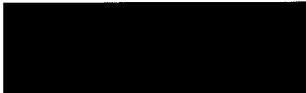


SIR 15Jul04-S01



1. Category:

2. Type of Incident: **Forced Cell Extraction of ISN** cell

3. Date/Time of Incident: **15 2310 Jul 04**

4. Location: Camp Delta, Camp GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

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

6. Personnel Involved:

A. Subject:

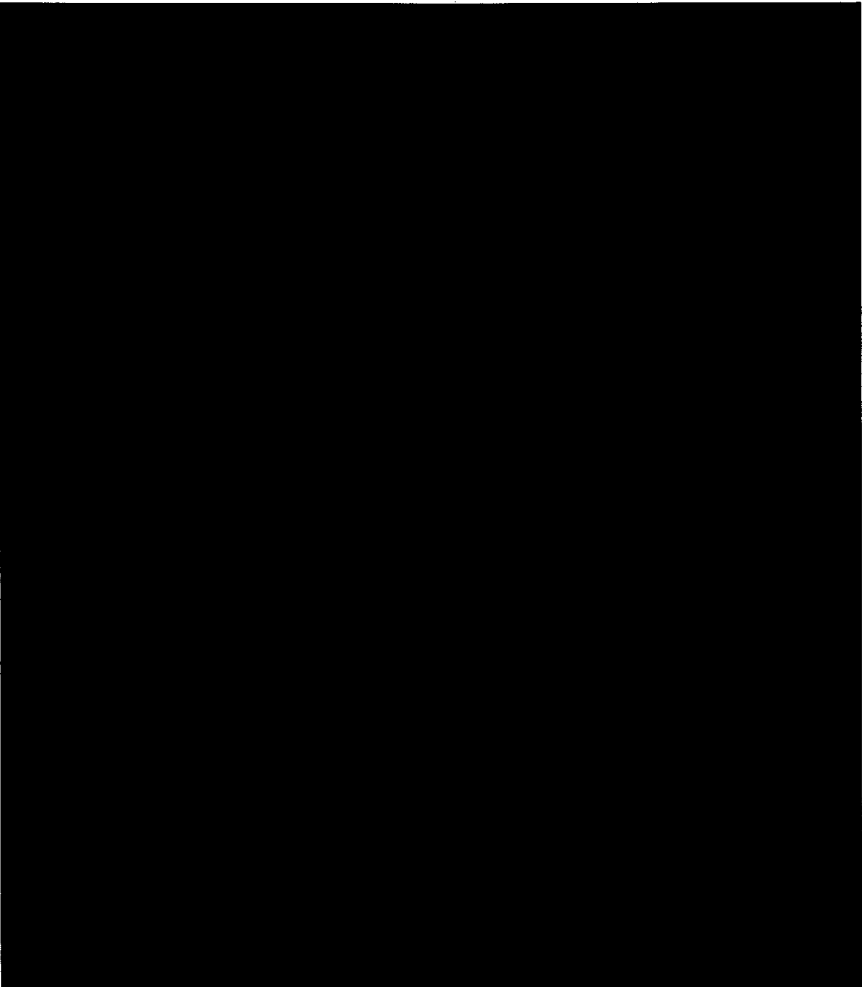
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C. Sub

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D. Subject:

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F. Sub

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H. Det

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7. Summary of Incident: At 15 2310 July 2004, [REDACTED] ISN [REDACTED] was extracted from his cell for refusing to come out for shower and recreation at approximately 2100. The Field Grade in the Wire was contacted at approximately 2200 and he proceeded with the Interpreter to [REDACTED] A Corpsman and Psych. Tech were also dispatched and present. The detainee claimed that females could not touch him because it was against his religion. With the assistance of the Interpreter it was explained to him that females do not observe showers but will perform all other functions just like their male counterparts. After attempts were made by the Block NCO, the SOG, and the NCOIC of the Camp to get the detainee to comply with the Camp rules, the Field Grade authorized the FCE. The detainee or US personnel sustained no injuries.

