

THIS FILE IS MADE AVAILABLE THROUGH THE DECLASSIFICATION EFFORTS AND RESEARCH OF:

THE BLACK VAULT

THE BLACK VAULT IS THE LARGEST ONLINE FREEDOM OF INFORMATION ACT / GOVERNMENT RECORD CLEARING HOUSE IN THE WORLD. THE RESEARCH EFFORTS HERE ARE RESPONSIBLE FOR THE DECLASSIFICATION OF THOUSANDS OF DOCUMENTS THROUGHOUT THE U.S. GOVERNMENT, AND ALL CAN BE DOWNLOADED BY VISITING:

[HTTP://WWW.BLACKVAULT.COM](http://www.blackvault.com)

YOU ARE ENCOURAGED TO FORWARD THIS DOCUMENT TO YOUR FRIENDS, BUT PLEASE KEEP THIS IDENTIFYING IMAGE AT THE TOP OF THE .PDF SO OTHERS CAN DOWNLOAD MORE!

~~SECRET~~

04-0476

1. Category: N/A

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 211213July04

4. Location: Camp Delta, GTMO, Cuba

5. Other information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

~~SECRET~~

~~SECRET~~

- (i) [REDACTED]
- (j) [REDACTED]

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Detainee:

- (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]

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

~~SECRET~~

~~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 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	[REDACTED]	0750
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]	[REDACTED]	[REDACTED]	

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

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

On 11 Feb. 04 at approximately 0750 hrs. Detainee housed in cell [REDACTED] refused Block Guard, Block NCO, camp SOG, camp PL and Camp Commander to comply with the requirement for him to submit to the search of his cell. The [REDACTED] was communicated across the [REDACTED] for immediate response of the IRTF team. I [REDACTED] With the minimum amount of force necessary, the [REDACTED] team entered in to cell [REDACTED] and restrained and cuffed 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]

End of Statement [REDACTED]

nothing follows [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 NUMBER MUST 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 retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040211	3. TIME 1034	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 273 Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR around 0750, 11 February 2004 Detainee housed in cell [REDACTED] refused block Guard, Block NCO, Camp S6, Camp PL and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity, the brutal code was communicated across the Sabre [REDACTED]. With minimum amount 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 [REDACTED]

END OF Statement 11

Nothing follows

10. EXHIBIT	11. INITIALS [REDACTED]	MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 INDICATED.

SWORN STATEMENT

For use of this form, see AR 150-45; 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 04	3. TIME 0000 114	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON or around 0750, 11 FEB 2004 DETAINEE housed in [REDACTED]
 [REDACTED] Refused Block GUARD, Block WCA, Camp SOC
 Camp PL and Camp Commander to comply with the requirement for
 him to participate in the recreation and shower activity. The ban
 code was communicated across the Sabre Net for immediate
 response of the IRT team. I was [REDACTED]. With
 the minimum amount of force necessary, the team entered in +
 [REDACTED] and restrained and cuffed the detainee and made
 the detainee to the recreation area were to receive
 medical attention and decontamination evaluation. GWT

END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAG

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

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

~~SECRET~~

~~SECRET~~

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
Block, Camp Delta, Guantanamo Bay Cuba	20040211	1040	
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

9.	WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
<p>On 11 Feb 04, at approximately 0750, I was [REDACTED] on the Camp [REDACTED] IRF Team. The following detainee was extracted from his cell by the IRF Team for the failure to participate in recreation. activities: Cell [REDACTED] ISN: [REDACTED]</p>	

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 INDICATED.

SIR 19 February 2004

1. Category [REDACTED]

2. Type of Incident: Serious Incident Report [REDACTED]

3. Date/Time of Incident: 190630RFEBO4 [REDACTED]

4. Location: [REDACTED] [REDACTED]

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (a) [REDACTED]

1. (a) D
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)

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

8. Remarks: There were no injuries on the IRF team.

9. Publicity: N/A

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

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

1
A
T
M
DA

~~SECRET~~

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 means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

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

8. ORGANIZATION OR ADDRESS

463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
at 0630hrs on 19 Feb 04 The IRF Team was called up and directed to [REDACTED] block in response to [REDACTED] ISN [REDACTED] for failure to exit cell in route to Reservation at 0640hrs my team and I entered the cell and Detained the Detainee with minum amount of force, he was shackled up and escorted to Pec yard for [REDACTED] was cleared by Medical and turned over to escort team for appointment at Reservation [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

~~SECRET~~

SWORN STATEMENT

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

LOCATION CAMP DELTA	DATE 19FEB04	TIME 0717	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS

ORGANIZATION OR ADDRESS
463rd MILITARY POLICE COMPANY

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OA

AT APPROX 0630 HRS ON 19FEB04 THE IRF TEAM WAS CALLED FOR CAMP [REDACTED], TO RESPOND TO [REDACTED], ISN [REDACTED] FOR REFUSING TO GO TO A RESERVATION. THE TEAM MOVED INTO [REDACTED] AND USED THE LEAST AMOUNT OF FORCE TO RESTRAIN THE DETAINEE. AFTER WE SECURED THE DETAINEE, WE BROUGHT HIM TO THE REC YARD TO [REDACTED]. WE THEN TURNED HIM OVER TO ESCORTS.

END OF STATEMENT

EXHIBIT	INITIALS	MAKING STATEMENT	PAGE 1 OF <u>2</u>
---------	----------	------------------	--------------------

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 AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, A STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

~~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 retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 200402	TIME 0705	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Co, Camp Delta, Guantanamo Bay Cuba 09360			

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

On 19 Feb 04 at approx 0630 an IRF was called on ISM [REDACTED] [REDACTED] for res. refusal. I was [REDACTED] on the team. We proceeded to [REDACTED] block where we were briefed on the situation. We went into the cell to secure the detainee, he was already laying on the floor with his hands behind his back. As the number 3 man I helped to secure the hands, when detainee was snatched we took him to the rec. yard for [REDACTED]. Then we put him in a 3 piece and escorted him out to the causway where an escort team took over. All of this was done 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" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED]	2. DATE (YYYYMMDD) 20040219	3. TIME 0930	4. FILE NUMBER
---------------------------	--------------------------------	-----------------	----------------

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

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

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

On Feb. 19, 2004 around the time of 0630 was called off my block [REDACTED] block) to do a force cell move on [REDACTED] block. I was the [REDACTED]. [REDACTED]

[REDACTED] When we entered [REDACTED] cell [REDACTED]
ISN [REDACTED] He was lying face down with his Hands behind his back. We [REDACTED]
while using the minium amount of force. We pick [REDACTED]
him up and take him to [REDACTED] blocks rec yard and [REDACTED] him of all the [REDACTED]
We then put the 3-piece suit on and hand him over to an escort team!!!End of statement!!!

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAYS DATE IS 13 July 08 AND THE CURRENT TIME IS [REDACTED]. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] ISN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

[REDACTED]
[REDACTED]
[REDACTED]

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

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

IRF PERSONNEL INFORMATION:

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

MEDICAL ATTENTION NEEDED: YES NO

SWINGS Primary

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED] 2004 02 19	3. TIME [REDACTED] 0725	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 04 at approx 0600 while performing duties as block guard on [REDACTED]
[REDACTED] (ISN) [REDACTED] refused to go to JTF. Interpreter and PL were called.
PL then called for the IRF team, my position [REDACTED]. Upon
Entering the cell [REDACTED] the minimum amount of
force necessary. Detainee was non-resistive and taken to the Rec. Ward where he was
[REDACTED] by medical. He was then escorted off the block to JTF.
[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 INDICATED.

~~SECRET~~ C4-0211

SIR 21 February 2004

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 210926R FEB 04

4. Location: [REDACTED] Block, Camp Delta, GTMO Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (a)
- (b)
- (c)

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

E. Subject:

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

F. Subject:

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

Duty Status: On Duty

G. Detainee:

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

7. Summary of Incident: At approximately 0926 on 21 February 2004, Detainee ISN [REDACTED] in cell [REDACTED] refused to exit his cell for a search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell. [REDACTED] was used. No injuries reported.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AFM 10-10; the cognizant 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED] 20040221	3. TIME [REDACTED] 0505HRS	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
217th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
**On 21 FEB 2004 at 0505 HRS [REDACTED] (ISN: [REDACTED]) REFUSED TO
 EXIT HIS CELL FOR A RANDOM CELL SEARCH. SOG AND PL WERE
 NOT PRESENT. END OF STATEMENT//**

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 21	3. TIME 1006	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

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

ON FEBRUARY 21, 2004, DETAINEE RESIDING ON [REDACTED] BLOCK [REDACTED] S/N#
[REDACTED] REFUSED A CELL SEARCH. THE PRIMARY
IRE TEAM WAS MOVED TO [REDACTED] BLOCK TO REMOVE THE
DETAINEE. I WAS THE THIRD MEMBER ON THE IRE.
[REDACTED] ARM, USING THE MINIMUM
AMOUNT OF FORCE NECESSARY. [REDACTED]
[REDACTED] END OF STATEMENT [REDACTED] [REDACTED]

10. EXHIBIT [REDACTED]	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.

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040222	3. TIME 1005	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
213TA Military Police Co., Camp Delta, Guantanamo Bay Cuba 09360

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

ON FEBRUARY 21ST, 2004 AT APPROXIMATELY 0920 DETAINEE LOCATED IN CELL [REDACTED] WITH ISN# [REDACTED] REFUSED A RANDOM CELL SEARCH AND THE PRIMARY IRF TEAM WAS USED TO FORCIBLY TAKE HIM OUT OF HIS CELL. I WAS THE PRIMARY [REDACTED] AND MADE SURE THAT THE MINIMUM AMOUNT OF FORCE NECESSARY WAS USED.
// [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 / Feb / 21	3. TIME 10:10 0926 [REDACTED]	4. FILE NUMBER [REDACTED]
--	---------------------------------------	----------------------------------	------------------------------

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

8. ORGANIZATION OR ADDRESS 217 Military Police Co [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360
--

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

On 04 feb 21 at approximately 0926 The IRF teams made a cell extraction to detainee ISN [REDACTED]

in cell [REDACTED] I was the [REDACTED]

[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 _____ TAKEN AT _____ DATED _____"

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

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040221	3. TIME 1005	4. FILE NUMBER
--	--------------------------------	-----------------	----------------

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

8. ORGANIZATION OR ADDRESS
[REDACTED] 217th Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360

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

On 21 Feb 04 at about 0926 I was part of the primary I&F team for Camp [REDACTED]. We were called to [REDACTED] ISN # [REDACTED] I was the [REDACTED] least force possible. No team member or detainee were injured.
///End of Statement///SKC

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 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) 20040221	3. TIME 1008	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS 211 Military Police Co	Camp Delta, Guantanamo Bay Cuba 09360
--	---------------------------------------

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

on 04 Feb 21 at approx 0925 the IAF team entered the cell of [REDACTED] for cell search refusal. I was the [REDACTED] with the minimum amount of force necessary. / / / End of Statement / / / [REDACTED]

10. EXHIBIT	11. INITIATOR MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 INDICATED.

~~SECRET~~

~~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 accurate
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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040713	3. TIME 2423	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/RANK [REDACTED]	

B. ORGANIZATION OR ADDRESS
3RD Military Police STP JDOH3, Camp Delta, Guantanamo Bay, Cuba 09360

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

ON 13 JULY 04 APPROX. 2000 HRS WHILE CONDUCTING BLOCK OPERATION
DETAINEE [REDACTED] REFUSED TO GIVE UP HIS CUP AFTER DINNER.
THE DETAINEE DID NOT COMPLY TO A ROLL CALL SEARCH FROM THE BLOCK
SARGENT, SGT 2, PL 2, CO, OR FIELD GRADE OIC. FIELD GRADE OIC ASSEMBLED
THE IRF TEAM FOR FCE. IRF TEAM ENTERED CELL APPROX. 217 FOR FCE.
END OF STATEMENT. [REDACTED] 111

10. EXHIBIT	INITIALS [REDACTED]	MAKING STATEMENT [REDACTED]	PAGE 1 OF 2
-------------	------------------------	--------------------------------	----------------

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

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

~~SECRET~~

04-0045

SIR 110828RFEB04

1. Category: [REDACTED]

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

(3. Date/Time of Incident: 110828RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (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 or around 0828 11 February 2004 [REDACTED] Block personnel approached detainee [REDACTED] for the purpose of escort to recreation and shower; detainee refused. [REDACTED] Block personnel informed the detainee that movement to recreation and shower was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp [REDACTED] at around 0828hrs 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, the detainees was given another opportunity to comply and refused yet again. [REDACTED] ordered the [REDACTED] IRF team to enter into the cell of [REDACTED] and forcibly removed from the cell at or around 0900hrs and moved him to the recreation area for [REDACTED] purposes. Once in the recreation area, the detainee received medical attention, which [REDACTED]. Once medical personnel cleared the detainee, the IRF team moved the detainee back to his cells. The cell extraction of the detainee went well. There were no injuries to any of the assigned [REDACTED] block personnel, IRF team members or detainee.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: [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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 11	3. TIME 0828	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

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

On or around [REDACTED] 0828 20040211 Detainee [REDACTED] ISN# [REDACTED]
[REDACTED] tried to go to Rec & shower, I was [REDACTED] with the
minimum amount of force necessary, the TRF team extracted the detainee
to the Rec area where he received medical attention & evaluation [REDACTED] 111
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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED] 02242002	3. TIME [REDACTED] 0828hr	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	[REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
273rd Military Police Company, JTF-GTM, Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On or around 11 Feb 2004 0828hr Detainee housed in Cell [REDACTED]
ISN# [REDACTED] Block Guard, Block MCQ, Camp Sog, Camp PL, and Camp Commander to comply with the requirement for him to participate in recreation and shower activity. [REDACTED] was communicated across the [REDACTED] [REDACTED] immediate response of IRF Team. I was [REDACTED] with the minimum amount of force necessary, the team entered in to Cell # [REDACTED] [REDACTED] the detainee and moved the detainee to the recreation [REDACTED] area where he received medical attention and evaluation. //end of Statement//

Follows
[REDACTED]

Nothing

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 re

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY MM DD) 2004 02 11	3. TI [REDACTED]	4. FILE NUMBER 0828
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 11 Feb 2004 Detainee housed in Cell [REDACTED]
 ISN# [REDACTED] Refused block guard, block NCC
 Camp SOG, Camp PL AND Camp Commander To Comply wi
 The requirement for him to participate in the recreation
 AND shower activity. The [REDACTED]
 across the [REDACTED] for immediate response of the IR
 Team. I was [REDACTED]. With the miniu
 amount of force necessary, the team entered into cell
 [REDACTED] and restrained and cuffed the detainee and
 moved the [REDACTED] detainee to the recreation area
 where he received medical attention and evaluation

— End of Statement !!! —

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE 1 MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED] 2004 02 11	TIME [REDACTED] 0828	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] 2713 RD Co., Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] . WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On or around 0828 hours, Feb 11 2004 detainee housed in Cell [REDACTED], ISN # [REDACTED] refused Block Guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the required 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] [REDACTED] With the minimum amount of force necessary, the team entered in to cell [REDACTED]. The detainee was restrained, cuffed and moved to the recreation area where he received [REDACTED] Medical attention and evaluation. // End of Statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 Feb 11.	3. TIME 0835 HRS	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS 273st Military Police Co. JTF, Camp Delta, Guantanamo Bay Cuba 09360

. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR AROUND 11 SEPT 2004, 0828 HRS DETAINEE HOUSED IN CELL [REDACTED] JSN
REFUSED BLOCK GUARD, BLOCK NCU, CAMP SOC, 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] FOIL
IMMEDIATE RESPONSE OF THE ERF TEAM. IT WAS [REDACTED] WITH THE MINI-
MUM 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
RECEIVED MEDICAL ATTENTION AND EVALUATION. III END OF STATEMENT III [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 NUMBER MUST BE INDICATED.

[Redacted]
SIR 080750RFEB04

1. Category [REDACTED]

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

3. Date/Time of Incident: 080750RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (k)
 - (l)
- [Redacted]*

(m)
(n)
(o)
(p)
(q)
(r)
(s)
(t)

E. Subject:

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

J(1) Detainee:

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

J(2) Detainee:

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

J(3) Detainee:

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

J(4) Detainee:

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

J(5) Detainee:

Summary of Incident: At approximately 0750hrs 08 February 2004, [redacted] Block personnel approached detainees housed in [redacted], [redacted]

[redacted] for the purpose of conducting cell searches; all detainee refused. [redacted] Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 0756hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the 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] [redacted] of the detainees, 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, which consisted of [redacted]. 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

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040713	3. TIME 2324	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	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 20040713 at 2100 the primary TRF team got alerted from our individual locations. Immediately, everyone assembled and geared up. At 2117 the primary TRF team went in on [REDACTED]; ISN [REDACTED] was [REDACTED]. [REDACTED] was being TRF'd because he failed to comply with MP direction. I was the number one man, responsible for securing the detainee's head and to give the condition of the cell all while using the minimum amount of force necessary. After securing the detainee, he was transported compliantly out to [REDACTED] block's rec yard where his vita were checked. Upon completion, he was then transported back into his cell and the forced cell extraction was complete at 2128 hours. //End of statement//

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 P1
-------------	---	----------------

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 INDICATED.

IRF SHEET

STB G754inc
C750

I am the [REDACTED] for camp [REDACTED], today is [REDACTED] and the time is [REDACTED]. I have authorized an IRF of the detainee in cell [REDACTED], ISN [REDACTED], for the following offense:

[REDACTED]

I will ensure that the minimum amount of force is used during this operation.

- Interpreter TIME IRF WAS CALLED
- Corpsman TIME OF ENTRY
- Camera Man TIME OF COMPLETION
- Escort Team
- Barber



OC USED: YES / NO

MEDICAL ATTENTION REQUIRED: YES / NO [REDACTED]

QFC
QFC APPROVED

SWORN STATEMENT

For use of this form, see AFM 10-2, THE OPPONENT AGENT IS DDCSOPS

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
██████████ Block, Camp Delta, Guantanamo Bay Cuba	██████████ 20010718	██████████ 1100	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

██████████ USAF

9.

RE: I, ██████████, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

AT APPROXIMATELY 0100 HOURS ON 01FEB04 WHILE WORKING AS ██████████ BLOCK GUARD ON ██████████
 I WAS NOTIFIED BY MY BLOCK MSG, ██████████ THAT HE TO REPORT TO THE CARRIER.
 A FORCED CELL EXTRACTION ON S BLOCY. MY TEAM RESPONDED, DONEDD USE IFF GEAR
 PROCEEDED TO ██████████ BLOCK. MY TEAM WAS BRIFTED BY THE PL2, ██████████, OF
 CATION AND AT 0138 HOURS, PERFORMED ██████████ A FORCED CELL EXTRACTION ON ██████████
 WE ALSO PERFORMED FORCED CELL EXTRACTIONS ON ██████████ AND ██████████. I WAS THE NUMBER FIVE &
 THE TEAM LEADER. FOR THE ALTERNATE IFF TEAM, I SECURED THE LEFT IFF AND HELPEE
 THE TEAM. MY TEAM MAN SHACKLED THE DETAINERS. THE TEAM TOWED ALL THE ABOVE IN
 OUT OF THEIR CELLS TO THE LEFT GUARDIANT HALL WHERE THEY WERE SEEN BY MEDICAL, AND
 BACK IN THEIR CELLS. THE TEAM CONDUCTED AN AAR AFTER EACH FORCED CELL EXTRACTION.
 USED THE MINIMAL AMOUNT OF FORCE NECESSARY. ██████████
 ██████████ /I/ EXST OF STATEMENT/

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT
-------------	---

PAGE 1 OF 0

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 # MUST 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 █████ Block, Camp D, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 08	3. TIME 1110	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME ██████████	6. SSN ██████████	7. GRADE/STATUS ██████████	
8. ORGANIZATION OR ADDRESS 253 CO, Camp D, Guantanamo Bay Cuba			

9

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

At Approximately 0726 Hours on 08 February 2004 while working A5 ██████████ Block Bread and ██████████ Block. I was told by Block NCO ██████████ Report to Caisaway for an FERF Cell Extraction on ██████████ Block. A TOS TRF CRAN And reported to ██████████ Block, was brief by ██████████ at 0738 Hours, Afterward A ██████████ we also performed FERF Cell Extraction on ██████████ at 0754 Hours, ██████████ And ██████████

On the alternate TRF Teston ██████████ removed them to Recration Hall were they were treated by ██████████ medical, I used the minimal amount of force necessary. After each FERF Cell Extraction there was AN AAR.

Henthal C Statement TH

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT ██████████	PAGE 1 OF <u>2</u> 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 INDICATED.

