SIR 12 Feb 04 1528

1. Category: [ ]

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

3. Date/Time of Incident: 12 1528 FEB 04

4. Location: Camp Delta, GTMO, Cuba

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

6. Personnel Involved:

   A. Subject:
      (a) [Redacted]
      (b) [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]
E. Subject:
(a)
(b)
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(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 refused recreation/reservation. The primary IRF Team from Camp block, Medical and DOC camera support were on the scene. The detainee 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:

12. Downgrading Instructions: N/A
I, [illegible], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 12 Feb 2004 at approx. 1538 hrs, a detainee housed in cell [illegible] at [illegible] refused to go to Block Guard Block No. C, Camp 506, Camp PL, and Camp Commander to comply with the requirement for him to report to reservation. The [illegible] was communicated across [illegible] for immediate resp of the TRF Team. I, [illegible], using an amount of force necessary, the Team entered into cell [illegible] and 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 [illegible] and taken to reservation.
On or around 12 Feb 04 at approx 1528 hrs, Detainee housed in
Cell # [SN] refused Block guard,
Block NCO, Camp 506, Camp PL and Camp Commander to come
with the requirement for him to report to Reservation. The

was communicated across the

for immediate response of the TRF team. I

with the minimum amount of force necessary, the

entered into cell # [SN] 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 # after being taken to Reservation.

End of Statement
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: Disclosure of your social security number is used as an additional/alternate means of identification to facilitate filing and retrie-
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD) 2014 02 13
3. TIME 1929
4. FILE NUMBER

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

8. ORGANIZATION OR ADDRESS
214th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 2 Feb 2014 at 1528 hrs. Detainee [SSN] located in Block Weapons Block No. 1 Camp Ser Camp Pl, Camp Commander to comply with the requirements for him to report to recreation. The [SSN] was communicated access the [SSN] for immediate response. The [SSN] was entered into cell [SSN] and restrained the detainee. The detainee was moved to the recreation area where he was evaluated by medical then transported to recreation.

END OF STATEMENT

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.
SWORN STATEMENT

LOCATION: Block, Camp Delta, Guantanamo Bay Cuba

DATE/ YYYY/ MM/ DD: 02/ 12/ 96

PERSONNEL NAME, FIRST NAME, MIDDLE NAME: Military Police

LOCATION OR ADDRESS: Camp Delta, Guantanamo Bay Cuba 09360

FILE NUMBER: 021

SSN: 123-45-6789

OFFICIAL: Block, Camp Delta, Guantanamo Bay Cuba

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 retrie:

DISCLOSURE: Disclosure of your social security number is voluntary.

On or around 12 Feb 2019 at approx. 1500hrs Detained housed in Cell #. ISN# refused block guard, black NCO, Camp Sgt, Camp POC and Camp Command to comply with the requirement for him to report to reservation. With the minimal amount of force necessary, the team entered into cell #, & removed him as ordered. He was then moved to the recreation area, where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to cell #. After returning from reservation, 11/ End of Statement.

DA FORM 2823, DEC 1998
SWORN STATEMENT

For use of this form, see DA FORM 2823. The appropriate 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

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

6. GRADE/STATUS

7. ORGANIZATION OR ADDRESS: Military Police CO., Camp Delta, Guantanamo Bay Cuba 09360

8. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR AROUND 12 Feb 01 at approx. 1528 hrs Detainee housed in Cell # ISN # Refused Block guard, Block, Camp SGB, Camp PL, and Camp Commander to comply with the requirement for him to report to reservation. The was communicated across the for immediate response of the TEF team. I was with the minimum amount of force necessary. The team entered the Detainee and moved the Detainee to the recreation area where he received medical attention and unction. The Detainee was returned to cell # after being taken to reservation.

