04-0273

SIR 11 1527 Feb 04

1. Category: [redacted]

2. Type of Incident: **Force Cell Extraction ISN** [redacted]

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) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject:
   (a) [redacted]
   (b)
   (b)
   (c)
   (d)
   (e)
   (f)

(g) [redacted]
(h)
(i)
E. Subj
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)
F. Subj
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

G. Detainee:
(a) [redacted]
(b)
(c)
(d)
(e)
(f) U
(g)
(h)
(i)

7. Summary of Incident: At approximately 1527 hours, 11 Feb 04, ISN [redacted] refused recreation/reservation. The primary IRF Team from Camp 2/3 assembled to [redacted] block. Medical and DOC camera support were on the scene. The detainee was [redacted] 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: [redacted]

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

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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20041229	1551	

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

8. ORGANIZATION OR ADDRESS
256th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On RFBlock at approx 1451 hrs while working [redacted] Block as the Block NCO I instructed Detainee [redacted] ISN [redacted] to move to the Beanhole so that he could come out for a Random Cell Search. Detainee [redacted] Refused to Comply. I instru Detainee [redacted] Three (3) times to move to the Beanhole, each time he failed to Comply. SGT S SGT Came on the Block And [redacted] Refused to Comply with their instructions. AT Approx. 1452 hrs. the IRF Team made a Forced Cell Extraction on Detainee [redacted]. [redacted] At Approx. 1455hrs Detainee [redacted] was Returned to his Cell with NO ~~Further~~ injuries or further incidents. /// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGE

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 NUMBI MUST BE BE INDICATED.

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1742	

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

8. ORGANIZATION OR ADDRESS
258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[redacted]

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

On 19 Feb 04, at ~~1500~~ 1451 hrs, the IRF word was called for [redacted] refusing to come out of his cell for a random cell search. RL asked him to come out, he refused but layed down on the floor. [redacted]. I was the number 4 man and [redacted] using the minimum amount of force necessary. We pulled him out and sat him down on the tier were he was cleared by medical. They conduct a cell search and we placed him back in his cell. We then moved down to [redacted] at 1500 hrs who also refused a random cell search. [redacted] detainee layed down. [redacted] using the minimum amount of force necessary. We pulled him out an layed him on the tier, were he was cleared by medical. They conducted a cell search and we placed him back in his cell. We moved down to [redacted] at 1505 hrs because he refused a random cell search. [redacted] the detainee layed down. [redacted] using the minimum amount of force necessary. We pulled him out and layed him on the tier were medical cleared him. They conducted a cell search and we placed him back in his cell. No IRF members were injured. [redacted]

///End of Statement///

[redacted]

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

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

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

~~SECRET~~

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1742	

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

8. ORGANIZATION OR ADDRESS
258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feb 2004 at approx. 1450 1600 [redacted] ISN [redacted] refused to comeout for random cell search I [redacted] the second if team I went in [redacted] we carried a little ways down the tier once the search was complete we put him back in cell unsecured him back in the cell he was cleared by medical [redacted] I used minimum amount of Force At approx 1500 Q-31 [redacted] refused to come out for random cell search we went in [redacted] we then carried him a little way down the tier where he was cleared by medical we put him back in his cell, unsecured him exited the cell [redacted] I used minimum amount of force At approx Q-22 ISN [redacted] refused random cell search we went in [redacted] we then carried him a little way down the tier where he was cleared by medical we then put him back in the cell unsecured him and exited [redacted] I used the minimum amount of force [redacted] ///End of statement///

[redacted]

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1752	

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

8. ORGANIZATION OR ADDRESS

258th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feburary 2004 at approx ~~1500~~ 1451 [redacted] hours while serving as a member on the alternet IRF team we were called to [redacted] to perform 3 IRFs. I was [redacted] so I [redacted] using the minium amont of force neccesary. At ~~1500~~ hours we IRFed [redacted] ISN number [redacted] for refusing a random cell search, [redacted]. At 1500 hours we IRFed [redacted] ISN number [redacted] for refusing a random cell search, [redacted] ISN number [redacted] for refusing a random cell search [redacted]. At 1505 hours we IRFed [redacted]. No mps or detainees were injuried during these IRFs. [redacted]

///END OF STATEMENT [redacted] //

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

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

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

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1752	

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

8. ORGANIZATION OR ADDRESS
255 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 14FEB04 while assigned as a member of the alternate ITF team we had to Perform a Forced cell extraction on [redacted] ISN # [redacted] For refusing a random cell search we extracted him at 1505HRS using the minimum amount of force necessary we placed him on the bed until the cell was searched he was placed back into his cell. there were no injuries [redacted] /// End of Statement ///

[redacted]

10. EXHIBIT	11. INITIALS OF PE[redacted]G STATEMENT	PAGE 1 OF 2 PAGES

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1522	

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

8. ORGANIZATION OR ADDRESS
25th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feb 04 at Approx 1451 hrs while working [redacted] Block as the Block NCO I instructed Detainee [redacted] ISN [redacted] to move to the Bean hole so that he could come out for a Random Cell Search. Detainee [redacted] Refused to Comply. I Instructed Detainee [redacted] three (3) times to move to the Bean hole, each time he failed to Comply. SGT 2 PLT 2 came on the Block and [redacted] Refused to Comply with their Instructions At Approx. 1456 hrs The IRF Team made a Forced Cell Extraction on Detainee [redacted] [redacted] At Approx 1458 hrs. Detainee [redacted] was returned to his cell with No injuries or further incidents /// END OF STATEMENT ///

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

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.

[redacted]

~~SECRET~~

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1742	

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

8. ORGANIZATION OR ADDRESS
253 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On FEB 19 while assigned as a member of the alternate ERF team we had to conduct a Force cell extraction on ISN# [redacted]. we had to do this because he refused a random cell search. we extracted him at 1500 Hrs using the minimum amount of Force necessary. [redacted] there were no Injuries. we placed Him on the tier the Block # [redacted] Guards searched His cell. He was then Ast Back into His cell. /// End of Statement ///

10. EXHIBIT

11. INITIALS OF P[redacted]ING STATEMENT

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.

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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

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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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1742	

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

8. ORGANIZATION OR ADDRESS

2-58 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9

[redacted] I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19 FEB 04 at approx 1451 hrs, Detainee in cell [redacted] CISN [redacted] refused to come out for a random cell search. The alternate IRF team was called and I responded [redacted]. As [redacted] I suited up & I was looking over my team to ensure that everything was in order. Once ready the PL2 briefed us on [redacted] situation. We stacked in front of his cell while the PL2 told the detainee to get on the ground. The detainee complied and we went in and secured the detainee [redacted]. Once secured we took him about 2-3 cells down the tier and put him down. He was cleared by medical and we put him back in his cell. After we finished with [redacted] we then went to [redacted] CISN [redacted] where he refused to come out for a random cell search. At approx. 1500hrs we went in to his cell and secured the detainee. We then brought him out and about 2-3 cells down the tier. We put him down and he was cleared by medical. One [redacted] One the search was complete we put him back in his cell and proceeded to [redacted] CISN [redacted] where at approx. 1505 hrs we entered his cell and secured him using the minimum amount of force. We took him down the tier about 2-3 cells and put him down. He was cleared by medical and we then put him back in his cell and proceeded to the [redacted] ~~the~~ causeway for an ATA [redacted]

//END OF STATEMENT//

[redacted]

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

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.

SWORN STATEMENT

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PRIVACY ACT STATEMENT

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

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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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040219	1752	

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

8. ORGANIZATION OR ADDRESS
258th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feburary 2004 at approx ~~1500~~ 1451 hours while serving as a member on the alternet IRF team we were called to [redacted] to perform 3 IRF's I was [redacted] using the minium amont of force neccesary. At ~~1500~~ hours we IRFed [redacted] ISN number [redacted] For refusing a random cell search [redacted] At 1500 hours we IRFed [redacted] ISN number [redacted] for refusing a random cell search, [redacted] At 1505 hours we IRFed [redacted] ISN number [redacted] for refusing a random cell search [redacted] No mps or detainees were injured during these IRFs. [redacted]

///END OF STATEMENT sw///

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

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.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAPA V1.0

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)*.

