SIR 15Jul04-S01

1. Category:

2. Type of Incident: Forced Cell Extraction of ISN

3. Date/Time of Incident: 15 2310 Jul 04

4. Location: Camp Delta, Camp

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. Subj
      (a)
      (b)
      (c)
      (d)
      (e)
      (f)
      (g)
      (h)
      (i)
      (j)
   C. Subj
      (a)
      (b)
      (c)
      (d)
      (e)
      (f)
      (g)
      (h)
      (i)
      (j)
7. Summary of Incident: At 1523:10 July 2004, [redacted] was extracted from his cell for refusing to come out for shower and recreation at approximately 2100. The Field Grade in the Wire was contacted at approximately 2200 and he proceeded with the interpreter to [redacted]. A Corpsman and Psych. Tech were also dispatched and present. The detainee claimed that females could not touch him because it was against his religion. With the assistance of the interpreter it was explained to him that females do not observe showers but will perform all other functions just like their male counterparts. After attempts were made by the Block NCO, the SOG, and the NCOIC of the Camp to get the detainee to comply with the Camp rules, the Field Grade authorized the FCE. The detainee or US personnel sustained no injuries.

ARRIVAL DATE FOR [redacted], HIS DOB IS ______. REQUIRED ENTRY.
Name: [redacted]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A
**SORM STATEMENT**

For use of this form, see Appendix A of the program agency DODCSOPS.

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 8387 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.

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<th>3. TIME</th>
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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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<tbody>
<tr>
<td>JTF-GTMO Guantanamo Bay, Cuba APO 9E 093600</td>
<td></td>
<td></td>
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</tbody>
</table>

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

On 15 July 2004, at approximately 2300, a forced cell extraction was conducted on [SSN] identified as in cell [SSN] and I was the number one person using the minimum amount of force necessary.

---

**DA FORM 2023, DEC 1998**

**DA FORM 2023, 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 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
GTMO, Cuba

DATE (YYYYMMDD)
2004/07/15

TIME
2310

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

SSN

GRADE/STATUS

ORGANIZATION OR ADDRESS
Camp 5, JTF-GTMO

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 2004/07/15 at approximately 2310hrs, a Forced Cell Extraction was conducted on ISN# [redacted] in cell [redacted] 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 THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INCLUDED.
SWORN STATEMENT
For use of this form, see AR 190-45; the proponent agency is ODSOPS

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.

1. LOCATION
2. DATE (YYYYMMDD)
3. TIME
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE STATUS
8. ORGANIZATION OR ADDRESS
9. [Redacted] Apo 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 04, at approximately 2300, a force cell extraction was conducted on SSN: [Redacted] in cell [Redacted]. Using the minimum amount of force necessary, we extracted Detainee out of his cell carried him down the walkway medical checked him said he was good so we put him back in his cell no harm to Detainee and the extraction team.

END OF STATEMENT
<table>
<thead>
<tr>
<th>LOCATION</th>
<th>GTMO CUBA</th>
<th>DATE</th>
<th>20040715</th>
<th>TIME</th>
<th>2303</th>
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**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 /SSM.

**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.

8. ORGANIZATION OR ADDRESS: JTF-GTMO

__I__ __ __ __ __ __ __, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 20040715 at approximately 2303 a GOOD CELL EXTRACTION was conducted on ISN # __________ in CELL __________. I detained the suspect __________ using 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.
On 15 July 2004 at approximately 2300, a Forced Cell Extraction was conducted on [REDACTED]. I was the [REDACTED].

I am also the IRF team leader, I am responsible for the safety of my team and the detainee. I ensured that the minimum amount of force was used during the Forced Cell Extraction.

End of Statement
**SWORN STATEMENT**
For use of this form, see AR 190-45; the proponent agency is DDCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:**
Title 10 USC Section 301; Title 5 USC Section 2991; 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.

