.

001955

9. STATEMENT (Continued).

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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 26 day of October, 2003 at EOB, Baghdad, Iraq.

[REDACTED]
(Signature of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 2 OF 2 PAGES

001956

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [Redacted] FOB, Baghdad, Iraq	2. DATE 26 OCT 03	3. TIME 1330	4. FILE NO.
5. [Redacted]	B. ORGANIZATION OR ADDRESS [Redacted]		
6. [Redacted]	7. GRADE/STATUS [Redacted]	Baghdad, Iraq	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [Redacted] and wanted to question me about the following offense(s) of which I am

suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything [Redacted]
- Anything I say or do can be used as evidence against me in a criminal trial [Redacted]
- (For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or be [Redacted].
- or -
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below [Redacted]

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [Redacted]	
1a. NAME (Type or Print) [Redacted]	[Redacted]	4. [Redacted]	
b. ORGANIZATION OR ADDRESS AND PHONE [Redacted]	[Redacted]	5. TYPED NAME OF INVESTIGATOR [Redacted]	
2a. NAME (Type or Print) [Redacted]	[Redacted]	6. ORGANIZATION OF INVESTIGATOR Baghdad, Iraq	
b. ORGANIZATION OR ADDRESS AND PHONE [Redacted]	[Redacted]		

Section C. Non-waiver

- I do not want to give up my rights:
 I want a lawyer
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2873) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 20031026
3. TIME: 1350
4. FILE NUMBER
5. NAME (FIRST, MIDDLE):
6. SSN:
7. GRADE/STATUS:

I, [redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
Yesterday afternoon, we had pulled back into the FAB and I was instructed to reposition vehicles and ensure that one track was taken to the parking line. I was in the rear Bradley, as a gunner, I went to the ground and began to move the Bradleys around. I moved one Brad to the clearing pit while I was waiting on the rest of the crews to get ready. Apparently there was no prisoner guard, and [redacted] had not returned immediately. I was standing next to the vehicle parked by the clearing pit and was talking to the driver, [redacted] for about 5-10 minutes. Then [redacted] came up and said the guard was there now and we moved the vehicles. The last time I saw the prisoners was when they got off the truck, they were in front of my Bradley, they were in the way, so then [redacted], [redacted], and [redacted] escorted the prisoners to the cage. I didn't see or hear anything out of the ordinary.
Nothing follows

10. EXHIBIT: J
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.

001958

9. STATEMENT (Continued)

[Redacted statement content]

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of October, 2003 at _____ OB, Baghdad, Iraq

[Redacted witness signature]

(Signature of Person Administering Oath)

[Redacted witness name]

(Typed Name of Person Administering Oath)

[Redacted witness organization]

ORGANIZATION OR ADDRESS

[Redacted witness organization]

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [Redacted]

001959

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AF 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [REDACTED] FOB, Baghdad, Iraq	2. DATE 26 OCT 03	3. TIME 1350	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS Baghdad, Iraq		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything [REDACTED]
- Anything I say or do can be used as evidence against me in a criminal trial [REDACTED]
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both [REDACTED]
- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer [REDACTED] I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below [REDACTED]

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (if available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print) [REDACTED]	b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	4. SIGNATURE OF INVESTIGATOR [Signature]
2a. NAME (Type or Print) [REDACTED]		5. TYPED NAME OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]		6. ORGANIZATION OF INVESTIGATOR Baghdad, Iraq

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001960

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD)
3. TIME
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. OFFICE/UNIT/REPORT ADDRESS
9.

I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Yesterday afternoon I was [redacted] a dismount for the EFW mission when we got back to the FOB we took the prisoners of the truck. It was 6 prisoners and three soldiers; [redacted] and me. Then the guard [redacted] and [redacted] escorted the prisoners down to the prison. The prison guard is about 5'9" white, bald and I think is rank is a private (I couldn't identify this rank). Then I walk over to the clearing pit, and cleared my weapon after that walk to my room. And the last time I saw the prisoners is when [redacted] and the [redacted] guard was walking them [redacted] to the jail. nothing follows.

10. EXHIBIT: K
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.

9. STATEMENT (Continued)

[Redacted statement content]

AFFIDAVIT

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 20 day of October, 2003 at [Redacted] FOB, Baghdad, Iraq.

[Redacted Signature] (Signature of Person Administering Oath)

Bronikowski, Scott A. CPT, AR (Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

CNT

PAGE 2 OF 2 PAGES

001962

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 FOB, Baghdad, Iraq	2. DATE 20 OCT 03	3. TIME 1410	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	[REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS Baghdad, Iraq	[REDACTED]	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
- (For civilians not subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)	[REDACTED]	[REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]	4. SIGNATURE OF PROSECUTOR
[REDACTED]	[REDACTED]	[REDACTED]
2a. NAME (Type or Print)	[REDACTED]	5. TYPED NAME OF INVESTIGATOR
[REDACTED]	[REDACTED]	[REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE	[REDACTED]	6. ORGANIZATION OF INVESTIGATOR
[REDACTED]	[REDACTED]	Baghdad, Iraq

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001963

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD)
3. TIME
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION/ADDRESS

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 25th Oct 2003 [redacted] and myself [redacted] escorted a five [redacted] truck to a [redacted] site. On arrival we were ask by [redacted] to bring back 6 EPW to the FOB. On entering the FOB they (EPW) were down loaded off the truck. Then ask who was in charge of the holding area a soldier who may be Hispanic or white about 5'6" or 5'5" tall. He was I take from I had 6 EPW a turn over to him this was somewhere between [redacted] and [redacted]. The EPW were march over to the holding area, I saw him march away the wire, then I left to the [redacted] to notify [redacted] of the EPW presence. I do believe the [redacted] helped to escort the EPW to the holding area is not a 100% certainty. This was the last time I saw the EPW. Nothing follows.

10. EXHIBIT: L
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 BE INDICATED.

001964

9. STATEMENT (Continued)

[Redacted statement content]

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of October, 2003 at FOB, Baghdad, Iraq

[Redacted witness name]

[Redacted signature]

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS
[Redacted address]

[Redacted name]

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[Redacted initials]

PAGE 2 OF 2 PAGES

001965

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [redacted] FOB, Baghdad, Iraq	2. DATE 26 04 03	3. TIME 1430	4. FILE NO.
5. NAME (Last, First MI) [redacted]	8. ORGANIZATION OR ADDRESS [redacted]		
6. SSN [redacted]	7. GRADE/STATUS [redacted] Iraq		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army HHC 2-70 AR BN, 3 BCT, 1 AD and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
 - Anything I say or do can be used as evidence against me in a criminal trial.
 - (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
- or -
- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
a. NAME (Type or Print)	[redacted]	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	[redacted]	4. SIGNATURE OF INVESTIGATOR
[redacted]	[redacted]	[redacted]
2a. NAME (Type or Print)	[redacted]	TYPED NAME OF INVESTIGATOR
[redacted]	[redacted]	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	[redacted]	ORGANIZATION OF INVESTIGATOR
[redacted]	[redacted]	Baghdad, Iraq

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001966

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 20031027
3. TIME: 0845
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION ADDRESS

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

ON THE 25th OF OCTOBER, UPON RETURNING TO THE BATTALION FOB, [REDACTED] GROUNDS GUIDED ME INTO THE COMPOUND. MY BRADLEY WAS THE LEAD BFV IN THE CONVOY. WHEN WE ENTERED THE COMPOUND THE 5-TON VEHICLE HOLDING THE PRISONERS WAS IN BETWEEN MY BFV AND PFC FIFE'S BFV. WHEN WE WERE INFORMED BY THE SOG THAT WE COULDN'T HAVE 3 BFV'S PARKED AT THE GATE. [REDACTED] BEGAN TO MOVE THE VEHICLE SO I COULD PARK WHILE HE MOVED THE OTHER BFV, I SAT ON MY HATCH AND CONVERSED WITH A CAPTAIN ABOUT THE POUNDS IN HIS WEAPON. AFTER [REDACTED] MOVED THE BFV, [REDACTED] GROUNDS GUIDED ME INTO PARKING. I DID NOT SEE THE PRISONERS WHEN I ENTERED THE FOB.

NOTHING FOLLOWS

10. EXHIBIT: M
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.

001967

STATEMENT OF _____

TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

[REDACTED]

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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 27 day of October 2003 at [REDACTED] FOB, Baghdad, Iraq

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 2 OF 2 PAGES

001968

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 FOB, Baghdad, Iraq	2. DATE 27 09 03	3. TIME 0845	4. FILE NO.
5. NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS		
6. SSN	7. GRADE/STATUS	Iraq	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [redacted] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal case.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.
- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)	[redacted]	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	[redacted]	4. SIGNATURE OF INVESTIGATOR
2a. NAME (Type or Print)	[redacted]	[redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	[redacted]	5. ORGANIZATION OF INVESTIGATOR
		Baghdad, Iraq

Section C. Non-waiver

- I do not want to give up my rights.
 I want a lawyer.
 I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001969

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 03/10/07
3. TIME: 0915
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION/UNIT ADDRESS

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On the afternoon of [redacted] Oct. 25 I [redacted] was driving the 5-ton vehicle to pick up prisoners from a location in Abu Ghraib. When we returned to the compound we approached and [redacted] entered the gate. At this point I didn't hear or see any mistreatment. [redacted] got out of the truck at the clearing barrel to let down the back end so the prisoners could get out, he then told me to pull onto the road facing the motor pool. Note this is where the prisoners and infantry now got out. There was 2 to 3 infantry guys back there. Now I'm facing the motor pool and I then exit the vehicle and go to clear my weapon never focusing my attention to the prisoners again.

nothing follows

10. EXHIBIT: N
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.

001970

9. STATEMENT (Continued)

[REDACTED]

[REDACTED]

AFFIDAVIT

I, [REDACTED], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 1. 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 27 day of October, 2003 at [REDACTED] BOB, Baghdad, Iraq

[REDACTED]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

001971

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 POB, Baghdad, Iraq	2. DATE 27 OCT 03	3. TIME 0916	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS Baghdad, Iraq		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything. *MCW*
 2. Anything I say or do can be used as evidence against me in a criminal trial. *MCW*
 3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. *MCW*
- or -
- (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below. *MCW*

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available) 1. NAME (Type or Print) [REDACTED] 2. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	3. SIGNATURE OF INTERVIEWEE [REDACTED]
1. NAME (Type or Print) [REDACTED] 2. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	4. SIGNATURE OF INVESTIGATOR [REDACTED] 5. TYPED NAME OF INVESTIGATOR [REDACTED] 6. ORGANIZATION OF INVESTIGATOR Baghdad, Iraq

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything
2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001972

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 2003 27 10
3. TIME: 1000
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION/ADDRESS

9. I, [redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
on 25 Oct 2003 1400 hrs myself and [redacted] were on EPW Escort
Driving the 5-ton we had three infantry men in the Back with
6 EPW, one of the Infantry men was [redacted] The other
2 I am Not sure of their names, we pulled into the gate and
Pfc Wilson opened the back of the truck, the three guards jumped
out And then the six EPW's jumped out as they were getting
out I had the crouch down on the side walk. After they all
got off the truck, [redacted] went to find [redacted] at the
front gate to see where they wanted the EPW's. He sent out
one of his guards, I was talking with [redacted] one of the
Interceptors at the gate, I had him tell all of them to stand
up and follow the guard, and do not talk to each other. Once
they all stood up and walked away following the guard I recall seeing
2 or 3 infantry men follow them off, then myself and [redacted]
Returned to the cab of the 5-ton and moved it
to the motor pool. I do not recall the name of the guard
that escorted them to the cage, and he did not look familiar to
me.
Nothing follows

10. EXHIBIT: 0
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.

001973

9. STATEMENT (Continued)

[REDACTED]

[REDACTED]

AFFIDAVIT

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

WITNESSES:

[REDACTED]

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 27 day of October, 2003, at Baghdad, Iraq.

