
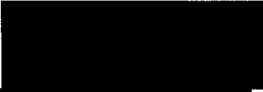
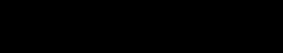


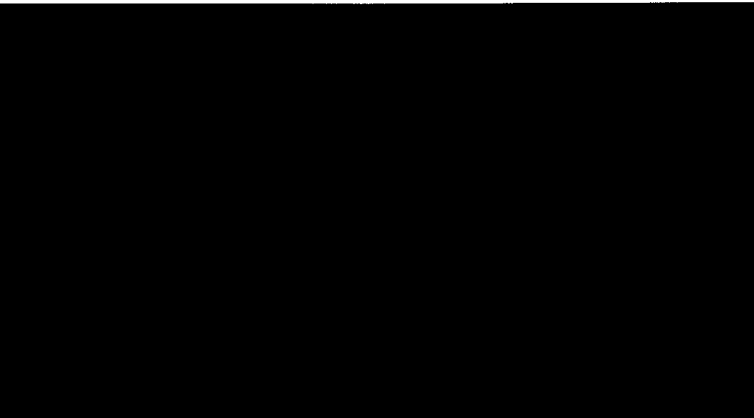
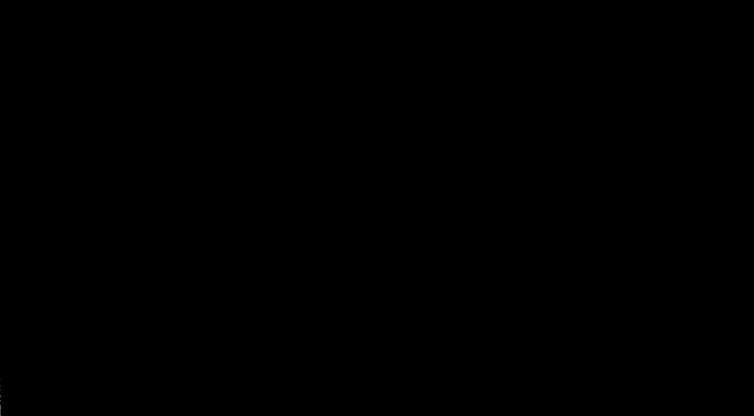
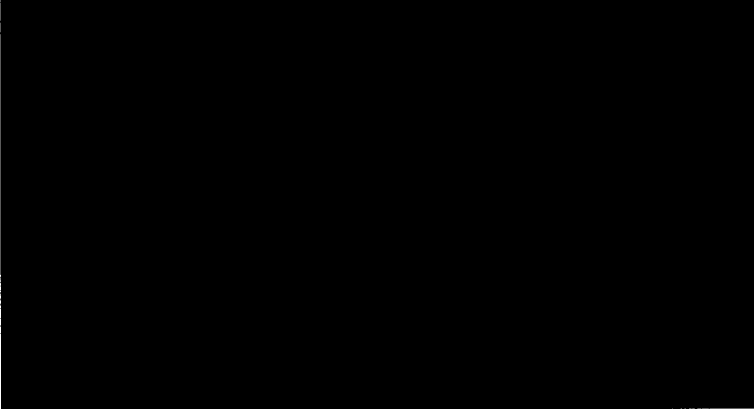


1. Category: 
2. Type of incident: 
3. Detainee ISN: 
4. Date/Time of incident: 16 JUL 05 / 1215 hours
5. Location: Cell  Block, Camp  Camp Delta, GTMO, Cuba
6. Other information:
 - a. Racial (Y/N): N

7. Personnel Involved:

- A. Su 
 - a.
 - b.
 - c.
 - d.
 - e.
 - f.
 - g.
 - h.
 - i.
- B. Su 
 - a.
 - b.
 - c.
 - d.
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 - f.
 - g.
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- C. Su 
 - a.
 - b.
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 - i.

D. Su

- a.
- b.
- c.
- d.
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E. S

- a.
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- a.
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- f.
- g.
- h.
- i.

G. S

- a.
- b.
- c.
- d.
- e.

