


04 0 339

SIR 120700RFEB04

1. Category: 

Type of Incident: Forced Cell Extraction – Detainee ISN:



3. Date/Time of Incident: 120700RFEB04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:


(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

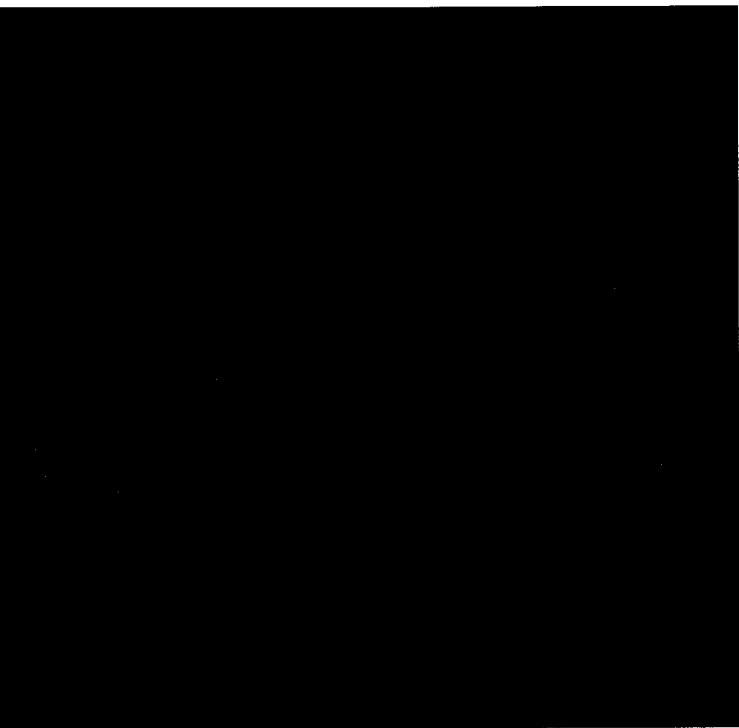
A. Subject:

- (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)



~~SECRET~~

D. Subject:

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

E. Subject:

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

**Summary of Incident:** At approximately 0700hrs 12 February 2004, █ Block personnel approached detainees █ for the purpose of escort to recreation and shower; detainees refused. █ Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp █, at approximately 0715hrs the primary IRF team at Camp █ was assembled, medical support was called along with video camera support, and the recreation area prepped █. Once medical support and video support were present at █ block, each of the detainees were given another opportunity to comply and refused yet again. █ ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area █. Once in the recreation area, all detainees received medical attention.. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned █ 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