~~SECRET~~
SWORN STATEMENT

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

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED]	3. TIME [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 250 TH MR CO			
9. [REDACTED]			

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 08 February 04, at approx. 0726 hrs [REDACTED]
 was called. I was [REDACTED]
 [REDACTED] the minimal amount of force
 necessary, we responded to [REDACTED] pick because the detainees ref
 to come out of their cells for cell searches. We [REDACTED] removed
 following detainees from their cells. Cell # [REDACTED]
 0738 hrs, Cell [REDACTED] at 0754 hrs, Cell [REDACTED]
 at 0833 hrs, Cell [REDACTED] at 0852 hrs, and Cell [REDACTED]
 [REDACTED] at 0941 hrs. All detainees were removed from their
 taken to the rec yard and [REDACTED] and then returned to their
 The minimal amount of force necessary was used [REDACTED] with
 detainees after each extraction we conducted a [REDACTED]
 /END OF STATEMENT/ [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>0</u>
-------------	---	--------------------

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 # MUST BE INDICATED.

SWORN STATEMENT

For use of this form, see AFM 100-45; the proponent agency is JDCSOPS

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040208	3. TIME / : / 14:46	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS

[REDACTED] STF COTNC

9.

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

ON February 8, 2004 at approximately 0726 hrs, I was called to respond to a forced cell extraction on [REDACTED] Block. The detainees were refusing to leave their cells for random cell searches. The detainees were never extracted under [REDACTED] 0730. After they were extracted medical check them over and we return them to their cells. My position on the return was [REDACTED] of the detainee, using the [REDACTED] least amount of force necessary. The detainee in cell [REDACTED] and [REDACTED] was [REDACTED]. // End of STATEMENT//

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]
-------------	---

PAGE 1 OF 0

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 1 MUST BE INDICATED.

~~SWORN STATEMENT~~

For use on this form, see AFM 190-45; the proponent agency is DDCSOPS

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040203	3. TIME 1140	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
258th MP BN STF GTMO

9.

(41) [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On February 8, 2004 at approximately 0726hrs I was called
respond to a forced cell extraction on [REDACTED] block.
The detainees were refusing to leave their cells for random
cell searches. The detainees who were extracted are as follows:
[REDACTED] 0738hrs, [REDACTED] 0754hrs, [REDACTED] 0833hrs,
[REDACTED] 0912hrs and [REDACTED] 0941hrs. [REDACTED] on my
alternate team. [REDACTED]

[REDACTED] Upon arrival I was
briefed by the [REDACTED] NCOIC at which point the alternate team
performed the aforementioned cell extractions. The
detainees were extracted then shaved about the head and the
All aforementioned detainees were cleared by medical.
All actions performed returned to their original cells. All actions performed
me [REDACTED] with the least amount of force necessary
any, in accordance with the S.O.P. The above detainees are:

[REDACTED] An
[REDACTED] and [REDACTED] END OF STATEMENT
performed after each cell extraction. [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 1 OF 0

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 INDICATED.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
160TH MILITARY POLICE BATTALION (EPMIC)
JTF-160
GUANTANAMO BAY, CUBA

SIR (003)

02-0004

25 July 2002

MEMORANDUM FOR CDR, JDOG

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

1. Reference: AR 190-40
2. SIR's Enclosed: (Classification: FOUO).
 - a. Enclosure-1 is a copy of SIR, 190700RJUL02.
 - b. Enclosure-2 is a copy of SIR, 190915RJUL02.
 - c. Enclosure-3 is a copy of SIR, 191100RJUL02.
3. For additional information contact [REDACTED] at 3184.

[REDACTED]

BN S-3

08-0064

1. Category: [REDACTED]
 2. Type of Incident: Non Compliant / Causing Disturbance
 3. Date / Time of Incident: 190700July02
 4. Location: [REDACTED] GTMO, Cuba
 5. Other Information:
 - (a) Racial: No
 - (b) Trainee Involvement: No
 6. Personnel Involved:
 1. Subject:
 - 1.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
 - G.
 - I.
 2. Victim:
 - 1.
 - A.
 - B.
 - C.
 - D.
 - E.
 - F.
 - G.
- GTMO, Cuba
7. Summary of incident: On 19 July 2002 at approx 0720 Duty Officer, [REDACTED] was asked to come to [REDACTED] blk for a detainee that was not responding/complying to MP orders for ID check. [REDACTED] would not respond to MPs so they could check his ID band. DO arrived on [REDACTED] blk and approached [REDACTED]. Detainee was lying across his cell w/ a sheet over him. DO made several attempts to contact [REDACTED] by giving him verbal orders, no reply from detainee. DO knocked lightly on the cell and gave detainee several more verbal orders, still no reply. DO then knocked a little harder on the cell next

to the detainee's head. At that time [REDACTED] started yelling and banging on his bunk. The DO told him to be quiet, which is when [REDACTED] threw water on the DO's back. DO then turned around and ordered [REDACTED] to stop throwing water which is when [REDACTED] threw a second cup of liquid on the D O [REDACTED] then attempted to spit on the D O that is when the D O gave [REDACTED]

[REDACTED] D O then called for several escort teams, at which time the interpreter arrived on the blk. As the escorts and the D O made their way down the block [REDACTED] threw water at the MPs and then spit at the D O. D O then gave [REDACTED]

[REDACTED] was then taken from his cell by escort team [REDACTED] and taken to [REDACTED] Blk for [REDACTED] and then to [REDACTED] "A" escort was attempting to handcuff [REDACTED] when he grabbed the MPs. Duty Officer then approached [REDACTED] and the escorts and assisted escorts in regaining control of the detainee. D O then ordered [REDACTED] to calm down, the detainee then began spitting on the escorts and the D O The D O then gave [REDACTED]

[REDACTED] Detainee was, then able to be handcuffed and taken to [REDACTED] for [REDACTED] by "A" escort and then to [REDACTED] Both detainees were seen and cleared by medical while at [REDACTED] Blk.

Remarks: IRF team was requested through the chain-of-command and approved by [REDACTED]

Publicity: N/A

Commander reporting: [REDACTED]

Point of contact: [REDACTED] 239th MP Co

Downgrading instructions: N/A

SIR 18 January 2003

Case# 03-0010

25

1. Category:

2. Type of Incident: IRF

3. Date/Time of Incident: 180142RJAN03

4. Location: Camp Delta, GTMO; Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

25

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004-07-13	3. TIME 2312	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
258 Military Police Co [REDACTED], Camp Delta, Guantanamo Bay, Cuba 09360

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

At approximately 2100 on July 13, 2004 I was called to perform a forced cell extraction on ISN [REDACTED] who was in cell #11. [REDACTED] The Detainee failed to comply when asked to come out of his cell for a random cell search. The IRF team went into the cell at approximately 2117. I was the [REDACTED] and I assisted the [REDACTED]

The minimal amount of force necessary. After taking the detainee out of the cell, having him medically cleared and then returned to his cell, the IRF was out of the cell at approximately 2128.

End of statement [REDACTED]

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

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 INDICATED.

~~SECRET~~

DA FORM 2823, DFC 1998 DA FORM 2823, JUL 72, IS OBSOLETE

~~REDACTED~~

- (h)
- (i)
- (j)

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Subject

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

I. Subject:

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

J. Subject:

- (a)
- (b)

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

K. Subject:

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

L. Subject:

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

M. Detainee:

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

7. Summary of Incident: At 0142 hrs, 18 Jan 03, Detainee [REDACTED] refused to give up his towel along with two other detainees in [REDACTED] Block, IAW memo signed by [REDACTED] DR dated 17 January 2003, Subject: [REDACTED] Blocks. Detainees are no longer allowed to keep their towels in their cell in [REDACTED] blocks, due to the events of 16-17 January where a detainee committed self-harm with a towel. At 2215 hours Detainee ISN [REDACTED] refused to give up his towel to the Block NCO. There were numerous attempts made to have the detainee give up his towel, without using force. The DFC and Psych talked to the detainee for approximately two and a half hours, to try and get him to give up his towel. The detainee still refused, the [REDACTED] IRF teams were assembled in [REDACTED]. Detainee ISN [REDACTED] refused to give up his towel. The interpreter and Guard Commander informed the detainee that he needed to give up his towel. Detainee ISN [REDACTED] still refused, and the Guard Commander sprayed him with [REDACTED]. The IRF team from [REDACTED] went into his cell [REDACTED] and secured the detainee using the minimum amount of force necessary. The detainee was moved from his cell to the recreation yard, where he was [REDACTED] from the [REDACTED] and was thoroughly checked by medical that stated that he was fine and had no medical injuries. His cell was searched and the towel was secured and removed from his cell. The Detainee was transported by the IRF team back to his cell and secured.

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

SIR 26FEB04-S01

1. Category: N/A
2. Type of incident: Forced Cell Extraction
3. Detainee ISN: [REDACTED]
4. Date/Time of incident: 26 Feb 2004 @ 1820hrs
5. Location: Camp Delta, GTMO, Cuba
6. Other information

a. Racial (Y/N): N

7. Personnel Involved:

A. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

B. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

C. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

D. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Detainee:

- a.
- b.
- c.
- d.
- e.
- f.

8. Summary of Incident: On 26 February 2004, at approximately 1820hrs, Detainee ISN [REDACTED] refused to comply with the requirement to attend his reservation appointment. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary, handed the Detainee over to the escort team and the Detainee was escorted to his required reservation appointment. [REDACTED]

9. Remarks: See medical information in summary of incident

~~SECRET~~

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

~~SECRET~~

SWORN STATEMENT

For use of this form, see [redacted] for the proponent agency [redacted] 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 [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 04-26-02	3. TIME 18:35	4. FILE NUMBER [redacted]
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	
8. ORGANIZATION OR ADDRESS 273d MP Military Police COMPANY, Camp Delta, Guantanamo Bay Cuba 09360			

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

ON 26th FEB 2004 AT 1820 the primary (IRF) team
EXSTACATED CELX [redacted] ISN [redacted] YOUSINA the
MINIMUM FORCE AS POSSIBLE. I WAS [redacted]
END OF STATEMENT.

No Thing Follows

10. EXHIBIT [redacted]	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 INDICATED.

SWORN STATEMENT

For use of this form, see AR 100-2. 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 2004 02 26	3. TIME [REDACTED] 1840	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

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

On the 26th of February 2004, at approximately 1800hrs the detainee located in [REDACTED]
 [REDACTED] was extracted and taken to Reservation. I u
 /th
 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 10040226	3. TIME 1842	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED] I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
AT APPROX. 1800.

ON The 26 February 2004, The Primary IRF Team was ordered to escort a detainee. The detainee [REDACTED] refused Reservation and while in Cars Way detainee refused to walk. Therefore Primary IRF Team carried the detainee to the gold Building. Primary IRF Team [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 INDICATED.

SECRET

SWORN STATEMENT

For [REDACTED] of this form, see AR 190-45; the [REDACTED] 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 26FEB04	3. TIME 1840	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS 223 Military Police COMPANY	Camp Delta, Guantanamo Bay Cuba 09360
---	---------------------------------------

9. [REDACTED]	WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On the day of 26FEB04, the primary IRF team went to extract detainee [REDACTED] ISN# [REDACTED] from his cell. [REDACTED] the IRF team. The IRF took place on [REDACTED] dock [REDACTED] Annex 1820 END 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 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. [REDACTED]

DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (MMYYMM) 2004 07 13	3. TIME 2329	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 13 Jul 04 at 2100 hours the primary IRF team was called up. Everyone assembled and got their gear on. At 2117 the team went in on [REDACTED] (ISN) [REDACTED] because he would not comply with M.P.'s. I [REDACTED] of the detainee and [REDACTED] with the minimum amount of force necessary. Once' in the cell the detainee resisted the IRF team and did not comply. He was restrained using the minimum amount of force necessary. The detainee was brought out the [REDACTED] block's left rec yard and checked over by the corporal. He was returned to his cell by the IRF team at 2128 //

END OF STATEMENT //,

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

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

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

SWORN STATEMENT

For [REDACTED] of this form, see AR 10-2. The component 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 26	3. TIME 1835	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

on 26 Feb 2004 at about 1820 The primary IRF Team was called to [REDACTED] Block #0 Extract Detainee [REDACTED], ISN No. [REDACTED]

From his cell. We use the minimum force as possible. I am

[REDACTED] and I was [REDACTED] and did [REDACTED]

/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 INDICATED.

SECRET

SIR 110951RFEBO4

1. Category: [REDACTED]
2. Type of incident: Forced Cell Extraction
3. Detainee ISN: [REDACTED]
4. Date/Time of incident: 110951RFEBO4
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.
i.

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:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Detainee:

- a.
- b.
- c.
- d.
- e.
- f.

8. Summary of Incident: On 11 February 2004, at approximately 0951hrs, Detainee ISN [REDACTED] refused to comply with the requirement to attend the recreation and shower activity. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary, and moved the Detainee to the shower and recreation yard. Block personnel subsequently checked the Detainees cell for contraband and other unauthorized items. [REDACTED]

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

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 11	3. TIME 0950	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] Military Police JTF GTMO, Camp Delta, Guantanamo Bay Cuba 09360			

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

On or around 0951 2004/02/11 Detainee [REDACTED] T.S.M. [REDACTED]
refused to go to Rec & Shower I was [REDACTED] [REDACTED] with the
minimum amount of force required, the team extracted the Detainee
to the Rec area where he received medical attention
and evaluation [REDACTED] 111

End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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. [REDACTED]

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2024 07 13	3. TIME 2324	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
7587K Military Police Camp Delta, Guantanamo Bay, Cuba 09360

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2004 July 13 At 2100 The IRF Team Code for Team one and two
was called on [REDACTED] Block. At which time I conducted inspection of IKF team
one and we went to [REDACTED] Block where [REDACTED] Briefed us on [REDACTED] ISN.
Failure to comply, I was [REDACTED] I insured that
my team used the minimum amount of force necessary and helped secure the detainee's legs the detainee put up a fight at first but was quickly placed on the ground
and Secured the FCE Began at 2117 and lasted about 11min the detainee was
placed back in his cell at 2128. No one was hurt and [REDACTED] VII
END OF Statement [REDACTED] VIII

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

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE AT THE INITIALS OF THE [REDACTED] MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

~~SECRET~~
SIR 110750RFEB04

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

7. Personnel Involved:

A. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

B. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

C. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

~~SECRET~~

10. Publicity: N/A

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

12. Point of Contact:
3239

13. Downgrading instructions: N/A

~~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 re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE	3. [REDACTED]	4. FILE NUMBER
[REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2004 02 11	0951	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	[REDACTED]

8. ORGANIZATION OR ADDRESS
273rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 11th Feb 2004^{m051} Detainee housed in Cell [REDACTED]
ISN# [REDACTED] Refused Block Guard, Block
Camp [REDACTED] Camp PL And Camp Commander orders TV compl.
With shower AND Recreation Activity. The [REDACTED]
Was given over the [REDACTED] Immediate Response
OF THE IAF Team. I WAS [REDACTED]
The minimum amount of force necessary. The Team went
into Cell [REDACTED] And restrained and cuffed the detainee
And moved the detainee to the recreation area where
he received medical attention and evaluation [REDACTED]

— End of STATEment III —

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] DATED [REDACTED]

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 2004 02 11	3. TIME 1214	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
213rd Military Police Co., Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On or around 0951 hours, 11 2004 Detainee housed in Cell [REDACTED] ISN# [REDACTED] refused block guard, Block NCO, Camp PL, and Camp commander to comply with the requirement for him to participate in the recreation and shower activity. The [REDACTED] was committed across the [REDACTED] for Immediate Response of the IRF team. It was with the minimum amount of force necessary, the team entered into cell # [REDACTED] and restrained and cut off the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. [REDACTED] End of statement 11

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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) [REDACTED] 20040211	3. TIME [REDACTED] 0951 hr	4. FILE NUMBER [REDACTED]
--	--------------------------------------	----------------------------	---------------------------

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

8. ORGANIZATION OR ADDRESS
[REDACTED] 273rd Military Police Company JTF, ETMO Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 11 February, 2004, 0951 hr Detainee housed in cell [REDACTED] ISN# [REDACTED] refused Block Guard, Block K/O, Camp [REDACTED] SFT 506, 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 minimum amount of force necessary, the IRF team entered in to cell [REDACTED] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. 11/end of Statement// [REDACTED]

FOLIO'S

NOTHING

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 Feb 11	3. TIME 1005 hrs	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS [REDACTED]
8. ORGANIZATION OR ADDRESS 273 Military Police CO. J.T.F., Camp Delta, Guantanamo Bay Cuba 09360			

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

On the 11th of September 2004, At approximately 0951 Hrs. Detainee ISN# [REDACTED] Housed in CELL [REDACTED] Refused to comply with orders from the Block guard, Block N.C.O., S.O.G., P.L., and Camp Commander to go to Rec and shower. The [REDACTED] was given access to the [REDACTED] For the I.R.F. ON the primary I.R.F. team. With the minimum amount of force necessary, the team went into CELL [REDACTED] to restrain and cuff the detainee. The detainee was taken to the Rec yard where he received medical attention and evaluation. "End of statement" [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.

SIR 18 FEB 04

1. Category: N/A
2. Type of Incident: Serious Incident Report
ISN [REDACTED]
3. Date/Time of Incident: 180932RFE04
4. Location: Camp Delta, GTMO, Cuba
5. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N

6. Personnel involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

(i)

(j)

E. Subject:

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

F. Subject:

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

G. Subject:

(a) Name: NA

(b) Pay Grade: NA

(c) SSN#: NA

(d) Race: NA

(e) Sex: NA

(f) Age: NA

(g) Position: NA

(h) Security Clearance:

(i) Unit and Station of Assignment: NA

(j) Duty Status: NA

H. Detainee:

(a) Name:

(b) ISN#:

(c) Race: SA

(d) Sex: Male

(e) Assignment: [REDACTED] Block, [REDACTED], Camp Delta, GTMO Cuba

7. Summary of Incident: On 18 Feb 04, at approx., 0932 hrs, detainee in [REDACTED] Block, Camp Delta, refused to come out his cell for a random cell search. Detainee was asked by the Block guard, Block NCOIC, SOG, PL, and CO to comply but refused to do so. The CO assembled the IRF Team to extract the detainee out the cell. Medical and psych personnel arrived on the scene a short while later. Detainee was then asked by the PL and CO to comply but refused to do so. The IRF team then went in [REDACTED] and extracted the detainee into the rec yard for decon. The detainee was checked out and cleared by medical and psych personnel in the rec yard. The detainee was then taken back to his cell after it was searched.

8. Remarks: There were no injuries on the IRF team.

9. Publicity: N/A

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

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

~~SWORN STATEMENT~~

For use of this form DA FORM 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED]	3. TIME [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] Military Police [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360			

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

On 2004 DEC 18, At 0930 [REDACTED] Received
 Reckonation at which time the afft. IAF Agent was assigned to do a task as
 Extractor in [REDACTED]
 [REDACTED] to the [REDACTED] and [REDACTED] to the [REDACTED]
 to the [REDACTED] and [REDACTED] to the [REDACTED]
 End of Statement 11/10 [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Guantanamo Bay Cuba	2. DATE (YYYYMM) 20040821B	3. TIME 1020 hrs	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 21772 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On 18 FEB 2004 at 0932hrs Detainee [REDACTED] (ISN: [REDACTED] TREFUSI LEAVE HIS CELL FOR RESERVATION. UPON ORDER OF THE CO A FORCED CELL EXIT WAS PERFORMED. [REDACTED] I DID NOT USE THE SHIELD AS DETAINEE WAS PASSIVE LYING UNDER HIS BUNK, WITH HIS HANDS BEHIND HIS BACK. THE LEAST AMOUNT OF FORCE NECESSARY WAS USED TO RESTRAIN THE DETAINEE & CARRY HIM TO THE CAISSEAU. I THEN ASSISTED THE ESCORT TEAM IN CARRY THE DETAINEE ON A BACK BOARD TO THE [REDACTED] Board. //End of Statement// [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAC
-------------	---	------------------------

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 INDICATED.

OATH OR AFFIRMATION 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) [REDACTED], 02, 19[REDACTED]	3. TIME [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] Military Police [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 13 Feb 2004 at 0930 hrs I am witness to [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [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 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 [REDACTED] to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary [REDACTED]

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040218	3. TIME 1007	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS [REDACTED]
8. ORGANIZATION OR ADDRESS 2d Bn Military Police [REDACTED] Camp Delta, Guantanamo Bay Cuba 09360			

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 18 February 2004 [REDACTED] Isn't [REDACTED]
at 0932 refused to go to reservation. As a result
the alternate inf team was called in to do a fast
cell extraction. The extraction was complete with
least amount of force necessary. It was the
also the NCO instructing the
team. End of Statement [REDACTED]

[Handwritten signatures and initials over the line]

10. EXHIBIT	11. INITIALS OF P [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 18	3. TIME 1030	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 217TH Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

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

ON 18 FEB 2004, AT ABOUT 0932 HRS DETAINEE [REDACTED]
REFUSED TO LEAVE HIS CELL FOR RESURRECTION, AT WHICH TIME THE
CAMP COMMANDED ORDERED A FORCE CELL EXTRACTION. I WAS THE
[REDACTED] AND ASSISTED [REDACTED]
[REDACTED] BY USING THE LEAST AMOUNT OF FORCE
NECESSARY. THE DETAINEE WAS PASSIVE, THERE WERE NO INJURIES
TO THE DETAINEE OR ANY TEAM MEMBER (// END OF STATEMENT)
[REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.

