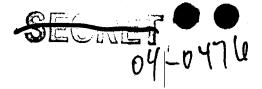
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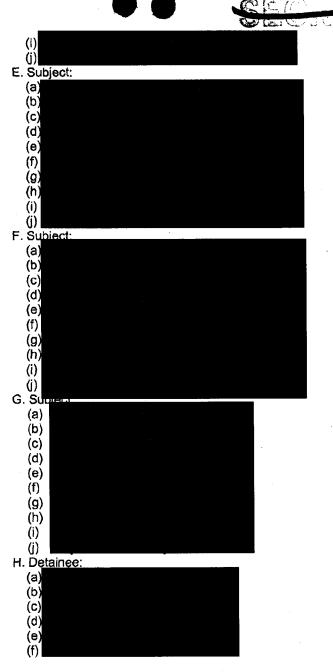


- 1. Category: N/A
- 2. Type of Incident: Forced Cell Extraction
- 3. Date/Time of Incident: 211213July04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel involved:
- A. Subject: (a) (b)
  - (c) (d)
  - (e) (f)
  - (g)
- (j) B. Subject:

  - (c)

  - (f)
- (j) C. Subject:
- (j) D. Subject:
  - (a) (b)





7. Summary of Incident: On 13 July 04, at approx. 2058hrs, detainee ISN refused to return dinner plate and cup after being asked numerous times. Detainee also refused a cell search. The IRF Team was activated and they extracted the detainee from his cell using the minimum amount of force necessary. The detainee was checked, cleared by medical, and returned to his cell.

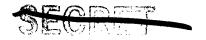
8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact:

12. Downgrading Instructions: N/A





## SAVONOST ATEMENT

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

		W-1				
			STATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title 5					
RINCIPAL PURPOSE:	To provide commanders and law e					
ROUTINE USES:	Your social security number is use			neans of identification	n to racilitate ill	ing and retnet
DISCLOSURE:	Disclosure of your social security i	2. DATE		3. TIME	4. FILE NUN	//BER
	Delta, Guantanamo Bay Cuba	11 Feb.		0750		
LAST NAME, FIRST	NAME, MIDDLE NAME		SSN		7. GRADE/S	STATUS
B. ORGANIZATION OR	ADDRESS TF GTMO	. Camp Del	ta, Guantanam	o Bay Cuba 09360		
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		: AR 190-45; the proponent	agency is ODCSOPS	
PRINCIPAL PURPOSE: To ROUTINE USES: You Disclosure: Dis	PR  le 10 USC Section 301; Title 5  provide commanders and law e  ur social security number is use sclosure of your social security r	nforcement officials with m d as an additional/alternate number is voluntary.	eans by which informati means of identification t	on may be accurately to facilitate filing and retrieval.
Block, Camp De	lta, Guantanamo Bay Cuba	2004011	3. TIME / 1034	4. FILE NUMBER
5 LAST NAME FIRST NAI	ME MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR AD 273 Military Pol	DRESS (V)	, Camp Delta, Guantanan	no Bay Cuba 09360	
		, WANT TO MAKE	THE FOLLOWING STAT	EMENT UNDER OATH:
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MUST BE BE INDICATED.



## SWORN STATEMENT



For use of this form, see Am 130-45; 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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** DISCLOSURE:

Disclosure of your social security number is voluntary.

CATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
273-8 Military Police Congany

, Camp Delta, Guantanamo Bay Cuba 09360

\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON or around 0750, 11 TEB BOOK DETAINER house in

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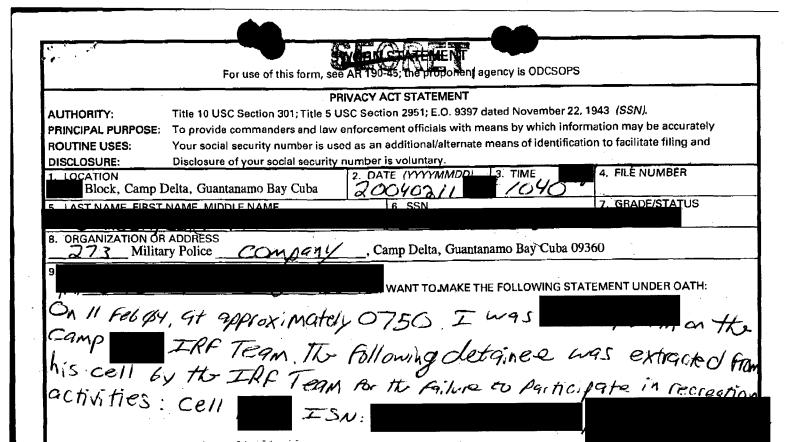
10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_\_\_\_ PAG

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 NUM MUST BE BE INDICATED.



10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAGES
ADDITIONAL PAGES MUST CONTAIN	N THE HEADING "STATEMENTS AKEN AT DATED	
	PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE ST	



#### SIR 19 February 2004

- 2. Type of Incident: Serious Incident Report
- 3. Date/Time of Incident: 190630RFEB04
- 4. Location:

#### 5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

#### A. Subject:

- (a)
- (b)
- (c)
- (d)
- (e) (f)
- (g) (h) (i) (j)

#### B. Subject:

- (a)
- (b)
- (c) (d)
- (c)
- **(f)**
- (g) (h)
- (i) (j)

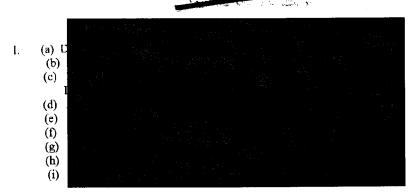
#### C. Subject:

- (a)

- (b) (c) (d) (e) (f)
- (g) (h) (i)

- D. Subject:

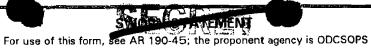
(a)



Summary of Incident: On 19 Feb 04, at approximately 0630 hrs, detainee in Cell 22, amp Delta, refused to come out their cell to go to reservation. Detainee was asked by the Block guard, Block NCOIC, SOG, PL, and CO to comply but refused to do so. The CO assembled the IRF team to extract the detainee out the cell. Medical and psych personnel arrived on the scene a short while later. Detainee was then asked by the PL and CO to comply but refused to do so. The IRF team then went in the extracted the detainee into the rec yard. The detainee was checked out and cleared by medical and psych personnel in the rec yard. The detainee was then taken to reservation.

- 8. Remarks: There were no injuries on the IRF team.
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
  - 12. Downgrading Instructions: N/A





O. EXHIBIT				11. INIT	TALS O	ON MA	KING STAT	EMENT	PAGE 1 OF	2_	PAGES
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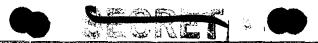
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EXHIBIT	INITIALS	MAKING STATEMENT	PAGE 1 OF
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#### **SWORN STATEMENT**

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

		PRIVACY ACT STATE				
AUTHORITY:	Title 10 USC Section 301; Title 5					
PRINCIPAL PURPOSE:	To provide commanders and law					
ROUTINE USES: DISCLOSURE:	Your social security number is us Disclosure of your social security			Jenuncation to racint	ate ming and re	atrievai.
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\_\_ DATED \_\_

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_

MUST BE BE INDICATED.



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.

2. DATE (YYYYMMD

4. FILE NUMBER

Guantanamo Bay Cuba

20040219

3. TIME 0930

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

Military Police Company

, Camp Delta, Guantanamo Bay Cuba 09360

\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On Feb. 19, 2004 around the time of 0630 was called off my block cell move on black. Twas the

block) to do a force

まらか

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him up and take him to blocks rec yard and him of all the whe then put the 3-piece suit on and hand him over to an escort team. INE not of statement \\\

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT g PAGE 1 OF **PAGES** ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

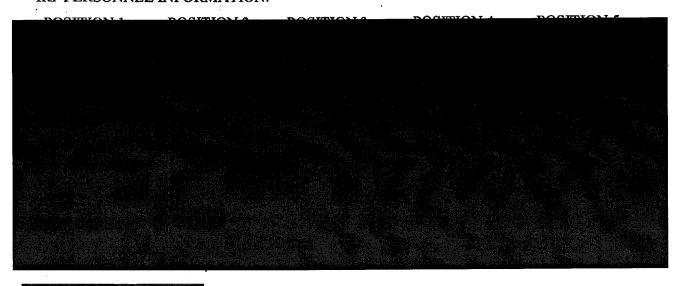
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I WILL USE TH	E MINIMUM AMO	UNT OF FORCE NEC	ESSARY AND ENSUR	E THAT
THE IRF TEAM	DOES AS WELL."			

- o ESCORT TEAM
- o MEDICAL TEAM
- o VIDEO TEAM
- o INTERPRATER
- o BARBER

IRF PERSONNEL INFORMATION:



MEDICAL ATTENTION NEEDED: YES (NO)

SUINGS Primary





			TATEMENT				
AUTHORITY: Title 10 USC	ا Section 301; Title 5	PRIVACY ACT S USC Section 2	•	ated November 22,	1943 <i>(SSN)</i> .		
PRINCIPAL PURPOSE: To provide	commanders and lav	v enforcement	officials with me	ans by which infor	nation may be	e accurat	ely
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5. LAST NAME, FIRST NAME, MIDD	<u> </u>		SSN	( ) ( )	7. GRADE/	STATUS	
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**DA FORM 2823, DEC 1998** 

#### SIR 21 February 2004

- 1. Category
- 2. Type of Incident: Forced Cell Extraction
- 3. Date/Time of Incident: 210926RFEB04
- 4. Location: Block, Camp Delta, GTMO Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

  (a)
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  (e)
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- B. Subject:

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- C. Subject:

  (a)
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  (j)
- D. Subject:
  - (a)
  - (b)
  - (c)



E. Subject:

(d) (a) (b) (c) (d) (e) (f)

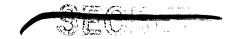
- (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)
- F. Subject:

  (a)
  (b)
  (c)
  (d)
  (e)
  (f)
  (g)
  (h)
  (i)
  Duty Status: On Duty

G. Detainee:

(a)
(b)
(c)
(d)
(c)
(f)
(g)
(h)
(i)

- 7. Summary of Incident: At approximately 0926 on 21 February 2004, Detainee ISN in cell refused to exit his cell for a search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell. was used. No injuries reported.
- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba



11. Point of Contact:

12. Downgrading Instructions: N/A

For use of this form, see, ment agency is ODCSOPS

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** DISCLOSURE:

Disclosure of your social security number is voluntary.

LOCATION Block, Camp Delta, Guantanamo Bay Cuba 2. DATE (YYYYMMD 20040221

3. TIME

LAST NAME FIRST NAME MIDDLE NAME

8. ORGAN	NOITAZIN	OR ADD	RESS

Military Police

, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_ **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.



	For use of this form, s	see AR 190-45; th		ency is ODCSOP	s	
	<u></u>	PRIVACY ACT S	TATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title 5		and the second s			
PRINCIPAL PURPOSE:	To provide commanders and la					
ROUTINE USES:	Your social security number is a			neans of identific	ation to facilitate	filing and
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9.						
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## 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 Your social security number is used as an additional/alternate means of identification to facilitate filing and **ROUTINE USES:** DISCLOSURE: Disclosure of your social security number is voluntary. 2. DATE (YYYYMMDD) 2004022 LOCATION 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 1005 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATIÓN OR ADDRESS Al Design Company (1988) Military Police Camp Delta, Guantanamo Bay Cuba 09360 , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: IN CELL WITHTSN# REFUSED A FANDOM CEL REFLEED ARANDOM CELL GEARCH AND THE PREMIARY IRFTEAM WAS USED TO FORTBUY TAKE HEMOUTOF HIS CELL, I WAS THE PRIMARY AND MADE SURE THAT THE MINIMUM AMOUNT OF FORCE NEXCESSARY WAS USED. 11/ ZND of STATEMENTILL

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF **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.





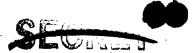
For use of this form,	n, see AR 190-45; the proponent agency is ODCSOPS	
PRINCIPAL PURPOSE: To provide commanders and la	PRIVACY ACT STATEMENT e 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). law enforcement officials with means by which information may be accisived as an additional/alternate means of identification to facilitate filinguity number is voluntary.	g and
1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba 5. LAST NAME, FIRST NAME, MIDDLE NAME	2. DATE (YYYYMMDD) 3. TIME 101 4. FILE NUMBE	
8. ORGANIZATION OR ADDRESS 217 Military Police 6	, Camp Delta, Guantanamo Bay Cuba 09360	
9.	, WANT TO MAKE THE FOLLOWING STATEMENT UNDER O	ATH:
On 04 Feb 21	at approximity 0926 The IRF +	eans
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Using the minimum	amount of force necessary. Ill Ene	) <del>of</del>
Statement ///		
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF2	PAGES
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	For use of this form	, see AR 190-	45; the proponent	agency is ODCSOPS		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title To provide commanders and Your social security number is Disclosure of your social secu	e 5 USC Section law enforcem s used as an a	ent officials with n additional/alternate	neans by which info	rmation may be	
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	For use of this form,	, see AR 190-45; th		gency is ODCSOP	s ·		
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AUTHORITY:	Title 10 USC Section 301					
PRINCIPAL PURPOSE	•					
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	NAME, MIDDLE NAME	1044	6. SSN		7. GRAD	F/STATUS
B. UNGANIZATION OF	Illitary Police STF	JD063.	Camp Delta, G	uantanamo Bay,	Cuba 09360	
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### SIR 110828RFEB04

1.	Category:	
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Type of Incident: Forced Cell Extraction - Detainee ISN:

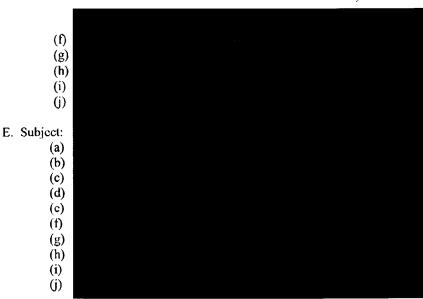
medent. Forced Cen Extraorder products

- (3. Date/Time of Incident: 110828RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

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for the purpose of escort to recreation and shower; detainee refused. Block personnel informed the detainee that movement to recreation and shower was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp at a around 0828hrs the primary IRF team at Camp was assembled, medical support was called along with video camera support, and the recreation area prepped for purposes. Once medical support and video support were present at block, the detainees was given another opportunity to comply and refused yet again. Ordered the IRF team to enter into the cell of purposes. Once in the recreation area, the detainee received medical attention, which Once medical personnel cleared the detaineec, the IRF team moved the detainee back to his cells. The cell extraction of the detainee went well. There were no injuries to any of the assigned block personnel, IRF team members or detainee.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A



#### ON STATEMENT

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

#### PRIVACY ACT STATEMENT

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Aι	JIN	UNI	1 1	

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

CATION

Block, Camp Delta, Guantanamo Bay Cuba

3. TIME

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

7\_GRADE/STATUS

8. ORGANIZATION OR ADDRESS JT GTMO

Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ISN#

Or around \$ 0828 20040211 Detainee refused to go to Rec & shaver, I was

with the

minimum amount of Force necessary, the IRF team extracted the detainer to the Rec area where he recieved medical attention & Evaluation

End of Statement

10. EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

**PAGES** 

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT

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

MUST BE BE INDICATED. **DA FORM 2823, DEC 1998** 

DA FORM 2823, JUL 72, IS OBSOLETE

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* *	SWORN STATEMENT
	For use of this form, see AR 190-45; the proponent agency is ODCSOPS
<del></del>	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.
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5. LAST NAME, FIRST	NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS
8. ORGANIZATION OF 27314 Military	Police Consany, JTF, GTM Camp Delta, Guantanamo Bay Cuba 09360
9	, WANT TO MAKE THE FOLLOWING STATEMENT UNDER CATH
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11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT PAGE 1 OF **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

DA FORM 2823, DEC 1998

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	ror use of this form	, see AR 190-45; τ		gency is ODCSOFS	
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LAST NAME, FIRST	NAME, MIDDLE NAME	6. 8		1 0 30 3	7. GRADE/STATUS
ORGANIZATION OR Militar	ADDRESS y Police Company	, Camp I	Delta, Guantan	namo Bay Cuba 0936	60
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### SWORN STATEMENT

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AUTHORITY: PRINCIPAL PURPOSE:	Title 10 USC Section 301; Title To provide commanders and law	5 USC Section		9397 dated Nov				
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	elta, Guantanamo Bay Cuba		(YYYYMMDI	TIME OBZ	.8	4. FILE NUI		
	NAME, MIDDLE NAME	6	S. SSN			7. GRADE	STATUS	
8. ORGANIZATION OF 21310 Miltary	Police Co. Camp 1	Delta, Guant	anamo Bay C	uba 09360				
9.		, w		E THE FOLLOW				
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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THORITY:	Fitle 10 USC Section 301; Title			2, 1943 <i>(SSN</i> ).	
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OUTINE USES:	Your social security number is u		ate means of identification	to facilitate filing and	i ret
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	elta, Guantanamo Bay Cuba	2. DATE IYYYYMM 2004 Feb 11.		4. FILE NUMBER	
	NAME, MIDDLE NAME	5. SSN	0835 4185	7. GRADE/STATU	<u>-</u> -
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### SIR 080750RFEB04

1. Category

Type of Incident: Forced Cell Extraction – Detaince ISN:



- 3. Date/Time of Incident: 080750RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) **(j)** B. Subject:
  - (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)
- C. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) **(j)**
- D. Subject:

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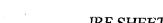
(f) J(4) Detainee:
(a)
(b)
(c)
(d)
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J(5) Detainee: Summary of Incident: At approximately 0750hrs 08 February 2004 Block personnel approached detainees boused in for the purpose of conducting cell searches: all detainee refused. Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 0756hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the purposes. Once medical support and video recreation area prepped for support were present at block, each of the detainees were given another opportunity to of the detainees, comply and refused yet again. ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area for burposes. Once in the recreation area, all detainees received medical Once medical attention, which consisted of personnel cleared each of the detainees, the IRF team moved detainees to their respective The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees. 8. Remarks: See medical information in summary of incident Publicity: N/A 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba 11. Point of Contact: 12. Downgrading Instructions: N/A

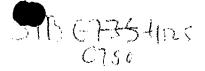


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	TOT USE OF THIS TOT	· · · · · · · · · · · · · · · · · · ·		
AUTHORITY: Title	a 10 USC Section 201: Ti	PRIVACY ACT STA	TEMENT ; E.O. 9397 dated Novem!	hor 22 1942 /CCNII
				h information may be accurated
				ntification to facilitate filing and
	losure of your social sec	urity number is volunt	ary.	
1. LOCATION Block, Camp Delta	, Guantanamo Bay Cu	2. DATE (YYY		4. FILE NUMBER
5. LAST NAME, FIRST NAM	E. MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR ADDI	RESS Police Company	Camp	Delta, Guantanamo Bay	Cuba 09360
9. JSS Military	ronce Company	, camp	Dena, Guantananio Bay	7, Cuoa 09300
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MEDICAL ATTENTION REQUIRED: YES / NO \_\_\_\_\_



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**DA FORM 2823, DEC 1998** 

DA FORM 2823, JUL 72, IS OBSOLETE



### 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. 9397dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE:

To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** DISCLOSURE:

Disclosure of your social security number is voluntary. 1. LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER

Block, Camp D, Guantanamo Bay Cuba 2004 02 08 5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN 7. GRADE/STATUS

III

8. ORGANIZATION OR ADDRESS

25° CO, Camp D, Guantanamo Bay Cuba

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11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF **PAGES** 

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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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AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 9397 c	lated November 2	2, 1943 <i>(SSN)</i> .	
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PAGE 1 OF \_\_\_0

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



# MENT OF THE ARMY RY POLICE BATTALION (EP JTF-160 GUANTANAMO BAY, CUBA

- SIR (003)

4000-60

25 July 2002

# MEMORANDUM FOR CDR, JDOG

SUBJECT: RESUBMIT of SIR (3) Each, Non-Compliance, Forced Cell Extraction 19 JUL 02

1. Reference: AR 190-40

2. SIR's Enclosed: (Classification: FOUO).

a. Enclosure-1 is a copy of SIR, 190700RJUL02.

b. Enclosure-2 is a copy of SIR, 190915RJUL02.

c. Enclosure-3 is a copy of SIR, 191100RJUL02.

3. For additional information contact

at 3184.



BN S-3



# 09-0064

1.	Category:
----	-----------

- 2. Type of Incident: Non Compliant / Causing Disturbance
- 3. Date / Time of Incident: 190700July02
- 4. Location: GTMO, Cuba
- 5. Other Information:
  - (a) Racial: No
  - (b) Trainee Involvement: No
- 6. Personnel Involved:
  - 1. Subject:

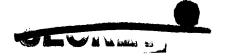


2. Victim:

1.
A.
B.
C.
D.
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F.

GTMO, Cuba

Summary of incident: On 19 July 2002 at approx 0720 Duty Officer, was asked to come to blk for a detainee that was not responding/complying to MP orders for ID check would not respond to MPs so they could check his ID band. DO arrived on blk and approached Detainee was lying across his cell w/ a sheet over him. DO made several attempts to contact by giving him verbal orders, no reply from detainee. DO knocked lightly on the cell and gave detainee several more verbal orders, still no reply. DO then knocked a little harder on the cell next



·
to the detainee's head. At that time started yelling and banging on his bunk. The DO told him to be quiet, which is when threw water on the DO's back. DO then turned around and ordered to stop throwing water which is when threw a second cup of liquid on the DO then
attempted to spit on the D O that is when the D O gave
D O then called for
several escort teams, at which time the interpreter arrived on the blk. As the
escorts and the D O made their way down the block threw water at
the MPs and then spit at the D O. D O then gave
was then taken from his cell by escort team and
taken to Blk for an and then to A' escort was
attempting to handcuff when he grabbed the MPs. Duty Officer then
approached and the escorts and assisted escorts in regaining control of
the detainee. D O then ordered to calm down, the detainee then began
spitting on the escorts and the D O The D O then gave
Detainee was, then
able to be handcuffed and taken to for the by "A" escort and
then to Both detainees were seen and cleared by medical while at Blk.
Remarks: IRF team was requested through the chain-of-command and approved by
Publicity: N/A
Commander reporting:
Point of contact: 239 <sup>th</sup> MP Co
Downgrading instructions: N/A

1. Category:

2. Type of Incident: IRF

3. Date/Time of Incident: 180142RJAN03

4. Location: Camp Delta, GTMO; Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

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AUTHORITY:	Title 10 USC Section 301; Title	5 USC Section	2951; E.O. 9397	dated November 22,	1943 <i>(SSN)</i> .
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8. Remarks: See medical information in summary of incident



- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A



## SIR 26FEB04-S01

- 1. Category: N/A
  - 2. Type of incident: Forced Cell Extraction
  - 3. Detainee ISN:
  - 4. Date/Time of incident: 26 Feb 2004 @ 1820hrs
  - 5. Location: Camp Delta, GTMO, Cuba
  - 6. Other information
    - a. Racial (Y/N): N
  - 7. Personnel Involved:
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- 8. Summary of Incident: On 26 February 2004, at approximately 1820hrs, Detainee ISN refused to comply with the requirement to attend his reservation appointment. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary, handed the Detainee over to the escort team and the Detainee was escorted to his required reservation appointment.
- 9. Remarks: See medical information in summary of incident





- 10. Publicity: N/A
- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A



SINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately your social security number is used as an additional/bitanny means of identification to facilitate filing and Diaclosure of your social security, number is voluntary.  INCARTION Block, Camp Delta, Guantanamo Bay Cuba  Bisch, Camp Delta, Guantanamo Bay Cuba 09360  Camp Delta, Guantana	·	For wheel this for	m, G	e propunent ag	is ODCSOPS			
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PRINCIPAL PURPOSE:	To provide commanders and law				urately
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UTHORITY:	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 Your social security number is used as an additional/alternate means of identification to facilitate filing and **ROUTINE USES:** 

DISCLOSURE: Disclosure of your social security number is voluntary.