[REDACTED]

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

[REDACTED]

[REDACTED]

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

PAGE 2 OF 2 PAGES

001974

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [REDACTED] FOB, Baghdad, Iraq	2. DATE 270903	3. TIME 0940	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	Baghdad, Iraq	

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: mistreatment of Iraqi detainees

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything [REDACTED]
- Anything I say or do can be used as evidence against me in a criminal trial [REDACTED]
- (For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both [REDACTED].
 or
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below. [REDACTED]

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print) [REDACTED]	[REDACTED]	[REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	[REDACTED]	4. SIGNATURE OF INTERVIEWER [REDACTED]
2a. NAME (Type or Print) [REDACTED]	[REDACTED]	5. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	[REDACTED]	6. ORGANIZATION OF INVESTIGATOR Baghdad, Iraq

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

001975

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 23, 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: FOB
2. DATE (YYYYMMDD): 20031025
3. TIME: 1730
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS
9.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At 1730 on 25 Oct 03 I was assigned to guard the jail and prisoners. I escorted the prisoners to the jail and told [redacted] that I was leaving to get some zip ties for a prisoner who wasn't zip tied. When I came back I realized the ties were lighter than they used to be and when I put the zip ties on the other prisoner I tighten it more. Then [redacted] started to slap the prisoners in the face and sock them in the gut. I could not really tell if it was with a closed fist or forearm shot. At the same time [redacted] was messing with the other man's head piece. Then the two other specialists, I don't remember their names, went to the other side of the right wall and started to smack the wall where the prisoners heads were. Then Sgt. [redacted] stomped on Grey shirted prisoners bear feet. Just before [redacted] started the abused he pushed the old man into the left side of the wall. Before I put them in the jail I frisked them and removed 4 packs of cigarettes and a lighter. Then after the talked badly to them for a little while they rested.

nothing follows

EXHIBIT B

INITIALS OF PERSON MAKING STATEMENT: [redacted]
PAGE 1 OF 1 PAGES
INIT TAKEN AT DATED

001976

(U) FRAGO 383A [GENERAL ORDER - CIVILIAN OR DETAINEE MALTREATMENT] TO OPORD 03-215 (IRON STABILITY)

(U) THIS FRAGO WAS REVIEWED AND APPROVED FOR RELEASE BY [REDACTED]

SUBJ: GENERAL ORDER - CIVILIAN OR DETAINEE MALTREATMENT

(U) REFERENCES:

- A. UNIFORM CODE OF MILITARY JUSTICE
- B. IAD REGULATION 27-10 IMPLEMENTING UR 27-10, AND AR 27-10
- C. IAD REGULATION / SUPPLEMENT 27-10-1-A

(S) MAPS: [NO CHANGE]

(U) TIME ZONE USED THROUGHOUT THIS ORDER: LOCAL

(S) TASK ORGANIZATION: [NO CHANGE]

1. (U) SITUATION. COMMANDER IAD ISSUES A GENERAL ORDER MAKING IT A MILITARY CRIME FOR COALITION FORCES AND CIVILIANS ACCOMPANYING THE FORCE, TO MALTREAT PERSONS IN IRAQ.

2. (U) MISSION. [NO CHANGE]

3. (U) EXECUTION. [NO CHANGE]

3.A. (U) COMMANDER'S INTENT. MALTREATMENT OF CIVILIANS OR DETAINEES IN IRAQ BY IAD FORCES DURING THIS MISSION IS CONDUCT PREJUDICIAL TO GOOD ORDER AND DISCIPLINE. THE DIVISION CANNOT ACCOMPLISH ITS MISSION, UNLESS [REDACTED] SOLDIERS INTERACT WITH THE CIVILIAN POPULATION IN A PROFESSIONAL MANNER THAT IS CONSISTENT WITH IRON STANDARDS AND THE RULE OF LAW.

3.B. (U) CONCEPT OF THE OPERATION. LEADERS AT ALL LEVELS PROVIDE FOR MAXIMUM DISSEMINATION OF THE REFERENCED DISCIPLINARY INFORMATION TO SOLDIERS AND CIVILIANS.

3.C. (U) TASKS TO SUBORDINATE UNITS. ALL UNITS ATTACHED, TACON, OPCON, OR OTHERWISE TASK ORGANIZED TO [REDACTED] - PROMULGATE AND ENFORCE THE TERMS OF THIS ORDER. REFER LEGAL QUESTIONS TO SERVICING BRIGADE JUDGE ADVOCATES.

3.D. (U) TASKS TO STAFF. SJA: NLT 211200DJUL03, PROVIDE A COPY OF THIS GENERAL ORDER TO THE TRIAL DEFENSE SERVICE BAGHDAD FIELD OFFICE.

3.E. (U) COORDINATING INSTRUCTIONS.

3.E. (1) (U) THIS GENERAL ORDER APPLIES TO ALL PERSONS SUBJECT TO ARTICLE 2, UCMJ.

3.E. (2) (U) IAD COURT-MARTIAL JURISDICTION REMAINS IAW ARTICLES 3, 16, 17, 18, 19, 20, 21, UCMJ, AS PROMULGATED IN THE USCENTCOM AOR BY IAD REGULATION 27-10-1-A.

EXHIBIT C

001977

3.E.(3)(U) THIS GENERAL ORDER IS EFFECTIVE IMMEDIATELY.

3.E.(4)(U) FAILURE TO OBEY THIS GENERAL ORDER IS PUNISHABLE UNDER ARTICLE 92, UCMJ. THE MAXIMUM PUNISHMENT FOR SUCH AN OFFENSE IS A DISHONORABLE DISCHARGE, CONFINEMENT FOR A TERM OF TWO (2) YEARS, TOTAL FORFEITURE OF PAY AND ALLOWANCES, AND REDUCTION TO THE GRADE OF PRIVATE (E-1).

3.E.(5)(U) [REDACTED] PERSONNEL SHALL NOT MALTREAT CIVILIANS OR DETAINEES IN IRAQ WHO ARE SUBJECT TO SEARCHES, QUESTIONING, CAPTURE, DETENTION OR TRANSPORT BY PERSONS ACTING PURSUANT TO COALITION PROVISIONAL AUTHORITY AND/OR U.S. NATIONAL COMMAND AUTHORITY. MALTREATMENT IS AN ACT OR ACTIONABLE OMISSION, WHICH RESULTS IN PHYSICAL PAIN OR MENTAL ANGUISH TO A PERSON WITHOUT JUSTIFIABLE CAUSE, AS PROVIDED BY APPLICABLE STATUTE(S) AND/OR REGULATION(S), UNDER THE UCMJ. MALTREATMENT INCLUDES BUT IS NOT LIMITED TO:

3.E.(5)a. (U) HITTING;

3.E.(5)b. (U) SLAPPING;

3.E.(5)c. (U) KICKING;

3.E.(5)d. (U) BUTT-STROKING;

3.E.(5)e. (U) SPITTING ON;

3.E.(5)f. (U) USING ABUSIVE LANGUAGE; OR

3.E.(5)g. (U) CAUSING MENTAL OPPRESSION.

3.E.(6)(U) [REDACTED] PERSONNEL SHALL NOT TAKE MONEY, PERSONAL PROPERTY OR PERSONAL PAPERS FROM CIVILIANS OR DETAINEES EXCEPT FOR THE FOLLOWING REASONS: (1) AS EVIDENCE OF AN OFFENSE OR, (2) FOR SAFEKEEPING PURSUANT TO DETENTION. ALL RETAINED PROPERTY TAKEN FROM CIVILIANS DURING SEARCHES, QUESTIONING, CAPTURE, DETENTION OR TRANSPORT WILL BE INVENTORIED AND ACCOUNTED FOR ON CAPTURE CARDS OR EVIDENCE CARDS. THIS RETAINED PROPERTY WILL BE PROMPTLY TURNED OVER TO APPROPRIATE DETENTION FACILITY PERSONNEL.

3.E.(7)(U) DEFINITIONS:

3.E.(7)a.(U) SEARCH: INSPECTION OF PERSONS AND/OR PROPERTY BY VISUAL OR TECHNICAL MEANS AND/OR PHYSICAL CONTACT.

3.E.(7)b.(U) QUESTIONING: INTERROGATION OF A PERSON FOR ANY PURPOSE, IN ANY PLACE, WITH OR WITHOUT THE ABILITY TO TRANSLATE QUESTIONS AND ANSWERS.

3.E.(7)c.(U) CAPTURE: THE TAKING OF PERSONS AND/OR PROPERTY INTO CUSTODY FOR CRIMINAL OR INTELLIGENCE EVIDENCE PROCESSING AT DESIGNATED IAD HOLDING AREAS.

3.E.(7)d.(U) DETENTION: RESTRAINING AND/OR RESTRICTING PERSONS FOR SEARCH, QUESTIONING, TRANSPORT AND/OR PROSECUTION.

3.E.(7)e.(U) TRANSPORT: RELOCATION, HOWEVER SLIGHT, OF PERSONS AND/OR PROPERTY FROM POINT OF ORIGIN FOR SEARCH, SEIZURE, QUESTIONING, CAPTURE, OR DETENTION.

001978

4. (U) SERVICE SUPPORT: [NO CHANGE].

5. (U) COMMAND AND SIGNAL: [NO CHANGE].

5.A. (U) COMMAND. [NO CHANGE].

5.B. (U) SIGNAL. [CHANGE]. POC FOR THIS IS [REDACTED] SENIOR TRIAL COUNSEL, [REDACTED] AT
DNVT 551-0984.

ACKNOWLEDGE

[REDACTED]

001979

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: FOB Baghdad Iraq ATLAS FOB
2. DATE (YYYYMMDD): 2003/11/07
3. TIME: 0915
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

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

1. Concerning the incident on the afternoon of 25 October, where 6 prisoners were delivered to the [redacted] Detainee Holding Area, could you identify the soldiers that mistreated the prisoners in a photo line up?

(Yes) No

2. Please list the names of the soldiers that were involved in the mistreatment of the detainees.

[redacted]
[redacted] just talking to him not harming the us
2 more spec. I can't remember their names

3. Is there anything that you would like to add concerning the events of the afternoon of 25 October?

Nothing further to add.