SIR 13 February 2004

TSN

1. Category:

2. Type of Incident: Serious Incident Report

3. Date/Time of Incident: 131130R FEB04

4. Location: [REDACTED] GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (a) [REDACTED]

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

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

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

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

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

1. (a) [REDACTED]
- (b) [REDACTED]
- (c) [REDACTED]
- (d) [REDACTED]
- (e) [REDACTED]
- (f) [REDACTED]
- (g) [REDACTED]
- (h) [REDACTED]
- (i) [REDACTED]

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

8. Remarks: There were no injuries on the IRF team.

9. Publicity: N/A

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

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

WORN 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 re
- DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040213	3. TIME 1200	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

6. ORGANIZATION OR ADDRESS
273RD Military Police COMPANY, Camp Delta, Guantanamo Bay Cuba 09360

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 13 FEBRUARY 2004 AT APPROXIMATELY 1135 HRS. DETAINEE(S) IN CELL
 CELL [REDACTED] ISN# [REDACTED] REFUSED BLOCK GUARD, BLOCK N
 CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WITH REQUIREMENT
 FOR HIM TO go to RESERVATION. THE [REDACTED] WAS GIVEN
 THROUGH [REDACTED] FOR IMMEDIATE RESPONSE OF THE IRF TEAM. I
 WAS A MEMBER OF THE PRIMARY IRF TEAM, [REDACTED] WITH
 MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENTERED INTO CEL
 [REDACTED], RESTRAINED AND CUT ED THE DETAINEE AND MOVED THE DETA
 TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND
 EVALUATION. THE FOLLOWING DETAINEES WERE ALSO TREATED:
END OF STATEMENT

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

PAGE 1 OF 2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE 1
MUST 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 re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba 2. DATE [REDACTED] 3. TIME [REDACTED] FILE NUMBER [REDACTED]

4. LAST NAME FIRST NAME MIDDLE NAME

6. SSN

7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS 273 Military Police Co, Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED]

. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 13 Feb 2004 AT APPROXIMATELY 1135 HRS. DETAINEE(S) IN CELL [REDACTED] CELL [REDACTED] ISN# [REDACTED] REFUSED BLOCK GUARD, BLOCK N CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WITH REQUIREMENT FOR HIM TO go to reservation. THE [REDACTED] WAS GIVEN THROUGH [REDACTED] FOR IMMEDIATE RESPONSE OF THE IRF TEAM. I WAS A MEMBER OF THE Primary IRF TEAM, [REDACTED]. WITH MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENTERED INTO CEL [REDACTED], [REDACTED] THE DETAINEE AND MOVED THE DETAINEE TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND EVALUATION. [REDACTED] ~~surrounding detainees were also treated~~ [REDACTED]
End of statement ////

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF 2

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

THE BOTTOM OF EACH ADDITIONAL PAGE 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 re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE YYYYMM [REDACTED] 200402/13	3. TIME [REDACTED] 1155	4. FILE NUMBER [REDACTED]
NAME: FIRST NAME, MIDDLE NAME [REDACTED]		16 SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

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

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 13 Feb 04 AT APPROXIMATELY 1135 HRS. DETAINEE(S) IN CELL
CELL [REDACTED] ISN # [REDACTED] REFUSED BLOCK GUARD, BLOCK N
CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WITH REQUIREMENT
FOR HIM TO Evaluation. THE [REDACTED] WAS GIVEN
THROUGH [REDACTED] FOR IMMEDIATE RESPONSE OF THE IRF TEAM. I
WAS A MEMBER OF THE Primary IRF TEAM [REDACTED]. WITH
MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENTERED INTO CEL
[REDACTED], [REDACTED] THE DETAINEE AND MOVED THE DETA
TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND
EVALUATION. THE FOLLOWING DETAINEES WERE ALSO TREATED:
End of Statement

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 1 OF 2

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 1
MUST 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 re
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE /YYYYMM/ [REDACTED] 200402/3	3. TIME [REDACTED] 1130	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

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

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON Feb 13, 04 AT APPROXIMATELY 1135 HRS. DETAINEE(S) IN CELL:
CELL [REDACTED] ISN# [REDACTED] REFUSED BLOCK GUARD, BLOCK N
CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WITH REQUIREMEN
FOR HIM TO Revolvion. THE [REDACTED] WAS GIVEN
THROUGH [REDACTED] FOR IMMEDIATE RESPONSE OF THE IRF TEAM. I
WAS A MEMBER OF THE Pr.may IRF TEAM, [REDACTED] WITH T
MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENTERED INTO CEL
[REDACTED], TO [REDACTED] THE DETAINEE AND MOVED THE DETA
TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND
EVALUATION. THE FOLLOWING DETAINEES WERE ALSO TREATED: [REDACTED]

111 — End of Statement — 111

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

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE N
MUST BE 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 accurate.
ROUTINE USES: Your social security number is used as an additional means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 26040213	3. TIME 11145	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS

223 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9.
[REDACTED]

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

ON 2604 Feb 13 AT APPROXIMATELY 1135 HRS. DETAINEE(S) IN CELL
CELL [REDACTED] ISN# [REDACTED] REFUSED BLOCK GUARD, BLOCK
CAMP SOG, CAMP PL AND CAMP COMMANDER TO COMPLY WITH REQUIREME
FOR HIM TO Respectation. THE [REDACTED] WAS GIVEN
THROUGH [REDACTED] FOR IMMEDIATE RESPONSE OF THE IRF TEAM. I
WAS A MEMBER OF THE Prisnay IRF TEAM [REDACTED]. WITH
MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM ENTERED INTO CE
[REDACTED], [REDACTED] THE DETAINEE AND MOVED THE DET
[REDACTED], [REDACTED] TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AN
EVALUATION! THE [REDACTED] DETAINES WHERE ALSO TREFED:

111 — End of Statement —

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

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/ MUST BE INDICATED.

04-00125

SIR 080726RFEBO4

1. Category [REDACTED]

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

3. Date/Time of Incident: 080726RFEBO4

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (k)
- (l)
- (m)

(n)
(o)
(p)
(q)
(r)
(s)
(t)

E. Subject:

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

J(1) Detainee:

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

J(2) Detainee:

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

J(3) Detainee:

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

J(4) Detainee:

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

Summary of Incident: At approximately 1320hrs 08 February 2004 S Block personnel approached detainees housed in [REDACTED]

[REDACTED] for the purpose of conducting cell searches; all detainee refused. S Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 1330hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the recreation area prepped for [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] on each of the detainees, 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]. Once in the recreation area, all detainees received medical attention, [REDACTED]. 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

IRF SHEET

080736 R 06

SIR ERBARTER

I am the [REDACTED] for camp [REDACTED], today is [REDACTED] and the time is [REDACTED]. I have authorized an IRF of the detainee in cell [REDACTED], ISN [REDACTED], for the following offense:

I will ensure that the minimum amount of force is used during this operation.

- Interpreter **TIME IRF WAS CALLED** [REDACTED]
- Corpsman **TIME OF ENTRY** [REDACTED]
- Camera Man **TIME OF COMPLETION** [REDACTED]
- Escort Team
- Barber

Secret

Secret

Secret

Secret

Secret

Position #3

Position #3

~~SWORN STATEMENT~~

For [REDACTED] on this form, see AR 190-45; the proponent agency is JDCSOPS

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED]	3. TIME [REDACTED]	4. FILE NUMBER [REDACTED]
--	----------------------------------	-----------------------	------------------------------

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

8. ORGANIZATION OR ADDRESS
[REDACTED]

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

[REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF [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 N
MUST BE INDICATED.

SWORN STATEMENT

For [REDACTED] or this form, see AR 190-45. The proponent agency is JDCSOPS

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	012041021782	1000	[REDACTED]

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

8. ORGANIZATION OR ADDRESS

[REDACTED] ME 10 Commandant Guantanamo Bay Cuba

9. [REDACTED]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

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

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

~~SWORN STATEMENT~~

For this form, see AFM 190-45; the proponent agency is JDCSOPS

~~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 mandatory.

1. LOCATION	2. DATE (MM/DD)	3. TIME	4. FILE NUMBER
[REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	(b)(6) 2004 02 08	(b)(6) 1000	[REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]			

8. ORGANIZATION OR ADDRESS

258 Mo Co JTF GUANTANAMO

9

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

On Feb 08 2004 at 0720 an ITR was called on [REDACTED] BL. The Detainees were refusing to come out of their cell for cell searching. I was on the primary team. We were responsible for these detainees. [REDACTED]

I was t

[REDACTED]
 After each ITR detainee was [REDACTED] in the rec area, and placed back his cell. The ITR's where at these times ([REDACTED] at 0720, [REDACTED] 0743, [REDACTED] at 0859, [REDACTED] at 0932) (at min) The detention cell times are as follows. [REDACTED]

AT ALL TIMES I USED THE MINIMUM AMOUNT OF FORCE.
 METHOD OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF
[REDACTED] 05		

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp D, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040208	3. TIME 1145	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
255th CO, Camp D, Guantanamo Bay Cuba

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 20040208, at approximately 0830 hrs, Detainee [REDACTED] in cell [REDACTED] refused to come out of his cell for a random cell search. I was on the TRF team as the number three person. My partner [REDACTED] and myself the number four man in [REDACTED] using this minimum amount of force necessary. The detainee was [REDACTED] and brought to the rear yard [REDACTED]. No injuries to [REDACTED] or detainees were inflicted. The detainee was then placed in a white hooded cell. TDC and Statement III [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT TDC	PAGE 1 OF <u>2</u> 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 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 [REDACTED] 2. DATE (YYYYMMDD) [REDACTED] 3. TIME [REDACTED] 4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba 00010208 1100

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

8. ORGANIZATION OR ADDRESS

2-58 MP [REDACTED]

9.

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

On 08Feb04 on [REDACTED] block at approximately 0930hrs Detainee [REDACTED]
in [REDACTED] the detainee refused to come out of cell for a search.
Search, I was on the primary SRF team [REDACTED]

[REDACTED] using the minimum amount
force necessary. The detainee was seized and brought to record for
[REDACTED] No injuries to myself or detainee. Detainee was then placed back
into his cell. [REDACTED] END OF STATEMENT [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF [REDACTED] P

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp D, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 200410208 [REDACTED]	3. TIME 1100 [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
252 MP CO, Camp D, Guantanamo Bay Cuba

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On February 8th 2004 the IAF team was called upon at approximately 0700 to respond to [REDACTED] block. [REDACTED] ISN: [REDACTED], ISN: [REDACTED] ISN: [REDACTED] ISN: [REDACTED] all refused to come out of their cells for a random cell search. I was [REDACTED]

[REDACTED] I used the minimum force necessary, my team also used the minimum force necessary. The IAF were conducted at 0720 for [REDACTED] at 0743, [REDACTED] at 0859 and [REDACTED] at 0932. The IAF's were conducted without injury to the MP's and the detainees. The detainees were removed to the rec yard and [REDACTED] after they were [REDACTED] and shaved they were returned to the cell. My team was then called to [REDACTED] block. [REDACTED] ISN: [REDACTED] refused to come out of his cell. Our team was sent in and the detainee was removed without injury. He was [REDACTED] and put back in his cell. // End of Statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.

SWORN STATEMENT

For use of this form, see AFM 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. [Redacted]

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20030620	3. TIME 10:26	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Military Police

Camp Delta, Guantanamo Bay Cuba 09360

9

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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 INDICATED.**

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

U5APA V1

~~SWORN STATEMENT~~

For [REDACTED] on this form is DA AR 190-45; the proponent agency is JDCSOPS

~~PRIVACY ACT STATEMENT~~

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2051; 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

[REDACTED] Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

3. TIME

4. FILE NUMBER

5. LAST NAME FIRST NAME MIDDLE NAME

[REDACTED]
[REDACTED]

6. SSN

7. GRADE/RATING

8. ORGANIZATION OR ADDRESS

9.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

[REDACTED]

10. EXHIBIT

11. INITIALS [REDACTED] ON MAKING STATEMENT

PAGE 1 OF

[REDACTED] PAG

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAF

~~SWORN STATEMENT~~

For [REDACTED] on this form, see AFM 9045; this component agency is DDCSOPS

~~PRIVACY ACT STATEMENT~~

AUTHORITY:

Title 10 USC Section 301; Title 10 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

[REDACTED] Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

TIME

4. FILE NUMBER

[REDACTED] 2004 02 17 00

1000

[REDACTED]

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

[REDACTED] MI 10 Company, Guantanamo Bay Cuba

9. [REDACTED]

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

On February 17, 2004 at approximately 0700 the IRF team
was called on [REDACTED] block for refusing cell search. I was
[REDACTED] on the IRF team [REDACTED]

and assisting the number two man [REDACTED]

[REDACTED] Detainee, ISN [REDACTED]

IRF at 0700. Detainee ISN [REDACTED] was IRF at 0700.
Detainee, ISN [REDACTED] was IRF at 0700. Detainee, ISN
[REDACTED] was IRF at 0833. Detainee, ISN [REDACTED]

[REDACTED] was IRF at 0912. Detainee ISN [REDACTED]

IRF at 0941 and all detainees was checked out by [REDACTED]
by medical staff and okayed. Detainee [REDACTED] returned
to cells. At approximately 1000 IRF team was called
to [REDACTED] block for [REDACTED] cell. Detainee [REDACTED]

[REDACTED] refused to come out of cell. IRF team
went in took him to rear yard while MP guard
clean his cell. Because okayed by medical staff
and returned to cell. I used minimum amount of
force necessary. Detainee's full ISN [REDACTED]

[REDACTED] END OF STATEMENT [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 02 PAG

ADDITIONAL PAGES MUST CONTAIN THE HEADING "ST" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST 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. 9397dated 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. [REDACTED] [REDACTED]

1. LOCATION Block, Camp D, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040208	3. TIME 1145	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

9 10

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

© 2013 McGraw-Hill Education. All Rights Reserved. May not be copied, scanned, or duplicated, in whole or in part. Due to electronic rights, some third party content may be suppressed from the eBook and/or eChapter(s). Editorial review has determined that any suppressed content does not materially affect the overall learning experience. McGraw-Hill Education reserves the right to remove additional content at any time if subsequent rights restrictions require it.

In 2009-2010, at approximately 10:00 AM, he received [REDACTED] refusing to come out of his cell for a random cell search. I was on the TRF [REDACTED] [REDACTED] using the night vision camera & at face distance. The dominator was TRF 1st and stronger in the room. [REDACTED] No injuries, trips or detentions were inflicted. The dominator was then placed back into his cell [REDACTED] [REDACTED] [REDACTED]

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 INDICATED.**

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(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)
(b)
(c)
(d)
(e)
(f)
(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

~~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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1551	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 2581 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9.

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
1451
On [REDACTED] at approx. 1452 hrs while working [REDACTED] Block as the Block Wkt I instructed Detainee [REDACTED] ISN [REDACTED] to move to the Bearhole so that he could come out for a Random Cell Search. Detainee [REDACTED] Refused to Comply. It was Detainee [REDACTED] Three (3) times to move to the Bearhole, each time he failed to Comply. SGM 2 SFC 2 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]. At Approx. 1455 hrs Detainee [REDACTED] was returned to his cell w/ NO further injuries or further incidents. III/02/01 or STATEMENT III

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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYMMDD) JF04/03/19	3. TIME 1742	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 Feb 04, at 1451 hrs, the IRF word was called on tier [REDACTED] refusing to come out of his cell for a random cell search. PL 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 con a cell search and we placed him back in his cell. We then moved down to [REDACTED] at 1500 who also refused a random cell search. [REDACTED] detainee layed down [REDACTED] using the minimum amount of force necessary. We pulled him out and 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.
///End of A Statement///

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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1742	4. FILE NUMBER
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], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 2004 at approx 1450 [REDACTED] ISIN [REDACTED] refused to come out for random cell search. I [REDACTED] the second inf team I went in [REDACTED] we carried a little ways down the tier once the search was complete we put him back in cell unsupervised. He was cleared by medical [REDACTED] I used minimum amount of force At approx 1600 Q-31 [REDACTED] refused to come out for random cell search so 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 unsupervised he exited the cell [REDACTED] I used minimum amount of force At approx Q-22 ISIN [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 unsupervised he exited the cell [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 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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1752	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 th Military Police Company		, Camp Delta, Guantanamo Bay Cuba 09360	

9.

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 February 2004 at approx. 1451 hours while serving as a member on the internet TRF team we were called to [REDACTED] to perform 3 IRFs. I was [REDACTED] so I [REDACTED]. Using the minimum amount of force necessary. At 1500 hours we IRFed [REDACTED] SN number [REDACTED] for refusing a random cell search. At 1500 hours we IRFed [REDACTED] ISN number [REDACTED] for refusing a random cell search. At 1505 hours we IRFed [REDACTED] ISN number [REDACTED] for refusing a random cell search. No MPs or detainees were injured during these IRFs.
//END OF STATEMENT//

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 BE [REDACTED] INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUM MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 09 14	3. TIME 1752	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	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 14FEB04 while assigned as a member of the alternate TTF team we had to perform a forced cell extraction on [REDACTED] ISN# [REDACTED] For refusing a random cell search we extracted him at 1505-HR using the minimum amount of force necessary we placed him on the tier 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 [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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) Dec 11 02 19 [REDACTED]	3. TIME 1523 [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 2581 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 Dec 02 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. SOG 2 & PL 2 came on the Block and [REDACTED] refused to comply with their instructions at approx. 1456 hrs. The IAF Team made a Forced Cell Extraction. Detainee [REDACTED] [REDACTED] at approx 1458 hrs. Detainee [REDACTED] was returned to his cell with no injuries or further incidents. //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 NUMBER MUST 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.

DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER IS VOLUNTARY			
1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 19	3. TIME 1742	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS Q58 Military Police Company	Camp Delta, Guantanamo Bay Cuba 09360		

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

on FEB 19 while assigned as a member of the alternate IRI team we HAD to conduct a Force cell extraction on [REDACTED] 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 tie the block # [REDACTED] Guards searched his cell. He was then AS back into his cell. 111 End of Statement 111

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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME [REDACTED] 1742	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 Military Police Company		, Camp Delta, Guantanamo Bay Cuba 09360	

1. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19 FEB 04 at approx 1451 hrs, Detainee in cell [REDACTED] (ISN [REDACTED]) refused to come out for a random cell search. The alternate IRT team was called and I responded [REDACTED]. As I got up I was looking over my team to ensure that everything was in order. Once ready the PL2 braced on [REDACTED] situation. We stood 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] (ISN [REDACTED]) where he refused to come out for a random cell search. At approx. 1500 hrs 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. Once the search was complete we put him back in his cell and proceeded to [REDACTED] (ISN [REDACTED]) where at approx. 1505 hrs we entered 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] (ISN [REDACTED])

HEADS OR STATEMENT/

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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1752	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 2SS+ ^E Military Police Company		, Camp Delta, Guantanamo Bay Cuba 09360	
9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19 February 2004 at approx. +500 hours while serving as a member on the internet TDF teams we were called to [REDACTED] to perform 3 TDF. I was [REDACTED] [REDACTED] Using the minimum amount of force necessary. 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 IRFe ISN number [REDACTED] for refusing a random cell search [REDACTED] No MPs or detainees were injured during these IRFs. ///END OF STATEMENT SW// [REDACTED]			

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 NUMBER
MUST 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20010219	3. TIME 1554	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

9. [REDACTED] 1. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 19 Feb 04 at approx 1445 hrs while working [REDACTED] Block as the Block WCO I Instructed Detainee [REDACTED] ISW [REDACTED] to move to the Bearhole so that he could come out for a Random Cell Search. Detainee [REDACTED] Refused to [REDACTED] I instructed Detainee [REDACTED] three (3) times to move to the Bearhole, each time he failed to Comply. SCG 2 + PZC Complied the Block and [REDACTED] Refused to Comply with their instructions. AT Approx 1500hrs. The IRF team made a forced cell entry on Detainee [REDACTED] At approx. 1503hrs. Detainee [REDACTED] was returned to his cell w/ injuries or further incidents. //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 NUMBER MUST BE INDICATED.

~~SWORN STATEMENT~~

For use of this form, see AFM 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY/MM/DD) 11 Feb 2004	3. TIME 1946	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. SOC [REDACTED]	8. STATUS [REDACTED]
8. ORGANIZATION OR ADDRESS 216 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, SPC, 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 IRR 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 received medical attention and evaluation.