4. FILE NUMBER 2. DATE (YYYYMMDD) 3. TIME LOCATION Block, Camp Delta, Guantanamo Bay Cuba 1004 CD 2 G

LAST NAME, FIRST NAME, MIDDLE NAME

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Camp Delta, Guantanamo Bay Cuba 09360 Military Police

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: GT APPROX 1800.

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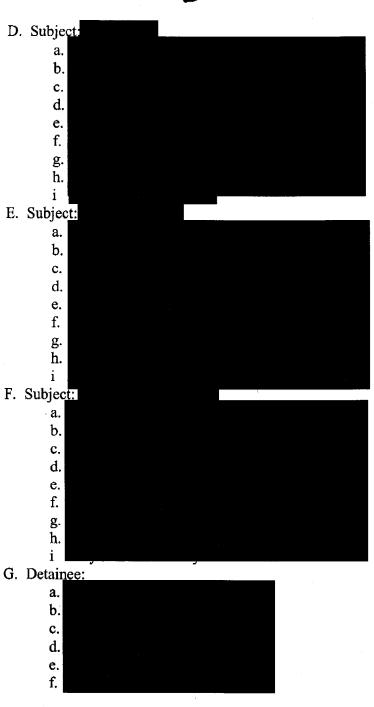
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# SIR 110951RFEB04

- 1. Category:
  - 2. Type of incident: Forced Cell Extraction
  - 3. Detainee ISN:
  - 4. Date/Time of incident: 110951RFEB04
  - 5. Location: Camp Delta, GTMO, Cuba
  - 6. Other information
    - a. Racial (Y/N): N
  - 7. Personnel Involved:
- A. Subject: c. d. e. f. g. B. Subject: a. b. c. d. e. f. g. h. C. Subject: a. b.
- - ¢.
  - d.
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- 8. Summary of Incident: On 11 February 2004, at approximately 0951hrs, Detainee ISN refused to comply with the requirement to attend the recreation and shower activity. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary, and moved the Detainee to the shower and recreation yard. Block personnel subsequently checked the Detainees cell for contraband and other unauthorized items.
- 9. Remarks: See medical information in summary of incident



- 10. Publicity: N/A
- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A

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.

LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) 1004 0211

3. TIME

4. FILE NUMBER

AST NAME FIRST NAME MIDDLE NAME

7. GRADE/STATUS

ORGANIZATION OR ADDRESS

Military Police JTF G MO \_\_\_\_\_, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 0951 20040211 Detainee refused to go to Rec & shown I was minimum amount of force required, the team expracted the Detainee and Evaluation [1]

End ar Statement

10. EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF **PAGES** 

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_ DATED

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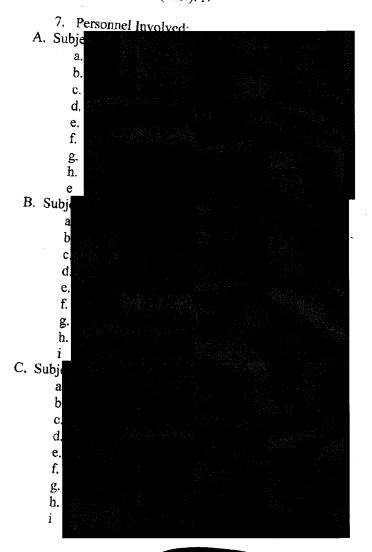


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DISCLOSURE:		our social security					-
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# SIR 110750RFEB04

- 1. Category: N/A
  - 2. Type of incident: Forced Cell Extraction
  - 3. Detainee ISN:
  - 4. Date/Time of incident: 110750RFEB04
  - 5. Location: Camp Delta, GTMO, Cuba
  - 6. Other information
    - a. Racial (Y/N): N





- 10. Publicity: N/A
- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A



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

### PRIVACY ACT STATEMENT

AUTHORIT .
PRINCIPAL PURPOSE:

Fitle 10 USC Section 301; Fitle 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

ROUTINE USES:

To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filling and re-

DISCLOSURE:

Disclosure of your social security number is voluntary.

SCATION

Block, Camp Delta, Guantanamo Bay Cuba

CT-MAME FIRST NAME MIDDLE NAME

2. DATE ( 2004

4. FILE NUMBER

STATUS

BORGANIZATION OR ADDRESS
Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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ISN#.

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he recieved medical Attention and evaluation

- End OF STATEMENT 111

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEM

DATED

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



	For use of this form, s	SWORN ST		agency is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:		PRIVACY ACT 5 USC Section enforcement of sed as an addit	STATEMENT 2951; E.O. 939 officials with me	97 dated November 2 eans by which informa	ition may be accurately
1 LOCATION	elta, Guantanamo Bay Cuba	2. DATE		3. TIME 1214	4. FILE NUMBER
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10. EXHIBIT		11 INITIALS	PERSON MA	AKING STATEMENT	PAGE 1 OF PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_ DATED \_\_\_\_

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIAL MUST BE BE INDICATED.

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	For use of this form, se	ee AR 190-45; the pr		CSOPS	
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1_LOCATION	elta, Guantanamo Bay Cuba	2. DATE (YYYY)		4. FILE NU	IMBER
5 LAST NAME FIRST NA	ME MIDDLE NAME	6. SSN		7. GRADE	/STATUS_
8. ORGANIZATION OR AD 127311 Military Pol	DDRESS lice Company JTF, GTA	¹∕∕Camp Delta, Gu	antanamo Bay Cuba (	09360	
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10. EXHIBIT		11. INITIALS OF PE	RSON MAKING STATE	EMENT	
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**DA FORM 2823, DEC 1998** 

DA FORM 2823, JUL 72, IS OBSOLETE

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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
Block, Camp Delta, Guantanamo Bay Cuba  2. DATE (YYYYMMDD)  3. Tive  4. FILE NOWDEN  5. FILE NOWDEN  6. FILE N
E LAST NAME FIRST NAME MIDDLE NAME 6. SSN 7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS  273 Military Police Co. J. T.F., Camp Delta, Guantanamo Bay Cuba 09360
, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On the 11th of September 2004, At approximately 0951 Hrs. Detained
DN the 11th of September 2004, At approximately 0951 Hrs. Detained Isnot REFUSED to
comply with orders From the Block guand, Block N.C.O., S.O.G.
Comply with orders From the Block guard, Block N.C.O., S.O.G. P.L., and Camp Commander to go to Rec and shower. THE WAS GIVEN ACCROSS THE FOR THE J.R.F.
WAS GIVEN ACCROSS THE FOR THE J.R.F.
TEAM to RESpond. I
I.R.F. team. With the MINIMUM AMOUNT OF FORCE NECESSARY, the team went into CELL to restrain and cuff the detained.
team went into CELL to RESTRAIN AND CUTF THE DETAINER.
The detainer was taken to the REC yand where he received medical attention and Evaluation. III EndoF statement "
MEdical AMENTION AND EVALLATION. III ENDOT STATEMENT

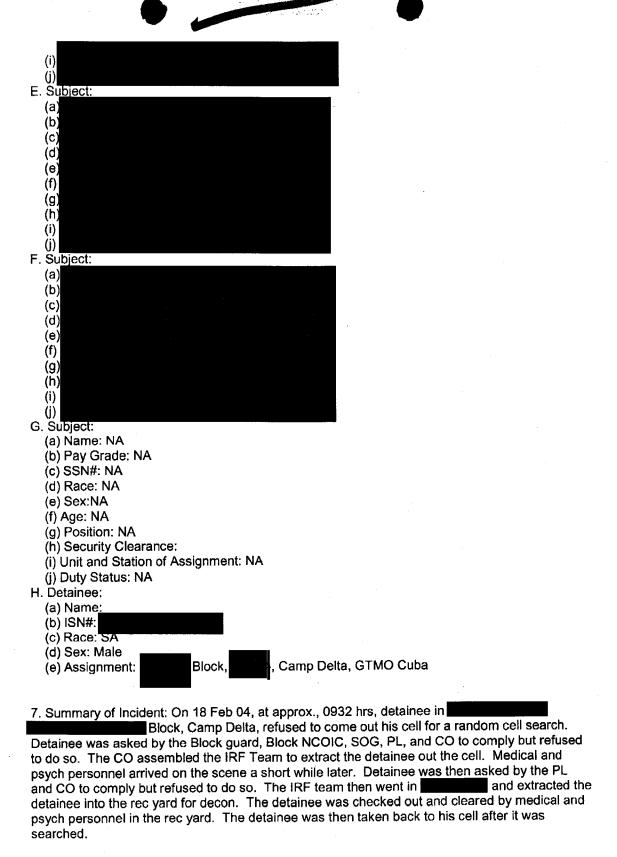
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10. EXHIBIT	11. INITIALS	OF PERSON MAKIN	IG STATEMENT	PAGE 1 OF	_2_ p,	AGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT .	TAKEN AT	DATED			

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

# SIR 18 FEB 04 1. Category: N/A 2. Type of Incident: Serious Incident Report 3. Date/Time of Incident: 180932RFEB04 4. Location: Camp Delta, GTMO, Cuba 5. Other information: (a) Racial (Y/N): N (b) Trainee Involvement (Y/N): N 6. Personnel involved: A. Subject: (b) (c) (j) B. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) | C. Subject;

(a) (b) (c)

(j) D. Subject:
(a) (b) (c) (d) (e) (f) / (g)



- 8. Remarks: There were no injuries on the IRF team.
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba



- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

# SWORN ST TIEVE

190-45; the proportent agency is ODCSOPS

#### PRIVACY ACT STATEMENT

 	 ITY	

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: DISCLOSURE:

Your social security number is used as an additional/alternate means of identification to facilitate filing and Disclosure of your social security number is voluntary.

. LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) منتها المريثين المرابين ومراملتن

4. FILE NUMBER 3. TIME

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Military Police

Camp Delta, Guantanamo Bay Cuba 09360

9.

. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF **PAG** 

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 NUM MUST BE BE INDICATED.

**DA FORM 2823, DEC 1998** 

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,	F	PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 93	97 dated November 2	2, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law	enforcement officials with	h means by which inf	ormation may be accurately
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DISCLOSURE:	Disclosure of your social security	number is voluntary.		
1 LOCATION	Guantanamo Bay Cuba	2. DATE (YYYYMM ZQQ+&Z18	3. TIME	4. FILE NUMBER
5 LAST NAME FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR こけて Milita		Camp Delta, Gua	ntanamo Bay Cuba (	09360
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	2	PA(
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 NUM MUST BE BE INDICATED.

#### ORN STATEME

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PRIVA	CY ACT	STATEMENT	

ALITHORITY:			
	A 1	ITUADITY:	

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** DISCLOSURE:

Disclosure of your social security number is voluntary.

CATION Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYM 2004, 62. 18

4. FILE NUMBER 3. TIME

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Military Police 🧠 🖒

, Camp Delta, Guantanamo Bay Cuba 09360

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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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 NUM

DA FORM 2823, DEC 1998

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USA

# SWORN 190-45; the proponent agency is ODCSOPS For use of this for PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/affernate mean on to facilitate filing and **ROUTINE USES:** Disclosure of your social security number is volunta DISCLOSURE: 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER LOCATION Block, Camp Delta, Guantanamo Bay Cuba 20040218 7. GRADE/STATUS CT NAME FIRST NAME MIDDLE NAME 8. ORGANIZATION OR ADDRESS 277 Military Police Camp Delta, Guantanamo Bay Cuba 09360 On 13 February 2004 at 0932 refused to go to reservation as a verilt the alternate inf team was called in to do a for cell extraction. The extraction was complete with least amount of force necessary of each the also the New Enstructing the team. 111 Ent of Statement 111 . WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: STATEMENT 11. INITIALS OF P 10. EXHIBIT PAGE 1 OF ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUM

**DA FORM 2823, DEC 1998** 

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USA

#### NSTATEMENT

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

PRIVACY	'ACT ST	ATEME	NT

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

ROUTINE USES: DISCLOSURE:

Disclosure of your social security number is voluntary.

**LOCATION** 

2. DATE (YYYYMMDD)

3. TIME

4. FILE NUMBER

Block, Camp Delta, Guantanamo Bay Cuba

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

21774 Military Police Company

LAST NAME, FIRST NAME, MIDDLE NAME

Camp Delta, Guantanamo Bay Cuba 09360

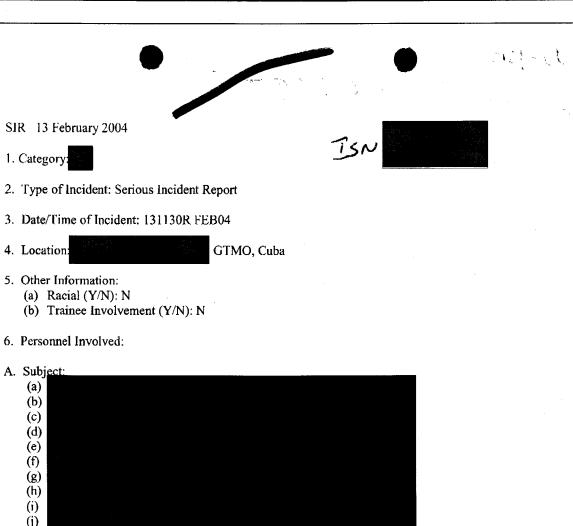
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 18 FEB 2004, AT ABOUT 0932 HICS DETAINES REFUSED TO LEAVE HIS call FOR RESELVATION, AT WHICH TIME THE CAMP COMMANDEL ORDERED THE CELL EXTRACTION. I WAS THE BY USING THE LEAST AMONT OF FORCE

NECESSARY THE DETAILES WAS PASSIVE THERE WORD NO INJURIOS TO THE DETADEE OR ANY TEAM MEMBER III END OF STATEMOND

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF TAKEN AT \_\_\_\_ DATED ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_

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



**(j)** B. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)

C. Subject: (a) (b) (c) (d) (c) **(f)** (g) (h) (i) (j)

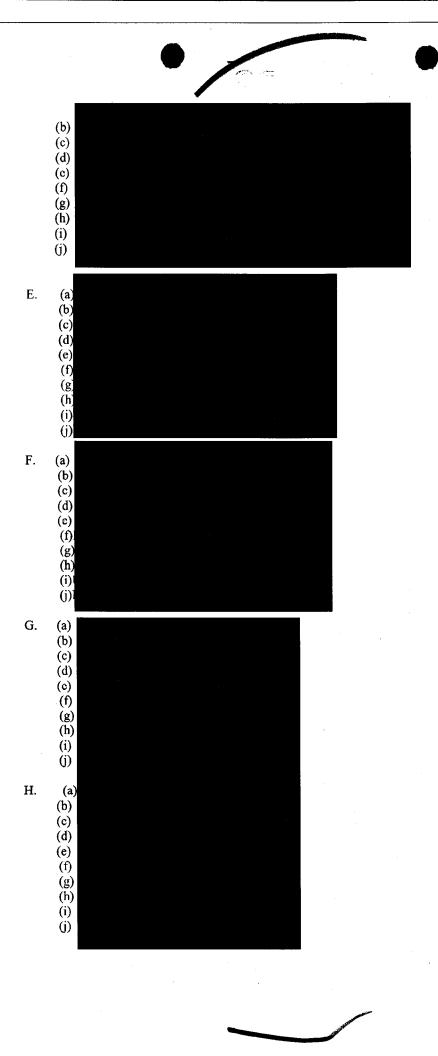
D. Subject: (a)

1. Category:

4. Location:

A. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)







Summary of Incident: On 13 Feb 04, at approximately 1130 hrs, detainee in refused to come out his cell and go to reservation. Detainee was asked by the Block guard, Block NCOIC, SOG, PL, and CO to comply but refused to do so. The CO assembled the IRF team to extract the detainee out the cell. Medical and psych personnel arrived on the scene a short while later. Detainee was then asked by the PL and CO to comply but refused to do so. The IRF team then went in and extracted detainee into the rec yard for The detainee was checked out and cleared by medical and psych personnel in the rec yard. The detainee was then taken to reservation.

- 8. Remarks: There were no injuries on the IRF team.
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

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	For use of this form,	see AR 190-45; the proponer	nt agency is ODCSOPS	
		PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title	5 USC Section 2951; E.O. 9	397 dated November 22,	1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law			
ROUTINE USES:	Your social security number is u			o facilitate filing and
DISCLOSURE:	Disclosure of your social security		3. TIME	4. FILE NUMBER
1 LOCATION Block, Camp I	Delta, Guantanamo Bay Cuba	2 DATE IYYYYMMDI 2 DDY 02 13	12 9	
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10. EXHIBIT		11. INITIALS OF PERSON	MAKING STATEMENT	PAGE 1 OF 2

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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT

TAKEN AT \_\_\_\_ DATED \_\_

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Block, Camp I			2004	SSN S	71177	7. GRADE/STATUS
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		ecurity number is your social securi		· ·	ans of identification t	to facilitate filing and i
	Your social se		w enforcement o	officials with mear	ns by which informati	on may be accurately
PRINCIPAL PURPOSE: ROUTINE USES:	To provide co		2 2 026 266000		dated November 22	1943 /CCAU
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To provide co	Section 301; Title ammanders and la	5 USC Section	2951: FO 9397		

DAFORM 2823, DEC 1998

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•	For or this		KN SIAIEN 190-45: the pr		ncy is ODCSOPS	
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AUTHODITY.	Title 10 USC Section 301				ated November 22,	1943 (SSN).
AUTHORITY: PRINCIPAL PURPOSE:	To provide commanders a	and law enforc	ement officials	s with means	by which information	on may be accurately
ROUTINE USES:	Your social security number					
DISCLOSURE:	Disclosure of your social					
1. LOCATION	Delta, Guantanamo Bay (	2.	DATE MYYYY 2004 DZ/	<i>/MM</i> 3	1. TIME	4. FILE NUMBER
THE SUPER	MANAS MADO E MAME		IR SSN		/	7. GRADE/STATUS
8. ORGANIZATION OR	ADÓRESS ' ry Police <u>C Ö</u>		, Camp Delta	, Guantanar	no Bay Cuba 0936	50
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10. EXHIBIT	11. INITIALS	OF PERSON MA	AKING STAT	EMENT	PAGE 1 OF	2.
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT _	TAKEN	AT	DATED		

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

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

		PRIVACY ACT STATEMENT	
AUTHORITY:		e 5 USC Section 2951; E.O. 9397 dated Nov	
PRINCIPAL PURPOSE: ROUTINE USES:	To provide commanders and is	w enforcement officials with means by which used as an additio nal/alternate means of iden	information may be accurately
DISCLOSURE:	Disclosure of your social securi		thication to facilitate filing and re
1. LOCATION	Disclosure of your social securi	2. DATE (YYYYMA) 3. TIME	4. FILE NUMBER
	Delta, Guantanamo Bay Cuba	200402/3 13	
LAST NAME FIRST	NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS
8. ORGANIZATION OR 23 Militar	y Police Com DANY	Camp Delta, Guantanamo Bay C	Cuba 09360
		, WANT TO MAKE THE FOLLOWI	NG STATEMENT UNDER OATH:
ON Feb Bc	4 AT APPROX	MATELY 1/35 HRS DE	TAINEE(S) IN CELL
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DA FORM 2823, JUL 72, IS OBSOLETE

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

9. WANT TO MAKE THE FOLLOWING STAT	EMENT LINDER OAT.
ON 2004 Feb 13 AT APPROXIMATELY 1/35 HRS. DETAIN	EE (S) IN CEC
CEU ISN# REFUSED BLOCK	SUARD, BLOCK
CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WIT	71 REQUIREME
FOR HIM TO RESERVETIONS. THE	WAS GIVEN
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WAS A MEMBER OF THE PRIMERY IRF TEAM	- WITH
MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENT	ED THE DETY
THE DETAILED MEDICAL A	-MENTION AN
TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ADDITION DETAINERS WHERE ALSO	TREED:
/// End of Statement	

DA FORM 2823, JUL 72-15 OPEN ETE



# SIR 080726RFEB04

1. Category

Type of Incident: Forced Cell Extraction - Detaince ISN:



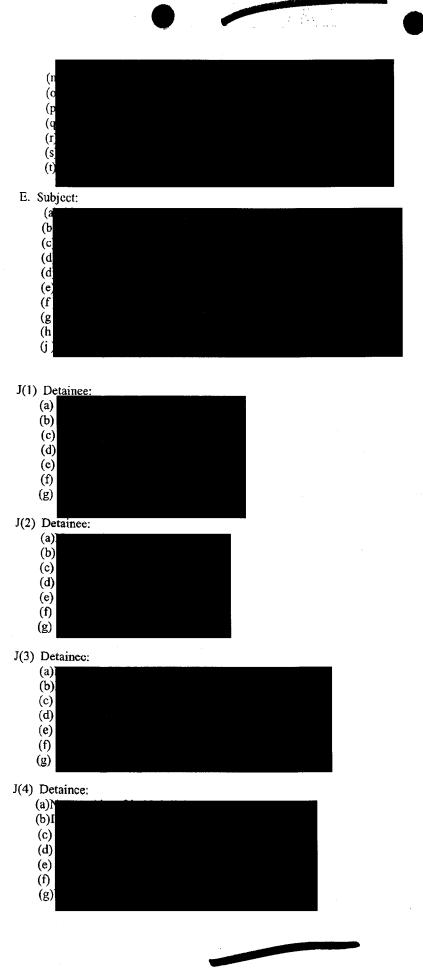
- 3. Date/Time of Incident: 080726RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

A.	Subject:				
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D. Subject:

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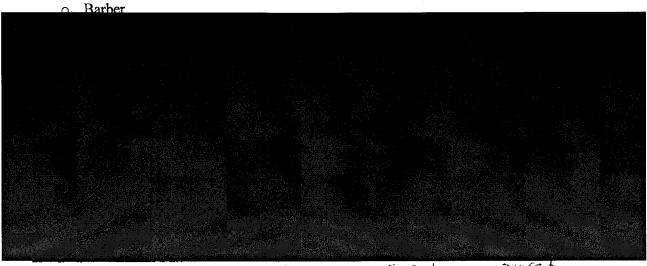


Summary of Incident: At approximately 1320hrs 08 February 2004 S Block personnel approached detainees housed in for the purpose of conducting cell searches; all detainee refused. Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 1330hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the Once medical support and video support were recreation area prepped for present at block, each of the detainees were given another opportunity to comply and refused yet again. on each of the detainees, ordered the 5 person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the Once in the recreation area, all detainees received medical recreation area for Once medical personnel cleared attention, each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

OXCIDE RE

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have a	uthorized an IRF o	f the detainee in cell	, ISN, for the following
offens	e:		
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I will	ensure that the min	imum amount of force i	s used during this operation.
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0	Corpsman	TIME OF ENTRY	
٥	Camera Man	TIME OF COMPL	ETION
0	Escort Team		

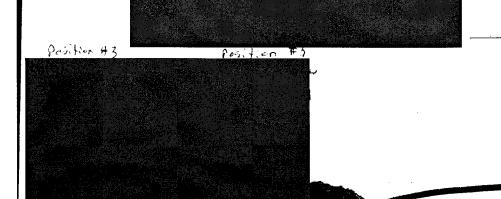


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the proponent agency is ODCSOPS

PRIVACY	ACT ST	ATERACI	uπ

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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

DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION 3. TIME 2. DATE (YYYYMMDD 4. FILE NUMBER

Block, Camp Delta, Guantanamo Bay Cuba マロロルンとの名 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN

1415 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

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, WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH-

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> > fall ISW number

osing the minion amount of DESS necessary, HT 1100 we were called to block to IRF

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10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_\_

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_\_ TAKEN AT \_\_\_

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

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n, see AR 190-45; the proponent ag // is UDCSOPS

#### PRIVACY ACT STATEMENT

Title 10 USC Section 301; Title 5 USC Section 2951; F.O. 9397 dated November 22, 1943 (SSN). AUTHORITY:

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filling and

ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary.