ARRIVAL DATE FOR ISN [REDACTED] HIS DOB IS [REDACTED] REQUIRED ENTRY.

Name: [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AFM 28-23, the responsible 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.

2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
20040716	0200	
5. LAST NAME, FIRST NAME, MIDDLE NAME		7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
 ITF-GTMO Guantanamo Bay, Cuba APO AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 2004, at approximately 2300, a forced cell extraction was conducted on ISN [redacted] in cell [redacted]. I was the number one person. [redacted] using the minimum amount of force necessary. —// End of Statement —

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

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 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] GTMO, Cuba
2. DATE (YYYYMMDD): [REDACTED] 2004/07/15
3. TIME: [REDACTED] 2310
4. FILE NUMBER

5. LAST NAME FIRST NAME MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Camp 5, JTF-GTMO

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

On 2004/07/15 at approximately 2310hrs, a Forced Cell Extraction was conducted on ISN# [REDACTED] in cell [REDACTED] using the minimum amount of force necessary.//// END OF STATEMENT//// [REDACTED]

NOT USED [REDACTED]

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]
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 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.D. 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[REDACTED]	2004/July/15	0200	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]	[REDACTED]	[REDACTED]	

8. ORGANIZATION OR ADDRESS
 JTF-GTMO, [REDACTED] APO 09360

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

ON 15 July 04, AT Approximately 2303, a force cell extraction was conducted on ISN: [REDACTED] IN cell [REDACTED] I [REDACTED] [REDACTED] using the minimum amount of force necessary. We extracted Detainee out of his cell carried him down the walkway medical checked him said he was good so we put him back in his cell no harm to Detainee and the extraction team. [REDACTED] END of statement

not used [REDACTED]

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

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.

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] GTMO CUBA	2. DATE (YYYYMMDD) 20040715	3. TIME 2303	4. FILE NUMBER [REDACTED]
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED] JTF-GTMO			

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

On 20040715 AT APPROXIMATELY 2303 A FORCE CELL
 EXTRACTION WAS CONDUCTED ON ISN # [REDACTED]
 IN CELL [REDACTED]. I [REDACTED], MY
 [REDACTED], USING THE
 MINIMUM AMOUNT OF FORCE NECESSARY. [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 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.

STATEMENT

For instructions on 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	2. DATE (YYYYMMDD) 2004/07/15	3. TIME 0225	4. FILE NUMBER E-5/SGT
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

HOME ADDRESS
 JTF-6TMO Guantanamo Bay, Cuba APO-AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 2004 at approximately 2300, a Forced Cell Extraction was conducted on ISN [REDACTED] I was the

[REDACTED]
 minimum amount of force necessary. I am also the IRF team leader, I am responsible for the safety of my team and the detainee. I ensured that the minimum amount of force was used during the forced cell extraction. // End of statement 7111

10. EXHIBIT	11. INITIALS PERSON MAKING STATEMENT	PAGE 1 OF 2 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 ODCSDPS

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] GTMO, Cuba	2. DATE (YYYYMMDD) 2004/07/15	3. TIME 2315	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
JTF-GTMO, Delta Clinic

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

On 15 July 2004 at approximately 2310, a forced cell extraction was conducted on ISN: [REDACTED] I was the [REDACTED] forced cell extraction. The detainee and immediate reaction force were all cleared [REDACTED] completed.
 [REDACTED] /// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	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.