### 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 accurate  
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing an  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
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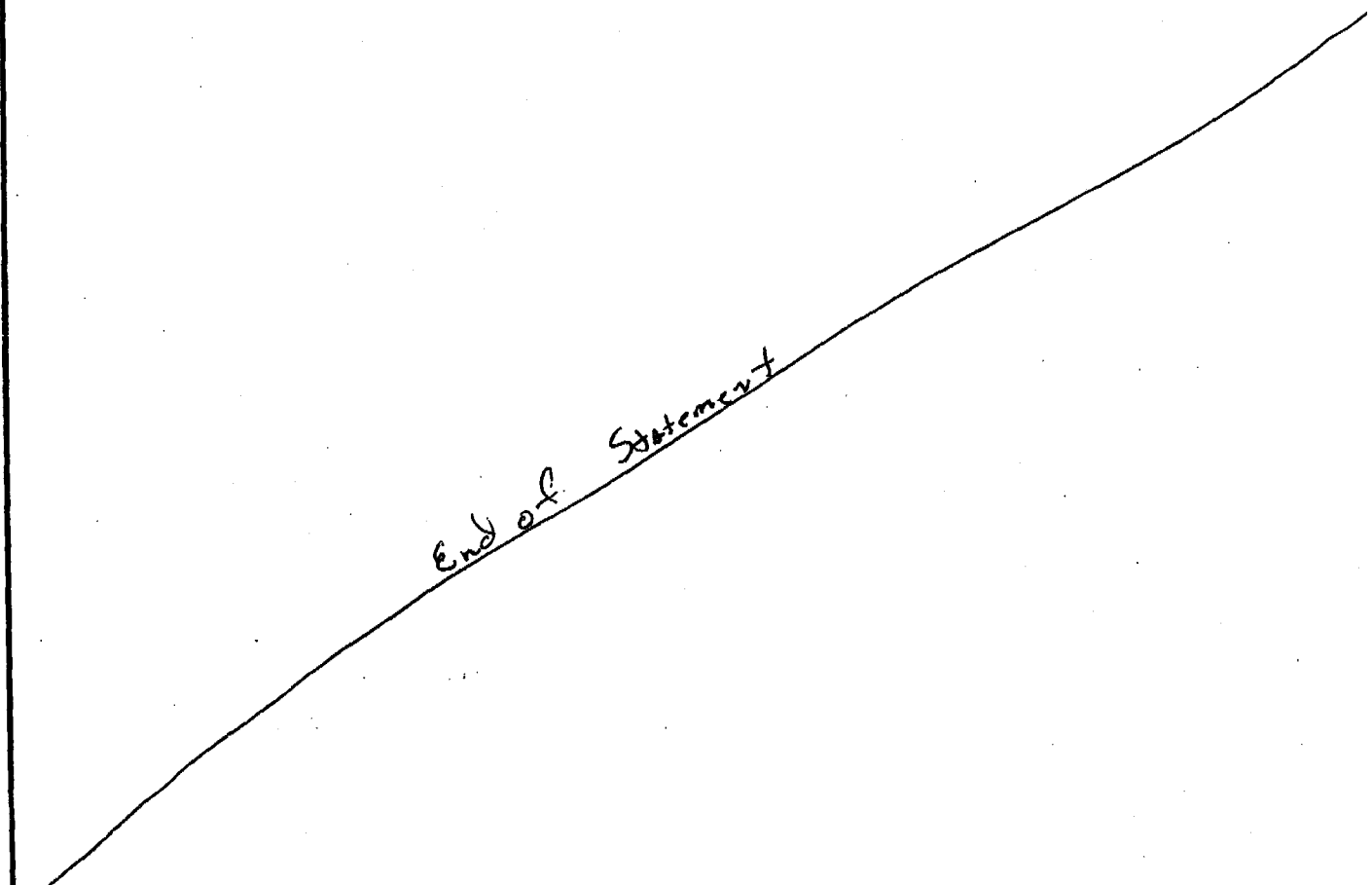
8. ORGANIZATION OR ADDRESS  
 273RD Military Police Company, JTF, GTMO, Cuba



WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Blo were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

~~\_\_\_\_\_ End of Statement \_\_\_\_\_~~  
~~\_\_\_\_\_ End of Statement \_\_\_\_\_~~



*End of Statement*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2
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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 I MUST BE BE INDICATED.

### SWORN STATEMENT

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

#### PRIVACY ACT STATEMENT

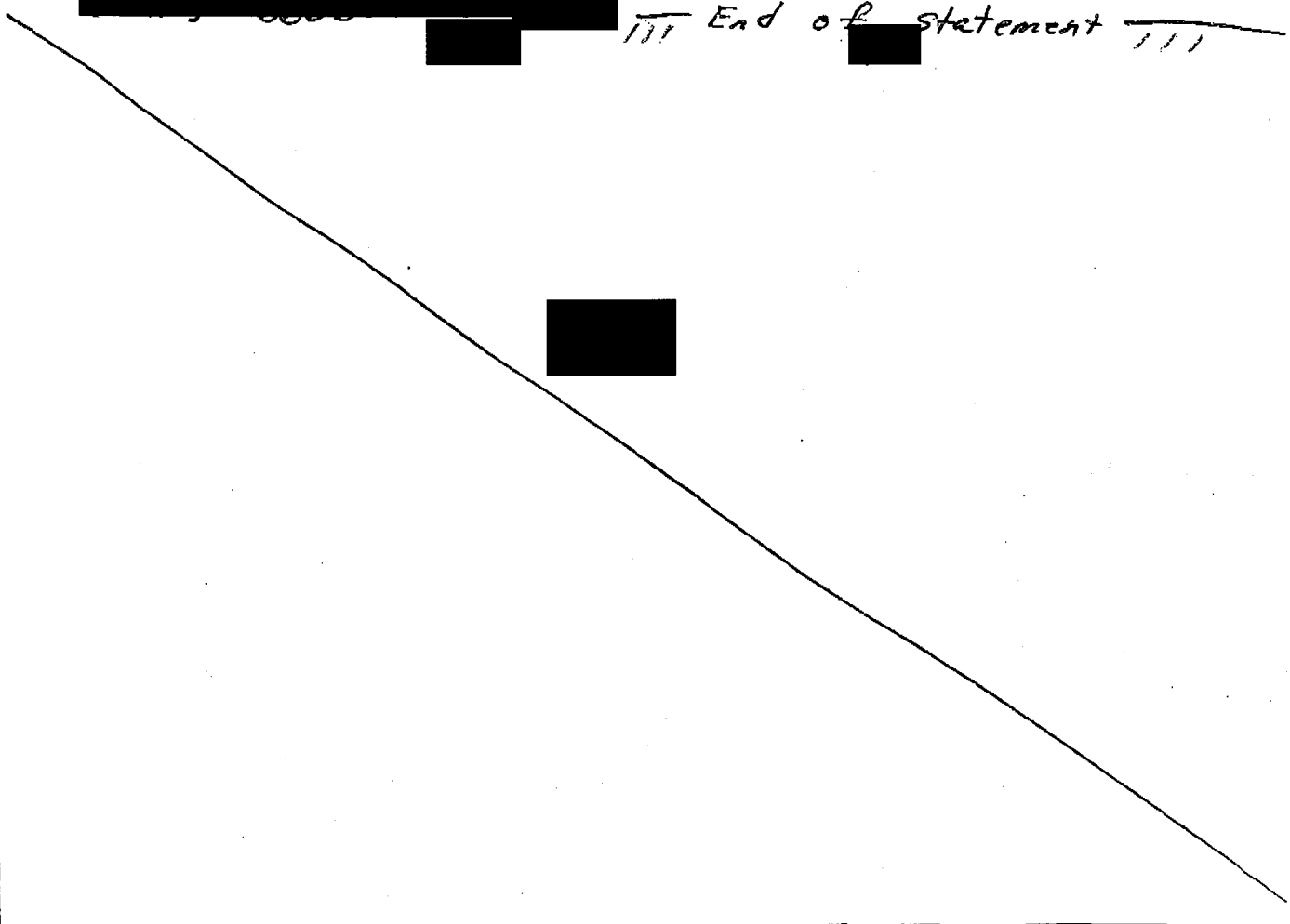
**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately reported.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and processing of reports.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [REDACTED] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS 273RD Military Police Company, JTF, GTMO, Cuba			