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\* Com Block, Camp Delta, Guantanamo Bay Cuba 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN

8. ORGANIZATION OR ADDRESS

\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

PAGE 1 OF

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT

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 N MUST BE BE INDICATED.

**DA FORM 2823, DEC 1998** 

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ANVACY ACT STATEMENT

PRINCIPAL PURPOSE:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

ROUTINE USES:

To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and

DISCLOSURE:

Disclosure of your social security number is voluntary.

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Block, Camp Delta, Guantanamo Bay Cuba 전환 (아무슨 것은)

2. DATE (YYYYMMDD

3. TIME

4. FILE NUMBER

NAME FIRST NAME MIDDLE NAME

8. ORGANIZATION OR ADDRESS

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 N MUST BE BE INDICATED.

DA FORM 2823, DEC 1998

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**DA FORM 2823,DEC 1998** 

### IN STATEMENT see AR 190-45; the proponent agency is ODCSOPS For use of this for PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and Disclosure of your social security number is voluntary. 2. DATE (YYYYMMDD 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba Deciloses (15% T NAME FIRST NAME MIDDLE NAME GRADE/STATUS

8. ORGANIZATION OR ADDRESS 258 MD WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: 08 February on block out approximately 0930 hrs Detriner the destriner refused on the primary IRF team Using the minimum necessary. The determine was Erfed and mought to rec year for the injuries to mpis or determine Determine was then Discord to his call /// + FND OF STATEMENT force into

10. EXHIBIT	11. INITIALS C	N MAKING STATEMENT	PAGE 1 OF	0.) p
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AUTHORITY:

ROUTINE USES:

DISCLOSURE:

LOCATION

PRINCIPAL PURPOSE:

		SWORN STATEME	NT				
	For use of this form,	see AR 190-45the prop		SOPS			
		PRIVACY ACT STATEM					
AUTHORITY:	Title 10USC Section 301;Title	5 USC Section 2951;E.C	). 9397dated Novem	ber 22,1943 <i>(SSN)</i> .			
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately							
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	D, Guantanamo Bay Cuba	2. DATE (YYYYM) 20540208	MDDI 3. TIME	4. FILE NUI	MBER		
	NAME, MIDDLE NAME	6. SSN	11	7. GRADE/	STATUS		
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For use of this form, section 190-45; the propolent agency is ODCSOPS

# PRIVACY ACT STATEMENT

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AR 190-45; the proponent ag JDCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2051; F.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: 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 DISCLOSURE: Disclosure of your social security number is voluntary. 3. TIME 2. DATE (YYYYMMD) 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba AST NAME, FIRST NAME MIDDLE NAME The state of the WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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

11. INITIALS

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_\_ TAKEN AT \_

**DA FORM 2823, DEC 1998** 

10. EXHIBIT

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PAGE 1 OF

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**DA FORM 2823, DEC 1998** 

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

RINCIPAL PURPOSE: TOUTINE USES: Y ISCLOSURE: D LOCATION	DDRESS	nders and law y number is u social securit Bay Cuba	enforcement sed as an addi y number is vo 2. DATE	officials with i tional/alternate	means by wheel means of i	Ich Informa dentification	ition may be	o filing and UBER	
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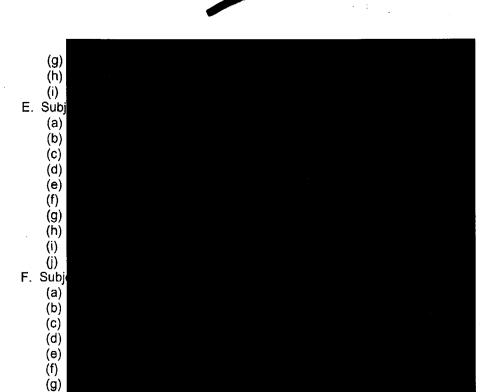


#### SIR 11 1527 Feb 04

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 11 1527 FEB 04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

(a)			
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G. Detainee:

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- 7. Summary of Incident: At approximately 1527 hours, 11 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp 2/3 assembled to block. Medical and DOC camera support were on the scene. The detainee was Medical evaluated the detainee. There were no injuries to any of the block personnel, IRF team members or detainees.
- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact: I
- 12. Downgrading Instructions: N/A





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

	20	PRIVACY ACT STATEMENT				
AUTHORITY:	Title 10 USC Section 301; Title 5					
PRINCIPAL PURPOSE:	To provide commanders and law					
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5. LAST NAME, FIRST		6. SSN	1 1152	7. GRADE/STATU	JS
8. ORGANIZATION OR 25812 Military 9.  On 19 Februaris Calter I was  1500 mors work call Search	ADDRESS TY Police Company  Ordry 2004 at appropriate to the top of	, Camp Delta, Guanta , WANT TO MAKE THE 1951  TOX. 1500 hours we were called the iminium am  I number hisoo hours we search,	hile Serving star hile Servin to to ont of tor For IRFELL At is	TEMENT UNDER OA  TO US O M  Derform  Ce newceson  Telesing a  TSW number	TH: sembe 7 TOF. Y. At randon
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10. EXHIBIT		11. INITIALS OF PERSON M	AKING STATEMENT	PAGE 1 OF2	PAGE
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#### PRIVACY ACT STATEMENT

ΑU	ти	AP:	ITV	
$\sim$	117	$\mathbf{c}$	111	•

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

Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary. 1. LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 200-10219 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN GRADE/STATUS 8. ORGANIZATION OR ADDRESS Military Police Company Camp Delta, Guantanamo Bay Cuba 09360 9, , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: on 19 FEB 04 At Approx 1445 hrs while working Block As the Block NEO I Instructed Detruce to move to the Beachole So that he can is come out he a Randon Cell Someth. Detoinee I instructed Detained Three (3) times to move to the Beanhole, each there he failed to Comply. Societies con Refused to Comply with their instructions. AT Appacx Isoches. The IRF team made a Facerd Cell E) Jto Block And At appara 1503 hrs. Detainee injuries or Cotter incident soll END OF STATEM ENTIL

10. EXHIBIT	11. INITIALS OF PER	SON MAKING ST	ATEMENT		
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5. LAST NAME, FIRST	Fitle 10 USC Section 301; Title 5 To provide commanders and law Your social security number is us Disclosure of your social security Delta, Guantanamo Bay Cuba	PRIVACY ACT STATEMENT 5 USC Section 2951; E.O. 93 enforcement officials with mi ed as an additional/alternate	97 dated November	r 22, 1943 <i>(SSN)</i> .
9. Military	Police Company	_, Camp Delta, Guantanam		TATEMENT UNDER OATH:
PL, + CO to in rec 6 the was force neces and cuffed	somply with it bower the for immediance the detained in the recieved	essed Block G the requirement whe response with the enderediato	card, Bloc it for hi ras comm of the I is minimum cell ———————————————————————————————————	in to participa nunicated across IRF team. I am amount of and restrained are recreation

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

04-0313

#### SIR 12 Feb 04 1528

1. Category:
--------------

- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 12 1528 FEB 04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N

6. A.	Personnel Involved: Subject:	
	(a) (b) (c) (d)	
	(c)	
	(d) (e) (f)	
	(f) (g)	
	(g) (h)	
В.	Subject:	
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	(c)	l
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F. Subject:  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  (i)	
(j) G. Detainee:  (a) (b) (c) (d) (e) (f) (g) (h) (i)	
7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp assistance. Medical and DOC camera support were on the scene. The detained returned to his cell. Medical detainee. There were no injuries to any of the block personnel, IRF team detainees.	al evaluated the
8. Remarks: See medical information in summary of incident	
9. Publicity: N/A	
10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cub.	a
11. Point of Contact:	
12. Downgrading Instructions: N/A	

# SWORN STATEME of this form, see AR 196 Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filling and retriev Disclosure of your social security number is voluntary. 4. FILE NUMBER 2. DATE (YYYYMMD) Block, Camp Delta, Guantanamo Bay Cuba 2004 GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME 8. ORGANIZATION OR ADDRESS Military Police Company , Camp Delta, Guantanamo Bay Cuba 09360 On 12 Feb 2004 at approx. 1528 hrs. Detained housed in Coll ZSN# Camp 506, Camp PL and Camp Commander to comply with the requirement for him to report to reservation. The was communicated accross of the ZRF Team. I minimum amount of force necessary, the Team entered into cell and moved here to the recreation and area where he reciev melsent thereties and and entered accross , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: medical attention and evaluation, after recieving medical attention, the detainer was returned to cell # afe being taken to reservation M/End of Statement///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAG
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMEN DATED	

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



AUTHORITY:

**ROUTINE USES:** DISCLOSURE:

LOCATION

PRINCIPAL PURPOSE:

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		PRIVACY ACT STATEMENT		· · · · · · · · · · · · · · · · · · ·
AUTHORITY:		tle 5 USC Section 2951; E.O. 9		
PRINCIPAL PURPOSE:		law enforcement officials with r s used as an additional/alternate		
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Block, Camp	Delta, Guantanamo Bay Cu	ba 20040212	1901	
. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
B. ORGANIZATION OF	Police STF GTMO	, Camp Delta, Guantana	mo Bay Cuba 09360	
),		, WANT TO MAKE	THE FOLLOWING STA	TEMENT UNDER OATH:
On or as	round 12 Feb04	at aprox 1528	t n t.	
Ce/17	ISM #	AL 14 70	nrs. Detain	nee housed in
Block No	0 Camp 50 6	Camp PL and		
	•	for him to repu		
	<u>*</u> _	nunicated acro		for
immedi		of the IRF		
		minimum amou		necessary, t
team en	tered into ce	/) # <b>*</b>		the
datamer	and moved H	re detainee to	the recreat	tion area whe
ne reca	zived medicul	attention and	and a two	1. A A .
receiving	medical atte	ntion, the duto	rinee was	returned to
Cell	after being	y taken to Res	ervation.	
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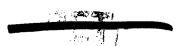
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AUTHORITY:

Title 10 USC Section 301; 7 to 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 retries

DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION
Block, Camp Delta, Guantanamo Bay Cuba

2. DATE/(YYYYMMD

3. TIME 1906 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Filitary Police

\_\_, Camp Delta, Guantanamo Bay Cuba 09360

NT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMB. MUST BE BE INDICATED.

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#### SWORN STATEM

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PRIVACY	ACT STA	TEMENT

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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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** 

Disclosure of your social security number is voluntary,

DISCLOSURE: 1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

3. TIME

1850

4. FILE NUMBER

LAST NAME FIRST NAME MIDDLE NAME

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

216 Th Military Police *CO*. , Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR around 12 Feb 04 at Approx. 1528 hrs. Detainee housed in Refused Block guard, Block.

2004/02

the requirement for him to Report to reservation. The

was communicated across the

response of the IRF team. I was the minimum amount of force necessary. The team entered the Detainer and moved the Detains

to the recreation area wheer he recived medical Attention and

to reservation /// END of statement

Detainer was returned to cell afer being ta

10. EXHIBIT

11. INITIALS OF RERSON MAKING STATEMENT

PAGE 1 OF

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT  $\,\,\,\,\,\,\,\,\,$ 

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

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#### SIR 120700RFEB04

1. Category:

Type of Incident: Forced Cell Extraction - Detainee ISN:



- 3. Date/Time of Incident: 120700RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

  (a)
  (b)
  (c)
  (d)
  (e)
  (f)
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  (i)
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D.	Subject: (a) (b) (c) (d) (e) (f)				
	(g) (h) (i) (j)				
E.	Subject:  (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)				

Summary of Incident: At approximately 0700hrs 12 February 2004 Block personnel approached detainees for the purpose of escort to recreation and shower; detainees refused. Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp at Camp was assembled, medical support was called along with video camera support, and the recreation area prepped Once medical support and video support were present at block, each of the detainees were given another opportunity to comply and refused yet again. Once in their respective cells and move each one to the recreation area from their respective cells and move each one to the recreation area once on the recreation area, all detainees received medical attention. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

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AUTHORITY:	Title 10 USC Section 301; Title 5			ed November 22, 1	943 <i>(SSN)</i> .	
RINCIPAL PURFOSE:	To provide commanders and la					accurat
OUTINE USES:	Your social security number is t					
ISCLOSURE:	Disclosure of your social securi-					
. LOCATION Camp Delta, Camp	Block	2. DATE (YY 2004)	/YYMMDD) 3 /02/12	B. TIME 0700hrs	4. FILE NUM	//BER
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we were tasked to cor	nduct a force cell extraction of	the following de	tainees:	of Statem	and	· · · · · · · · · · · · · · · · · · ·
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5 LAST NAME EIRST	NAME MUDDLE NAME			DE/STATUS
8. ORGANIZATION OF 216 Military	Police Company,	Camp Delta, Guantana	mo Bay Cuba 09360	
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	e 10 USC Section 301; Title 5 provide commanders and law ur social security number is a closure of your social securit Block 1E, MIDDLE NAME ORESS * company, JTF, GTMO, Cub e. For my IRF tea er of detainees refused to le	PRIVACY ACT STATEMENT OF THE STATEMENT O	PRIVACY ACT STATEMENT  e 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated Noven provide commanders and law enforcement officials with means by whi ur social security number is used as an additional/alternate means of id closure of your social security number is voluntary.  2. DATE (YYYYMMDD) 3. TIME 2004/02/12 070  DRESS OMPANY, JTF, GTMO, Cuba  WANT TO MAKE THE FOLLOW  Prebruary 2004 I  February 2	provide commanders and law enforcement officials with means by which information may be ur social security number is used as an additional/alternate means of identification to facilitate closure of your social security number is voluntary.  2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBlock 2004/02/12 0700hrs  3. TIME 7. GRADE/S  DRESS COMPANY, JTF, GTMO, Cuba  AND JTF, GTMO, Cuba  IRF Team for Camp The car of detainees refused to leave their cells and be moved to the Shower and Recreation and ta force cell extraction of the following detainees:  - A social security number is voluntary.  2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBERS 5. TIME 7. GRADE/S  - A social security number is voluntary.  4. FILE NUMBERS 5. TIME 7. GRADE/S  - A social security number is voluntary.  5. DATE (YYYYMMDD) 3. TIME 7. GRADE/S  - A social security number is voluntary.  5. DATE (YYYYMMDD) 3. TIME 7. GRADE/S  - A social security number is voluntary.  5. DATE (YYYYMMDD) 3. TIME 7. GRADE/S  - A social security number is voluntary.  5. DATE (YYYYMMDD) 3. TIME 7. GRADE/S  - A social security number is voluntary.  6. SSN 7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  7. GRADE/S  - A social security number is voluntary.  8. File number is voluntary.  9.

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PRINCIPAL PURPOSE: To pr ROUTINE USES: Your DISCLOSURE: Disclosure:	10 USC Section 301; Title 5 rovide commanders and la social security number is a osure of your social securi  Block  MIDDLE NAME  RESS ripany, JTF, GTMO, Cult  February 2004 I was a m for my IRF tea of detainees refused to le	ba  nember of the pram to respond to eave their cells an additional stress of the pram to respond to eave their cells a	onal/alternate measuratery.  YYYMMDD) 4/02/12  T TO MAKE THE FOrmary IRF Team Block. Once and be moved to etainces:	TIME 0700hrs  OLLOWING STATE	ation may be accurate filing  4. FILE NUMBER  7. GRADE/STAT  EMENT UNDER OF  The earn arrived at Recreation area
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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 of ficials 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.

LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (XYYYMMDD) 2004/02/11 3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

GRADE/STATUS

8. ORGANIZATION OR ADDRESS

216TH Military Police Company

, Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH-

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10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF

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

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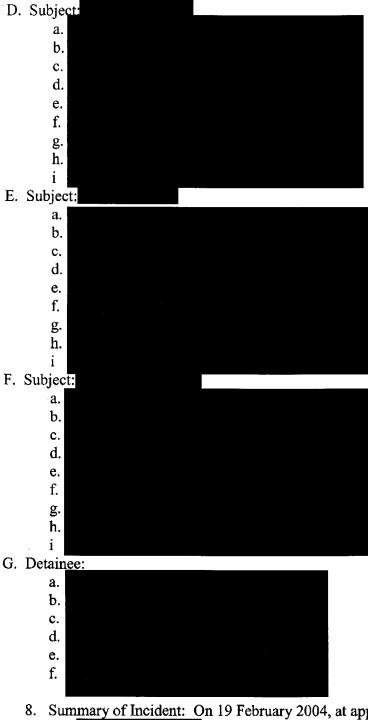
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DA FORM 2823, JUL 72 IS OPPOLETE

USAPA V1

## SIR 191505RFEB04

- 1. Category: N/A
  - 2. Type of incident: Forced Cell Extraction
  - 3. Detainee ISN:
  - 4. Date/Time of incident: 191505RFEB04
  - 5. Location: Camp Delta, GTMO, Cuba
  - 6. Other information
    - a. Racial (Y/N): N
  - 7. Personnel Involved:
- A. Subject: b. c. d. e. f. g. h. B. Subject:
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- C. Subject:
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- 8. Summary of Incident: On 19 February 2004, at approximately 1505hrs, Detainee ISN refused to comply with the requirement to submit to a random cell search. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary and checked the cell for contraband and unauthorized items.
- 9. Remarks: See medical information in summary of incident
- 10. Publicity: N/A

- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A



	For use of this for	rm, see AR 190-45; the proponent	agency is ODCSOPS	
		PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301: 1	Title 5 USC Section 2951; E.O. 93	97 dated November 2	22. 1943 (S.S.W.
PRINCIPAL PURPOSE:		law enforcement officials with me		
ROUTINE USES:		is used as an additional/alternate r		
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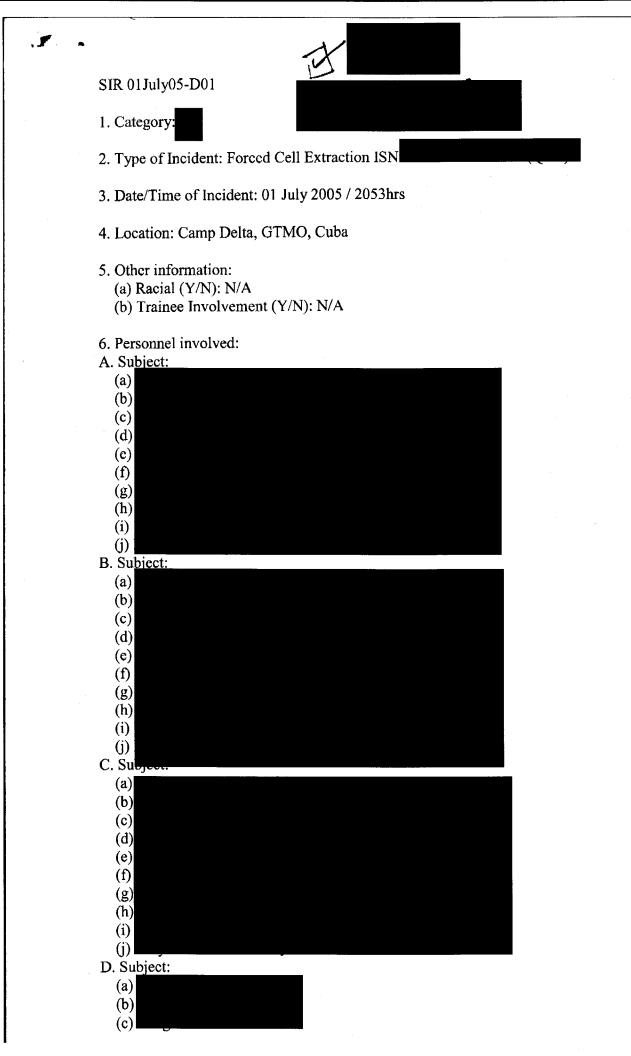
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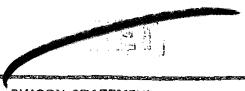
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Ц	(j) Detainee:
LI.	(a)
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7. Summary of Incident: On 1 July 05 at approximately 2053 hours, detainee ISN was from cell refused to relocate from cell Reason for move was detainee ISN was observed to be speaking Native Filipino language with food service personnel. Detainee refused to move for SOG,PL and CO. Permission to complete a forced cell extraction was received from Field Grade Watch. Forced Cell extraction was completed using the minimum force required to complete detainee relocation from cell No injuries were noted to Guard Force or Detainee.
8. Remarks: None
9. Publicity: N/A
10. Commander Reporting: Cuba
11. Point of Contact:

12. Downgrading Instructions: N/A



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

	PF	RIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 939	7 dated November 22	. 1943 rssnj
PRINCIPAL PURPOSE:	To provide commanders and law e			
ROUTINE USES:	Your social security number is used	d as an additional/alternate m	eans of identification	to facilitate filing and rei
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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

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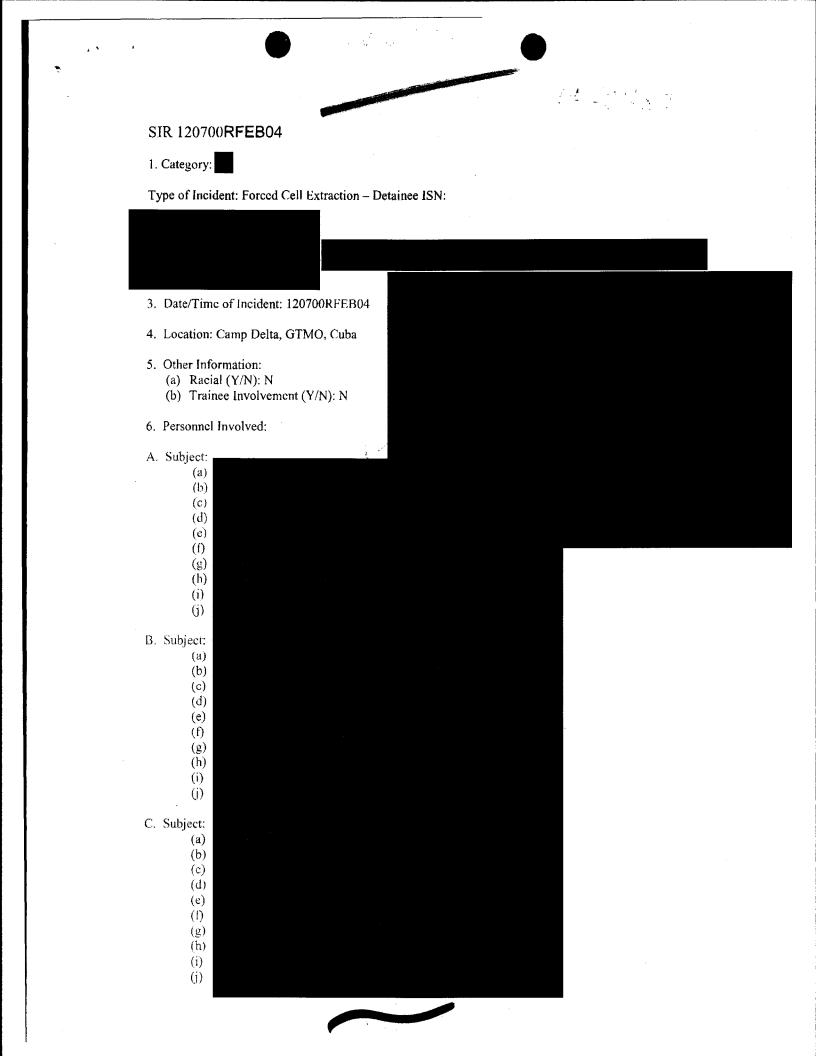
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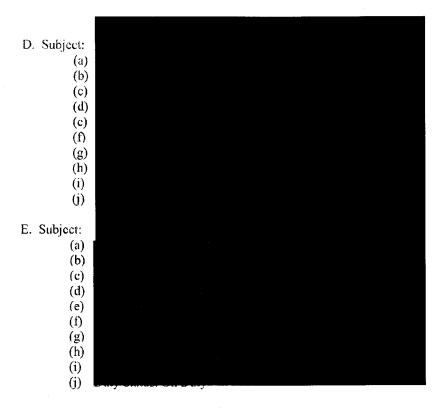
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Summary of Incident: At approximately 0700hrs 12 February 2004 Block personnel approached detainees for the purpose of escort to recreation and shower; detained refused. Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp at approximately 0715hrs the primary IRF team was assembled, medical support was called along with video camera support, and the recreation area prepped for purposes. Once medical support and video support were present at a block, each of the detainees were given another opportunity to comply and refused yet again. ordered the 5 person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area for purposes. Once in the recreation area, all detainees received medical attention.. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A



		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	5 USC Section 2951; E.O. 9397 dated Novembor 22,	1943 <i>(SSN).</i>
PRINCIPAL PURPOSE:	To provide commanders and la	w enforcement officials with means by which inform	nation may be accurately
ROUTINE USES:		used as an additional/alternate means of identification	on to facilitate filing and
DISCLOSURE:	Disclosure of your social securi		
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	For use of this form, s	ee AR 190-45; the proponent agency is ODCSOPS	
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MUST BE BE INDICA	ATED.			



# SIR 15Jul04-S01

1. Category:

2. Type of Incident: Forced Cell Extraction of ISN cell

3. Date/Time of Incident: 15 2310 Jul 04

4. Location: Camp Delta, Camp GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) B. Subj (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (c) Sub (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)

7. Summary of Incident: At 15 2310 July 2004, ISN was extracted from his cell for refusing to come out for shower and recreation at approximately 2100. The Field Grade in the Wire was contacted at approximately 2200 and he proceeded with the Interpreter to A Corpsman and Psych. Tech were also dispatched and present. The detainee claimed that females could not touch him because it was against his religion. With the assistance of the Interpreter it was explained to him that females do not observe showers but will perform all other functions just like their male counterparts. After attempts were made by the Block NCO, the SOG, and the NCOIC of the Camp to get the detainee to comply with the Camp rules, the Field Grade authorized the FCE. The detainee or US personnel sustained no injuries.

ARRIVAL DATE FOR ISN HIS DOB IS REQUIRED ENTRY. Name:

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A



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·	For use (	SWORM ST	TATEMAN AND SERVICE IS	s ODCSOPS		
			T STATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title 5 US			143 <i>(SSN)</i> .		
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ROUTINE USES:	Your social security number is used as		means of identification to fa	acilitate filing and retrieval	L	
DISCLOSURE:	Disclosure of your social security num		YYYMMDD) S	3. TIME	4. FILE NUMBER	
			10716	° 0200	4. FRE NAMES.	
5 LAST NAME, FIRST NAME.	MIDDLE NAME		SSN		7. GRADE/STATUS	
8. ORGANIZATION OR ADDRE	iss J			200 10	- 102/01	
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	For use of this		STATEMENT 0-45; the proponent	t agency is ODCSOF	<b>PS</b>	
		PRIVACY	ACT STATEMENT			·····
AUTHORITY:	Title 10 USC Section 301	; Title 5 USC Sec	tion 2951; E.O. 93	97 dated November	22, 1943 <i>(SSN)</i> .	
PRINCIPAL PURPOSE:	To provide commanders a					
ROUTINE USES:	Your social security number			means of identificat	ion to facilitate filing	and retrieval.
DISCLOSURE:	Disclosure of your social s			LO TIME	4. FILE NUMBE	D
1. LOCATION GTMO, Cul			TE (YYYYMMDD) 2004/07/15	2310		
5 LAST NAME FIRST	NAME, MIDDLE NAME		6. SSN		7. GRADE/STA	rus
8. ORGANIZATION OR Camp 5, JTF-GTMO						
9.			WANT TO MAKE T	HE FOLLOWING ST	ATEMENT UNDER O	ATH:
On 2004/07/15 at app	roximately 2310hrs, a Fo	rced Cell Extra	ction was conduct	ed on ISN#	in cell	
of force nessessary.//	// END OF STATEMEN	T////			using the mini	mum amouni
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MUST BE BE INDICATED						

Far 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.D. 9397 dated November 22, 1943 /SSNJ.

PRINCIPAL PURPOSE:

To provide commanders and law enforcement officials with meens 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	
		2004/Jula 115	0200		
5. LAST NAME, FIRST A	IAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS	
8. ORGANIZATION OR A	DORESS		,		

Apo 09360 JTF-GTMO WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 15 July 04, AT Approximately 2303 a force cell extraction was conducted on ISN: IN Cell #

of force necessary. We extracted Detainer out of his cell carried him Down the nathway medical checked him said he was good so we put him back IN his cell no harm to Dentainer and the extraction

ENd of Statement -

por used

10. EXHIBIT		11 DUTIALS OF PERSON MAKING STATEMENT		PAGE 1 OF	2	PAGES		
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF			TAKEN AT		DATED			

# 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 ISSNI. 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 (YYYYMMDO) 4. FILE NUMBER 5. LAST NAME FIRST NAME MIDDLE NAME 20040715 7. GRADE/STATUS 8. ORGANIZATION OF ADDRESS TTF-GTMO On 200040715 At Approximately 2303 A GIRCLE CETT in cell Minimum amount of Force necessary. -111END OF STATEMENT 111-10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF PAGES ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF DATED THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

### STATEMENT

as 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)
2004/07/15
6 SSN

4. FILE NUMBER E-5/56T

LAST NAME, FIRST NAME, MIDDLE NAME

JTF-6TMO Guartaramo Bay Cuba APO- AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH:

On 15 July 2004 at approximately 2300, a Forced Cell Extration was Conducted on ISN' I was the

minimum amount of force necessary. I am also the IRF fear leader, I am responsible for the safety of my team and the detainer. I ensured that the minimum amount of force was used during the Forced Cerl Extraction. 11, End of stateman 7111

10. EXHIBIT	11. (	INI SELEC	PERSON MAKING ST	ATEMENT	PAGE 1 OF	2	PAGES	_
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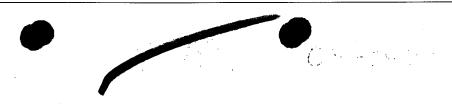
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	rot use of this	PRIVACY ACT STATEMENT	,,,,,,	
AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section	in 2951; E.O. 9397 dated November 1		
PRINCIPAL PURPOSE:	To provide commanders and law enforcement (			
ROUTINE USES:	Your social security number is used as an addit		on to facilitate filing and retrieva	<b>al.</b>
DISCLOSURE:  1. LOCATION	Disclosure of your social security number is vol	oluntary.  2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
GTM	MO, Cuba	2004/07/15	2315	T. Tikk Hymos
5 LAST NAME FIRST NAME	MIDTI E NAME	6. SSN		7. GRADE/STATUS
TO ADDO				
8. ORGANIZATION OR ADDRE JTF-GTMO, Delta (	:88 Clinic			
9.				
		, WANT TO MAKE THE F	FOLLOWING STATEMENT UNDER	R OATH:
On 15 July 2004 at a	approximately 2310, a forced cell	extraction was conducte	ed on ISN:	I was the
for	rced cell extraction. The detainee	and immediate reaction	force were all cleared	decomplet
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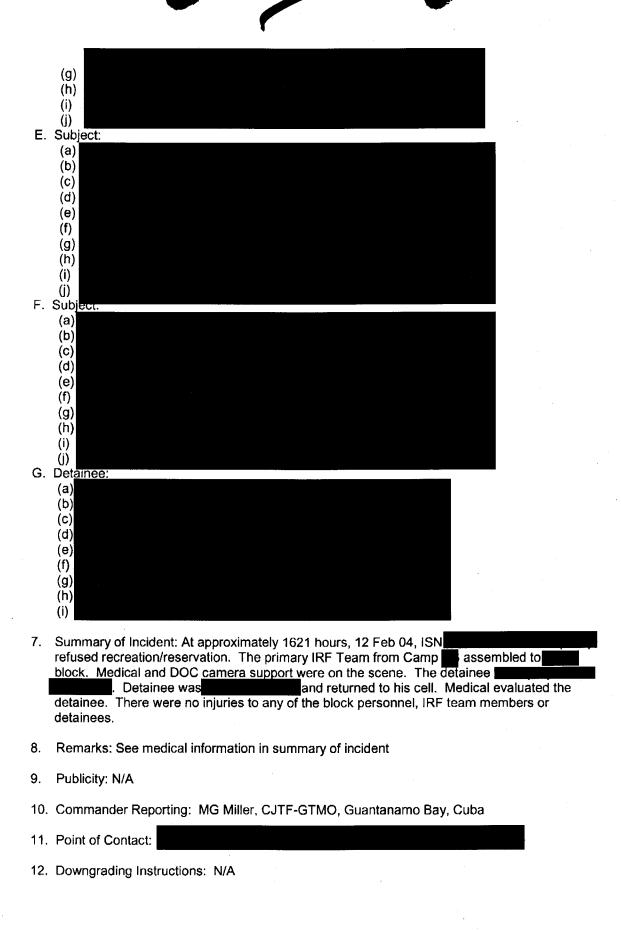


### SIR 12 Feb 04 1621

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 12 1621 FEB 04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject: (a) (b) (c) (d)(e) (f) (g) (h) (i) (j) B. Subject: (a) (b) (b) (c) (d) (e) (f) (g) (h) (i) C. Subject: (a) (b) (c) (d) (e) (f) (g) (h)
- (j) D. Sub<u>iect:</u>

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- (d)
- (e) (f)



# of nent agency is ODCSOPS

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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 of your social security number is voluntary. 3. TIME 4. FILE NUMBER 2. DATE (YYYYMMDD) Block, Camp Delta, Guantanamo Bay Cuba 200402 12

LAST NAME, FIRST NAME, MIDDLE NAME

7. GRADE/STATUS

ANIZATION OR ADDRESS 216

llitary Police 3TF GTMO

amp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

or around 12 Feb approx. 1621 hrs. Detainer housed in Cell refused Block quard, Plock ISNA p and Camp Commander to comply with the requirement him to participate in the recreation and shower activity

was communicated across the

for immediate response of the IAF team.

with the minimum amount of force nessessary, the team entered into cell and restrained and cuffed the detainer and moved the detainer to the recreation wea where he recieved medical attention and evaluation

/11 End of Statement /11-

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	A PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_

For use of this form, see AP 30-45; the proponent agency is ODCSOPS

RIVACY	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

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMM)

I. TIME 161111 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

216th Military Police Company

\_\_\_\_, Camp Delta, Guantanamo Bay Cuba 09360

9.

\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 12 Feb 2004 at @ 1621 hrs Detainer ISN# housed in Cell Refused Block GUARDS, BLOCK NCO, CAMPSOG, CAMPPL and CAMP COMMANDER to comply to camp requirements for him to participate in recreation and shower CALL. THE was communicated acceptive for immediate response of the FRF TEAM. I With the minimum amount of force necessary, t

team entered cell and restrained the detainer. The detamer was there moved to the recreation area where he received medical attention and evaluation

END OF STATMONT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT
	PAGE 1 OF PAGES
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For use of this form, are AR 190-45; the proponent agency is ODCSOPS

PRIVA	~~	ACT	STA	TEMENT

AUTHORITY:	Title	10	USC	Sec

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

ROUTINE USES: DISCLOSURE:

Disclosure of your social security number is voluntary.

A. FILE NUMBER 2. DATE LOCATION Block, Camp Delta, Guantanamo Bay Cuba

LAST NAME, FIRST NAME, MIDDLE NAME

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Camp Delta, Guantanamo Bay Cuba 09360

12 Feb 2004 at approx 1621 hrs Detaine ISN

tefus housed in cell refused Black guard, Black NCO, camp 506, Camp PL, and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The was communicated across the for Immediate response of the IRF Team.

Using the minimum amount of force necessary; the team entered into cell and restrained and cuffed the detainer and moved the detainer to the recreation area where he recieved medical attention and evaluation.

evaluation.

-11/ End of StatementA

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT /

### For use of this form 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 **DISCLOSURE:** Disclosure of your social security number is voluntary LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 2004/02/12 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS 2/6 Th Military Police Company Camp Delta, Guantanamo Bay Cuba 09360 9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON or Around 12 feb oy at approx. 1621 hrs. Detainee in CEII refused Block guard, Block NCU, CAMP 506, CAM PL, and camp commander to comply with the requirment for him, participate in the recontion and shower activity. The was

participale in the recontion and shower activity. The was communicated across the for smmediate response of the spectrum. I with minimum amount of furce Necessary the ream entered into CEII and restained and cuffed petaince and moved to the recreation area where the recived medical attention and evaluation. // END of Statement //

<u> </u>					
10. EXHIBIT	11. INITIALS OF PERSON MA		PAGE 1 OF	2	PAGES
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

AUTHORITY:  Tile 10 USC Section 301; Tile 5 USC Section 2931; Elo 3937 dated November 22, 1943 (SSN).  PRINCIPAL PURPOSE:  To provide commanders and law enforcement officials with means by which information may be accurately purpose to provide commanders and law enforcement officials with means by which information may be accurately purpose to provide accurately purpose to solution.  LOCATION  Block, Camp Delta, Guantanamo Bay Cuba  Block, Camp Police  Camp Delta, Guantanamo Bay Cuba 09360  Camp Delta, Guantanamo		•	DBULLOV ACT CTA	TEMENIT		
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/surrente means of identification to facilitate filing and DISCLOSURE:	AUTHORITY:	Title 10 USC Section 3			per 22, 1943, (SSN)	
ROUTHE USES: Disclosure of your social security number is used as an additional international international process.  Disclosure of your social security number is used as an additional internation to facilitate filing and postcologies.  LOCATION.  LOCATION.  Block, Camp Delta, Guantanamo Bay Cuba  LAST NAME, FIRST NAME MIDDLE NAME.  ROPEANI OR ADDRESS  ROCATION OF CAPCARD (2 Feb 2004 of approx) (62/ hrs Defaince hoses.  In cell ISW refused Block Crown, Block in cell ISW refused Block Crown, Block in cell ISW refused Block Crown, Block in the requirement for him to participate in the recreation and shower activity. The communicated accross the for immediate respons of the IRF team. I minimum amount of force necessary, the team entered in to cell and restrained and coffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation — NEAD of Systometria.						elv
DISCUSURE: Disclosure of your social security number in voluntum.  1. LOCATION  1. LOCATION  Block, Camp Delta, Guantanamo Bay Cuba  8. ORFANNI  9. ORFANNI  15. W  16. SSN   16. ORFANNI  17. W  18. SSN  16. ORFANNI  18. SSN  16. ORFANNI  18. SSN  18. ORFANNI  18. SSN  18. ORFANNI  18. SSN  18. ORFANNI  18. SSN  18. ORFANNI  18. ORFANNI  18. ORFANNI  18. ORFANNI  18. ORFANNI  19. ORFANNI  10. EXHIBIT  11. INI  ON MAKING STATEMENT  PAGE 1 OF 2 PAGES  PAGE 10. TIME  FRE NUMBER  FR				•	·	•
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8. CREANT OF ADDRESS 21/6	1. LOCATION		2. DATE (YYY)		FILE NUMBER	
OR ADDRESS  Alla Mary Police  Camp Delta, Guantanamo Bay Cuba 09360  Comp or circum of 12 Feb 2004 of approx 1621 hrs Detainee hose activity. The was communicated accross the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee and moved the detainee to the recreation and afternion and evaluation—  10. EXHIBIT  ON MAKING STATEMENT  PAGE 1 OF PAGES  Camp Delta, Guantanamo Bay Cuba 09360  . C	Block, Camp I	Delta, Guantanamo Bay	y Cuba <u>200</u> 4/0	2/12/190	7 📥	
want to make the following statement under oath:  "On or crowned 12 Feb 2009 ot approx 1621 hrs Detainee house.  "Isw" refused Block Growned, Block  "Neo, camp 506x, camp the and camp Commander to comply  with the requirement for him to participate in the e recreation and shower activity. The communicated accross the of the IRF team, I with the minimum amount of force necessary, the team entered into Cell and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation — "End of systements"  10. EXHIBIT  11. INI ON MAKING STATEMENT  PAGE 10F _ 2 PAGES	5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/S	
. Camp Delta, Guantanamo Bay Cuba 09360  . WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  "O'N O' CUROND 12 Feb 2004 ot approx 1621 hrs Detainee hoseoed in cell 15W refused Black (Grownd, Block  NCO, Camp Soot, Camp Ph and Camp Commander to comply  With the veguirement For him to participate in the  recreation and shower activity. The  communicated accross the  of the IRF team, I with the  minimum amount of force necessary, the team entered into Cell and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation — NENd of aptonents  10. EXHIBIT  11. INI  ON MAKING STATEMENT  PAGE 10F _ 2 PAGES						
On or around 12 Feb 2009 ot approx 1621 hrs Detainee houses in cell 15W refused Black (triard, Block NCO, Camp 500x, Camp the and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate response of the IRF team. I with the Minimum amount of force necessary, the team entered in to Cell and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation — NENdof systematical and restrained and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical attention and evaluation — NENdof systematical page 10. Exhibits			, Camp Del	ta, Guantanamo Bay Cu	ba 09360	
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Cell Extraction ISN

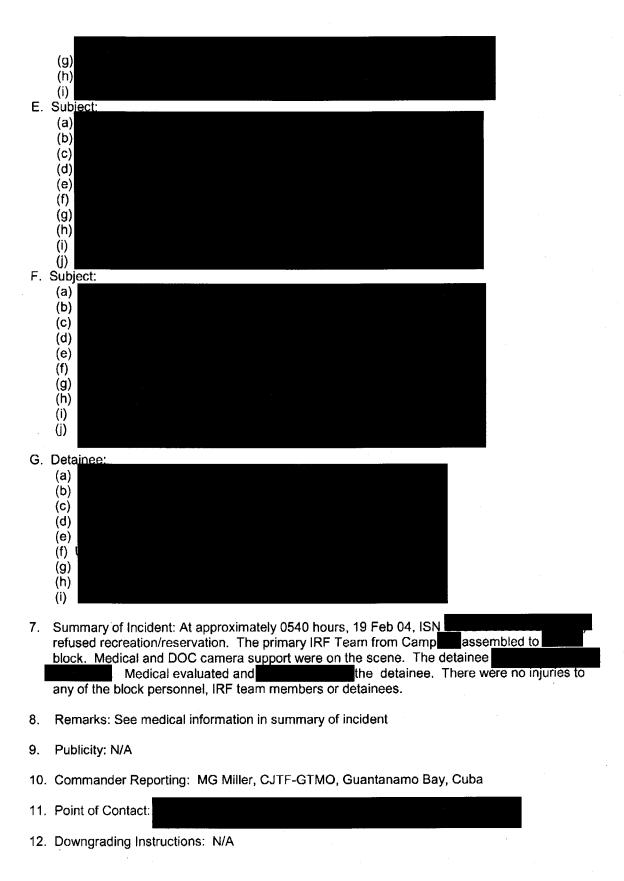
### SIR 19 0540 Feb 04

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 19 0540 FEB 04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

  (a)
  (b)
  (c)
  (d)
  (e)
  (f)
  (g)
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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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** DISCLOSURE:

Disclosure of your social security number is voluntary.