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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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20041021[redacted]	1554	

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

8. ORGANIZATION OR ADDRESS

25th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 FEB 04 at approx 1445hrs while working [redacted] Block as the Block NCO I Instructed Detainee [redacted] ISN [redacted] to move to the Beanhole So that he could come out for a Random Cell Search. Detainee [redacted] Refused to Co-I Instructed Detainee [redacted] three (3) times to move to the Beanhole, each time he failed to Comply. SOG 2 Fell Came o the Block And [redacted] Refused to Comply with their instructions. AT Approx 1500hrs. The IRF team made a Forced Cell Exten on Detainee [redacted] At Approx. 1503hrs. Detainee [redacted] was returned to his cell with injuries or further incidents. ///END OF STATEMENT/// [redacted]

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

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 NUMB MUST BE BE INDICATED.

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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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 [redacted]

1. LOCATION	2. DATE *(YYYY MMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	11 Feb 2004	1946	

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

8. ORGANIZATION OR ADDRESS
218 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 11 Feb 2004 at approx. 1927 hrs, Detainee in Cell [redacted] ISN [redacted] refused Block Guard, Block NCO, SOG, PL, & CO to comply with the requirement for him to participate in rec - shower. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I was [redacted]. with the minimum amount of force necessary the team entered into cell [redacted] and restrained and cuffed the detainee and moved him to the recreation area where he recieved medical attention and evaluation.

/// End of Statement ///

[redacted]

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

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

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

04-0313

SIR 12 Feb 04 1528

1. Category: [redacted]

2. Type of Incident: **Force Cell Extraction ISN** [redacted]

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. Personnel Involved:

A. Subject:
   (a) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject:
   (a) [redacted]
   (b)
   (b)
   (c)
   (d)
   (e)
   (f)

(g) [redacted]
(h)
(i)

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

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

G. Detainee:
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN [redacted] refused recreation/reservation. The primary IRF Team from Camp [redacted] assembled to [redacted] block. Medical and DOC camera support were on the scene. The detainee [redacted] Detainee [redacted] returned to his cell. 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: [redacted]

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

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/12	1250	

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

8. ORGANIZATION OR ADDRESS

216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360 [redacted]

9.

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

On 12 Feb 2004 at approx. 1528 hrs Detainee housed in Co II [redacted] ISN# [redacted] refused Block guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to report to reseruation. The [redacted] was communicated accross [redacted] for Immediate response of the IRF Team. I [redacted] using the minimum amount of force necessary, the Team entered into Cell [redacted] the detainee and moved the detainee and moved him to the recreation area where he received medical attention and evaluation, after recieving medical attention, the detainee was returned to cell # [redacted] after being taken to reservation

//End of Statement/// [redacted]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted] 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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040212	1901	[redacted]

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

8. ORGANIZATION OR ADDRESS
216 [redacted] Military Police STF, GTMO [redacted], Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 12 Feb 04 at approx. 1528 hrs. Detainee housed in Cell [redacted] ISN# [redacted] refused Block guard, Block NCO, Camp 5 or 6, Camp PL and Camp Commander to comply with the requirement for him to report to Reservation. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I [redacted] with the minimum amout of force necessary, the team entered into cell # [redacted] the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell [redacted] after being taken to Reservation.

/// End of Statement ///

[redacted]

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004 02 12 [redacted]	1929	

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

8. ORGANIZATION OR ADDRESS
.216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 12 FEB 2004 at @ 1528 hrs Detainee ISN# [redacted] LOCATED IN CELL #[redacted] Received Block Guards, Block NCO, Camp SGT, Camp PL, Camp Commander. To Comply with the requirements for him to report to Reservation. THE [redacted] was communicated access the [redacted] for immediate response of the IRF Team. I was [redacted], with the minimum Amount of Force necessary, the team entered into Cell [redacted] and restrained the detainee. The detainee was moved to the recreation area where he was evaluated by medical then transported to Reservation [redacted]

///---------- END OF STATEMENT ----------///

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/12	1906	

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

8. ORGANIZATION OR ADDRESS
2d [redacted] Military Police Co, Camp Delta, Guantanamo Bay Cuba 09360

9. [redacted] NT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 12 Feb 2004 at approx. 1525hrs Detainee housed in Cell [redacted] ISN# [redacted] refused Block guard, block NCO, Camp Sgt, Camp PC and Camp Commander to comply with the requirement for him to report to reservation. [redacted] With the minimum amount of force necessary, the team entered into Cell [redacted] the detainee and moved him to the recreation area, where he recived medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell # after returning from reservation. /// End of Statement ///[redacted]

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/12 [redacted]	1850 [redacted]	

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

8. ORGANIZATION OR ADDRESS

216 Th Military Police CO., Camp Delta, Guantanamo Bay Cuba 09360 [redacted]

9.

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

ON OR AROUND 12 Feb 04 at Approx. 1528 hrs Detainee housed in Cell # [redacted] ISN # [redacted] Refused Block guard, Block NC Camp SOG, Camp PL, and Camp Commander to comply with the requirement for him to Report to reservation. The [redacted] was Communicated across the [redacted] for Immediate response of The IRF team. I was [redacted] with the minimum amount of force necessary. The team entered Ce # [redacted] [redacted] the Detainee and moved the Detainee to the recreation area wheer he recived medical attention and eva uation. The [redacted] Detainee was returned to cell # [redacted] afer being taken to reservation //—END of Statement———— //

[redacted]

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

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

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

SIR 120700RFEB04

1. Category: [redacted]

Type of Incident: Forced Cell Extraction – Detainee ISN:

[redacted]

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) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject: [redacted]
(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 [redacted] Block personnel approached detainees [redacted] for the purpose of escort to recreation and shower; detainees refused. [redacted] 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 [redacted], at approximately 0715hrs the primary IRF team at Camp [redacted] was assembled, medical support was called along with video camera support, and the recreation area prepped [redacted] Once medical support and video support were present at [redacted] block, each of the detainees were given another opportunity to comply and refused yet again. [redacted] 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 [redacted] 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 [redacted] 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: [redacted]

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
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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs	

[redacted]

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, w were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a resu we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

End of Statement

[redacted] End of Statement

[redacted]

End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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 NU MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	11 Feb 04	2104	[redacted]

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

8. ORGANIZATION OR ADDRESS

216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 1527 hrs 11 Feb 2004, detainee housed in cell [redacted] ISN# [redacted] refused block guard, block NCO, camp SOG Camp, PL camp commander, to comply with the requirements for him to participate in the recreation and shower activity the [redacted] was communicated across the [redacted] for Immediate respone of the IRF team, I was [redacted] with the minimum amount of force necessary, the team entered in to cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evalution. ——— END of Statement ———

[redacted]

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

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

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

2 2

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I [redacted] IRF Team for Camp [redacted]. The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res we were tasked to conduct a force cell extraction of the following detainees: [redacted] and

[redacted]

End of Statement

End of Statement

[redacted]

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 NU MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted] The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res we were tasked to conduct a force cell extraction of the following detainees: [redacted]

//End of Statement// [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 P

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 MUST BE BE INDICATED.

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE U

IRF

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted] The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a re: we were tasked to conduct a force cell extraction of the following detainees: [redacted] End of Statement Nothing Else Follows

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

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 MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba	2004/02/11	1520	

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

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On todays date 2004/02/11 at 1500Hrs on block while conducting rec + shower ISN # refused to go out for shower + rec /// End of Statement ///

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba	20041021	2031	

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 or around 1527 hrs on 11 Feb 04 Detainee housed in Cell [redacted] ISN # [redacted] refused Block Guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I was [redacted]. With the minimum amount of force necessary, the team entered into cell # [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation.

End of Statement

[redacted]

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

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/11	2017 [redacted]	

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

8. ORGANIZATION OR ADDRESS [redacted] 216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

[redacted] On or about 1527 hrs on 11 FEB2004 Detainee housed in Cell [redacted] ISN # [redacted] refused Block Guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF Team. I was [redacted] with the minimum amount of force necessary, the team entered in to Cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he recieved medical attention and evaluation. /// End of Statement ///

[redacted]

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

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

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

SIR 191505RFEB04

1. Category: N/A

2. Type of incident: Forced Cell Extraction

3. Detainee ISN: [redacted]

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: [redacted]
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   e

B. Subject: [redacted]
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i

C. Subject: [redacted]
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i

D. Subject: [redacted]
   a. [redacted]
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i
E. Subject: [redacted]
   a. [redacted]
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i
F. Subject: [redacted]
   a. [redacted]
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i
G. Detainee:
   a. [redacted]
   b.
   c.
   d.
   e.
   f.

