04-0313

#### SIR 12 Feb 04 1528

- 2. Type of Incident: Force Cell Extraction ISN
- 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

<b>3</b> .	Personnel Involved:	
٩.	Subject:	
	(a) (b) (c) (d) (e)	
	(b)	
	(c)	
	(d)	
	(e)	
	(f)	
	(g)	
	(f) (g) (h)	
	(i)	
	(i) (j)	ı
3.	Subject:	
	(a) (b) (c)	ı
	(b)	ı
	(c)	ı
	(d)	ı
	(e)	ı
	(f)	ı
	(e) (f) (g) (h)	ı
	(h)	ı
	(i) (i) (ii) (iii)	ı
_		ı
3.	Subject.	•
	(a) (b)	
	(6)	
	(d)	
	(e)	
	(c) (d) (e) (f) (g) (h)	
	(a)	
	(h)	
).	(i) (j) Subject:	
	(a)	
	(a) (b) (b)	
	(b)	
	(c) (d)	
	(d)	
	(e)	

(g) (h) (i) E. Subject:	
(a) (b) (c) (d) (e) (f) (g) (h) (i)	
F. Subject:  (a)  (b)  (c)  (d)  (e)  (f)  (g)  (h)  (i)	
(j) G. Detainee:  (a) (b) (c) (d) (e) (f) (g) (h) (i)	
7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp assistance. Medical and DOC camera support were on the scene. The detained returned to his cell. Medical detainee. There were no injuries to any of the block personnel, IRF team detainees.	al evaluated the
8. Remarks: See medical information in summary of incident	
9. Publicity: N/A	
10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cub.	a
11. Point of Contact:	
12. Downgrading Instructions: N/A	

#### SWORN STATEME of this form, see AR 196 Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). 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 retrieve Disclosure of your social security number is voluntary. 4. FILE NUMBER 2. DATE (YYYYMMD) Block, Camp Delta, Guantanamo Bay Cuba 2004 GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME 8. ORGANIZATION OR ADDRESS Military Police Company , Camp Delta, Guantanamo Bay Cuba 09360 On 12 Feb 2004 at approx. 1528 hrs. Detained housed in Coll ZSN# Camp 506, Camp PL and Camp Commander to comply with the requirement for him to report to reservation. The was communicated accross of the ZRF Team. I minimum amount of force necessary, the Team entered into cell and moved here to the recreation and area where he reciev melsent thereties and and entered accross , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: medical attention and evaluation, after recieving medical attention, the detainer was returned to cell # afe being taken to reservation M/End of Statement///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF A
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMEN DATED	

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



AUTHORITY:

**ROUTINE USES:** DISCLOSURE:

LOCATION

PRINCIPAL PURPOSE:

	Forme of this form	SWORN STATEMENT	cy is ODCSOPS	
		PRIVACY ACT STATEMENT		· · · · · · · · · · · · · · · · · · ·
AUTHORITY:		tle 5 USC Section 2951; E.O. 9		
PRINCIPAL PURPOSE:		law enforcement officials with r s used as an additional/alternate		
ROUTINE USES: DISCLOSURE:	Disclosure of your social security		means of identification	to racintate ming and rethe
TION	placed at a your about a social section	2. DATE (YYYYMMDD	) 3. TIME	4. FILE NUMBER
Block, Camp	Delta, Guantanamo Bay Cu	ba 20040212	1901	
. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
B. ORGANIZATION OF	Police STF GTMO	, Camp Delta, Guantana	mo Bay Cuba 09360	
),		, WANT TO MAKE	THE FOLLOWING STA	TEMENT UNDER OATH:
On or as	round 12 Feb04	at aprox 1528	t n t.	
Ce/17	ISM #	AL 14 70	nrs. Detain	nee housed in
Block No	0 Camp 50 6	Camp PL and		
	•	for him to repu		
	<u>*</u> _	nunicated acro		for
immedi		of the IRF		
		minimum amou		necessary, t
team en	tered into ce	/) # <b>*</b>		the
datamer	and moved H	re detainee to	the recreat	tion area whe
ne reca	zived medicul	attention and	and a two	1. A A .
receiving	medical atte	ntion, the duto	rinee was	returned to
Cell	after being	y taken to Res	ervation.	
·			·	
		End of State	ne. + 11/	
			Per 1 7//	
10. EXHIBIT		11. INITIALS OF PERSON	MAKING STATEMENT	
		THE OF THE	5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	PAGE 1 OF PA
ADDITIONAL PAGES	MUST CONTAIN THE HEADIN	IG "STATEMENT TAI	KEN AT DATED	
THE BOTTOM OF EA	ACH ADDITIONAL PAGE MUST	BEAR THE INITIALS OF THE PE	RSON MAKING THE ST	TATEMENT, AND PAGE NUN
MUST BE BE INDICA	_			

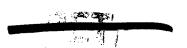
10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PA
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT TAKEN AT DATED	
THE BOTTOM OF EACH ADDITIONAL BAGE MUST B	DEAR THE INITIALS OF THE PERSON MAKING THE STA	ATEMENT AND PAGENIA

DA FORM 2823, DEC 1998

MUST BE BE INDICATED.

