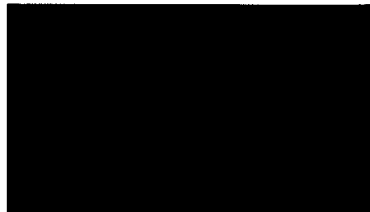





SIR 01July05- 02



1. Category: 

2. Type of Incident: Forced Cell Extraction ISN 

3. Date/Time of Incident: 01 July 2005 / hrs

4. Location: Camp  Block, GTMO, Cuba

5. Other information:

(a) Racial (Y/N): N/A

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

6. Personnel involved:

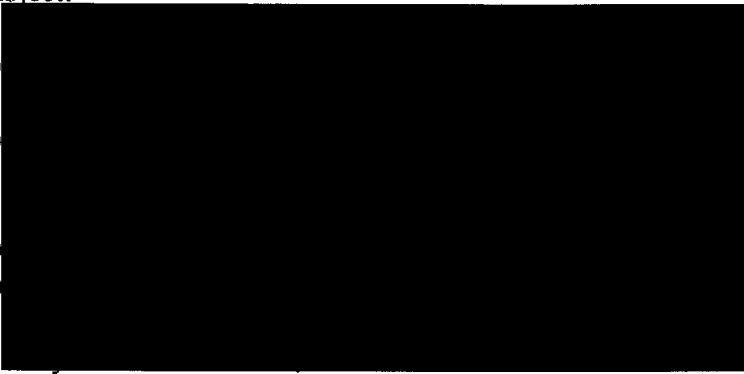
A. Subject:

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



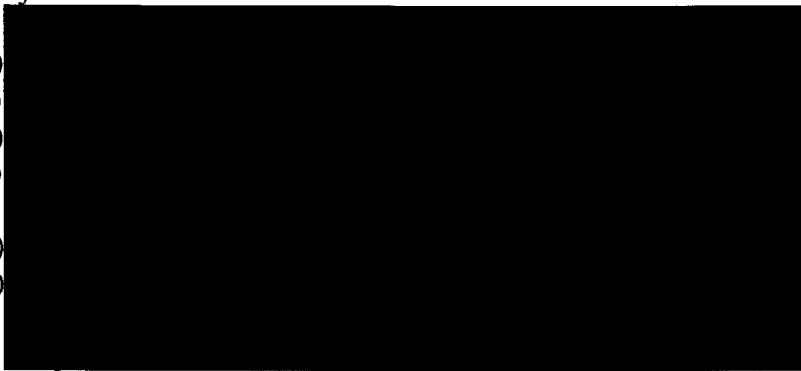
B. Subject:

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



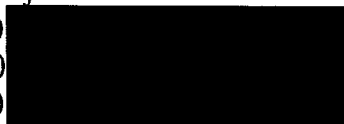
C. Subject:

- (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)



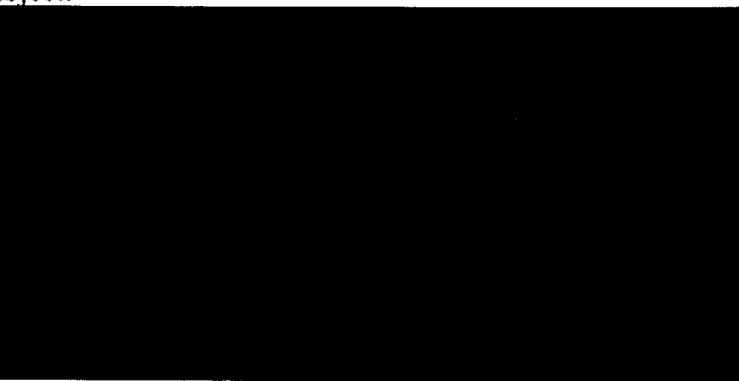
F. Subject:

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



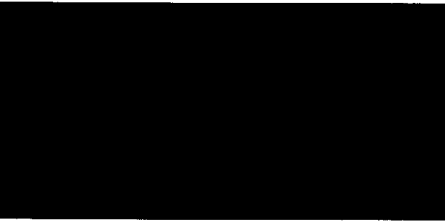
G. Subject:

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



H. Detainee:

- (a)
- (b)
- (c)
- (d)
- (e)
- (f)



7. Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISN [REDACTED] from cell [REDACTED] 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 [REDACTED], 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 [REDACTED]

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [REDACTED]
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 ret
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION CAMP DELTA, GUANTANAMO BAY, CUBA	2. DATE (YYYYMMDD) 2005 07 02	3. TIME 0346	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
MPSB, CAMP DELTA, GUANTANAMO BAY, CUBA