LOCATION Block, Camp Delta, Guantanamo Bay Cuba

3. TIME 2. DATE (YYYYMM 2004 62 19 0643 4. FILE NUMBER

T NAME EIRCT NAME MIDDLE NAME

GRADE/STATUS

8.	ORG	: V VII Z V	TION	OR ADD	RESS

Military Police

, Camp Delta, Guantanamo Bay Cuba 09360

\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 04 at approx. CS40 Detained ISN#

refused reservation (Ourdered IRF to remove said Detail

at time listed above. Detainer was removed from cell

reservation yard, cleared by medical then escorted to reservation buth

of Force nessary In which I performed, 111 \_\_\_\_ End of Statement -- 11

10. EXHIBIT

PAGE 1 OF

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" \_

\_\_ TAKEN AT \_\_

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

**DA FORM 2823, DEC 1998** 

MUST BE BE INDICATED.

DA FORM 323, JUL 72, IS OBSOLETE

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

PR	IVΔ	CV	ACT	STA	TEM	IFNT

	T 110	RITY:	
Aι	HO	MILT:	

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE: **ROUTINE USES:** 

To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and

**DISCLOSURE:** 

Disclosure of your social security number is voluntary.

3. TIME 4. FILE NUMBER LOCATION 2. DATE (YYYYMM) Guantanamo Bay Cuba 2004/02/19 0641 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME

8. ORGANIZATION OR ADDRESS Z/6th Military Police

Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 19 FBB 2004, at 0540 HRS defaine 1811#

BLOCK, CELL REFUGED RESERVATION. CO ORDERED THE

ILF TEAM TO REMOVE, SHID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE DEC-VARD

AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESER-VASTION BY THE ESCORT TEAM. I

anc

mimimum Amount of force necrossary. · III END OF STATEMENTILL

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT"  $oldsymbol{\bot}$ 

\_\_\_ TAKEN AT \_\_\_

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

MUST BE BE INDICATED.

		SWORN STATEMENT	t agency is OBCCC	
	For use of this form, se	e AR 190-45; the proponen	t agency is ODCSOF	5
		RIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5 U			
PRINCIPAL PURPOSE:	To provide commanders and law			
ROUTINE USES:	Your social security number is us		te means of identific	ation to facilitate filing and
DISCLOSURE:	Disclosure of your social security		O TIME	A CUCAUMADED
1. LOCATION Block, Camp I	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 /02/14		4. FILE NUMBER
5. LAST NAME FIRST		6 SSN	0610	7 GRADE/STATUS
8. ORGANIZATION OR 316 H. Milita:	ADDRESS ry Police Company	, Camp Delta, Guan	tanamo Bay Cuba (	09360
9.				
l,		, WANT TO MAKE	THE FOLLOWING ST	ATEMENT UNDER OATH:
ON 19 F.	6 04 AT 0540 DETA	AINGG ISN		Housed
<i>0N</i>	BLOCK REFUSED RESI	grvatjon. Co or	dered Irf	TO REMOVE SAID
DETALLIE	F AT TIME LISTED	ARNIC DETAIN	IEE WAS DI	MOVED FROM CALL AND
				_
	O THE REC YARD CL	eared by medica	L. THEN 53	
BY ESCOR	TEAM.			WITH
+UC M7	ENIMUM AMOUNT OF FO	016		
1 70 113	THOM BUTOWN OF 12	ACC.		
				+
	111	FAIR		
		GND OF STATE	MENT !!!	
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		6.		
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF	2 AGES
ADDITIONAL PAGES MUST CONT	AIN THE HEADING "STATEMENT TAKEN AT DATED	

,		SWORN STATEMENT		
	For use of this form,	see AR 190-45; the proponent a	gency is ODCSOPS	
	<u> </u>	PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title	5 USC Section 2951; E.O. 9397	dated November 22,	1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and la	w enforcement officials with m	eans by which inforr	mation may be accurately
ROUTINE USES:	Your social security number is	used as an additional/alternate	means of identificati	on to facilitate filing and
DISCLOSURE:	Disclosure of your social securi	ty number is voluntary.		
1 LOCATION Block, Camp I	Delta, Guantanamo Bay Cuba	2. DATE (YXYYMMDD) 2004 Feb 19	3. TIME	4. FILE NUMBER
5 LAST NAME FIRST	NAME MIDDLE NAME	6. SSN	<b>-</b>	7. GRADE/STATUS
8. ORGANIZATION OR Militar	ADDRESS y Police	, Camp Delta, Guanta	namo Bay Cuba 093	360
9.		WANT TO MAKE TH	 	TEMENT UNDER OATH:
O- ION	alala :	Origo de	A1022 1541	Chilera Graben Grand
<i>- UN 14 1</i> EE	NEH UT APPIEKIN	WHOM ODYC OUT	alijec 1714 🔳	
housed a	on block cell	refused r	eservation.	Clordered -
12F to ren	of at appreximant above said detail	nee at lune list	ed above.	Delainee was
Pemoved	From cell and ascented to rege	Yaken to the re	ic Vaid, cle	eared <u>by medice</u>
then was	asconted to here	Mayor by the	ESCENT 160	am. 2,
i	WUS.	11001	$MV_A$	
	using the m	wimeun ancey	et of love	eneccessary.
				Í
		END OF STATES	6/41///	
		•	•	
	(H. 2004)			

1	•		
	10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAGES
	ADDITIONAL PAGES MUST CONTAIN THE HEADING	STATEMENT TAKEN AT DATED _	

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

ROUTINE USES: DISCLOSURE:

Disclosure of your social security number is voluntary.

LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMI 20040214 3. TIME 0625 4. FILE NUMBER

8. ORGANIZATION OR ADDRESS

Military Police

, Camp Delta, Guantanamo Bay Cuba 09360

On 19FEB at approximately 0540, detained housed in Cell TSN tefused reservation. Co ordered TRF to remove said detained at time listed above. Detained was removed from cell and taken to the Recyard, cleared by medical, then escorted to reservation by escort team.

	·	
10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT TAKENAT DATED	

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

The state of the s



## SIR 13 June 2005

1.	Category:
2.	Type of Incident: IRF
3.	ISN#:
4.	Date/Time of Incident: 13 June 2005 / Appx. 1012hrs
5.	Location: GTMO, Cuba
6.	Other information: (a) Racial (Y/N); N (b) Trainee Involvement (Y/N); N
7.	Personnel involved:
A.	Subject:
	(a) (b) (c) (d) (e) (f) (g) (h) (i)
В.	Subject:
	(a) (b) (c) (d) (e) (f) (g) (h) (i)
C.	Subject:
	(a) (b) (c) (d) (e) (f) (g) (h) (i)



D. Subject:

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

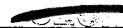
(i) E. Subject:
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i) F. Subject:
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i) G. Subject:

(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i) H. Detainee: (a) (b) (c)



8.Summary of Incident: On 13 June 2005 at approximately 0915 hours, I was informed by the Block NCO that Detainee ISN# (Cell had refused to come out of his cell for his Intel Reservation. I informed the Detainee's that he had refused. The then informed their Chain of Command.
At approximately 0940 hours I received a phone call from DOC informing me that the Field Grade in the Wire was in route and to activate my IRF Team. At approximately 1007
hours I IRF Team
failed to comply) I Cell List Using the Detainee a last chance to comply (He failed to comply) I Cell List Using the minimum amount of force necessary and restrain the Detainee. The IRF Team secured the Detainee, removed him from his cell, searched the Detainee and placed him in
lasted approximately two minutes. The Detainee would not cooperate continuously spat take control of the Detainee and return him to incident. The Detainee and all members of the Team were evaluated by Medical and had no significant injuries. All members of the Campa Leadership were notified.
9. Remarks: N/A
10. Publicity: N/A
11. Commander Reporting
12. Point of Contact:
13. Downgrading Instructions: N/A

On 13 June 2005 at a	pproximately 0915 hours, I		s informed by th			that
Detainee ISN#	had that he had ref	refused to come used. The	out of his cell f	for his ned their Chain o	I informand.	med the
	ours I received a phone call f	rom DOC informately 1007 hour	ming me that the	Field Grade in the	ne Wire (	was
failed to comply) I	to enter Cell	At 1012 l	hours after givin minimum amour	g the Detainee a lat of force necess	ary and restrai	comply (He n the Detainee.
The IRF Team secure for his	ed the Detainee, removed him entered the	from his cell, so	earched the Deta	inee and placed h	im in	A vater
als.	The Detainee would not be a second to the Team to enter the	and take contr	rol of the Detain	and continuously ee and return him	to	I The Team
executed without inci-	dent. The Detainee and all me campa Leadership was notifie	embers of the Te	am were evaluat	ted by Medical an	d had no signi	
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				·		
40 EVIIDIT		11 IMITIAIS	OE DEDGON MAKING S	TATEMENT		
10. EXHIBIT		11. INITIALS	S OF PERS <mark>on Making S</mark>		PAGE 1 OF	PAGES



#### SWORN STATEMENT

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

**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. 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER 1. LOCATION  $2005/06/1\overline{3}$ 1630 7 GRADE/STATUS 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 8. ORGANIZATION OR ADDRESS 189TH MP, CO, JTF-GTMO, GUANTANAMO BAY, CUBA, APO AE 09360 , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On the above stated date at approximately 0830 hrs. I went to cell (ISN: I informed the detainee that he needed to move for a scheduled reservation. He then shouted words in other than english. The detainee in cell (IS) asked me to come to his cell. I closed the feed-tray slot on and went to the informed me that asked me to come to his cell. I closed the feed-tray slot on the said went to the detained in opened the detainees feed tray slot and he stated words to the affect of "If I have knife I kill my interigator. I kill him if he ever let me out of my cuffs. He is a dead man that son of bitch." I then told the detainee that he had a scheduled reservation and he needed to come out of his cell. He said "NO!" He then went back to his bed and sat down. The detainee refused to acknowledge me as I called his ISN, to speak with him some more. I left cell and and informed the S.O.G. of what was -----End of Statement----said.-///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF	TAKEN AT DATED	

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

	N STATEMENT 90-45; the proponent agency is	s ODCSOPS			
LOCATION	DATE 20050613	TIME 1605	FILE NUME	BER	
LAST NAME FIRST NAME MINDIE NAME	SOCIAL SECURITY NUMBER		GRADEIST	ATUS	
ORGANIZATION OR ADDRESS 189th MP CO JTF GTMO					
1890 WE COLLE GIWO					
On 13 June 2005, at 1007 hrs, 1 served	, WANT TO MAKE THE FO				•
using the minimum amount of force neccessary. I was	Once the detainee d legs secured. The ured detainee and plate.  The IRF team modern detainee and plate.	that D m moved to chance to con was secured v IRF team exit ce him back in oved detained	etainee ISN: the outside of mply. The d we moved him ed the nto his cell.	etainee re inside and s	
mond of state	***************************************				
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EXHIBIT INITIALS	MAKING STATEMENT		PAGE 1 OF	2	PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON M OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, I STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FI	THE BACK OF PAGE 1 WILL BE	BE INITIALED AS "P	PAGE	VED.*	

For use o	SWORN STATEMENT of this form, see AR 190-45; the <u>proponent</u> agen	ev is ODCSOPS		
LOCATION Camp	DATE 20050613	TIME	FILE NUMBER	
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUM	1654 MBER	GRADE/STATUS	
ORGANIZATION OR ADDRESS				
189th MP CO JTF GTMO				
	WASIT TO SAAVE THE	TOULOWING STATES	CAT HADEO OATH	
On 13 June 2005, at 1007 hrs, I	served as me named and man		eam.	
ISN was to be moved from		At 1012 hrs	hat detainee the IRF team moved to	
The detainee refused to comply and the IRF te	mp NCOIC gave detainee ISN earn was sent in to secure the det	tainee. Once the	one last chance to ce detainee was secured the	e team
moved him inside and stood by at the IRF staging	ainee was placed in a chair with area until given the order to ren	his hands and l nove the secure	legs secured. The IRF tear ed detainee and placed him	m exited n back
into his cell. SOG (gave the or	der to move the detainee back to nimum amount of force necessar	o his cell. The	IRF team moved detainee	<b>;</b>
	//end of statement///			, # * *
			•	
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XHIBIT	INITIALS OF PERSON MAKING STATEMENT	·	2 2	
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT	T OF TAKEN	I AT DATE		AGES
HE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS		-		

	N STATEMENT 190-45; the proponent agency	is ODCSOPS	
LOCATION Camp	DATE 20050613	TIME /653-	FILE NUMBER
LAST NAME, FIRST NAME MIDDLE NAME Purdell, Eric M.	SOCIAL SECURITY NUMBE		GRADEISTATUS 24/RAE3/RA
ORGANIZATION OR ADDRESS 189th MP CO JTF GTMO			
On 13 June 2005, at 1007 hrs, I served	, WANT TO MAKE THE F	OLLOWING STATEMENT IRF team	**
moved from At 1012 hrs, the Camp NCOIC gave detainee ISN:	the IRF team move one last chance to co	detainee ISN: d to the outside omply. The de	was to be of and waited while tainee refused to comply and
the IRF team was sent in to secure the detainee. Once the detainee was placed in a chair with his hands and legs IRF staging area until given the order to remove the secure gave the order to move the detainee back to his cell. The I minimum amount of force necessary without incident.	secured. The IRF tead detainee and placed RF team moved deta	m exited the I him back into inee	and stood by at the his cell. SOG sing the
			ĺ
EXHIBIT INITIALS OF PE	RSON MAKING STATEMENT		PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF	TAKEN A	T DATED	CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED,  STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS	MAKING THE STATEMENT AN THE BACK OF PAGE 1 WILL B	O BE INITIALEO AS "PA	GE .

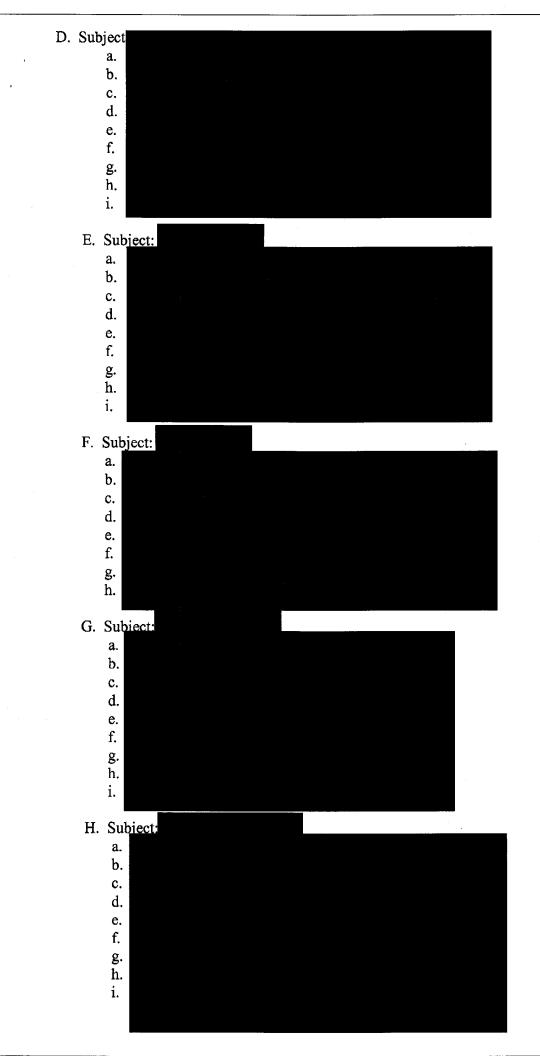
For use of this	SWORN STATEMEN form, see AR 190-45; the propor	·	
LOCATION Camp	DATE 20050	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECUR	10.00	GRADE/STATUS
ORGANIZATION OR ADDRESS			
189th MP CO JTF GTMO			
	IMANIT TO B	PAVE THE EQUI DWING CTAT	TRACKET HAIDED DATIA.
On 13 June 2005, at 1007 hrs I	d	IAKE THE FOLLOWING STATI	m.
using the minimum amount of force neccessar was to be moved from	At 1012 hrs I m	oved to the outside	
Camp NCOIC gave detained ISN:  IRF team was sent in to secure the detained. Once			tainee refused to comply and the inside The
detainee was placed in a chair with his hands and l staging area until given the order to remove the sec	egs secured. The IRF	team exited the	and stood by at the IRF
the order to move the detainee back to his cell. The minimum amount of force necessary without ince	ie IRF team moved de	etainee	sing the
-///E/	10 of State mer	4111	
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XHIBIT	TALS OF PERSON MAKING STA	TEMENT	PAGE 1 OF2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF		TAKEN AT DAT	
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TATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER CO	• • • • • • • • • • • • • • • • • • • •	T WILL BE LINED OUT, AND	rm.

For use of t	SWORN STATEMENT this form, see AR 190-45; the proponer		
LOCATION Camp	DATE 200506	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURIT		GRADE/STATUS
ORGANIZATION OR ADDRESS			
189th MP CO JTF GTMO			
	WANT TO MA	KE THE FOLLOWING STATEN	KENT HUNDER GATH-
	erved	IRF team.	
using the minimum amount of force neccessary to be moved from Camp NCOIC gave detained ISN:  IRF team was sent in to secure the detained. Of detained was placed in a chair with his hands and	At 1012 hrs I moved one last chance to once the detainee was secu	comply. The detaired we moved him is	and waited while the ainee refused to comply and the nside The
staging area until given the order to remove the the order to move the detainee back to his cell. minimum amount of force neccessary without in	secured detainee and place. The IRF team moved det	e him back into his ainee	cell. SOG gave using the
	٠٠,		
EXHIBIT	INITIALS OF PERSON MAKING STAT	EMENT	
			PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS I		TAKEN AT DATA	<del>-</del>
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	Far u		N STATEMENT 90-45; the proponent agenc	y is ODCSOPS			
LOCATION Camp			DATE 20050613	11ME 1630	L 1	IUMBER	
AST NAME, FIRST NA	AME, MIDDLE NAME		SDCIAL SECURITY NUMBER			E/STATUS_	,,, <del>,,,</del> ,
RGANIZATION OR AD	DDRESS						
89th MP CO J		·					
			. WANT TO MAKE THE	FOLLOWING STATES	MENT UNDER DAT	—,——. H:	
On 13 June 200	5, at 1007 hrs, L	served					
A	vas told by SOG at 1012 hrs, the IRF team in	noved to the outs	ide of	and waited wh	ile the Camp	NCOK	gave
etainee ISN:	nee. Once the detainee was	s secured the tear	The detainee ref m moved him insid	e Intel room	While	the team	was mov
RF team exited	his head and and got spit on a	v at the IRF stagi	ng area until given	the order to r	emove the s	ecured det	ainee and
laced him back etainee	k into his cell. SOG	gave the	order to move the n amount of force	detainee back necessary with	to his cell. out incident	The IRF i	team mov
etainee Clinic	located inside Camp Delta						
		///end of stat	ement///				
	•						
				•			
	•						
·					<del>,</del>	· .	
IBIT		INITIALS OF PERSO	N MAKING STATEMENT		PAGE 1 OF		PAGES
					<u> </u>		

	DETAINEE	REPORT	FF8781A9
1. TO COMMANDER or DESIGNATED REP	PRESENTATIVE	2. DATE 14JUN2005 001	OL .
3. TYPE OF REPORT: (Check One) SIR			
4. STATUS MEMORANDUM FOR RECOR	RD.		
5. DETAINEE'S NAME: (Last, First, MI)	6. ISN#	7. DETAINEE LOCAT	ION
8. INCIDENT 11-OTHER			
	med the Detainee's Chain of Command. A at the Field Grade in t ximately 1007 hours  (He failed to comply ecessary and restrain t cell, searched the De entered the  at tainee and return him embers of the Team v	had refused to that he tapproximately 0940 hours he Wire Wife IRF Team At 1012 hours to enter the Detainee. The IRF Team tainee and placed him in The Detainee would not of the IRF Team to The Team to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the to The Team were evaluated by Medical at the total a	as in route and to after giving the er using secured the cooperate with the am to enter the m executed without
10. WITNESS		11 WAS DETAINEE II	NFORMED (Check One)
12. ACTION TAKEN BY COMPOUND NCO:	:		
13. ACTION(s) & RECOMMENDATION(s) C	OF GUARD COMMANDER:		
14. RECOMMENDATIONS BY CHIEF, DETA	AINEE OPERATIONS BRAN	CH::	
15. ACTION TAKEN BY SUPERINTENDEN APPROVED BY:	Т:		
16. ACTIONS			
17. REPORTING PERSON NCOIC SOG	18. PERSON SSN	19. PERSON GRADE ALL	
DMS Observation/Disciplinary Report Form			

1. Category: 2. Type of incident: Forced Cell Extraction of a Detainee 3. Detainee ISN: 4. Date/Time of incident: 28 NOV 04/ 0855hours 5. Location: Camp GTMO, Cuba 6. Other information: a. Racial (Y/N): N 7. Personnel Involved: A. Subject: a. b. c. d. e. f. g. h. i. B. Subject: Ъ. d. e. f. C. Subject: a. b. c. d. e. f. g. h. i.