SIR 15Jul04-S01



1. Category:

2. Type of Incident: **Forced Cell Extraction of ISN** cell

3. Date/Time of Incident: **15 2310 Jul 04**

4. Location: Camp Delta, Camp GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

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

6. Personnel Involved:

A. Subject:

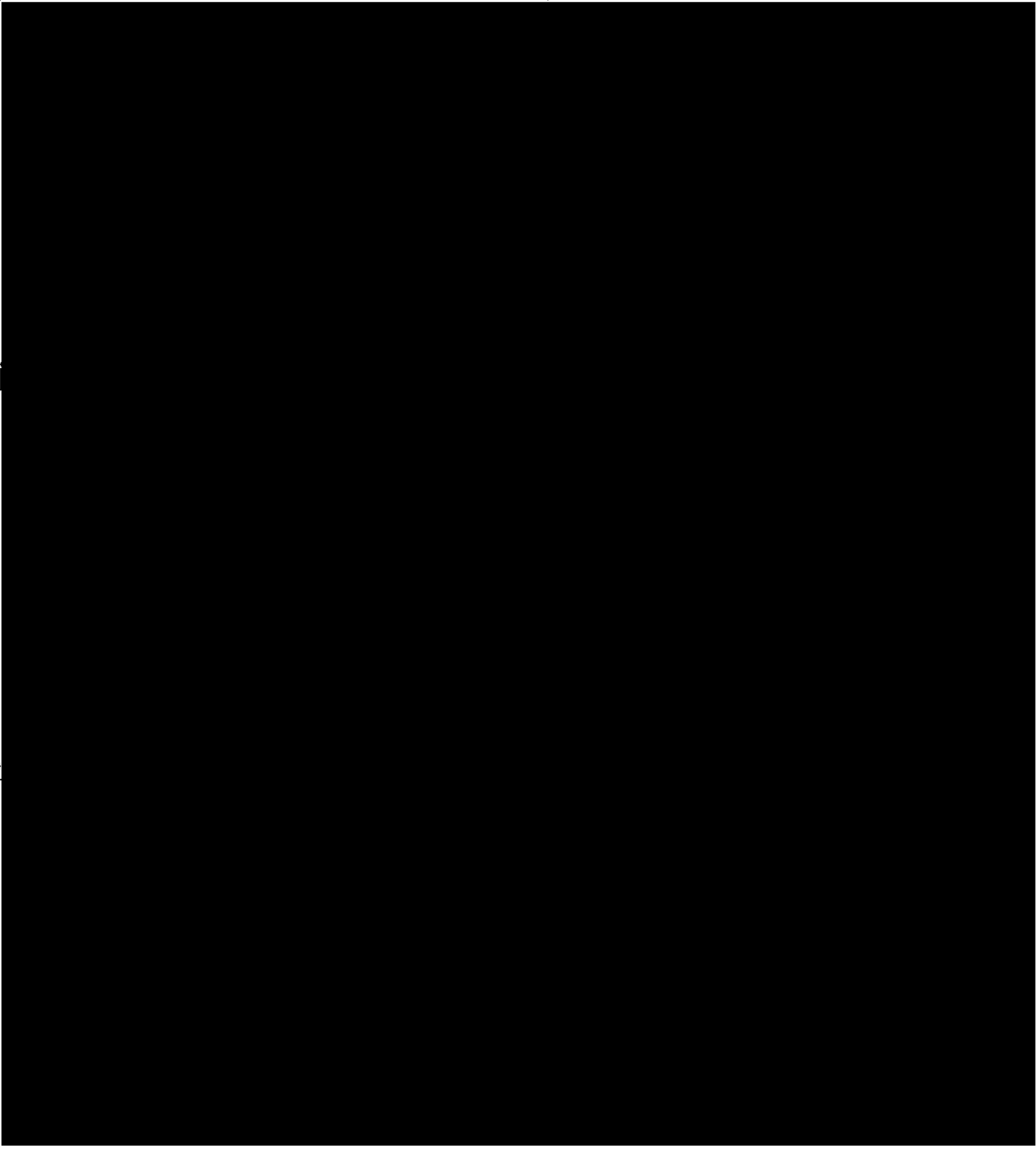
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C. Sub

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D. Subject:

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H. Det

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7. Summary of Incident: At 15 2310 July 2004, [REDACTED] ISN [REDACTED] was extracted from his cell for refusing to come out for shower and recreation at approximately 2100. The Field Grade in the Wire was contacted at approximately 2200 and he proceeded with the Interpreter to [REDACTED] A Corpsman and Psych. Tech were also dispatched and present. The detainee claimed that females could not touch him because it was against his religion. With the assistance of the Interpreter it was explained to him that females do not observe showers but will perform all other functions just like their male counterparts. After attempts were made by the Block NCO, the SOG, and the NCOIC of the Camp to get the detainee to comply with the Camp rules, the Field Grade authorized the FCE. The detainee or US personnel sustained no injuries.

