

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:

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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 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 one to 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

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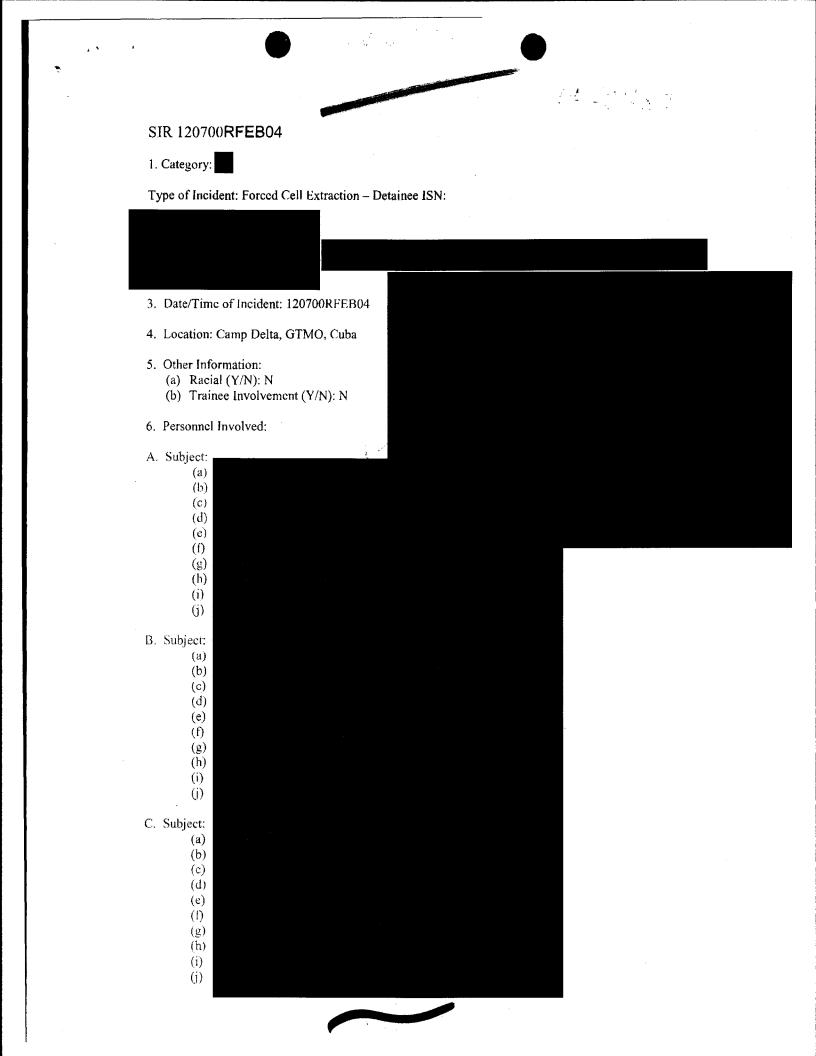
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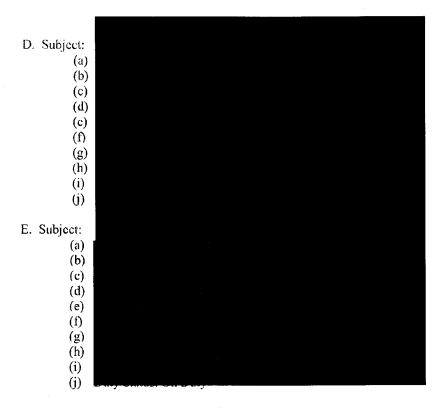
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Summary of Incident: At approximately 0700hrs 12 February 2004 Block personnel approached detainees for the purpose of escort to recreation and shower; detained refused. Block personnel informed the detainees that movement to recreation and shower 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 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 a block, each of the detainees were given another opportunity to comply and refused yet again. ordered the 5 person 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 see AR 190-45; the proponent ager	ncy is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title 5 To provide commanders and law	PRIVACY ACT STATEMENT USC Section 2951; E.O. 9397 date wenforcement officials with mear used as an additional/alternate me	ns by which inform	ation may be accurately
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUM MUST BE BE INDICATED.

