SIR 11 1527 Feb 04

1. Category: [Blank]

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) [Blank]
      (b) [Blank]
      (c) [Blank]
      (d) [Blank]
      (e) [Blank]
      (f) [Blank]
      (g) [Blank]
      (h) [Blank]
      (i) [Blank]
      (j) [Blank]
   B. Subject:
      (a) [Blank]
      (b) [Blank]
      (c) [Blank]
      (d) [Blank]
      (e) [Blank]
      (f) [Blank]
      (g) [Blank]
      (h) [Blank]
      (i) [Blank]
      (j) [Blank]
   C. Subject:
      (a) [Blank]
      (b) [Blank]
      (c) [Blank]
      (d) [Blank]
      (e) [Blank]
      (f) [Blank]
      (g) [Blank]
      (h) [Blank]
      (i) [Blank]
      (j) [Blank]
   D. Subject:
      (a) [Blank]
      (b) [Blank]
      (c) [Blank]
      (d) [Blank]
      (e) [Blank]
      (f) [Blank]
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 1527 hours, 11 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp 2/3 assembled to block. Medical and DOC camera support were on the scene. The detainee was Medical evaluated the detainee. There were no injuries to any of the block personnel, IRF team members or detainees.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: 

12. Downgrading Instructions: N/A
On 11 Feb 2004 at approx. 1527 hrs, Detainee in Cell DSN refused Block Guard, Block Nco, 69 C, PL+CO to comply with the requirement for him to participate in rec. shower. The was communicated across the for immediate response of the IRR team. I was with the minimum amount of force necessary the team entered into cell and restrained and cuffed the detainee and moved him to the recreation area where he received medical attention and evaluation.

End of Statement
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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: 1520
4. FILE NUMBER
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

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On today's date 2004/02/11 at 1500HRS on Block 6 bloq while conducting rec + shower Isw # [Redacted] refused to go out for shower + rec
   End of Statement

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

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1
On or around 1527 hrs on 11 Feb 04 Detainee housed in Cell # was moved to the recreation area where he received medical attention and evaluation.

End of Statement
SWORD 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 2017
4. FILE NUMBER

5. LAST-NAME, FIRST NAME, MIDDLE NAME
6. SSN

9. ORGANIZATION OR ADDRESS
   6165th Military Police
   Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 1527 hrs on 11 Feb 2004 Detainee housed in cell ISN # refused block guard, block NCO, Camp 506, Camp PL and Camp Commander to comply with the requirements for NHR to participate in the recreation and shower activity. The was communicated across the for immediate response of the TRF team. I was with the minimal amount of force necessary, the team entered in to cell and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. 11/1 End of statement/11

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT

ADDITIONAL PAGES MUST CONTAIN THE HEADINGS "STATEMENT ______ TAKEN AT ______ DATED ______
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998
SIR 11 1527 Feb 04

1. Category: [ ]

2. Type of Incident: Force Cell Extraction ISM [Redacted]

3. Date/Time of Incident: 11 1527 FEB 04

4. Location: Camp Delta, GTMO, Cuba

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

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

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

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

   D. Subject:
      (a) [Redacted]
      (b) [Redacted]
      (c) [Redacted]
      (d) [Redacted]
      (e) [Redacted]
      (f) [Redacted]
SWORN STATEMENT
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 300; Title 5 USC Section 2951; 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/YY
   11 Feb 2004

3. TIME
   1946

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. OCCUPATION OR ADDRESS
   216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

8. WALKER ID : ____________________________

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 11 Feb 2004 at approx. 1927 hrs, Detainee in Cell [DSN _______] released Block Guard, Block Hco 50C, PL + Co to comply with the requirement for him to participate in rec + shower. The [DSN _______ was communicated across the [DSN _______] for immediate response of the DRT team. I was [DSN _______] with the minimum amount of force necessary the team entered into Cell [DSN _______] and restrained and cuffed the detainee and moved him to the recreation area where he received medical attention or evaluation.

/// End of Statement ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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

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

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE
**SWORN STATEMENT**

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

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<tr>
<td>AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).</td>
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<tr>
<td>PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately</td>
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<tr>
<td>ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.</td>
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<td>DISCLOSURE: Disclosure of your social security number is voluntary.</td>
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<tbody>
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<td>2. DATE</td>
<td>11 Feb 04</td>
</tr>
<tr>
<td>TIME</td>
<td>3. TIME</td>
<td>21:04</td>
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<th>216th Military Police Company</th>
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</thead>
<tbody>
<tr>
<td>DE/STATUS</td>
<td>6. DE/STATUS</td>
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**WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:**

On or around 1527 hrs 11 Feb 2004, detainee housed in cell [REDACTED] refused block guard, block NCO, camp 506 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 IRT team, I was with the minimum amount of force necessary, the team entered in to cell[REDACTED] and restrained and cut the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. END OF STATEMENT

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10. EXHIBIT | INITIALS OF PERSON MAKING STATEMENT |
<table>
<thead>
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</thead>
<tbody>
<tr>
<td>PAGE 1 OF 2</td>
<td>PAGES</td>
</tr>
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</table>

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

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<th>4. FILE NUMBER</th>
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<td>1526</td>
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<th>5. LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
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<tr>
<th>8. ORGANIZATION OR ADDRESS</th>
<th>9. WALK-IN NUMBER</th>
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</thead>
<tbody>
<tr>
<td>210th Military Police Company</td>
<td>Camp Delta, Guantanamo Bay Cuba 09360</td>
</tr>
</tbody>
</table>

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**I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:**

On today's date 2004/02/11 at 1500HRS on block

While conducting rec/shower

I refused to go out for shower + rec

End of Statement

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**EXHIBIT**

**INITIALS OF PERSON MAKING STATEMENT**

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**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.**
On or around 1527 hrs on 11 Feb 04 Detainee housed in Cell # [REDACTED] refused Block Guard, Block NED, Camp 5OG, 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 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
On or around 1527 hrs on 11 FEB 2004, DETAINEE REFUSED TO LEAVE THE CELL WHERE HE WAS HELD AND REFUSED TO PARTICIPATE IN THE RECREATION AND SHOWER ACTIVITY. THE COMMANDER OF THE UNIT DEMANDED THAT THE DETAINEE BE REMOVED FROM THE CELL AND RESTRAINED AND CUFFED. THE DETAINEE WAS MOVED TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND EVALUATION.  

END OF STATEMENT