SIR 12 Feb 04 1621

1. Category:  

2. Type of Incident: Force Cell Extraction ISN  

3. Date/Time of Incident: 12 1621 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)  
      (h)  
      (i)  
      (j)  
   B. Subject:  
      (a)  
      (b)  
      (c)  
      (d)  
      (e)  
      (f)  
      (g)  
      (h)  
      (i)  
   C. Subject:  
      (a)  
      (b)  
      (c)  
      (d)  
      (e)  
      (f)  
      (g)  
      (h)  
      (i)  
      (j)  
   D. Subject:  
      (a)  
      (b)  
      (c)  
      (d)  
      (e)  
      (f)  

E. Subject:

(a)  
(b)  
(c)  
(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 1621 hours, 12 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp assembled to block. Medical and DOC camera support were on the scene. The detainee was and 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
On or around 12 Feb approx. 1621 hrs. Detainee housed in Cell Camp 1 refused Block guard, Block Camp Commander to comply with the requirement for him to participate in the recreation and shower activity, The way communicated across the for immediate response of the IRF team. 

[Redacted]

with the minimum amount of force necessary, the team entered into cell [Redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation.

III End of Statement III
On 12 Feb 2004 at 1621 hrs Detainee # housed in Cell # refused Block Guards, Block NCO, Camp SSO, Camp PL and Camp Commander to comply to camp requirements for him to participate in Recreation and Shower Call. The # was communicated access for immediate response of the TPF Team. I with the minimum amount of force necessary, the team entered Cell # and restrained the detainee. The detainee was then moved to the Recreation Area where he received medical attention.

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

PRIVACY ACT STATEMENT
APPLICATION: 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 Block, Camp Delta, Guantanamo Bay Cuba
2. DATE YYYYMMDD 2004/02/14
3. TIME 1413
4. FILE NUMBER

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

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

9. [redacted]
   WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
   ON 12 FEB 2004 AT APPROX 1600 HRS DETAINEE ISN [redacted] REFUSED BLOCK GUARD BLOCK NCO, CAMP 506, CAMP PL, AND CAMP COMMANDER TO COMPLY WITH TH
   REQUIRMENT FOR HIM TO PARTICIPATE IN THE RECREATION AND SHOWER ACTIVITY. THE [redacted] WAS COMMUNICATED ACROSS THE [redacted] FOR IMMEDIATE RESPONSE OF THE IRF TEAM.
   I [redacted]

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 bear the initials of the person making the statement, and page number must be indicated.

DA FORM 2823, DEC 1998
On or around 12 Feb 2004 at approx 1621 hrs, Detainee housed in cell ISW refused Block Guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the camp for immediate response of the IRF team. With the minimum amount of force necessary, the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. — End of statement.
SIR 12 Feb 04 1621

1. Category: □

2. Type of Incident: Force Cell Extraction ISN □

3. Date/Time of Incident: 12 1621 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) □
      (h) □
      (i) □
      (j) □

   B. Subject:
      (a) □
      (b) □
      (c) □
      (d) □
      (e) □
      (f) □
      (g) □
      (h) □
      (i) □

   C. Subject:
      (a) □
      (b) □
      (c) □
      (d) □
      (e) □
      (f) □
      (g) □
      (h) □
      (i) □
      (j) □

   D. Subject:
      (a) □
      (b) □
      (c) □
      (d) □
      (e) □
      (f) □
7. Summary of Incident: At approximately 1621 hours, 12 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp assembled to block. Medical and DOC camera support were on the scene. The detainee . Detainee was and 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
SWORN STATEMENT
For use of this form, see AR 190-4. The presenting 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 of your social security number is voluntary.

DISCLOSURE

LOCATION: Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER

00402 17 1972

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS:

216 Military Police JTF GTMO Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 12 Feb approx. 1621 hrs, Detainee housed in Cell 167 refused Block guard, Block 1, and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF team [redacted] with the minimum amount of force necessary, the team entered into cell [redacted] and restrained and cuffied the detainee and moved the detainee to the recreation area where he received medical attention and evaluation.

slashes indicating blacked out text

11. INITIALS OF PERSON MAKING STATEMENT

End of Statement

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

USAPA V1.00
On 12 Feb 2004 at 1621 hrs, Detainee ISN# housed in Cell 3 refused block guards, block NCO, Camp SOG, Camp PL and Camp Commander to comply to camp requirements for him to participate in recreation and shower call. The need was communicated access for immediate response of the TRF team. I was with the minimum amount of force necessary, the team entered cell 3 and restrained the detainee. The detainee was then moved to the recreation area where he received medical attention and evaluated...
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 Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYY/MM/DD) 2004/07/11
3. TIME 1413
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS
   3d Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360
9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
   On 12 Feb. 2004 at approx 1621 hrs Detainee ISN refused Black Guard, Block NCO, Camp 506, Camp PL, and Camp Commander to comply with the
   requirement for him to participate in the recreation and shower activity. The was communicated across
   the for immediate response of the IRF Team.
   I Using the minimum amount
   of force necessary, the team entered into cell and restrained and cuffed the detainee and moved the detainee
   to the recreation area where he received medical attention
   and evaluation.

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 bear the initials of the person making the statement, and page number
must be indicated.

DA FORM 2823, DEC 1998
DA FORM 2923, 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: Disclosure of 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 (YYYY/MM/DD)
2004/02/12

3. TIME
18:50

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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


10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[Redacted]

PAGE 1 OF 2 PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEaken the initials of the person making the statement, and page number must be be indicated.
On or around 12 Feb 2004 at approx 1631 hrs Detainee housed in cell 15W refused Block Guard, Block NCO, Camp Sgt, Camp Lt and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The response was communicated across the camp for immediate response of the IRF team. With the minimum amount of force necessary, the team entered into cell 15W and restrained and coiffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation — End of statement.