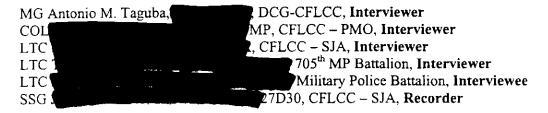On 9 February 2004, a team of officers, directed by Major General Antonio Taguba, conducted the following interview. Major General Taguba was appointed as an Investigating Officer under the provisions of Army Regulation 15-6, by Lieutenant General David D. McKiernan, Commanding General of the Coalition Forces Land Component Command (CFLCC), to look into allegations of maltreatment of detainees, detainee escapes and accountability lapses, at Abu Ghraib, also known as the Baghdad Central Confinement Facility (BCCF). The panel also inquired into training, standards, employment, command policies, and internal policies, concerning the detainees held at Abu Gharib prison. Finally, the panel looked into the command climate and the command and supervisory presence

The following persons were present:

MG Antonio M. Taguba, █████████, DCG-CFLCC, **Interviewer**
COL█████████ MP, CFLCC – PMO, **Interviewer**
LTC █████████, CFLCC – SJA, **Interviewer**
LTC █████████ 705th MP Battalion, **Interviewer**
LTC █████████ Military Police Battalion, **Interviewee**
SSG █████████ 27D30, CFLCC – SJA, **Recorder**

The interview is summarized as follows:

This matter of proceeding is a formality because LTC █████████ invoked his rights, and is seeking legal counsel.

The panel briefed LTC █████████ on the scope of the investigation. LTC █████████ wished not to speak on any matters regarding this investigation. LTC █████████ was dismissed by the panel.

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 Victory Camp	2. DATE 9 Feb 2004	3. TIME 1318	4 FILE NO.

5. NAME (Last, First, MI) ▓▓▓▓▓▓▓▓▓	8. ORGANIZATION OR ADDRESS 320th MP BN
6. SSN ▓▓▓▓▓▓	7. GRADE/STATUS C5/Reserve on Active Duty	APO AE 09355

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 CFLL CMD GROP _____ and wanted to question me about the following offense(s) of which I am suspected/accused DERELICTION of DUTY _____

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:

-P 1. I do not have to answer any question or say anything.

-P 2. Anything I say or do can be used as evidence against me in a criminal trial.

-P 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.

- 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.

-P 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)*	3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)	
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR

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

DA FORM 3881, NOV 89   EDITION OF NOV 84 IS OBSOLETE   USAPPC V1.00