


04 0 339

SIR 120700RFEB04

1. Category: 

Type of Incident: Forced Cell Extraction – Detainee ISN:



3. Date/Time of Incident: 120700RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

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

6. Personnel Involved:

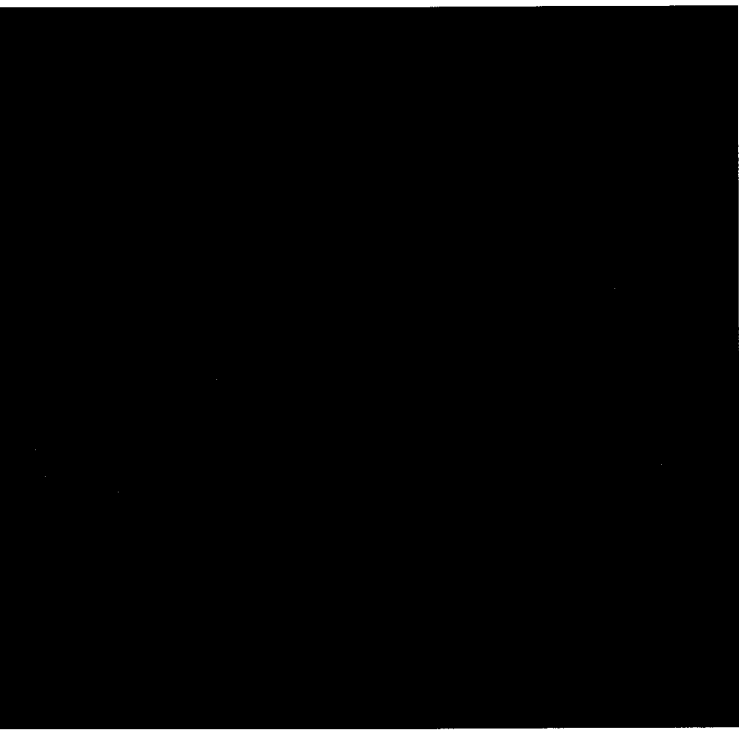
A. Subject:

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



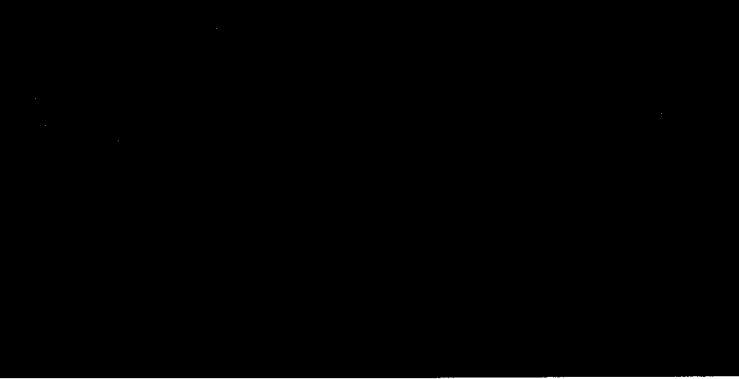
B. Subject:

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



C. Subject:

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



~~SECRET~~

D. Subject:

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

E. Subject:

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

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

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; 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 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
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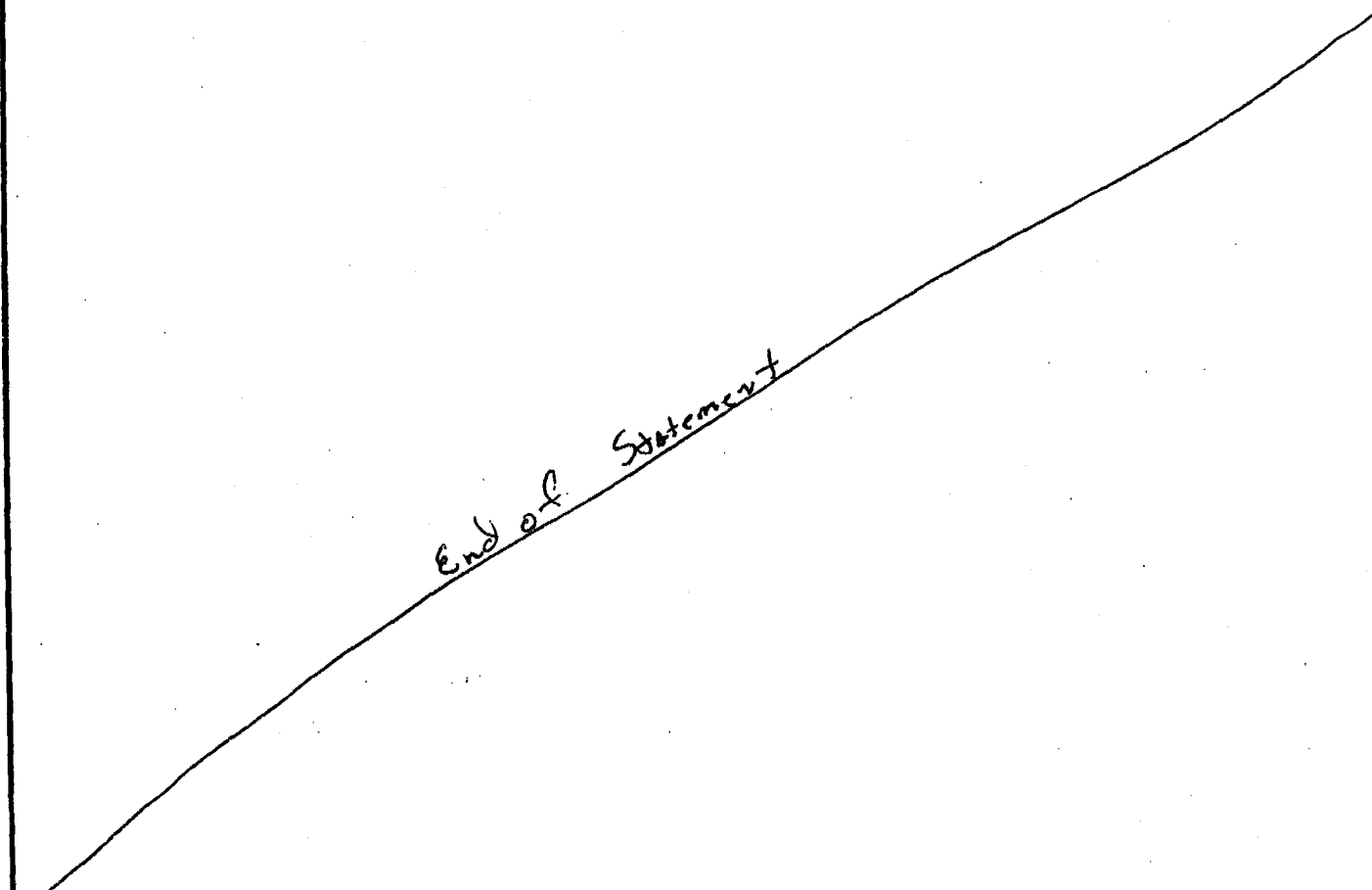
8. ORGANIZATION OR ADDRESS
 273RD Military Police Company, JTF, GTMO, Cuba



WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

On or around 0700hrs, 12 February 2004 [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 _____~~



End of Statement

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2
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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 I MUST BE BE INDICATED.