8. Summary of Incident: On 19 February 2004, at approximately 1505hrs, Detainee ISN [redacted] 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: [redacted]
3239

13. Downgrading instructions: N/A

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] BLOCK, CAMP [redacted] CAMP DELTA	20050619 [redacted]	1500	

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

8. ORGANIZATION OR ADDRESS

NAVY PROVISIONAL GUARD BATTALLION / PLATOON 41 / CAMP [redacted]

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

ON 19 JUN 05 AT 1548 THE [redacted] WAS CALLED FOR CAMP [redacted] I LEFT MY BLOCK [redacted] BLOCK AND ENTERED THE CAUSEWAY. I DONED MY IRF GEAR CONSISTING OF A HELMET, CHEST PROTECTOR, ELBOW PADS, GLOVES SHIN GUARDS, AND A SHIELD. WE LINED UP FOR THE CAMERA AND READ OUR INFORMATION. THE TEAM LINED UP AND MARHED ONTO THE [redacted] TIER WE LINED UP AT THE DOORWAY OF [redacted] ISN# [redacted]. [redacted] MS ON THE DOOR OF THE CELL. I GAVE HIM THE KNOB AND HE OPENED THE DOOR OF THE CELL, I TOOK ONE STEP INTO THE CELL AND THE DETAINEE ISN# [redacted] WAS ON HIS RACK ON TOP OF THE DOORWAY, I TOSSED THE SHIELD TO THE BACK OF THE CELL AND GRABBED THE DETAINEE'S (ISN# [redacted] RIGHT ARM AND BEGAN TO TAKE HIM TO THE DECK. THE DETAINEE ISN# [redacted] ATTEMPTED TO STAB ME IN THE STOMACH WITH A SPORK IN HIS LEFT HAND. AT THIS TIME [redacted] SECURED THE DETAINEES LEFT ARM. BOTH MYSELF AND [redacted] PUT THE DETAINEE ISN# [redacted] ON THE DECK AND PUT HIM INTO A MODIFIED ARM BAR SECURRING HIS RIGHT ARM. I THEN APPLIED A WRIST LOCK ~~ASSISTING~~ [redacted] AND ASSISTED [redacted] WITH SECURRING THE DETAINEES (ISN# [redacted] HANDS WITH THE FLEX CUFFS. ONCE THE DETAINEE ISN# [redacted] WAS COMPLETELY SECURRED WE ~~TRANSITIONED~~ TRANSPORTED THE DETAINEE ISN# [redacted] OUT ONTO A SPINE BOARD IN THE CAUSEWAY. THE DETAINEE (ISN# [redacted] WAS SECURRED BY MEDICAL ONTO THE SPINE BOARD. THE DETAINEE ISN# [redacted] WAS [redacted] AND WAS TRANSPORTED TO CAMP [redacted] /HIGH, [redacted]

---///NOT USED///---

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

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

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

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CAMP DELTA, GUANTANAMO BAY, CUBA	20050619	1659	

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

8. ORGANIZATION OR ADDRESS

9TH PLT CAMP DELTA, GUANTANAMO BAY, CUBA

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

ON 20 JUN 19 AT. 1548 HRS, [redacted] WAS CALLED OUT SIGNALING THE INITIATION OF A FORCED CELL EXTRACTION UPON COMPLETION OF SAFETY EQUIPMENT "DRESS OUT", [redacted] WAS FORMED UP, [redacted] WAS DESIGNATED [redacted] MY RESPONSIBILITY WAS [redacted] USING THE MINIMUM AMMOUNT OF FORCE NECCESARY. [redacted] WERE INFORMED THAT WE WOULD BE EXTRACTING DETAINEE [redacted] FROM CELL [redacted] FORMED UP [redacted] CELL [redacted] AND PREPARED FOR CELL ENTRANCE AND EXTRACTION THE ORDER TO ENTER [redacted] WAS GIVEN AND [redacted] ENTERED CELL [redacted] AND RESTRAINED [redacted] USING THE MINIMUM AMMOUNT OF FORCE NECCESARY. ISN [redacted] REMOVED FROM [redacted] AND RELOCATED TO I-21 USING THE MINIMUM AMMOUNT OF FORCE NECCESARY. FCE TEAM #1 EXTRACTED FROM CELL [redacted] LEAVING [redacted] IN THE CELL. FORCE CELL EXTRACTION OF DETAINEE ISN [redacted] WAS CONCLUDED AND [redacted] RETURNED TO CAMP [redacted]

///END OF STATEMENT///

[redacted]

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

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

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

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CAMP DELTA, GUANTANAMO BAY, CUBA	2005061[redacted]	1659	

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

8. ORGANIZATION OR ADDRESS

4TH PLT CAMP DELTA, GUANTANAMO BAY CUBA.

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

ON 2005 JUNE 19 AT 1548 HRS, [redacted] WAS CALLED OUT SIGNALING THE INITIATION OF A FORCED CELL EXTRACTION. UPON COMPLETION OF SAFETY EQUIPMENT "DRESSOUT" [redacted] WAS FORMED UP. [redacted]. WAS DESIGNATED [redacted] TEAM MEMBER. MY RESPONSIBLITY WAS [redacted] USING THE MINIMUM AMOUNT OF FORCE NECCESSARY. [redacted] WERE INFORMED THAT WE WOULD BE EXTRACTING DETAINEE. [redacted] FROM CELL [redacted] [redacted] FORMED UPON CELL Q42 AND PREPARED FOR CELL EXTRACTION. THE ORDER TO ENTER WAS GIVEN. AND [redacted] ENTERED CELL [redacted] AND RESTRAINED ISN [redacted] USING THE MINIMUM AMOUNT OF FORCE NECCESSARY. ISN # [redacted] WAS REMOVED FROM [redacted] AND RELOCATED TO [redacted], [redacted] EXTRACTED FROM CELL [redacted] CUFFING [redacted] IN THE CELL. THE FORCED CELL EXTRACTION ENDED. AND [redacted] RETURNED TO COMP[redacted].

//END OF STATEMENT// [redacted]

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

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

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

[redacted]

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CAMP DELTA GTMO BAY, CUBA	20050619 [redacted]	1710 [redacted]	
5. LAST NAME, FIRST NAME, MIDDLE NAME	**6. SSN**		**7. GRADE/STATUS**
[redacted]	[redacted]		[redacted]

8. ORGANIZATION OR ADDRESS

(b)(2) CAMP DELTA, GTMO BAY, CUBA

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

ON 2005 JUN 19 AT 1559 HRS. THE PRIMARY [redacted] WAS CALLED OVER THE RADIO. I mustered IN the causeway TO DO THE Proper Procedures [redacted] AS NCOIC. I WAS [redacted] DETAINEE [redacted] we entered the cell USING the MINIMUM amount of force Necessary, I moved IN [redacted] to [redacted] It was already occupied. So I moved the [redacted] of the detainee. ONCE restrained he was taken INTO causeway and placed on a stretcher secured BY medical, from their the IRF team was [redacted] to escort him to [redacted] USING [redacted] // END OF STATEMENT // BLOCK [redacted]

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

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

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

042

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CAMP DELTA GUANTANAMO BAY, CUBA	2005/06/19 [redacted]	1715HRS [redacted]	

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

8. ORGANIZATION OR ADDRESS

(b)(2) CAMP DELTA, GUANTANAMO BAY, CUBA

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

ON 2005 JUN 19 AT 1559HRS, THE [redacted] WAS SAID OVER THE RADIO. I MUSTERED IN THE CAUSEWAY TO DO THE PROPER PROCEDURES FOR A FCE. I WAS [redacted] SECURING DETAINEE [redacted] AT THE TIME WE ENTERED [redacted] BLOCK TO FCE [redacted], WE ENTERED THE CELL USING THE MINIMUM AMOUNT OF FORCE NECESSARY. I [redacted] WHICH HE STILL HAD THE SPORKE IN HIS [redacted] HE WAS TAKEN INTO THE CAUSEWAY AND PLACED ON A STRECHER. FROM THERE THE IRF TEAM ESCORTED THE DETAINEE [redacted] ON TO THE [redacted] AND TO CAMP [redacted] ON [redacted]