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

ON 06 JULY 2005 AT APPROXIMATELY 2115 WHILE THE I-R-F WAS MOVING DETAINEE [REDACTED]
I [REDACTED], [REDACTED] BLOCK HCO DID OBSERVE THAT DETAINEE [REDACTED] IS
CELL [REDACTED] HAD REMOVED ONE FOOT PAD FROM HIS COMMANDO AND WAS BEATING IT AGAINST
THE FRONT OF HIS CELL. THE DETAINEE WAS ASKED REPEATEDLY BY THE BLOCK HCO AND THE
CO, WITH AN ARABIC INTERPRETER PRESENT, TO RETURN THE BROKEN FOOT PAD TO THE GUARDS OR
TO ALLOW THE BLOCK GUARDS TO MOVE HIM TO AN UNBROKEN CELL. THE DETAINEE DID NOT
COMPLY. THE I-R-F ARRIVED ON THE BLOCK AT 2320 AND RETURNED THE DETAINEE FROM THE
BLOCK AT 2340. [REDACTED] 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.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 01 JUL 05, AND THE CURRENT TIME IS _____. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED], ISN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

BARKER FOOTPADS DID NOT WANT TO RETURN AND GO MOUNTED

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

IRF TEAM

- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF PERSONNEL INFORMATION:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
[REDACTED]				

[REDACTED]

MEDICAL ATTENTION NEEDED: YES / NO

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

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 1900
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:

8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA, GUANTANAMO, BAY CUBA

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JULY 01 AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED O...

RESTRAINTS ON 2005 JULY 01 AT APPROXIMATELY 2300 THE IRF TEAM ENTERED CELL ... AND EXTRACTED DETAINEE ISN# ... USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AFTER THE IRF WAS COMPLETE THE DETAINEE WAS TURNED OVER TO THE CORPSMAN.
///END OF STATEMENT///

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.

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

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005 07 07	3. TIME 1400	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
JTF GTMO B.C. CAMP [REDACTED], Camp Delta, Guantanamo Bay, Cuba 09360

9. I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: [REDACTED] ON THE FORCE
ON 2005 JULY 07 AT 2305 I [REDACTED] CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE ISMET [REDACTED] HELD IN
CELL [REDACTED] I USED THE MINIMUM AMOUNT OF FORCE NECESSARY.
END OF STATEMENT

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ 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 retr
DISCLOSURE: Disclosure of your social security number is voluntary. 2305

1. LOCATION [REDACTED] BLOCK
2. DATE (YYYYMM) 01 JUL 05
3. TIME 1810
4. FILE NUMBER
5. NAME (FIRST NAME MIDDLE NAME)
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS NPG

[REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
APPROXIMATELY 2305 THE SECONDARY IRF CODE WAS GIVEN. AT THAT TIME I STEPPED OFF OF [REDACTED] BLOCK AND PUT ON THE PROPER IRF GEAR AND STOOD BY FOR THE WORD TO STEP ONTO [REDACTED] BLOCK. AT APPROXIMATELY 2330 THE WORD WAS GIVEN TO FORM UP OUTSIDE OF [REDACTED] BLOCK. THE SALLY DOORS WERE OPENED AND AT THAT TIME THE IRF TEAM LINED UP OUTSIDE OF [REDACTED] HOLDING DETAINEE ISMAH [REDACTED] MY POSITION ON THE IRF TEAM, WHICH MEANS THAT I AM [REDACTED]
[REDACTED]
[REDACTED] PUT INTO RESTRAINTS MY [REDACTED] WAS SAFE. AFTER THE DETAINEE WAS PUT INTO RESTRAINTS AND EXTRACTED FROM HIS CELL WITH THE MINIMAL AMOUNT OF FORCE NEEDED HE WAS TAKEN OUT INTO THE CAUSEWAY WHERE HE WAS TREATED FOR ANY INJURY. THE MEDICAL TEAM ON SCENE DETERMINED THAT THE DETAINEE NEEDED FURTHER TREATMENT SO HE WAS PUT ON A SPINEBOARD AND PLACED ON THE [REDACTED]. THE ESCORT TEAM ON SCENE ESCORTED MEDICAL AND THE DETAINEE. [REDACTED] END OF STATEMENT

10. EXHIBIT
11. INITIALS [REDACTED] STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [REDACTED] DATED [REDACTED]
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.
DA FORM 2823 DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE USAP