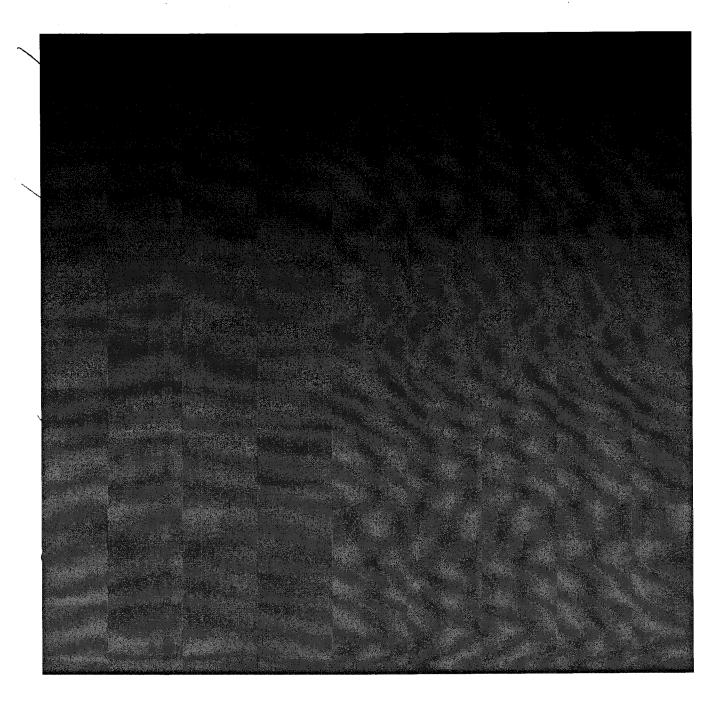


I. Subject:				
a. b.				•
c.				
d.				
e. f.				
g.				
h. i.				
J. Subject:				
J∙ k.				
1.				
m. n.				
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p.				
q. r.				
K. Detainee:	:			
a.				
<b>b</b> .				
c. d.				
e.				
8. Summary of Incident:	At about 0830 hour	s detainee ISN #		
refused to go out for	shower and recreation	on. Detainee was	told that he	must exit his
cell for a cell search to be SOG's commands to exit	conducted. Detaine	e was noncompilate that the same of the sa	n, Behavior	al Science,
Medical, and DOC were o	alled. Intel team wa	s called, but declir	ned to come	saying it
would only make things w arrived on site, Detainee v	vorse. At approx 08	55 hours, Medical their commands to	, and Benav o exit cell. T	The Force Cel
Extraction Team (FCE) w	as assembled and pr	receded to	ifter rec	eiving
authorization from FOG	, who wa	as present. Upon e	entry the det	ainee was
secured in hand and leg in and taken to where	MP's searched him	, evaluated and cle	eared by me	dical staff.
was searched,	contraband found 3	cups, two salt pac	kets, and or	ange peels.
was then put in secure the detainee. Ther	The minimum e were no injuries re	n amount of force ported to the detail	inee or staff	
9. Remarks:				
9. Remarks.				
10. Publicity: N/A				
11. Commander Reportir	ng: BG Hood, CJTF	F-GTMO, and Gua	ntanamo Ba	ıy Cuba
12. Point of Contact:				

13. Downgrading instructions: N/A

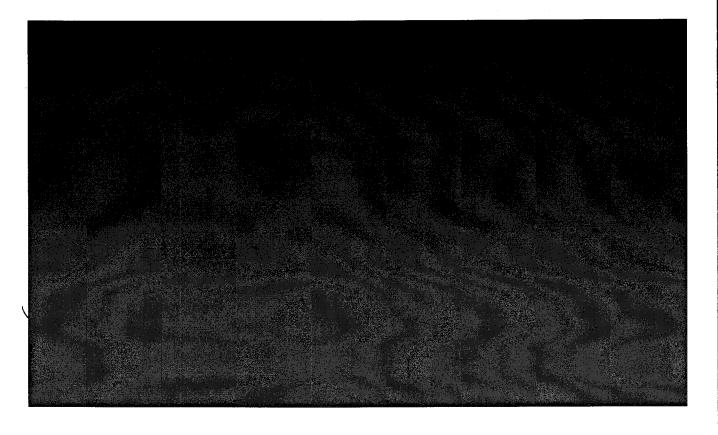
## INITIAL BASIC SIR REPORT

GUANTANAMO BAY, CUBA



(The latest of the latest of t

# INITIAL BASIC SIR REPORT GUANTANAMO BAY, CUBA



NAME :	GRADE:	SSN:	
SEX: RACE:	UNIT:		AGE
CLEARANCE:			
NAME :	GRADE:	SSN:	
SEX: RACE:	UNIT:		AGE
CLEARANCE:			

		SWORN ST				
	For use of this form	n, see AR 190-45	; the proponent a	gency is ODCSOPS		
AUTHODITY	Title 10 USC Section 301; Tit	PRIVACY ACT		7 dated November 2	2 1943 (SSN).	
PRINCIPAL PURPOSE:	To provide commanders and I					
ROUTINE USES:	Your social security number is					sval.
DISCLOSURE: 1. LOCATION	Disclosure of your social secu		luntary. (YYYYMMDD)	3. TIME	4. FILE NUMBER	
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5. LAST NAME, FIRST		6.	SSN		7. GRADE/STATUS	
8. OR TANIZATION OR CAMIL TF-GTMO	ADDRESS GAUNTANAMO BAY, CU	JBA APO AE (	9360			
9.					FEMENT UNDER OATH:	
That 15	N# Refused	to cooper	ate with	the MP's bu	houting his	
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asked to Co	onis back so to be perate numerous the mp's to If they do this I an Hole." Mp's I taken away.	us Jimes	but he rea	plied "Im no	t an animal. <u>I</u>	·
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like a man.	It they do this I	min the	1 Sh'1 int	here face ev	recutione they	/
Open the be	enthole." MP's	a moved	Fran	nhis Coll A	nd all	
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10. EXHIBIT		11. INITIALS	OF PERSON MAK	ING STATEMENT	PAGE 1 OF PAG	ES
ADDITIONAL PAGES MU	UST CONTAIN THE HEADING	STATEMENT _	TAKEN A	T DATED		
THE BOTTOM OF EACH MUST BE BE INDICATED	I ADDITIONAL PAGE MUST BE D.	AR THE INITIALS	OF THE PERSON	I MAKING THE STAT	TEMENT, AND PAGE NUMB	ER

DA FORM 2823, JUL 72, IS OBSOLETE

DA FORM 2823, DEC 1998

USAPA V1.00

,	For use of this form	SWORN STATE , see AR 190-45; the		s ODCSOPS		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Tit To provide commanders and la Your social security number is Disclosure of your social secu	aw enforcement offici used as an additional rity number is volunta	1; E.O. 9397 dated als with means by w /alternate means of ry.	vhich informatio identification to	n may be accurate facilitate filing ar	
1. LOCATION CELL WIN	GCAMP_JTF-GT	2,011	28 ø'	133	4. FILE NUMBER	
8. ORC NIZATION OR CAMF JTF-GTMO 9.		JBA APO AE 09360			7. GRADE/STATU	
AET TEAM WAS	use to restrain.	eeruséd ce + DET-	all extre	on 28	HARM W	I.L.F
``	o DET-	or I.R. T were pro-	- during perly ap	force r	estraint, to each a	. All extremit
	use of restrain		check ea	ach ext Det-	of statemen	For
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DA FORM 2823, DEC 1998

SWORN STATEMENT  For use of this form, see AR 190-45; the proponent agency is ODCSOPS	
For use of this form, see AR 190-45; the proponent agency is obcoord.  PRIVACY ACT STATEMENT	<u></u>
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	rieval.
DISCLOSURE: Disclosure of your social security number is voluntary.	·
1. LOCATION WING CAMP TF-GTMO 2 COLD 128	
CELL WING CAMP TF-GTMO 200-11 28  6. SSN 7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS CAMP JTF-GTMO GAUNTANAMO BAY, CUBA APO-AE 09360	
9. , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:	
ON THE ABOUR DATE AND AT APPROXIMATELL DBS	٥
HIRS I WILS ASSIGNED TO FORCE C	
EXTRACTION TEAM (ECE). I WAS ASSIGNED A THE	
NUMBER H MAN, ASSIGNED	
AT APPROXIMATELY DESC I RESPONDED	
TO A FORCE CELL EXTRACTION ON DETAINER	
ISN UPON ARRIUAL TO CELL	-
WHENCE THE DETAILORY SOND WOOD IN	RCE_
CELL EXTRACTION WAS FREFORMED I	
USING THE MINIMUM AMOUNT OF	
FORCE NEESSARY WITH OUT FURTHER INCIDENT I/END	<u> </u>
STATEMENT. ] !	•
	,
10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF P	AGES
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 NU	MBER
MUST BE BE INDICATED.	SAPA V1.00

		SWORN STATEMENT	-	
	For use of this form	, see AR 190-45; the proponent a	gency is ODCSOPS	· · · · · · · · · · · · · · · · · · ·
	201 TO 10 TO	PRIVACY ACT STATEMENT	CALtop 5	
AUTHORITY: PRINCIPAL PURPOSE:		tle 5 USC Section 2951; E.O. 9397 aw enforcement officials with mea		
ROUTINE USES:	= -	aw enforcement officials with mea used as an additional/alternate me		
DISCLOSURE:	Disclosure of your social secur	rity number is voluntary.		
1. LOCATION CELL WIN	G CAMP JTF-GT	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST		ГМО <u>2004/128</u> 6. ssn	0920	7. GRADE/STATUS
5. LASI	WAIVIE. IVIII	10. 551		
	address GAUNTANAMO BAY, CU	JBA APO-AE 09360		
9.		, WANT TO MAKE TH	IE FOLLOWING STA	TEMENT UNDER OATH:
ON 28 Noveme	SER 2004, AT APPRO	KIMATELY 0850 A	FORCED CELL	EXTRACTION WAS
PERFORMED ON	DETAINEE ISN.			
A	10.2			
				E CELL DOOR OPENING;
WAS STAN	DING ON HIS TOILET	WAITING ON THE YEAM	CHO ELZTER I	PUT GRUS BREISTHAN
AS WE ATTEMPT	IED TO RESTRAIN ON	was rinably	RESTRAINED	using the minimum
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MUST BE BE INDICATED.

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The state of the s	tle 5 USC Section 2951; E.O. 93			
· ·	law enforcement officials with me s used as an additional/alternate r			etrieval
DISCLOSURE: Disclosure of your social security		realis of identification	to inclinate ming and i	—
1. LOCATION CELL WING CAMP TF-GT	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	10930 hrs	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS CAMP JTF-GTMO GAUNTANAMO BAY, CI	UBA APO AE 09360			
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		NORN STATEMENT AR 190-45; the proponent a	agency is ODCSOPS		
PRINCIPAL PURPOSE: To pro ROUTINE USES: Your s DISCLOSURE: Disclo	PRIV 10 USC Section 301; Title 5 Use ovide commanders and law ent social security number is used osure of your social security nu	forcement officials with mea as an additional/alternate m imber is voluntary.	eans by which informa neans of identification	ation may be accura n to facilitate filing a	and retrieval.
1. LOCATION CELL WING	CAMP JTF-GTMO	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER	1
5 LAST NAME, FIRST NAME,		6. SSN		7. GRADE/STAT	US
8. ORGANIZATION OR ADDRE	ESS NT <u>ANAMO</u> BAY, CUBA A	APO-AE 09360			-
9.	bxr 28, 2004	, WANT TO MAKE TH	HE FOLLOWING STA	) HRS	
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10. EXHIBIT	11	OF PERSON MAI	KING STATEMENT	PAGE 1 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 Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary 4. FILE NUMBER 1. LOCATION 2. DATE (YYYYMMD WING JTF-GTMO CAMP 3111 CELL 2004-11-28 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 8. ORGANIZATION OR ADDRESS CAMP JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360 WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: EXI THE 2004-11-28 AT APPROX. 0850 ISM # FCRCE CELL EXTRACTION WAS PERFORMED. 60 45 PEGISTING TO GOMPUED. TSH # 1914 ray 8510N 15 MO AND USE MILLITUM AMOUNT OF FORCE AS LIECES SARY. HEND OF STATEMENT.//-10. EXHIBIT 11. INII PERSON MAKING STATEMENT PAGE 1 OF **PAGES** ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_ TAKEN AT \_ 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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DA FORM 2823, DEC 1998

MUST BE BE INDICATED.

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

#### SIR 15JULY051745

1	Calagoriu	
١.	Category:	

2. Type of Incident:

3. Date/Time of Incident:174515JULY05

4. Location: Camp Delta, GTMO, Cuba

5. Other information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

	,	•
6. Personnel involved:		
A. Subject:		
(a)		
(a)		
(b)		
(c)		
(d)		
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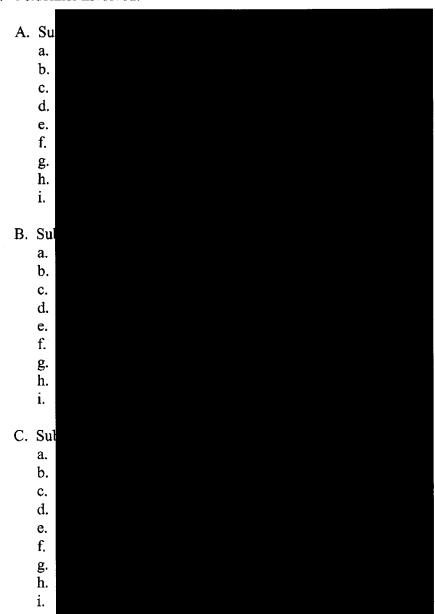
7. Summary of Incident: On 15JULY05, at approx. 1745hrs, detained in cell refused to remove his towel from his cell window. The PL informed the detained they would be opening the bean hole to make inspect the cell for damage and that he would not be hurt. Upon opening the bean hole the detained began to attack the guards using a towel with a knot in the end as an improvised weapon. The Weapon was secured by the guard force and the bean hole shut. The detained was directed in the
8. Remarks: Behavioral Health and Medical on scene.
9. Publicity: N/A
10. Commander Reporting:
11. Point of Contact:
12. Downgrading Instructions: N/A

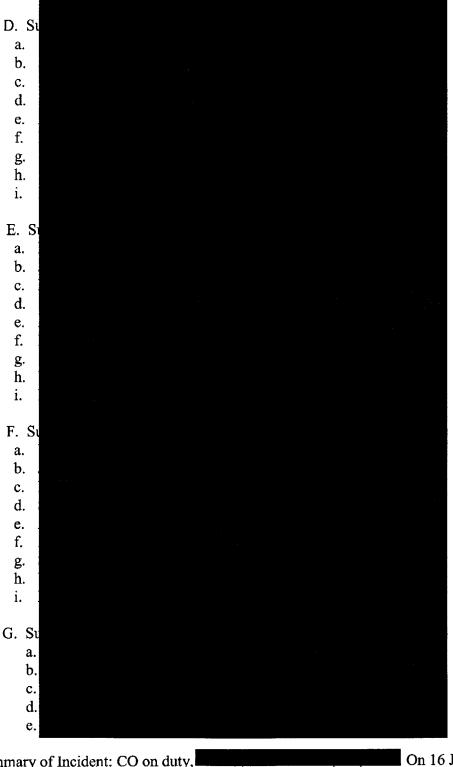
	For use of	SWORN STATEMENT this form, see AR 190-45; the proponent	t agency is ODCSOPS		
		PRIVACY ACT STATEMENT			
AUTHORITY: PRINCIPAL PURPOSE:		C Section 2951; E.O. 9397 dated Novemb		idan sistad	
ROUTINE USES:		cement officials with means by which inf an additional/alternate means of identific			
DISCLOSURE:	Disclosure of your social security number		SOLOW TO TOCKLOTE MANY DIST	otticadi.	
1. LOCATION Block, Cam	p Delta, Guantanamo Bay,	2. DATE (YYYYMMDD)	3. TIME 17 4 5	4. FILE NUMBE	R
5. LAST NAME, FIRST NAME,	MIDDLE NAME	6. SSN		7. GRADE/STAT	US
8. ORGANIZATION OR ADDRES			0.00.60		
<u> </u>	OCK Camp Delt	a, Guantanamo Bay, Cuba	09360		
CONDUCTING WE GOT TO WE WERE TO PULL HISTO	XIMATELY 1700  CHECK CHECK  THERE TO CHE  WE GOT I  WE WERE OF	KS ON ALL OF CR HIS CELL I THE WINDON NO ANSWER ENING THE	WE IN AND THAT SO THA BEAN HOL	SELF WE OCKS CE FORMED HE NEE TWE COX (SOG)	LLS.WHE HIM THA DED TO ILD SCE TOLD WE OBLO
AND THA THE BEAN THEN HIS S	, WL	PROCEEDED IS TOWEL H E FLIP FLOP	70 5W/1	COHIS Y	LIPTCO
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THIS	All E	11. INITIALS OF PERSON A		PAGE 1 OF	2 PAGES

DA FORM 2823, DEC 1998

1.	Category:

- 2. Type of incident:
- 3. Detainee ISN:
- 4. Date/Time of incident: 16 JUL 05 / 1215 hours
- 5. Location: Cell Block, Camp Camp Delta, GTMO, Cuba
- 6. Other information:
  - a. Racial (Y/N): N
- 7. Personnel Involved:





- 8. Summary of Incident: CO on duty, were serving chow to The detainee accepted his tray and placed it on his bunk. The detainee is currently on cup loss and was asked if he wanted his drink poured in his tray lid. The detainee accepted his fruit and then grabbed his tray and claimed it was not his food. The detainee threw the food out the beanhole and attempted to strike the then to halt the assault. The detainee backed up and covered his beanhole with his isomat. Medical was called and responded to ensure he was properly
- 9. Remarks: None
- 10 Publicity: N/A

11. Commander Reporting: Bay, Cuba

12. Point of Contact:

13. Downgrading instructions: N/A

#### SWORN STATEMENT

For use of this form, see	e AR 190-45; the proponent a	gency is ODCSOPS	
PF	RIVACY ACT STATEMENT		
Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 9397	dated November 2:	2, 1943 (SSN)
Your social security number is used	d as an additional/alternate me	ans of identification	to facilitate filing
Camp block	2. DATE (YYYYMMOD) 2005 07 16	3. TIME 1317	4. FILE NUMBER
IAME, MIDDLE NAME	6. SSN		7. GRADE/STAT
address 2 GTMD Cuba			
	, WANT TO MAKE THE	FOLLOWING STATE	MENT UN DER DA
at approximately la	215,		
ed it on his bung asked if he want detained leaned for we went to his trop hole than swung his to Stop	k. The detainer of his fruit or rord and accepted by said it was not arm trying to the assault that the bean hole bean hole and tainees on	detainee a  c is curre  drink pour  his fruit  this, an  strike  was in p  with his  continue  block.	ently on cup ed in his in his hand A threw it  rograss. The Iso mat. A serving  Medical was
	Title 10 USC Section 301; Title 5 To provide commanders and law e Your social security number is used Disclosure of your social security n  Camp	PRIVACY ACT STATEMENT  Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397  To provide commanders and law enforcement officials with mean  Your social security number is used as an additional/alternate me  Disclosure of your social security number is voluntary.  Camp block 2005 07 16  IAME, MIDDLE NAME 6. SSN  INDORESS  RECEIVED  WERE SCRVING LUNCH  I OCATED in cell 7. The  ed it on his bunk. The detained  asked if he wanted his fruit or  detained leaned for word and accepted  ex went to his tray said it wasn  hole then swung his arm trying to  to Stop the assault that  d UP and covered the bean hole  nd FCI closed the bean hole  nd FCI closed the bean hole  rest of the detainees on	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22 To provide commanders and law enforcement officials with means by which informal your social security number is used as an additional/alternate means of identification Disclosure of your social security number is voluntary.  Camp

. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	7
·		PAGE 1 OF
DITIONAL PAGES MUST CONTAIN THE HEADING "	STATEMENT NAT DATED	

L Category: N.A.

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

4. Location: GTMO Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A.	Subject:		
	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		
B.	Subje (a) (b) (c) (d) (e)		
	(f) (g) (h) (i) (j)		
C.	Subje (a) (b) (c) J (d) F (c) S (f) A (g) F (h) S (i) U (j) E		
D.	Subje (a) (b) (c) (d)		

(g) (h)	
(i)	
(j)	
. Subject	
(a) (b)	
(c)	
(d) (e)	
(f)	
(g) (h)	
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(i)	
(a)	
(b)	
(c) (d)	
(e)	
(f) (g)	
(h)	
(i) (j)	
D. Detainee:	
(a) (b)	
(c)	
(d)	
	mp
Commanding Officer, with permission from acting Field Grade in the Wire Camp Platoon Leader, to initiate a Forced Cell Extraction on ISN#	
The detainee threw MRE items at guard striking him in left ear and drawing betainee continued refusing to relinquish food items from previous meal. The detainee was subd	olood.