DA FORM 2823, JUL 72, IS OBSOLETE

USAF



of this form, see AR 190-4 e proponent

Λı	ITHE	רנםו	·V·

Title 10 USC Section 301; 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

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE /(YYYYMMD 2004/02

3. TIME 406 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

GRADE/STATUS

8. DRGANIZATION OF ADDRESS

Military Police

Camp Delta, Guantanamo Bay Cuba 09360

NT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or everend in Feb 2009 at approx. 1578hrs Detained ISN# hoosed in Cell guard, block NCO, Camp SoGa, Camp PC and Camp commons to comply with the vequirement for him to report to reservation. With the minimum amont of force necessary. The team entered into cel the detained and accord him i the vecreation area, where he recived medical attentions and evaluation. After receiving medical attention, the detainer was returned to cell # after returning From reservation\_\_\_\_\_ III End of statement II]

10, EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAG
ADDITIONAL PAGES MUST CONTAIN THE HEADING		

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

**DA FORM 2823, DEC 1998** 

DA FORM 2823, JUL 72, IS OBSOLETE

LISAPA



For use of this form, see properties of the population agency is ODCSOPS

AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).				
PRINÇIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately				
	A transfer of the state of the				

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
Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)
3. TIME
4. FILE NUMBER

E LAST NAME FIRST NAME MIDDLE NAME

6 SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

216 L Military Police CO., Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR AVOUND 12 Feb 04 at Approx. 1528 hrs. Detainee housed in Cell # ISN # Retused Block guard, Block.

the requirement for him to Report to reservation. The

was communicated across the for Immediat

the minimum amount of force necessary. The team entered

the Detainer and moved the Detains

to the remetion area wheer he recived medical Attention and

to the recreation area wheer he recived medical Attention and bution. The Detainer was returned to cell afer being ta

to reservation /// END of statement

10. EXHIBIT

11. INITIALS OF RERSON MAKING STATEMENT

PAGE 1 OF \_\_\_\_\_ PAGE 1

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 OF THE BEINDICATED.