Nothing follows

EXHIBIT D

11. INITIALS OF PERSON MAKING STATEMENT [redacted] PAGE 1 OF 2 PAGES

STATEMENT # TAKEN AT DATED

THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

001980

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of Nov. 03 at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

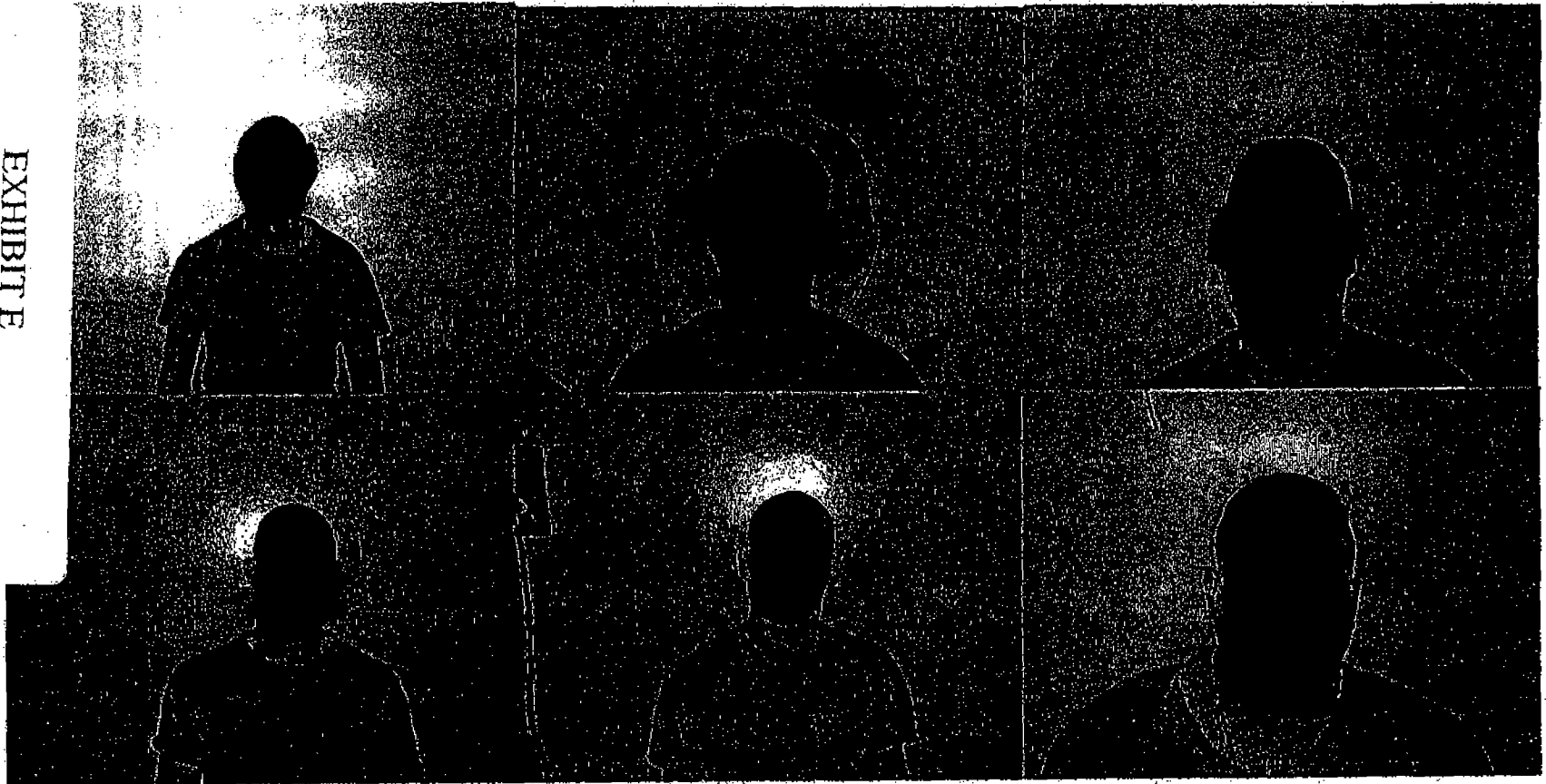
INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

001981

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.

EXHIBIT E



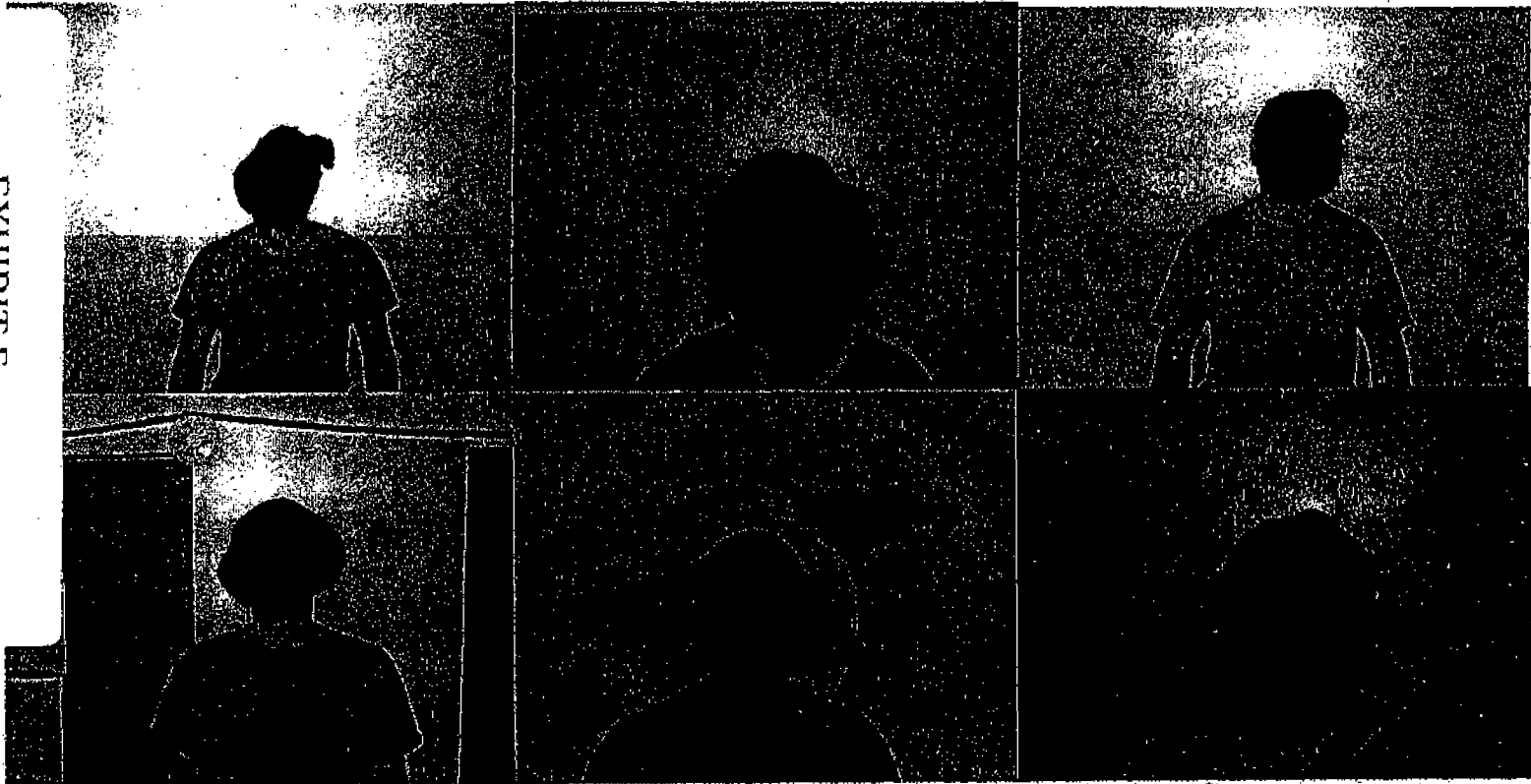
What is the name of the soldier that you identified in the photo?

[REDACTED]

What did this soldier do the Iraqi Detainees? Slap, Punch, Force them shot target, stomp their bare feet with his boot

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.

EXHIBIT F



What is the name of the soldier that you identified in the photo? _____

What did this soldier do to the Iraqi Detainees? ^{to} Punch them, slap them, and force them to the guts EFK

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.

[Redacted] Selected No one on this page.

EXHIBIT G



001984

What is the name of the soldier that you identified in the photo? _____

What did this soldier do the Iraqi Detainees? _____

Can you recognize any of the below soldiers as the individuals that mistreated the prisoners? If so Circle the photo.

Selected No one on this Page

EXHIBIT H



001985

DODDOA 027398

What is the name of the soldier that you identified in the photo? _____

What did this soldier do the Iraqi Detainees? _____

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 [REDACTED]	2. DATE (YYYYMMDD) 20031110	3. TIME 0930	4. FILE NUMBER
5. [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OF BUSINESS [REDACTED]			

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

1. How ^{many} soldiers observed/were present during the mistreatment of detainees? 6, myself, [REDACTED] [REDACTED] a name something like that, he's from the mortars, 2 Spc. I don't remember their names, they are from the infantry. [REDACTED] is burly big guy muscular, looks a little like Brock Lesnar. EFR

2. Do you believe [REDACTED] could identify the other two SPC's from the Infantry? Yes I do EFR

Nothing follows

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
---	-------------------

EXHIBIT I

STATEMENT _____ TAKEN AT _____ DATED _____
 IN THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

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

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 10 day of NOV, 03 at [REDACTED]

ORGANIZATION OR ADDRESS
[REDACTED]

[REDACTED]
(Name of Person Administering Oath)

[REDACTED]
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS
[REDACTED]

[REDACTED]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 2 OF 2 PAGES

001987

Front Gate



EXHIBIT J

001988

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [REDACTED]	2. DATE 20031112	3. TIME 2005	4. FILE NO.
5. NAME (Last, First, MI) [REDACTED]	8. ORGANIZATION OR ADDRESS [REDACTED]		
6. GRADE/STATUS [REDACTED]			

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: Observing Defense Misstatement
Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything [REDACTED]
- Anything I say or do can be used as evidence against me in a criminal trial [REDACTED]
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. [REDACTED]
or
(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins [REDACTED]
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below [REDACTED]

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print) [REDACTED]	[REDACTED]		
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	4. SIGNATURE OF INVESTIGATOR [REDACTED]		
2a. NAME (Type or Print) [REDACTED]	5. TYPED NAME OF INVESTIGATOR [REDACTED]		
b. ORGANIZATION OR ADDRESS AND PHONE [REDACTED]	6. ORGANIZATION OF INVESTIGATOR [REDACTED]		

Section C. Non-waiver

- I do not want to give up my rights.
 I want a lawyer. I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE
[REDACTED]

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBJECT
DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSOLETE

EXHIBIT K

001989

RIGHTS WAIVER PROCEDURE/WAIVER CERTIFICATE
 For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
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 [REDACTED]	2. DATE 20031112	3. TIME 2021	4. FILE NO.
5. NAME (Last, first, full) [REDACTED]	8. ORGANIZATION OR ADDRESS		
6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A: Rights

The investigator whose name appears below told me that he/she is with the United States Army [REDACTED] and wanted to question me about the following offense(s) of which I am suspected/accused: Information Concerning Detainee Mistreatment
 Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything. [REDACTED]
- Anything I say or do can be used as evidence against me in a criminal trial. [REDACTED]
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. [REDACTED]
 (For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins. [REDACTED]
- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below [REDACTED]

5. COMMENTS (Continue on reverse side)

Section B: Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE [REDACTED]
1a. NAME (Type or Print)		4. SIGNATURE OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		5. SIGNATURE OF INVESTIGATOR [REDACTED]
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR [REDACTED]
b. ORGANIZATION OR ADDRESS AND PHONE		

Section C: Non-waiver

- I do not want to give up my rights.
 I want a lawyer I do not want to be questioned or say anything
- SIGNATURE OF INTERVIEWEE
[REDACTED]