///ENDOFSTATEMENT///

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

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

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

SIR 01July05-D01 [redacted]

1. Category: [redacted]

2. Type of Incident: Forced Cell Extraction ISN [redacted]

3. Date/Time of Incident: 01 July 2005 / 2053hrs

4. Location: Camp Delta, GTMO, Cuba

5. Other information:
   (a) Racial (Y/N): N/A
   (b) Trainee Involvement (Y/N): N/A

6. Personnel involved:

A. Subject:
   (a) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject:
   (a) [redacted]
   (b)
   (c)

(d) (b)(6)
(e)
(f)
(g)
(h)
(i)
(j)

E. Subject:

(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

F. Subject:

(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

G. Subject:

(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

H. Detainee:

(a) (b)(6)
(b)
(c)
(d)
(e)
(f)

7. Summary of Incident: On 1 July 05 at approximately 2053 hours, detainee ISN [redacted] from cell [redacted] refused to relocate from cell [redacted] Reason for move was detainee ISN [redacted] 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 [redacted] No injuries were noted to Guard Force or Detainee.

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [redacted]
Cuba

11. Point of Contact: [redacted]

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

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMM[redacted]	3. TIME [redacted]	4. FILE NUMBER
CAMP DELTA, GUANTANAMO BAY, CU	2005 0702	1943	
5. LAST NAME, FIRST NAME, MIDDLE NAME	**6. SSN**		**7. GRADE/STATUS**
[redacted]			

8. ORGANIZATION OR ADDRESS

JTF GTMO JDOG NPG C. CO APO AE 09360

9.

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

[redacted] On 02 July 05 about , the IRF team was called. I [redacted] with the responsibility. The IRF team went into cell [redacted] to perform a FCE on Detainee [redacted] ISN [redacted] we pinned him in the back while he was stenalling on his bed. He was brought down to the floor using the minimum force necessary. The detainee continued to resist. [redacted] We moved him to cell [redacted] with no incident. ///END OF STATEMENT///

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
CAMP DELTA, GUANTANAMO BAY, CUBA	20050702	2023	

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

8. ORGANIZATION OR ADDRESS
BLOCK, CAMP DELTA, GUANTANAMO BAY, CUBA

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR ABOUT 2005JUL01 at 2053 THE PRIMARY WAS GIVEN OVER CAMP RADIO. IRF TEAM DRESSED OUT ON THE IRF TEAM WAS INSTRUCTED TO GO IN AND REMOVE ISN# AND MOVE HIM TO CELL . AT APPROXIMATELY 2115 IRF TEAM ENTER BLOCK I WAS USING THE LEAST AMOUNT OF FORCE NECESSARY, AFTER DETAINEE WAS SECURED IRF TEAM MOVED DETAINEE TO CELL . DETAINEE WAS SAFELY SECURED IN CELL WITH NO INJURIES TO DETAINEE OR IRF TEAM.

/// END OF STATEMENT ///

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay, Cuba	2005/07/02	1900	

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

8. ORGANIZATION OR ADDRESS

JTF GTMO ECO CAMP [redacted] Camp Delta, Guantanamo Bay, Cuba 09360

9.

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

ON 2005 JULY 01 AT 2299 I WAS [redacted] ON THE FORCE CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE ISN# [redacted] HELD IN CELL [redacted] I USED THE MINIMUM AMOUNT OF FORCE NECESSARY.

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMM[redacted]	3. TIME [redacted]	4. FILE NUMBER
CAMP DELTA GTMO BAY CUBA	20050702	2018	
5. LAST NAME, FIRST NAME, MIDDLE NAME	**6. SSN**		**7. GRADE/STATUS**
[redacted]			

8. ORGANIZATION OR ADDRESS

JTF CAMP DELTA [redacted]

9.

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

[redacted] ON 2005 July 01 AT APPROX. 2305 THE [redacted] WAS PASSED OVER THE RADIO. I RESPONDED TO THE CAUSWAY AS IRF TEAM NCOIC. AFTER WE WERE MANNED AND READY WE STATED OUR POSITION AND USE OF FORCE TO THE COMBAT CAMERA. WE THEN PROCEEDED TO [redacted] BLOCK WHERE WE entered [redacted] to Extract ISN [redacted] WE THEN MOVE THE DETAINEE TO THE CAUSWAY WERE he was evaluated by MEDICAL. AND THEN WE escorted the Detaine outside [redacted] was waiting to take him to DET CLINIC [redacted]

END OF STATEMENT

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp Delta, Guantanamo Bay Cuba	20050102 [redacted]	2052 [redacted]	

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

8. ORGANIZATION OR ADDRESS
JTF-GTMO J.O, Guantanamo Bay Cuba, Camp Delta, [redacted]

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

On 02 Jan 05, at approximately 2052, the FCE code was called over the radio. I immediately responded aff of [redacted] Block to the Causeway. I then suited up into the proper gear and took my place [redacted] I was responsible for [redacted]. Once the team was ready we the entered [redacted] Block and extracted ~~the detainee located~~ detainee ISN # [redacted] ~~were~~ located in cell [redacted] The detainee was then moved to cell [redacted] without any further incident.

///End of Statement///

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp[redacted] The [redacted] communicated accross the [redacted] or my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, w were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a resu we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted] ##End of statement##

Clothing Seizure

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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 NU MUST BE BE INDICATED.

SIR 120700RFEB04

1. Category: [redacted]

Type of Incident: Forced Cell Extraction – Detainee ISN: [redacted]

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: [redacted]
   (a)
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject:
(a) [redacted]
(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 [redacted] Block personnel approached detainees [redacted] for the purpose of escort to recreation and shower; detainees refused. [redacted] 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 [redacted] at approximately 0715hrs the primary IRF team at Camp [redacted] was assembled, medical support was called along with video camera support, and the recreation area prepped for [redacted] purposes. Once medical support and video support were present at [redacted] block, each of the detainees were given another opportunity to comply and refused yet again. [redacted] 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 [redacted] 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 [redacted] 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: [redacted]

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

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.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12[redacted]	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted] The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted]

End of Statement

End of Statement

[redacted]

End of Statement

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

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

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

2 2

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs [redacted]	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, [redacted] were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted].

End of Statement

End of Statement

[redacted]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

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 NUMBE MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted] The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted] //End of Statement// [redacted]

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

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 NUMB MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs [redacted]	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]. Continued on statement by [redacted]

Nothing Else Follows

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

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 NUMBE MUST BE BE INDICATED.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Camp Delta, Camp [redacted] Block	2004/02/12 [redacted]	0700hrs [redacted]	

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

8. ORGANIZATION OR ADDRESS
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] The [redacted] was communicated accross the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were breifed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted] ##End of statement##

Initials follows

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

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

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

SIR **15Jul04-S01**

[redacted]

1. Category: [redacted]

2. Type of Incident: **Forced Cell Extraction of ISN [redacted] cell [redacted]**

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

4. Location: Camp Delta, Camp [redacted] GTMO, Cuba

5. Other Information:
   (a) Racial (Y/N): N
   (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:
   (a) [redacted]
   (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)

D. Subject:
(a)
(b
(c
(d
(e
(f)
(g
(h
(i)
(j)
E. Su
(a
(b
(c
(d
(e
(f)
(g
(h
(i)
(j)
F. Sub
(a
(b
(c
(d
(e
(f)
(g
(h
(i)
(j)
G. Su
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)
H. Det
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)

7. Summary of Incident: At 15 2310 July 2004, [redacted] ISN [redacted] 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 [redacted] 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 [redacted] HIS DOB IS [redacted] REQUIRED ENTRY.
Name: [redacted]

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: [redacted]

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 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.

