

	For use of this fo	orm, see AR 190-45; the proponer	nt agency is ODCSOPS	
		PRIVACY ACT STATEMENT		
AUTHORITY:		Title 5 USC Section 2951; E.O. 9		
PRINCIPAL PURPOSE:		d law enforcement officials with r		
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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). To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filling and retriev ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: 2. DATE (YYYYMMDD) 4. FILE NUMBER 3. TIME 1. LOCATION 20050619 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS 4TH PLT CAMP DECTR. GUANTANAMO BALCUBA WANT TO MAKE THE FOLLOWING STATEMENT UNIDER OATH: ON 2005 JUN 19 AT. 1548 HRS, WAS CALLED OUT SIGNALING THE INITIATION OF A FORED CELL EXTRACTION UPON COMPLETION OF SAFETY EXMINAUNT "BRESS OUT", THE WAS FORMED UP. WAS BESIGNATED MY COSPONSIBILITY BURS WHIE INFORMED THAT WE WOULD BE ENTRACTINE DETAINES DUSING THE MINIMUM AMMININ OF FORCE NECCESARY. CELL AND PREPARED FOR CECC ENTRAVLE AND EXTRACTION THE ORDER TO ENTEL WAS CIVEN AND OF FORCE NECESTRY, ISN AND RESTRAINED ES INCTHE MOUNTAIN AMPOINT OF FORCE NECCESSERY, FOR TEAM WI EVIRACIED FROM CEL Komoses From AUD RELOCATED TO 1-21 USING THE MINIMUM ARMOOM EARLING ITHT AM ZEE IN THE FOLL, FORCE CELL CATCHERO. WAS GUCCUBED AND RETURNED TO CAMP -- III CAD BE STATEMENTILL

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	For use of this form, se	e AR 190-45; t	ine proponent a	igency is ODCSOP:	<b>&gt;</b>
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AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2	951; E.O. 939	7 dated November	22, 1943 (S.SN)
PRINCIPAL PURPOSE:	To provide commanders and law	enforcement of	ficials with mea	ins by which inforr	nation may be accurately
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10. EXHIBIT	11. INITIAL	S OF PERSON MAKING STA		PAGE 1 OF		PAGES
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PRINCIPAL PURPOSE:

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ROUTINE USES:

1. LOCATION

Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

Disclosure of your social security number is voluntary. DISCLOSURE:

4. FILE NUMBER 3. TIME 2. DATE <u>(YYYY</u>MMDD)

6. \$SN

5. LAST NAME, FIRST NAME, MIDDLE NAME

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

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 🦾 PAGES

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