// End of Statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	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 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)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(h)
(i)

E. Subject:

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

F. Subject:

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

G. Detainee:

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

7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN [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] [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 190-11. 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	2004/02/12	1250	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On 12 Feb 2004 at approx. 1508 hrs Detainee housed in Cell [REDACTED]
 ISN# [REDACTED] refused Black guard, Block NC D.
 Camp 506, Camp PL and Camp Commander to comply with the requirement for him to report to reservation. The [REDACTED]
 was communicated across [REDACTED] for immediate response of the IRF Team. I [REDACTED] using the minimum amount of force necessary, the team entered into Cell [REDACTED] [REDACTED] the detainee and moved the det. and moved him to the recreation [REDACTED] area where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to cell # [REDACTED] after being taken to reservation.

1/End of Statement///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" WHEN AT DATED

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

SWORN STATEMENT

For use of this form, see AR 25-1. 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040212	3. TIME 1901	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 216 [REDACTED] Military Police STF GTMO, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] 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 SOG, Camp PH 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 amount of force necessary, the team entered into cell # [REDACTED] [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.

_____/11 End of Statement 11/_____
[REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF [REDACTED] PAC
-------------	---	-----------------------------

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 INDICATED.

SWORN STATEMENT

For [REDACTED] of this form, see DA FORM 2823. 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 12	3. TIME 1929	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	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 2 FEB 2004 at 0152Z hrs Detainee ISN# [REDACTED] located in [REDACTED] Block [REDACTED] Ruiser Black Guitars, Block [REDACTED], Camp SOG, Camp PH, CAMP COMMUNICATED to Comply with the requirements for him to report to Reservation. THE [REDACTED] was communicated across the [REDACTED] for immediate response of TRF Team. I was [REDACTED] with the minimum amount of force necessary, the team entered into Cell [REDACTED] and restraining the detainee. The detainee was moved to the recreation area where he was evaluated by medical then transported to Reservation [REDACTED]

111

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 INDICATED.

SWORN STATEMENT

For [REDACTED] of this form, see AR 190-4E. 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 (SSNI).
- 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2001/02/12	3. TIME 1900	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] Military Police Co., Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED]			

INT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

[REDACTED] On or around 02 Feb 2001 at approx. 1525hrs Detainee housed in Cell [REDACTED] ISN# [REDACTED] refused Block guard, block NCO, Camp S6, Camp PC and Camp Command 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] [REDACTED] the detainee and moved him to the recreation area, where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell # [REDACTED] after returning from reservation. [REDACTED] III End of Statement III [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

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

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

SWORN STATEMENT

For use of this form, see [redacted] and the preponent 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2001/02/12	3. TIME 1850	4. FILE NUMBER [redacted]
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS [redacted]

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

9. [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
 Camp SOG, Camp PL, and Camp Commander to comply w
 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] w/
 the minimum amount of force necessary. The team entered
 [redacted] the Detainee and moved the Detainee
 to the recreation area where he received medical attention and
 hydration. The [redacted] Detainee was returned to cell [redacted] after being taken
 to reservation //1—END of Statement—1.

[redacted]

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

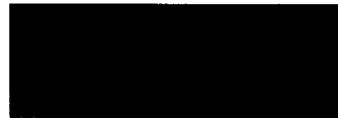
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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

160369
SIR 120700RFEB04

1. Category: [REDACTED]

Type of Incident: Forced Cell Extraction – Detainee ISN:



52.

3. Date/Time of Incident: 120700RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

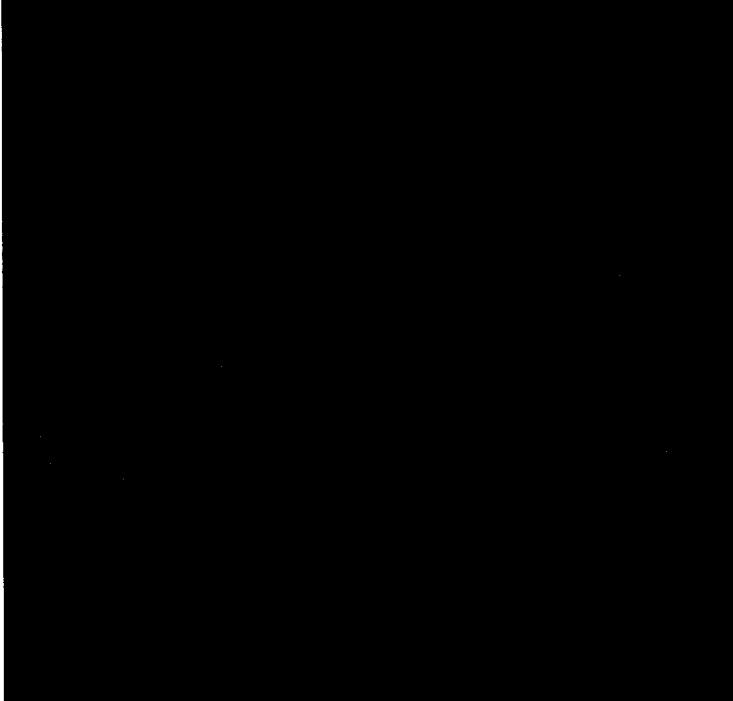
A. Subject:

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



B. Subject:

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



C. Subject:

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

D. Subject:

- (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

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 accurate
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing an
DISCLOSURE: Disclosure of your social security number is voluntary.

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

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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Blo were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a we were tasked to conduct a force cell extraction of the following detainees: [REDACTED] and [REDACTED]

End of Statement
End of Statement

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF 2

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 1 MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE /YYYYMMDD/ [REDACTED] 11 Feb 04	3. TIME [REDACTED] 2104	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		DE/STATUS [REDACTED]	

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

[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 SO 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 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 cutted the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. ————— END of Statement —————

10. EXHIBIT [REDACTED]

INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 accurate.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and tracking of administrative actions.
DISCLOSURE: Disclosure of your social security number is voluntary.

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

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

273RD Military Police Company, JTF, GTMO, Cuba

, 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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Blc were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as we were tasked to conduct a force cell extraction of the following detainees: [REDACTED] and [REDACTED]

End of Statement

JTF End of Statement 111

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF [REDACTED] MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 accurate.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as we were tasked to conduct a force cell extraction of the following detainees:

//End of statement//

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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

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

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

1. LOCATION Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as 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 [REDACTED]

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] 2. DATE (YYYYMMDD) [REDACTED] 3. TIME [REDACTED] 4. FILE NUMBER [REDACTED]
[REDACTED] Block, Camp Delta, Guantanamo Bay Cuba [REDACTED] 2004/02/11 [REDACTED] 1520 [REDACTED]

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

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

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

On today's date 2004/02/11 at 1500hrs on [REDACTED] 6/00
while conducting rec + shower [REDACTED] ISN # [REDACTED]
refused to go out for shower + rec /11 End of Statement /11 [REDACTED]

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/11	3. TIME 2031	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360 [REDACTED]			

[REDACTED], 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 —

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) [REDACTED] 2004/02/11	3. TIME [REDACTED] 2017	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/RANK [REDACTED]	[REDACTED]

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

9. [REDACTED]

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

On or about 1527 hrs on 11 FEB 2004, DETAINEE HOUSED IN CELL [REDACTED] ISW # [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 received medical attention and evaluation. / / / End of Statement / / /

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF [REDACTED] PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

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:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Detainee:

- a.
- 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:

3239

13. 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. 9387 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 [REDACTED] BLOCK, CAMP [REDACTED]	2. DATE (YYYYMMDD) 20050619 [REDACTED]	3. TIME 1800 [REDACTED]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

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

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 19 JUN 05 AT 1348 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, CHESTPROTECTOR, ELBOW PADS, SHIN GUARDS, AND A SHIELD. WE LINED UP FOR THE CAMERA AND READ OUR INFORMATION. THE TEAM LINE AND MARKED ONTO THE [REDACTED] TIER WE LINED UP AT THE DOORWAY OF [REDACTED] ISN# [REDACTED]. ON THE DOOR OF THE CELL. I GAVE HIM THE KNOB AND HE OPENED THE DOOR OF THE CELL, I TOOK ONE STEP INTO CELL AND THE DETAINEE ISN# [REDACTED] WAS ON HIS RACK ON TOP OF THE DOORWAY, I TOSSSED THE [REDACTED] TO THE BACK OF THE CELL AND GRABBED THE DETAINEE'S (ISN# [REDACTED]) RIGHT ARM AND BEGAN TO TAKE TO THE DECK. THE DETAINEE ISN# [REDACTED] ATTEMPTED TO STAB ME IN THE STOMACH WITH A SPORK IN HIS HAND. AT THIS TIME [REDACTED] SECURED THE DETAINEE'S LEFT ARM. BOTH MYSELF AND [REDACTED] PUT THE DETAINEE ISN# [REDACTED] ON THE DECK AND PUT HIM INTO A MODIFIED ARM BAR SECURING HIS RIGHT ARM. THEN APPLIED A WRIST LOCK RESTRING [REDACTED] AND ASSISTED [REDACTED] WITH SECURING THE DETAINEE (ISN# [REDACTED]) HANDS WITH THE FLEX CUFFS. ONCE THE DETAINEE ISN# [REDACTED] WAS COMPLETELY SECURED WE TRANSPORTED THE DETAINEE ISN# [REDACTED] OUT ONTO A SPINE BOARD IN THE CAUSEWAY. THE DETAINEE ISN# [REDACTED] WAS SECURED BY MEDICAL ONTO THE SPINE BOARD. THE DETAINEE ISN# [REDACTED] AND WAS TRANSPORTED TO CAMP [REDACTED] LT 7, [REDACTED]
-----// NOT USED //-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 NUMBER MUST 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 (S-SN).
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.

DISCLOSURE:	DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER		
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		

. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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 NUMBER
MUST 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 CAMP DELTA, GUANTANAMO BAY, CUBA	2. DATE (YYYYMMDD) 20056619	3. TIME 1659	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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 SIGNING
THE INITIATION OF A FORCED CELL EXTRACTION. UPON COMPLETION
OF SAFETY EQUIPMENT "DRESSOUT", [REDACTED] WAS FORMED
UP, [REDACTED] WAS DESIGNATED [REDACTED]
TEAM MEMBER. MY RESPONSIBILITY WAS [REDACTED]
USING THE MINIMUM AMOUNT OF FORCE NECESSARY.
[REDACTED] WERE INFORMED THAT WE WOULD BE EXTRACTED
DETAINER. [REDACTED] FROM CELL [REDACTED]
[REDACTED] FORMED UPON CELL Q48 AND PREPARED
FOR CELL EXTRACTION. THE ORDER TO ENTER WAS GIVEN
AND [REDACTED] ENTERED CELL [REDACTED] AND RESTRAINED
1SN [REDACTED] USING THE MINIMUM AMOUNT OF FORCE
NECESSARY. 1SN # [REDACTED] WAS REMOVED FROM [REDACTED] AND
RELOCATED TO [REDACTED], [REDACTED] EXTRACTED FROM CELL [REDACTED]
LEAVING [REDACTED] IN THE CELL. THE FORCED CELL EXTRACTION
ENDED, AND [REDACTED] RETURNED TO CAMP [REDACTED].
-----END OF STATEMENT-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 NUMBER
MUST 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 CAMP DELTA GTMO BAY, CUBA	2. DATE (YYYYMMDD) 2005/06/19	3. TIME 1710	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

CAMP DELTA, GTMO BAY, CUBA

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JUN 19 AT 1559 HRS. THE PRIMARY [REDACTED] AS CALLED
OVER THE RADIO. I MUSTERED IN THE CAUSEWAY TO DO THE PROPER PROCEDURES
AS NCOIC. I WAS [REDACTED] [REDACTED] DETAINEE [REDACTED]

[REDACTED] NECESSARY, I MOVED IN [REDACTED]. IT WAS ALREADY OCCUPIED, SO I MOVED
TO [REDACTED] OF THE DETAINEE. ONCE RESTRAINED HE WAS TAKEN INTO
IRF TEAM WAS [REDACTED] TO ESCORT HIM TO [REDACTED] MEDICAL, FROM THERE THE
USING [REDACTED] ENVY OF STATEMENT / [REDACTED] BLOCK [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAG

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

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

Q42

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 (S/N).

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 CAMP DELTA GUANTANAMO BAY, CUBA [REDACTED] FIRST NAME MIDDLE NAME	2. DATE (YYYYMMDD) 2005/06/19	3. TIME 1715HRS	4. FILE NUMBER
	[REDACTED] 6 SSN		7. GRADE/STATUS [REDACTED]

ORGANIZATION OR ADDRESS

CAMP DELTA, GUANTANAMO BAY, CUBA

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: [REDACTED] WAS SAID ON 2005 JUN 19 AT 1559 HRS, THE [REDACTED] OVER THE RADIO. I MUSTERED IN THE CAUSEWAY TO DO THE PROF [REDACTED] SECURING PROCEDURES FOR A FCE. I WAS [REDACTED] AT THE TIME WE DETAINEE [REDACTED] (65) [REDACTED] WE ENTER ENTERED [REDACTED] BLOCK TO FCE [REDACTED] THE CELL USING THE MINIMUM AMOUNT OF FORCE NECESSARY. I [REDACTED] WHICH HE STILL HAD THE SPOKE IN HIS [REDACTED] [REDACTED] HE WAS TAKEN INTO THE CAUSEWAY AND PLACED ON A STRETCHER. FROM THERE THE [REDACTED] TEAM ESCORTED THE DETAINEE [REDACTED] ON [REDACTED] ON TO THE [REDACTED] [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 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)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

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

C. Subject:

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

D. Subject:

- (a)
- (b)
- (c)

(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Detainee:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]

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 [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

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (S SN).
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 rei
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMM)	3. TIME	4. FILE NUMBER
CAMP DELTA GUANTANAMO BAY, FL 2005 07 02	1943		
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

ITF GTMO JOOG NPG C CO APO AE 09360

9.

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

[REDACTED] On 02 July 05 about [REDACTED], the IRF team was called [REDACTED] with the responsib. [REDACTED]

[REDACTED] The IRF team went [REDACTED] into cell [REDACTED] to perform a FCE on Detainee [REDACTED]. We pinned him in the back until [REDACTED] he was standing on his bed. He was brought down to the floor using the minimum force necessary. The detainee continued to resist. [REDACTED] We moved him [REDACTED] to cell [REDACTED] with no incident. END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]

PAGE 1 OF 2 PAG

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 CAMP DELTA, GUANTANAMO BAY, CUBA	2. DATE (YYYYMMDD) 20050702	3. TIME 2023	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

[REDACTED] BLOCK, CAMP DELTA, GUANTANAMO BAY, CUBA

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON OR ABOUT 2005JUL01 at 2053 THE PRIMARY [REDACTED] WAS GIVEN
OVER CAMP RADIO, IRF TEAM DRESSED OUT ON [REDACTED] THE IRF TEAM WAS INSTRUCTED
TO GO IN AND REMOVE [REDACTED] ISN# [REDACTED] AND MOVE HIM TO CELL [REDACTED]
AT APPROXIMATELY 2115 IRF TEAM ENTERED BLOCK I [REDACTED] WAS
AMOUNT OF FORCE NECESSARY, AFTER DETAINEE WAS SECURED IRF TEAM MOVED DETAINEE
TO CELL [REDACTED]. DETAINEE WAS SAFELY SECURED IN [REDACTED] CELL WITH NO INJURIES
TO DETAINEE OR IRF TEAM. [REDACTED]

/// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 NUMBER
MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/07/02	3. TIME 1800	4. FILE NUMBER
---	----------------------------------	-----------------	----------------

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

8. ORGANIZATION OR ADDRESS

STF ATMO 60 [REDACTED] Camp Delta, Guantanamo Bay, Cuba 09360

9.

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2005 JULY 01 AT 2200 I WAS [REDACTED] ON THE FORCE CELL
EXTRACTION TEAM WHICH EXTRACTED PETROLEUM ISN # [REDACTED] NEED 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 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)	3. TIME	4. FILE NUMBER
CAMP DELTA	20050722	2018	
5. LAST NAME	6. FIRST NAME	7. MIDDLE NAME	8. GRADE/STATUS
[REDACTED]			

8. ORGANIZATION OR ADDRESS

JTF CAMP DELTA

9.

1. _____ WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JULY 21 AT APPROX. 2305 THE [REDACTED] WAS PASSED OVER TO
RADIO. I RESPONDED TO THE CAUSWAY AS [REDACTED] READY WE STATED OUR POSITION AND USE OF FORCE TO THE COMBAT CAMERA. WE THEN PRO
TO [REDACTED] BLOCK WHERE WE ENTERED [REDACTED] to Extract ISN WE
THE DETAINEE TO THE CAUSWAY WHERE HE WAS EVALUATED BY MEDICAL. AND THEN WE
ESCALATED THE DETAINEE OUTSIDE [REDACTED] WE THEN MOVED
DET. CLINIC. [REDACTED] WAS WRITING TO TAKE HIM TO
[REDACTED] STATEMENT

10. EXHIBIT	11. INITIAL	MAKING STATEMENT	PAGE 1 OF <u>2</u> PAGE
-------------	-------------	------------------	-------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 (S SN).
- 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 re-
- DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION <u>Camp Delta, Guantanamo Bay Cuba</u>	2. DATE (YYYYMMDD) <u>20050102</u>	3. TIME <u>2032</u>	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	[REDACTED]

8. ORGANIZATION OR ADDRESS

STF-GIMO 6-0, Guantanamo Bay Cuba, Camp Delta, [REDACTED]

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 01/05/05, at approximately 2032, the FCE code was called over the radio. I immediately responded off of [REDACTED] Block to the Causeway. I then suited up into the proper gear and took my place. Once the team was ready we then entered [REDACTED] Block and extracted the detainee located in [REDACTED] using locate in cell [REDACTED]. The detainee was then moved to cell [REDACTED] without any further info.
[REDACTED] End of statement.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

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

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

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 accurate

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

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

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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a we were tasked to conduct a force cell extraction of the following detainees: [REDACTED] and [REDACTED]

End of statement + 24

nothing follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]
-------------	---

PAGE 1 OF *2*

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 1 MUST BE INDICATED.

SIR 120700RFEBO4

1. Category: [REDACTED]

Type of Incident: Forced Cell Extraction – Detainee ISN:

[REDACTED] 3. Date/Time of Incident: 120700RFEBO4

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

- (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 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

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

5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block, we were briefed 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]

[REDACTED] End of Statement

[REDACTED] End of Statement

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 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 Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME [REDACTED] 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block, were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result [REDACTED] tasked to conduct a force cell extraction of the following detainees: [REDACTED] and [REDACTED]

End of Statement
III End of Statement III

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF [REDACTED] 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 NUMBER MUST 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]	[REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	
[REDACTED]		[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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block, were briefed 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] and [REDACTED]

//End of Statement// [REDACTED]

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 NUMBER MUST 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 Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

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 across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block, we were briefed 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].

Officer's statement

Nothing else follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <i>2</i> 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 NUMBER MUST 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 Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	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]

THE End of Statement 1-248-1

Nothing

Follows

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.

SIR 15Jul04-S01

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

B. Subj

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

C. Subj

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

D. Subject:

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

E. Sub

- (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 AFM 30-10, THE PROPER 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.

2. DATE (YYYYMMDD)

20040716

3. TIME

0200

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

JTF-GTMO Guantánamo Bay, Cuba APO AE 09360

, 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. —[REDACTED]—
—[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 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 [REDACTED] GTMO, Cuba	2. DATE (YYYYMMDD) [REDACTED] 2004/07/15	3. TIME [REDACTED] 2310	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [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 <u>2</u> 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 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.D. 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]	2004/July/15	0200	[REDACTED]

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

8. ORGANIZATION OR ADDRESS

JTF-GTMO, [REDACTED]

APO 09360

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 15 July 04, AT Approximately 2303 a force cell extraction was conducted on ISN: [REDACTED] IN CELL [REDACTED]. F [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 Detainee and the extraction team. [REDACTED] END of Statement

not used [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	2 PAGES
[REDACTED]	[REDACTED]	[REDACTED]	[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 NUMBER MUST BE INDICATED.

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 [REDACTED], GTMO, CUBA	2. DATE (YYYYMMDD) 20040715	3. TIME 2303	4. FILE NUMBER [REDACTED]
---------------------------------------	--------------------------------	-----------------	------------------------------

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

~~SUMMARY 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]	2004/07/15	0225	E-5/SGT

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

8. CURRENT ADDRESS	JTF-GTMO Guantanamo Bay, Cuba APO AE 09360
[REDACTED]	[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] I was the

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. [REDACTED] End of statement 111

10. EXHIBIT	11. INITIALS PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 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 [REDACTED]	2. DATE (YYYYMMDD) 2004/07/15	3. TIME 2315	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [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.
/// END OF STATEMENT ///

10. EXHIBIT [REDACTED]	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 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)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(h)
(i)
(j)

E. Subject:

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

F. Subject:

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

G. Detainee:

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

7. Summary of Incident: At approximately 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 AFM 350-1. The cognizant 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040212	3. TIME 1822	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

9. I, [REDACTED], 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]

[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.