[redacted]	2. DATE *(YYYYMMDD)* 20040716	3. TIME 0200	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN		7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS [redacted] JTF-GTMO Guantanamo Bay, Cuba APO AE 09360

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

On 15 July 2004, at approximately 2300, a forced cell extraction was conducted on ISN [redacted] in cell [redacted] I was the number one person. [redacted] using the minimum amount of force necessary. ——//// End of Statement ////——

[redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] GTMO, Cuba	[redacted] 2004/07/15	[redacted] 2310	

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

8. ORGANIZATION OR ADDRESS
Camp 5, JTF-GTMO

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

On 2004/07/15 at approximately 2310hrs, a Forced Cell Extraction was conducted on ISN# [redacted] in cell [redacted]
I [redacted] using the minimum amount of force nessessary.//// END OF STATEMENT//// [redacted]

NOT USED

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary. [redacted]

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted]	2004/July/15	0200	

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

8. ORGANIZATION OR ADDRESS
JTF-GTMO, [redacted] APO 09360

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

ON 15July04, AT Approximately 2303 a force cell extraction was conducted on ISN: [redacted] IN Cell [redacted] I [redacted] using the minimum amount of force necessary. We extracted Detainee out of his cell carried him Down the walkway medical checked him said he was good so we put him back IN his cell NO harm to Dentainee and the extraction team. [redacted]

END of Statement

not used [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] GTMO, CUBA	20040715	2303	

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

8. ORGANIZATION OR ADDRESS [redacted], JTF-GTMO

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

On 20040715 At APPROXIMATELY 2303 A FORCE CELL EXTRACTION WAS CONDUCTED ON ISN # [redacted] IN CELL [redacted]. I [redacted], MY [redacted], USING THE MINIMUM AMOUNT OF FORCE NECESSARY. [redacted]

///END OF STATEMENT///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
(b)(1)	2004/07/15	0225	E-5/SGT

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6)		

8. ORGANIZATION OR ADDRESS (b)(2) JTF-GTMO Guantanamo Bay, Cuba APO-AE 09360

(b)(6) (b)(6) _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 2004 at approximately 2300, a Forced Cell Extration was Conducted on ISN (b)(1) I was the (b)(2) (b)(2) minimum amount of force necessary. I am also the IRF team leader, I am responsible for the safety of my team and the detainee. I ensured that the minimum amount of force was used during the forced cell Extraction. (b)(6) /// End of statement ///

10. EXHIBIT	11. INI(b)(6) 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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] GTMO, Cuba	2004/07/15	2315	

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

8. ORGANIZATION OR ADDRESS
JTF-GTMO, Delta Clinic

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

On 15 July 2004 at approximately 2310, a forced cell extraction was conducted on ISN: [redacted]. I was the [redacted] forced cell extraction. The detainee and immediate reaction force were all cleared [redacted] completed. [redacted] /// END OF STATEMENT ///

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.

SIR 12 Feb 04 1621

1. Category: [redacted]

2. Type of Incident: **Force Cell Extraction ISN** [redacted]

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) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

B. Subject:
   (a) [redacted]
   (b)
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)

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

D. Subject:
   (a) [redacted]
   (b)
   (c)
   (d)
   (e)
   (f)

(g) [redacted]
(h)
(i)
(j)

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

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

G. Detainee:
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: At approximately 1621 hours, 12 Feb 04, ISN [redacted] refused recreation/reservation. The primary IRF Team from Camp [redacted] assembled to [redacted] block. Medical and DOC camera support were on the scene. The detainee [redacted]. Detainee was [redacted] and returned to his cell. 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: [redacted]

12. Downgrading Instructions: N/A

SWORN STATEMENT

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

~~SECRET~~

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.

DISC Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba	20040212	1822	

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

8. ORGANIZATION OR ADDRESS
216 Military Police JTF GTMO Camp Delta, Guantanamo Bay Cuba 09360

9.
I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 12 Feb approx. 1621 hrs. Detainee housed in Cell [redacted] ISN# [redacted] refused Block guard, Block [redacted] Camp [redacted] and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. [redacted] with the minimum amount of force necessary, the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he recieved medical attention and evaluation.

/// End of Statement [redacted] ///

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

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004 02 12 [redacted]	1944 [redacted]	

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

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 12 Feb 2004 at @ 1621 hrs Detainee ISN# [redacted] housed in CELL [redacted] Refused BLOCK GUARDS, BLOCK NCO, CAMP SOG, CAMP PL and CAMP COMMANDER to comply to camp requirments for him to participate in recreation AND SHOWER CALL. THE [redacted] WAS communicated access the [redacted] for immediate response of the IRF TEAM. I [redacted] With the minimum Amount of force necessary, the team entered cell [redacted] and restrained the detainee. The detainee was then moved to the recreation AREA where he received medical attention and evaluated [redacted]

/// END OF STATMENT [redacted] ///

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMM[redacted]	3. TIME [redacted]	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/12	1913	

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

8. ORGANIZATION OR ADDRESS
216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360 [redacted]

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

On 12 Feb 2004 at approx 1621 hrs Detainee ISN [redacted] ~~refus~~ housed in cell [redacted] refused Block guard, Block NCO, Camp SOG, Camp PL, and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for Immediate response of the IRF Team. I [redacted] using the minimum amount of force necessary; the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he recieved medical attention and evaluation.

[redacted] /// End of Statement ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 1 OF 2 [redacted] 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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted]Block, Camp Delta, Guantanamo Bay Cuba	2004/02/12 [redacted]	1850 [redacted]	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
[redacted]			

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360 [redacted]

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

ON or around 12 feb 04 at approx. 1621 hrs. Detainee in CELL [redacted] ISN# [redacted] refused Block guard, Block NCO, Camp SOG, camp PL, and camp commander to comply with the requirment for him to participate in the recration and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I [redacted] with minimum amount of force necessary the team entered into CELL [redacted] and restrained and cuffed detainee and moved to the recreation area where he recived medical attention and evaluation. /// END of Statement /// [redacted]

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040212	1907	

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

8. ORGANI[redacted]OR ADDRESS
296 [redacted]itary Police, Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 12 Feb 2004 at approx 1621 hrs Detainee housed in cell [redacted] ISN [redacted] refused Block Guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated accross the [redacted] for immediate response of the IRF team. I [redacted]. With the minimum amount of force necessary, the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation —//End of statement//—
[redacted]

10. EXHIBIT	11. INI[redacted]ON MAKING STATEMENT	PAGE 1 OF 2 PAGES

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

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

SIR 19 0540 Feb 04

1. Category: [redacted]

2. Type of Incident: **Force Cell Extraction ISN** [redacted]

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: [redacted]
   (a)
   (b)
   (c)
   (d)
   (e)
   (f)
   (g)
   (h)
   (i)
   (j)

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

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

D. Subject: [redacted]
   (a)
   (b)
   (b)
   (c)
   (d)
   (e)
   (f)

(g) [redacted]
(h)
(i)

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

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

G. Detainee:
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: At approximately 0540 hours, 19 Feb 04, ISN [redacted] refused recreation/reservation. The primary IRF Team from Camp [redacted] assembled to [redacted] block. Medical and DOC camera support were on the scene. The detainee [redacted] Medical evaluated and [redacted] 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: [redacted]

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

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.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004 02 19 [redacted]	0645	
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]		7. GRADE/STATUS [redacted]

8. ORGANIZATION OR ADDRESS

216[redacted] Military Police _____, Camp Delta, Guantanamo Bay Cuba 09360

9.

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

On 19 Feb 04 at approx. 0540 Detainee ISN # [redacted] housed on [redacted] Block Cell [redacted] refused reservation CO ordered IRF to remove said Detainee at time listed above. Detainee was removed from cell [redacted] and taken to reservation yard, cleared by medical then escorted to reservation by the escort team. I [redacted] I [redacted] with the minimum amount of Force necessary In which I performed. /// [redacted] End of Statement /// [redacted]

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMM[redacted]	3. TIME [redacted]	4. FILE NUMBER
[redacted](b)(1) Guantanamo Bay Cuba	2004/02/19 [redacted]	0641	
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN		7. GRADE/STATUS [redacted]

8. ORGANIZATION OR ADDRESS

216th Military Police, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 19 FEB 2004, at 0540 HRS detainee ISN# [redacted] HOUSED ON [redacted] BLOCK, CELL [redacted] REFUSED RESERVATION. CO ORDERED THE IRF TEAM TO REMOVE, SAID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE REC-YARD AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESER-VATION BY The ESCORT TEAM. F [redacted](b)(2) and [redacted](b)(2) The minimum Amount of force necessary.