ATTACH THIS CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEO
 DA FORM 3881, NOV. 89 EDITION OF NOV 84 IS OBSO

EXHIBIT L

001990

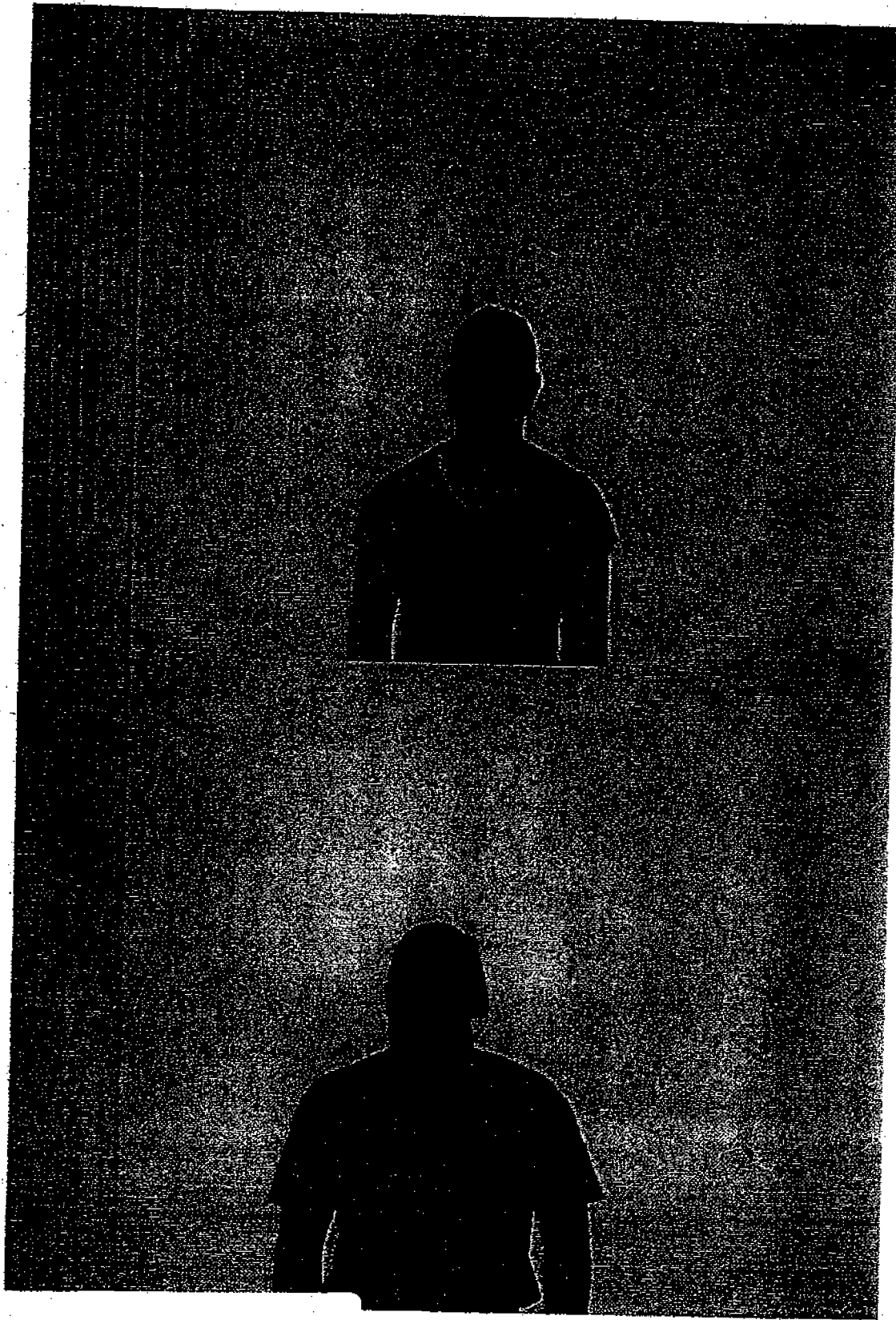
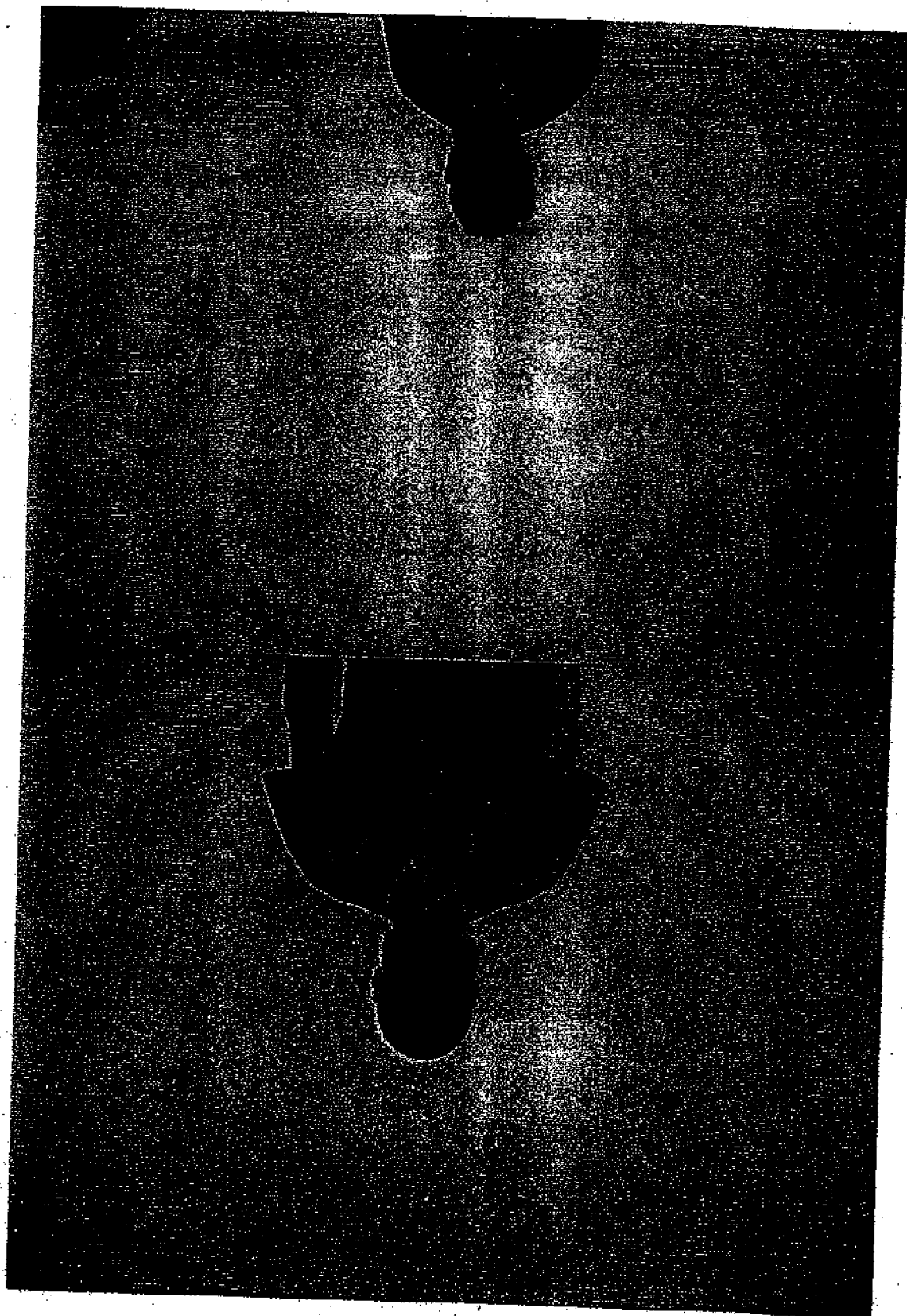
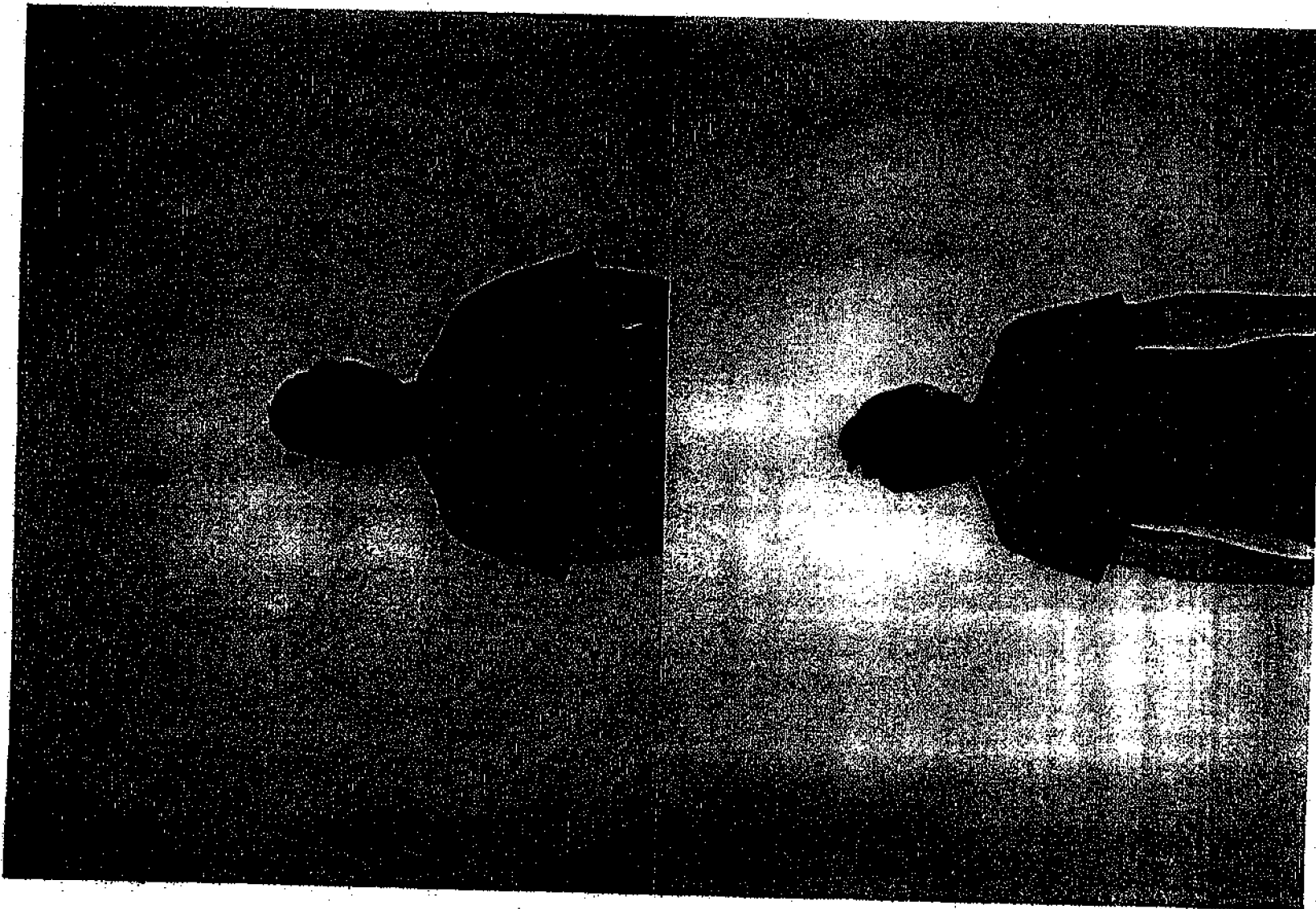


