STATEMENT OF _____ TAKEN AT _____ DATED _____

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 UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

at [redacted]

(Signature of [redacted] Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

[redacted]

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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

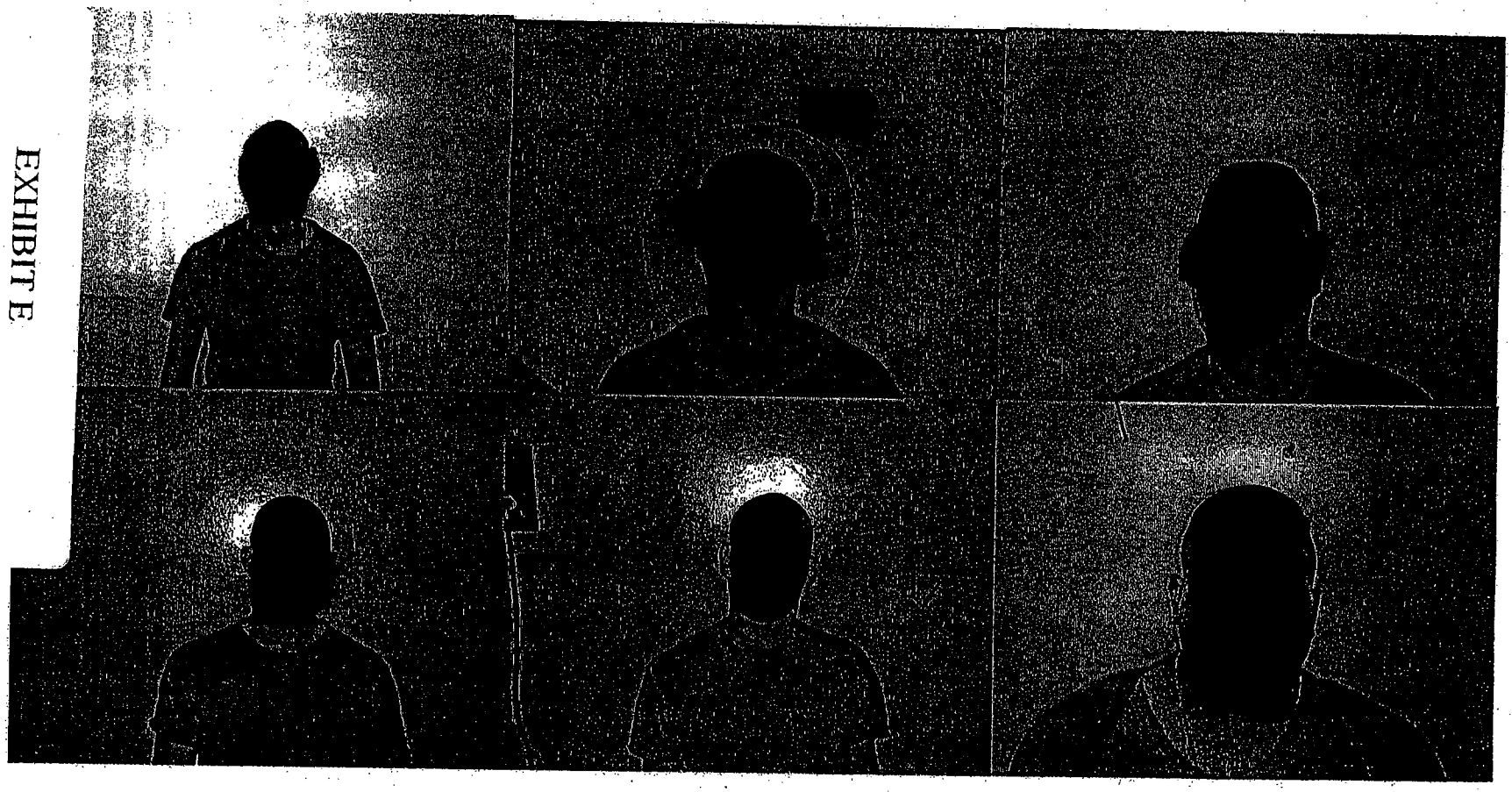


EXHIBIT E

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

What did this soldier do the Iraqi Detainees? Slap, Punch, Forearm shot to gut, stomp their bare feet with his boot

001982

EXHIBIT F

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

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

What did this soldier do to the Iraqi Detainees? Punch them, slap them, and Force arm shots to the guts EFL

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

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.

[redacted] Selected No one on this Page

EXHIBIT H

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	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted]	20031110	0930	

5.	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS
[redacted]

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

[redacted]

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 Mortors, 2 Spc. I don't remember thier Names, they are from the infrantry. [redacted] is burly big guy muscular, looks a littler like Brock Lensnar. EFR

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

Nothing follows

10. [redacted]

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 1 OF 2 PAGES

EXHIBIT I

STATEMENT _____ *TAKEN AT* _____ *DATED* _____

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

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.00

STATEMENT OF _____ TAKEN AT _____ DATED _____

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 UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

_____

_____

ORGANIZATION OR ADDRESS

_____

_____

ORGANIZATION OR ADDRESS

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

at [redacted]

[redacted]
(Signature of Person Administering Oath)

[redacted]
(Typed Name of Person Administering Oath)

[redacted]
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

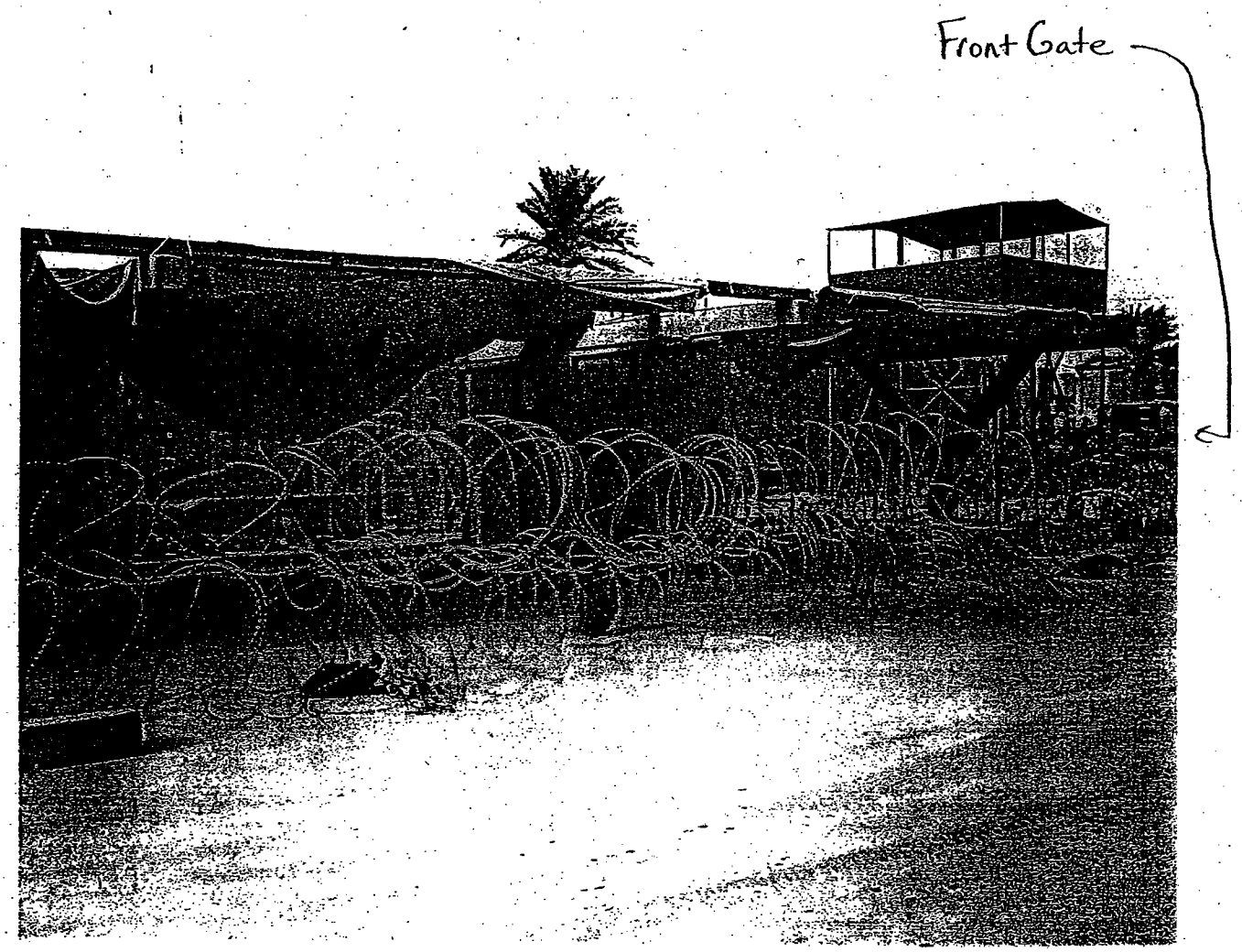


EXHIBIT J

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]	2. DATE 20031112	3. TIME 2005	4. FILE NO.
5. NAME (Last, First, MI) [redacted]	8. ORGANIZATION OR ADDRESS [redacted]		
6. [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: Observing 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:

1. I do not have to answer any question or say anything [redacted]
2. Anything I say or do can be used as evidence against me in a criminal trial [redacted]
3. *(For personnel subject othe 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]
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. [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)*	
1a. NAME *(Type or Print)* [redacted]	3. SIGNATURE OF INTERVIEWEE [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE [redacted]	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME *(Type or Print)*	5. TYPED NAME OF INVESTIGATOR [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR [redacted]

Section C. Non-waiver

1. I do not want to give up my rights
   [X] 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)* SUBSE

DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSC

EXHIBIT K

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]	2. DATE 20031112	3. TIME 2021	4. FILE NO.
5. NAME [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: [redacted] 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:

1. I do not have to answer any question or say anything. [redacted]
2. Anything I say or do can be used as evidence against me in a criminal trial. [redacted]
3. *(For personnel subject othe 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]
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. [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)*	
1a. NAME *(Type or Print)*	3. SIGNATURE OF INTERVIEWEE [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME *(Type or Print)*	5. [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR [redacted]

Section C. Non-waiver

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

ATTACH THIS [redacted] CERTIFICATE TO ANY SWORN STATEMENT *(DA FORM 2823)* SUBSEQ

EXHIBIT L

DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSO

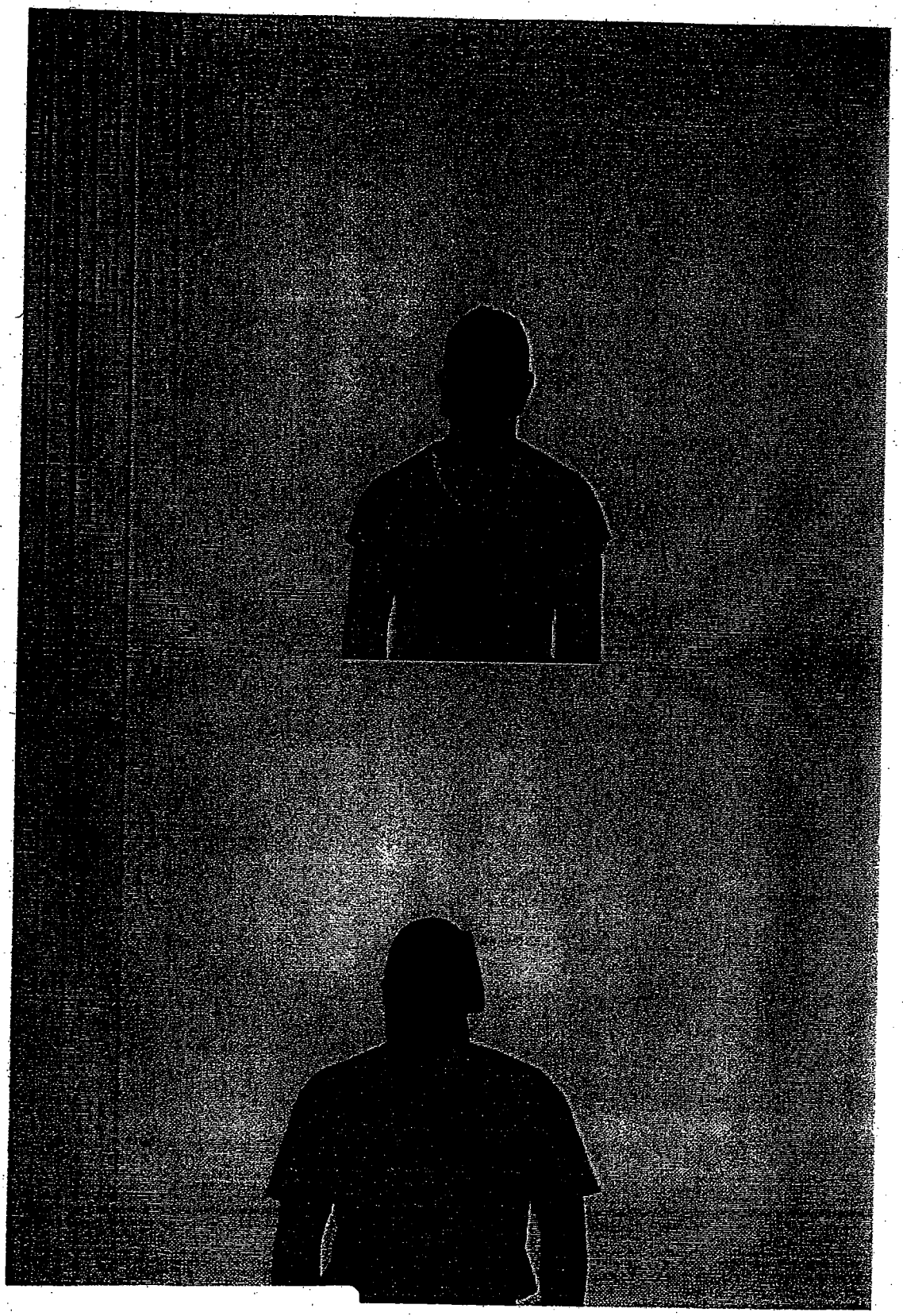
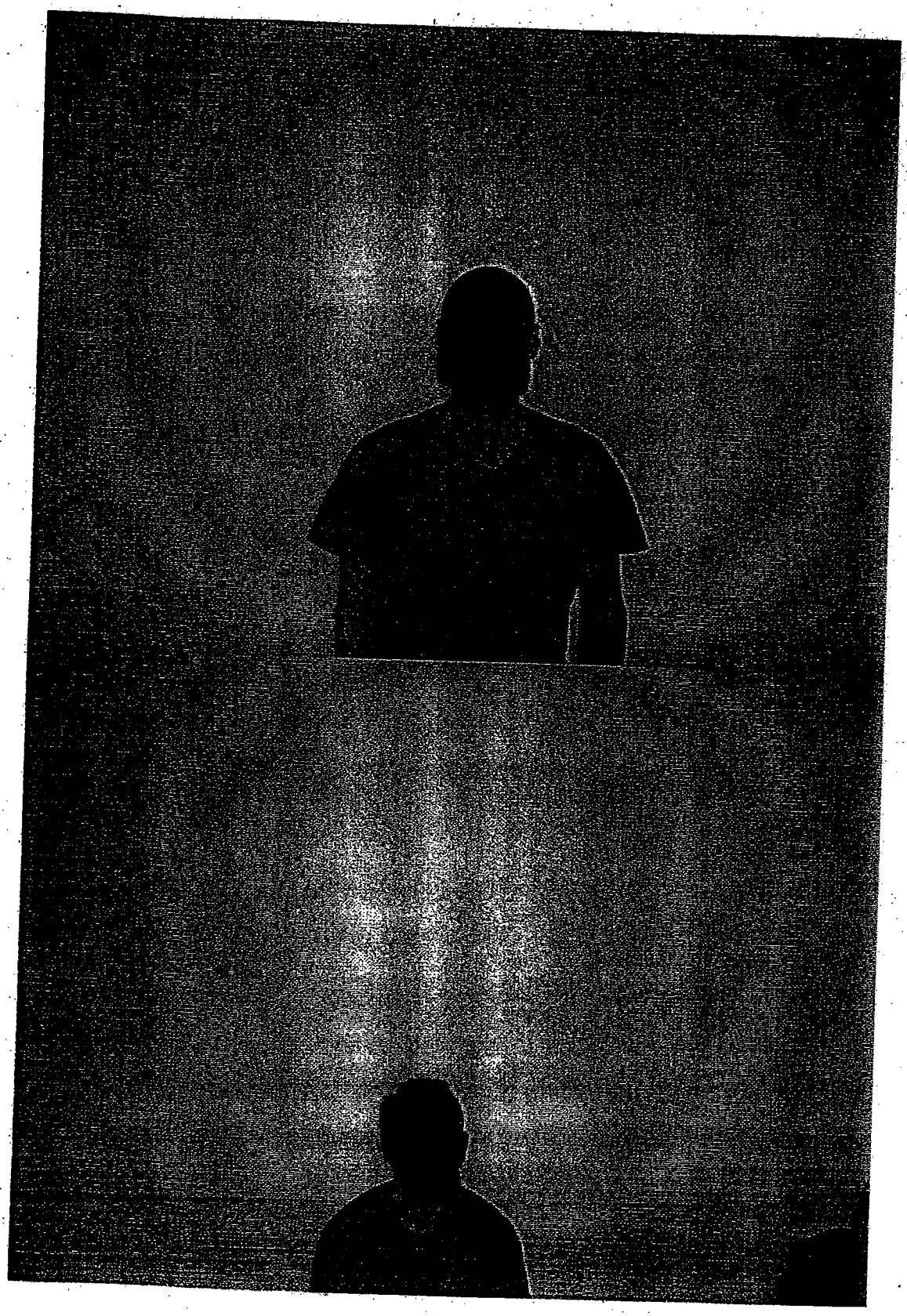
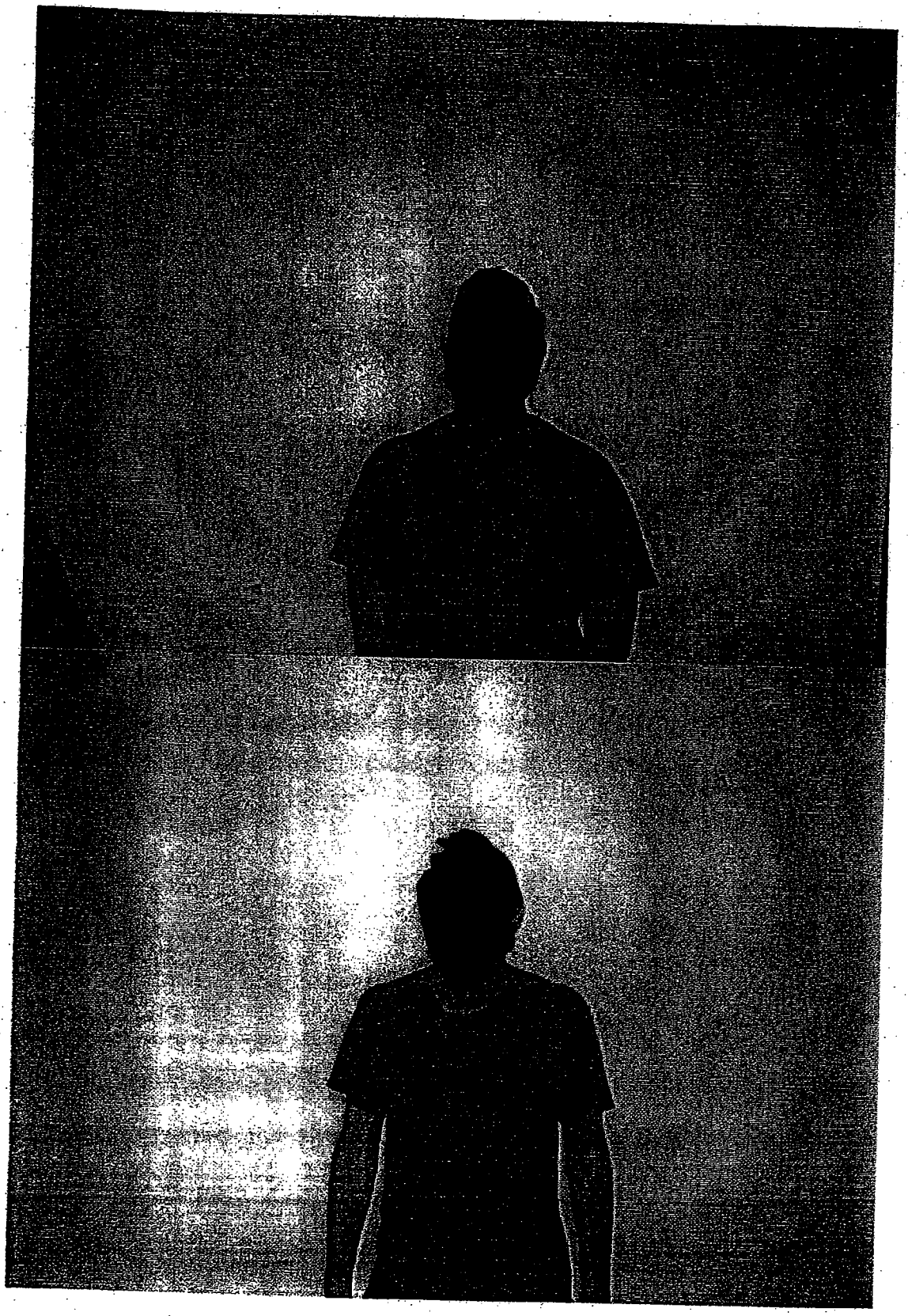
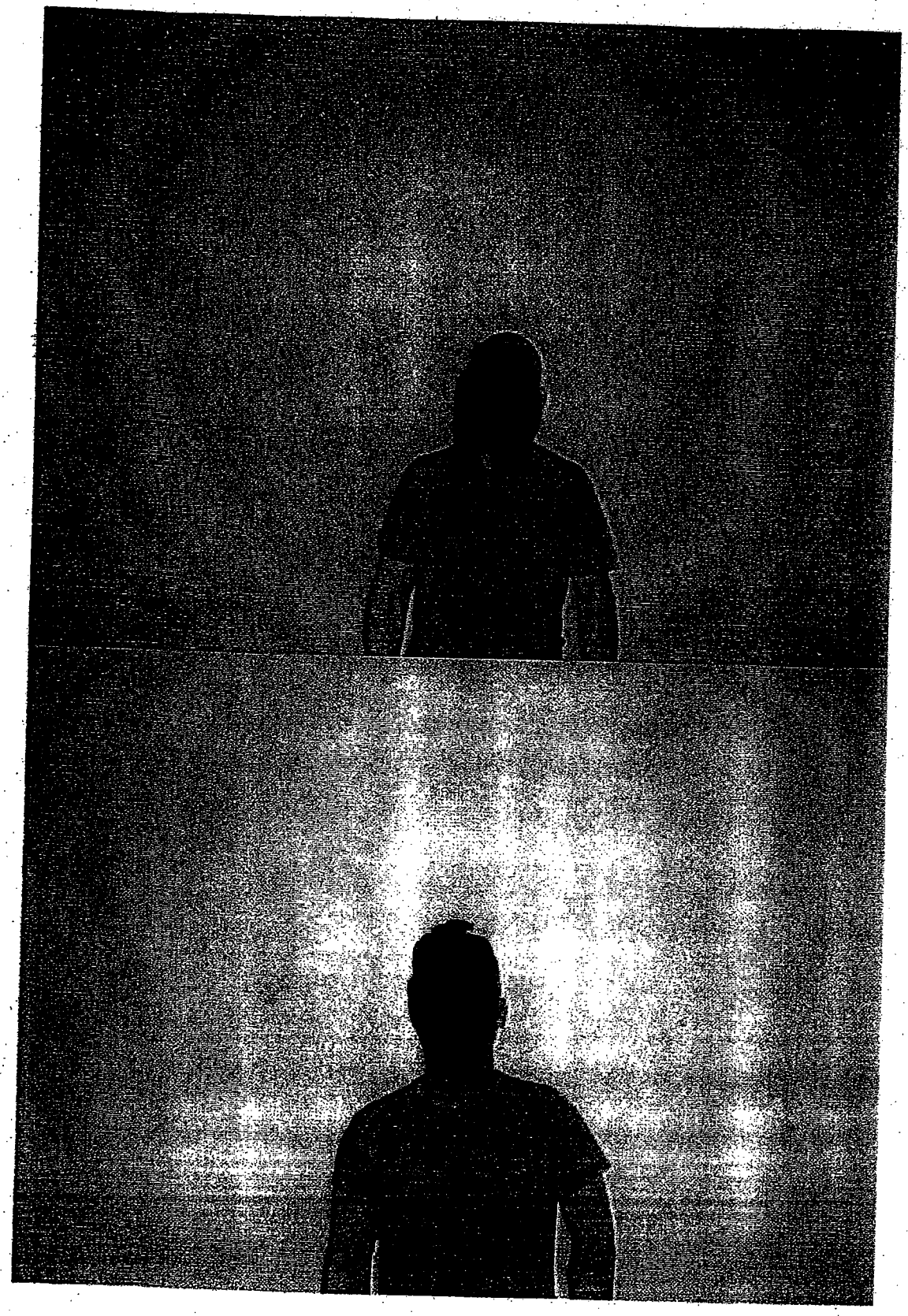
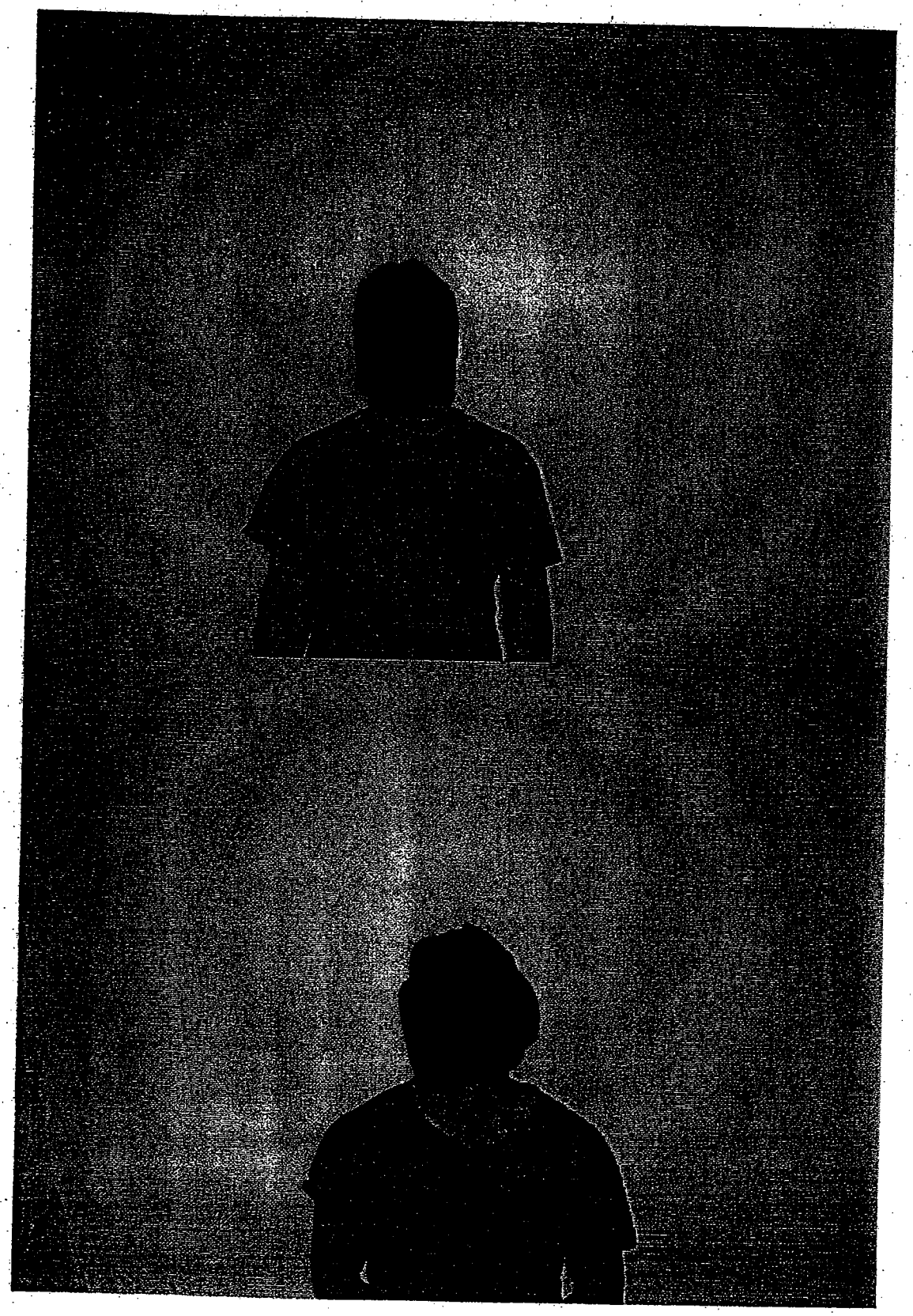