WKF

/// END OF STATEMENT ///

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2004/02/19 [redacted]	0610 [redacted]	

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

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 19 Feb 04 AT 0540 DETAINEE ISN [redacted] HOUSED ON [redacted] BLOCK REFUSED RESERVATION. CO ORDERED IRF TO REMOVE SAID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE REC YARD CLEARED BY MEDICAL. THEN ESCORTED TO RESERVATION BY ESCORT TEAM. [redacted] WITH THE MINIMUM AMOUNT OF FORCE. [redacted]

/// END OF STATEMENT ///

[redacted]

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

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	2024 Feb 19	0632	

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

8. ORGANIZATION OR ADDRESS
616th Military Police, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feb 24 at approximately 0540 detainee ISN [redacted] housed on [redacted] block cell [redacted] refused reservation. CO ordered IRF to remove said detainee at time listed above. Detainee was removed from cell and taken to the rec yard, cleared by medical then was escorted to reservation by the escort team. I, [redacted] was [redacted] and my [redacted] using the minimum amount of force necessary.

/// END OF STATEMENT ///

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

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay Cuba	20040214	0625	

[redacted]

8. ORGANIZATION OR ADDRESS
Military Police, Camp Delta, Guantanamo Bay Cuba 09360

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

On 14FEB at approximately 0540, detainee housed in Cell [redacted] ISN [redacted] refused reservation. CO ordered IRF to remove said detainee at time listed above. Detainee was removed from cell and taken to the Rec yard, cleared by medical, then escorted to reservation by escort team [redacted].

///End of Statement///

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

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

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

SIR 13 June 2005

1. Category: [redacted]

2. Type of Incident: IRF

3. ISN#: [redacted]

4. Date/Time of Incident: 13 June 2005 / Appx. 1012hrs

5. Location: [redacted] GTMO, Cuba

6. Other information:
   (a) Racial (Y/N): N
   (b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

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

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

D. Subject:
(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

E. Subject:
(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

F. Subject:
(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

G. Subject:
(a) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

H. Detainee:
(a) (b)(2);(b)(6)
(b)
(c)

8.Summary of Incident: On 13 June 2005 at approximately 0915 hours, I [redacted] was informed by the [redacted] Block NCO [redacted] that Detainee ISN# [redacted] (Cell [redacted] had refused to come out of his cell for his Intel Reservation. I informed the Detainee's [redacted] that he had refused. The [redacted] 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 [redacted] was in route and to activate my IRF Team. At approximately 1007 hours I [redacted] IRF Team [redacted]. At 1012 hours after giving the Detainee a last chance to comply (He failed to comply) I [redacted] Cell [redacted] 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 [redacted] at approximately 1020 hours [redacted] that lasted approximately two minutes. The Detainee would not cooperate [redacted] continuously spat [redacted] I [redacted] RF Team to enter the [redacted] and take control of the Detainee and return him to [redacted] The Team executed without incident. The Detainee and all members of the Team were evaluated by Medical and had no significant injuries. All members of the Camp [redacted] Leadership were notified.

9. Remarks: N/A

10. Publicity: N/A

11. Commander Reporting [redacted]

12. Point of Contact: [redacted]

13. Downgrading Instructions: N/A

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.

1. LOCATION	2. DATE *(YYYY/*		4. FILE NUMBER
Camp [redacted]	2005/06/13	2300	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
[redacted]			

8. ORGANIZATION OR ADDRESS
189TH MP, CO, JTF-GTMO, GUANTANAMO BAY, CUBA, APO AE 09360

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

On 13 June 2005 at approximately 0915 hours, I [redacted] was informed by the [redacted] Block NCO [redacted] that Detainee ISN#[redacted] had refused to come out of his cell for his [redacted] I informed the Detainee's [redacted] that he had refused. The [redacted] 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 ([redacted] was in route and to activate [redacted] IRF Team. At approximately 1007 hours I [redacted] At 1012 hours after giving the Detainee a last chance to comply (He failed to comply) I [redacted] to enter Cell [redacted] 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 [redacted] for his [redacted] entered the [redacted] The Detainee would not cooperate with the [redacted] and continuously spat on [redacted] I [redacted] IRF Team to enter the [redacted] and take control of the Detainee and return him to [redacted]. The Team executed without incident. The Detainee and all members of the Team were evaluated by Medical and had no significant injuries. All members of the Camp [redacted] Leadership was notified.----------END OF STATEMENT----------[redacted]

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

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.

1. LOCATION [redacted]	2. DATE *(YYYYMMDD)* [redacted] 2005/06/13	3. TIME [redacted] 1630	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN	7. GRADE/STATUS [redacted]	

8. ORGANIZATION OR ADDRESS
189TH MP, CO, JTF-GTMO, GUANTANAMO BAY, CUBA, APO AE 09360

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

On the above stated date at approximatley 0830 hrs. I went to cell [redacted] (ISN: [redacted] 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 [redacted] (ISN: [redacted]) asked me to come to his cell. I closed the feed-tray slot on [redacted] and went to [redacted] He informed me that the detainee in [redacted] said words to the affect of " He is refusing to come out of this cell for that son of a bitch. He doesn't want to see him, he doesn't want to move, and he will cause trouble if you move him." I left cell [redacted] and went to cell [redacted] I then 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 [redacted] and informed the S.O.G. of what was said.-/// [redacted] ----------End of Statement---------- [redacted] -///

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.

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
[redacted]	20050613	1605 [redacted]	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]		

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs, I [redacted] served [redacted] IRF team. [redacted] using the minimum amount of force neccessary. I was told by SOG [redacted] that Detainee ISN: [redacted] was to be moved from [redacted] At 1012 hrs, the IRF team moved to the outside of [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was secured we moved him inside [redacted] The detainee was placed in a chair with his hands and legs secured. The IRF team exited the [redacted] and stood by at the IRF staging area until given the order to remove the secured detainee and place him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] using the minimum amount of force neccessary withoout inciden[redacted]

----------///end of statement///----------

EXHIBIT	INITIALS [redacted] MAKING STATEMENT	PAGE 1 OF 2 PAGES

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

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
Camp [redacted]	20050613	1654	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]		

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs, I [redacted] served [redacted] the IRF team. [redacted] I was told by SOG [redacted] that detainee ISN [redacted] was to be moved from [redacted] At 1012 hrs, the IRF team moved to the outside of [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was secured the team moved him inside [redacted]. The detainee was placed in a chair with his hands and legs secured. The IRF team exited the [redacted] and stood by at the IRF staging area until given the order to remove the secured detainee and placed him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] using the minimum amount of force necessary without incident.

----------///end of statement///---------- [redacted]

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

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

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
Camp [redacted]	20050613	1652	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
Purdell, Eric M. [redacted]		E4/RA ~~E3/RA~~ [redacted]

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs, I [redacted] served [redacted] IRF team, [redacted] I was told by SOG [redacted] that detainee ISN: [redacted] was to be moved from [redacted] At 1012 hrs, the IRF team moved to the outside of [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was secured the team moved him inside [redacted] The detainee was placed in a chair with his hands and legs secured. The IRF team exited the [redacted] and stood by at the IRF staging area until given the order to remove the secured detainee and placed him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] using the minimum amount of force necessary without incident. [redacted]

----------///end of statement///----------

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

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

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
Camp [redacted]	20050613	16:00	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]		

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs I [redacted] served [redacted] IRF team. [redacted] using the minimum amount of force neccessary. I was told by SOG [redacted] that Detainee ISN: [redacted] was to be moved from [redacted] At 1012 hrs I moved to the outside of [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was securedwe moved him inside [redacted] The detainee was placed in a chair with his hands and legs secured. The IRF team exited the [redacted] and stood by at the IRF staging area until given the order to remove the secured detainee and place him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] sing the minimum amount of force neccessary without incedent.

