SIR 01July05- 02

1. Category:

2. Type of Incident: Forced Cell Extraction ISN

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) Traince 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 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. 8397 dated November 22, 1943 (55 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.

1. LOCATION
   Camp Delta, Guantanamo Bay, Cuba

2. DATE (YYYYMMDD)
   2005 07 02

3. TIME
   0846

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

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

9. [Redacted]

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

On 06 July 2005 at approximately 2115 while the IRF was moving Detainee [Redacted] from Block [Redacted] to Block [Redacted], Detainee [Redacted] was observed by the Block NCO to be removing one foot pad from his cell, placing it against the front of his cell. The Detainee was asked repeatedly by the Block NCO and the CPO, 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 2300, and removed the Detainee from the Block at 2340.

END OF STATEMENT

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 BE INDICATED.
IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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

[REDACTED]

AND [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:

<table>
<thead>
<tr>
<th>POSITION 1</th>
<th>POSITION 2</th>
<th>POSITION 3</th>
<th>POSITION 4</th>
<th>POSITION 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
<td>[REDACTED]</td>
</tr>
</tbody>
</table>

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 retr |
| DISCLOSURE: | Disclosure of your social security number is voluntary. |

| 1. LOCATION | 2. DATE (YYYYMMDD) | 3. TIME | 4. FILE NUMBER |
| CAMP DELTA, GUANTANAMO BAY, CUBA | 20050702 | 1900 |
| 5. LAST NAME, FIRST NAME, MIDDLE NAME | 6. SSN | 7. GRADE/STATUS |
| 8. ORGANIZATION OR ADDRESS | JTF CAMP DELTA, GUANTANAMO BAY CUBA |

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:


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**

For use of this form, see All 180.45; the proponent agency is OCCSOPS

**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.

**LOCATION**

Block, Camp Delta, Guantanamo Bay, Cuba

**DATE (YYYYMMDD)**

2005/07/01

**TIME**

1400

**FILE NUMBER**


**LAST NAME, FIRST NAME, MIDDLE NAME**


**SSN**


**GRADES/TITLE**


**ORGANIZATION OR ADDRESS**

JTF GYM, B.E. CAMP

, Camp Delta, Guantanamo Bay, Cuba 09360

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

ON 2005 JULY 01 AT 1200 I WAS ON THE FORCE HELD IN CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE [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 BE 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
Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943. FS SNU.
Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval of this statement. Disclosure of your social security number is voluntary.

8. ORGANIZATION OR ADDRESS

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

APPROXIMATELY 2305 THE SECONDARY IRF CODE WAS GIVEN, AT THAT TIME I STEPPED OFF OF BLOCK AND PUT ON THE PROPER IRF GEAR AND STOOD BY FOR THE WORD TO STEP INTO BLOCK. AT APPROXIMATELY 2330 THE WORD WAS GIVEN TO FORM UP OUTSIDE OF BLOCK. THE SALLY DOORS WERE OPENED AND AT THAT TIME THE IRF TEAM LINED UP OUTSIDE OF HOLDING DETAINEE, USAR MY POSITION ON THE IRF TEAM, WHICH MEANS THAT I AM

PUT INTO RESTRAINTS MY SAY 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 CAUSE WAS 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 ESCORT TEAM ON SCENE ESCORTED MEDICAL AND THE DETAINEE.

END OF STATEMENT

ADDITIONAL PAGES MUST CONTAIN THE HEADING “STATEMENT _______ TAKEN AT _______ DATED _______. THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED IN 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 ODCOPS

### 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 and rett Disclosure: Disclosure of your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval of official records.

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE YYYY/MM/DD</th>
<th>TIME</th>
<th>FILE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMP DELTA, GUANTANAMO BAY, CUBA</td>
<td>2005/07/02</td>
<td>2034</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<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>

<table>
<thead>
<tr>
<th>ORGANIZATION OR ADDRESS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>JTF, CAMP DELTA</td>
<td></td>
</tr>
</tbody>
</table>

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 01 JUL 2005 at approx. 2315HRS, the alternate IRE Team was called.

The IRE Team went into cell [redacted] and extracted detainee [redacted] using the minimum amount of force necessary.

End of statement.