	For use of this form, s	ee AR 190-45; the proponent agency is ODCSOPS	
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		PRIVACY ACT STATEMENT			
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AUTHORITY:	Title 10 USC Section 301; Title 5			
		ee AR 190-45; the proponen	t agency is ODCSOPS	
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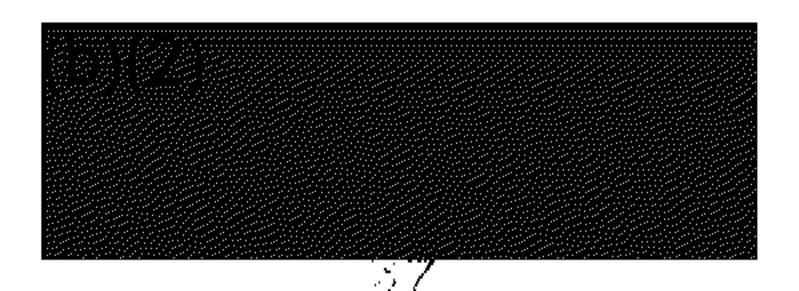
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SIR 120700RFEB04

1. Category:

Type of Incident: Forced Cell Extraction – Detainee ISN:



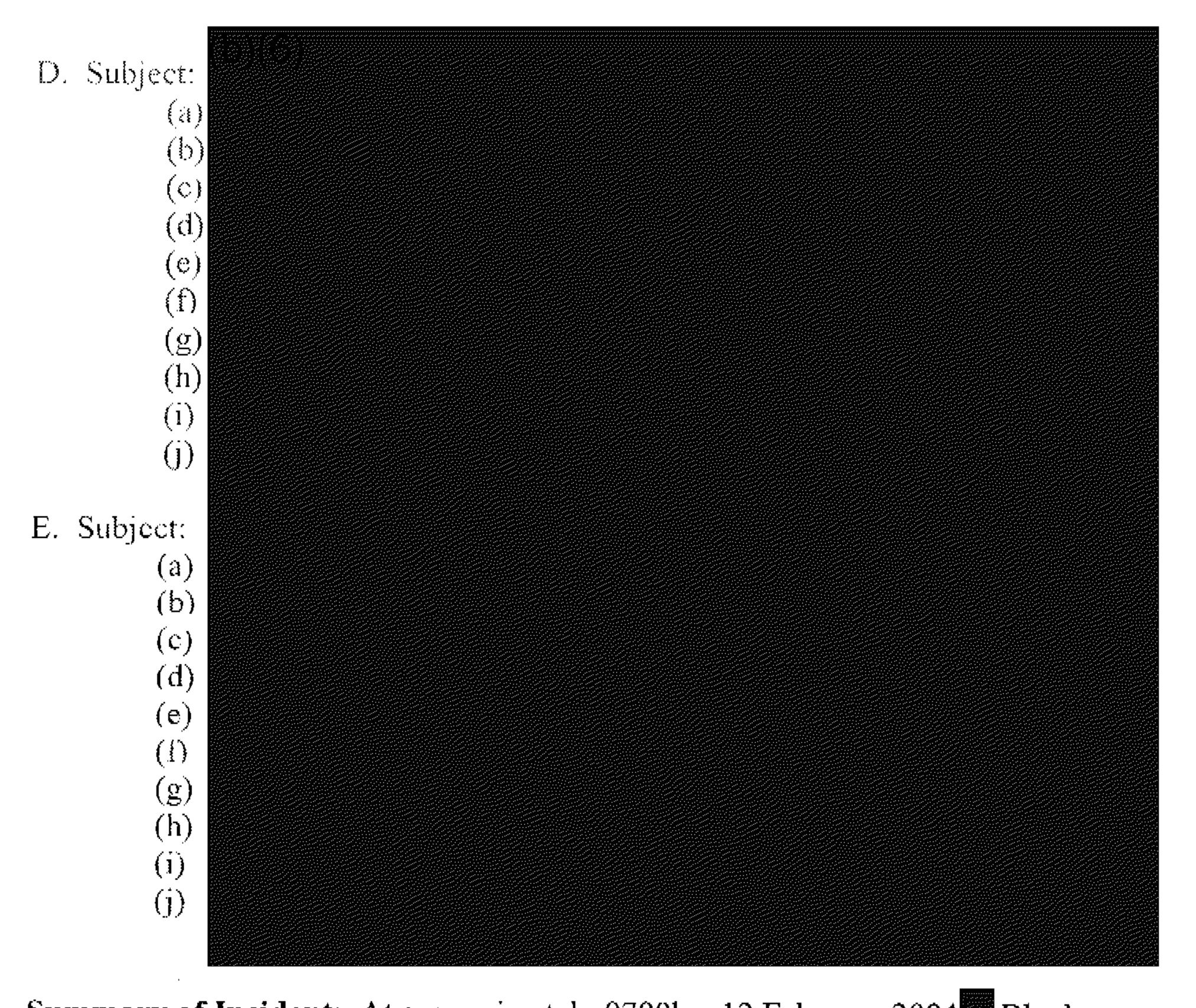
- 3. Date/Time of Incident: I20700RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

