SIR 19 0540 Feb 04

1. Category: 

2. Type of incident: Force Cell Extraction ISN 

3. Date/Time of Incident: 19 0540 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) 
      (j) 
   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 0540 hours, 19 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 Medical evaluated and the detainee. There were no injuries to any of the block personnel, IRF team members or detainees.


9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: N/A

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 accurately

ROUTINE USES: 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.

LOCATION
Block, Camp Delta, Guantanamo Bay Cuba

DATE
2004 02 19

TIME
06 45

FILE NUMBER
2

LAST NAME

FIRST NAME

MIDDLE NAME

SSN

GRADE/STATUS

ORGANIZATION OR ADDRESS
Military Police

Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 04 at approx. 0540 Detainee ISN # [redacted] refused reservation CO ordered IF to remove said Detainee from cell at time listed above. Detainee was removed from cell and taken to reservation yard, cleared by medical then escorted to reservation by the escort team. [redacted] with the minimum amount of force necessary in which I performed. [redacted] 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 BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

DA FORM 2823, DEC 1998
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; F.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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION 2. DATE (YYYY/MM/DD) 3. TIME 4. FILE NUMBER
Guantanamo Bay Cuba 2004/02/19 0641

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Camp Delta, Guantanamo Bay Cuba 09360

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

ON 19 FEB 2004, AT 0540 HRS DETAINEE #18174# HOUSED ON BLOCK, CELL

REFUSED RESERVATION. CO ORDERED THE IRF TEAM TO REMOVE, SHOS DETAINEE AT TIME LISTED ABOVE.

DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE RE-YARD AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESER-

VATION BY THE ESCORT TEAM. 

The minimum amount of force necessary.

111 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 USAPA V1.
**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

<table>
<thead>
<tr>
<th>1. LOCATION</th>
<th>2. DATE (YYYYMMDD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Block, Camp Delta, Guantanamo Bay Cuba</td>
<td>2004/02/19</td>
<td>0610</td>
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<table>
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<tr>
<th>5. LAST NAME</th>
<th>FIRST NAME</th>
<th>MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>8. ORGANIZATION OR ADDRESS</th>
<th>9.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Police Company</td>
<td></td>
</tr>
<tr>
<td>Camp Delta, Guantanamo Bay Cuba 09360</td>
<td></td>
</tr>
</tbody>
</table>

1. ____________, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 19 Feb 04 AT 0540 DETAINEE ISN: ____________, HOUSED ON ____________ BLOCK REFUSED RESERVATION. CO ORDERED INF TO REMOVE SAID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE REC YARD CLEARED BY MEDICAL. THEN ESCORTED TO RESERVA BY ESCORT TEAM. WITH THE MINIMUM AMOUNT OF FORCE.

\[\text{END OF STATEMENT} \]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF ___________ PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATE THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATE.
**SWORN STATEMENT**

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

<table>
<thead>
<tr>
<th>PRIVACY ACT STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).</td>
</tr>
<tr>
<td>PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately</td>
</tr>
<tr>
<td>ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and</td>
</tr>
<tr>
<td>DISCLOSURE: Disclosure of your social security number is voluntary.</td>
</tr>
</tbody>
</table>

| 1. LOCATION |
| Block, Camp Delta, Guantanamo Bay Cuba |
| 2. DATE |
| 2024 Feb 19 |
| 3. TIME |
| 0830 |
| 4. FILE NUMBER |

| 5. LAST NAME FIRST NAME MIDDLE NAME |
| [Redacted] |
| 6. SSN |
| [Redacted] |
| 7. GRADE/STATUS |

| 8. ORGANIZATION OR ADDRESS |
| Military Police |
| 9. ADDRESS |
| Camp Delta, Guantanamo Bay Cuba 09360 |

| 10. EXHIBIT |

| 11. INITIALS OF PERSON MAKING STATEMENT |
| [Redacted] |

### Narrative Statement

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 February at approximately 0540 Detainee [Redacted] housed on [Redacted] refused reservation. Ordered 1ST to remove said Detainee at time listed above. Detainee was removed from cell and taken to the yard cleared by medics then was escorted to reservation by the escort team. I, [Redacted] and my [Redacted] using the minimum amount of force necessary.

