

SIR 05 APR [REDACTED]

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 1540 07April05

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) Duty of Status: On Duty

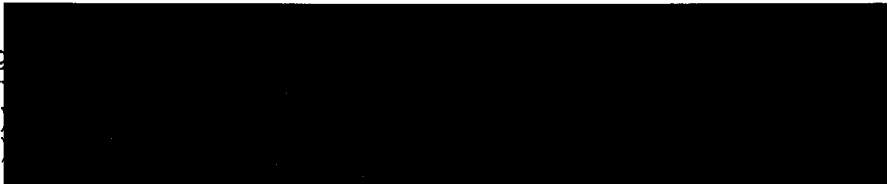
C. Subject:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Subject:

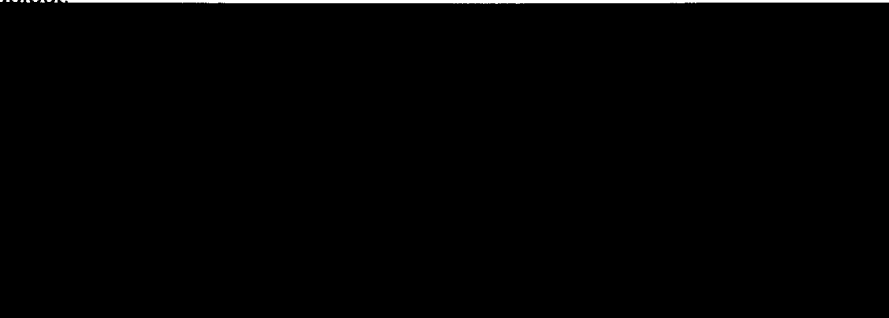
- (a)
- (b)
- (c)
- (d)
- (e)
- (f)

(c)  
(f)  
(g)  
(i)



E. Subject:

(a)  
(b)  
(c)  
(d)  
(e)  
(f)  
(g)  
(h)  
(i)  
(j)



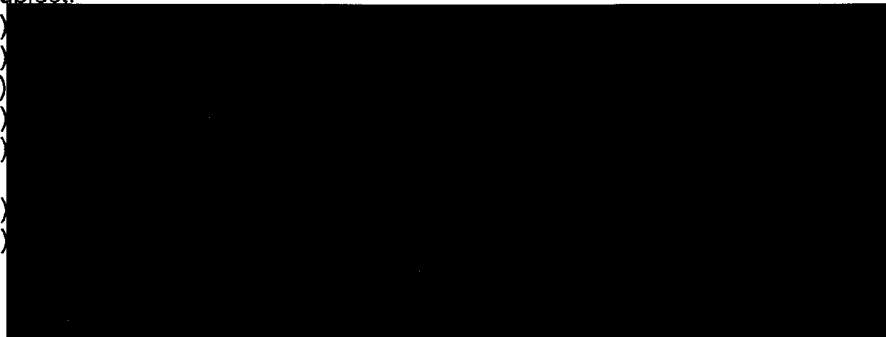
F. Subject:

(a)  
(b)  
(c)  
(d)  
(e)  
(f)  
(g)  
(h)  
(i)  
(j)



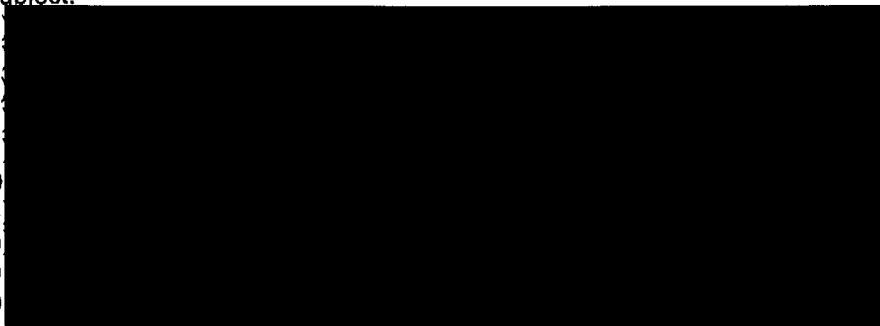
G. Subject:

(a)  
(b)  
(c)  
(d)  
(e)  
(f)  
(g)  
(h)  
(i)  
(j)



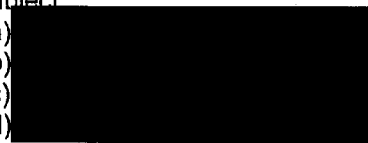
H. Subject:

(a)  
(b)  
(c)  
(d)  
(e)  
(f)  
(g)  
(h)  
(i)  
(j)



I. Subject:

(a)  
(b)  
(c)  
(d)



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, BLACK; 2. DATE: 2005 04 07; 3. TIME: 1540; 4. FILE NUMBER; 5. LAST NAME, FIRST NAME, MIDDLE NAME; 6. SSN; 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON

TAPRIL 2005 AT 1540 A Force Cell Extraction move was performed on [redacted] Detainee ISN [redacted] I [redacted] ON THE FORCE CELL EXTRACTION TEAM. [redacted] THE TEAM APPROACHED THE CELL AND ENTERED, THE Detainee PUT UP A FIGHT. [redacted] USING THE MINIMUM AMOUNT OF FORCE NECESSARY, THE TEAM MOVED THE Detainee FROM HIS CELL TO THE REC YARD. MEDICAL AND behavior Health did an Assessment on the Detainee, then the team moved the detainee back to his cell. THE TEAM Released the Detainee and exited USING the minimum amount of Force NECESSARY. Detainee and the Force cell extraction team Needed No medical Attention. /// END OF STATEMENT ///

No further [redacted] res this Page.

10. EXHIBIT; 11. INITIALS OF PERSON MAKING STATEMENT; PAGE 1 OF 2 PAGES

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

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 7 APR 05, AND THE CURRENT TIME IS 1517. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] SN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

DETAINEE REFUSED TO REMOVE TOWEL  
FROM WINDOW

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:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5

[REDACTED]  
MEDICAL ATTENTION NEEDED: ~~YES~~  NO