EXHIBIT M

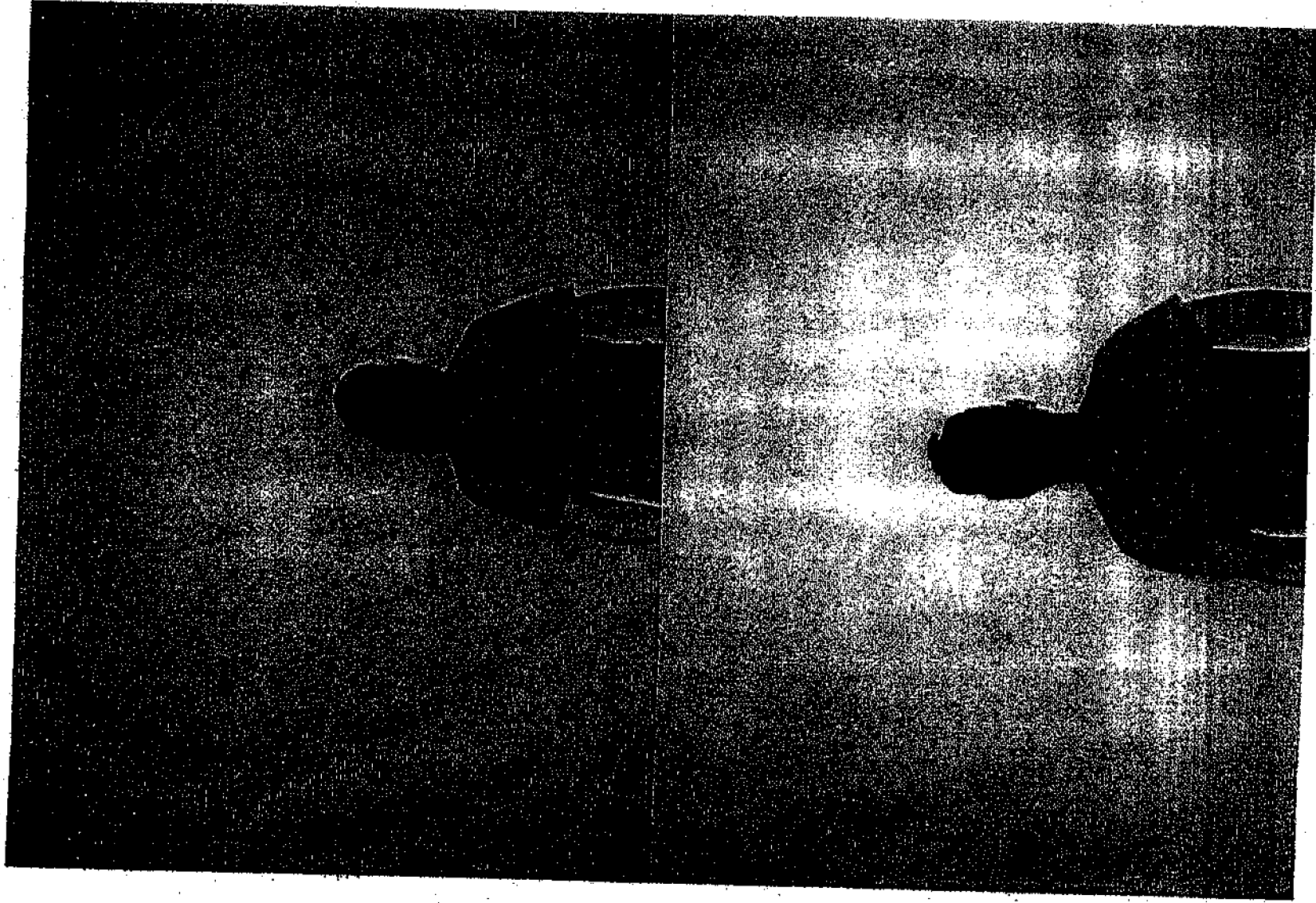
001991

001992

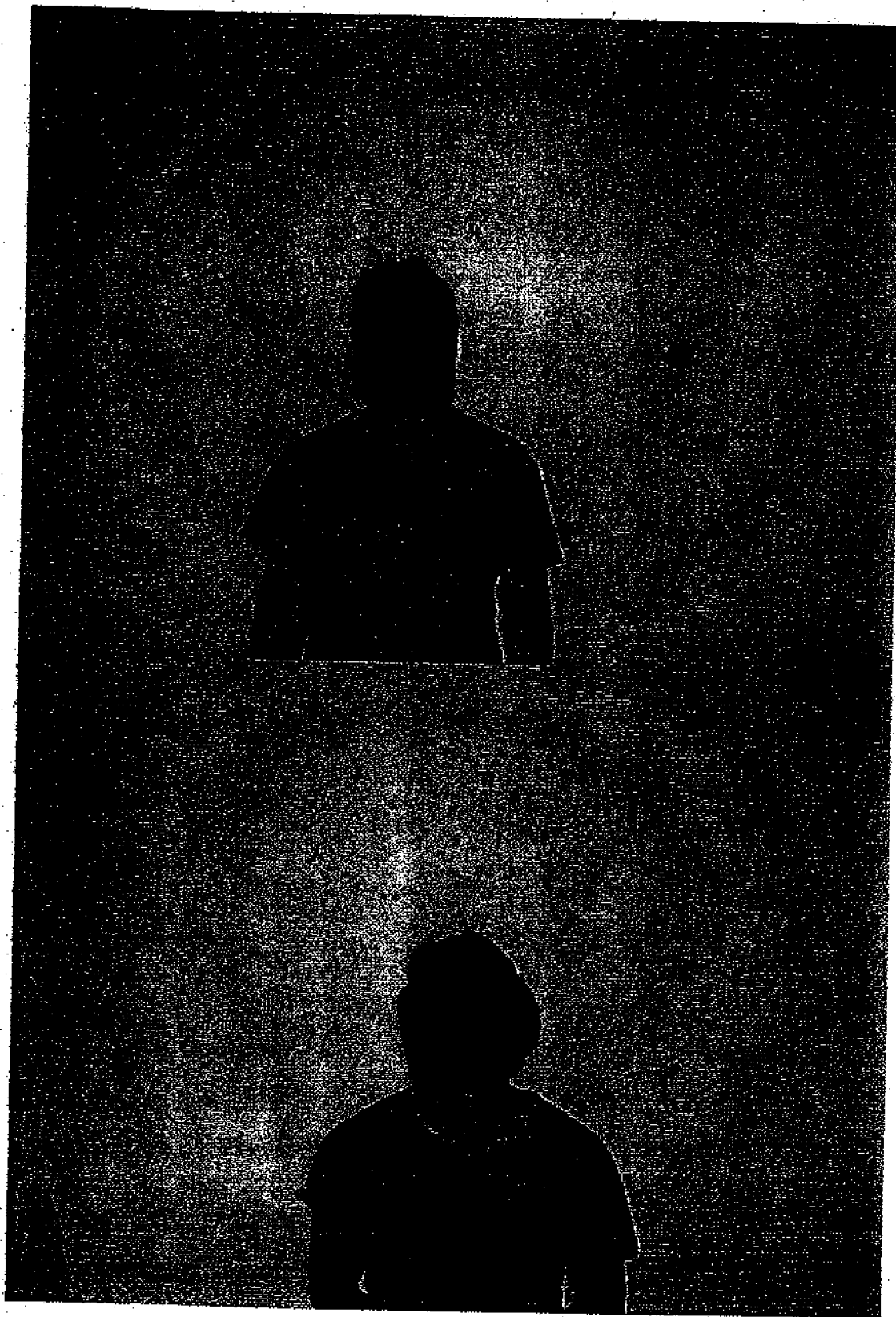




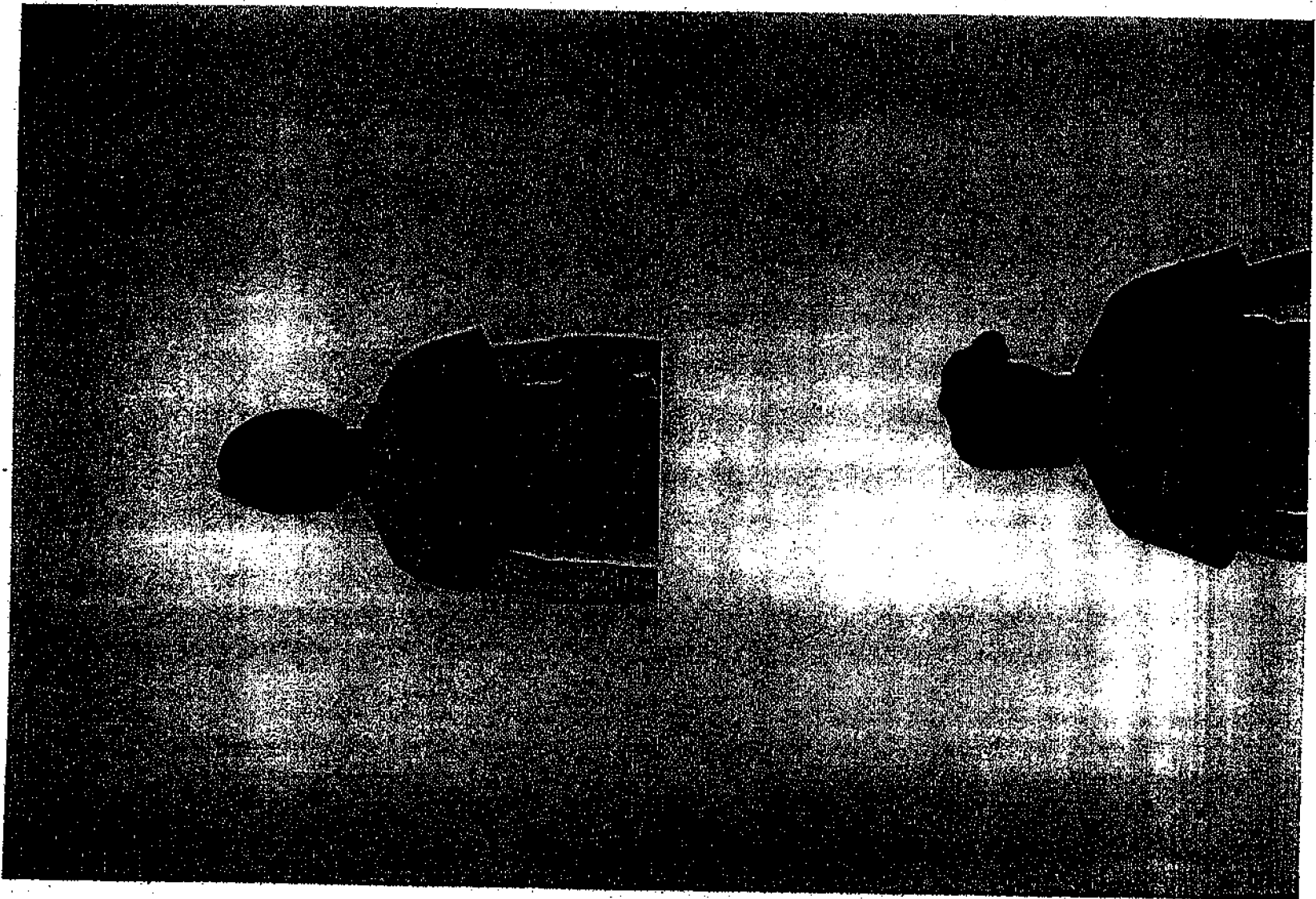
001993



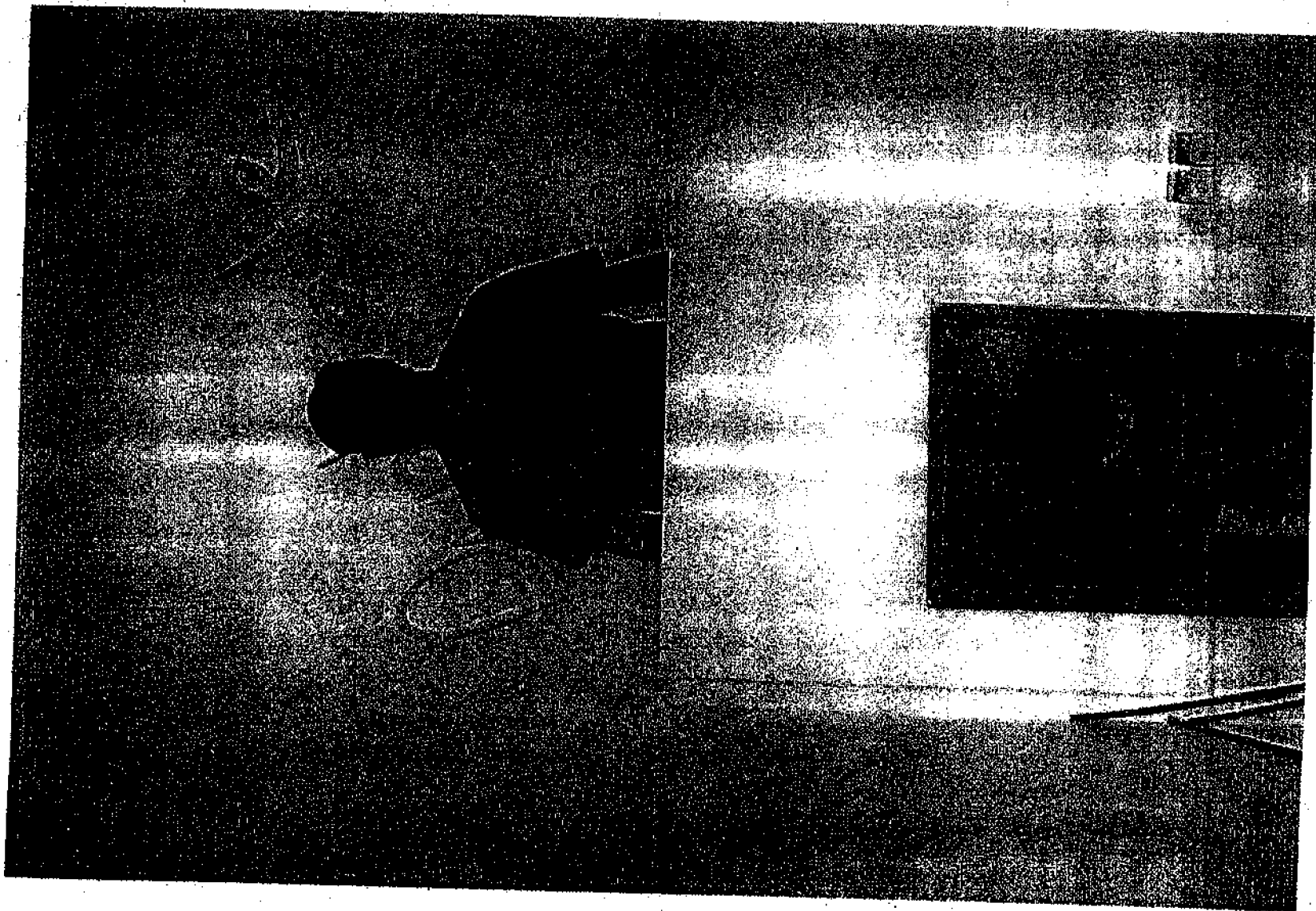