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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 Camp was assembled, medical support was called along with video camera support, and the recreation area prepped on the detainees were given another opportunity to comply and refused yet again. Once medical support was called along the comply and refused yet again. 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

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 PURFOSE:

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 of your social security number is voluntary.

DISCLOSURE: 1. LOCATION

Block Camp Delta, Camp

2. DATE (YYYYMM<u>IDD)</u> 2004/02/12

3. TIME 0700hrs 4. FILE NUMBER

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 IRF Team for Camp was communicated accross the for my IRF team to respond to Block. Once myself and my team arrived at Block, v were breifed 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:

10. EXHIBIT

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PAGE 1 OF

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

MUST BE BE INDICATED.

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

For use of this form, see AR 190-45; the proponent 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).

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.

1. LOCATION Camp Delta, Camp Block

2. DATE (YYYYMMDD) 2004/02/12

3. TIME 0700hr\$ 4. FILE NUMBER

5 LAST NAME, FIRST NAME, MIDDLE NAME

6. S\$N

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

273RD Military Police Company, JTF, GTMO, Cuba

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

IRF Team for Camp On or around 0700hrs, 12 February 2004 I communicated accross the for my IRF team to respond to Block. Once myself and my team arrived at Block, were breifed 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:

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

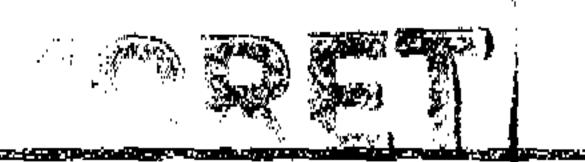
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS.

PRIVACY ACT STATEMENT

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AUTHORITY:	Title 10 USC Section	301; Title 5 USC Se	ection 2951; E.O. 9397 d

dated November 22, 1943 $\,$ (SSN).

PRINCIPAL PURPOSE: 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 filing and

DISCLOSURE: Disclosure of your social security number is voluntary.

4. FILE NUMBER 1. LOCATION 2. DATE (YYYYMM<u>DD)</u> 3. TIME Block 2004/02/12 Camp Delta, Camp 0700hrs 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. S\$N 7. GRADE/STATUS

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

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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10. EXHIBIT 11. <u>INITIALS OF PERSO</u>N MAKING STATEMENT PAGE 1 OF

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

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LOCATION Camp Delta, Camp	Block	2. DATE (YYYYMMDD) 3 2004/02/12	. TIME 0700hrs	4. FILE NUMBER
	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

