

SAVONOST ATEMENT

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

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			STATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title 5					
RINCIPAL PURPOSE:	To provide commanders and law e					
ROUTINE USES:	Your social security number is use			neans of identification	n to racilitate ili	ing and retnet
DISCLOSURE:	Disclosure of your social security i	2. DATE		3. TIME	4. FILE NUN	//BER
	Delta, Guantanamo Bay Cuba	11 Feb.		0750		
LAST NAME, FIRST	NAME, MIDDLE NAME		SSN		7. GRADE/S	STATUS
B. ORGANIZATION OR	ADDRESS TF GTMO	. Camp Del	ta, Guantanam	o Bay Cuba 09360		
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		: AR 190-45; the proponent	agency is ODCSOPS	
PRINCIPAL PURPOSE: To ROUTINE USES: You Disclosure: Dis	PR le 10 USC Section 301; Title 5 provide commanders and law e ur social security number is use sclosure of your social security r	nforcement officials with m d as an additional/alternate number is voluntary.	eans by which informati means of identification t	on may be accurately to facilitate filing and retrieval.
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5 LAST NAME FIRST NAI	ME MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR AD 273 Military Pol	DRESS (V)	, Camp Delta, Guantanan	no Bay Cuba 09360	
		, WANT TO MAKE	THE FOLLOWING STAT	EMENT UNDER OATH:
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10. EXHIBIT		11. INITIALS	MAKING STATEMENT	PAGE 1 OF PAGES
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MUST BE BE INDICATED.





For use of this form, see Am 130-45; 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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

ROUTINE USES: DISCLOSURE:

Disclosure of your social security number is voluntary.

CATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
273-8 Military Police Congany

, Camp Delta, Guantanamo Bay Cuba 09360

_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON or around 0750, 11 TEB BOOK DETAINER house in

regued Black GUARO, Black MCO, CAMP SOC

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ENO OF STATEMENT

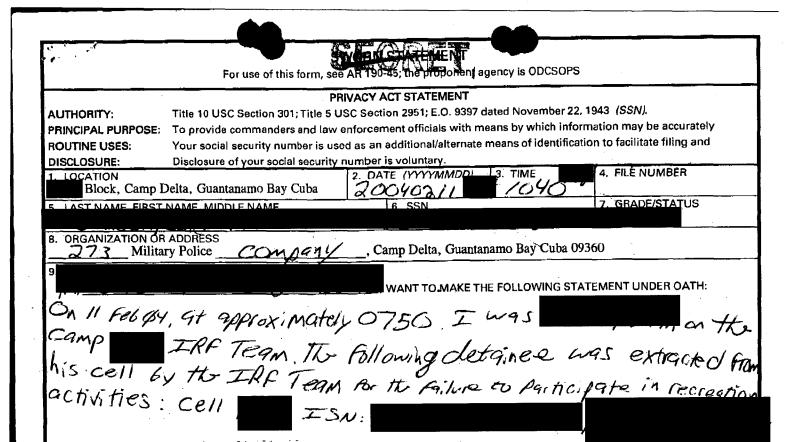
10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF ____ PAG

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 NUM MUST BE BE INDICATED.



10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAGES
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	PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE ST	

SIR 110828RFEB04

1.	Category:	
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Type of Incident: Forced Cell Extraction - Detainee ISN:

medent. Forced Cen Extraorder products

- (3. Date/Time of Incident: 110828RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

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Summary of Incident: At or around 0828 11 February 2004 Block personnel approached detainee
for the purpose of escort to recreation and shower; detainee refused. Block
personnel informed the detainee that movement to recreation and shower was not optional; and again, the
detainee refused. After the detainee refused the chain of command at Camp at around 0828hrs the
primary IRF team at Camp was assembled, medical support was called along with video camera
support, and the recreation area prepped for support were present at block, the detainees was given another opportunity to comply and refused yet
again. In ordered the later of the cell at or around 0900hrs and moved him to the recreation area for
purposes. Once in the recreation area, the detainee received medical attention, which
Once medical personnel cleared the detaineece,
the IRF team moved the detainee back to his cells. The cell extraction of the detainee went well. There
were no injuries to any of the assigned block personnel, IRF team members or detainee.

