INCIDENT REPORT SIR 05 APR

1. Category:

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 122007April05

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

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

L. Detainee:
(a)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: On 07 April 2005 at approximately 0840hrs, detainee ISN# _____ refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behavioral Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp PL then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to _____ was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,
which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the
bean hole and were able to secure it shut. The CO then asked the detainee to comply with
turning over his BI and was told no. At 1220 hrs, the CO then called the assistant S-3, then the
on-duty field grade, and informed him of the situation. He then authorized the Forced Cell
Extraction (FCE) and the primary IRF code was given. At 1234hrs, the IRF team entered the cell
and conducted the Forced Cell Extraction. The detainee was shackled and taken to the
recreation yard for examination by the on duty Corpsman. The detainee was asked if he was
injured and he stated he was okay and uninjured. He was then carried by the IRF team to
block and placed into cell without incident and the FCE was complete at 1245hrs.
The detainee was fed his lunch meal at approximately 1300hrs.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting:

11. Point of Contact:

12. Downgrading Instructions: N/A
On 07 Apr 05, at approximately 0840 while attempting to shackle the detainee, struck me in the stomach and spit on me. **End of Statement**

**Continued** - This occurred while conducting a random cell search. **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 retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

<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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<tr>
<td>CAMP DET GTMO CUBA</td>
<td>2005/04/07</td>
<td>12345</td>
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<table>
<thead>
<tr>
<th>5. LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
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</table>

8. ORGANIZATION OR ADDRESS

JTF-GTMO CUBA

---

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At around 0800, [redacted] assisted and sat on my presence as SOG was requested on [redacted] block. I talked with [redacted] about what had happened. [redacted] stated he wasn’t treated well, that he supposedly had happened. Behavioral Health came on [redacted] block after I had exited the block. My presence as SOG was requested once again on [redacted] block. The person that came on [redacted] block from Behavioral Health received a large amount of urine in the face and upper torso. CO came on [redacted] block and also received urine and feces. 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 INDICATED.
SWORN STATEMENT
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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1. LOCATION
Camp Delta, Guantanamo Bay, Cuba

2. DATE
03/12/2007

3. TIME
130

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

TTE-GIMO, GUANTANAMO BAY, CUBA

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

CULLED APRIL 07 AT 1:30 WHILE ATTEMPTING TO CLOSE DETAINEE WAS PUNCHING AT MYSELF AND ANOTHER MPS. ALSO BEFORE THE BEEN HOLE WAS SHUT THREW A COMBINATION OF FILES AND URIN ON SEVERAL PEOPLE.

/// ENDClosing STADAM ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 3 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

DA FORM 2823, JUL 72, IS OBSOLETE

USAF V1.00
INCIDENT REPORT SIR 05 APR

1. Category:

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 122007 April 05

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) [Redacted]
      (b) [Redacted]
      (c) [Redacted]
      (d) [Redacted]
      (e) [Redacted]
      (f) [Redacted]
      (g) [Redacted]
      (h) [Redacted]
      (i) [Redacted]
      (j) [Redacted]
   B. Subject:
      (a) [Redacted]
      (b) [Redacted]
      (c) [Redacted]
      (d) [Redacted]
      (e) [Redacted]
      (f) [Redacted]
      (g) [Redacted]
      (h) [Redacted]
      (i) [Redacted]
      (j) [Redacted]
   C. Subject:
      (a) [Redacted]
      (b) [Redacted]
      (c) [Redacted]
      (d) [Redacted]
      (e) [Redacted]
      (f) [Redacted]
      (g) [Redacted]
      (h) [Redacted]
      (i) [Redacted]
      (j) [Redacted]
   D. Subject:
      (a) [Redacted]
      (b) [Redacted]
      (c) [Redacted]
      (d) [Redacted]
      (e) [Redacted]
      (f) [Redacted]
7. Summary of Incident: On 07 April 2005 at approximately 0840hrs, detainee ISN# [REDACTED] refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behavioral Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp PL then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to [REDACTED] was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,
which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the 
bean hole and were able to secure it shut. The CO then asked the detainee to comply with 
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recreation yard for examination by the on duty Corpsman. The detainee was asked if he was 
injured and he stated he was okay and uninjured. He was then carried by the IRF team to 
[redacted] block and placed into cell [redacted] without incident and the FCE was complete at 1245hrs. 
The detainee was fed his lunch meal at approximately 1300hrs.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [redacted]

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 retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

---

1. LOCATION
   CAMP DELTA

2. DATE (YYYYMMDD)
   [Redacted]

3. TIME
   0900

4. FILE NUMBER
   [Redacted]

5. LAST NAME, FIRST NAME, MIDDLE NAME
   [Redacted]

6. SSN
   [Redacted]

7. GRADE/STATUS
   [Redacted]

8. ORGANIZATION OR ADDRESS
   JDST JTF

---

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

On 07 Apr 05, at approximately 0849 while attempting to
shackle [Redacted] the detainee struck
me in the stomach and spit on me. End of Statement

CONTINUED - This occurred while conducting a random
Cell search. End of Statement.
**SWORN STATEMENT**

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

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<td><strong>DISCLOSURE:</strong> Disclosure of your social security number is voluntary.</td>
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<td>Camp Bilt, Cima, Cuba</td>
<td>2005/04/07</td>
<td>12:42</td>
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|-------------------------------------|--------|----------------|

8. ORGANIZATION OR ADDRESS
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<tr>
<td>Cima, Cuba</td>
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</tbody>
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9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At around 0830, __________ ASSAULTED AND SPIT ON MY PRESENCE WAS REQUESTED ON __________ BLOCK. I Talked with __________ about what had happened. __________ stated he wasn't treated well, that he was swore at and mad at __________. For a prior event that supposedly had happened, Behavioral Health came on __________ Block. After I had exited the block, my presence as SOG was requested twice again on __________ Block. The person that came on __________ block from Behavioral Health received a large amount of urine in the face and upper torso. CO came on __________ block and also received urine and feces. *** End of statement ***

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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.**
SWORN STATEMENT

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1. LOCATION
CAMO DELTA GUANTANAMO BAY, CUBA

2. DATE (YYYY/MM/DD)
2003/04/07

3. TIME
13:00

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
TTE-GLNO GUANTANAMO BAY, CUBA

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

On 10 April 03 at 1230 while attempting to close [Redacted] detainee was punching at myself and other MPs. Also before the bean hole was shut [Redacted] threw a combination of files and urin on several people.

//END STATEMENT//

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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DA FORM 2823, DEC 1998