**DA FORM 2823, DEC 1998** 

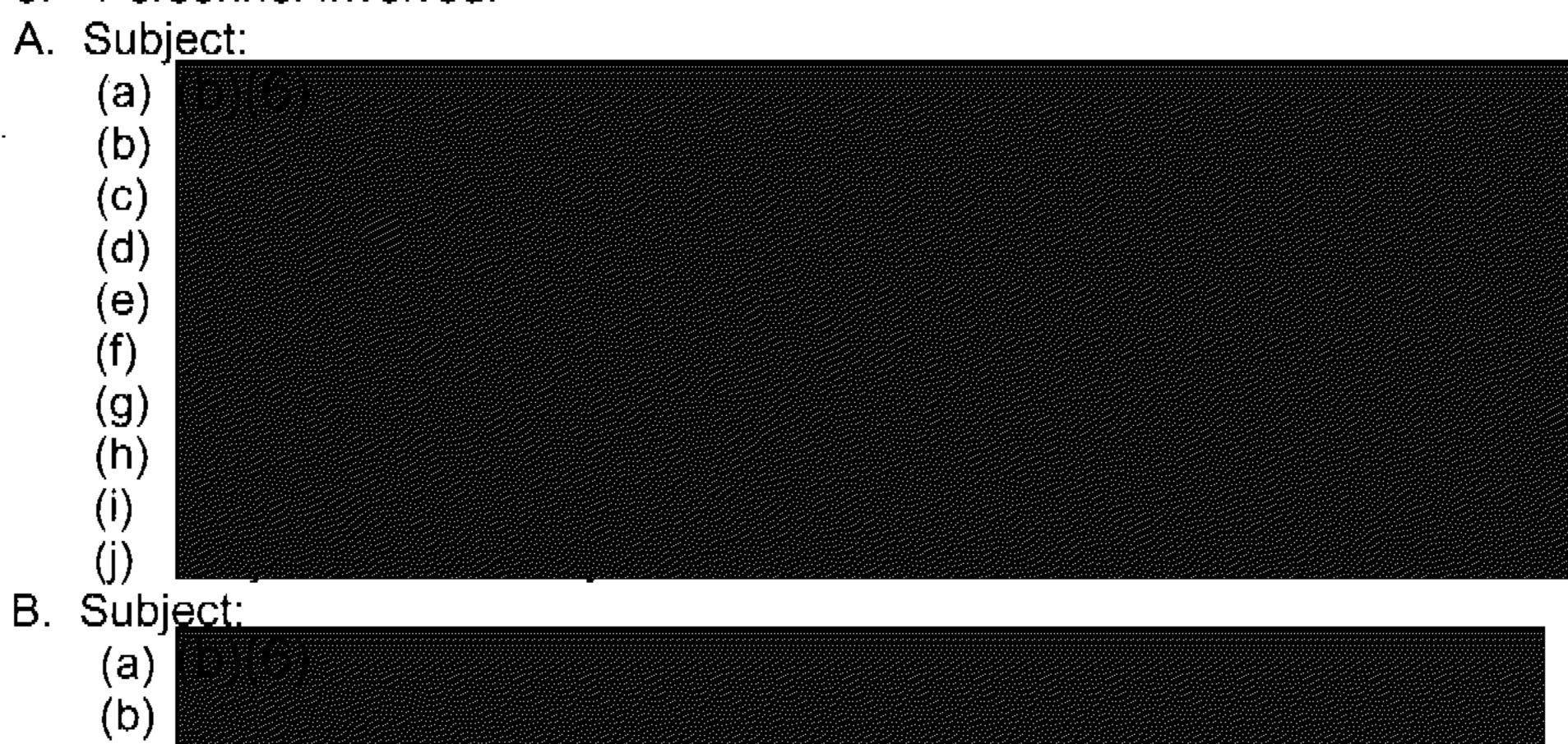
DA FORM 2823, JUL 72, IS OBSOLETE

US.