IRF team, put on a backboard and moved to

8. Remarks: N/A

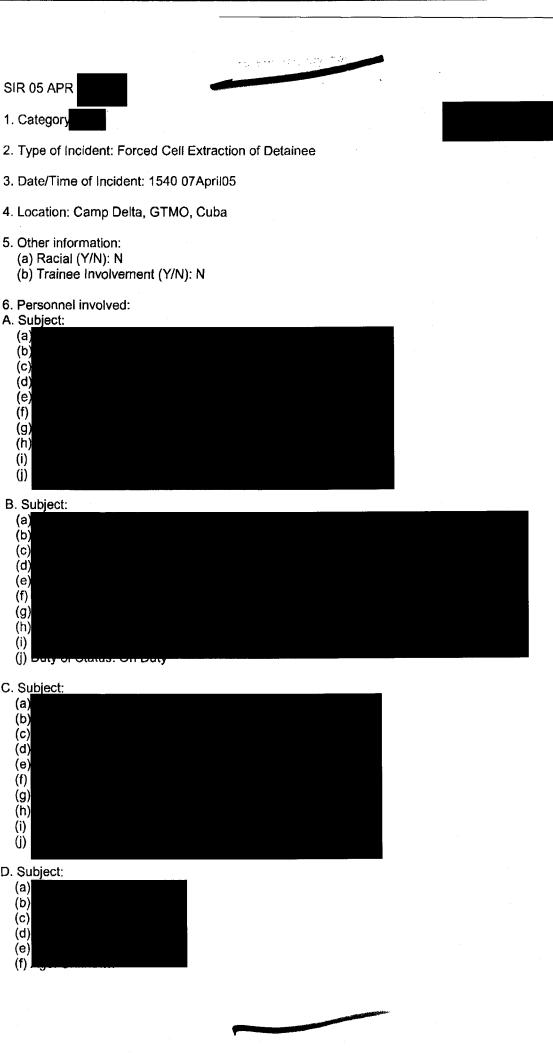
9. Publicity: N/A

10. Commander Reporting:

12. Downgrading Instructions: N/A

### IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE	FOR CAMP	TODAYS DATE	is <u>6-17-05</u> , ani	THE CURRENT	
			RIZED AN IRF ON T		
IN CELL:	ISN:		IE FOLLOWING EV		
THROWING	MRE PACK	CETS AT N	1Ps		
TLEF USIN	c TO THROW	RETURN	FOOD ITEMS	and shanda	
I WILL USE TH	E MINIMUM AMO	UNT OF FORC <u>E</u> N	IECESSARY AND I	ENSURE THAT	
	DOES AS WELL."				
o ESCORT	TEAM	•			
o MEDICA	L TEAM				
o VIDEO T	EAM				
o INTERPR	ATER	·		·	
o BARBER					
IRF PERSONNE	L INFORMATION:	•	* 0.07MTO3.I.4	DOCUTION S	
POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5	7
		and the second s	Secretary of the second		
	ENTENNI MEEDED	VESTA			



SIR 05 APR

1. Category

A. Subject: (a) (b) (d) (e) (f) (g) (h) (i)

B. Subject:

C. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)

D. Subject: (a) (b) (c) (d) (e)

(a) (b) (c) (d) (e) (f) (g) (h) (i)

5. Other information: (a) Racial (Y/N): N

(g (h (i) (j)		
E. Subject:		
(a) (b) (c) (d) (e)		
(e) (f) (g) (h) (i) (j)		
F. Subject:	 	
(a) (b) (c) (d) (e) (f)		
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(i) (j)		
G. Subject:	 	
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	For use of this form	n, see AR 190-45	i; the proponent	agency is ODCSOPS	
			T STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Ti				
PRINCIPAL PURPOSE: ROUTINE USES:	To provide commanders and I  Your social security number is				ation may be accurately n to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social secu			ABBOR	To facilitate thing and recover
1. LOCATION		2. DATE	(YYYYMMDD)		4. FILE NUMBER
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	0.	. SSN		7. GRADE/STATUS
8. ORGANIZATION OR	ADDRESS				
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## IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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TIME IS 15	/ <del>F</del> . I / THE (	CO HAVE / HAS	AUTHORIZED	) AN IRF ON	THE DETAI	NEE
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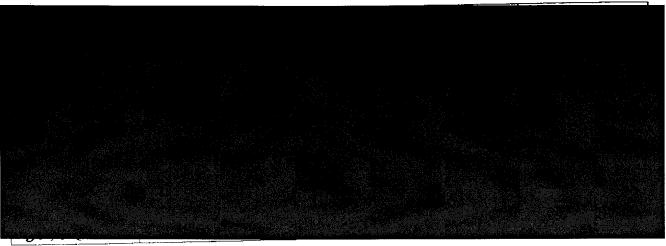
o ESCORT TEAM

THE IRF TEAM DOES AS WELL."

- o MEDICAL TEAM
- o VIDEO TEAM
- o INTERPRATER
- o BARBER

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5



MEDICAL ATTENTION NEEDED: YES KNO

## INCIDENT REPORT SIR 05 APR 1. Category: 2. Type of Incident: Forced Cell Extraction of Detainee 3. Date/Time of Incident: 122007April05 4. Location: Camp Delta, GTMO, Cuba 5. Other information: (a) Racial (Y/N): N (b) Trainee involvement (Y/N): N 6. Personnel involved: A. Subject: (a) (b) (c) (d)(e) (f) (g)B. Subject: (a) (b) (c) (d) (e) (f) C. Subject: (a) (b) (c) (e) (f) (g)D. Subject: (a) (b) (c) (d) (e)

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J.	Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)			
K.	Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)			
	Detainee: (a) (b) (c) (d) (e) (f) (g) (h)			

refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behaviorial Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp Let then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,

which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the bean hole and were able to secure it shut. The CO then asked the detainee to comply with turning over his BI and was told no. At 1220 hrs, the CO then called the assistant S-3, then the on-duty field grade, and informed him of the situation. He then authorized the Forced Cell Extraction (FCE) and the primary IRF code was given. At 1234hrs, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was shackled and taken to the recreation yard for examination by the on duty Corpsman. The detainee was asked if he was injured and he stated he was okay and uninjured. He was then carried by the IRF team to block and placed into cell without incident and the FCE was complete at 1245hrs. The detainee was fed his lunch meal at approximately 1300hrs.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting:
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

RINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately four social security number is used as an additional/alternate provide to facilitate filling and repositional security number is voluntary.  LOCATION  CAMP DELTA  LAST NAME, FIRST NAME, MIDDLE NAME  ORGANIZATION OR ADDRESS  JP90 JTF  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  ON 07 APR 05, at approximately 4840 while attempting  Shackle  The detained street  The detained street  The detained street  Me in the stomach and spit on me, Affond of Statement	For use		ORN STATEMENT R 190-45: the proponent	agency is ODCSOPS	
RINCIPAL PURPOSE: To provide commenders and law enforcement officials with means by which information may be accurately COUTINE USES:  Disclosure of your social security number is used as an additional/atomy facilitate filing and response to your social security number is voluntary.  LOCATION CAMP DELTA  LAST NAME, FIRST NAME, MIDDLE NAME  ORGANIZATION OR ADDRESS  JODO JTE  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  OR OF APIR 05, at appreximately D849 while extempting the detained of Statement CONTINUED - This occurred while conducting a random Cell Search. III End Of Statement III.	1.01.030			-2	
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DISCUSSINE: Disclosure of your social sociality number is volumed.  LOGATION (AMP DELTA 2.035 0407 3.5)  LAST NAME, FIRST NAME, MIDDLE NAME 16. SSN, 7. GRADE/STATUS  B. ORGANIZATION OR ADDRESS  JP20 JTE  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  The detained street in the stomach and spit on me, MEnd of Statement  CONTINUED - This occurred while conducting a random  Cell Search . III End of Statement III.	•				
LAST NAME, FIRST NAME, MIDDLE NAME  LAST NAME, FIRST NAME, MIDDLE NAME  LORGANIZATION OR ADDRESS  JODO JTE  WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  ON 07 APR 05, at appression and edg 4849 while attempting the detained strength of the detained strength of the stomach and spit on me, MEND of Statement  CONTINUED - This occurred while conducting a random cell search. III End of Statement III.		r social security num	ber is voluntary.		
LAST NAME, FIRST NAME, MIDDLE NAME  ORGANIZATION OR ADDRESS  JOYO JTE  WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH:  WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH:  OR IN THE STOMACH And Spit on Me, MEND OF STATEMENT  CONTINUED - This occurred while conducting a random  Cell Search. III End of Statement III.	LOCATION CAMP DELTA				4. FILE NUMBER
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  ON O7 APR 05, at approximately 2848 while extempting thackle  the detained strength in the stomach and spit on me, AFEND of Statement  CONTINUED - This occured while conducting a random  Cell search. III End of Statement III.			<del></del>	<u> </u>	7. GRADE/STATUS
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#### SWORN STATEMENT

	For use of this form,	see AR 190-45; the pro		CSOPS:	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title To provide commanders and law Your social security number is u Disclosure of your social security	v enforcement officials v sed as an additional/alte	O. 9397 dated Nove with means by which ernate means of identi	information may be ac ification to facilitate fil	curately ing and retrieval.
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/S	STATUS
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THE BOTTOM OF EACH	I ADDITIONAL PAGE MUST BEA D.	R THE INITIALS OF THE	PERSON MAKING TH	HE STATEMENT, AND	PAGE NUMBER

•	For use of this form	SWORN STA	ATEMENT the proponent agenc	wie ODOSOPS			
PRINCIPAL PURPOSE: ROUTINE USES:	Title 10 USC Section 301; Tit To provide commanders and I Your social security number is	PRIVACY ACT State 5 USC Section aw enforcement or used as an additional state of the state of th	STATEMENT 2951; E.O. 9397 dat fficials with means b onal/alternate means	ed November 2 y which inform	ation may be a	ccurately	
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5. LAST NAME, FIRST N	IAME, MIDDLE NAME	6.	SŚŃ		7. GRADE	STATUS	
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ADDITIONAL PAGES MU	ST CONTAIN THE HEADING ".	STATEMENT	TAKEN AT	DATED _			
THE BOTTOM OF EACH A	ADDITIONAL PAGE MUST BEA	AR THE INITIALS C	OF THE PERSON MAK	ING THE STAT	TEMENT, AND	PAGE NU	IMBER

# IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

THE IRF TEAM DOES AS WELL."	
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I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND THE IRF TEAM DOES AS WELL."	
THE IRF TEAM DOES AS WELL."	
THE IRF TEAM DOES AS WELL."	ENSURE THAT
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o ESCORT TEAM	
o MEDICAL TEAM	
o VIDEO TEAM	
o INTERPRATER	
o BARBER	
IRF PERSONNEL INFORMATION:	
POSITION 1 POSITION 2 POSITION 3 POSITION 4	POSITION 5

MEDICAL ATTENTION NEEDED: YES / NO

(e) (f) (g) (h) (i) (j)	
J. Subject:  (a) (b) (c) (d) (e) (f) (g) (h) (i)	
K. Subject:  (a) (b) (c) (d) (e) (f) (g) (h) (i)	
L. Detainee:  (a) (b) (c) (d) (e) (f) (g) (h) (i)	
7. Summary of Incident: CO on duty, detainee ISN# cell refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG ordered detainee ISN# to remove his towel and he refused. At approximately 1400, the PL ordered the detainee to remove his towel and he refused. At approximately 1422, the arrived at the detainee's cell with an Arabic interpreter and ordered the detainee to remove his towel because it was a safety issue and against the rules at least 3 times and he refused. At approximately 1450, activate the IRF Team using the and received permission from to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take he towel down. At approximately 1500, a Behavioral Health Technician arrived at the detainee ISN# Afterward, authorized to removal of all BI items from the detainee upon extraction. At approximately 1515, arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to	ed is et

## IRF INFORMATION COLLECTION SHEET

ISN OF DETAINEE CELL LOCATION
SOG PL CO MEDICAL BEHAVIORAL HEALTH
TIME/ WHO- ADVISED HIGHER OF SITUATION:
TIME IRF TEAM ASSEMBLED 12 20  TIME IRF INITIATED 12 3 4  TIME IRF COMPLETED 12 4 5  CAMERA DISPATCHED W/ RADIO 12 20 (JEDI 1)
STOP CAMP MOVEMENT 1222
START CAMP MOVEMENT 1259
HOLD RADIO TRAFFIC 1222
CLEAR NORMAL TRAFFIC 1259
OTHER POSSIBLE NOTIFICATIONS
TIME  DETAINEE OPERATIONS OIC /12Ø  S-3 /12Ø  DJDOG  CJDOG /223
JOC CONTACTED 1225
CELL/ISN
INJURY MP/DETAINEE <u>vo</u> MED CLEARED YES NO
RELOCATION OF DETAINEE YES

#### **SIR 3 JUNE 2005**

- 1. Category:
- 2. Type of Incident: Reactive Use Of Force
- 3. ISN#:
- 4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs
- 5. Location: Camp Wing, Cell GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:

A. Subjec	ct:		 	
(a) (b) (c) (d) (e) (f) (g) (h) (i)				
B. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)				
D. Si (a (b) (c) (d				

(g) (h) (i) (j)
E. Subject:  (a) (b) (c) (d) (e) (f) (g) (h) (i)
F. Detainee: (a) (b) (c)
8.Summary of Incident: On 3 June 2005, at approximately 0430 hours, I SOG contacted Behavioral Health in regards to a memo authorizing Camp  Cadre to remove detainee ISN# Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the Wing Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's face and attempted to head butt the Delta Block NCO  At that time the detainee was taken to the ground using the minimum amount force necessary. The Wing Block NCO sounded the All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp cadre or the detainee at that time. DOC, Camp NCOIC, Medical and Behavioral Health were notified of the incident.
9. Remarks: N/A
10. Publicity: N/A
11. Commander Reporting:
12. Point of Contact:

13. Downgrading Instructions: N/A

	For use of this fo		STATEMENT -45; the proponent ager	ncy is ODCSOPS			
			CT STATEMENT				
AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section	on 2951; E.O. 93	397 dated November 2	2, 1943 <i>(SSN)</i> .			
PRINCIPAL PURPOSE:	To provide commanders and law enforcement	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 add	ditional/alternate	e means of identification	n to facilitate filing and retrieva	i.		
DISCLOSURE:	Disclosure of your social security number is y	voluntary.		3. TIME	4. FILE NUMBER		
1. LOCATION Gu	antanamo Bay, Cuba		(YYYYMMDD) 2005/06/03	0535	7. GRADE/STAT		
5. LAST NAME, FIRST NAME	, MIDDLE NAME		6. SSN		7. GRADE/STAT		
8. ORGANIZATION OR ADDR C-Btry 1/143 FA	ESS						
pass the items throu Detainee then becan minimum amount or	450 on 03 June 2005, I per order Behavioral Health. The light he tray slot. After the detair line violent and tried to head butt f force necessary. At the time, to light head but head butt and the Block NCO	assis detainee w nee was sha	sted with the reverse compliant are ackeled he then.  The Deta	inee was then secure	sue of Detaine e wanted to be me in the face d on the groun available MP	Then the dusing the sand SOG	
responded. Then time the Detainee w	vas placed in the IRF position and	I we exited	the cell	— End of	<del>slak</del> ment		
10. EXHIBIT		11-4	NITIALS OF PERSON M	AKING STATEMENT	PAGE 1 OF	2 PAGES	
ADDITIONAL DACCE MUCT	CONTAIN THE HEADING "STATEMENT OF		TAKEN	AT DATED			
ADDITIONAL PAGES MUST	CONTAIN THE HEADING "STATEMENT OF	HE PERSON MA		TAT DATEU T, AND PAGE NUMBER MUST I	BE BE INDICATED.		

40 30

remove the towel or else he would be extracted from his cell so the towel could be removed to which the detainee again refused. At approximately 1530, gave the order for the FCE to proceed. At 1540, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was restrained in flexi-cuffs and taken to the recreation yard for examination by the on-duty Corpsman. When asked questions about if he was injured the detainee's only responses through the interpreter were words to the effect that he was at war with all present. The Corpsman determined the detainee to be uninjured. When the detainee was told he would have to give up his shirt and pants once back in his cell, he answered angrily with further threats. For this reason, shears were used to cut and remove his shirt and pants from him while being held by the IRF Team in the recreation yard. The detainee was then carried by the IRF team back to his cell, without incident and the FCE was complete at approximately 1620. The entire FCE was video-taped.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting:
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

	For one of this fe		STATEMENT	t aganty in DMC		
	For use of this fo		90-45; the proponen	t agency is Fivid.		
			ACT STATEMENT		(0.00)	
AUTHORITY:	Title 10 USC Section 301; Titl					
PRINCIPAL PURPOSE:	To provide commanders and					
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Block Camp Delta,	GTMO Cuba	]	2005/04/07	1640		
5. LAST NAME, FIRST I	NAME, MIDDLE NAME		6. SSN		7. GRADE/ST	ATUS
8. ORGANIZATION OR 367th Military Police	ADDRESS Company JDOG, Camp Del	ta. APO AE	09360		<b>I</b>	
9.						
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10, EXHIBIT		11. INITIAL	S OF PERSON MAK	ING STATEMENT		3
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	For use of this f		STATEMENT 90-45; the proponen	t agency is PMG.		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Tit To provide commanders and Your social security number Disclosure of your social sec	le 5 USC Sect I law enforcen is used as an	nent officials with me additional/alternate	eans by which info means of identifics	mation may be accura	•
1. LOCATION Block Camp Delta,	GTMO Cuba	2. DA	TE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER	
5. LAST NAME, FIRST	NAME, MIDDLE NAME		6. SSN		7. GRADE/STATU	S
8. ORGANIZATION OR Navy Provisonal Guar		G, Camp	APO AE 0936	0		
9.			WANT TO MAKE TH	E FOLLOWING STA	TEMENT UNDER OAT	`H:
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DA FORM 2823, DEC 1998



•	For use of this form	SWORN STATEMENT n, see AR 190-45; the proponent a	gency is ODCSOPS	: 2	
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1. LOCATION		2. DATE (YYYYMMDD) 3005 04 07	3. TIME	4. FILE NUME	ER
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DA FORM 2823, DEC 1998

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



	For use of t	this form, see A	R 190-45; the propon	ent agency is ODCS	UPS		
	-	PRIV	ACY ACT STATEMEN	Ť		04/1	
AUTHORITY:	Title 10 USC Section	301; Title 5 US	C Section 2951; E.O.	9397 dated Novem	ber 22, 1943 <i>(S:</i> formation may be	S <i>N).</i> • accurately	,
PRINCIPAL PURPOSE:	To provide commande	ers and law enfo	orcement officials with as an additional/alterna	i means by which in ite means of ide <del>ntifi</del>	romation may be retice to facilitate	filing and	retrieval.
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8. ORGANIZATION OR	ADDRESS		····				
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

DA FORM 2823, DEC 1998



#### SWORN STATEMENT

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

PRIVACY ACT STATEME	PF	RIV	Ά	CY	ACT	STA	TEN	AEN	JΤ
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**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

Disclosure of your social security number is voluntary. DISCLOSURE:

2. DATE (YYYYMMDD LOCATION Block Camp Delta, GTMO Cuba

1640 2005/04/07

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Navy Provisonal Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN

I WAS THE NUMBER THREE MAN.

THE FCE

TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM.

THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE

WAS CHECKED BY MEDICIAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE. NOTHING FOLLOWS------

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT PAGE 1 OF \_

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.

**PAGES** 

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1. LOCATION	Disclusure of your social secu	2. DATE (YY)		TIME	4. FILE NUMBER	
Block Camp Delta,	GTMO Cuba	2005/0		1640	4. FILE NONDER	I .
5. LAST NAME, FIRST		6. SSN			7. GRADE/STATU	US
8. ORGANIZATION OR Navy Provisonal Guar	ADDRESS rd BN. Bravo Company JDOO	G, Camp Delta, AF	O AE 09360			
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10. EXHIBIT		11. INITIALS OF	PERSON MAKING STATEMENT	PAGE 1 OF 2	PAGES
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n the IRF position	and we exited the cell.		Enol of Slatonen		
nen became violen ecessary. At the t nd the Block NCO	t and tried to head butt me. The ime, the Block NCO sounded proceeded to take his Basic Is	he detainee was then	secured on the ground tail available MP's and S Detainee was secure. A	OG responded. Then the that time the Detained w	
de la companya	450 on 03 June 2005, I her order Behavioral Health. Tugh the tray slot. After the det	he detainee was com	he then proceeded to SD	hat he wanted to be shack it on the control the control	Teranice
			AKE THE FOLLOWING STATEMENT		_
ORGANIZATION OR ADDR C-Btry 1/143 FA	ESS				· · · · · · · · · · · · · · · · · · ·
LAST NAME, FIRST NAM		6. SSN	·	7. GRADE/STATUS	
LOCATION Wing Camp Gu	uantanamo Bay, Cuba	2. DATE (YYYYMML) 2005/06	3. TIME 5/03 0535	4. FILE NUMBER	
NINCIPAL PURPOSE: DUTINE USES:	Your social security number is used as an Disclosure of your social security number	additional/alternate means of	identification to facilitate filing and	retrieval.	
JTHORITY:	Title 10 USC Section 301; Title 5 USC S To provide commanders and law enforce	ection 2951; E.O. 9397 dated	November 22, 1943 <i>(SSN)</i> .	identified.	
	For use of thi				-
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		SWORN STATEMEN			
	For use of this to	form, see AR 190-45; the propone			
	12 USC Contine 201. Title & HSC Sect	PRIVACY ACT STATEMEN			
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ROUTINE USES:	Your social security number is used as an add				
DISCLOSURE:	Disclosure of your social security number is v	voluntary.			
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8. ORGANIZATION OR ADDRE 189th MP Company					
9.		, WANT TO MAKE	THE FOLLOWING STATEN	MENT UNDER OATH:	,
tray slot. Myself an	450 on 03 June 2005, I The detainee was compliant and 1 and the MP's then shackled the Detainee the	etainee with hand and en became violent and	vanted to be shack leg irons. After d tried to head but	kled and not pass to the detainee was s att	the items through the shackeled he then secured
the Detainee's head, time, the Block NCO	, and the MP's secured the Detain O sounded the durress code and a osition and we exited the cell.	ince on the ground using	ing the minimum	amount of force n	necessary. At that
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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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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF

	For use a	SWORN STATEMENT of this form, see AR 190-45; the proponent agency is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To provide commanders and law enfo		g and retrieval.
1. LOCATION Camp G	uantanamo Bay, Cuba	2. DATE (YYYYMMDD) 3. TIME 2005/06/03	4. FILE NUMBER
5. LAST NAME, FIRST NAM	IE, MIDDLE NAME	B. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDI C Btry, 1/143 FA	RESS		
9.		, WANT TO MAKE THE FOLLOWING STATES	MENT UNDER OATH:
prior incident per o pass the items throu shackeled he then p Then I secured his and the Block NCO	ugh the tray slot. The MP's proceeded to spit on head, and the MP's secured to proceeded to take the Detain	informed Detainee ISN:  e detainee was compliant and informed us then shackled the Detainee with hand and letter then became violent are the Detainee on the ground using the miniminee's Basic Items Issue. At that time, the Item of STATE MENT	leg irons. After the detainee was and tried to head butt hum amount of force necessary. Then I Block NCO sounded the
10. EXHIBIT		11. INITIALS OF PERSON MAKING STATEMENT	T PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST C	CONTAIN THE HEADING "STATEMENT OF	TAKEN AT L	DATED
THE BOTTOM OF EACH ADDI	ITIONAL PAGE MUST BEAR THE INITIALS	OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBE	ER MUST BE BE INDICATED.