111 End of Statement 111 _____

10. EXHIBIT [REDACTED]	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 INDICATED.

~~SWORN STATEMENT~~

For use of this form, see AFM 30-45; 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba 2. DATE /YYYYMMDD/ 2004 02 12 3. TIME [REDACTED] 1944 4. FILE NUMBER [REDACTED]

5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] 6. SSN [REDACTED] 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 @ 1621 hrs Detainee ISN# [REDACTED] housed in Cell [REDACTED] Refused Block GUARDS, BLOCK NCO, CAMP SOG, CAMP PPL and CAMP COMMANDER to comply to camp requirements for him to participate in RECREATION AND SHOWER CALL. THE [REDACTED] WAS communicated across the [REDACTED] for immediate response of the FRF 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. END OF STATEMENT [REDACTED] //

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) [REDACTED] 2004/02/12	3. TIME [REDACTED] 1913	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 12 Feb 2004 at approx 1621 hrs Detainee ISN [REDACTED] was [REDACTED] refused Block guard, Block NCO, camp S06, 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 received medical attention and evaluation.

[REDACTED] / / / End of Statement [REDACTED] K

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 1850	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

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

9.

[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 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] 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 received 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE /YYYYMMDD/[REDACTED]	3. TIME [REDACTED]	FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	16. SSN [REDACTED]	17. GRADE [REDACTED]	[REDACTED]
8. ORGANIZATION OR ADDRESS 29Co Military Police [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED]			

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

[REDACTED] On or around 12 Feb 2004 at approx 1621 hrs Detainee [REDACTED] was in cell [REDACTED] ISW [REDACTED] refused Block Guard, Block NCO, Camp SOG, Camp Ph 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]. 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 — [REDACTED] — [REDACTED]

10. EXHIBIT [REDACTED]	11. INITIATOR [REDACTED] ON MAKING STATEMENT	PAGE 1 OF 2 PAGES
------------------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(h)
(i)

E. Subject:

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

F. Subject:

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

G. Detainee:

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

7. Summary of Incident: At approximately 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] [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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 19	3. TIME 0640	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

9. [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 IKF 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. [REDACTED]

[REDACTED] with the minimum amount of force necessary in which I performed. III — End of Statement — /1

10. EXHIBIT [REDACTED]	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	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 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 [REDACTED] Guantanamo Bay Cuba	2. DATE (YYYYMM) 2004/02/19	3. TIME 0641	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
216th Military Police [REDACTED], 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 TRF TEAM TO REMOVE, SHD DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE REC-YARD AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESERVATION BY THE ESCORT TEAM. I [REDACTED] and [REDACTED]

*The minimum amount of force necessary.
WKT*

111 END OF STATEMENT 111

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

5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED] 6. SSN [REDACTED] 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 ///

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2024 Feb 19	3. TIME 0632	4. FILE NUMBER
---	-----------------------------------	-----------------	----------------

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

8. ORGANIZATION OR ADDRESS
516th Military Police, Camp Delta, Guantanamo Bay Cuba 09360

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
*On 19 Feb 2024 at approximately 0540 detainee ISN [REDACTED] housed on [REDACTED] block cell [REDACTED] refused resuscitation. CQ ordered IRF to remove said detainee at time listed above. Detainee was removed from cell and taken to the rec yard, cleared by medics, then was escorted to resuscitation by the escort team. I, [REDACTED]
[REDACTED] was [REDACTED] and my [REDACTED]
using the minimum amount of force necessary.*
// END OF STATEMENT //

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

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

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

On 19 FEB at approximately 005400, 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]
[REDACTED] //End of Statement//

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Detainee:

- (a)
- (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] [REDACTED] at approximately 1020 hours [REDACTED] [REDACTED] that lasted approximately two minutes. The Detainee would not cooperate [REDACTED] continuously spat [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 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 Camp [REDACTED]	2. DATE /YYYY/ 2005/06/13	4. FILE NUMBER 2300
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	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-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 12 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 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] 3. TIME [REDACTED] 4. FILE NUMBER [REDACTED]

2005/06/13 1630

5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]

6. SSN [REDACTED]

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.---End of Statement-----//

10. EXHIBIT [REDACTED] 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 INDICATED.

SWORN STATEMENT

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

LOCATION [REDACTED]	DATE 20050613	TIME 1605	FILE NUMBER [REDACTED]
LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	GRADE/STATUS [REDACTED]	

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

, 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 necessary. 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 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 necessary without incident.

///end of statement///

EXHIBIT	INITIALS [REDACTED]	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 [REDACTED]

LOCATION Camp [REDACTED]	DATE 20050613	TIME 1654	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]		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 as the number three man for the IRF team.

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 Camp [REDACTED]	DATE 20050613	TIME 1652	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME Purdell, Eric M.	SOCIAL SECURITY NUMBER		GRADE/STATUS 24 /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 [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 Camp [REDACTED]	DATE 20050613	TIME 16:00	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS

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 necessary. 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 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 necessary without incident.

///END OF Statement///

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 Camp [REDACTED]	DATE 20050613	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER	GRADE/STATUS	

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 secured we 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 incident.//End of Statement//.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 QDCSOPS

LOCATION Camp [REDACTED]	DATE 20050613	TIME 1630	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS

ORGANIZATION OR ADDRESS
189th MP CO JTF GTMO

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 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]

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

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 <u> </u> OF <u> </u> 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
8. INCIDENT 11-OTHER		
9. REPORT <p>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] [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]</p> <p>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.</p> <p>All members of the Camp [REDACTED] Leadership were notified.</p>		
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 NCOIC SOG	18. PERSON SSN [REDACTED]	19. PERSON GRADE ALL

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.

b.

c.

d.

e.

f.

g.

h.

i.

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:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.

G. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

H. Subject:

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

I. Subject: [REDACTED]

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

J. Subject: [REDACTED]

- j.
- k.
- l.
- m.
- n.
- o.
- p.
- q.
- r.

K. Detainee: [REDACTED]

- a.
- 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. [REDACTED]

9. Remarks:

10. Publicity: N/A

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

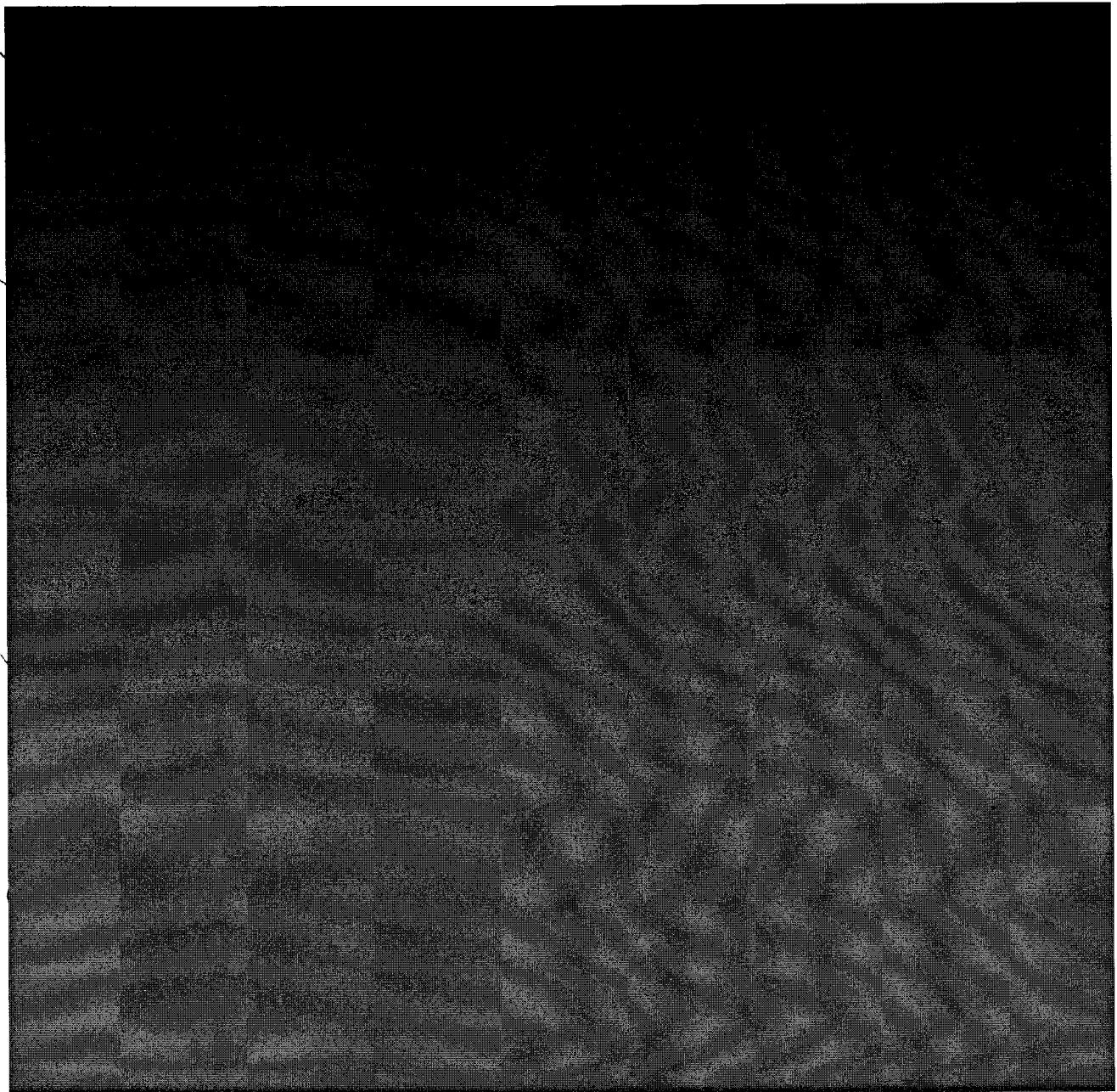
12. Point of Contact: [REDACTED]

13. Downgrading instructions: N/A

[Handwritten mark]

INITIAL BASIC SIR REPORT

GUANTANAMO BAY, CUBA



[Handwritten mark]

INITIAL BASIC SIR REPORT

[REDACTED]
GUANTANAMO BAY, CUBA



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 number is voluntary.

1. LOCATION CELL [REDACTED] WING [REDACTED] CAMP [REDACTED] TF-GTMO	2. DATE (YYYYMMDD) 2004 11 28	3. TIME 0915	4. FILE NUMBER 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 putting his arms behind his back so they could do a cell search. [REDACTED] was asked to Cooperate numerous times but he replied "I'm not an animal. I will not allow the MP's to humiliate me. If they come in I will fight them 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.

End of Statement

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 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.

DISCLOSURE: Disclosure of your social security number is voluntary.			
1. LOCATION CELL	WING	CAMP	JTF-GTMO
2. DATE (YYYYMMDD) 20041128	3. TIME 0932	4. FILE NUMBER 13112	
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS

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

9. **WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:**

DET [REDACTED] REFUSED CELL SEARCH ON 28 NOV 94, I.R.F
TEAM WAS USE TO RESTRAINT DET- [REDACTED] ALL EXTREMITIES. & 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]
WINS. — — —

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 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 CELL [REDACTED]	WING [REDACTED]	CAMP [REDACTED]	TF-GTMO	2. DATE (YYYYMMDD) 20041128	3. TIME 0925	4. FILE NUMBER 13112
5. LAST NAME, FIRST NAME, MIDDLE NAME			6. SSN		7. GRADE/STATUS	

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

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

I, [REDACTED] ON THE ABOVE DATE AND AT APPROXIMATELY 0850 HRS I [REDACTED] WAS ASSIGNED TO FORCE CELL EXTRACTION TEAM (FCE). I WAS ASSIGNED A TUE 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] [REDACTED] USING THE MINIMUM AMOUNT OF FORCE NECESSARY WITH OUT FURTHER INCIDENT //END OF STATEMENT.// [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 CELL [REDACTED] WING [REDACTED]	2. DATE (YYYYMMDD) 20041128	3. TIME 0920	4. FILE NUMBER 13112
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
CAMP 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] [REDACTED]

AND [REDACTED]

[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. III - End of Statement III

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 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 CELL [REDACTED]	WING [REDACTED]	CAMP [REDACTED]	TF-GTMO	2. DATE (YYYYMMDD) 20041128	3. TIME 0930 hrs	4. FILE NUMBER 13112
5. LAST NAME, FIRST NAME, MIDDLE NAME			6. SSN [REDACTED]		7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

CAMP JTF-GTMO GAUNTANAMO BAY, CUBA APO AE 09360

9.

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

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 [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 CELL [REDACTED]	2. DATE (YYYYMMDD) 2004 NOV 28	3. TIME [REDACTED] 0820	4. FILE NUMBER 13111
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

B. ORGANIZATION OR ADDRESS

CAMP [REDACTED] TF-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]
[REDACTED] person the from [REDACTED] a force cell extraction
of Detainee [REDACTED] [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 _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST 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 CELL [REDACTED]	WING [REDACTED]	CAMP [REDACTED]	JTF-GTMO	2. DATE /YYYYMMDD/ 2004-11-28	3. TIME 0905 [REDACTED]	4. FILE NUMBER 13112
5. LAST NAME, FIRST NAME, MIDDLE NAME			6. SSN		7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

CAMP 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]

[REDACTED] FORCE CELL EXTRACTION WAS PERFORMED.

ISN # [REDACTED] WAS RESISTING TO COMPLY.

I'M [REDACTED] MY REASON IS TO

[REDACTED] AND USE

THE MINIMUM AMOUNT OF FORCE AS NECESSARY.

//END OF STATEMENT//

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 CELL [REDACTED]	2. DATE (YYYYMMDD) 20041128	3. TIME 0850	4. FILE NUMBER 13112
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

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

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 28NOV2004 ABOUT 0850 HOURS I PERFORMED A FORCE
CELL EXTRACTION ON ISN: [REDACTED] I APPLIED
THE [REDACTED] USING THE MINIMAL AMOUNT
OF FORCE NECESSARY. H [REDACTED] END OF STATEMENT H [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 CELL [REDACTED]	WING [REDACTED]	CAMP [REDACTED] JTF-GTMO	2. DATE (YYYYMMDD) 2004/11/28	3. TIME 1126	4. FILE NUMBER 13112
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		6. SSN [REDACTED]		7. GRADE/STATUS [REDACTED]	

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

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

ON 28 NOV 2004 at Approx 0830 detainee [REDACTED] ISN# [REDACTED]
[REDACTED] refused Rec & shower and ALSO refused
To come out for cell search. After EXHAUSTING all means possible
To [REDACTED] to complete, the FCE Team was assembled.
Behavior Health, the corpsman, and Doc were contacted. After
numerous attempts by Behavior Health, and the NCIC to get
[REDACTED] To comply the FCE team entered [REDACTED] Restrainted 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 on FCE Team [REDACTED] was present
Minimum force was used and [REDACTED] End of Statement [REDACTED]

10. EXHIBIT	11. INITIA [REDACTED] PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

SIR [REDACTED]

SIR 15JULY051745

1. Category: [REDACTED]

2. Type of Incident: [REDACTED]

3. Date/Time of Incident: 1745 15JULY05

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)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(i)

(j)

B. Subje

(a)

(b)

(c)

(d)

(e)

(f)

(g)

(h)

(k)

(i)

C. Subje

(a)

(b)

(c)

(d)

(c)

(f)

(g)

(h)

(i)

(j)

F. D.

(a)

(b)

(c)

(d)

(e)

(f)

7. Summary of Incident: On 15JULY05, at approx. 1745hrs, detainee in cell [ISN [REDACTED]] refused to remove his towel from his cell window. The PI 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

- 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] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 20050715	3. TIME 1745	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 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 SHIRTS, AND HIS TOWEL AT US. HE STRUCK MYSELF AND [REDACTED] CHIEFLY WITH THE FLIP FLOP AND HE ALSO HIT ME IN THE FACE WITH THE TOWEL.

[REDACTED]
THIS ALLOWED US TO CLOSE THE BEANHOLE.
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" [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 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. Sub

- 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. S

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. S

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Su

- a.
- b.
- c.
- d.
- e.

8. Summary of Incident: CO on duty, [REDACTED] On 16 JUL 05 at approximately 1215 local time [REDACTED] were serving chow to [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 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 [REDACTED] then [REDACTED] 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 [REDACTED]

9. Remarks: None

11. Commander Reporting:

Bay, Cuba

12. Point of Contact:

13. 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 (S/SN).
INCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurate.
UTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing.
ELOSURE: Disclosure of your social security number is voluntary.

LOCATION Camp delta, Camp [REDACTED] block	2. DATE (YYYYMMDD) 2005 07 16	3. TIME 1317	4. FILE NUMBER [REDACTED]
LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STAT [REDACTED]	[REDACTED]

ORGANIZATION OR ADDRESS
[REDACTED] Camp delta, GRM) Cuba

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER DA
On 16 July 05, at approximately 1215, [REDACTED]
[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 CQ, 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]
[REDACTED] to stop the assault that was in progress. The detainee backed up and covered the bean hole with his ISO mat. [REDACTED] and FCI closed the bean hole and continued serving chow to the rest of the detainees on [REDACTED] block. Medical was called and responded -111+111 End of Statement +111 [REDACTED]

EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] AT DATED [REDACTED]

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

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:

- (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) R
- (e) S
- (f) A
- (g) P
- (h) S
- (i) U
- (j) D

D. Subje

- (a)
- (b)
- (c)
- (d)
- (e)

(f)
(g)
(h)
(i)
(j)

Subject

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

Subject

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

D. Detainee:

(a)
(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]. [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 RETURN FOOD ITEMS

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

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

IRF PERSONNEL INFORMATION:

POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



D(2) [REDACTED]
MEDICAL ATTENTION NEEDED: YES / NO



SIR 05 APR [REDACTED]

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 1540 07April05

4. Location: Camp Delta, GTMO, Cuba

5. Other information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(h)
(i)
(j)

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Subject:

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

I. Subject:

(a)
(b)
(c)
(d)

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 Camp Delta [REDACTED] Black	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
[REDACTED]

9.