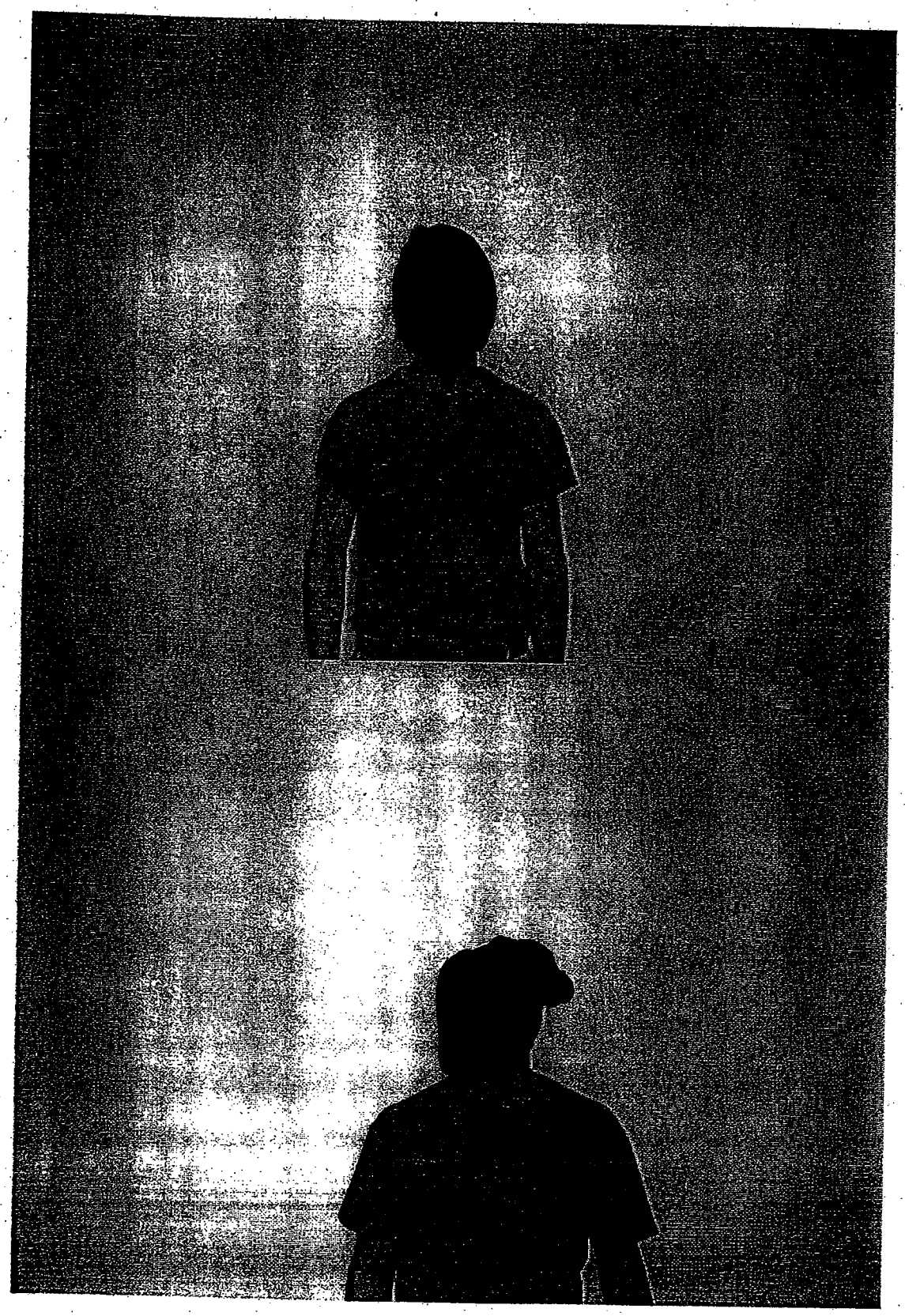
EXHIBIT M

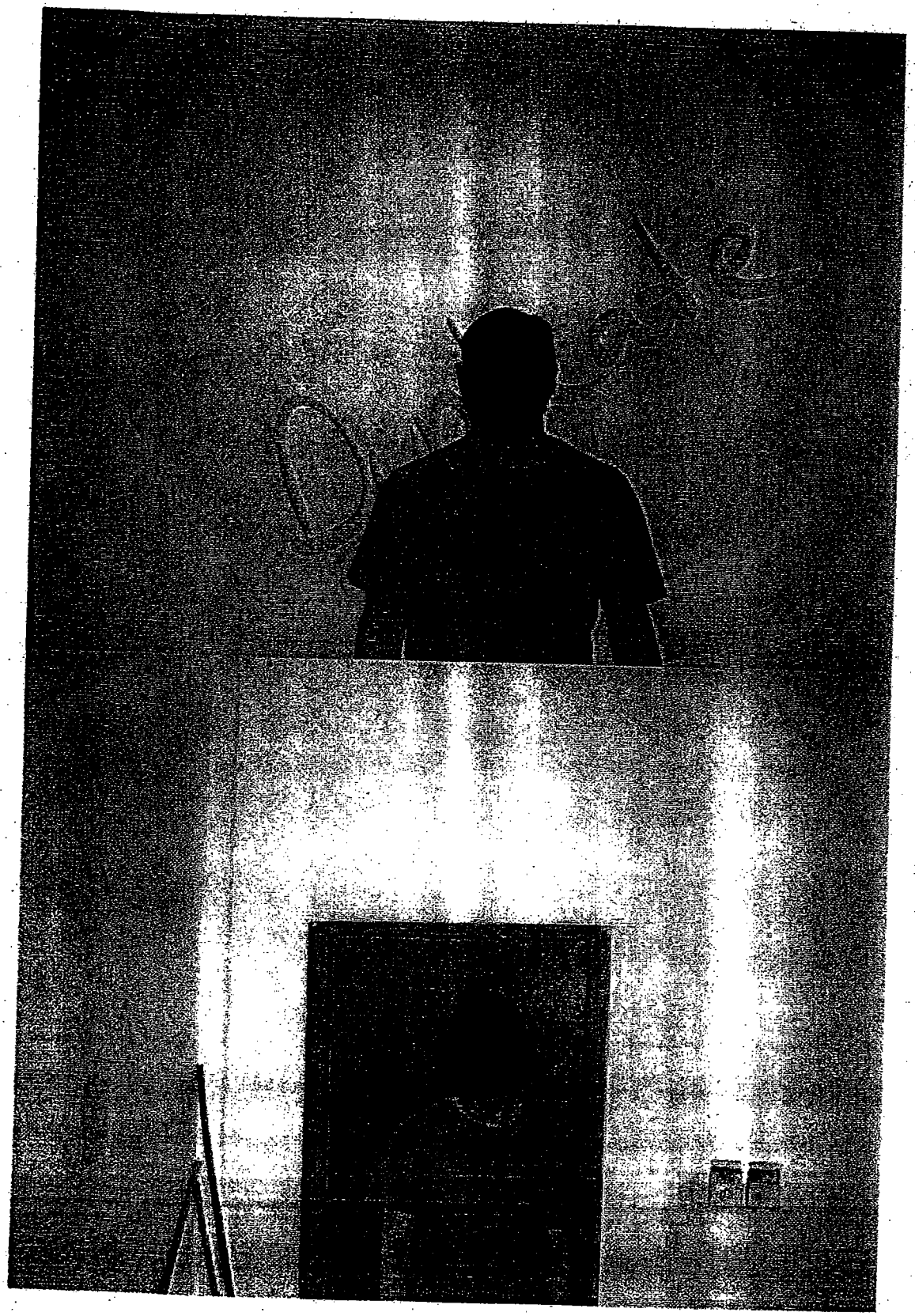




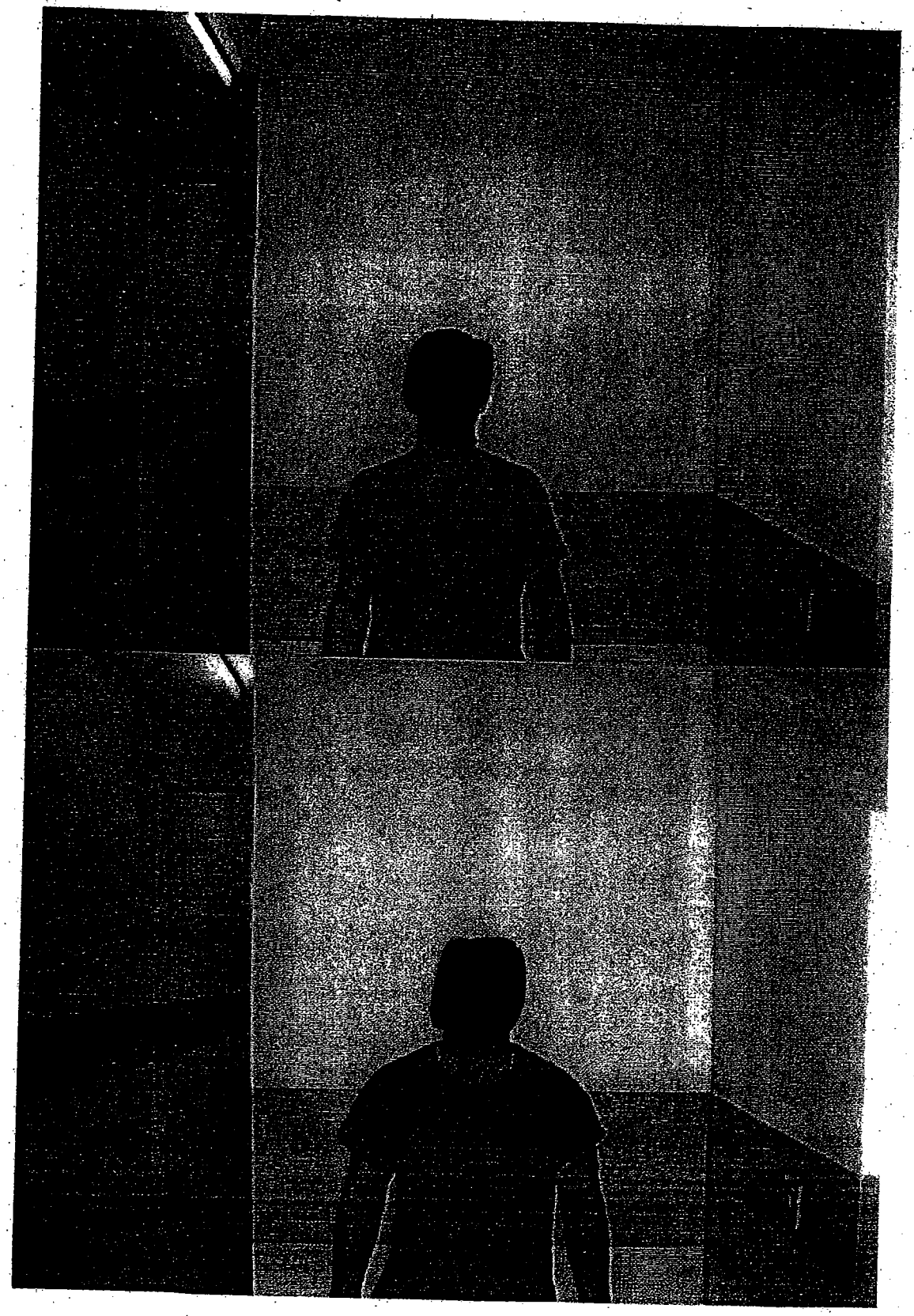




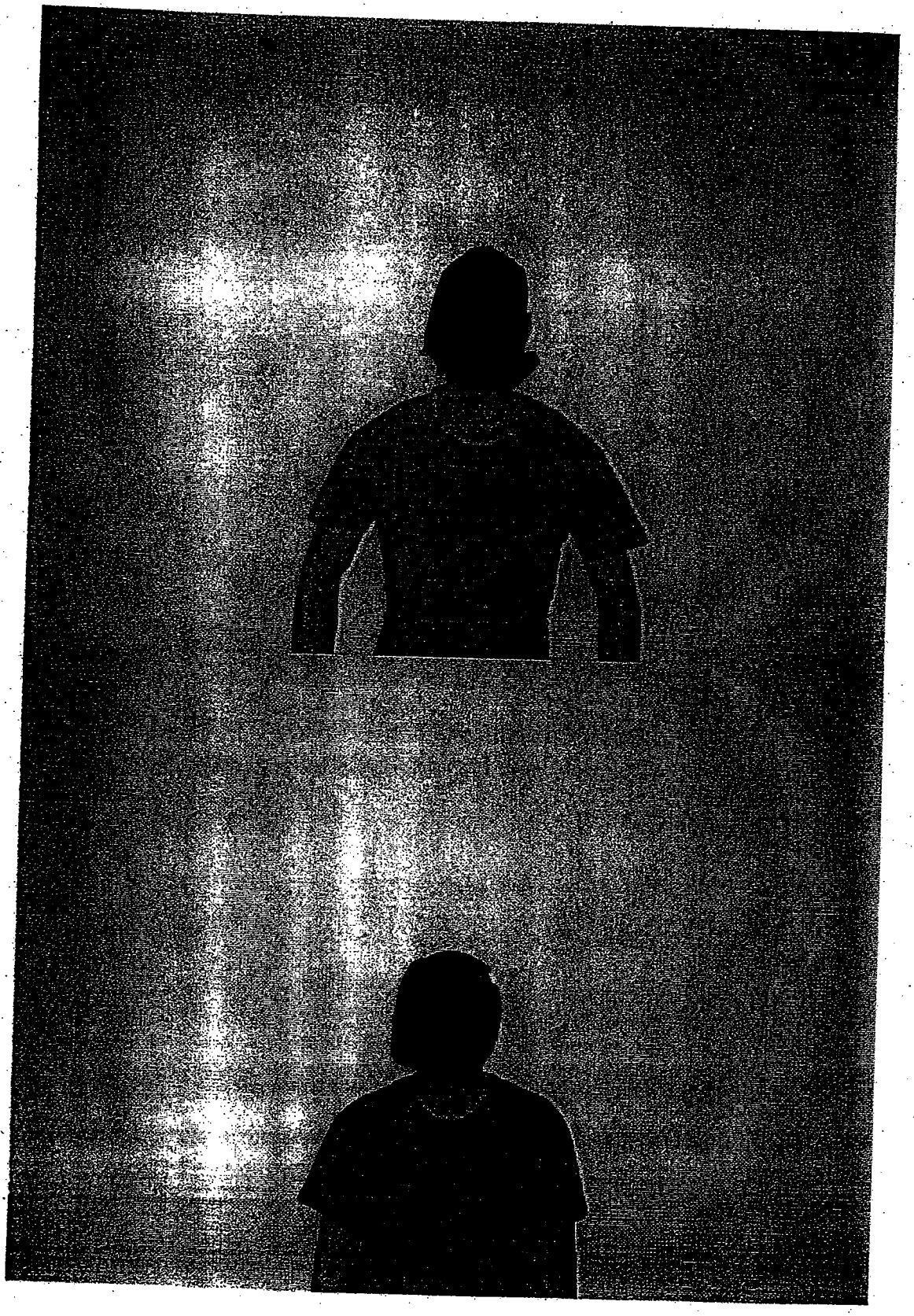


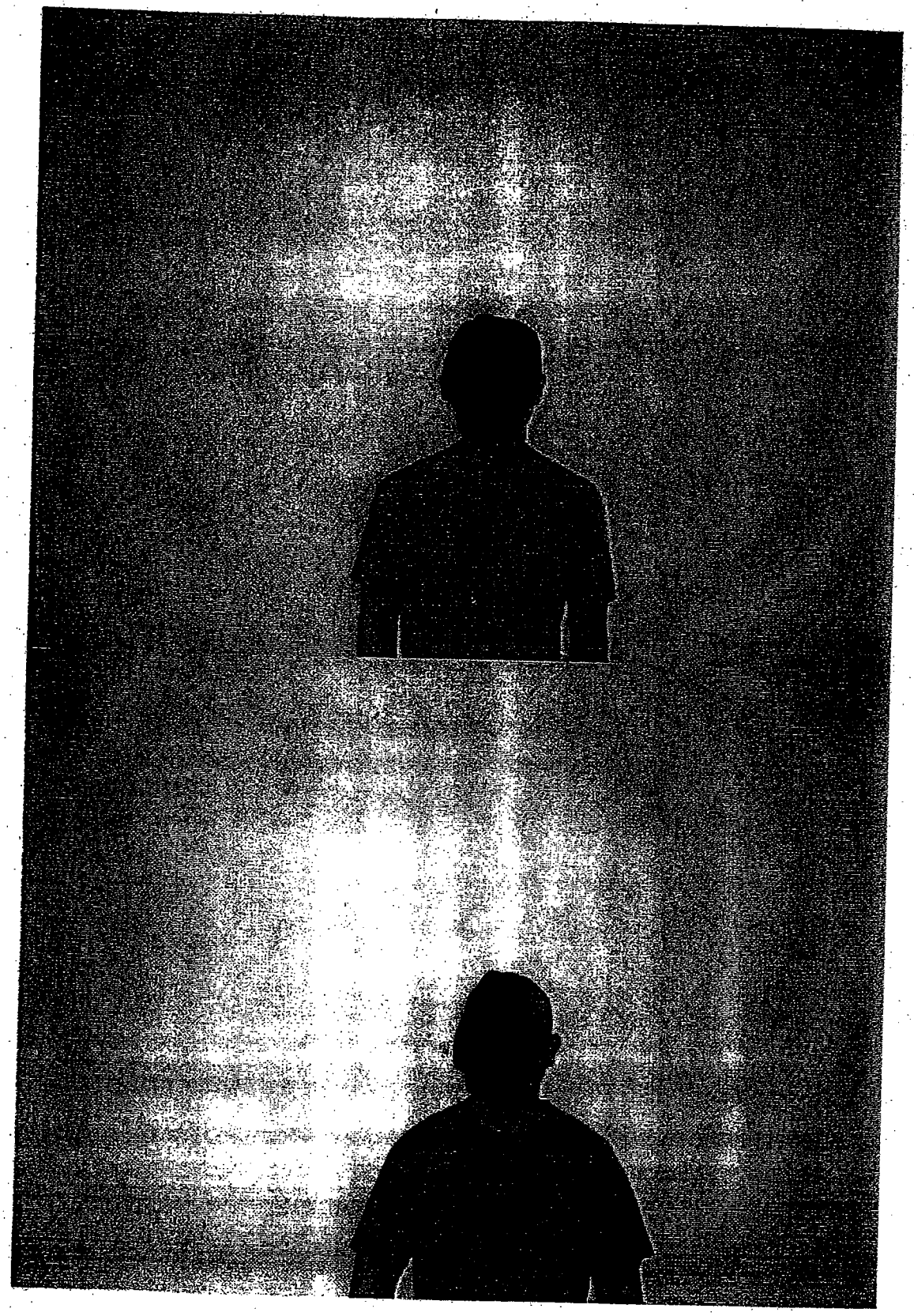


001997

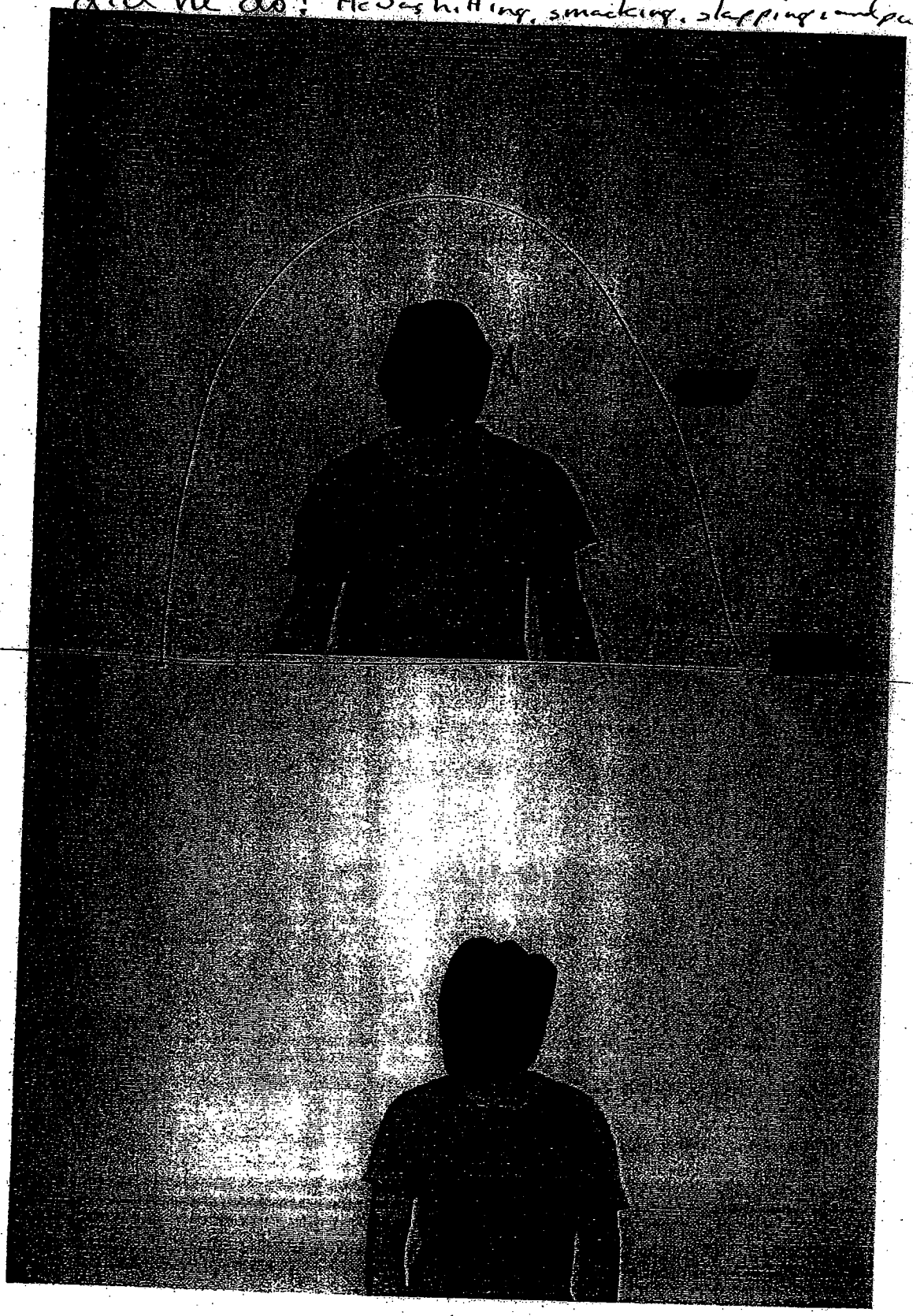


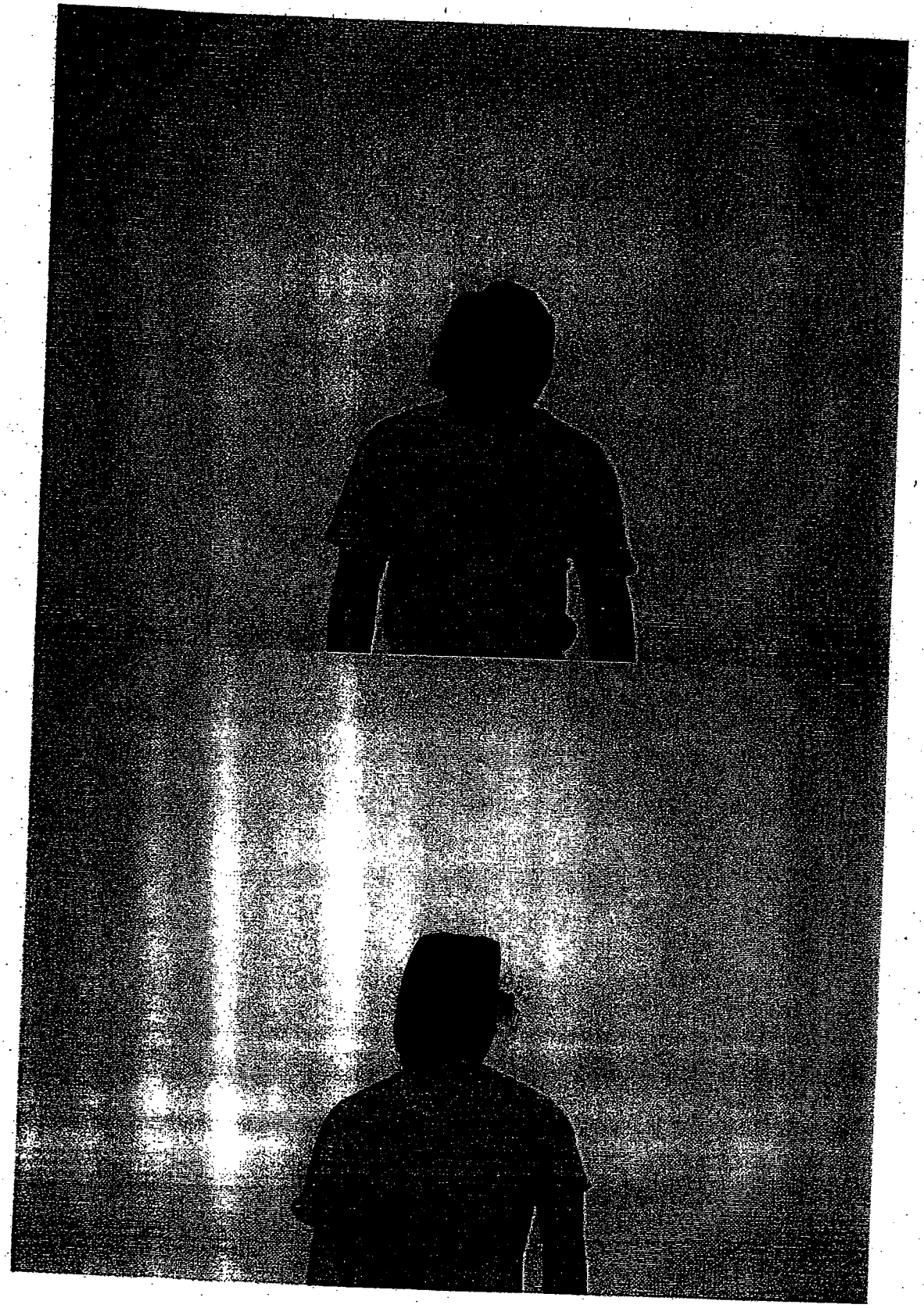
001998



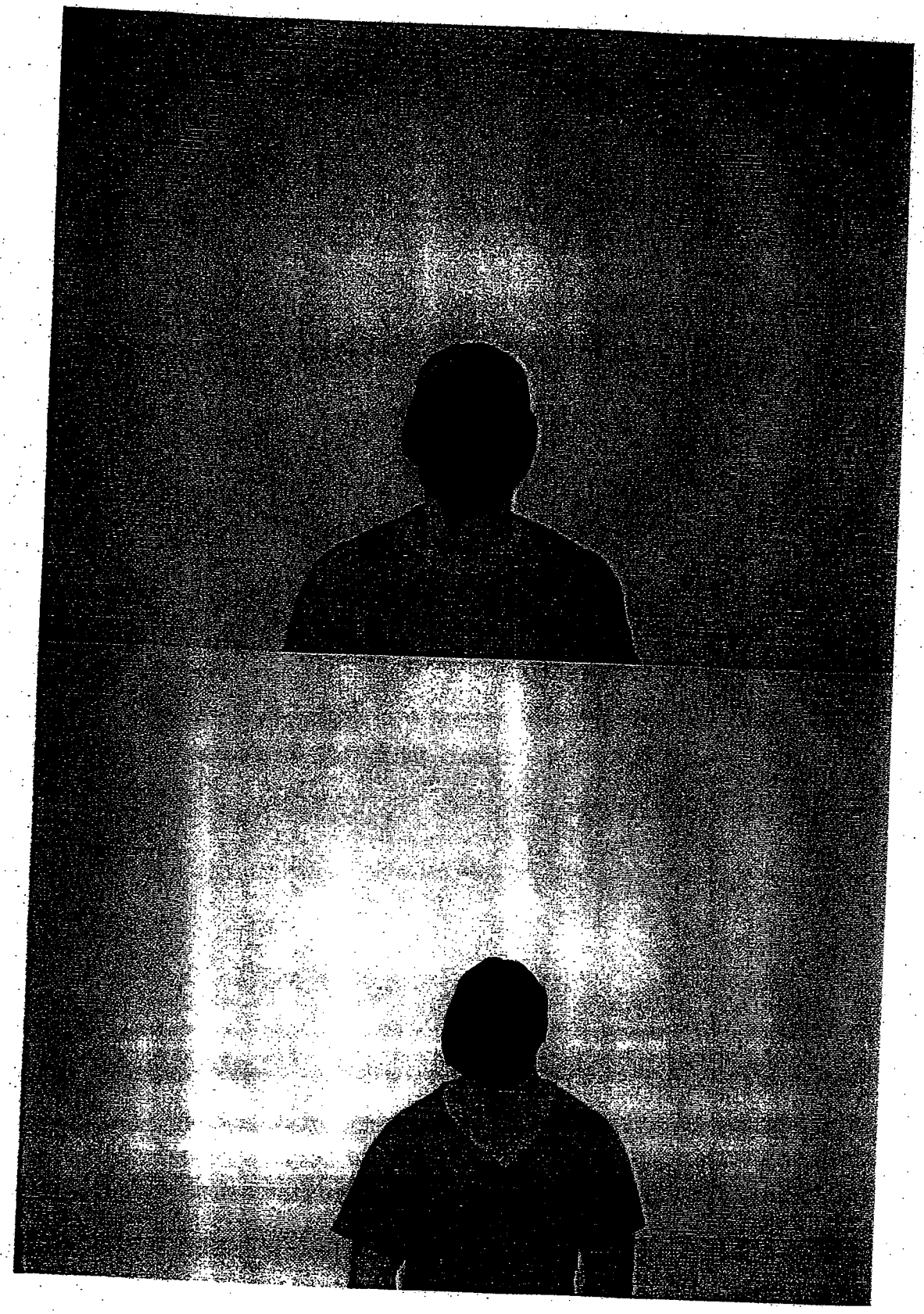


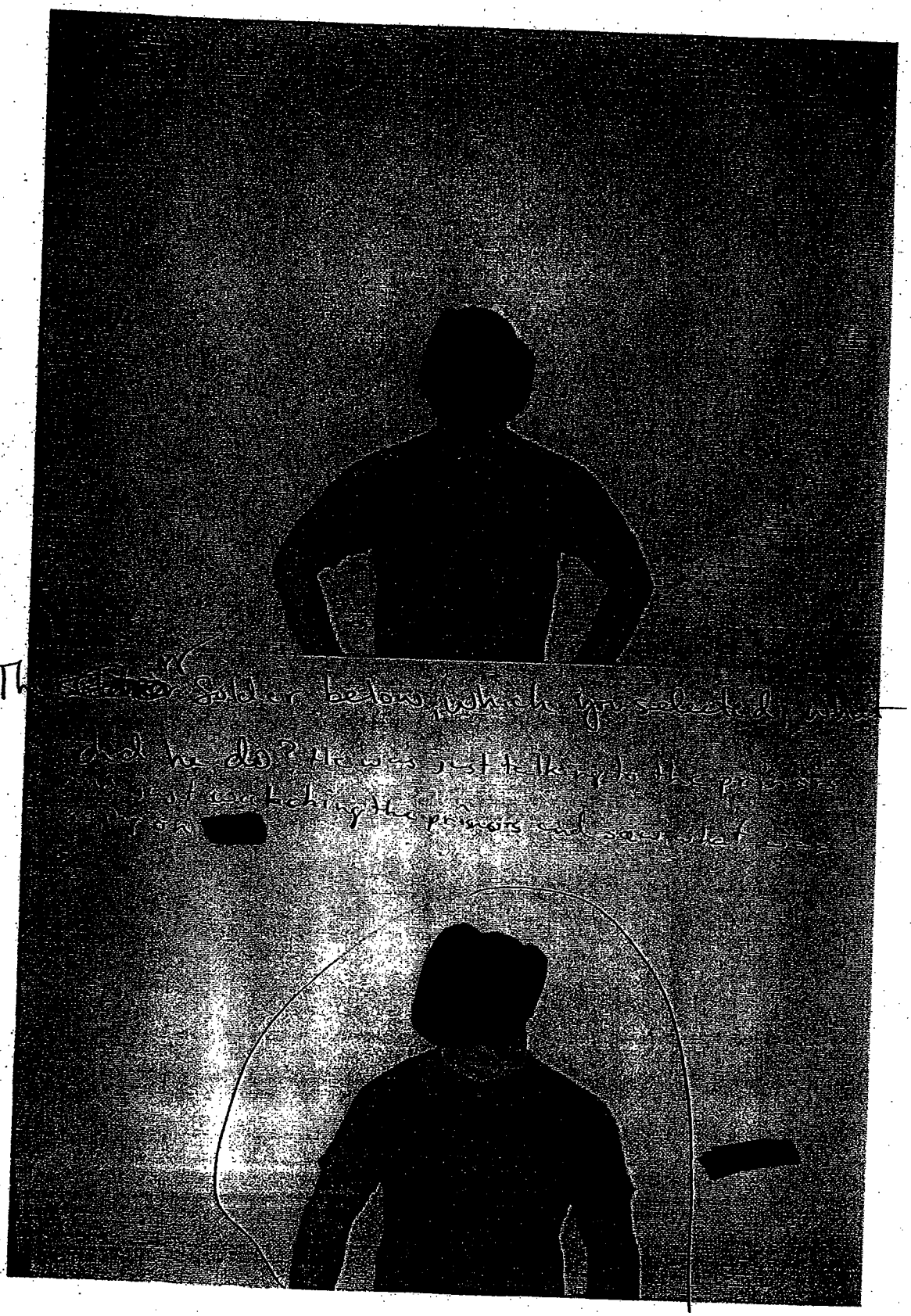
This soldier that you selected, what did he do? He was hitting, smacking, slapping, and punching the prisoner

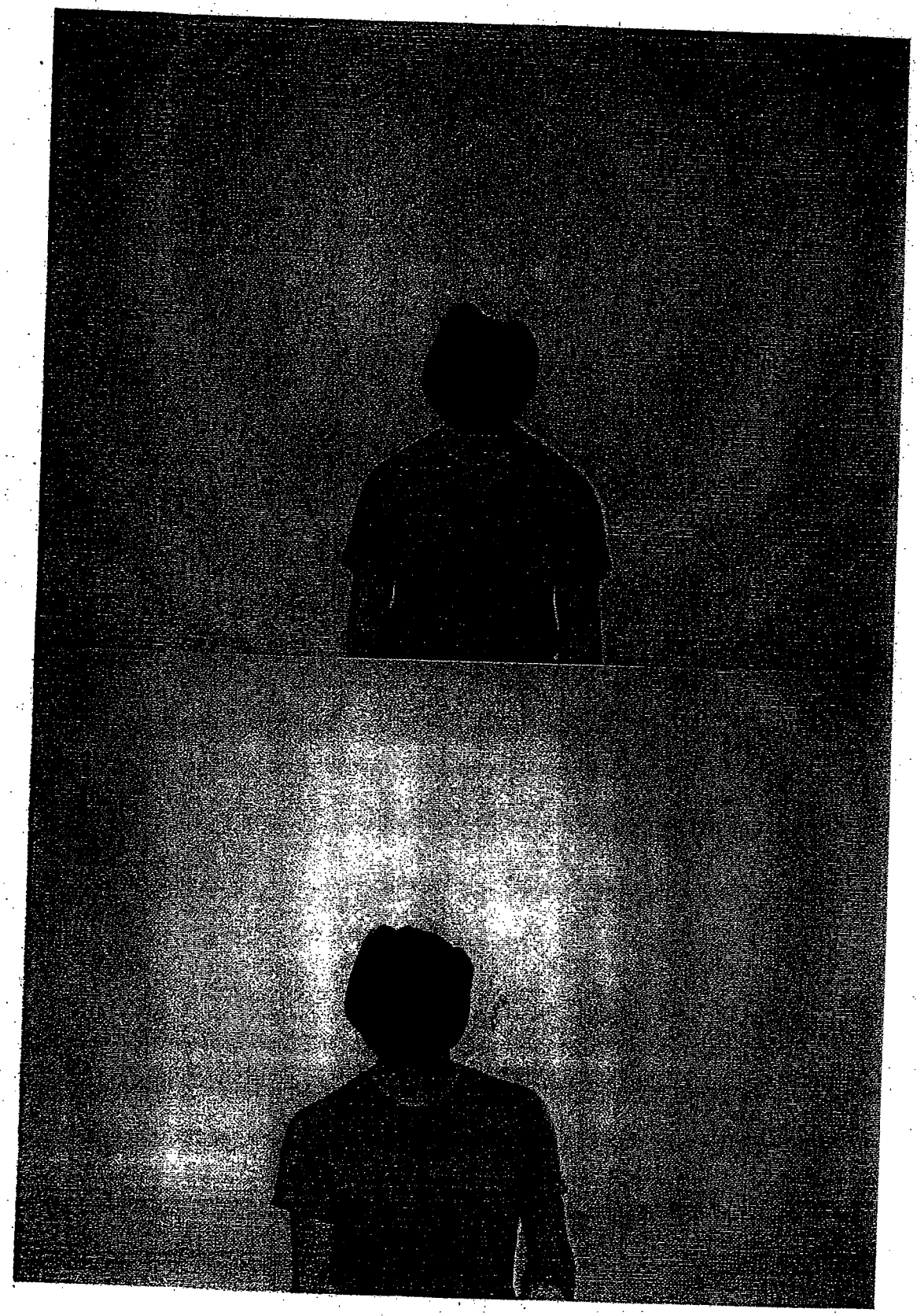




002002




[redacted]
[redacted]



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	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] FOB	20031114	0915	

5. [redacted]	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION [redacted]ESS

9. I, [redacted] 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] was in the line up so I circled him and I recongized one of the other Spc. that was there in the line up. [redacted]