///END OF Statement///

[redacted]

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES

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

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
Camp [redacted]	20050613		

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]	[redacted]	[redacted]

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs, I [redacted] served [redacted] IRF team. [redacted] using the minimum amount of force neccessary. I was told by SOG [redacted] that Detainee ISN: [redacted] was to be moved from [redacted] At 1012 hrs I moved to the outside of cell [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was securedwe moved him inside [redacted] The detainee was placed in a chair with his hands and legs secured. The IRF team exited the Intel room and stood by at the IRF staging area until given the order to remove the secured detainee and place him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] using the minimum amount of force neccessary without incedent.///End of Statement///. [redacted]

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

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

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
Camp [redacted]	20050613	1630	

LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS
[redacted]		

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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

On 13 June 2005, at 1007 hrs, I [redacted] served [redacted] IRF team. [redacted] I was told by SOG [redacted] that Detainee ISN: [redacted] was to be moved from [redacted] At 1012 hrs, the IRF team moved to the outside of [redacted] and waited while the Camp [redacted] NCOIC gave detainee ISN: [redacted] one last chance to comply. The detainee refused to comply and the IRF team was sent in to secure the detainee. Once the detainee was secured the team moved him inside Intel room [redacted] While the team was moving him he turned his head and and got spit on my face. The detainee was placed in a chair with his hands and legs secured. The IRF team exited [redacted] and stood by at the IRF staging area until given the order to remove the secured detainee and placed him back into his cell. SOG [redacted] gave the order to move the detainee back to his cell. The IRF team moved detainee [redacted] using the minimum amount of force necessary without incident. I then went to the Detainee Clinic located inside Camp Delta [redacted]

----------[redacted]----------///end of statement///----------

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

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

CAMP [redacted]

DETAINEE REPORT

FF8781A9

1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 14JUN2005 0010L

3. TYPE OF REPORT: (Check One)
SIR

4. STATUS
MEMORANDUM FOR RECORD

5. DETAINEE'S NAME: (Last, First, MI)	6. ISN#	7. DETAINEE LOCATION
[redacted]	[redacted]	

8. INCIDENT
11-OTHER

9. REPORT
On 13 June 2005 at approximately 0915 hours, I [redacted] was informed by the [redacted] Block NCO [redacted] that Detainee ISN# [redacted] had refused to come out of his cell for his [redacted] I informed the Detainee's [redacted] that he had refused. The [redacted] 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 [redacted] was in route and to activate my IRF Team. At approximately 1007 hours [redacted] IRF Team [redacted]. At 1012 hours after giving the Detainee a last chance to comply (He failed to comply) I [redacted] to enter [redacted] 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 [redacted] entered the [redacted] The Detainee would not cooperate with the [redacted] and continuously spat [redacted] I then instructed my IRF Team to enter the [redacted] and take control of the Detainee and return him to [redacted] The Team executed without incident. The Detainee and all members of the Team were evaluated by Medical and had no significant injuries.
All members of the Camp [redacted] Leadership were notified.

10. WITNESS	11 WAS DETAINEE INFORMED (Check One) NO

12. ACTION TAKEN BY COMPOUND NCO:

13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:

14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRANCH::

15. ACTION TAKEN BY SUPERINTENDENT:
APPROVED BY: [redacted]

16. ACTIONS

17. REPORTING PERSON	18. PERSON SSN	19. PERSON GRADE
NCOIC SOG	[redacted]	ALL

DMS Observation/Disciplinary Report Form

SIR 28 November 2004

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

D. Subject (b)(2); (b)(6)
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

E. Subject: (b)(6); (b)(2); (b)(6)
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

F. Subject: (b)(6)
   a. (b)(2); (b)(6)
   b.
   c.
   d.
   e.
   f.
   g.
   h.

G. Subject: (b)(6)
   a. (b)(2); (b)(6)
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

H. Subject: (b)(6); (b)(2); (b)(6)
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

I. Subject: [redacted]
a. [redacted]
b.
c.
d.
e.
f.
g.
h.
i.

J. Subject: [redacted]
j. [redacted]
k.
l.
m.
n.
o.
p.
q.
r.

K. Detainee: [redacted]
a. [redacted]
b.
c.
d.
e.

8. Summary of Incident: At about 0830 hours detainee ISN # [redacted] refused to go out for shower and recreation. Detainee was told that he must exit his cell for a cell search to be conducted. Detainee was noncompliant to Wing NCO and SOG's commands to exit cell. At approx 0840 hours, Intel Team, Behavioral Science, Medical, and DOC were called. Intel team was called, but declined to come saying it would only make things worse. At approx 0855 hours, Medical, and Behavioral Science arrived on site, Detainee was noncompliant to their commands to exit cell. The Force Cell Extraction Team (FCE) was assembled and preceded to [redacted] after receiving authorization from FOG [redacted], who was present. Upon entry the detainee was secured in hand and leg irons without incident. The detainee was removed from the cell and taken to [redacted] where MP's searched him, evaluated and cleared by medical staff. [redacted] was searched, contraband found 3 cups, two salt packets, and orange peels. [redacted] was then put in [redacted] The minimum amount of force necessary was used to secure the detainee. There were no injuries reported to the detainee or staff.

9. Remarks:

10. Publicity: N/A

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

12. Point of Contact: [redacted]

13. Downgrading instructions: N/A

INITIAL BASIC SIR REPORT

(b)(2)

GUANTANAMO BAY, CUBA

INITIAL BASIC SIR REPORT

[redacted]

GUANTANAMO BAY, CUBA

[redacted]

NAME :_____ **GRADE:**_____ **SSN:** _____

SEX: _____ **RACE:** _____ **UNIT:** _____ **AGE**_____

CLEARANCE:_____

NAME :_____ **GRADE:**_____ **SSN:** _____

SEX: _____ **RACE:** _____ **UNIT:** _____ **AGE**_____

CLEARANCE:_____

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security num[redacted]s voluntary. [redacted]

1. LOCATION	2. [redacted]ATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] TF-GTMO	2004 11 28	0915	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] TF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

That ISN# [redacted] Refused to Cooperate with the MP's by not putting his arms behind his back So they Could do a cell Search. [redacted] was asked to Cooperate numerous times but he replied "Im not an animal. I will not allow the MP's to Humiliate me. If they come in I will fight th[redacted] like a man. If they do this I will throw Shit in there face everytime they Open the bean Hole." MP's Removed [redacted] from his Cell and all [redacted] items were taken away. Detainee was not hurt during the force cell extraction. [redacted]

End of Statemen

N.F.E

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

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

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

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)*.

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	20041128	0935	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

DET [redacted] REFUSED CELL SEARCH ON 28 NOV 04. I.R.F TEAM WAS USE to restraint DET-[redacted] all extremies. Ø HARM WAS done to DET-[redacted] or I.R.F during force restraint. All restraint items used WERE properly applied to each extremity of DET-[redacted] I [redacted] check each extremity For improper use of restraint items applied to DET-[redacted] of [redacted] WING. — — — END OF STATEMENT — ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] TF-GTMO	20041128	0925	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO-AE 09360

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

ON THE ABOVE DATE AND AT APPROXIMATELY 0850 HRS I [redacted] WAS ASSIGNED TO FORCE CELL EXTRACTION TEAM (FCE). I WAS ASSIGNED A THE NUMBER 4 MAN, ASSIGNED [redacted] AT APPROXIMATELY 0850 I RESPONDED TO A FORCE CELL EXTRACTION ON DETAINEE ISN [redacted] UPON ARRIVAL TO CELL [redacted] WHERE THE DETAINEE WAS HOUSED A FORCE CELL EXTRACTION WAS PERFORMED I [redacted] USING THE MINIMUM AMOUNT OF FORCE NECESSARY WITH OUT FURTHER INCIDENT //END OF STATEMENT.///

[redacted]

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

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

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PRIVACY ACT STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	20041128 [redacted]	0920 [redacted]	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO-AE 09360

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

ON 28 NOVEMBER 2004, AT APPROXIMATELY 0950, A FORCED CELL EXTRACTION WAS PERFORMED ON DETAINEE ISN: [redacted] I [redacted] AND [redacted] UPON THE CELL DOOR OPENING, [redacted] WAS STANDING ON HIS TOILET WAITING ON THE TEAM TO ENTER, AND GAVE RESISTANCE AS WE ATTEMPTED TO RESTRAIN HIM. [redacted] WAS FINALLY RESTRAINED USING THE MINIMUM AMOUNT OF FORCE NECESSARY, AND HE WAS THEN TAKEN OUT OF THE CELL. /// [redacted] END OF STATEMENT ///

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

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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] TF-GTMO	20041128 [redacted]	0930 hrs	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

[redacted] At 0855 hours the code for the Forced cell extraction was transmitted over the Radio. My Status in the FCE was to Record the team as they extracted [redacted] ISN: [redacted] ///END OF STATEMENT///

[redacted]

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted] 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.