8. Summary of Incident: CO on duty, [REDACTED] On 16 JUL 05 at approximately 1215 local time [REDACTED] were serving chow to [REDACTED]. The detainee accepted his tray and placed it on his bunk. The detainee is currently on cup loss and was asked if he wanted his drink poured in his tray lid. The detainee accepted his fruit and then grabbed his tray and claimed it was not his food. The detainee threw the food out the beanhole and attempted to strike the [REDACTED] then [REDACTED] to halt the assault. The detainee backed up and covered his beanhole with his isomat. Medical was called and responded to ensure he was properly [REDACTED].

9. Remarks: None

11. Commander Reporting: [REDACTED]
Bay, Cuba

12. Point of Contact: [REDACTED]

13. 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 (SSNJ).
INCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately reported.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing.
DISCLOSURE: Disclosure of your social security number is voluntary.

Form fields: LOCATION (Camp delta, Camp [redacted] block), DATE (2005 07 16), TIME (1317), FILE NUMBER, LAST NAME, FIRST NAME, MIDDLE NAME, SSN, GRADE/STATUS, ORGANIZATION OR ADDRESS (Camp delta, GTMO Cuba)

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

On 16 July 05, at approximately 1215, [redacted] were serving lunch to detainee [redacted] located in cell [redacted]. The detainee accepted his tray and placed it on his bunk. The detainee is currently on cell loss and was asked if he wanted his fruit or drink poured in his tray lid. The detainee leaned forward and accepted his fruit in his hand. Next the detainee went to his tray, said it wasn't his, and threw it out the bean hole then swung his arm trying to strike [redacted] to stop the assault that was in progress. The detainee backed up and covered the bean hole with his ISO mat. [redacted] and FCI closed the bean hole and continued serving Chow to the rest of the detainees on [redacted] block. Medical was called and responded -lll + llll End of Statement + / H / lll

EXHIBIT, 11. INITIALS OF PERSON MAKING STATEMENT, PAGE 1 OF 2

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" AT DATED
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

1. Category: [REDACTED]
2. Type of incident: [REDACTED]
3. Detainee ISN: [REDACTED]
4. Date/Time of incident: 16 JUL 05 / 1215 hours
5. Location: Cell [REDACTED] Block, Camp [REDACTED] Camp Delta, GTMO, Cuba
6. Other information:
 - a. Racial (Y/N): N