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

On or around 0700hrs, 12 February 2004 I [REDACTED] IRF Team for Camp [REDACTED]. The [REDACTED] was communicated across the [REDACTED] for my IRF team to respond to [REDACTED] Block. Once myself and my team arrived at [REDACTED] Block were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as we were tasked to conduct a force cell extraction of the following detainees: [REDACTED] and [REDACTED]

*End of statement*  
*/// End of statement ///*



10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2
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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 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 reported.  
**ROUTINE USES:** Your social security number is used as an additional/alternate means of identification to facilitate filing and processing of reports.  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
 273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Blk [redacted] were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as we were tasked to conduct a force cell extraction of the following detainees:

//End of statement// [redacted]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2
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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 MUST BE INDICATED.

### 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 reported.  
 ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and processing of reports.  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as we were tasked to conduct a force cell extraction of the following detainees: [redacted]

*End of statement*

*Nothing Else Follows*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
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~~SECRET~~

2

### SWORN STATEMENT

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#### 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 accurate  
**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.

<b>1. LOCATION</b> Camp Delta, Camp [redacted] Block	<b>2. DATE (YYYYMMDD)</b> 2004/02/12 [redacted]	<b>3. TIME</b> 0700hrs [redacted]	<b>4. FILE NUMBER</b> [redacted]
<b>5. LAST NAME, FIRST NAME, MIDDLE NAME</b> [redacted]	<b>6. SSN</b> [redacted]	<b>7. GRADE/STATUS</b> [redacted]	
<b>8. ORGANIZATION OR ADDRESS</b> 273RD Military Police Company, JTF, GTMO, Cuba			

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] communicated across the [redacted] or my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

*End of statement*


*Nothing  
fellows*

<b>10. EXHIBIT</b>	<b>11. INITIALS OF PERSON MAKING STATEMENT</b> [redacted]	<b>PAGE 1 OF</b> <u>2</u>
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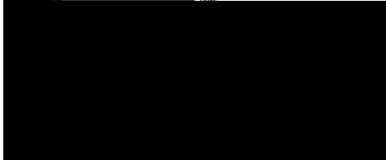
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE 1 MUST BE INDICATED.