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 7 APRIL 2005 AT 1540 A Force Cell Extraction move was performed on [REDACTED] Detainee ISN [REDACTED]. I [REDACTED] ON THE FORCE CELL EXTRACTION TEAM. [REDACTED] THE TEAM APPROACHED THE CELL AND ENTERED, THE DETAINEE PUT UP A FIGHT. [REDACTED] USING THE MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM MOVED THE DETAINEE FROM HIS CELL TO THE REC YARD. MEDICAL AND BEHAVIOR HEALTH DID AN ASSESSMENT ON THE DETAINEE, THEN THE TEAM MOVED THE DETAINEE BACK TO HIS CELL. THE TEAM RELEASED THE DETAINEE AND EXITED USING THE MINIMUM AMOUNT OF FORCE NECESSARY. DETAINEE AND THE FORCE CELL EXTRACTION TEAM NEEDED NO MEDICAL ATTENTION. //END OF STATEMENT//

No further

This is the Page.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAYS DATE IS 7 APR 05, AND THE CURRENT TIME IS 1517. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] SN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

DETAINEE REFUSED TO REMOVE TOWEL

FROM WINDOW

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

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

IRF PERSONNEL INFORMATION:

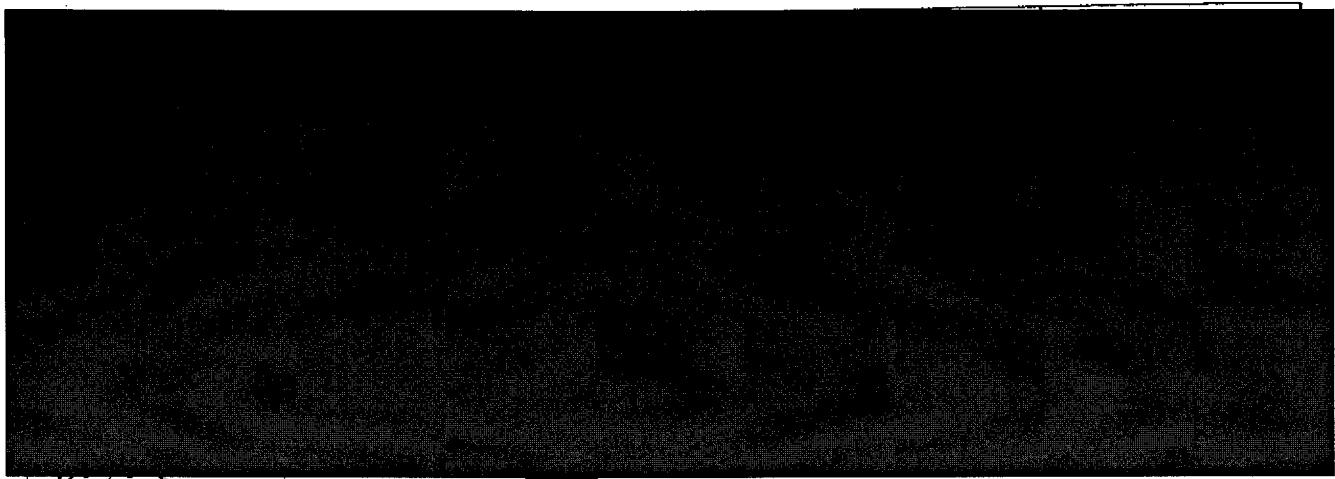
POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



MEDICAL ATTENTION NEEDED: YES NO

INCIDENT REPORT SIR 05 APR [REDACTED]

1. Category: [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 122007April05

4. Location: Camp Delta, GTMO, Cuba

5. Other information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

(g)
(h)
(i)
(j)

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Subject:

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

I. Subject:

(a)
(b)
(c)
(d)

(e)
(f)
(g)
(h)
(i)
(j)

J. Subject:

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

K. Subject:

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

L. Detainee:

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

7. Summary of Incident: On 07 April 2005 at approximately 0840hrs, detainee ISN# [REDACTED] refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behavioral Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp [REDACTED] SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp [REDACTED] PL then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to [REDACTED] was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,

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

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [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

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	CAMP DELTA	2. DATE (YYYYMMDD)	2015 04 07	3. TIME	0850	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN		7. GRADE/STATUS		
8. ORGANIZATION OR ADDRESS	J000 JTF					

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

On 07 APR 05, at approximately 0840 while attempting to shackle [REDACTED], the detainee struck me in the stomach and spit on me. //End of Statement// [REDACTED]

CONTINUED - This occurred while conducting a random cell search. // End of Statement // [REDACTED]

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 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 <u>CAMP DLT GTMO CUBA</u>	2. DATE (YYYYMMDD) <u>2005/04/07</u>	3. TIME <u>1302</u>	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

JTF-GTMW CUBA

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

AT AROUND 0800, [REDACTED] ASSAULTED AND SPIT ON [REDACTED] MY PRESENCE WAS REQUESTED ON [REDACTED] BLOCK. I TALKED WITH [REDACTED] ABOUT WHAT HAD HAPPENED. [REDACTED] STATED HE WASN'T TREATED WELL, THAT [REDACTED] HE WAS SWORE AT AND MAD AT [REDACTED] FOR A PRIOR EVENT THAT "SUPPOSELY" HAD HAPPENED. BEHAVIORAL HEALTH CAME ON [REDACTED] BLOCK AFTER I HAD EXITED THE BLOCK. MY PRESENCE AS SOG WAS REQUESTED ONE AGAIN ON [REDACTED] BLOCK. THE PERSON THAT CAME ON [REDACTED] BLOCK FROM BEHAVIORAL HEALTH RECEIVED A LARGE AMOUNT OF URINE IN THE FACE AND UPPER TORSO. CO CAME ON [REDACTED] BLOCK AND ALSO RECEIVED URINE AND FECES. !!! 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 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/	3. TIME	4. FILE NUMBER
CAMP DELAGUANTANAMORAY, CUBA	2005/04/07	1301	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]			

8. ORGANIZATION OR ADDRESS

TTE - GTMO, GUANTANAMO BAY, CUBA

9. [REDACTED]

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

ON 2005 APRIL 07 AT 1230 WHILE ATTEMPTING TO CLOSE [REDACTED]
DETAINEE WAS PUNCHING AT MYSELF AND OTHER MP'S, ALSO BEFORE THE BERM
HOLE WAS SHUT [REDACTED] THREW A COMBINATION OF FISTS AND URIN OUT LANDING
ON SEVERAL PEOPLE, [REDACTED]

///END OF STATEMENT///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 INDICATED.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAYS DATE IS 7 AD.105 AND THE CURRENT TIME IS _____. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] ISN [REDACTED] DUE TO THE FOLLOWING EVENTS:

[REDACTED]

[REDACTED]

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

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

IRF PERSONNEL INFORMATION:

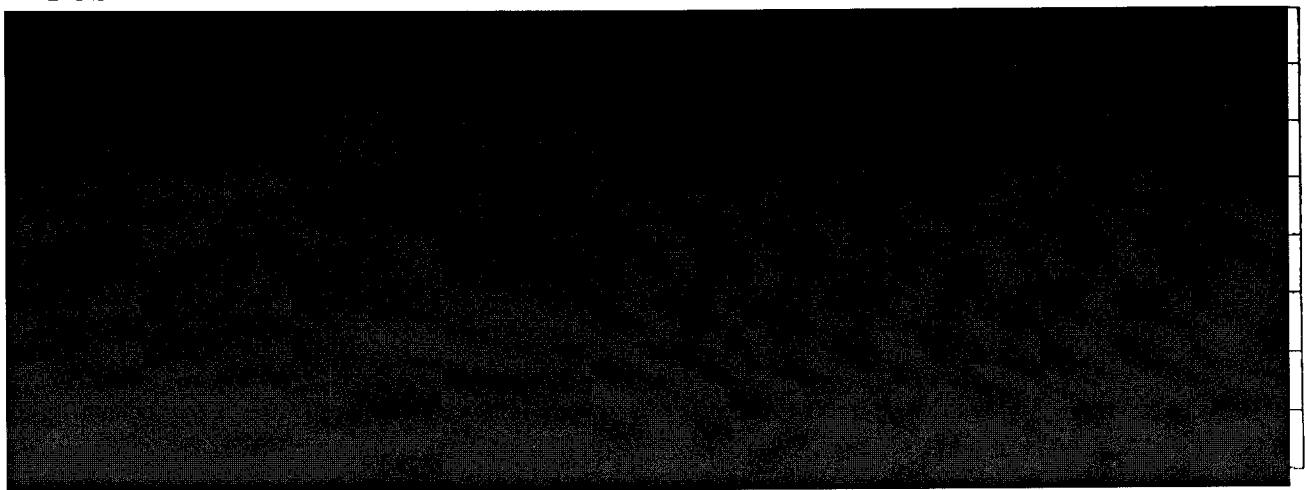
POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



[REDACTED]
MEDICAL ATTENTION NEEDED: YES / NO

(e)
(f)
(g)
(h)
(i)
(j)

J. Subject:

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

K. Subject:

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

L. Detainee:

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

7. Summary of Incident: CO on duty, [REDACTED] On 07 April 2005 at approximately 1345, detainee ISN# [REDACTED] cell [REDACTED] refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG [REDACTED] ordered detainee ISN# [REDACTED] to remove his towel and he refused. At approximately 1400, the PL [REDACTED] ordered the detainee to remove his towel and he refused. At approximately 1422, the [REDACTED] arrived at the detainee's cell with an Arabic interpreter and ordered the detainee to remove his towel because it was a safety issue and against the rules at least 3 times and he refused. At approximately 1450, [REDACTED] activated the IRF Team using the [REDACTED] and received permission from [REDACTED] to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take his towel down. At approximately 1500, a Behavioral Health Technician [REDACTED] arrived at the block and spoke to detainee ISN# [REDACTED]. Afterward, [REDACTED] authorized the removal of all BI items from the detainee upon extraction. At approximately 1515, [REDACTED] arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to

IRF INFORMATION COLLECTION SHEET

ISN OF DETAINEE [REDACTED]
CELL LOCATION [REDACTED]

SOG [REDACTED]

PL [REDACTED]

CO [REDACTED]

MEDICAL _____

BEHAVIORAL HEALTH _____

TIME/ WHO- ADVISED HIGHER OF SITUATION:

TIME IRF TEAM ASSEMBLED 1220TIME IRF INITIATED 1234TIME IRF COMPLETED 1245CAMERA DISPATCHED W/ RADIO 1210 (JEDI 1)STOP CAMP MOVEMENT 1222START CAMP MOVEMENT 1239HOLD RADIO TRAFFIC 1222CLEAR NORMAL TRAFFIC 1259

OTHER POSSIBLE NOTIFICATIONS

TIME

DETAINEE OPERATIONS OIC 1220S-3 1220

DJDOG _____

CJDOG 1223JOC CONTACTED 1225

CELL/ISN [REDACTED]

REASON FOR IRF NOT complie for cell searchCHEMICAL USED NOINJURY MP/DETAINEE NORELOCATION OF DETAINEE YES

DECON LOCATION _____

MED CLEARED YES NO



SIR 3 JUNE 2005

1. Category: [REDACTED]

2. Type of Incident: Reactive Use Of Force

3. ISN#: [REDACTED]

4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs

5. Location: Camp [REDACTED] Wing, Cell [REDACTED], GTMO, Cuba

6. Other information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

7. Personnel involved:

A. Subject:

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

B. Su

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

C. S

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

D. S

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

(g)
(h)
(i)
(j)

E. Subject:

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

F. Detainee:

(a)
(b)
(c)

8. Summary of Incident: On 3 June 2005, at approximately 0430 hours, I SOG [REDACTED] contacted Behavioral Health in regards to a memo authorizing Camp [REDACTED] Cadre to remove detainee ISN# [REDACTED] Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the [REDACTED] Wing Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's [REDACTED] face and attempted to head butt the Delta Block NCO [REDACTED]. At that time the detainee was taken to the ground using the minimum amount force necessary. The [REDACTED] Wing Block NCO sounded the [REDACTED] [REDACTED] All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp [REDACTED] cadre or the detainee at that time. DOC, Camp [REDACTED] NCOIC, Medical and Behavioral Health were notified of the incident.

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 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 [REDACTED] Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03	3. TIME 0535	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
C-Btry 1/143 FA

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I [REDACTED] assisted with the removal of the Basic Issue of Detainee [REDACTED] ISN: [REDACTED] per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. After the detainee was shackled he then proceeded to spit on me in the face. Then the Detainee then became violent and tried to head butt [REDACTED]. The Detainee was then secured on the ground using the minimum amount of force necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then [REDACTED] and the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. At that time the Detainee was placed in the IRF position and we exited the cell [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 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 INDICATED.

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

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [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 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**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 Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

367th Military Police Company JDOG, Camp Delta, APO AE 09360

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED]. DETAINEE REFUSED SEVERAL REQUEST FROM THE BLOCK MP, BLOCK SGT, CAMP SOG, PL, AND CO TO REMOVE HIS TOWEL FROM HIS WINDOW, (IT OBSTRUCTED THE ONLY VIEW INTO THE CELL). AFTER MULTIPLE FAILED REQUEST THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED BY THE TEAM USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAP AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION WITH LIMITED INJURIES. (SCRAPES ON HIS ARM). THE FCE TEAM THEN RETURNED THE DETAINEE TO HIS CELL AND RELEASED HIM WITHOUT FURTHER INCIDENTS. THERE WAS NO INJURIES TO THE TEAM MEMBERS AND THE TEAM USED THE MINIMUM AMOUNT OF FORCE THROUGH OUT THE FCE.

NOTHING FOLLOWS

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.		

S06

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

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 Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS Navy Provisional Guard BN. [REDACTED] Company JDOG, Camp [REDACTED] APO AE 09360			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED]. I [REDACTED] THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. THE FCE TEAM RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO THE FCE TEAM OR THE DETAINEE. THE TEAM USED THE MINIMUM AMOUNT OF FORCE. [REDACTED] NOTHING FOLLOWS-----
 -----NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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
	2005 04 07	1540	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			
U.S. NAVY			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 07 APRIL 2005 at approximately At 1540hrs G Force Cell Extraction move was performed on Detainee [REDACTED] ISN [REDACTED]

I was the Number One man on the Force Cell extraction team, the team approach the cell entered the cell which the detainee put up a fight. I the Number One man [REDACTED] using the minimum amount of force necessary. The team moved the detainee from the cell to the Rec. Area. MEDical and Behavior health did an assessment on the detainee, then the team moved the Detainee back into the cell. The team released the detainee and exit the cell using the minimum force necessary. Detainee and Force cell extraction team needed no medical attention.

/// END 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 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 CAMP DELTA, [REDACTED] BLOCK	2. DATE (YYYY) 20050407	3. TIME 1606	4. FILE NUMBER
[REDACTED] LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON APRIL 7, 2005 AT 1540 HOURS I ENTERED CELL [REDACTED] SN [REDACTED]
 AS PART OF THE F.C.E TEAM. WHEN THE CELL DOOR WAS OPENED THE
 DETAINEE ATTEMPTED TO ESCAPE AND RESISTED VERY VIOLENTLY. I HAD CONTROL
 OF THE DETAINEE'S RIGHT ARM. I SECURED HIS HANDS BY USING FLEXICUFFS.
 WE CARRIED THE DETAINEE INTO THE RIGHT RECREATION YARD, THE DETAINEE
 WAS SEEN BY MEDICAL AND BEHAVIORAL HEALTH, AND WAS CLEARED TO BE
 RETURNED TO HIS CELL. HE WAS THEN CARRIED BACK TO HIS CELL. THE
 MINIMUM AMOUNT OF FORCE WAS USED TO SECURE THE DETAINEE.
 THE DETAINEE WAS NOT HURT AND I WAS NOT HURT DURING THE FORCE
 CELL EXTRACTION. III — END OF STATEMENT — III

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 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

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 Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

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

9.

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

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED]
 I WAS THE NUMBER THREE MAN. [REDACTED] THE FCE
 TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. [REDACTED]
 [REDACTED] THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE
 WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION.
 WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE
 DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE. [REDACTED] NOTHING FOLLOWS-----

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 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

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 Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

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

9.

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

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED] THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. I SECURED [REDACTED] THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE [REDACTED] THE FOLLOWING FOLLOWS.....

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>Q</u> 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 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 Wing Camp [REDACTED] Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03	3. TIME 0535	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

C-Btry 1/143 FA

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I [REDACTED] assisted with the removal of the Basic Issue of Detainee [REDACTED] ISN: [REDACTED] per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. After the detainee was shackled he then proceeded to spit on [REDACTED], the detainee then became violent and tried to head butt me. The detainee was then secured on the ground using the minimum amount of force necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then [REDACTED] and the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. At that time the Detainee was placed in the IRF position and we exited the cell. [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 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 Camp [REDACTED] Guantanamo Bay, Cuba	2. DATE (YYYY/MM/DD) 2005/06/03	3. TIME 0535	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

8. ORGANIZATION OR ADDRESS
189th MP Company

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I [REDACTED] assisted with the removal of the Basic Issue of Detainee [REDACTED] ISN: [REDACTED]. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. Myself and the MP's then shackled the Detainee with hand and leg irons. After the detainee was shackled he then proceeded to spit on [REDACTED]. The Detainee then became violent and tried to head butt [REDACTED]. [REDACTED] secured the Detainee's head, and the MP's secured the Detainee on the ground using the minimum amount of force necessary. At that time, the Block NCO sounded the durress code and all available MP's and the SOG responded. At that time the Detainee was placed in the IRF position and we exited the cell.

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 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 [REDACTED] Camp [REDACTED] Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005/06/03	3. TIME 0510	4. FILE NUMBER
--	----------------------------------	-----------------	----------------

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

8. ORGANIZATION OR ADDRESS

C Btry, 1/143 FA

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0450 on 03 June 2005, I [REDACTED] informed Detainee ISN: [REDACTED] that he was now on [REDACTED] for prior incident per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled and not pass the items through the tray slot. The MP's then shackled the Detainee with hand and leg irons. After the detainee was shackled he then proceeded to spit on [REDACTED] the Detainee then became violent and tried to head butt [REDACTED]. Then I secured his head, and the MP's secured the Detainee on the ground using the minimum amount of force necessary. Then I and the Block NCO proceeded to take the Detainee's Basic Items Issue. At that time, the Block NCO sounded the [REDACTED] and all available MP's and the SOG responded. At that time the Detainee was placed in the IRF position and we exited the cell [REDACTED]

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.		

DETAINEE REPORT

A729AD2F

1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 03JUN2005 0728L	
3. TYPE OF REPORT: (Check One) SIR		
4. STATUS REFER FOR DISCIPLINARY ACTION		
5. DETAINEE'S NAME: (Last, First, MI)	6. ISN#	7. DETAINEE LOCATION
8. INCIDENT 09-THROW/SPIT BODY FLUIDS ON /AT MP (BATTERY)		
9. REPORT On 3 June 2005, at approximately 0430 hours, I SOG [REDACTED] contacted Behavioral Health in regards to a memo authorizing Camp [REDACTED] Cadre to remove detainee ISN# [REDACTED] Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the [REDACTED] Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's [REDACTED] face and attempted to head butt the [REDACTED] Block NCO [REDACTED]. At that time the detainee was taken to the ground using the minimum amount force necessary. The [REDACTED] Block NCO sounded the [REDACTED]. All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp [REDACTED] cadre or the detainee at that time. DOC, Camp [REDACTED] NCOIC, Medical and Behavioral Health were notified of the incident.		
DETAINEE CURRENT LEVEL IS A [REDACTED] LAST OFFENSE COMMITTED ON 3 JUNE 05 CATEGORY V OFFENSE NO MOVEMENT [REDACTED]		
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:: [REDACTED]		
15. ACTION TAKEN BY SUPERINTENDENT: APPROVED BY [REDACTED]		
16. ACTIONS		
17. REPORTING PERSON NCOIC SOG	18. PERSON SSN [REDACTED]	19. PERSON GRADE ALL

SIR 01July05- 02

1. Category: [REDACTED]

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

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

4. Location: Camp [REDACTED] Block, GTMO, Cuba

5. Other information:

- (a) Racial (Y/N): N/A
- (b) Trainee Involvement (Y/N): N/A

6. Personnel involved:

A. Subject:

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

B. Subject:

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

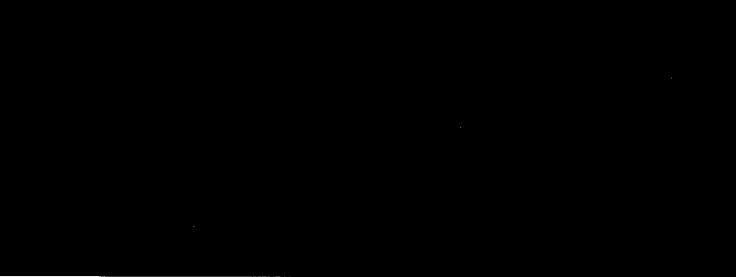
C. Subject:

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

D. Subject:

- (a)
- (b)
- (c)

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



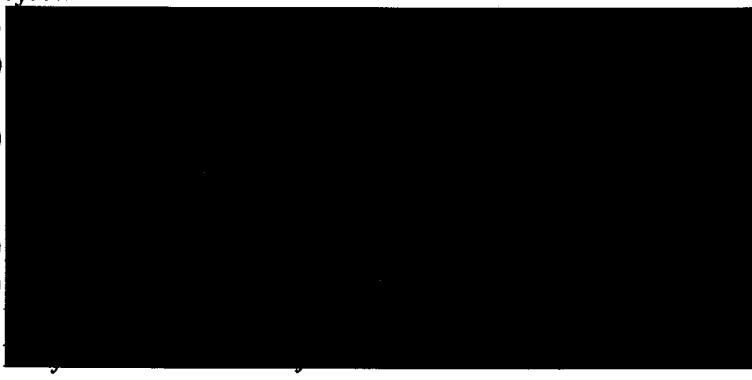
E. Subject:

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



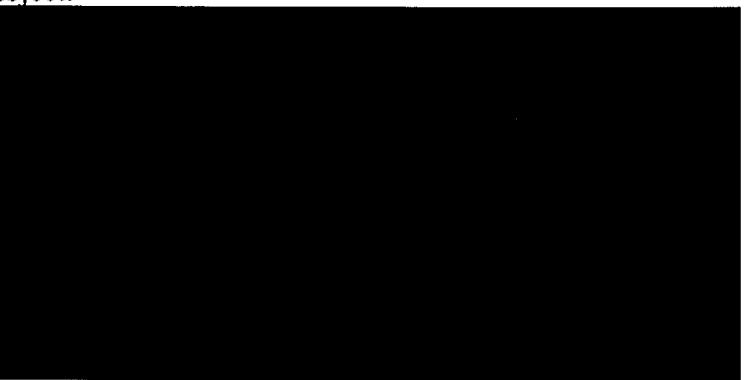
F. Subject:

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



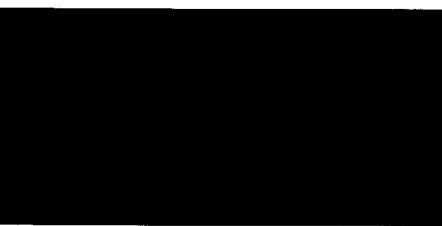
G. Subject:

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



H. Detainee:

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



7. Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISN: [REDACTED] from cell [REDACTED] detached footpad from toilet. Detainee was instructed that he would be moved. Detainee refused to move. After numerous attempts to convince detainee to move by BNCO, SOG, PL, and Camp CO, to include attempt by FGIW [REDACTED], the FCE code was given. During the FCE one of two Korans in the cell was inadvertently damaged, and the detainee received lacerations to his lip and forehead. Detainee was restrained and taken to Detention clinic for medical assessment. Detainee was returned to new cell [REDACTED]
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 ret
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, GUANTANAMO BAY CUBA	2. DATE (YYYYMMDD) 2005 07 02	3. TIME 0346	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

NPGB, CAMP DELTA, GUANTANAMO BAY, CUBA

9. [REDACTED]

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 06 JULY 2005 AT APPROXIMATELY 2115 WHILE THE IRF WAS MOVING DETAINEE [REDACTED]
I [REDACTED], BLOCK NCO DID OBSERVE THAT DETAINEE [REDACTED] IN
CELL [REDACTED] HAD REMOVED ONE FOOT PAD FROM HIS COMMOOD AND WAS BENDING IT AGAINST
THE FRONT OF HIS CELL. THE DETAINEE WAS ASKED REPORTERLY BY THE BLOCK NCO AND THE
CO, WITH AN ARABIC INTERPRETER PRESENT, TO RETURN THE BROKEN FOOT PAD TO THE GUARDS OR
TO ALLOW THE BLOCK GUARDS TO MOVE HIM TO AN UNBROKEN CELL. THE DETAINEE DID NOT
COMPLY. THE IRF ARRIVED ON THE BLOCK AT 2320 AND REMOVED THAT DETAINEE FROM THE
BLOCK AT 2340. [REDACTED]

END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAC
-------------	--	------------------------

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 INDICATED.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAYS DATE IS 01 JUL 05, AND THE CURRENT TIME IS _____. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED], ISN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

Barker Footpads did not want to return

and no food

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

IRF TEAM

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

IRF PERSONNEL INFORMATION:

POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



MEDICAL ATTENTION NEEDED: YES / NO

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, GUANTANAMOBAY, CUBA	2005 07 02	1900	[REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

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

ON 2005 JULY 01 AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED ON [REDACTED]
[REDACTED]

RESTRAINTS. ON 2005 JULY 01 AT APPROXIMATELY 2320 THE IRF TEAM ENTERED CELL [REDACTED] AND EXTRACTED DETAINEE ISN# [REDACTED] USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AFTER THE IRF WAS COMPLETED THE DETAINEE WAS TURNED OVER TO THE CORPSMAN.
//END OF STATEMENT// [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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
Block, Camp Delta, Guantanamo Bay, Cuba	2005/07/02	1400	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]			

8. ORGANIZATION OR ADDRESS

JTF GTO 6-C CAMP [REDACTED], Camp Delta, Guantanamo Bay, Cuba 09360

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON THE FORCE
ON 2005 JULY 01 AT 2005 I [REDACTED] HELD IN
CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE [REDACTED]
CELL [REDACTED] I USED THE MINIMUM AMOUNT OF FORCE NECESSARY.
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 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 retr
DISCLOSURE: Disclosure of your social security number is voluntary.

