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	SIR 01July05- 02			
	1. Category:			
	2. Type of Incident: For	ced Cell Extraction ISN		•
	3. Date/Time of Incident	t: 01 July 2005 / hrs		
	4. Location: Camp	Block, GTMO, Cul	ba	
	5. Other information: (a) Racial (Y/N): N/A (b) Traince Involvement	ent (Y/N): N/A		
	6. Personnel involved:			
	A. Subject: (a)	N. II.		
	(b) (c)			
	(d) (e)			
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Η.	(j) Detainee:			
	(a) (b) (c) (d)			
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7.	Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISNi from condition detached footpad from toilet. Detainee was instructed that he would be moved. Detained refused to move. After numerous attempts to convince detainee to move by BNCO, SOG, PL, at Camp CO, to include attempt by FGIW the FCE code was given. During the FC onc of two Korans in the cell was inadvertently damaged, and the detainee received lacerations to he lip and forehead. Detainee was restrained and taken to Detention clinic for medical assessment. Detainee was returned to new cell	ec nd E E
8.	Remarks: None	
9. 1	Publicity: N/A	
10. Cu	Commander Reporting: ba	
11.	Point of Contact:	

12. Downgrading Instructions: N/A

	10:030	<b>4,</b> 1, 12	n, see AR 190-45; th	- Proportant against	12 0000001 3		
			PRIVACY ACT ST	ATEMENT			
AUTHORITY:	Title 10 USC Secti	ion 301; Tit	tle 5 USC Section 29	51; E.O. 9397 date	d November 2	2, 1943 (5:	SN).
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### IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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MEDICAL ATTENTION NEEDED: YES / NO

### SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: 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 filing and retri ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: L4. FILE NUMBER 2. DATE (YYYYMMOD) 3. TIME 1. LOCATION CAMP DELTA, GUANTANAMOBAY, CUBA 2005 07 02 7. GRADE/STATUS 8. ORGANIZA HUN UR ADDRESS JTF, CAMP DELTA, GUANTANAMO, BAY CUBA WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 2005 JULY OI AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED OF RESTRAINTS ON 2005 JULY OI AT APPROXIMATELY 2320 THE IRF TEAM ENTERED CELL AND EXTRACTED DETAINEE ISN# AMOUNT OF FORCE NECESSARY AFTER THE IRF WAS COMPLETE THE DETAINEE WAS TURNED OVER TO THE CORPSMAN. THEND OF STATEMENTHY

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AUTHORITY:	Title 10 USC Section 301: Title 5	USC Section 2951; E.O	. 9397 dated November 2	22, 1943 <i>(SSN)</i> .
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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

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7. Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISN: from cell detached footpad from toilet. Detainee was instructed that he would be moved. Detainee refused to move. After numerous attempts to convince detainee to move by BNCO, SOG, PL, and Camp CO, to include attempt by FGIW the FCE code was given. During the FCE one of two Korans in the cell was inadvertently damaged, and the detainee received lacerations to his lip and forehead. Detainee was restrained and taken to Detention clinic for medical assessment. Detainee was returned to new cell
8. Remarks: None
9. Publicity: N/A
10. Commander Reporting: Land Cuba
11. Point of Contact:

12. Downgrading Instructions: N/A

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

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# IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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MEDICAL ATTENTION NEEDED: YES / NO

	For use of this	form, see AR 190-45	; the proponent agency	is ODCSOPS			
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE: 1. LOCATION  CAMP DELTA, C 5. LAST NAME, FIRST	Title 10 USC Section 301 To provide commanders a Your social security numb Disclosure of your social NAME, MIDDLE NAME	and law enforcement of ber is used as an additional security number is volumber in the security number is volumber.  2. DATE  2. CUBA 2005 0	2951; E.O. 9397 dated officials with means by ional/alternate means of untary.  (YYYYMMDD) 3. T	which information to dentification to the second se	on may be a	filing and	retrieva
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·		RIVACY ACT STATEMENT		
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