- 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 STATEMENT

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

PRIVACY ACT STATEMENT

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Αl	JIN	UNI	1 1	

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

CATION

Block, Camp Delta, Guantanamo Bay Cuba

3. TIME

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

7_GRADE/STATUS

8. ORGANIZATION OR ADDRESS JT GTMO

Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ISN#

Or around \$ 0828 20040211 Detainee refused to go to Rec & shaver, I was

with the

minimum amount of Force necessary, the IRF team extracted the detainer to the Rec area where he recieved medical attention & Evaluation

End of Statement

10. EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER

MUST BE BE INDICATED. **DA FORM 2823, DEC 1998**

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		AR 190-45; the proponen	t agency is ODCSOPS	3
		RIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 93	397 dated November	22, 1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and law e	inforcement officials with n	neans by which inforn	nation may be accurately
ROUTINE USES:	Your social security number is use	d as an additional/alternate	means of identification	on to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security i	number is voluntary.		
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
			_	
8. ORGANIZATION OR 273N Military	Police Consany, JTF, GTM	Aamp Delta, Guantanar	no Bay Cuba 09360	
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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF ____ PAGES

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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



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	For use of this form,	see AR 190-4	5; the propone	ent agency is Of	OCSOPS			
AUTHORITY: PRINCIPAL PURPOSE:	Title 10 USC Section 301; Title To provide commanders and law	5 USC Section		9397 dated Nov				
ROUTINE USES: DISCLOSURE:	Your social security number is undisclosure of your social securit	sed as an add	ditiomal/alternat					trieval.
	elta, Guantanamo Bay Cuba		(YYYYMMDI	TIME OBZ	.8	4. FILE NUI		
	NAME, MIDDLE NAME	6	S. SSN			7. GRADE	STATUS	
8. ORGANIZATION OF 21310 Miltary	Police Co. Camp 1	Delta, Guant	anamo Bay C	uba 09360				
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10. EXHIBIT		11 INITIAL	S OF PERSON	MAKING STAT	EMENT	PAGE 1 OF	_2	PAGES
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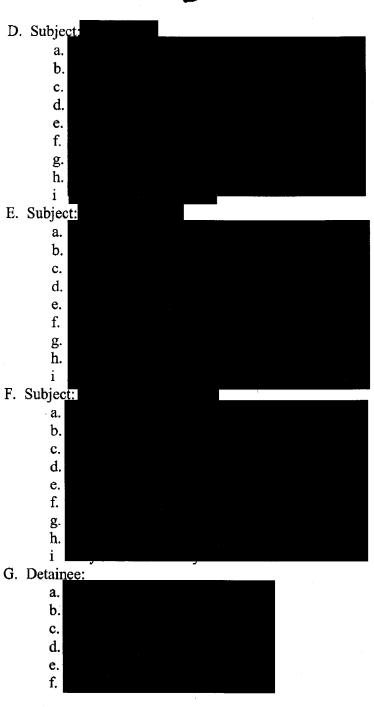
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THORITY:					
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INCIPAL PURPOSE:	To provide commanders and la				
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	elta, Guantanamo Bay Cuba	2. DATE (YYYYMA 2004 Feb 11.		4. FILE NUMBER	
	NAME, MIDDLE NAME	5. SSN	0835 Hes	7. GRADE/STAT	15
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ORGANIZATION OR Militar	ADDRESS by Police Co. J.T.	F, Camp Delta, G	Guantanamo Bay Cuba 09	9360	L.,
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SIR 110951RFEB04

- 1. Category:
 - 2. Type of incident: Forced Cell Extraction
 - 3. Detainee ISN:
 - 4. Date/Time of incident: 110951RFEB04
 - 5. Location: Camp Delta, GTMO, Cuba
 - 6. Other information
 - a. Racial (Y/N): N
 - 7. Personnel Involved:
- A. Subject: c. d. e. f. g. B. Subject: a. b. c. d. ¢. f. g. h. C. Subject: a. b. ¢. d. e. f. g. h.



- 8. Summary of Incident: On 11 February 2004, at approximately 0951hrs, Detainee ISN refused to comply with the requirement to attend the recreation and shower activity. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary, and moved the Detainee to the shower and recreation yard. Block personnel subsequently checked the Detainees cell for contraband and other unauthorized items.
- 9. Remarks: See medical information in summary of incident



- 10. Publicity: N/A
- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A

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.

LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) 1004 0211

3. TIME

4. FILE NUMBER

AST NAME FIRST NAME MIDDLE NAME

7. GRADE/STATUS

ORGANIZATION OR ADDRESS

Military Police JTF G MO _____, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 0951 20040211 Detainee refused to go to Rec & shown I was minimum amount of force required, the team expracted the Detainee and Evaluation [1]

End ar Statement

10. EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF **PAGES**

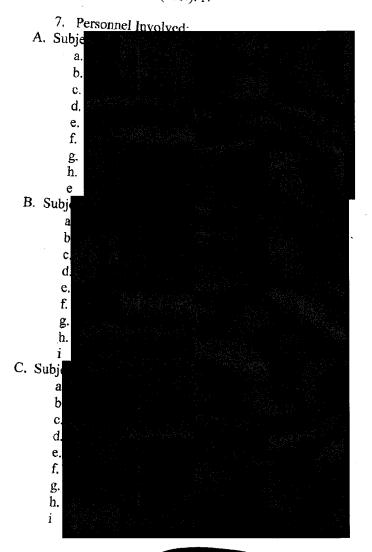
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT ____ DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



SIR 110750RFEB04

- 1. Category: N/A
 - 2. Type of incident: Forced Cell Extraction
 - 3. Detainee ISN:
 - 4. Date/Time of incident: 110750RFEB04
 - 5. Location: Camp Delta, GTMO, Cuba
 - 6. Other information
 - a. Racial (Y/N): N





- 10. Publicity: N/A
- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A



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

PRIVACY ACT STATEMENT

AUTHORIT .
PRINCIPAL PURPOSE:

Fitle 10 USC Section 301; Fitle 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

ROUTINE USES:

To provide commanders and law enforcement officials with means by which information may be accurately Your social security number is used as an additional/alternate means of identification to facilitate filling and re-

DISCLOSURE:

Disclosure of your social security number is voluntary.