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

1. LOCATION CAMP DELTA, GUANTANAMO BAY, CUBA	2. DATE (YYYYMMDD) 20050702	3. TIME 2034	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS JTF, CAMP DELTA			

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.
 ON 01 JUL 2005 AT APPROX. 2315HRS THE ALTERNATE IRF TEAM WAS CALLED.
 THE IRF TEAM WENT INTO CELL [REDACTED] AND EXTRACTED DETAINEE ISN# [REDACTED]
 USING THE MINIMUM AMOUNT OF FORCE NECESSARY, [REDACTED]
 END OF STATEMENT

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

1. LOCATION: CAMP DELTA GTMO BAY CUBA
2. DATE (YYYYMM): 20050702
3. TIME: 2018
4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

JTF CAMP DELTA

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JULY 01 AT APPROX. 2305 THE RADIO. I RESPONDED TO THE CAUSWAY AS IIR TEAM NCOIC. AFTER WE WERE MANNED AND READY WE STATED OUR POSITION AND USE OF FORCE TO THE COMBAT CAMERA. WE THEN PROCEEDED TO BLOCK WHERE WE ENTERED TO EXTRACT ISN WE THEN MOVE THE DETAINEE TO THE CAUSWAY WHERE HE WAS EVALUATED BY MEDICAL. AND THEN WE ESCORTED THE DETAINEE OUTSIDE DET CLINIC. WAS WAITING TO TAKE HIM TO

10. EXHIBIT
11. INITIALS 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 01July05- 02

1. Category: [REDACTED]

2. Type of Incident: Forced Cell Extraction ISN [REDACTED]

3. Date/Time of Incident: 01 July 2005 / hrs

4. Location: Camp [REDACTED] Block, GTMO, Cuba

5. Other information:

(a) Racial (Y/N): N/A

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

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) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

E. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

F. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

G. Subject:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]
(g) [REDACTED]
(h) [REDACTED]
(i) [REDACTED]
(j) [REDACTED]

H. Detainee:

(a) [REDACTED]
(b) [REDACTED]
(c) [REDACTED]
(d) [REDACTED]
(e) [REDACTED]
(f) [REDACTED]

7. Summary of Incident: On 1 July 05 at approximately 2305 hours, detainee ISN: [REDACTED] from cell [REDACTED] 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 [REDACTED], 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 [REDACTED]

8. Remarks: None

9. Publicity: N/A

10. Commander Reporting: [REDACTED]
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 retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 0346
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS: NPSB, CAMP DELTA, GUANTANAMO BAY, CUBA

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 06 JULY 2005 AT APPROXIMATELY 2115 WHILE THE IRF WAS MOVING DETAINEE [REDACTED] IN CELL [REDACTED] BLOCK HCO DID OBSERVE THAT DETAINEE [REDACTED] HAD REMOVED ONE FOOT PAD FROM HIS COMMANDO AND WAS BEATING IT AGAINST THE FRONT OF HIS CELL. THE DETAINEE WAS ASKED REPEATEDLY BY THE BLOCK HCO AND THE CO, WITH AN ARABIC INTERPRETER PRESENT, TO RETURN THE BROKEN FOOT PAD TO THE GUARDS OR TO ALLOW THE BLOCK GUARDS TO MOVE HIM TO AN UNBROKEN CELL. THE DETAINEE DID NOT COMPLY. THE IRF ARRIVED ON THE BLOCK AT 2320 AND REMOVED THE DETAINEE FROM THE BLOCK AT 2340. [REDACTED] END OF STATEMENT

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

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.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 01 JUL 05, AND THE CURRENT TIME IS _____ I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE

IN CELL # [REDACTED], ISN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

BARKER FOOTPADS DID NOT WANT TO RETURN
AND GO MURKIN

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- INTERPRATER
- BARBER

IRF TEAM

IRF PERSONNEL INFORMATION:

POSITION 1	POSITION 2	POSITION 3	POSITION 4	POSITION 5
[REDACTED]				

[REDACTED]
MEDICAL ATTENTION NEEDED: YES / NO

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

1. LOCATION: CAMP DELTA, GUANTANAMOBAY, CUBA
2. DATE (YYYYMMDD): 2005 07 02
3. TIME: 1900
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS:

8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA, GUANTANAMO, BAY CUBA

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2005 JULY 01 AT APPROXIMATELY 2305 THE IRF CODE WAS INITIATED AND THE SECONDARY IRF TEAM DRESSED OUT. I ...