SIR 120700RFEB04

1. Category: 

Type of Incident: Forced Cell Extraction – Detainee ISN:



3. Date/Time of Incident: 120700RFEB04

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

E. Subject:

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

**Summary of Incident:** At approximately 0700hrs 12 February 2004 █ Block personnel approached detainees █ for the purpose of escort to recreation and shower; detainees refused. █ Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp █ at approximately 0715hrs the primary IRF team at Camp █ was assembled, medical support was called along with video camera support, and the recreation area prepped for █ purposes. Once medical support and video support were present at █ block, each of the detainees were given another opportunity to comply and refused yet again. █ ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area for █ purposes. Once in the recreation area, all detainees received medical attention.. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned █ 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

# 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  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]		6. SSN [redacted]	7. GRADE/STATUS [redacted]
8. ORGANIZATION OR ADDRESS 273RD Military Police Company, JTF, GTMO, Cuba			

\_\_\_\_\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res we were tasked to conduct a force cell extraction of the following detainees: [redacted]

~~\_\_\_\_\_ End of Statement~~  
~~\_\_\_\_\_ End of Statement~~

*End of Statement*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> 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 use of this form, see AR 190-45; the proponent agency is ODCSOPS

**PRIVACY ACT STATEMENT**

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**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

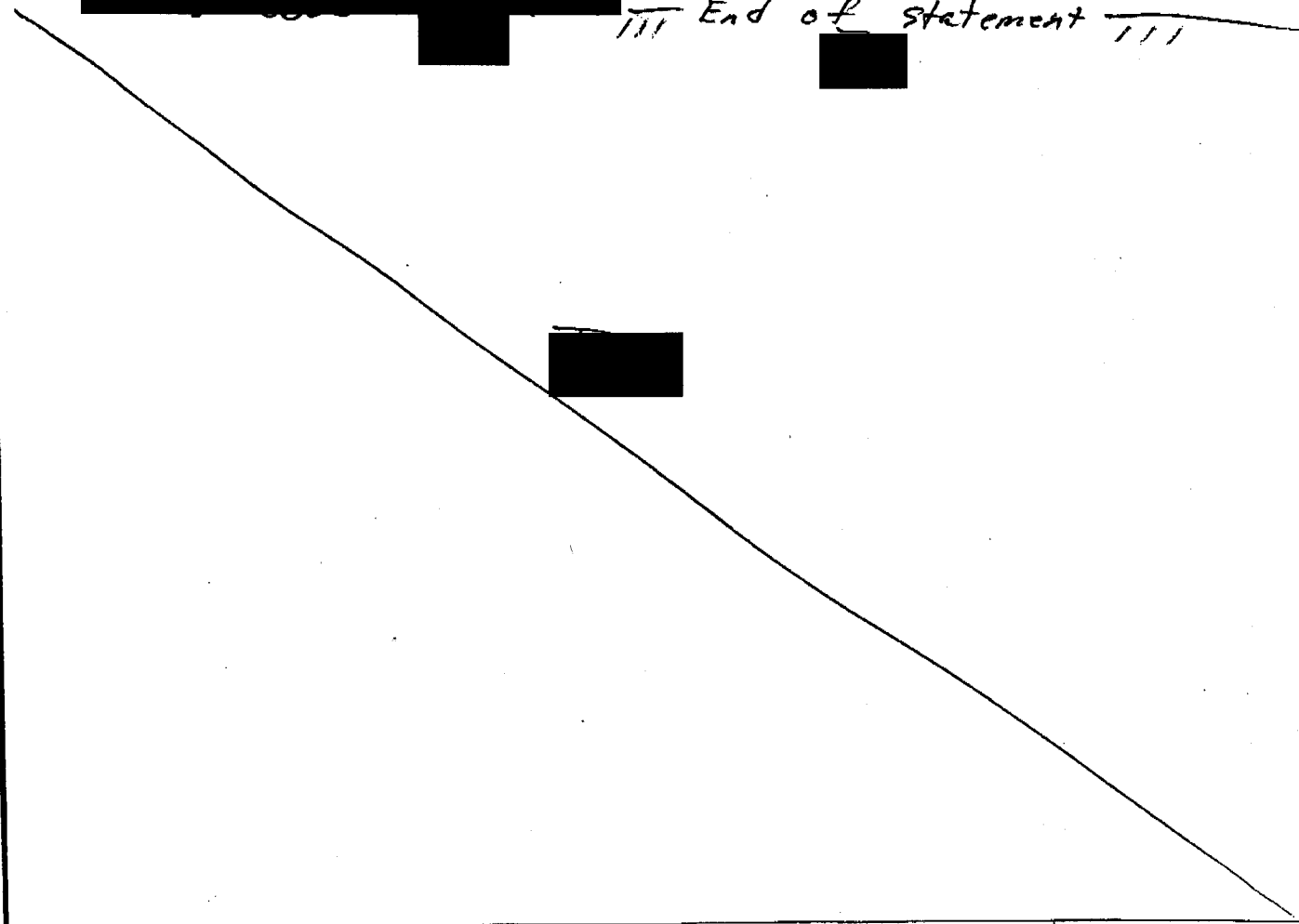
[redacted]

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res [redacted] were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

*End of statement*  
 [redacted]  
*End of statement*  
 [redacted]



10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PA
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
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### SWORN STATEMENT

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#### PRIVACY ACT STATEMENT

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**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  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME [redacted] 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

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

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT  
[redacted]

PAGE 1 OF 2 PA

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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~~SECRET~~

2

### SWORN STATEMENT

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#### 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.