2305

1. LOCATION	2. DATE (YYYYMM)	3. TIME	4. FILE NUMBER
[REDACTED]	01JUL05	1810	[REDACTED]
5. GENDER: MALE FEMALE	6. SSN	7. GRADE/STATUS,	

8. ORGANIZATION OR ADDRESS

NPG

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

APPROXIMATELY 2305 THE SECONDARY IRF CODE WAS GIVEN, AT THAT TIME I STEPPED OFF OF [REDACTED] BLOCK AND PUT ON THE PROPER IRF GEAR AND STOOD BY FOR THE WORD TO STEP ONTO [REDACTED] BLOCK. AT APPROXIMATELY 2330 THE WORD WAS GIVEN TO FORM UP OUTSIDE OF [REDACTED] BLOCK. THE SALLY DOORS WERE OPENED AND AT THAT TIME THE IRF TEAM LINED UP OUTSIDE OF [REDACTED] HOLDING DETAINEE ISN# [REDACTED] MY POSITION ON THE IRF TEAM, WHICH MEANS THAT I AM [REDACTED]

PUT INTO RESTRAINTS MY [REDACTED] WAS SAFE. AFTER THE DETAINEE WAS PUT INTO RESTRAINTS AND EXTRACTED FROM HIS CELL WITH THE MINIMAL AMOUNT OF FORCE NEEDED HE WAS TAKEN OUT INTO THE CAVE WHERE HE WAS TREATED FOR ANY INJURIES. THE MEDICAL TEAM ON SCENE DETERMINED THAT THE DETAINEE NEEDED FURTHER TREATMENT SO HE WAS PUT ON A SPINE BOARD AND PLACED ON THE [REDACTED]. THE ESCORT TEAM ON SCENE ESCORTED MEDICAL AND THE DETAINEE. — END OF STATEMENT —

10. EXHIBIT	11. INITIATOR	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 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	2005 07 02	1702	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]	[REDACTED]	[REDACTED]	

8. ORGANIZATION OR ADDRESS

JTF, CAMP DELTA

9. I [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 01 JUL 2005 AT APPROX 2053 [REDACTED] I WENT OUT IN THE [REDACTED] THE IRF TEAM [REDACTED] - AFTER MANNING UP AND DRESSING OUT WE ARE STATED OUR POSITION AND USED OF FORCE TO COMBAT CAMERAS THEN WE PROCEEDED TO [REDACTED] BLOCK AND ENTERED CELL [REDACTED] TO EXTRACT ISN [REDACTED] AND MOVE HIM TO [REDACTED] - END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 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 reti
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP DELTA, GUANTANAMO BAY, CUBA	2. DATE (YYYYMMDD) 20050702	3. TIME 2034	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME JTF, CAMP DELTA	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			
9. [REDACTED]			

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 01 JUL 2005 AT APPROX. 2315HRS THE ALTERNATE IRF TEAM WAS CALLED.

[REDACTED]
THE IRF TEAM WENT INTO CELL [REDACTED] AND EXTRACTED DETAINEE ISN# [REDACTED]
USING THE MINIMUM AMOUNT OF FORCE NECESSARY. [REDACTED]
END OF STATEMENT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 NUMBER MUST BE INDICATED.

SIR 22 February 2004

1. Category: [REDACTED]

2. Type of Incident: Forced Cell Extraction, 15N(s) #

3. Date/Time of Incident: 221035RFEB04

4. Location: [REDACTED] Block, Camp Delta, GTMO Cuba

5. Other Information:

- (a) Racial (Y/N): N
- (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:

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

B. Sub:

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

C. Sub:

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

D. Sub:

- (a)
- (b)
- (c)

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

E. Subje

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

F. Subje

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

G. Detai

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

all ISN's IRF'd need to be in summary.

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

[REDACTED] No injuries reported.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: [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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040222	TIME 1111 5	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 February at approximately 2004 at approximate 1035 hours [REDACTED] I SN#
 [REDACTED] was IRFED (forcibly removed) from
 his cell for refusing a random cell search. I [REDACTED]
 man [REDACTED] using the minimum amount
 of force necessary. / [REDACTED]
 111 End of Statement 111 [REDACTED]

10. EXHIBIT	[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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 22 Feb 01 156	TIME [REDACTED]	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]		6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]

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

9. [REDACTED]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Detainee [REDACTED] I SN - [REDACTED]

Refused Radem Cell Search at 1035
on Feb 04 [REDACTED] Detainee was removed with
minor amount of force needed to secure
as [REDACTED] [REDACTED]

[REDACTED] Leader End of Statement [REDACTED]
was moved to [REDACTED]

10. EXHIBIT	11. INITIALS [REDACTED]	IN MAKING STATEMENT	PAGE 1 OF 2 PAGES
-------------	----------------------------	---------------------	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040222	3. TIME 110 hrs	FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
2/2 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 22 Feb '04 I was on Secondary IRF team for Camp [REDACTED] and
3. I [REDACTED] [REDACTED] [REDACTED] (ISN) re
Minimum amount of force necessary. Detainees refused
Random Cell search. Detainee [REDACTED] ISN ([REDACTED]
was IRF at approx 1035 hrs, Detainee ISN
Cell [REDACTED] Detainee Cell [REDACTED] ISN ([REDACTED]
At approx. 1035 hrs and moved to [REDACTED] was IRF
Detainee 027 was IRF at approx. 1041 hrs. Detainees and
IRF team was not hurt. On 11 END OF Statement 111

10. EXHIBIT	11. INITIALS [REDACTED] NG 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 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004-02-22	3. TIME 1049	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME Military Police Company	6. SSN	7. GRADE/STATUS	

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

9.

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

ON 2004 Feb 22 AT ABOUT 1035 [REDACTED]
TO SECURE Detainee [REDACTED] [REDACTED] FOR Refusing a Random Cell
Search. Detainee was secured and moved to [REDACTED] [REDACTED]
[REDACTED] ON The IRF Team [REDACTED] USING
The minimum amount of force necessary. No medical care was needed.
[REDACTED] END OF STATEMENT (1) [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004-02-22	3. TIME 1110 hrs	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
217th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 22 Feb 04 I was on Secondary IRF team for Camp [REDACTED]. I [REDACTED]
[REDACTED] using the minimum amount of force necessary. Detainees refused Random Cell search. Detainee [REDACTED] ISN# [REDACTED] was IRF at Approx 1027 am hours. Detainee ISN# [REDACTED] cell [REDACTED] was IRF at 1041 hours. Detainee cell [REDACTED] ISN# [REDACTED] was IRF at Approx 1035. To [REDACTED] by IRF team. Detainees and IRF team sustained no injuries. // 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 INDICATED.

SIR 162020R FEB 04

1. Category [REDACTED]

Type of Incident: Forced Cell Extraction :
[REDACTED]

3. Date/Time of Incident: 162020R 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:

G. Subject:

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

H. Subject:

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

I. Subject:

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

J. Subject:

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

Summary of Incident: At approximately 2020hrs 16 February 2004 Block personnel approached the following detainees for the purpose of conducting a random cell search: ISN [REDACTED], the detainee refused. Block personnel informed the detainee that the random cell search was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp [REDACTED] 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]. Once medical support and video support were present at the block, the detainee was given another opportunity to comply by [REDACTED] and refused yet again. [REDACTED] ordered the 5person IRF team to enter into the cell and forcibly removed the detainee from the cell and moved the detainee to the recreation area for [REDACTED]. Once in the recreation area, the detainee received medical attention. Once medical personnel cleared the detainee, the IRF team moved the detainee back to the cell. The cell extraction of the detainee went well. There were no injuries to any of the assigned block personnel, IRF team members or detainee.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: [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 r

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 OR 16	3. TIME 2130	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 Military Police CO, Camp Delta, Guantanamo Bay Cuba 09360			

9.

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

ON 16 FEB 2004 AT APPROXIMATELY 2020 DETAINEE [REDACTED] ISN# [REDACTED]
REFUSED A CELL SEARCH. IT WAS CALLED FOR A FORCED CELL EXTRACTION. THE
DETAINEE WAS REMOVED FROM HIS CELL [REDACTED] TO THE REC YARD WHERE
CORPSMAN CHECK THE DETAINEE OUT. ONCE THE CELL WAS SEARCHED THE
DETAINEE WAS RETURNED TO HIS CELL [REDACTED]

11/END OF STATEMENT 11/

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u>
-------------	---	--------------------

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 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 20040216	3. TIME 2130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 Military Police Company		Camp Delta, Guantanamo Bay Cuba 09360	

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

While on the Primary Inf team on Feb 16 2004
Detainees [REDACTED] and [REDACTED] Both Refused Random Cell
Searches. ISN's [REDACTED] [REDACTED]
My Job was [REDACTED] [REDACTED]
[REDACTED] using the minimum amount
of force necessary. Both detainees were checked out
By medical and Clerical No injuries were sustained
[REDACTED] 14 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 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 accurate.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing an application.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20010216	3. TIME 2130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATL	

8. ORGANIZATION OR ADDRESS

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

4

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

So what is this?

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

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 INDICATED.

SWORN STATEMENT

For use of this form, see AF 190-4; 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 accurate.
- ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and tracking.
- DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040216	3. TIME [REDACTED] 7130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATL	

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

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OA
On 16 feb 04, at 2000hrs the IRF word was called for detainee in cell [REDACTED]
refused to come out for a random cell search. [REDACTED] was brought out and
medical cleared him. His cell was search & he was put back in. No IRF team members
were injured. We then moved to cell [REDACTED] who also refused a
search. [REDACTED] He was brought to the rec. yard. [REDACTED] medical cleared him
we put him back in his cell. No IRF team members were injured. cc.
//End of Statement//
[REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED]PAGE 1 OF 

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE 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 accurate
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing an
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2011/02/16	3. TIME 2130	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATL [REDACTED]	

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

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OA-

On Feb 16 2004, 2020 [REDACTED] the Primary T.R.F team was called at [REDACTED] and [REDACTED] Both before or post [REDACTED].
[REDACTED] search [REDACTED] minimal amount of force necessary. [REDACTED] had no injuries stated.
[REDACTED] was needed. [REDACTED] then got cleared by medical [REDACTED]
[REDACTED]. We took [REDACTED] the rec yard for [REDACTED].
he was cleared by medical with no injuries // end of state-
[REDACTED]

10. EXHIBIT	1 [REDACTED] OF PERSON MAKING STATEMENT	PAGE 1 OF
-------------	---	-----------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

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

SIR 19 June 2005

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:

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

B. Subj

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

C. Subj

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

D. Subj

- (a)
- (b)
- (c)
- (d)
- (e)

(f)
(g)
(h)
(i)
(j)

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

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

D. Detainee:

(a)
(b)
(c)
(d)

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, [REDACTED] Camp Commanding Officer, with permission from [REDACTED] acting Field Grade in the Wirc ordered Camp [REDACTED] Platoon Lader, [REDACTED] to initiate a Forced Cell Extraction on ISN# [REDACTED]. [REDACTED] The detainee grabbed a guard and took his whistle while continuously refusing to relinquish food items from previous meal. The detainee was subdued by the IRF team, put on a backboard and moved to [REDACTED] Block, cell [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 11 JUN 03, AND THE CURRENT TIME IS 1702. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # 2, ISN: 094630 DUE TO THE FOLLOWING EVENTS:

GRABBED MPS WHISTLE
THREW AN APPLE & FLIP FLOP AT BCK NCO

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

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

IRF PERSONNEL INFORMATION:

POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5

MEDICAL ATTENTION NEEDED: YES NO

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 [REDACTED] Block / camp [REDACTED]	2. DATE (YYYY/MM/DD) 2005 06 19	3. TIME 1845	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS NAVY PROVISIONAL GUARD BATTALION / PLATOON 4 / Camp [REDACTED]			

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

ON 17 JUN 05 AT 1700Z THE SECONDARY CONE [REDACTED] WAS CALLED AND THE IRF TEAM WAS ACTIVATED. WE SUITE UP AND WENT INTO [REDACTED] BLOCK TO CELL [REDACTED] ISNT [REDACTED]. THE TEAM ENTERED THE CELL. THE DETAINEE WAS EXTREMELY COMBATIVE. I USED THE MINIMUM AMOUNT OF FORCE NECESSARY AND SECURED THE DETAINEE. AFTER THE DETAINEE WAS SECURED, WE MANUVERED HIM ONTO THE TIER AND TOOK HIM OUT TO THE CAUSEL ONTO A SPINE BOARD. HE WAS COMBATIVE AND WAS SPITTING ON MEDICAL STAFF AS WE SECURED HIM ON THE SPINE BOARD. [REDACTED] AND WAS TRANSPORTED TO [REDACTED] BLOCK AND PUT INTO THE CEL. WE EXTRACTED AND SECURED THE DETAINEE IN THE CELL. [REDACTED]

-----//NOT USBD//-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAG
-------------	---	------------------------

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 (S/N).

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

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

DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION Block [REDACTED]	2. DATE (YYYYMMDD) 20050619	3. TIME 1829 [REDACTED]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

CAMP DELTA, GUANTANAMO BAY CUBA

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

ON JUNE 19 2005 AT ABOUT 1700 THE [REDACTED]
 AT THAT TIME THE TEAM GOT TOGETHER [REDACTED]
 MARCHED IN TO [REDACTED] BLOCK TO 1RF [REDACTED] ISN #
 THE DETAINEE WAS COMBATIVE AND JUMPING AROUND [REDACTED]
 THE CELL, ME BEING [REDACTED]
 [REDACTED], BUT THE CELL WAS SLIPPERY WITH WHAT APPEARED TO BE
 TOOTHPASTE AND WATER, WHEN WE WENT IN THE DETAINEE JUMPED
 AND DUNKED AND SINCE I SLIPPED, HE GOT A HOLD OF MY HEADGEAR
 AND STARTED TO SCRATCH MY FACE AND POKE MY EYES, AFTER THAT HE
 SINCE I HAD A HOLD OF HIS RIGHT LEG I COULD NOT DO ANYTHING TO STOP
 HIM FROM CHOKING ME BUT TO BITE HIS FINGERS, AFTER HE RELEASED
 FORCE NECESSARY, I GAVE THE FLEXI CUFFS TO [REDACTED] AND HE PUT
 THEM ON THE DETAINEE, AFTER WE SECURED HIM, WE PUT THEM ON THE
 STRETCHER, SECURED HIM, AND HE PUT THEM ON THE
 WE TOOK HIM TO CAMP [REDACTED] TO [REDACTED] BLOCK CELL [REDACTED], THEN
 HIM AND HE WAS SECURED WE TOOK THE FLEXI CUFF FROM HIS LEGS AND SECURED
 PROCEEDED TO TAKE THE RESTRAINTS ON HIS HANDS, AFTER EVERYTHING WAS SECURED THAT WE

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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 20050619	3. TIME 1702	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS CAMP [REDACTED] Block [REDACTED] Camp Delta, Guantanamo Bay, Cuba 09360			

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

ON 14 JUN 2005, AT APPROXIMATELY 1702, CAMP 2/3 SECONDARY IRF TEAM CONDUCTED A FORCE CELL EXTRACTION ON [REDACTED] Block, CELL [REDACTED] ISN# [REDACTED] FOR FAILURE TO COMPLY TO BEHAVIORAL HEALTHS INSTRUCTION TO MOVE TO [REDACTED] Block. [REDACTED] HAD SMEARED TOOTHPASTE ON THE CELL FLOOR PRIOR TO THE IRF TEAM ENTERING THE CELL. THE SECONDARY IRF TEAM ENTERED [REDACTED] CELL AND SECURED DETAINEE [REDACTED] WITH THE LEAST AMOUNT OF FORCE NECESSARY. DETAINEE [REDACTED] WAS BROUGHT BY THE SECONDARY IRF TO THE CROWDWAY AND SECURED TO A GURNEE AND ASSESSED BY MEDICAL. MEDICAL ANNOUNCED NO INJURIES TO THE DETAINEE OR IRF TEAM. [REDACTED] WAS ESCORTED TO [REDACTED] Block. MN 1/1 End of Statement 1/1

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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
	20050619	1806	
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]		[REDACTED]	

8. ORGANIZATION OR ADDRESS

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

On 19 Jun 05 at about 1702 [REDACTED] was called away. I proceeded to Causeway to dressout as NCOIC. The team proceeded to [REDACTED] block Camp [REDACTED] to [REDACTED] ISN# [REDACTED]. After a quick safety check by the [REDACTED], we entered the cell and used the minimal amount of force necessary to secure [REDACTED]. As we secured [REDACTED] he got [REDACTED] helmet off and struck at his face drawing blood. WE Seared [REDACTED] and proceeded to move [REDACTED] to [REDACTED]. [REDACTED] was splitting on the entire team, PL and CO. [REDACTED] was cleared by Corpman and FCE Team was Cleared by Corpman. The team escorted [REDACTED] from Camp [REDACTED] to Can [REDACTED] WE placed [REDACTED] in [REDACTED] cut off the restraints and extrated the team from Cell. [REDACTED] // End of statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 NUMBER MUST 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]	20050819	1800	[REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]	[REDACTED]	[REDACTED]	
8. ORGANIZATION OR ADDRESS 4TH PLATOON, CAMP DELTA, GUANTANAMO BAY, CUBA			
9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			

ON OR ABOUT 2005 SON 19 APPROXIMATELY 1700, [REDACTED] SIGNALING THE INITIATE OF THE ALTERNATE FCE TEAM. AFTER A QUICK SAFETY CHECK OF THE GEAR I BEGAN TO DAWN MY GEAR. ONCE MYSELF AND THE REST OF THE ALTERNATE FCE TEAM WAS GEARED UP WE WERE BRIEFED ON A DETAINEE IN CUSTODY. [REDACTED] ISN'T [REDACTED] I WAS IDENTIFIED [REDACTED]

AND [REDACTED]

[REDACTED] WITH THE MINIMUM AMOUNT OF FORCE NECESSARY. AT THIS TIME MYSELF AND THE ALTERNATE IRF TEAM ENTERED [REDACTED] AND SECURED THE DETAINEE USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AT THIS TIME THE DETAINEE'S HAND AND LEG WERE SECURED USING FLEXI CUFFS. WE THEN REMOVED THE DETAINEE FROM [REDACTED] TO TRANSFER HIM TO [REDACTED] AS WE WERE

PERSONS STANDING IN THE TIER. AT THIS TIME I BEGAN USING PRESSURE POINTS ON THE DETAINEE'S NECK AND JUGULAR NATCH. APPROXIMATELY 4 TIMES ON THE WAY TO [REDACTED] BLOCK. HAD TO REPEAT THIS DUE TO THE DETAINEE CONTINUOUSLY SPITTING AND TRYING TO BREAK FREE. ONCE WE ARRIVED AT [REDACTED] BLOCK WE PUT THE DETAINEE IN [REDACTED] UNSECURED WITH OUT HANDS AND LEGS AND REMOVED ALL MEMBERS OF THE TEAM WITHOUT INCIDENT. DAWN

END OF STATEMENT - - -

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

SIR 29FEB04-DO2

1. Category: N/A
2. Type of Incident: Forced Cell Entry
3. Detainee ISN: [REDACTED]
4. Date/Time of Incident: 29 Feb 04/0937hrs
5. Location: Camp Delta, GTMO, Cuba
6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
7. Personnel involved:
 - A. Subject:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - B. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - C. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - D. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)

(f)
(g)
(h)
(i)
(j)

E. S

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

F. Su

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

G. De

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

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

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 1035	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED]			

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 FEBRUARY, 2004 at approximately 0937 IRT team responded to [REDACTED] block [REDACTED], ISN# [REDACTED] had returned a random cell search. The PL [REDACTED] and the team was given permission to enter. My job [REDACTED] and use the minimum amount of force necessary. Detainee was removed & placed in the rec area to be evaluated by medical. Upon completion of the medical evaluation the detainee was cleared and placed back into his cell. [REDACTED]

- III END OF STATEMENT III -

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 1035	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463 rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29Feb04 at 0937, I [REDACTED] on the IRF team. My job was to [REDACTED].
[REDACTED] ON detainee [REDACTED] ISN [REDACTED] was lying down on his front side upon entry. I used the least amount of force necessary to secure his right leg. [REDACTED] was secured then taken to the rec yard, [REDACTED] and cleared by medic. Then detainee was brought back to cell. [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040229	3. TIME 1035	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 4C3rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 29 Feb 04 at about 0937 while conducting my duties [REDACTED]
[REDACTED] the IRF team [REDACTED]
using the minimum amount of force necessary, I entered [REDACTED]
ISN# [REDACTED] with the IRF team because [REDACTED] refused
a random cell search. We took [REDACTED] out of his cell and
moved him to the recyard for [REDACTED] and then
back to his cell using 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 _____ TAKEN AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (Y [REDACTED] DD) 20040227	3. TIME 1052	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

9.