**DISCLOSEMENT:**
Disclosure of your social security number is voluntary.

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<table>
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<th>8. ORGANIZATION OR ADDRESS</th>
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</thead>
<tbody>
<tr>
<td>JTF-GTMO, Delta Clinic</td>
</tr>
</tbody>
</table>

9. ____________, want to make the following statement under oath:

On 15 July 2004 at approximately 2310, a forced cell extraction was conducted on ISN: ____________ I was the ____________ forced cell extraction. The detainee and immediate reaction force were all cleared ____________ completed.

/// 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 bear the initials of the person making the statement, and page number must be indicated.
1. Category: 

2. Type of Incident: Forced Cell Extraction of ISN 

3. Date/Time of Incident: 15 2310 Jul 04 

4. Location: Camp Delta, Camp 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. Sub: 
      (a) 
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   C. Sub: 
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      (b) 
      (c) 
      (d) 
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      (j)
7. Summary of Incident: At 15 2310 July 2004, ISN [REDACTED] was extracted from his cell for refusing to come out for shower and recreation at approximately 2100. The Field Grade in the Wire was contacted at approximately 2200 and he proceeded with the Interpreter to [REDACTED] a Corpsman and Psych. Tech were also dispatched and present. The detainee claimed that females could not touch him because it was against his religion. With the assistance of the Interpreter it was explained to him that females do not observe showers but will perform all other functions just like their male counterparts. After attempts were made by the Block NCO, the SOG, and the NCOIC of the Camp to get the detainee to comply with the Camp rules, the Field Grade authorized the FCE. The detainee or US personnel sustained no injuries.

ARRIVAL DATE FOR ISN [REDACTED] HIS DOB IS [REDACTED] REQUIRED ENTRY.
Name: [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A
On 15 July 2004, at approximately 2300, a forced cell extraction was conducted on ISN [REDACTED] in cell [REDACTED]. I was the number one person using the minimum amount of force necessary.
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 identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
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<th>MIDDLE NAME</th>
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<th>GRADE/STATUS</th>
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</table>

8. ORGANIZATION OR ADDRESS
Camp 5, JTTF-GTMO

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 04/07/15 at approximately 2310hrs, a Forced Cell Extraction was conducted on ISN# in cell using the minimum amount of force necessary. END OF STATEMENT

10. EXHIBIT

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 DDCSOPS

**PRIVACY ACT STATEMENT**

**AUTHORITY:**
Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1948 /SSW.

**PRINCIPAL PURPOSE:**
To provide commanders and law enforcement officials with means by which information may be accurately identified.

**ROUTINE USES:**
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**DISCLOSURE:**
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<td>APO 09360</td>
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<table>
<thead>
<tr>
<th>9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</th>
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</thead>
<tbody>
<tr>
<td>On 15 July 2004, at approximately 2303, a force cell extraction was conducted on an individual in cell ____ using the minimum amount of force necessary. We extracted the detainee out of his cell carried him down the hallway, medical checked him, said he was good so we put him back in his cell no harm to detainee and the extraction team.</td>
</tr>
</tbody>
</table>

**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 bear 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 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.

LOCATION

GTMO CUBA

DATE

MMDY

20040715

TIME

2303

FILE NUMBER


LAST NAME, FIRST NAME, MIDDLE NAME


SSN


GRADE/STATUS


ORGANIZATION OR ADDRESS

JTF-GTMO


WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 20040715 at approximately 2303 a force cell extraction was conducted on ISN #. In cell #, I used 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 OF _______ 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

USAPA V1.00
On 15 July 2004 at approximately 2300, a Forced Cell Extraction was conducted on ISN (b)(1). I was the (b)(2) minimum amount of force necessary. I am also the JRF team leader, I am responsible for the safety of my team and the detainee. I ensured that the minimum amount of force was used during the Forced Cell Extraction. /// End of Statement ///
On 15 July 2004 at approximately 2310, a forced cell extraction was conducted on ISN: [redacted] I was the [redacted] forced cell extraction. The detainee and immediate reaction force were all cleared [redacted] completed.

/// END OF STATEMENT ///