Is there any additional information that Can be provided concerning the Detainee mistreatment? I could not confirm the identity of the other Spc. [redacted]

Nothing follows EFR

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

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 V1.00

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT *(Continued)*

Nothing follows [redacted]

AFFIDAVIT

I, [redacted], 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] *(Person Making Statement)*

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

(Signature of Person Administering Oath)

[redacted] *(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT EPR

PAGE 2 OF 2 PAGES

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] FOB , BAGHDAD, IRAQ	2003/10/25	1915	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS

[redacted]

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 XO of the Battalion [redacted] 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 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 temperomandibular 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	11. INITIALS [redacted] STATEMENT	PAGE 1 OF 2 PAGES
B		

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

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

EXHIBIT O

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

002008

STATEMENT OF [redacted] TAKEN AT [redacted] DATED 25 OCT 2003

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 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]

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] FOB, Baghdad Iraq	2003 1025	2200	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	Iraqi National	

8. ORGANIZATION OR ADDRESS: Baghdad, Iraq

9. [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 [redacted] and didn't let the others touch him. The other 4 soldiers were hitting us, kicking us, and slapping 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 [redacted]

Nothing follows

EXHIBIT P

INITIALS OF PERSON MAKING STATEMENT [redacted] | PAGE 1 OF 1 PAGES

TEMENT ____ TAKEN AT ____ DATED ____

MUST BE BE INDICATED. HE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

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 _____. 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]

[redacted]

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of OCT, 03 at 2-73 BDE

[redacted]

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] FOB, Baghdad, Iraq	20031025	2230	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	

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 stomping 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.

Mthy Fllows

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

EXHIBIT Q

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

STATEMENT ____ TAKEN AT ____ DATED ____

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

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STATEMENT OF _____ 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: [redacted]

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT [redacted]

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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	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] FOB, Baghdad	20031112	1400 hrs	

5. NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
[redacted]	[redacted]	[redacted]

8. ORGANIZATION OR ADDRESS
[redacted] Baghdad, Iraq 09324

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

In my opinion as a company commander, [redacted], [redacted], [redacted], SSN [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 _____

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

E BE INDICATED.

TATEMENT OF _____ TAKEN AT _____ DATED _____

. STATEMENT *(Continued)*

Nothing follows

IDAVIT

I, [redacted] 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 of Person Making Statement)

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

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

ALS OF PERSON MAKING STATEMENT [redacted]

PAGE 2 OF 2 PAGES

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