---

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 BE INDICATED.
ON 2005 JULY 01 AT APPROX 2305 THE RADIO I RESPONDED TO THE CASOWAY AS JTF TEAM MEDIC. AFTER WE WERE MANned AND TO BLOCK WHERE WE ENTERED THE DETAINEE TO THE CASOWAY WERE THE WAS EVALUATED BY MEDICAL AND THEN WE DET CINCl...
SIR 01July05- 02

1. Category:  

2. Type of Incident: Forced Cell Extraction ISN  

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

4. Location: Camp  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)  

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. 8387 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 (YYYYMMDD)
   20050702

3. TIME
   0316

4. FILE NUMBER
   2

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

6. SSN
   [blank]

7. GRADE/STATUS
   [blank]

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

9. [blank]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 06 JUN 2005 AT APPROXIMATELY 2115 WHILE THE IFP WAS MOVING DETAINEE [REDACTED] IN BLOCK 324, DETAINEE [REDACTED] IN CELL [REDACTED] HAD REMOVED ONE FOOT PAD FROM HIS SUMMARY AND WAS BUSTING IT AGAINST THE FRONT OF HIS CELL. THE DETAINEE WAS ASKED REPEATEDLY BY THE BLOCK MEO 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 IFP ARRIVED ON THE BLOCK AT 2320 AND REMOVED THE DETAINEE FROM THE BLOCK AT 2340.

END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998
"I AM THE [REDACTED] FOR CAMP [REDACTED]. TODAY'S DATE IS [REDACTED], 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]

AND [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:

<table>
<thead>
<tr>
<th>POSITION 1</th>
<th>POSITION 2</th>
<th>POSITION 3</th>
<th>POSITION 4</th>
<th>POSITION 5</th>
</tr>
</thead>
</table>

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
CAMP DELTA, GUANTANAMO BAY, CUBA

2. DATE [YYYYMMDD] 2005.07.02
3. TIME 1900
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
JTF CAMP DELTA, GUANTANAMO BAY CUBA

I [warrant officer] [rank] [last name] [first name] [middle name] on [YYYYMMDD] [time] WANTS 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 OUT.

AN IRF TEAM ENTERED CELL AND EXTRACTED USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AFTER THE IRF WAS COMPLETED THE DETAINEE WAS TURNED OVER TO THE CORPSMAN.

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
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 (SSW).
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
Block, Camp Delta, Guantanamo Bay, Cuba

2. DATE (YYYY/MM/DD)
2005/07/07

3. TIME
1400

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
JTF 646 L/E CAMP Camp Delta, Guantanamo Bay, Cuba 09360

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

ON 2005 JULY 07 AT 2305 I ON THE FLOOR CELL EXTRACTION TEAM WHICH EXTRACTED DETAINED INMATE

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 BE 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 (R.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.

1. LOCATION: [Redacted]
2. DATE (YYYYMMDD): 01 JUL 05
3. TIME: 1810
4. FILE NUMBER: [Redacted]
5. PERSON'S FULL NAME, MIDDLE NAME, AND INITIAL: [Redacted]
6. SSN: [Redacted]
7. GRADE/STATUS: [Redacted]

8. ORGANIZATION OR ADDRESS: [Redacted]

9. SIGNATURE OR HANDWRITTEN STATEMENT

[Redacted]

I WANTED 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 ISHAAKHAN ABBAS MY POSITIONS
ON THE IRF TEAM WHICH MEANS THAT I AM OUT ON THE IRF TEAM
PUT INTO RESTRAINTS MY WAS SAFE, AFTER THE DETAINTEE WAS PUT INTO RESTRAINTS AND EXTRACTED
FROM HIS CELL WITH THE MINIMAL AMOUNT OF FORCE NEEDED HE WAS
TAKEN OUT INTO THE CAUSE WERE 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 SPINEBOARD AND PLACED
ON THE MEDICAL AND THE DETAINEE END OF STATEMENT

10. EXHIBIT

11. INITIALS IN SPEAKING STATEMENT

PAGE 1 OF 2 PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE 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 (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.

LOCATION
CAMP DELTA, GUANTANAMO BAY, CUBA

DATE
2005-07-02

TIME
2031

FILE NUMBER


GRAD/E/STATUS


ORGANIZATION OR ADDRESS
JTF, CAMP DELTA

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 01 JUL 2005 AT APPROX. 2315 HRS THE ALTERNATE IAF TEAM WAS CALLED.

THE IAF TEAM WENT INTO CELL AND EXTRACTED DETAINEE ISN# USING THE MINIMUM AMOUNT OF FORCE NECESSARY.

END OF STATEMENT

EXHIBIT

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. 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 utilized.

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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
Camp Delta, Guantanamo Bay, Cuba

2. DATE (YYYYMMDD)
20050722

3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/SERVICE

8. ORGANIZATION OR ADDRESS

9. OFFICE, ROOM NUMBER

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998