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 BE INDICATED.
SIR 12 Feb 04 1528

1. Category:  

2. Type of Incident: Force Cell Extraction ISN 5012/5013  

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)  
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      (i)  
      (j)  
   B. Subject:  
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   C. Subject:  
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      (j)  
   D. Subject:  
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      (f)
E. Subject:
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F. Subject:
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G. Detainee:
(a) 
(b) 
(c) 
(d) 
(e) 
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(h) 
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(j) 

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 support block. Medical and DOC camera support were on the scene. The detainee [redacted] Detainee [redacted] returned to his cell. Medical evaluated the detainee. There were no injuries to any of the block personnel, IRF team members or detainees.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

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

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A
SWORN STATEMENT

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 disclosed. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. Disclosure of your social security number is voluntary. DISCLOSURE: 1. LOCATION: Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYY/MM/DD): 02/12/2004
3. TIME: 12:00:00
4. FILE NUMBER: 
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. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 12 Feb 2004 at approx. 1200 hrs Detainee housed in cell S/N# [Redacted] was found unresponsive in the cell. The Black guard, Black NCO, Camp SoE, Camp B5, and Camp Commander to comply with the requirement for him to report to reservation. The instructor of the TRF Team, using the minimum amount of force necessary, the Team entered into cell [Redacted] and the detainee and moved 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 being taken to reservation.

/End of Statement/
On or around 12 Feb 04 at approx. 1528 hrs. Detainee housed in Cell 2012, ISN # ________ refused Block guard, Block NCO, Camp DO6, Camp PL and Camp Commander to comply with the requirement for him to report to Reservation. The ________ was communicated across the ________ for immediate response of the IRF team. I ________ with the minimum amount of force necessary, the team entered into cell # 2012 ________ 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 2012 ________ after being taken to Reservation.

/// End of Statement ///

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.
I, [Name], want to make the following statement under oath:

On 12 Feb 2004 at 6:1528 hrs Detainee [Name] was located in cell 4A13. [Name] refused Black Guards, Black WCC, Camp Sec, Camp Med, Camp Corr. To comply with the requirements for him to report to reservation, the [Name] was communicated access the [Name] for immediate response of the BRF Team. I was [Name], record keeper, and restrained the detainee. The detainee was moved to the recreation area where he was evaluated by medical then transported toreservation.

END OF STATEMENT
**SWORN STATEMENT**

**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>TIME</th>
<th>FILE NUMBER</th>
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<td>02/12</td>
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<th>GRADE/STATUS</th>
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<table>
<thead>
<tr>
<th>ORGANIZATION OR ADDRESS</th>
<th>Location</th>
<th>Phone Number</th>
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</thead>
<tbody>
<tr>
<td>Military Police</td>
<td>Camp Delta, Guantanamo Bay Cuba 09360</td>
<td></td>
</tr>
</tbody>
</table>

**NOT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:**

On or about 13 Feb 2004 at approx 1320 hrs Detainee housed in Cell [BLACKED OUT] [BLACKED OUT] refused block guard, black [BLACKED OUT], Camp Ser, Camp PC and Camp Commander to comply with the requirement for him to report to reservation. [BLACKED OUT] With the minimum amount of force necessary, the team entered into cell [BLACKED OUT] [BLACKED OUT] [BLACKED OUT] the detained and moved him to the recreation area, where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell [BLACKED OUT] after returning from reservation.

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<table>
<thead>
<tr>
<th>EXHIBIT</th>
<th>INITIALS OF PERSON MAKING STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[BLACKED OUT]</td>
</tr>
</tbody>
</table>

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

ON OR AROUND 12 FEB 04 AT APPROX. 1528 HRS DETAINEE HOUSED IN
CELL # 13G12, ISN # 123456789, REFUSED BLOCK GUARD, BLOCK NO.
CAMP SOR, CAMP PL, AND CAMP COMMANDER TO COMPLY WITH
THE REQUIREMENT FOR HIM TO REPORT TO RESERVATION. THE
MESSAGE WAS COMMUNICATED ACROSS THE FOR IMMEDIATE
RESPONSE OF THE SRT TEAM. I WAS WITH
THE MINIMUM AMOUNT OF FORCE NECESSARY. THE TEAM ENTERED THE
DETAINEE AND MOVED THE DETAINEE TO THE RECREATION AREA WHERE HE RECEIVED MEDICAL ATTENTION AND EVALUATION. THE DETAINEE WAS RETURNED TO CELL # AFTER BEING TAKEN TO RESERVATION/11 END OF STATEMENT/11