<b>1. LOCATION</b> Camp Delta, Camp [redacted] Block	<b>2. DATE (YYYYMMDD)</b> 2004/02/12 [redacted]	<b>3. TIME</b> 0700hrs [redacted]	<b>4. FILE NUMBER</b>
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<b>5. LAST NAME FIRST NAME MIDDLE NAME</b> [redacted]	<b>6. SSN</b> [redacted]	<b>7. GRADE/STATUS</b> [redacted]
--	-----------------------------	--------------------------------------

**8. ORGANIZATION OR ADDRESS**  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted].

[redacted] *Cl/Head of statement H*

*Nothing Else Follows*

<b>10. EXHIBIT</b>	<b>11. INITIALS OF PERSON MAKING STATEMENT</b> [redacted]	PAGE 1 OF <u>2</u> PA
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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#### PRIVACY ACT STATEMENT

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**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 Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs [redacted]	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

*End of statement*

*Nothing  
fellows*

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

SIR 120700RFEB04

1. Category: [REDACTED]

Type of Incident: Forced Cell Extraction – Detainee ISN:

[REDACTED]

3. Date/Time of Incident: 120700RFEB04

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)

[REDACTED]

B. Subject:

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

[REDACTED]

C. Subject:

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

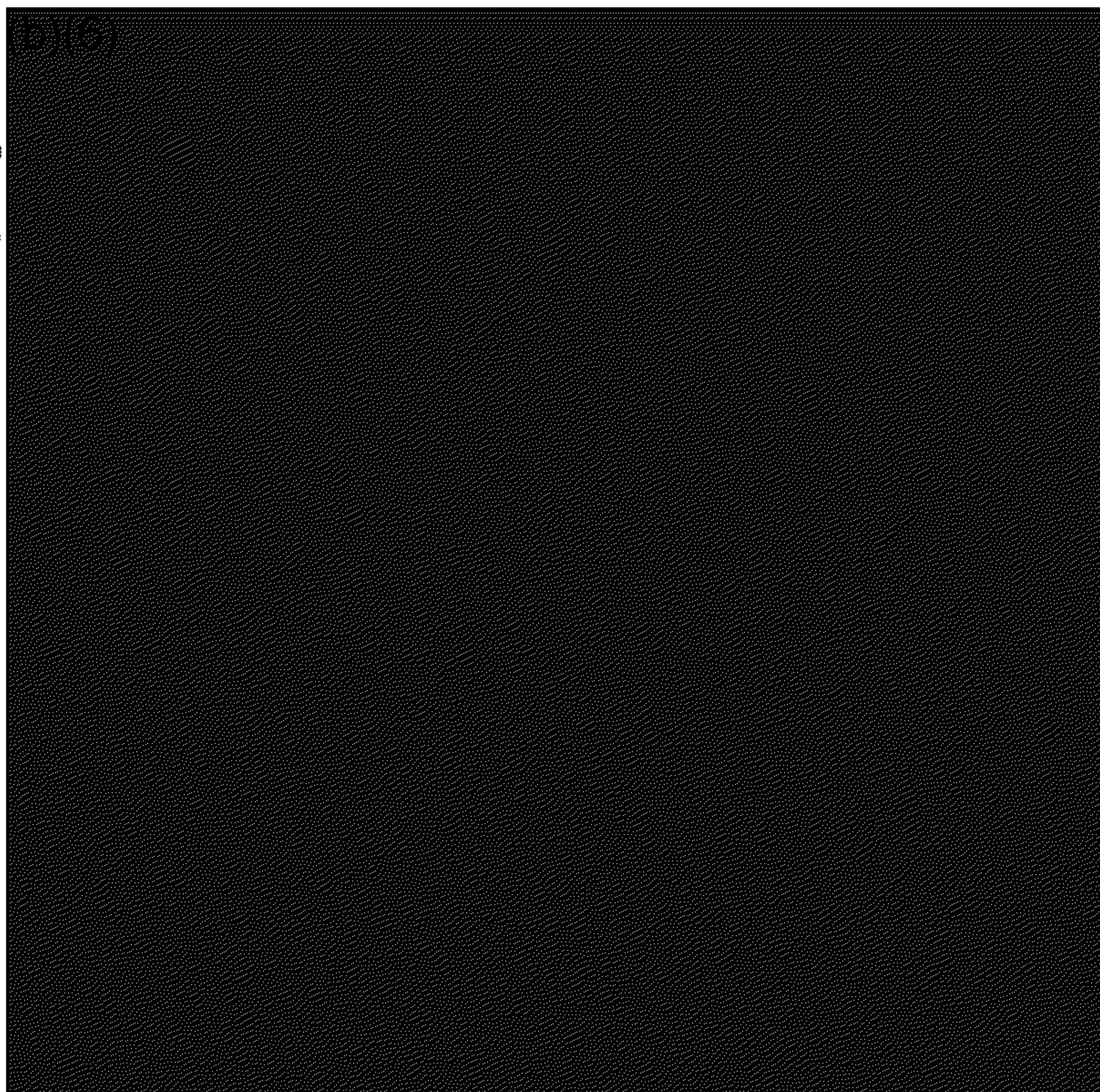
[REDACTED]

