

04-0313

SIR 12 Feb 04 1528

- 1. Category: [REDACTED]
- 2. Type of Incident: Force Cell Extraction ISN [REDACTED]
- 3. Date/Time of Incident: 12 1528 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) [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]

- (g)
- (h)
- (i)

[REDACTED]

E. Subject:

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

[REDACTED]

F. Subject:

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

[REDACTED]

G. Detainee:

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

[REDACTED]

7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN [REDACTED] refused recreation/reservation. The primary IRF Team from Camp [REDACTED] assembled to [REDACTED] block. Medical and DOC camera support were on the scene. The detainee [REDACTED] Detainee [REDACTED] returned to his cell. Medical evaluated 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 196-1. 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 [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/17	3. TIME 1850	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

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

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
 On 12 Feb 2004 at approx. 1528 hrs Detainee housed in cell [redacted] I.S.N.# [redacted] refused Block guard, Block NCO, Camp SSG, Camp PL and Camp Commander to comply with the requirement for him to report to reservation. The [redacted] was communicated across [redacted] for immediate resp of the IRF Team. I [redacted] using the minimum amount of force necessary, the team entered into cell [redacted] and moved the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to cell # [redacted] after being taken to reservation.

/// End of Statement /// [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PAGES
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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.

SWORN STATEMENT

For a full description of this form, see AR 600-10-2. The Department Policy 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 retrie  
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040212	3. TIME 1901	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 216 Military Police STF, GTMO, Camp Delta, Guantanamo Bay Cuba 09360			

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

On or around 12 Feb 04 at approx. 1528 hrs. Detainee housed in Cell [REDACTED] ISM # [REDACTED] refused Block guard, Block NCO, Camp SOG, Camp PL and Camp Commander to comply with the requirement for him to report to Reservation. The [REDACTED] was communicated across the [REDACTED] for immediate response of the IRF team. I [REDACTED] with the minimum amount of force necessary, the team entered into cell # [REDACTED] the detainee and moved the detainee to the recreation area where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell [REDACTED] after being taken to Reservation.

/// End of Statement ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAC
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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.

SWORN STATEMENT

For use of this form, see the component policy is ODCSOPS

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 12	3. TIME 1929	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 12 FEB 2004 at @ 1528 hrs Detainee ISN# [REDACTED] LOCATED in  
# [REDACTED] RAISED BLACK GUARDS, BLACK WEE, CAMP SOG, CAMP PL, CAMP COMMANDER  
to comply with the requirements for him to report to reservation. THE [REDACTED]  
[REDACTED] was communicated across the [REDACTED] for immediate response of  
IRF Team. I was [REDACTED] with the minimum  
amount of force necessary, the team entered into cell [REDACTED] and restraining  
the detainee. The detainee was moved to the recreation area where he was  
evaluated by medical then transported to reservation  
/// END OF STATEMENT //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAC
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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  
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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2009/02/12	3. TIME 1906	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	GRADE/STATUS
8. ORGANIZATION OR ADDRESS 2ic Military Police Co, Camp Delta, Guantanamo Bay Cuba 09360			

9. I, [redacted] do hereby swear and affirm that I am qualified to make the following statement under oath:

On or around 12 Feb 2009 at approx. 1525hrs Detainee housed in Cell [redacted] ISN# [redacted] refused Block guard, block WCO, Camp SOGA, Camp PC and Camp Command to comply with the requirement for him to report to reservation. [redacted] With the minimal amount of force necessary, the team entered into cell [redacted] the detainee and moved him to the recreation area, where he received medical attention and evaluation. After receiving medical attention, the detainee was returned to Cell # [redacted] after returning from reservation. // End of statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PAGES
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SWORN STATEMENT

For use of this form, see [redacted] the component agency is ODCSOPS

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AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
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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 [redacted] Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 1850 [redacted]	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
216th Military Police CO., Camp Delta, Guantanamo Bay Cuba 09360 [redacted]

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

ON OR AROUND 12 Feb 04 at approx. 1528 hrs Detainee housed in Cell # [redacted] ISN # [redacted] Refused Block guard, Block. Camp SOG, Camp PL, and Camp Commander to comply w the requirement for him to Report to reservation. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I was [redacted] w the minimum amount of force necessary. The team entered # [redacted] the Detainee and moved the Detainee to the recreation area where he received medical attention and [redacted] vation. The [redacted] Detainee was returned to cell # [redacted] after being taken to reservation // END of statement /

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PA
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