001994



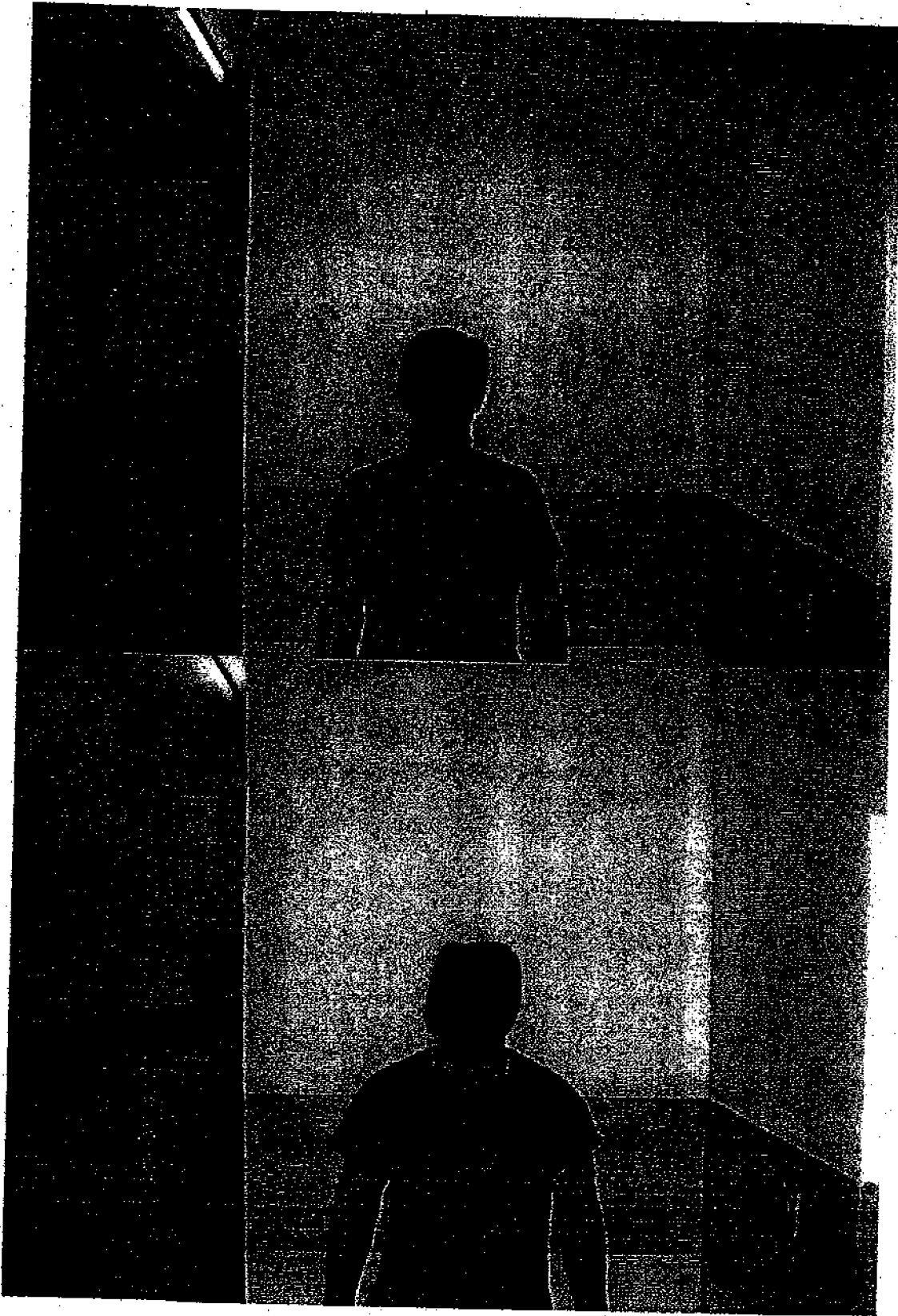
001995



001996

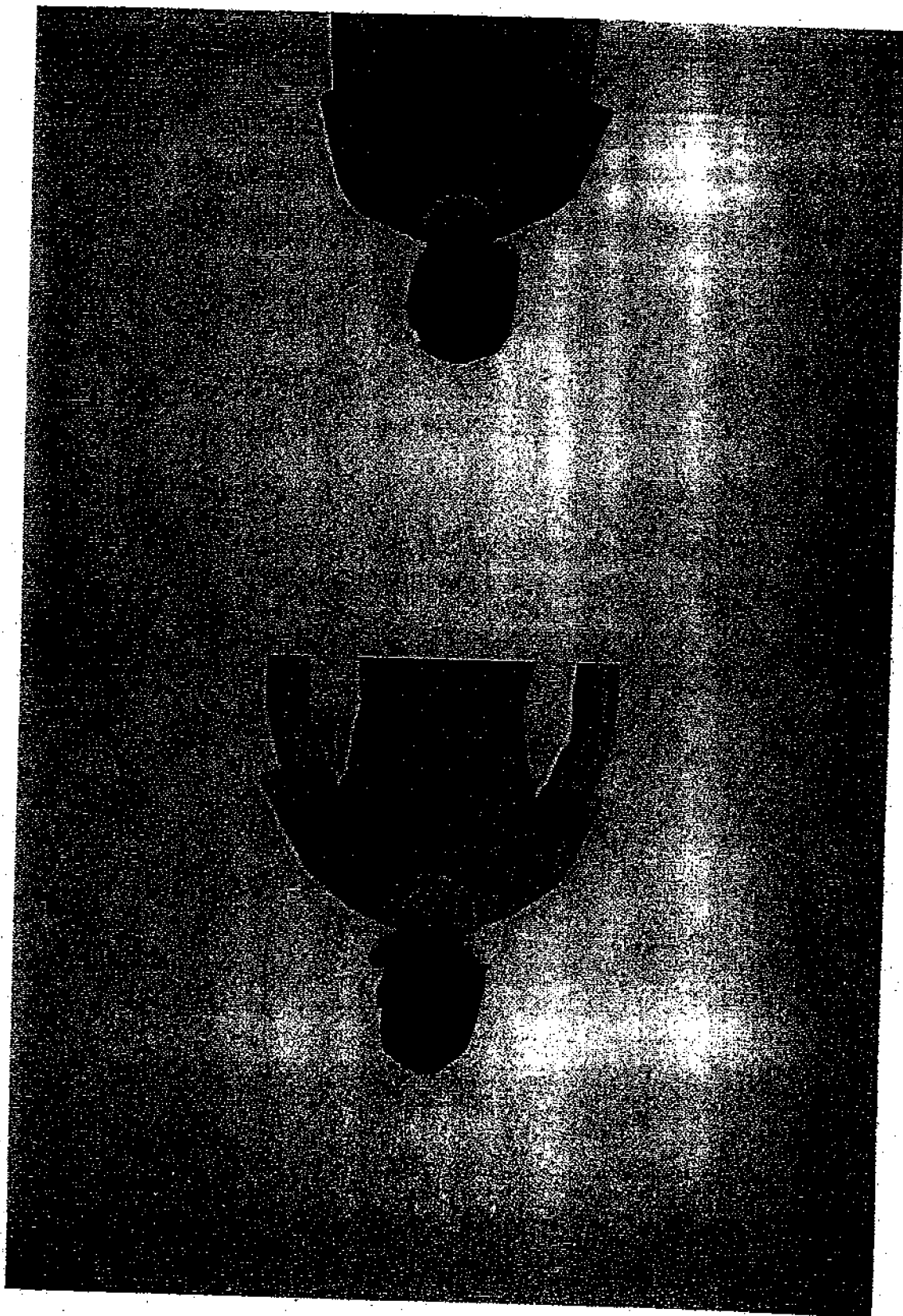


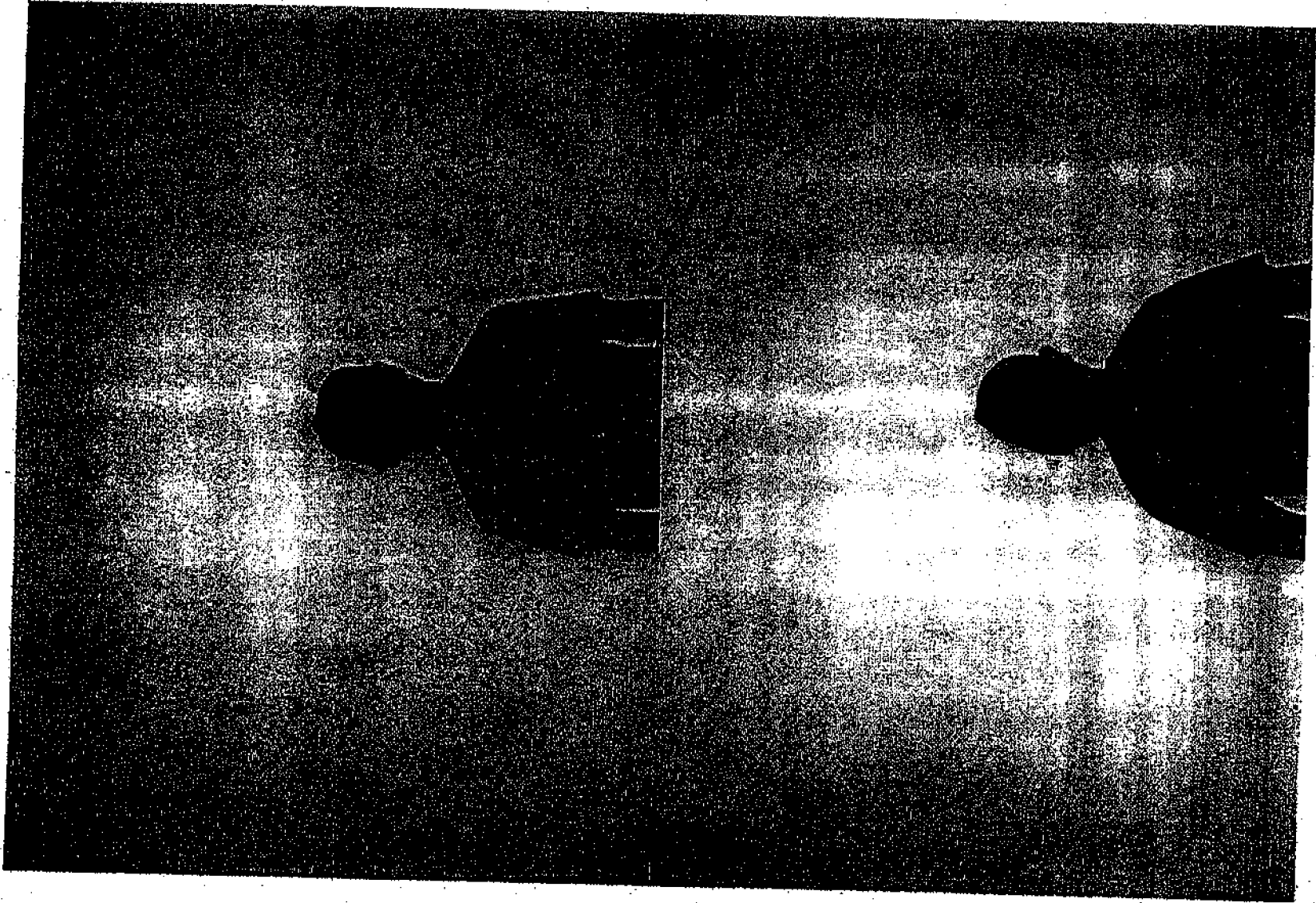
001997



001998

