

SWORN STATEMENT

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

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|--|--------------------------------------|------|------------------------|
| LOCATION Kandahar Detention Facility | DATE | TIME | FILE NUMBER |
| LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] | SOCIAL SECURITY NUMBER [REDACTED] | | GRADE/STATUS E-4/AR |
| ORGANIZATION OR ADDRESS TF 202 MZ | (b)(6)2 | | (b)(6)4 |

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

On February 04 2002 I was interrogating detainee number [REDACTED] when he told me that the guards had punished him by forcing him to do physical exercises. Detainee was praying when the guards asked him a question and when the detainee did not answer (because he was praying) the guards forced him to do physical exercises.

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|---------|-------------------------------------|-----------------------|
| EXHIBIT | INITIALS OF PERSON MAKING STATEMENT | PAGE 1 OF _____ PAGES |
|---------|-------------------------------------|-----------------------|

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

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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 _____ day of _____, 19____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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