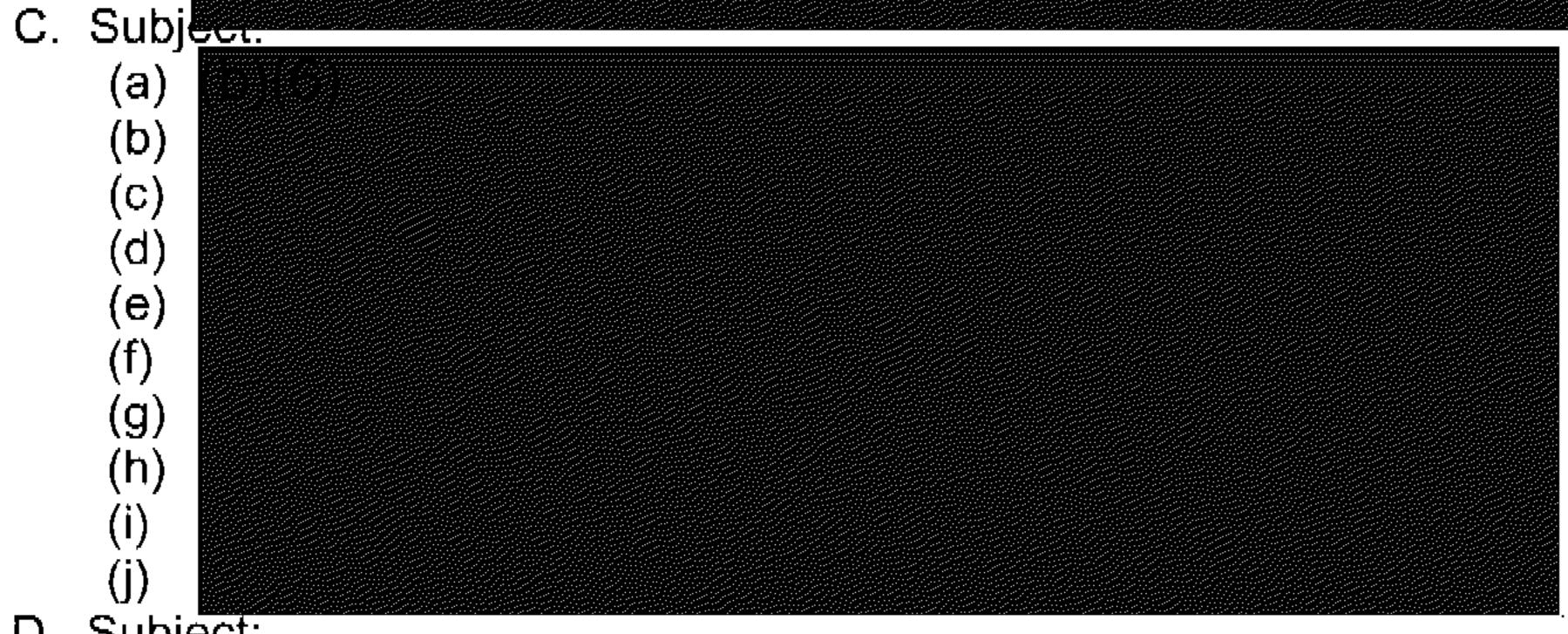
04-03/3

## SIR 12 Feb 04 1528

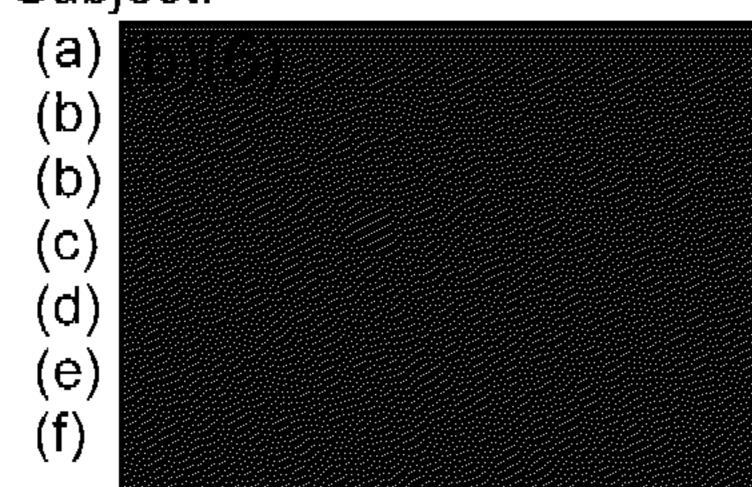
- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 12 1528 FEB 04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:



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



D. Subject:



Subject: F. Subject: (a) е Detainee. (a) (g) (h) 7. Summary of Incident: At approximately 1528 hours, 12 Feb 04, ISN refused recreation/reservation. The primary IRF Team from Camp assembled to block. Medical and DOC camera support were on the scene. The detainee returned to his cell. Medical evaluated the Detainee 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:
- 12. Downgrading Instructions: N/A

•			TATEMENT		
	For of this form		And the state of t	cy is ODCSOPS	<b>}</b>
7 <del></del>		PRIVACY AC	TSTATEMENT		<del></del>
AUTHORITY:	Title 10 USC Section 301; T	itle 5 USC Sectio	n 2951; E.O. 939	7 dated November	22, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and	law enforcement	officials with me	ans by which inform	nation may be accurately
ROUTINE USES:	<b>.</b>			neans of identification	on to facilitate filing and retrieva
DISCLOSURE:	Disclosure of your social sec		oluntary. <i>(YYYYMMD</i> )	TINAE	4. FILE NUMBER
1. LOCATION Block, Camp	o Delta, Guantanamo Bay Cu				THE INCIDEN
	NAME, MIDDLE NAME	······································	SSN		7. GRADE/STATUS,
8. ORGANIZATION OF 2/6 Military		, Camp De	elta, Guantanamo	Bay Cuba 09360	44
Camp 506 requirement was the Immunication and move moderation being ta	municated as RF Team, I amount of dention and e thention and e the detained Ken to rese	Carport of Carposs Force M Carposs Nationalianti	AS hra properties of the Con on a Africa returned h	Detained detained detained detained the Town The To	# de ciftoli
		107	5+aten	104//	**************************************
				•	
				•	
	ì				
				<u> </u>	<u> </u>
10. EXHIBIT		11. INITIA	LS OF PERSON M	AKING STATEMEN	
A 17 17 17 17 17 17 17 17 17 17 17 17 17			<u></u>		PAGE 1 OF PAGES
AUUITONAL PAGES	MUST CONTAIN THE HEADIN	G SIATEMEN	$E \wedge E$	IAI DATEL	)

MUST BE BE INDICATED.