ARRIVAL DATE FOR ISN [REDACTED] HIS DOB IS [REDACTED] REQUIRED ENTRY.
Name: [REDACTED]

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

For use of this form, see AD 190015; the proposing 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.

[REDACTED]		2. DATE (YYYYMMDD) 9 [REDACTED] 20040716	3. TIME [REDACTED] 0200	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
[REDACTED] ITF-GTMO Guantanamo Bay, Cuba APO AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 2004, at approximately 2300, a forced cell extraction was conducted on ISN [REDACTED] in cell [REDACTED]. I was the number one person. [REDACTED] using the minimum amount of force necessary. —// 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 OF [REDACTED] 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 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] GTMO, Cuba
2. DATE (YYYYMMDD): [REDACTED] 2004/07/15
3. TIME: [REDACTED] 2310
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Camp 5, JTF-GTMO

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

On 2004/07/15 at approximately 2310hrs, a Forced Cell Extraction was conducted on ISN# [REDACTED] in cell [REDACTED].
I [REDACTED] using the minimum amount of force necessary.//// END OF STATEMENT//// [REDACTED]

NOT USED

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]
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 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.D. 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
[REDACTED]	2004/July/15	0200	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
[REDACTED]	[REDACTED]	[REDACTED]	

8. ORGANIZATION OR ADDRESS
 JTF-GTMO, [REDACTED] Apo 09360

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

ON 15 July 04, AT Approximately 2303 a force cell extraction was conducted on ISN: [REDACTED] IN cell [REDACTED] I [REDACTED] using the minimum amount of force necessary. We extracted Detainee out of his cell carried him down the walkway medical checked him said he was good so we put him back in his cell no harm to Detainee and the extraction team. [REDACTED] END of statement

not used [REDACTED]

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

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 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 GTMO CUBA	2. DATE (YYYYMMDD) 20040715	3. TIME 2303	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS JTF-GTMO			

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

On 20040715 AT APPROXIMATELY 2303 A FORCE CELL EXTRACTION WAS CONDUCTED ON ISN # [REDACTED] IN CELL [REDACTED]. I [REDACTED], MY [REDACTED] WITH THE [REDACTED] MINIMUM AMOUNT OF FORCE NECESSARY. [REDACTED]

///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 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 b)(1)	2. DATE (YYYYMMDD) 2004/07/15	3. TIME 0225	4. FILE NUMBER E-5/SGT
5. LAST NAME, FIRST NAME, MIDDLE NAME b)(6)	6. SSN b)(6)	7. GRADE/STATUS	
ADDRESS b)(2) JTF-6TMO Guantanamo Bay, Cuba APO-AE 09360			
b)(6) b)(6)			

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 July 2004 at approximately 2300, a Forced Cell Extraction was conducted on ISN # b)(1) I was the

b)(2)
b)(2)

minimum amount of force necessary. I am also the IRF team leader, I am responsible for the safety of my team and the detainee. I ensured that the minimum amount of force was used during the forced cell extraction. b)(6) End of statement 7/11

10. EXHIBIT	11. INITIALS b)(6)	PERSON MAKING STATEMENT	PAGE 1 OF 2 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 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] GTMO, Cuba	2. DATE (YYYYMMDD) 2004/07/15	3. TIME 2315	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS
JTF-GTMO, Delta Clinic

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

On 15 July 2004 at approximately 2310, a forced cell extraction was conducted on ISN: [REDACTED]. I was the [REDACTED] forced cell extraction. The detainee and immediate reaction force were all cleared [REDACTED] completed. [REDACTED] /// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	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 BE INDICATED.