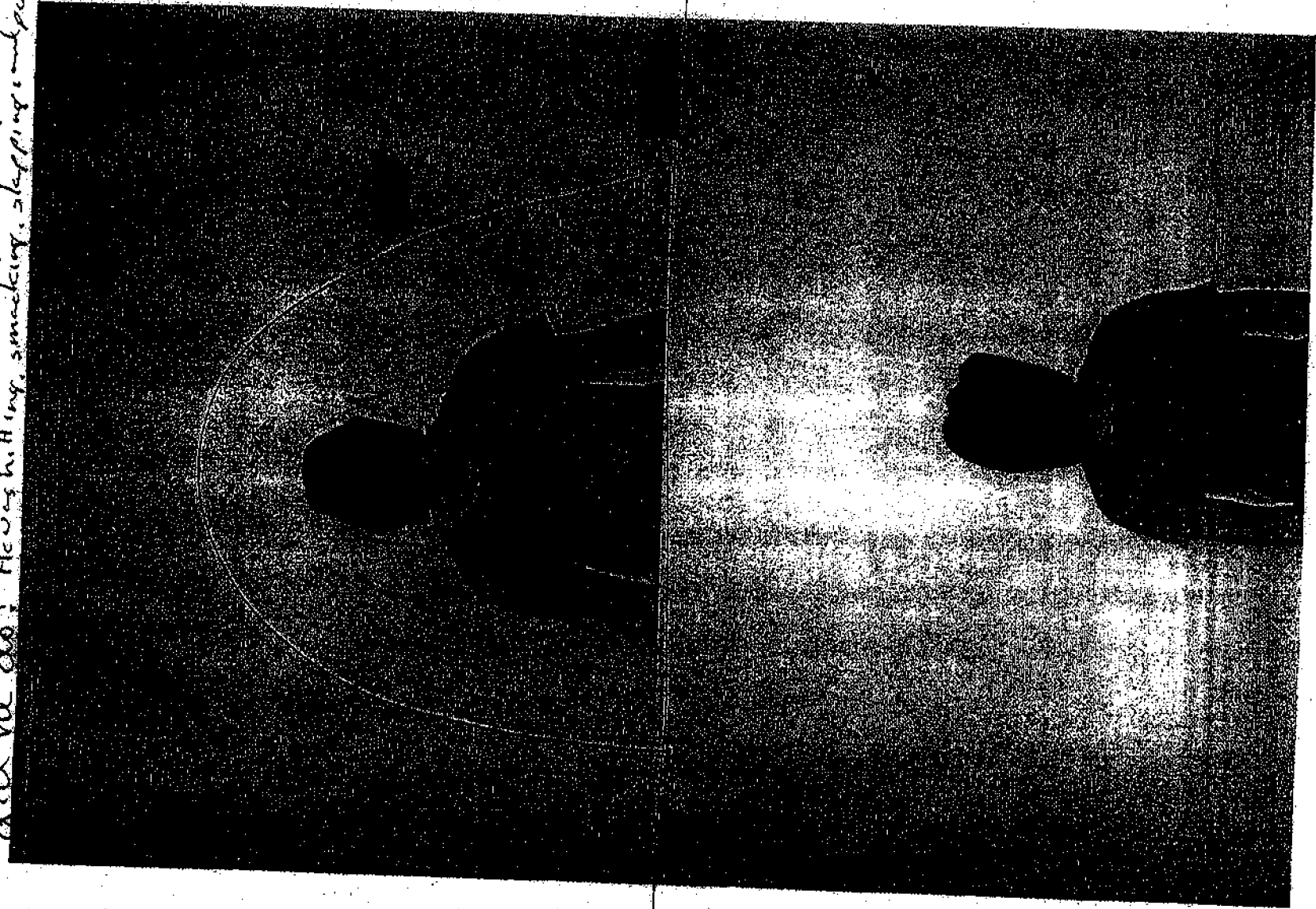
001999





002000

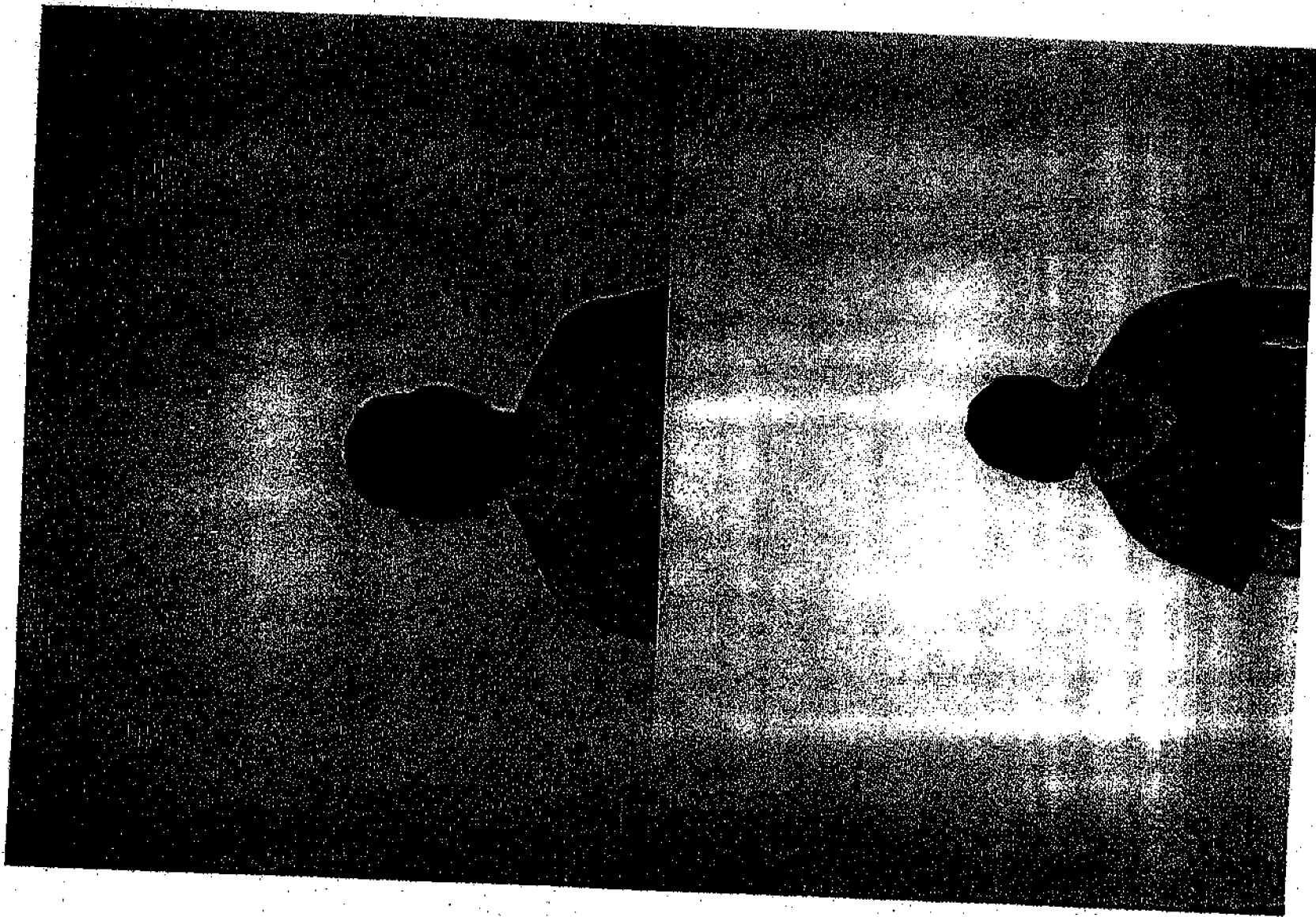
1 M15 Soldier that you select to, what
did he do? He was hitting, smacking, stepping and punching to
prisoner