D. Subject:

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

E. Subject:

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



**Summary of Incident:** At approximately 0700hrs 12 February 2004 [redacted] Block personnel approached detainees [redacted] for the purpose of escort to recreation and shower; detainees refused. [redacted] Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp [redacted], at approximately 0715hrs the primary IRF team at Camp [redacted] was assembled, medical support was called along with video camera support, and the recreation area prepped [redacted]. Once medical support and video support were present at [redacted] block, each of the detainees were given another opportunity to comply and refused yet again. [redacted] ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area [redacted]. Once in the recreation area, all detainees received medical attention.. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned [redacted] 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 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  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
--	---	--------------------	----------------

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a rest we were tasked to conduct a force cell extraction of the following detainees: [redacted] and

*End of Statement*

~~*End of Statement*~~

*End of Statement*

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PA

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 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  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 273RD Military Police Company, JTF, GTMO, Cuba			

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

On or around 0700hrs, 12 February 2004 I [redacted] IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

End of statement  
 ||| End of statement |||

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

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 27, 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  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

[redacted]

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a res we were tasked to conduct a force cell extraction of the following detainees: [redacted]

//End of statement// [redacted]

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

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs [redacted]	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result. We were tasked to conduct a force cell extraction of the following detainees: [redacted]

*End of statement*

*Nothing else follows*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> P.
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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 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
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: Camp Delta, Camp [redacted] Block
2. DATE (YYYYMMDD): 2004/02/12
3. TIME: 0700hrs
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: 273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] communicated across the [redacted] or my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

Handwritten: End of statement

Handwritten: Nothing follows

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

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.

SIR 120700RFEB04

1. Category: [REDACTED]

Type of Incident: Forced Cell Extraction – Detainee ISN:

[REDACTED]

[REDACTED]

3. Date/Time of Incident: 120700RFEB04

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:

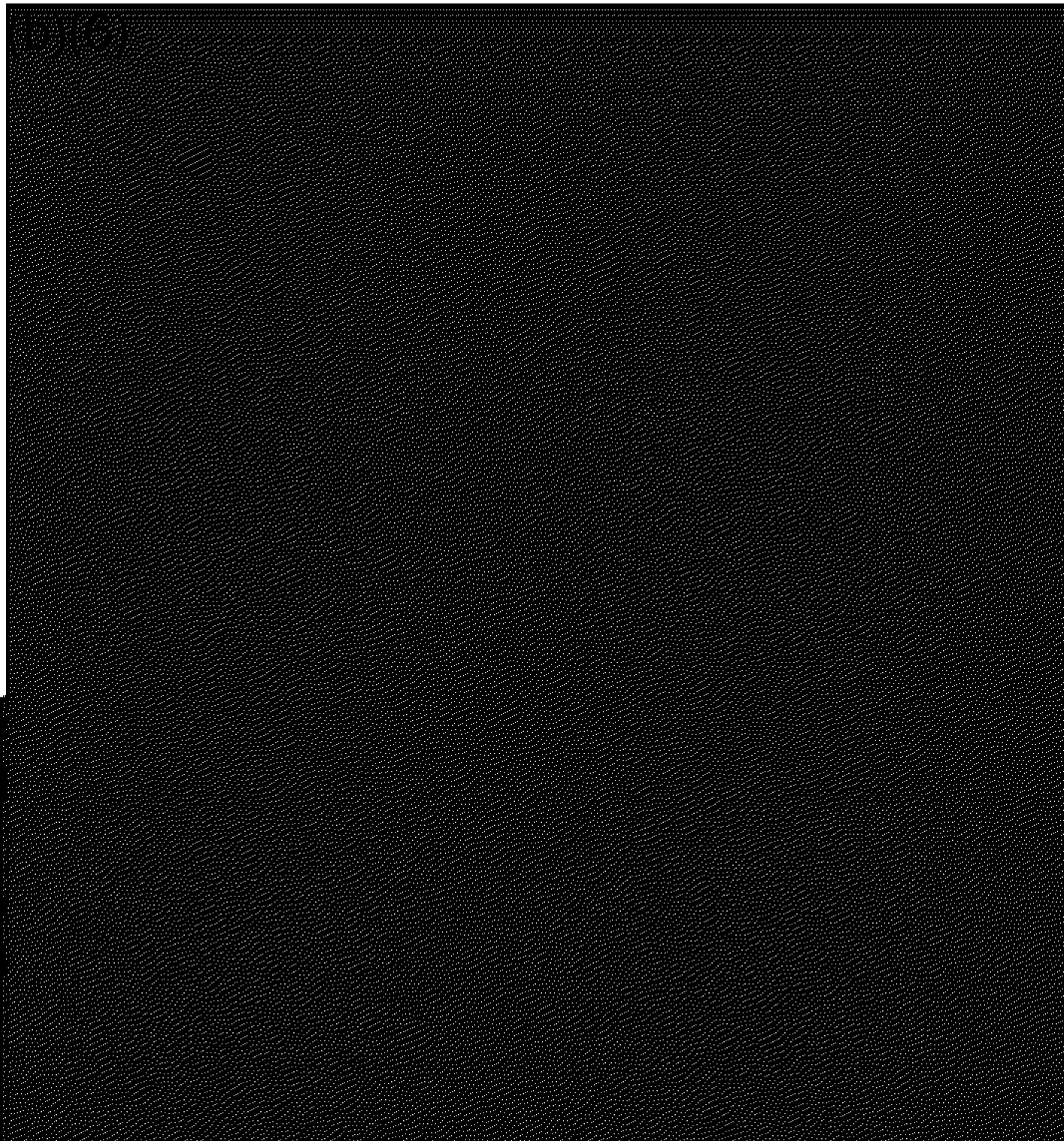
- (a)
- (b)
- (c)
- (d)
- (e)
- (f)
- (g)
- (h)
- (i)
- (j)

D. Subject:

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

E. Subject:

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



**Summary of Incident:** At approximately 0700hrs 12 February 2004 [redacted] Block personnel approached detainees [redacted] for the purpose of escort to recreation and shower; detainees refused. [redacted] Block personnel informed the detainees that movement to recreation and shower was not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp [redacted] at approximately 0715hrs the primary IRF team at Camp [redacted] was assembled, medical support was called along with video camera support, and the recreation area prepped for [redacted] purposes. Once medical support and video support were present at [redacted] block, each of the detainees were given another opportunity to comply and refused yet again. [redacted] ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area for [redacted] purposes. Once in the recreation area, all detainees received medical attention.. Once medical personnel cleared each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned [redacted] 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

DET  
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  
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]		6. SSN [redacted]	7. GRADE/STATUS [redacted]
8. ORGANIZATION OR ADDRESS 273RD Military Police Company, JTF, GTMO, Cuba			

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted]

~~End of Statement~~  
~~End of Statement~~  
[redacted]  
  
*End of Statement*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> 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 BE INDICATED.



### 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  
 DISCLOSURE: Disclosure of your social security number is voluntary.