SCATION

Block, Camp Delta, Guantanamo Bay Cuba

CT-MAME FIRST NAME MIDDLE NAME

2. DATE (2004

4. FILE NUMBER

STATUS

BORGANIZATION OR ADDRESS
Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On on around 11th Feb 2004 PETALLER housed in Cell
ISN#.

Refused Block Guard, Block
Comp Comp PL And Comp Commander orders To comple
With shower and Recreation activity, The

WAS GIVEN OVER THE

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he recieved medical Attention and evaluation

- End OF STATEMENT 111

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEM

DATED

THEBOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE A MUST BE BE INDICATED.



	For use of this form, s	SWORN ST		agency is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:		PRIVACY ACT 5 USC Section enforcement of sed as an addit	STATEMENT 2951; E.O. 939 officials with me	97 dated November 2 eans by which informa	ition may be accurately
1 LOCATION	elta, Guantanamo Bay Cuba	2. DATE		3. TIME 1214	4. FILE NUMBER
E LAST NAME FIRST		6	SSN	1011	7 GRADE/STATUS
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10. EXHIBIT		11 INITIALS	PERSON MA	AKING STATEMENT	PAGE 1 OF PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIAL MUST BE BE INDICATED.

PSON MAKING THE STATEMENT, AND PAGE NUMBER

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1_LOCATION	elta, Guantanamo Bay Cuba	2. DATE (YYYY)		4. FILE NU	IMBER
5 LAST NAME FIRST NA	ME MIDDLE NAME	6. SSN		7. GRADE	/STATUS_
8. ORGANIZATION OR AD 12731	DDRESS lice Company JTF, GTA	¹∕∕Camp Delta, Gu	antanamo Bay Cuba (09360	
î		, WANT TO	MAKE THE FOLLOWIN	NG STATEMENT UND	ER OATH;
On or aroma	11 February, 200	4. 0951 he	Octained ho	word in cell	ISN
The second second	p Communder to	d Block Bau	1. Block MC	O, Camp 50	506, Camp
Participate	in the represt	tion and si	hith the reactive	vity. The	n him to
Wat COMMUNIC	in the recreated the recreated the correction of	The	for in	mediate re	sparue of
the IRF tear	any, the IRF tea		with to see	h minimum um	amount of
and cutted	The detainer ar	let worses.	the surained	e to the rec	reation
area where he of Statement	re recioved in	edical a	ttention ar	12 contentio	n-11/end
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	102				
10. EXHIBIT		11. INITIALS OF PE	RSON MAKING STATE	EMENT	
				PAGE 1 OF	PAGES
	ST CONTAIN THE HEADING "S				
THE BOTTOM OF EACH A MUST BE BE INDICATED.	ADDITIONAL PAGE MUST BEAI	R THE INITIALS OF 1	HE PERSON MAKING	THE STATEMENT, AN	ID PAGE NUMBER

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1,00

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 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER
1. LOCATION 2. DATE (YYYYMMDD) 13. TIME 4. FILE NOMBER 4. FILE NOM
E LAST NAME SIRST NAME MIDDLE NAME 6. SSN 7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS 273 Military Police Co. J. T.F., Camp Delta, Guantanamo Bay Cuba 09360
, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On the 11th of September 2004, At approximately 0951 Has. Detained
DN the 11th of September 2004, At approximately 0951 Has. Detained Isnot ReFused to
Comply with orders From the Block guand, Block M.C.O., S.O.G. P.L., and Camp Commander to go to Rec and shower. THE WAS GIVEN ACCROSS THE FOR THE J.R.F.
P.L., and Camp Commander to so to REC And shower. THE
WAS GIVEN ACCROSS THE FOR THE I.R.F.
TEAM to RESpond. I
I.R.F. team. With the minimum amount of Force NECESSARY, the team went into CELL to RESTRAIN and CUFF the detainer.
TEAM WENT INTO CELL TO RESTRAIN AND CUTP THE GETAINEE.
The detainer was taken to the REC yand where he received medical attention and Evaluation. III EndoF statement III
MEdical Affention AND EVALLATION. III END OF STATEMENT

<u> </u>						
10. EXHIBIT	11. INITIALS	OF PERSON MAKIN	IG STATEMENT	PAGE 1 OF	_2_ p,	AGES
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 BE INDICATED.