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	2004 NOV 28 [redacted]	0920	1311L
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]		7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO-AE 09360

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

ON November 28, 2004 at approximately 0850 HRS [redacted] person the team was on a force cell extraction of Detainee ISN [redacted]. I Assisted the Number 4 Person [redacted] USing the minimal amount Of Force necessary. End of statement [redacted]

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

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

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SWORN STATEMENT

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PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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 *(YYYYMMD*	3. TIME	4. FILE NUMBER
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	2004-11-28 [redacted]	0925 [redacted]	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

ON THE 2004-11-28 AT APPROX. 0850 ISN # [redacted] FORCE CELL EXTRACTION WAS PERFORMED. ISN # [redacted] WAS RESISTING TO COMPLIED. I'M [redacted] MY MISSION IS TO [redacted] AND USE MINIMUM AMOUNT OF FORCE AS NECESSARY.

//END OF STATEMENT.//

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

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

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PRIVACY ACT STATEMENT

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately

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
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	20041128 [redacted]	0850 [redacted]	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

ON 28NOV2004 ABOUT 0850 HOURS I PREFORMED A FORCE CELL EXTRACTION ON ISN: [redacted] I APPLIED THE [redacted] USING THE MINIMAL AMOUNT OF FORCE NECESSARY. ## ##END OF STATEMENT## ##

[redacted]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [redacted]

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.

SWORN STATEMENT

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 *(SSN)*.
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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
CELL [redacted] WING [redacted] CAMP [redacted] JTF-GTMO	20041128	1126	13112

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

8. ORGANIZATION OR ADDRESS
CAMP [redacted] JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

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

ON 28 NOV 2004 at Appro 0830 detainee [redacted] ISN# [redacted] REFUSED REC & SHOWER and ALSO REFUSED To come out For cell search. AFTer EXHAUSTing all means possible To [redacted] to comply, the FCE Team was Assembled. [redacted] Behavion Heath, the corpsman, and DOC were contacted. AFTer Numerous attempts by Behavion Heath, and the NCOIC to get [redacted] To comply The Fce team entered [redacted] restrained The detainee using minimum Force necessary. The detainee was brought to cell [redacted] where he was searched and then cleared by Medical. DETAINEE was then brought To [redacted] NO INJURIES To detainee or FCE Team [redacted] was present Minimum Force was Used and [redacted] //End of STATEMENT [redacted]

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted], 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 [redacted]

SIR 15JULY051745

1. Category: [redacted]

2. Type of Incident: [redacted]

3. Date/Time of Incident:174515JULY05

4. Location: [redacted] Camp Delta, GTMO, Cuba

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

6. Personnel involved:
A. Subject:
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

B. Subje
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(k)
(i)

C. Subje
(a) [redacted]
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

F. De
(a)
(b)
(c)
(d)
(e)
(f)

7. Summary of Incident: On 15JULY05, at approx. 1745hrs, detainee in cell [redacted] ISN [redacted] refused to remove his towel from his cell window. The PL informed the detainee 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 detainee began to attack the guards using a towel with a knot in the end as an improvised weapon. [redacted] to make him drop the improvised weapon. The Weapon was secured by the guard force and the bean hole shut. The detainee was directed in the [redacted]

8. Remarks: Behavioral Health and Medical on scene.

9. Publicity: N/A

10. Commander Reporting: [redacted]

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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1. LOCATION	2. DATE *(YYYYMMDD)*	3. TIME	4. FILE NUMBER
[redacted] Block, Camp Delta, Guantanamo Bay, Cuba	20056715	1745	

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

8. ORGANIZATION OR ADDRESS
[redacted] BLOCK, Camp Delta, Guantanamo Bay, Cuba 09360

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

AT APPROXIMATELY 1700 [redacted] PL AND MYSELF WERE CONDUCTING CELL CHECKS ON ALL OF [redacted] BLOCKS CELLS. WHEN WE GOT TO [redacted] ISN [redacted] WE INFORMED HIM THAT WE WERE THERE TO CHECK HIS CELL AND THAT HE NEEDED TO PULL HIS TOWEL OUT OF THE WINDOW SO THAT WE COULD SEE IN HIS CELL. WE GOT NO ANSWER. [redacted] (SOG) TOLD HIM THAT WE WERE OPENING THE BEAN HOLE TO SEE IN AND THAT WE WERE NOT GOING TO HURT HIM. WE OPENED THE BEAN HOLE AND [redacted] PROCEEDED TO SWING HIS FLIPFLOP, THEN HIS SHIRT, AND HIS TOWEL AT US. HE STRUCK MYSELF AND ~~X~~ CHIEF WITH THE FLIPFLOP AND HE ALSO HIT ME IN THE FACE WITH THE TOWEL. [redacted] THIS ALLOWED US TO CLOSE THE BEAN HOLE. [redacted]

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	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.

SIR

SIR 16 JUL 05 / 1215 [redacted]

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

A. Su [redacted]
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

B. Sub
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

C. Sub
   a.
   b.
   c.
   d.
   e.
   f.
   g.
   h.
   i.

D. Su
a.
b.
c.
d.
e.
f.
g.
h.
i.

E. Su
a.
b.
c.
d.
e.
f.
g.
h.
i.

F. Su
a.
b.
c.
d.
e.
f.
g.
h.
i.

G. Su
a.
b.
c.
d.
e.

8. Summary of Incident: CO on duty, On 16 JUL 05 at approximately 1215 local time 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: [redacted]
Bay, Cuba

12. Point of Contact: [redacted]

13. Downgrading instructions: N/A

SWORN STATEMENT

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

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SCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp delta, Camp [redacted] block	2005 07 16	1317	

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

ORGANIZATION OR ADDRESS

[redacted] Camp delta, GTMO Cuba

[redacted]

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

On 16 July 05, at approximately 1215, [redacted] were serving lunch to detainee [redacted] located in cell [redacted]. 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 fruit or drink poured in his tray lid. The detainee leaned forward and accepted his fruit in his hand. Next the detainee went to his tray, said it wasn't his, and threw it out the bean hole then swung his arm trying to strike [redacted] to stop the assault that was in progress. The detainee backed up and covered the bean hole with his Iso mat. [redacted] and FC1 closed the bean hole and continued serving Chow to the rest of the detainees on [redacted] block. Medical was called and responded [redacted] End of Statement ////////

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

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

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

U

SIR 19 June 2005-02

1. Category: N/A

2. Type of Incident: Forced Cell Extraction

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

4. Location: [redacted] GTMO Cuba

5. Other Information:
   (a) Racial (Y/N): N
   (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject: [redacted]
   (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) K
   (e) S
   (f) A
   (g) P
   (h) S
   (i) U
   (j) D

D. Subje
   (a)
   (b)
   (c)
   (d)
   (e)

(f) [redacted]
(g)
(h)
(i)
(j)

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

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

D. Detainee:
(a) [redacted]
(b)
(c)
(d)

7. Summary of Incident: On 19 June 2005, at approximately 1549 hours, [redacted] Camp Commanding Officer, with permission from [redacted] acting Field Grade in the Wire ordered Camp [redacted] Platoon Leader, [redacted] to initiate a Forced Cell Extraction on ISN# [redacted] The detainee threw MRE items at guard striking him in left ear and drawing blood. Detainee continued refusing to relinquish food items from previous meal. The detainee was subdued by the IRF team, put on a backboard and moved to [redacted]

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting: [redacted]

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [redacted] FOR CAMP [redacted], TODAYS DATE IS 6-19-05, AND THE CURRENT TIME IS 1549. *I / THE CO HAVE / HAS* AUTHORIZED AN IRF ON THE DETAINEE IN CELL [redacted] ISN: [redacted] DUE TO THE FOLLOWING EVENTS:

THROWING MRE PACKETS AT MPs

REFUSING TO THROW [redacted] RETURN FOOD ITEMS

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

[redacted]

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

IRF PERSONNEL INFORMATION:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
[redacted]				

[redacted]

MEDICAL ATTENTION NEEDED: YES / NO

[redacted]