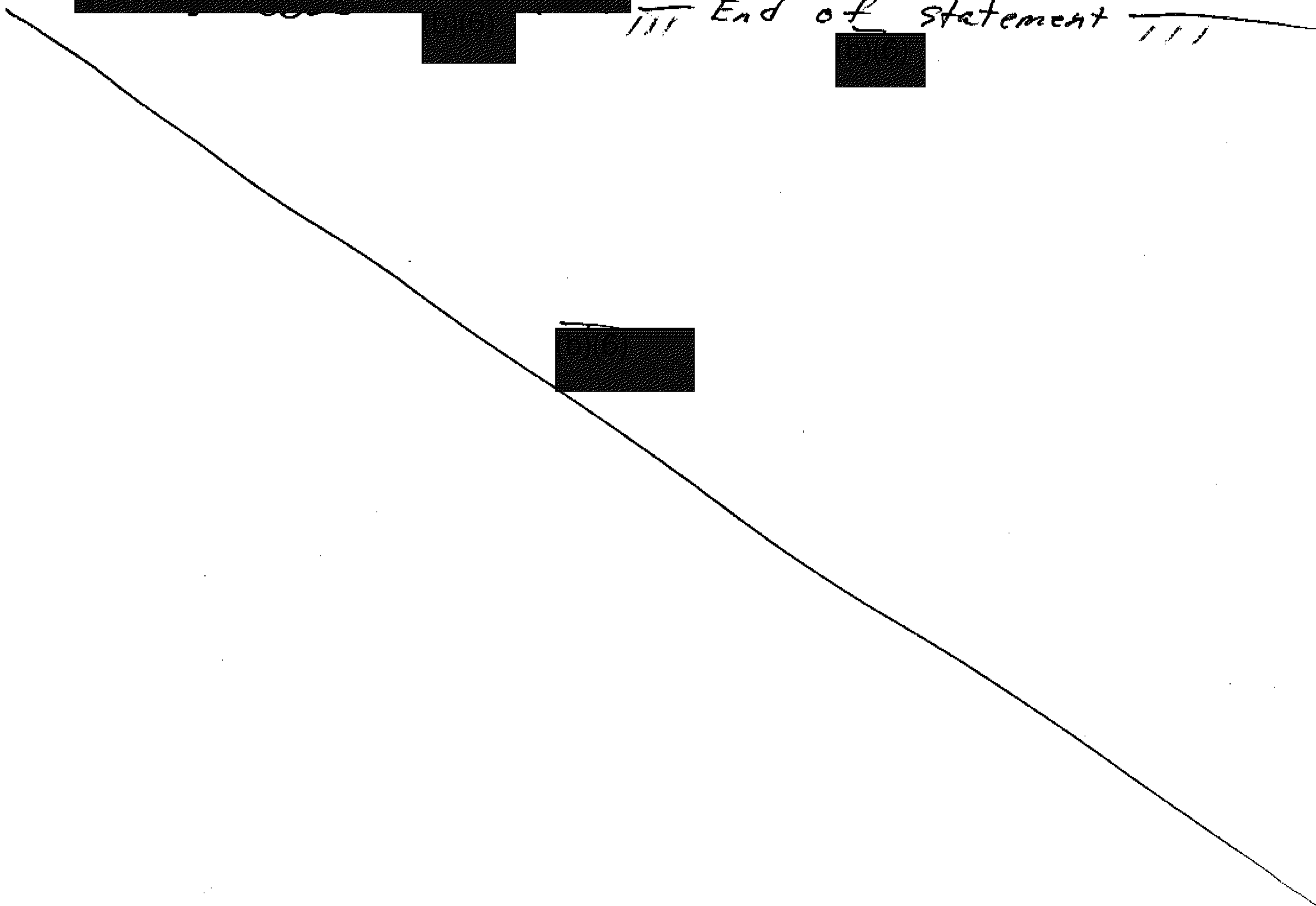
1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] block. Once myself and my team arrived at [redacted] block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, [redacted] were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

*End of statement*  
 ||| End of statement |||



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 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  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

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

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> PAGE
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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 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  
 DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs [redacted]	4. FILE NUMBER
--	---	-------------------------------	----------------

5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS
-------------------------------------	--------	-----------------

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp [redacted]. The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted].

[redacted] *Chief of Base of statement [redacted]*

*Nothing else follows*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> 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 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  
**DISCLOSURE:** Disclosure of your social security number is voluntary.

1. LOCATION Camp Delta, Camp [redacted] Block	2. DATE (YYYYMMDD) 2004/02/12 [redacted]	3. TIME 0700hrs [redacted]	4. FILE NUMBER
--	---	-------------------------------	----------------

5. LAST NAME FIRST NAME MIDDLE NAME	6. SSN	7. GRADE/STATUS
-------------------------------------	--------	-----------------

8. ORGANIZATION OR ADDRESS  
273RD Military Police Company, JTF, GTMO, Cuba

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

On or around 0700hrs, 12 February 2004 [redacted] IRF Team for Camp [redacted] The [redacted] was communicated across the [redacted] for my IRF team to respond to [redacted] Block. Once myself and my team arrived at [redacted] Block, we were briefed that a number of detainees refused to leave their cells and be moved to the Shower and Recreation area as a result, we were tasked to conduct a force cell extraction of the following detainees: [redacted] and [redacted]

*End of statement*

*Nothing  
Follows*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF <u>2</u> 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.