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

On 29 Feb 04 At Apprx. 0937 The IRF Team entered the cell of [REDACTED]. The IRF Team was used because detainee [REDACTED] refused a random cell search [REDACTED] prior to us arriving on [REDACTED] Block. [REDACTED] of the detainee and to ensure the IRF Team A whole uses the least amount of force necessary to safely perform the extraction. The detainee was secured and moved to the rec yard where he was [REDACTED] cleared by medical. The detainee was then moved back to his cell without further incident. [REDACTED]

///END OF STATEMENT///

[REDACTED]

10. EXHIBIT	11. INITIATOR [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 INDICATED.

~~STATEMENT~~

For use of this form, see AF 100-1, 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 11:30	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 29 FEB 04 AT APPROXIMATELY 09:37 WHILE [REDACTED] ONE THE
IRF TEAM, [REDACTED] EXTRACTED
[REDACTED] ISN [REDACTED]. The Detainee Resisted Getting
his hands cuffed by not moving his arms. Detainee WAS removed from cell,
USING THE MINIMUM AMOUNT OF FORCE NECESSARY necessary, AND placed in the rec
yard [REDACTED] And then returned to his cell III END OF STATEMENT III

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

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

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

SIR 191428RFEB04

1. Category: N/A
2. Type of incident: Forced Cell Extraction
3. Detainee ISN: [REDACTED]
4. Date/Time of incident: 191420RFEB04
5. Location: Camp Delta, GTMO, Cuba
6. Other information

a. Racial (Y/N): N

7. Personnel Involved:

A. Subject

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

B. Subject

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

C. Subject

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

D. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

E. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

F. Subject

- a.
- b.
- c.
- d.
- e.
- f.
- g.
- h.
- i.

G. Detainee

- a.
- b.
- c.
- d.
- e.
- f.

8. Summary of Incident: On 19 February 2004, at approximately 1428hrs, 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, Guantanamor Bay, Cuba

12. Point of Contact: [REDACTED]
3239

13. 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 19	3. TIME [REDACTED] 1740	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED]			

[REDACTED]. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On

19 FEB 04 at approx. 1428hrs. detainee in cell [REDACTED] LSN [REDACTED] refused to come out for a random cell search. The alternate IRE team was called and we responded to [REDACTED] block. Once the team was ready we were briefed by PCL on [REDACTED] situation. Once [REDACTED] in front of his cell I observed the PCL telling the detainee to get on the ground. The detainee refused to comply. [REDACTED] and then we entered the cell and searched the detainee. Once secured we then proceeded to the causeway with the detainee where he was [REDACTED] cleared by medical. Once [REDACTED] we got the detainee back in his cell. We then proceeded to the causeway [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/19	3. TIME 1740	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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 04, at 1428hrs, the IRF word was called for [REDACTED] refusing to come out
for a random cell search. The PL asked to come out he refused. [REDACTED] I [REDACTED]
[REDACTED] using the minimum amount of force necessary. We pulled him out to the
Causeway were he was [REDACTED] cleared by medical. They searched his cell and we placed him
back in his cell. No IRF team members were injured.
[REDACTED] //End of Statement// [REDACTED]

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED] [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 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
Block, Camp Delta, Guantanamo Bay Cuba	20040219	1746	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 2004 At approx. 1428 [REDACTED] ISIN [REDACTED] refused a random cell search
 [REDACTED] RF team we went in [REDACTED]
 [REDACTED] then carried him out to the cage wagon where he was cleared by medical
 [REDACTED] we put him back in his cell unsecured him and exited [REDACTED] used minimum amount
 of force [REDACTED] 11/16 [REDACTED] went 11/16

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1740	4. FILE NUMBER [REDACTED]
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 258 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

While assigned as a member of the Alt I/P team on
 1A FEB 04 we performed a forced cell extraction
 on [REDACTED] ISN# [REDACTED] for refusing a random
 cell search. We went into the cell at 1428 hrs. using
 the minimum amount of force. He was taken out
 of his cell and placed on the tree until his cell
 was searched. We placed him back in his cell.
 There were no injuries. [REDACTED] "End of Statement"

10. EXHIBIT

11. INITIALS OF [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040219	3. TIME 1740	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 2SS to Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9.

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

On 19 February 2004 at approx. 1428 hours, while [REDACTED] IRF team we were called to [REDACTED] block to IRF [REDACTED] ISN number [REDACTED] for refusing a random cell search. I [REDACTED]
[REDACTED] using the minium amount of force neccesary. [REDACTED] So we carried him to the cross-way for [REDACTED] to be check by the medic the detainee was then returned to his cell. No mps or detainee's were injured during this IRF. [REDACTED]

/// END OF STATEMENT /// [REDACTED]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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. TIN	4. FILE NUMBER
	20050619	180	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

N PGB, BRAVO COMPANY, CAMP [REDACTED], CAMP DELTA, GTMO, CUBA

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

19 JUN 05 AT ABOUT 1702 THE ALTERNATE IRF CODE "ELVIS" WAS CALLED IN CAMP [REDACTED] I EXITED [REDACTED] BLOCK [REDACTED] TO SUIT UP IN CAMP [REDACTED] CAUSWAY. AFTER SUITING UP WE WERE BRIEFED ON [REDACTED] (ISUH [REDACTED]). THE ALTERNATE IRF TEAM PROCEEDED TO [REDACTED] BLOCK TO FORCE CELL EXTRA [REDACTED]. AFTER [REDACTED] IRF TEAM MEMBER CHECKED DETAINEE'S POSITION IN CELL. THE DOOR WAS OPENED THE IRF TEAM MOVED INTO THE CELL USING THE MINIMUM AMOUNT OF FORCE NECESSARY. WE GOT THE DETAINEE ON THE GROUND AND USED FLEX CUFFS TO RESTRAIN HANDS AND LEGS. AFTER HANDS AND LEGS WERE RESTRAINED A QUICK CHECK [REDACTED] WAS FOUND TO BE INJURED, USING PROPER PROCEDURE WE MOVE DETAINEE TO CAUSWAY. THE MED CORPMAN CHECKED [REDACTED] HE WAS FOUND TO BE OK. AS [REDACTED] TEAM THEN STRAPPED [REDACTED] TO MED BORD, THE IRF TEAM THEN LIFTED [REDACTED] AND WE ESCORTED DETAINEE TO CAMP [REDACTED] BLOCK. THE IRF TEAM REMOVED DETAINEE FROM MED BORD THEN PLACED DETAINEE IN CELL [REDACTED] ONCE PLACED IN CELL WE PROCESSED THE TEAMS EXTRAS. THE [REDACTED] REPORTED TO MEDICAL, THE REST OF THE TEAM REPORTED BACK TO CAMP FOR DERRIPL, I PARTICIPATED AS [REDACTED] [REDACTED] AND SHACKLES [REDACTED]

11. END STATEMENT /

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAG
	[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 INDICATED.

C4-C228

SIR 29FEB04-DO1

1. Category: N/A
2. Type of Incident: Forced Cell Entry
3. Detainee ISN: [REDACTED]
4. Date/Time of Incident: 29 Feb 04/0655hrs
5. Location: Camp Delta, GTMO, Cuba
6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
7. Personnel involved:
 - A. Subject:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - B. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - C. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)
 - (f)
 - (g)
 - (h)
 - (i)
 - (j)
 - D. Su:
 - (a)
 - (b)
 - (c)
 - (d)
 - (e)

(f)
(g)
(h)
(i)
(j)

E. Su

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

F. Su

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

G. De

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

7. Summary of Incident: On 29 Feb 04, at approx. 0655hrs, ISN [REDACTED] detainee refused to shackle up for the Escort MPs to take him to Reservations. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was checked by Medical and turned over to the Escort Team for transport to reservations. [REDACTED]

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040229	3. TIME 0847	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

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

ON 29 Feb 04 At Approx 0655 we (THE IRF Team) Entered the cell of [REDACTED] and extracted Detainee [REDACTED]. He was forcefully extracted from his cell due to him refusing to go to his Reservation App't. I [REDACTED] on the IRF Team with the [REDACTED] and ensuring that the entire team uses the minimum amount of force necessary to perform the extraction. After the extraction was performed the detainee was carried to the corridor where he was cleared by medical, put in a 3-piece suit and placed on a back board, because he refused to walk. He was then transported [REDACTED] reservation without further incident.

111 END of Statement 111

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 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 24	3. TIME 0754	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME ULGZAR Military Police Company	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On the 29th of feb. 2004 [REDACTED] ISN: [REDACTED] refused to come or of his cell for reservation. The SOG, PL, and CO were all notified. Then [REDACTED] refused once more, The IRF team was called at approx. 0600hrs. [REDACTED] on the team. [REDACTED] using the minimal amount of force necessary. [REDACTED] [REDACTED] refused to walk. The IRF team secured the detainees on a back board and released him to the escort team. Medical, Camera, [REDACTED] we all on scene. Medical cleared [REDACTED] [REDACTED] complied.
 NOT USED, because [REDACTED]

111 END OF STATEMENT 111

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> PAGES
-------------	---	--------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED 02/29/04

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040228	3. TIME 0803	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 Feb 04 at about 0055 while conducting my duties as [REDACTED] the IRF team, my [REDACTED], ISN# [REDACTED] his head using the minimum amount of force necessary. We entered cell because he refused to come out to reservation. We then moved [REDACTED] to Brown Building without further incident. [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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY [REDACTED] MDD) 2001 02 29	3. TIME 0756	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			
9. [REDACTED]			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0655 on 27 FEB 02, the IRF team was called to [REDACTED] block for a cell extraction. [REDACTED] ISN # [REDACTED], had refused reservation. Said detainee was lying on the floor, face down, waiting to be cuffed and removed. The iL gave the IRF team permission to proceed and we entered. [REDACTED]

[REDACTED] The detainee was secured & removed using the minimum amount of force and taken to the front of [REDACTED] block to be examined by medical. He was cleared by medical, placed on a back board and taken to reservation. [REDACTED]

-1/-End of Statement-1/-

10. EXHIBIT [REDACTED]	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 2004 02 29	3. TIME 0852	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police CO		, Camp Delta, Guantanamo Bay Cuba 09360	
9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: [REDACTED]			

On Feburery 29th of 2004 at approx. 0655 hrs the IRF code was given. I immediately headed to the cosway where we dawned our IRF gear and got our brief. The detainee was (ISN [REDACTED]) subject was compliant, upon performing the extraction the subject was carried out to the cosway where he was placed in a 3 piece suit and cleared by medical in cosway. Then he was taken to reservation. All of this was done using the minimum amount of force, I [REDACTED] on the team [REDACTED]

///End of Statement///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 INDICATED.

04 - 0216

SIR 01MAR04-D01

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

7. Personnel involved:

A. Subject:

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

B. Su

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

C. Su

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

D. Su

- (a)
- (b)
- (c)
- (d)
- (e)

(f)
(g)
(h)
(i)
(j)

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

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

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

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

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

AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (5574).		
PRINCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurate		
ROUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing an		
DISCLOSURE:	Disclosure of your social security number is voluntary.		
1. LOCATION	2. DATE (YMMDD)	3. TIME	4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba	2004 Mar 10 0700		
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
██████████	██████████	██████████	
8. ORGANIZATION OR ADDRESS	██████████, Camp Delta, Guantanamo Bay Cuba 09360		
██████████	██████████		

██████████, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

On 17Mar 2004 at approximately 0615 the IRF team
 made of ██████████
 and I, I ██████████ man was called to ██████████ Block
 for Reservation return by ██████████ ISN# ██████████
 necessary the IRF team went into cell ██████████ with
 detainee ██████████ with no resistance u
 taken out of his cell and to the convey, when
 were Escort team took him ██████████ be
 the detainee ISN# ██████████
 III. end statement ██████████ Refused to

Nothing follows

10. EXHIBIT	11. INITIATOR	PERSON MAKING STATEMENT	PAGE 1 OF 2
-------------	---------------	-------------------------	-------------

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
 MUST 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
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Block, Camp Delta, Guantanamo Bay Cuba	2004 March 01	0705	
LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
 667 Military Police 119 FA , Camp Delta, Guantanamo Bay Cuba 09360

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

On March 1 2004 at approximately 0615 the [REDACTED] IRF team which I [REDACTED] and my self being [REDACTED] was called [REDACTED] [REDACTED] for Res. Retire [REDACTED] ISN# [REDACTED] and used the minimum force and [REDACTED]. The IRF team walked into the cell and got the Detainee ISN# [REDACTED] at first did not want to walk so the IRF team carried detainee ISN# [REDACTED] out side when we put him down he said he would walk and escort team with Detainee ISN# [REDACTED] out. // End Statement

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 NUMBER MUST BE INDICATED.

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 accurate

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

2004 03 01

3. TIME

0705

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

601 Military Police CO

Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

on 1 March 2004 at approximately at 0615 the IRF Team was called up to [REDACTED] Block due to refusal of Reservation IRF Team made up of [REDACTED] and myself [REDACTED] went in to IRF [REDACTED] ISN [REDACTED] using the minimum amount of force necessary. My position [REDACTED] team leader [REDACTED] One we had the Detainee outside in the causeway he walked [REDACTED] and the escort team took the detainee away. IT
End of Statement. [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2

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 MUST BE INDICATED.

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 accurate
ROUTINE USES: Your social security number is used as an additional/a means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary

LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040301	3. TIME 0730	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
601 Military Police 119th FIt, Camp Delta, Guantanamo Bay Cuba 09360

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH
on MARCH 01 2004 at approximately 0615, The IRF
team composed of [REDACTED]
[REDACTED] and myself was called to form up due to
a refusal from [REDACTED]. ISN [REDACTED], to
go to reservation. I [REDACTED]
So when we entered the cell, [REDACTED]
, using the minimum amount
of force.

[REDACTED] when ISN [REDACTED] was taken from
the cell and outside, he was cleared from restraints
and walked willingly to his reservation. No MP
were injured during the movement //END of STATEMENT
[REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2

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 INDICATED.

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 accurate.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and tracking of your records.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004103011	3. TIME 0700	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
[REDACTED] Military Police 11th FA [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360

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

On March 1st 2004 A) Approximately 0600 hrs the [REDACTED] IRE Team composed of [REDACTED] called to [REDACTED] [REDACTED] to check for a Reservation made by [REDACTED] (TSN# [REDACTED]) [REDACTED] and a [REDACTED] (TSN# [REDACTED]) [REDACTED] and a minimum amount of force was used. The detail [REDACTED] (TSN# [REDACTED]) [REDACTED] laid down on his chest in [REDACTED] Cell 2 [REDACTED] as the #2 man [REDACTED]

The IRE Team carried the detainee [REDACTED] (TSN# [REDACTED]) [REDACTED] out of his cell and of the block. The medical team did a routine check and everyone was all right. The escort team shackled the detainee [REDACTED] (TSN# [REDACTED]) [REDACTED] into a three piece seat and a [REDACTED] [REDACTED] walked to Reserv [REDACTED] on his own/[REDACTED] End of Statement !!!

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

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 INDICATED.

04-01 87

SIR 29FEB04-DO5

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

7. Personnel involved:

A. Subject:

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

B. Su

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

C. Su

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

D. Su

- (a)
- (b)
- (c)
- (d)
- (e)

(f)
(g)
(h)
(i)
(j)

E. Su

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

F. Su

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

G. De

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

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

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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMM) 20040209	3. TIME 1545	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 46379 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

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

On Feb 29, 2004 at about 1510 I was called on to do a force cell movement on [REDACTED] ISN [REDACTED]. The reason for movement was for a random cell search and detainee wouldn't come out of his cell. I [REDACTED] and my [REDACTED] W2 entered the cell with the minimum amount of force and took him out to the rec yard where medical cleared him. When then took him back to his cell, and exited the cell where nothing else happened. !!! End of Statement !!!

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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 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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYY) 20040229	3. TIME 1630	4. FILE NUMBER
[REDACTED] [REDACTED]		7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

[REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 29 Feb 04 At Approx 1510 the IRF Team entered the cell of [REDACTED]. The Detainee [REDACTED] As the Refused to exit his cell for a Random cell search.
 [REDACTED] of the Detainee, I also must ensure that the IRF team as a whole uses the minimum amount of force necessary to safely perform the extraction. The Detainee was moved to the Rec yard where he was cleared by medical and then returned to his cell without further incident. [REDACTED] //End of Statement// [REDACTED]

10. EXHIBIT	11. I [REDACTED] PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> 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 NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE /YYYYMMDD/ [REDACTED] 20040229 [REDACTED]	3. TIME [REDACTED] 1507 [REDACTED]	4. FILE NUMBER [REDACTED]
--	--	---------------------------------------	------------------------------

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

8. ORGANIZATION OR ADDRESS
463rd Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 29 Feb 04 at about 1510 while conducting my duties as [REDACTED]
[REDACTED] IRF team [REDACTED] USING [REDACTED]
the minimum amount of force necessary the reason we ENTERED [REDACTED]
ISM [REDACTED] was because he refused a random cell search. [REDACTED]
was removed from his cell 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 _____ TAKEN AT _____ DATED _____

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE /YYYYMMDD/ [REDACTED] 2004/02/29	3. TIME [REDACTED] 1529	4. FILE NUMBER [REDACTED]
--	---	----------------------------	---------------------------

5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]
--	-------------------	----------------------------

8. ORGANIZATION OR ADDRESS 463rd Military Police Company [REDACTED], Camp Delta, Guantanamo Bay Cuba 09360

9. [REDACTED]

1. [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
--

[REDACTED] N 29 FEB 04 AT APPROXIMATELY 1510 Hours I RESPONDED WITH THE IRF TEAM TO [REDACTED] BLOCK BECAUSE [REDACTED] ISN: [REDACTED] REFUSED TO COME OUT OF HIS CELL FOR A RANDOM CELL SEARCH. I ENTERED [REDACTED] AND SECURED HIS RIGHT ARM USING THE MINIMUM AMOUNT OF FORCE NECESSARY. WE THEN TOOK HIM TO THE EXERCISE YARD WHERE HE WAS CLEARED BY MEDICAL AND HIS CELL WAS SEARCHED. WE THEN PUT HIM BACK IN HIS CELL AND EXITED. // END OF STATEMENT //

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]		
---	--	--

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST 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 [REDACTED] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 29	3. TIME 1530	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS 46300 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

9. [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 29 Feb 04 at 1510 I RF Team was called to [REDACTED] refused a Random Cell search. I [REDACTED] using the least amount of force necessary. Once secure we escorted out to rec yard, were medics cleared him. Once cleared [REDACTED] was brought back to cell. [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 INDICATED.