7. Personnel Involved:

A. Supervisor

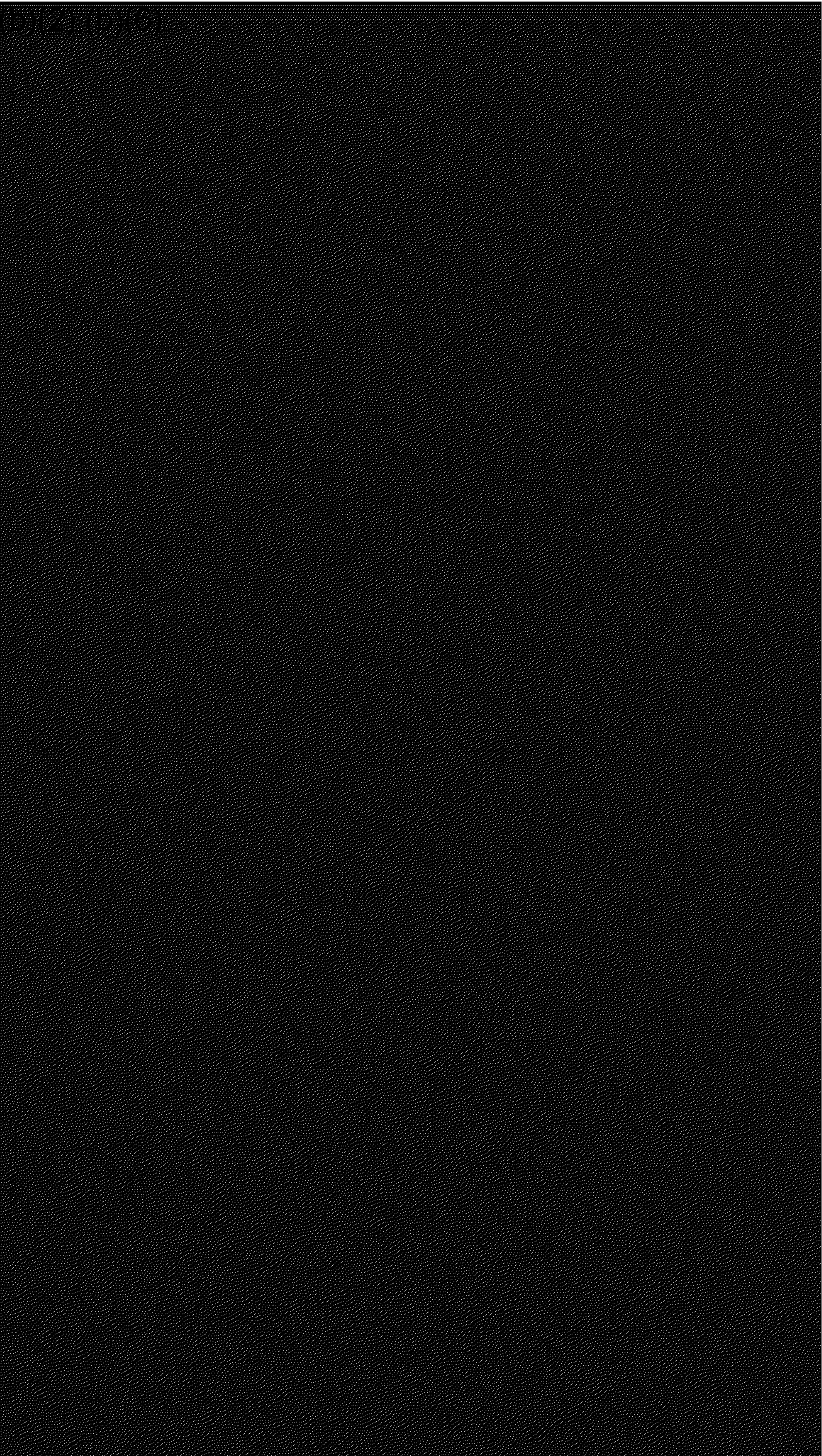
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B. Subject

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- c.
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- g.
- h.
- i.

C. Subject

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- c.
- d.
- e.
- f.
- g.
- h.
- i.



- D. Su
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- b.
- c.
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- F. S
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- G. S
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8. Summary of Incident: CO on duty, [REDACTED] On 16 JUL 05 at approximately 1215 local time [REDACTED] were serving chow to [REDACTED]. The detainee accepted his tray and placed it on his bunk. The detainee is currently on cup loss and was asked if he wanted his drink poured in his tray lid. The detainee accepted his fruit and then grabbed his tray and claimed it was not his food. The detainee threw the food out the beanhole and attempted to strike the [REDACTED] then [REDACTED] to halt the assault. The detainee backed up and covered his beanhole with his isomat. Medical was called and responded to ensure he was properly [REDACTED].

9. Remarks: None

10. Publicity: N/A

11. Commander Reporting: [REDACTED]
Bay, Cuba

12. Point of Contact: [REDACTED]

13. 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.

1. LOCATION Camp delta, Camp [redacted] block	2. DATE (YYYYMMDD) 2005 07 16	3. TIME 1317	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	
ORGANIZATION OR ADDRESS Camp delta, GTMO Cuba			

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

On 16 July 05, at approximately 1215, [redacted] were serving lunch to detainee [redacted] located in cell [redacted]. The detainee accepted his tray and placed it on his bunk. The detainee is currently on cup loss and was asked if he wanted his fruit or drink poured in his tray lid. The detainee leaned forward and accepted his fruit in his hand. Next the detainee went to his tray, said it wasn't his, and threw it out the bean hole then swung his arm trying to strike [redacted] to stop the assault that was in progress. The detainee backed up and covered the bean hole with his ISO mat. [redacted] and FCI closed the bean hole and continued serving Chow to the rest of the detainees on [redacted] block. Medical was called and responded -lll + tttt End of Statement + / H I l l l

EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" ... DATED ...
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.