DETAINEE R	EPORT	A729AD2F
1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 03JUN2005 0728L	
3. TYPE OF REPORT: (Check One) SIR		
4. STATUS REFER FOR DISCIPLINARY ACTION		
5. DETAINEE'S NAME: (Last, First, MI) 6. ISN#	7. DETAINEE LOCATION	
8. INCIDENT 09-THROW/SPIT BODY FLUIDS ON /AT MP (BATT	ERY)	
egards to a memo authorizing Camp Cadre to remove Items for an incident the detainee committed early in the waiting on my call to them, saying the removal of the Ba advised the Block NCO to remove the detainee's hands and legs using the minimum amount fo completed the detainee became violent and non compliant face and attempted to head butt the detainee was taken to the ground using the minimum am NCO sounded the All available Cadre and detainee's Basic Items were removed. The MP's then unthe motion's of a Forced Cell Extraction. No injuries we at that time. DOC, Camp NCOIC, Medical and Behavior DETAINEE CURRENT LEVEL IS A LAST OFFENSE COMMITTED ON 3 JUNE 05 CATEGORY V OFFENSE NO MOVEMENT	detainee ISN# e shift. Behavioral Health advance is shift. Behavioral Health advance items was completed. At inee's Basic Items. The MP's orce necessary. When the sharnt. The detainee spit on the Value Block NCO arount force necessary. The the SOG responded to the interestrained the detainee and ever reported from Camp cac	Basic vised me they were a that time I shackled the ckling was Wing Guard's At that time the Block acident. The exited the cell in the or the detainee
10. WITNESS	11 WAS DETAINEE INFO	RMED (Check One)
12. ACTION TAKEN BY COMPOUND NCO:		
13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:		
14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRANCH	l::	
15. ACTION TAKEN BY SUPERINTENDENT: APPROVED BY		
16. ACTIONS	7	
17. REPORTING PERSON NCOIC SOG  18. PERSON SSN	19. PERSON GRADE ALL	
DMS Observation/Disciplinary Report Form		

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	SIR 01July05- 02			
	1. Category:			
	2. Type of Incident: For	ced Cell Extraction ISN		
	3. Date/Time of Inciden	t: 01 July 2005 / hrs		
	4. Location: Camp	Block, GTMO, Cul	ba	
	5. Other information: (a) Racial (Y/N): N/A (b) Traince Involvem			
	6. Personnel involved:			
	A. Subject: (a)			
	(b) (c)			
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7.	Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISNi from condition detached footpad from toilet. Detainee was instructed that he would be moved. Detainer refused to move. After numerous attempts to convince detainee to move by BNCO, SOG, PL, at Camp CO, to include attempt by FGIW the FCE code was given. During the FC onc of two Korans in the cell was inadvertently damaged, and the detainee received lacerations to he lip and forehead. Detainee was restrained and taken to Detention clinic for medical assessment Detainee was returned to new cell	ee nd EE nis
8.	Remarks: None	
9. 1	Publicity: N/A	
10. Cu	Commander Reporting:	
11.	Point of Contact:	

12. Downgrading Instructions: N/A

#### SWORN STATEMENT

	For use								
	<u> </u>		PRIVACY	ACT STATE	MENT				<del></del>
AUTHORITY:	Title 10 USC Sec	tion 301; 1	Title 5 USC Se	ection 2951;	E.O. 9397 date	ed November	22, 1943 <i>(S</i>	SN).	
PRINCIPAL PURPOSE:	To provide comm	anders and	l law enforcer	nent officials	with means by	which inform	nation may be	à accura	tely
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## IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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MEDICAL ATTENTION NEEDED: YES / NO

## SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retri ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: 4. FILE NUMBER 2. DATE (YYYYMMOD) 3. TIME 1. LOCATION CAMP DELTA, GUANTANAMOBAY, CUBA 2005 07 02 7. GRADE/STATUS 8. ORGANIZA HUN UR ADDRESS JTF, CAMP DELTA, GUANTANAMO, BAY CUBA WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 2005 JULY OI AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED OF RESTRAINTS ON 2005 JULY OI AT APPROXIMATELY 2320 THE IRF TEAM ENTERED CELL AND EXTRACTED DETAINEE ISN# AMOUNT OF FORCE NECESSARY AFTER THE IRF WAS COMPLETE THE DETAINEE WAS TURNED OVER TO THE CORPSMAN. THEND OF STATEMENTHY

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAG
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### SWORN STATEMENT

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AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	Title 10 USC Section 301; Title 5 To provide commanders and law Your social security number is us Disclosure of your social security	enforcement officials with ed as an additional/alte <mark>rnat</mark>	9397 dated November 2 means by which inform	ation may be accurately
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DA FORM 2823, JUL 72, IS OBSOLETE

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DA FORM 2823, DEC 1998

#### 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	e 5 USC Section 2951; E.O. 9397 dated	November 22, 1943 (S.S.N.)
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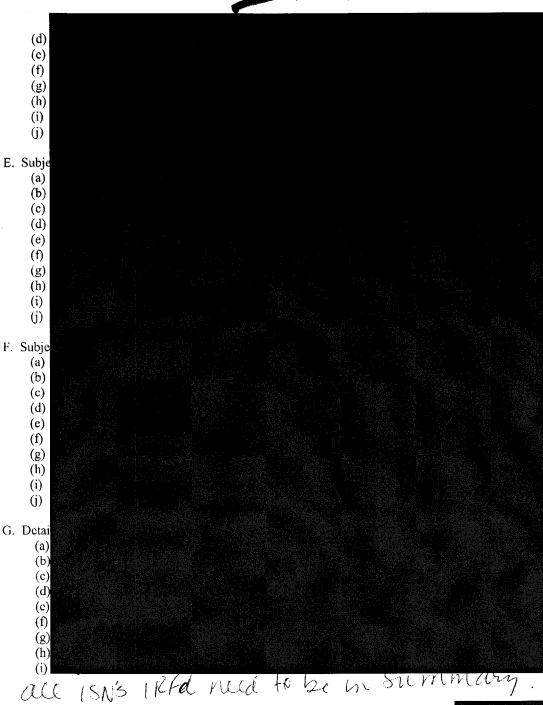
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### SIR 22 February 2004

- 1. Category:
- 2. Type of Incident: Forced Cell Extraction , ISN(s) #
- 3. Date/Time of Incident: 221035RFEB04
- 4. Location: Block, Camp Delta, GTMO Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

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7. Summary of Incident: At approximately 1035 on 22 February 2004, Detainee ISN in cell refused to exit his cell for a cell search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:

12. Downgrading Instructions: N/A

# **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 Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary. CATION 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba LAST NAME FIRST NAME MIDDLE NAME 7 GRADE/STATUS ORGANIZATION OR ADDRESS COMPANY . Camp Delta, Guantanamo Bay Cuba 09360 ON ZZ February at approximately 1035 hours ISNAT was INFED (FORCEDALLY Removed) from was INFED (FORCEDALLY Removed) from his call for refusing a random call search. I wring the minimum amounts man of force necessary. Ill End of Statement

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:	For use of this form, see	AR 190-45, the proponent agency is ODCSC	OPS .
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AUTHORITY:		ISC Section 2951; E.O. 9397 dated November	
PRINCIPAL PURPOSE:	To provide commanders and law	enforcement officials with means by which in	nformation may be accurately
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DISCLOSURE:	Disclosure of your social security		
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
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### SIR 162020RFEB04

1. Category:

Type of Incident: Forced Cell Extraction:

- 3. Date/Time of Incident: 162020RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

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Summary of Incident: At approximately 2020hrs 16 February 2004 Block personnel approached the following detainees for the purpose of conducting a random cell search: ISN the detainee refused. Block personnel informed the detainee that the random cell search was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp was assembled, medical support was called along with video camera support, and the recreation area prepped for the primary large of the block, the detainee was given another opportunity to comply by and refused yet again. The primary large of the sperson large team to enter into the cell and forcibly removed the detainee from the cell and moved the detainee to the recreation area for the recreation area, the detainee back to the cell. The cell extraction of the detainee went well. There were no injuries to any of the assigned block personnel, IRF team members or detainee.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A



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DA FORM 2823, DEC 1998

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DA FORM 2823, JUL 72, IS OBSOLETE

USA

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

		PRIVACY ACT STATEMENT		
THORITY:		5 USC Section 2951; E.O. 939		
INCIPAL PURPOSE:	•	w enforcement officials with mea		
OUTINE USES:		used as an additional/alternate m	eans of identification	to facilitate filing a
SCLOSURE:	Disclosure of your social securit			
LOCATION Block, Camp	p Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD)	3. TIME 2/30	4. FILE NUMBER
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ORGANIZATION OF Military	R ADDRESS Police <u>Company</u>	, Camp Delta, Guantanamo	Bay Cuba 09360	·
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DA FORM 2823, DEC 1998

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DA FORM 2823, JUL 72, IS OBSOLETE

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE

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LOCATION	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM	3. TIME 2/30	4. FILE NUMBER
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RINCIPAL PURPOSE:	To provide commanders and law en Your social security number is used			
ЈТНОВІТУ:	Title 10 USC Section 301; Title 5 U	ISC Section 2951; E.C	). 9397 dated November 2	2, 1943 <i>(SSN)</i> .
		VACY ACT STATEME		
	For use of this form, see	AR 190-45; the propo	nent agency is ODCSOPS	

DA FORM 2823, DEC 1998

MUST BE BE INDICATED.

DA FORM 2823, JUL 72, IS OBSOLETE

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE

1. Category: N/A

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

4. Location: . GTMO Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

Λ.	Subject	<u>.</u>				
	(a) (b) (c) (d) (e) (f) (g) (h) (i) (j)					
B.	Subj (a) (b) (c) (d) (e) (f) (g) (h) (i)					
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D. Detaince:  (a) (b) (c) (d)		
7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, Commanding Officer, with permission from to initiate a Forced Cell Experimental Company Platoon Leader, The detainee grabbed a guard and took his whistle while relinquish food items from previous meal. The detainee was subdued by the and moved to Block, cell	continuously refi	ising to
8. Remarks: N/A		
9. Publicity: N/A		
10. Commander Reporting:		
11. Point of Contact		

12. Downgrading Instructions: N/A

## IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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	For use of this form	n, see AR 190-45; t	ne proponent age	ncy is ODCSOPS			
		PRIVACY ACT S	TATENSE NO				Terresta,
	Title 10 USC Section 301; Ti			lated November 2	2. 194 <b>3</b> (S.S.N	D.	
AUTHORITY:	To provide commanders and	law enforcement off	icials with means	hy which informa	ition may be a	ccuratel	lv
PRINCIPAL PURPOSE:	Your social security number is	s used as an addition	sal/alternate mea	ns of identification	to facilitate f	iling and	I retrie
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		PRIVACY ACT S	TATEMENT	
AUTHORITY:	Title 10 USC Section 301;	Title 5 USC Section 2	951; E.O. 9397 dated Nove	ember 22, 1943 (S'SN)
PRINCIPAL PURPOSE:				information may be accurately
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MUST BE BE INDICATED.

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

PRIVACY	ACT STA	TEMENT

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.

ROUTINEUSES:

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 volur	itary.			
1_LOCATION		2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER	
Block, Camp	Delta, Guantanamo Bay, Cuba	26\$5\$619	1762		
5. LAST NAME, FIRST NAME, M	IIDDLE NAME	6. SSN		7. GRADE/STATUS	
8. ORGANIZATION OF ADDRESS					

Camp Delta, Guantanamo Bay, Cuba 09360

\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH:

ON MISON 2005, AT APPROXIMATELY 1702, CAMP 2/3 SECONDARY IRF TEAM CONDUCTED A FORCE CELL EMPLATION ON Block, CELL 15 15 MIT FOR FAILURE TO COMPLY TO BEHAVIORAL HEALTHS INSTRUCTION TO MOVE TO Brock. HAD SMECTED TOOTHPASTE ON THE CELL FLOOR PRIOR TO THE IRF TEAM ENTERNO THE CECC. THE SECONOMIT IRF TEAM ENTERED AND SECURED DETAMEE WITH THE CEAST AMOUNT OF FORCE NESSESSANY. WAS BROUGHT BY THE SECONDANY IRF TO THE GAUSWAY. DETAWER

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

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

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	For use of this form, see	AR 190-45; the proponent	agency is ODCSOPS	•
	PR	VACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5 to	JSC Section 2951; E.O. 939	7 dated November	22, 1943 (S SN).
PRINCIPAL PURPOSE:	To provide commanders and law er			
ROUTINE USES:	Your social security number is used	as an additional/alternate m	eans of identificatio	on to facilitate filing and retrie
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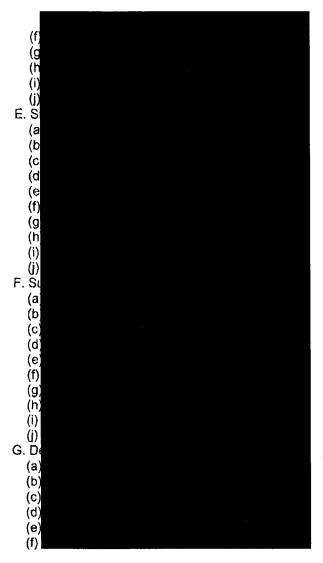
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#### SIR 29FEB04-DO2

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0937hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N); N
- 7. Personnel involved:
- A. Subject:

(c)

(a) (b) (c) (d) (e) (f) (a) (b) (c) (d) (e) (f) (g) (i) (j) C. Su (a) (b) (c) (d) (e) (i) (j) D. Su (a) (b)



7. Summary of Incident: On 29 Feb 04, at approx. 0937hrs, detainee refused to shackle up for a random cell search. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. Medical and returned to cell.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact:

12. Downgrading Instructions: N/A

# SWUKIN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: LOCATION 2. DATE (YYYYM 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 2001 07 29 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS ORGANIZATION OR ADDRESS Military Police , Camp Delta, Guantanamo Bay Cuba 09360 WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 FEBRUARY, 2004 at appriximately 0937 IRT team reported to black the team was given permission to enter. My job and use the minimum amount of force necessary. Detainer was remared to placed in the receivers to be evaluated by medical upon completion of the medical terms evaluation the detance was cleared and placed back into his cell /// END OF STATEMENT //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT		^
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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UTHORITY: Title 10 USC Section 301; Title	5 USC Section 2951; E	O. 9397 dated Novemb	er 22, 1943 <i>(SSN)</i> .
RINCIPAL PURPOSE: To provide commanders and I	law enforcement officia	als with means by which	information may be accurately
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#### SINUHIN STATEINER For use of this form, see AR 100 me 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). To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and **ROUTINE USES:** Disclosure of your social security number is voluntary. DISCLOSURE: LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba *2ው*ውዛ ወշ 29 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN ORGANIZATION OR ADDRESS Military Police Company Camp Delta, Guantanamo Bay Cuba 09360 ON 29 FEB OH AT APPROXIMATELY 09:37 BATKACTED The Detainer resisted getting cuffed by not moving his Acrus, Abetaince was removed From Cell, AMOUNT OF FORCE NESSERBLY NEWISMY, AND PLACED IN the REC

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF \_\_\_\_ 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.

#### SIR 191428RFEB04

- 1. Category: N/A
  - 2. Type of incident: Forced Cell Extraction
  - 3. Detainee ISN:
  - 4. Date/Time of incident: 191420RFEB04
  - 5. Location: Camp Delta, GTMO, Cuba
  - 6. Other information
    - a. Racial (Y/N): N
  - 7. Personnel Involved:
- A. Subj g h e B. Subje a b C. Subje

D. Subject a. b. c. d. e. f. g. h. i E. Subject a. b. ¢. d. e. f. g. h. F. Subjec a. b. c. d. e. f. g. h. G. Detair a. b. c. d. e. f.

8. Summary of Incident: On 19 February 2004, at approximately 1428hrs, Detainee ISN refused to comply with the requirement to submit to a random cell search. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary and checked the cell for contraband and unauthorized items.

9. Remarks: See medical information in summary of incident

10. Publicity: N/A

11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamor Bay, Cuba

12. Point of Contact: 3239

13. Downgrading instructions: N/A

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

	PR	VACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5 US	SC Section 2 <b>9</b> 51; E.O. 9397 d	ated November 22,	, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law e	nforcement officials with me	eans by which info	rmation may be accurately
ROUTINE USES:	Your social security number is use	d as an additional/alternate	means of identifica	tion to facilitate filing and
DISCLOSURE:	Disclosure of your social security in	number is voluntary.		
1. LOCATION Block, Camp D	Ocita, Guantanamo Bay Cuba	2. DATE (YYYYMMDD)	3. TIME 1740	4. FILE NUMBER
5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR 258 Milita	ADDRESS ry Police	, Camp Delta, Guanta	namo Bay Cuba 0	9360
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

#### PRIVACY ACT STATEMENT

AUTHORITY:

DISCLOSURE:

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

**ROUTINE USES:** 

Disclosure of your social security number is voluntary.

LOCATION Block, Camp Delta, Guantanamo Bay Cuba 2. DATE (YYYYM 20040219

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Military Police Compan 255

on 19 Feb 2004 At approx. 1428

Camp Delta, Guantanamo Bay Cuba 09360

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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 d	ated November 22,	1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and lav	w enforcement officials with me	eans by which inform	nation may be accurately
ROUTINE USES:	Your social security number is u		eans of identificati	on to facilitate filing and
DISCLOSURE:	Disclosure of your social securit	y number is voluntary.		100000000000000000000000000000000000000
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8. ORGANIZATION OR ADDRESS 258 15 Military Police Company	, Camp Del	ta, Guantanamo Ba	y Cuba 0936	i0		
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# SWORN STATEMENT

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		PRIVACY ACT STATEN	IENT		
AUTHORITY:	Title 10 USC Section 301;	; Title 5 USC Section 2951; E	O. 9397 dated Nover	nber 22, 1943 (S'SN).	
PRINCIPAL PURPOSE:	To provide commanders as	nd law enforcement officials v	vith means by which i	nformation may be accui	rately
ROUTINE USES:	Your social security number	er is used as an additional/alte	rnate means of identif	fication to facilitate filing	and retrie
DISCLOSURE:	Disclosure of your social s	ecurity number is voluntary.	<u> </u>		
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8. ORGANIZATION OR					
	O COMPANY CAMP	, DAMP DE	LIA, GIMO		
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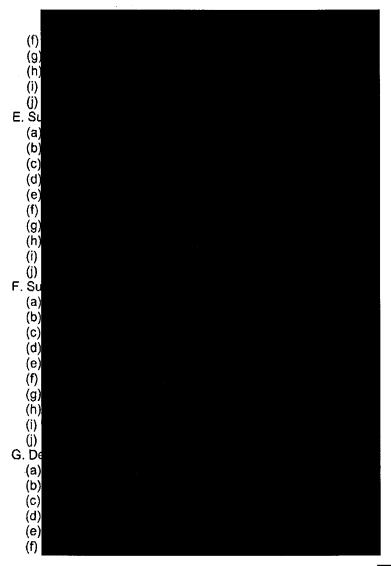
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DA FORM 2823, DEC 1998

#### SIR 29FEB04-D01

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0655hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:

A.	. Subject:	
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- 7. Summary of Incident: On 29 Feb 04, at approx. 0655hrs, ISN detainee refused to shackle up for the Escort MPs to take him to Reservations. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was checked by Medical and turned over to the Escort Team for transport to reservations.
- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

		SWORN STATEMENT	<del></del>		
<b>.</b>	For use of this form,	see AR 190-45; the proponent	agency is ODCSOPS		·
*		PP ACY ACT STATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title		dated November 22, 1	1943 <i>(SSN).</i>	
PRINCIPAL PURPOSE:	To provide commanders and la				urately
ROUTINE USES:	Your social security number is				
DISCLOSURE:	Disclosure of your social secur	ity number is voluntary.			
1. CATION Block, Camp D	elta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD)	3. TIME 0847	4. FILE NUMBE	R
5. LAST NAME, FIRST N	NAME, MIDDLE NAME	6. SSN		7. GRADE/STAT	rus
8. ORGANIZATION OR 4630 Militar	ADDRESS Company	, Camp Delta, Guant	tanamo Bay Cuba 093	360	
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#### SWORN STATEMENT

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

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**DA FORM 2823, DEC 1998** 

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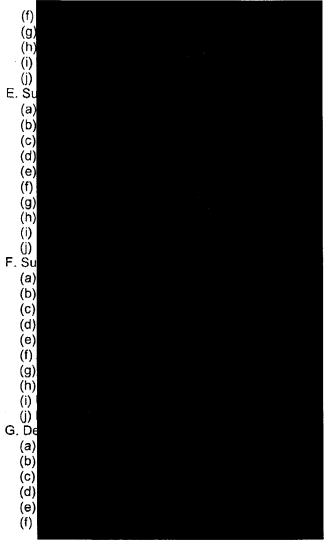
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### SIR 01MAR04-D01

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Extraction
- 3. Detainee ISN
- 4. Date/Time of Incident: 1 Mar 04/0615
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N

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7. Summary of Incident: On 1 Mar 04, at approx. 0615hrs, detainee ISN refused to shackle up for transportation to Reservations. The IRF Team was activated and they extracted the detainee from his cell using the minimum amount of force necessary. The detainee was checked, cleared by medical, and turned over to the Escort Team for transport to Reservations.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact:

12. Downgrading Instructions: N/A

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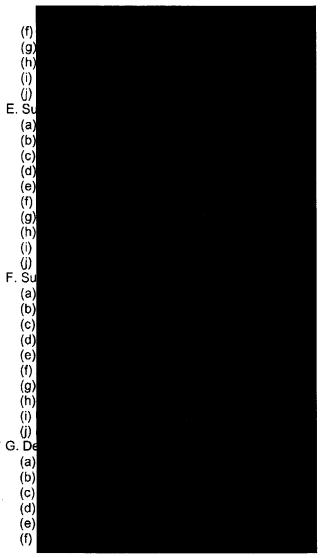
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#### SIR 29FEB04-DO5

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN
- 4. Date/Time of Incident: 29 Feb 04/1510hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:
- A. Subject:

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7. Summary of Incident: On 29 Feb 04, at approx. 1510hrs, detainee ISN refused to shackle up for a random cell search. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was checked by Medical and returned to his cell.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact

12. Downgrading Instructions: N/A

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## SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). **AUTHORITY:** To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. **ROUTINE USES:** Disclosure of your social security number is voluntary. DISCLOSURE: 4. FILE NUMBER 2. DATE (YYYYMMDO) LOCATION Block, Camp Delta, Guantanamo Bay Cuba 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay Cuba 09360 omnaly 46311 Military Police WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 Feb 04 at about 1510 while conducting my duties as IRF tEAM The minium amount of force necessary the reason we entered ISN was because he refused a random cell search. was removed from his cell using the minium amount of force necessary was removed from his cell using the minium amount of force necessary

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DISCLOSURE:	Disclosure of your so	cial security number is				4050
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5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
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ROUTINE USES: Your social security nu	ımber is used as an additional/alternate mear	
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