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

		WORN STATEMENT ARI 10-45 AMERIOPONENT	cy is ODCSOPS	
	P\$	RIVACY ACT STATEMENT		· · · · · · · · · · · · · · · · · · ·
AUTHORITY:	Title 10 USC Section 301; Title 5		97 dated November 22,	1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law e			
ROUTINE USES:	Your social security number is use	d as an additional/alternate (	means of identification to	facilitate filing and retrieval
DISCLOSURE:	Disclosure of your social security r	number is voluntary.		· · · · · · · · · · · · · · · · · · ·
TION	TN 14 (7)	2. DATE (YYYYMMDD)		4. FILE NUMBER
	Delta, Guantanamo Bay Cuba	20040212	1901	
5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR Ilitary	Police STF GTMO	, Camp Delta, Guantanam	o Bay Cuba 09360	
		· · · · · · · · · · · · · · · · · · ·	<u>.                                    </u>	
		, WANT TO MAKE	THE FOLLOWING STATE	MENT UNDER OATH:
00 00 00	ound 12 Feboy at	- 200 / 1528	hrs nation	
Cell	ILSMI #		e Fused Bloc	
Dlock NC	0, camp 506, C			•
	- requirement for			
	Musica Commo			la die
	ate response of			
				necessary, the
	tered into ce/1	##		
detainee	and moved the	detained to t	he recreati	on area where
ve rece	rived medical a	Hention and		/\
16ceiv, 19	medical attent	ion, the duta	ine was	returnant to
Call	atter being t	ten to Resa	ervation,	
		al of Stan	-en-111_	
			·	

			• · · · · · · · · · · · · · · · · · · ·		
10. EXHIBIT	11. INITIAL	S 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.

### PRIVACY ACT STATEMENT

AUTHORITY:

**4** 5

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

1. LOCATION

2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER

Block, Camp Delta, Guantanamo Bay Cuba 2004 02 12 12 19 19 29

5 JAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
2/6/4/1 Military Police Company , Camp Delta, Guantanamo Bay Cuba 09360

NANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

FI LEWISON BLOCK GUAROS, BLOCK WEE, CHMP SOG, CHMP PL, CAMP COMMANNER.

to Comply with the recureements for him to report to reservation. THE was communicated accross the for immediate response of the

Amount of Force necessary, the tenn entered into Cell and resteamed

the detainer. The detainer was moved to the recreation area where he was evaluated by medical their transported to reservation

END CESIMTENIENT

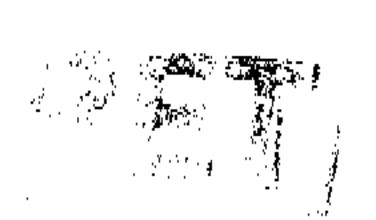
10. EXHIBIT	11. INITIALS	DE PERSONLMAKING ST	TATEMENT	PAGE 1 OF	 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "		TAKEN AT	DATED		

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

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.



of this form, see AR 190-45; the proponent

cy is ODCSOPS

PRIVACY ACT ST	<b>CATEMENT</b>
----------------	-----------------

AUTHORITY:

PRINCIPAL PURPOSE:

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

To provide commanders and law enforcement officials with means by which information may be accurately

ROUTINE USES:

9

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.

<u>LOCATIQ</u>N Block, Camp Delta, Guantanamo Bay Cuba 2. DATE //YYYYMMD

TIME

4. FILE NUMBER

<u>LÄST NAME, FIRST NAME, MIDDLE NAME</u>

<u>6. SSN</u>

GRADE/STATUS

ORGANIZATION OF ADDRESS

Wilitary Police

, Camp Delta, Guantanamo Bay Cuba 09360

MAKE THE FOLLOWING STATEMENT UNDER OATH:

at approx. 1575 hrs Destaine e housed in Cell 25N# 25 refused Block guard, block NCO, camp SoGr, camp PC and Camp commender to comply with the requirement For him to report to reservation. I the minimen

amount of force recessary. The team entered into cell the detained and aread him to the vecreation cerea, where he recived medical attentions and evaluation. After receiving medical attention, the detainee was resurved to Cell # after returning From

reservation 111 End of statement 11/

10. EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

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.

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 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.

4. FILE NUMBER 2. DATE (YYYYMMDD) 3. TIME <u>LOC</u>ATION Block, Camp Delta, Guantanamo Bay Cuba 1850

2001/02/12

<u>6. SSN</u> GRADE/STATUS LAST NAME FIRST NAME MIDDLE NAME

8. ORGANIZATION OR ADDRESS , Camp Delta, Guantanamo Bay Cuba 09360 Military Police (2) 216 1

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON OR around 12 Feboy at Approx. 1528 hrs. Detainee housed in Cell# Refused Block guard, Block Na CAMP SOG, CAMP PL, and CAMP Commander to comply with the requirement for him to Report to reservation. The was communicated across the for Immediate

response of the IRF team. I was the minimum amount of force necessary. The team entered ce the Detainer and moved the Detainer to the recreation area wheer he recived medical Attention and Evo bution. The Detainer was returned to cell afer being taken to reservation // END of statement

10. EXHIBIT

11. INITIALS OF RERSON MAKING STATEMENT

PAGES PAGE 1 OF \_\_\_

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.