

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

1. LOCATION CAMP DELTA GUANTANAMO Bay, Cuba	2. DATE (YYYYMM) [REDACTED] 2005 07 02	3. TIME [REDACTED] 1943	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
JTF GTMO JDOG NPO C CO APO AE 09360

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

On 02 July 05 about [REDACTED], the IRF team was called with the responsib. [REDACTED]. The IRF team went into cell [REDACTED] to perform a FCE on detainee [REDACTED] ISN [REDACTED] we pinned him in the back until he was standing on his bed. He was brought down to the floor using the minimum force necessary. The detainee continued to resist. [REDACTED] We moved him to cell [REDACTED] with no incident. // END OF STATEMENT

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

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.