RESTRAINTS ON 2005 JULY 01 AT APPROXIMATELY 2300 THE IRF TEAM ENTERED CELL ... AND EXTRACTED DETAINEE ISN# ... USING THE MINIMUM AMOUNT OF FORCE NECESSARY. AFTER THE IRF WAS COMPLETED, THE DETAINEE WAS TURNED OVER TO THE CORPSMAN.
///END OF STATEMENT///

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.

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

1. LOCATION [REDACTED] Block, Camp Delta, Guantanamo Bay, Cuba	2. DATE (YYYYMMDD) 2005 07 02	3. TIME 1400	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
JTF GTMO W.C. CAMP [REDACTED], Camp Delta, Guantanamo Bay, Cuba 09360

9. I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 2005 JULY 01 AT 2305 I [REDACTED] ON THE FORCE
CELL EXTRACTION TEAM WHICH EXTRACTED DETAINEE ISN# [REDACTED] HELD IN
CELL [REDACTED] I USED THE MINIMUM AMOUNT OF FORCE NECESSARY.
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 OF _____ 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 retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION [REDACTED] BLOCK
2. DATE (YYYYMM) 01 JUL 05
3. TIME 1810
4. FILE NUMBER
5. NAME (LAST NAME, FIRST NAME, MIDDLE NAME) [REDACTED]
6. SSN [REDACTED]
7. GRADE/STATUS, [REDACTED]
8. ORGANIZATION OR ADDRESS NPG

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

APPROXIMATELY 2305 THE SECONDARY IRF CODE WAS GIVEN. AT THAT TIME I STEPPED OFF OF [REDACTED] BLOCK AND PUT ON THE PROPER IRF GEAR AND STOOD BY FOR THE WORD TO STEP ONTO [REDACTED] BLOCK. AT APPROXIMATELY 2330 THE WORD WAS GIVEN TO FORM UP OUTSIDE OF [REDACTED] BLOCK. THE SALLY DOORS WERE OPENED AND AT THAT TIME THE IRF TEAM LINED UP OUTSIDE OF [REDACTED] HOLDING DETAINEE ISAH [REDACTED] MY POSITION ON THE IRF TEAM, WHICH MEANS THAT I AM [REDACTED]

[REDACTED] PUT INTO RESTRAINTS MY [REDACTED] WAS SAFE. AFTER THE DETAINEE WAS PUT INTO RESTRAINTS AND EXTRACTED FROM HIS CELL WITH THE MINIMAL AMOUNT OF FORCE NEEDED HE WAS TAKEN OUT INTO THE CAUSEWAY WHERE HE WAS TREATED FOR ANY INJURIES. THE MEDICAL TEAM ON SCENE DETERMINED THAT THE DETAINEE NEEDED FURTHER TREATMENT SO HE WAS PUT ON A SPINEBOARD AND PLACED ON THE [REDACTED] THE ESCORT TEAM ON SCENE ESCORTED MEDICAL AND THE DETAINEE. [REDACTED] END OF STATEMENT

10. EXHIBIT
11. INITIALS [REDACTED] STATEMENT
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT [REDACTED] DATED [REDACTED]
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 retrieval
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: CAMP DELTA, GUANTANAMO BAY, CUBA
2. DATE (YYYYMMDD): 20050702
3. TIME: 2034
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: JTF, CAMP DELTA

... WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH-
ON 01 JUL 2005 AT APPROX. 2315HRS THE ALTERNATE IRF TEAM WAS CALLED.
THE IRF TEAM WENT INTO CELL AND EXTRACTED DETAINEE ISN#
USING THE MINIMUM AMOUNT OF FORCE NECESSARY.
END OF STATEMENT

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.

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

1. LOCATION: CAMP DELTA GTMO BAY CUBA
2. DATE (YYYYMM): 20050702
3. TIME: 2018
4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS: JTF CAMP DELTA
9.

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 2005 JULY 01 AT APPROX. 2305 THE _____ WAS PASSED OVER T
RADIO. I RESPONDED TO THE CAUSWAY AS IIRF TEAM NCOIC. AFTER WE WERE MANNED AN
READY WE STATED OUR POSITION AND USE OF FORCE TO THE COMBAT CAMERA. WE THEN PRO
TO _____ BLOCK WHERE WE ENTERED _____ TO EXTRACT ISN W
THE DETAINEE TO THE CAUSWAY WHERE HE WAS EVALUATED BY MEDICAL. AND THEN WE
ESCORTEO THE DETAINEE OUTSIDE _____
DET CLINIC. _____ WAS WAITING TO TAKE HIM TO
STATEMENT

10. EXHIBIT
11. INITIALS: _____ MAKING STATEMENT
PAGE 1 OF 2 PAGE:

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.