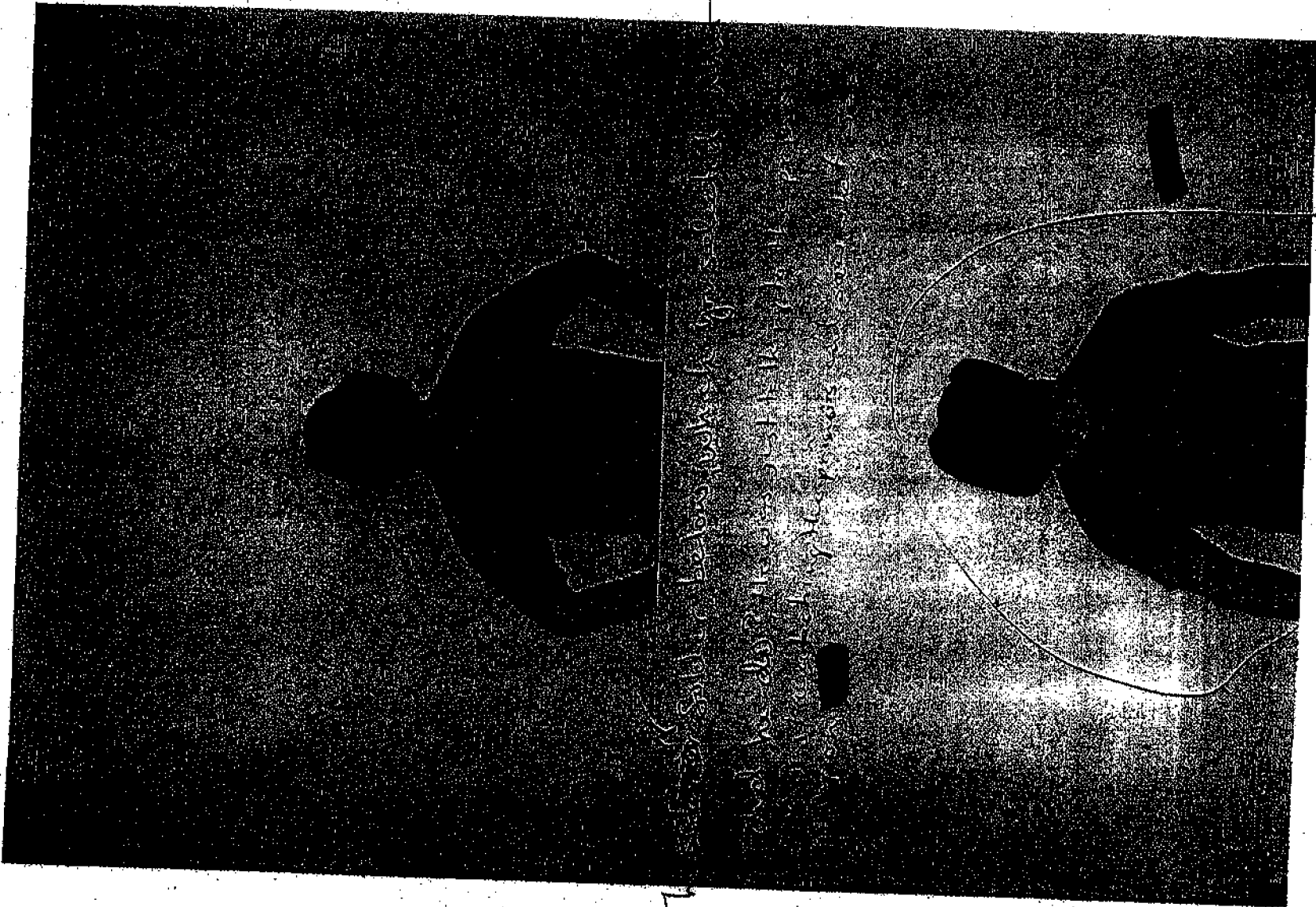
002001



002002

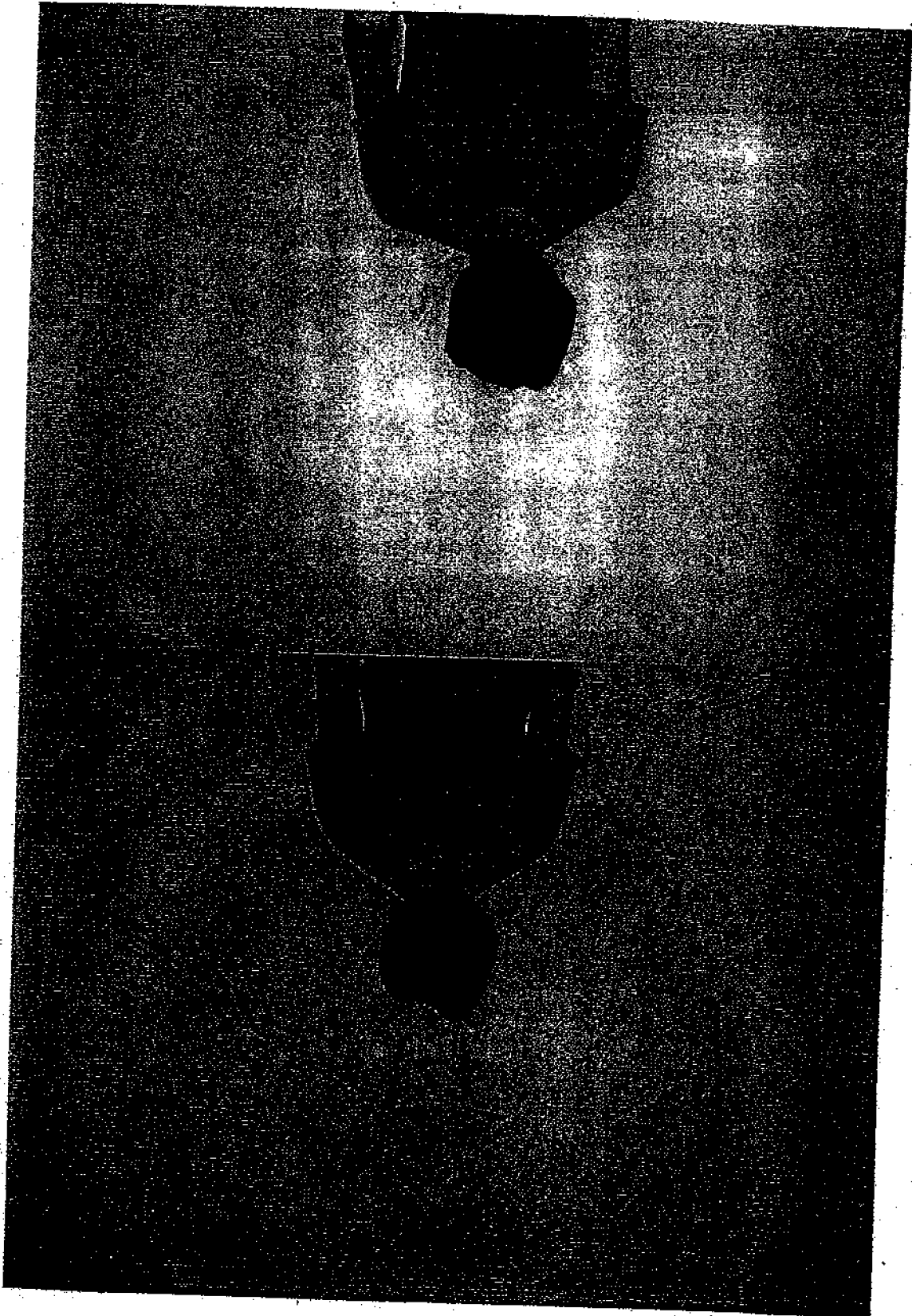


002003



002004

002005



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 [REDACTED] FoB	2. DATE (YYYYMMDD) 20031114	3. TIME 0915	4. FILE NUMBER
5. [REDACTED] NAME	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION [REDACTED] ADDRESS [REDACTED]			

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

I was provided a photo line-up of the 2nd Platoon, [REDACTED]; with in this line-up I observed: The [REDACTED] [REDACTED] was in the line up so I circled him and I recognized one of the other Spec. that was there in the line up.

Is there any additional information that can be provided concerning the Detainee mistreatment? I could not confirm the identity of the other Spec. [REDACTED]

Nothing follows EFR

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

EXHIBIT N

THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

FORM 2823, JUL 72, IS OBSOLETE

USAPA 11 00

002006

9. STATEMENT (Continued)

Nothing follows

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 14 day of Nov, 03

at _____
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

EPR

PAGE 2 OF 2 PAGES

002007

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 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: FOB, BAGHDAD, IRAQ
2. DATE (YYYYMMDD): 2003/10/25
3. TIME: 1915
4. FSE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

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

On the evening of 25 Oct 2002 at approximately 1845, [REDACTED] who is the XO of the Battalion, asked for the medics to perform physical exams on some Iraqi Detainees which were brought recently to our FOB. [REDACTED] the Battalion PA, and went immediately down to the CPW Holding Area to examine them. They were brought out of the holding area individually and examined by me or the PA. The following is a summary of the significant physical findings per our examination.

5 of them had linear erythematous (red) markings on their wrists that were presumably left from the Flex-cuffs. [REDACTED] had subjective numbness of his left 4th and 5th fingers as well as epigastric (upper central) abdominal tenderness to palpation (touch) without evidence of ecchymosis (bruising). [REDACTED] had tenderness to palpation but no ecchymosis of his left clavicle (collar bone), the right side of his mandible by his temporomandibular joint (jaw), and his periumbilical region (central abdomen). He also had subjective numbness of his 4th and 5th fingers on his left hand. Before leaving, I had [REDACTED] give him 800mg of Ibuprofen to help treat his pain.

The above findings were verbally reported to MAJ [REDACTED] who then asked me to document the findings on this form.

NOTHING FOLLOWS

10. EXHIBIT: B
11. INITIALS: [REDACTED] STATEMENT
PAGE 1 OF 12 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

EXHIBIT O

DA FORM 2823, JUL 72, IS OBSOLETE

002008

B. STATEMENT (Continued)

AFFIDAVIT

_____, 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of OCTOBER, 2003 at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT: _____

PAGE 2 OF 2 PAGES

002009

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 18 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: FOB, Baghdad Iraq; 2. DATE (YYYYMMDD): 2003 10 25; 3. TIME: 2200; 4. FILE NUMBER; 5. LAST NAME, FIRST NAME, MIDDLE NAME; 6. SSN; 7. GRADE/STATUS; 8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

(taken with help & interpreter [redacted])

I was brought to the prisoner cage this afternoon with 5 other men, all my relatives. When we were brought from the truck into the cage, some soldiers followed us into the cage. It was 5 soldiers. One soldier stood off to the side with my nephew [redacted] and didn't let the others touch him. The other 4 soldiers were hitting us, kicking us, and stepping on us. One soldier put my face against the wall and hit the back of my head 2 or 3 times. While they were doing this, they were saying bad things about Allah and about our families. They beat on us for about an hour, and then they stopped and left.

Nothing follows

EXHIBIT P

INITIALS OF PERSON MAKING STATEMENT: [redacted]; PAGE 1 OF 1 PAGES; STATEMENT TAKEN AT DATED

THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

002010

MUST BE INDICATED

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE ____ 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)

WITNESSED:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of JLT . 03 at 2-23-03

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

002011

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: FOB, Baghdad, Iraq
2. DATE (YYYYMMDD): 20051025
3. TIME: 2230
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:
8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

I, [redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
I taken help with at interpreter [redacted]
I was brought to the prisoner cage this afternoon with 5 other men, all related to me. When we were brought from the truck into the cage, some soldiers followed us in. It was about 5-7 soldiers. The soldiers started hitting the other prisoners, slapping them in the face, punching them in the body, kicking them, and stepping on their feet. A soldier named [redacted] stood near me and wouldn't let the others hit me, because I spoke a little English. The other soldiers continued to beat the other prisoners until one of the soldiers from the Bradleys, acting as a lookout, said someone was coming. Then all of the soldiers in the jail left. While this all was going on, the soldiers (except [redacted]) were saying bad things to us, like "I want to fuck your sister" and other things.

Interviewer's Note: When I asked the individual to write down on a piece of white paper the name he saw in the [redacted], he wrote [redacted]

11. INITIALS OF PERSON MAKING STATEMENT: H [redacted]
STATEMENT TAKEN AT [redacted] DATED [redacted]
AR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

002012

STATEMENT OF _____

TAKEN AT _____

DATED _____

9. STATEMENT (Continued)

AFFIDAVIT

I, _____, 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.

(Signature of Person Making Statement)

WITNESSES

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 27 day of Oct, 2003 at _____

ORGANIZATION OR ADDRESS _____

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS _____

(Signature, To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT _____

PAGE OF PAGES

002013

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: Feb, Baghdad
2. DATE (YYYYMMDD): 2003112
3. TIME: 1400 hrs
4. FILE NUMBER:
5. SERVICE NAME:
6. SSN:
7. GRADE/STATUS:
8. ORGANIZATION: Baghdad, Iraq 09324
9.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

In my opinion as a company commander, [redacted] has been a quality soldier and a great asset to [redacted] I have every confidence in his desire to do what is right and tell the truth to the best of his knowledge. He has always been both straightforward and honest with his squad and platoon leadership as well as with me. He has exhibited no reasons for me to doubt his words or his actions.

Nothing follows

EXHIBIT R

11. [redacted] PERSON MAKING STATEMENT PAGE 1 OF 2 PAGES
STATEMENT _____ TAKEN AT _____ DATED _____
FOR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

BE INDICATED.

IM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA VI 00

002014

STATEMENT (Continued)

Nothing follows

SWORN OATH

I, _____ HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of Nov. 03 at _____ FORB

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

NAME OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

002015