---

**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 (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
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba
2. DATE MM/DD/YYYY 3. TIME 4. FILE NUMBER
2004/02/14 0625

8. ORGANIZATION OR ADDRESS Military Police

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19FLB at approximately 0540 detainee housed in cell
ISN refused reservation. Co ordered IRF
to remove said detainee at time listed above. Detainee was
removed from cell and taken to the Rec yard, cleared by
medical, then escorted to reservation by escort 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.
SIR 19 0540 Feb 04

1. Category:

2. Type of Incident: Force Cell Extraction ISN

3. Date/Time of Incident: 19 0540 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) 
      (j) 

   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 0540 hours, 19 Feb 04, ISN [redacted] refused recreation/reservation. The primary IRF Team from Camp [redacted] assembled to block. Medical and DOC camera support were on the scene. The detainee [redacted] Medical evaluated and [redacted] 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: [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. 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
DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION: Block, Camp Delta, Guantanamo Bay Cuba

DATE (YYYY/MM/DD): 2004/02/19
TIME: 06:45
FILE NUMBER:

LAST NAME, FIRST NAME, MIDDLE NAME: ______________, ______________, ______________
SSN: ______________
GRADE/STATUS: ______________

ORGANIZATION OR ADDRESS: Military Police, Camp Delta, Guantanamo Bay Cuba 09360

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

On 19 Feb 04 at approx. 0540 Detainee ISN # ______________ refused reservation coordination attempted to remove said Detainee at time listed above. Detainee was removed from cell ______________ and taken to reservation yard cleared by medical then escorted to reservation by the escort team. I ________________ with the minimum amount of force necessary in which I performed. ________________

End of Statement ________________

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

Page 1 of ___________ 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.
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 communicated, and facilitates efficient operation of the Department of Defense.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and processing of information.
DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION: Guantanamo Bay Cuba
DATE: 2004/02/19
TIME: 0641
FILE NUMBER:

LAST NAME, FIRST NAME, MIDDLE NAME
SSN

ORGANIZATION OR ADDRESS: 216th Military Police
Camp Delta, Guantanamo Bay Cuba 09360

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 19 FEB 2004, AT 0540 HRS DE TAIN E ISN# [REDACTED] HOUSED ON BLOCK , CELLS REFUSED RESERVATION. CO ORDERED THE IRF TEAM TO REMOVE, SHD DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE DET-YARD AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESERVATION BY THE ESCORT TEAM. I [REDACTED]

The minimum amount of force necessary.

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 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
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 0610
4. FILE NUMBER

5. LAST NAME FIRST NAME MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS 816 H. Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 19 FEB 04 AT 0540 DETAINEE ISN[REDACTED] HOUSED ON [REDACTED] BLOCK REFUSED RESERVATION. CO ORDERED IFP TO REMOVED THE 
DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND 
TAKEN TO THE REC YARD CLEARED BY MEDICAL. THEN ESCORTED TO RESERVATION 
BY ESCORT TEAM. [REDACTED] WITH 

THE MINIMUM AMOUNT OF FORCE.

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 THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
MUST BE INDICATED.

DA FORM 2823, DEC 1998
**SWORN STATEMENT**

For use of this form, see AR 190-46; 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

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

<table>
<thead>
<tr>
<th>1. LOCATION</th>
<th>2. DATE (MMYMD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Block, Camp Delta, Guantanamo Bay Cuba</td>
<td>2024 Feb 19</td>
<td>0630</td>
<td></td>
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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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<table>
<thead>
<tr>
<th>8. ORGANIZATION OR ADDRESS</th>
<th>9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Police, Camp Delta, Guantanamo Bay Cuba 09360</td>
<td>On 19 February at approximately 0340, detainee was housed on Block A cell and refused reservation. I ordered IPF to remove said detainee at time listed above. Detainee was removed from cell and taken to the yard, cleared by medical, then was escorted to reservation by the escort team. I was using the minimum amount of force necessary.</td>
</tr>
</tbody>
</table>

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<tr>
<th>10. EXHIBIT</th>
<th>11. INITIALS OF PERSON MAKING STATEMENT</th>
<th>PAGE 1 OF ____ PAGES</th>
</tr>
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<tbody>
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</tbody>
</table>

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

| LOCATION | Block, Camp Delta, Guantanamo Bay Cuba |
| DATE (YYYYMMDD) | 20040721 |
| TIME | 0625 |
| FILE NUMBER | |

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

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19FEB at approximately 0540, detainee housed in Cell ISN refused reservation. Co-ordinated IRF to remove said detainee at time listed above. Detainee was removed from cell and taken to the Rec yard, cleared by medical, then escorted to reservation by escort 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 BORE THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.