SIR 01July05-D01

1. Category: [Redacted]

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

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

4. Location: Camp Delta, GTMO, Cuba

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

6. Personnel involved:
   A. Subject:
      (a) [Redacted]
      (b) [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]
7. Summary of Incident: On 1 July 05 at approximately 2053 hours, detainee ISN [redacted] from cell [redacted] refused to relocate from cell [redacted]. Reason for move was detainee ISN [redacted] was observed to be speaking Native Filipino language with food service personnel. Detainee refused to move for SOG, PL and CO. Permission to complete a forced cell extraction was received from Field Grade Watch. Forced Cell extraction was completed using the minimum force required to complete detainee relocation from cell [redacted]. No injuries were noted to Guard Force or Detainee.

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [redacted]
Cuba

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A
1. Category: 

2. Type of Incident: Forced Cell Extraction ISN: 

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)
7. Summary of Incident: On 1 July 05 at approximately 2053 hours, detainee ISN [redacted] from cell [redacted] refused to relocate from cell [redacted] Reason for move was detainee ISN [redacted] was observed to be speaking Native Filipino language with food service personnel. Detainee refused to move for SOG, PL and CO. Permission to complete a forced cell extraction was received from Field Grade Watch. Forced Cell extraction was completed using the minimum force required to complete detainee relocation from cell [redacted] No injuries were noted to Guard Force or Detainee.

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [redacted] Cuba

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A
SWORN STATEMENT

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

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

2. DATE (MM/DD/YY)
2005/07/05

3. TIME
2033

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Block Camp Delta, Guantanamo Bay, Cuba

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

On or about 2005/07/01 at 2033 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] and move him to cell [REDACTED] at approximately 2115 IRF team entered Block [REDACTED] and using the least
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.

/// 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.

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

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, Guantánamo Bay Cuba

2. DATE (YYYYMMDD)
20030818

3. TIME
CAS

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
SP-61MO 1-0 Guantánamo Bay Cuba, Camp Delta

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 21st April at approximately 0630, the FCE code was called over the radio. I immediately responded off of Block 3 to the Causeway. I then suited up into the proper gear and took my place. Once the team was ready we the entered Block 5 and extracted the detainee located in cell 25. The detainee was then moved to cell 26 without any further incident.

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 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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 3397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately
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, COUNTRY AND RAY, CUBA

2. DATE (YYYY-MM-DD)
2005-07-02

3. TIME
1908

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
JTF, CAMP DELTA

9. [Redacted]

I 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 BE INDICATED.

DA FORM 2823, DEC 1998

USAPA V.1.9
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 retri
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
Camp Delta, Guantanamo Bay, Cuba

2. DATE (YYYYMMDD)
20050701

3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Block Camp Delta, Guantanamo Bay, Cuba

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

ON OR ABOUT 2005 JUL 01 OF 2005, THE PRIMARY WAS GIVEN OVER CAMP RADIO, IRF TEAM DRESSED OUT ON THE IRF TEAM WAS INSTRUCTED TO GO IN AND REMOVE AND MOVE HIM TO CELL AT APPROXIMATELY 2115 IRF TEAM ENTERED BLOCK I WAS USING THE LEAST AMOUNT OF FORCE NECESSARY, AFTER DETAINEE WAS SECURED IRF TEAM MOVED DETAINEE TO CELL, DETAINEE WAS SAFELY SECURED IN CELL WITH NO INJURY TO DETAINEE OR IRF TEAM.

/ / / END OF STATEMENT / / /
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.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 ret
DISCLOSURE: Disclosure of your social security number is voluntary.

<table>
<thead>
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<th>LOCATION</th>
<th>DATE (YYYYMMDD)</th>
<th>TIME</th>
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<table>
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<th>LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>SSN</th>
<th>GRADE/STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. ORGANIZATION OR ADDRESS

StF-AIMO C.O. Guantanamo Bay Cuba Camp Delta

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

On 08/15/2004, at approximately 22, the FCE code was called over the radio. I immediately responded off of Block 2 to the Casemary. I then suited up into the proper gear and took my place in [redacted]. I was responsible for [redacted]. Once the team was ready we the entered Block [redacted] and extracted the detainee located in cell [redacted] The detainee was then moved to cell [redacted] without any further issue.

End of statement.

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT
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.S.W.)

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 (YYYY/MM/DD)

2005-07-07

3. TIME

17:02

4. FILE NUMBER


5. LAST NAME, FIRST NAME, MIDDLE NAME

[Redacted]

6. SSN

[Redacted]

7. GRADE/STATUS


8. ORGANIZATION OR ADDRESS

JTF, CAMP DELTA

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

ON 01 JUL 2005 AT APPROX 2053 I WE
OUT IN THE [Redacted] THE FIRST TEAM [Redacted] AFTER MANNING UP AN
DRESSING OUT WE ALL STATED OUR POSITION AND USE OF FORCE TO CONFRONT CAMERAS, THEN
WE PROCEEDED TO [Redacted] AND ENTERED LEC [Redacted] TO EXTRACT [Redacted] AN
MOVE HIM TO [Redacted] END OF STATEMENT

10. EXHIBIT


11. INITIALS OF PERSON MAKING STATEMENT

[Redacted]

PAGE 1 OF 2 PAGES

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