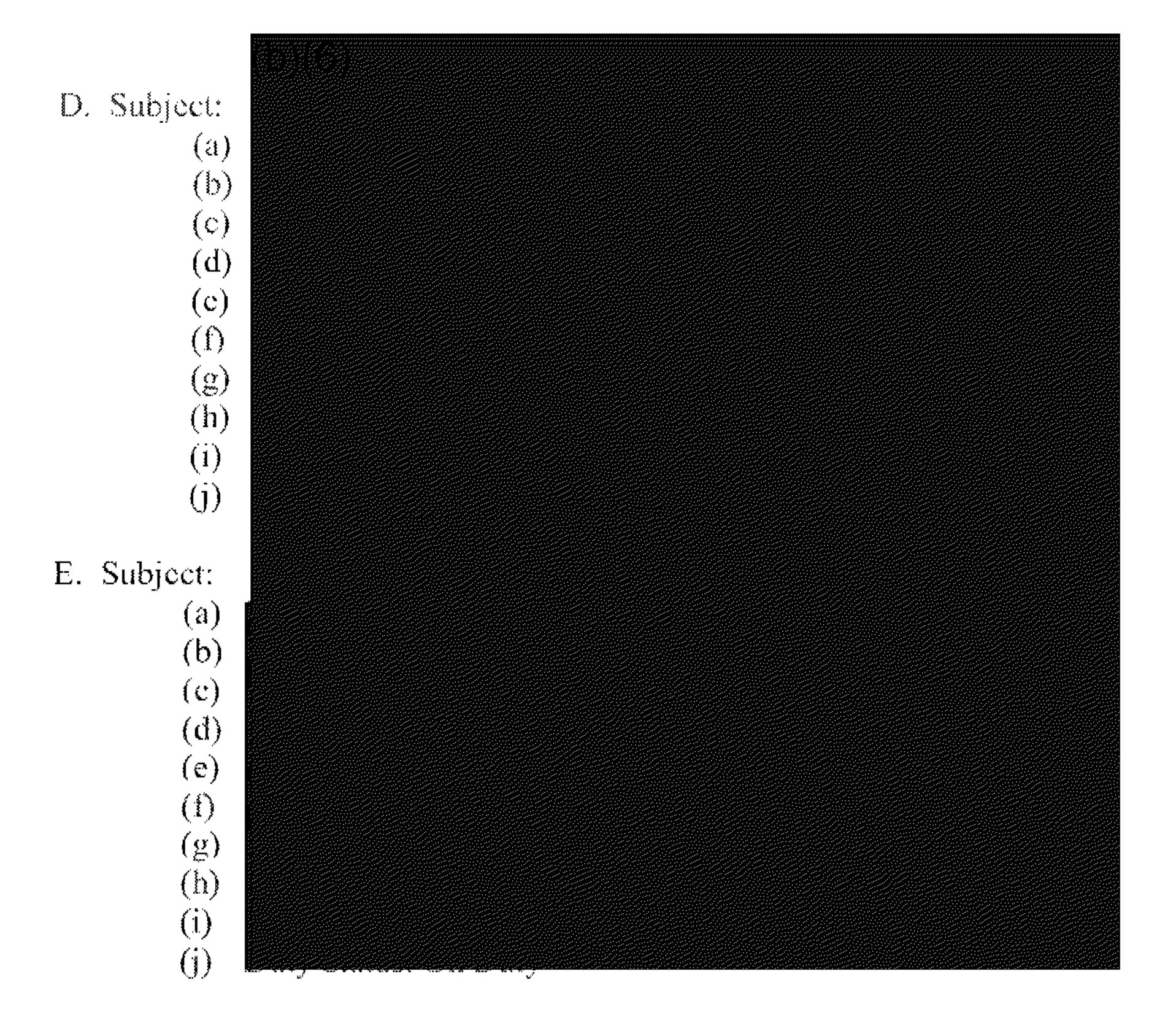
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LOCATION Camp Delta, Camp	Disclosure of your social se Block	2. DATE (YYYYMMD) 2. DATE (YYYYMMD) 2. 2004/02/12	3. TIME 0700hrs	4. FILE NUMBER
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ORGANIZATION OR		Cuba		
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				V. 1657

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.	(a) (b) (c) (d) (e) (f)		
	(g) (h) (i) (j)		
	Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)		
C.	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 plock, each of the detainees were given another opportunity to comply and refused yet again. 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

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.

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

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

<u>6. SSN</u> 7. GRADE/STATUS

ORGANIZATION OR ADDRESS

273RD Military Police Company, JTF, GTMO, Cuba

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

of Statement

On or around 0700hrs, 12 February 2004 I was a member of the primary IRF Team for Camp for my IRF team to respond to Block. Once myself and my team arrived at Block, we communicated accross the were breifed 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:

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT

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 NUMBE I MUST BE BE INDICATED.

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

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