

SIR 12 Feb 04 1621

1. Category: [REDACTED]

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

3. Date/Time of Incident: 12 1621 FEB 04

4. Location: Camp Delta, GTMO, Cuba

5. Other Information:

(a) Racial (Y/N): N

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

6. Personnel Involved:

A. Subject:

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

B. Subject:

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

C. Subject:

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

D. Subject:

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

- (g)
- (h)
- (i)
- (j)

[REDACTED]

E. Subject:

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

[REDACTED]

F. Subject:

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

[REDACTED]

G. Detainee:

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

[REDACTED]

7. Summary of Incident: At approximately 1621 hours, 12 Feb 04, ISN [REDACTED] refused recreation/reservation. The primary IRF Team from Camp [REDACTED] assembled to [REDACTED] block. Medical and DOC camera support were on the scene. The detainee [REDACTED] [REDACTED]. Detainee was [REDACTED] and returned to his cell. Medical evaluated the detainee. There were no injuries to any of the block personnel, IRF team members or detainees.
8. Remarks: See medical information in summary of incident
9. Publicity: N/A
10. Commander Reporting: MG Miller, 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 appointing 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 Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 20040212	3. TIME 1822	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
216 Military Police JTF GTMO Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 12 Feb approx. 1621 hrs. Detainee housed in Cell [REDACTED] ISN# [REDACTED] refused Block guard, Block [REDACTED] Camp [REDACTED] and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [REDACTED] was communicated across the [REDACTED] for immediate response of the IAF team. [REDACTED] With the minimum amount of force necessary, the team entered into cell [REDACTED] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation.

/// End of Statement ///

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 INDICATED.

SWORN STATEMENT

For use of this form, see AF 90-45; 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, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 02 12	3. TIME 1944	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

On 12 Feb 2004 at @ 1621 hrs Detainee ISN# [redacted] housed in cell [redacted] Refused BLOCK GUARDS, BLOCK NCO, CAMP SOG, CAMP PL and CAMP COMMANDER to comply to camp requirements for him to participate in recreation and shower call. THE [redacted] was communicated acco the [redacted] for immediate response of the FRF team. I [redacted] With the minimum amount of force necessary, team entered cell [redacted] and restrained the detainee. The detainee was then moved to the recreation area where he received medical attention and evaluation.
/// END OF STATEMENT [redacted] ///

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT [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
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 (YYYYMM) 2004/02/12	3. TIME 1913	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]	6. SSN [redacted]	7. GRADE/STATUS [redacted]	
8. ORGANIZATION OR ADDRESS 216 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360			

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

On 12 Feb 2004 at approx 1621 hrs Detainee ISN [redacted] refused Block guard, Block NCO, Camp SOB, Camp PL, and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF Team. I [redacted] Using the minimum amount of force necessary; the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation.

/// End of Statement [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.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
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004/02/12	3. TIME 1850	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
216th Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON or AROUND 12 Feb 04 at approx. 1621 hrs. Detainee in cell [REDACTED] ISN# [REDACTED] refused Block guard, Block NCO, Camp SOG, camp pl, and camp commander to comply with the requirement for him to participate in the recreation and shower activity. The [REDACTED] was communicated across the [REDACTED] for immediate response of the IRE team. I [REDACTED] with minimum amount of force necessary the team entered into cell [REDACTED] and restrained and cuffed detainee and moved to the recreation area where he received medical attention and evaluation. // ~~END~~ of Statement //

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF <u>2</u> 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
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION: [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE: 2004/02/12
3. TIME: 1907
4. FILE NUMBER: [redacted]
5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted]
6. SSN: [redacted]
7. GRADES: [redacted]

8. ORGANIZATION OR ADDRESS: [redacted] Military Police, Camp Delta, Guantanamo Bay Cuba 09360

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

On or around 12 Feb 2004 at approx 1621 hrs Detainee has sec in cell [redacted] ISW [redacted] refused Block Guard, Block NCO, Camp SGT, Camp Plt and Camp Commander to comply with the requirement for him to participate in the recreation and shower activity. The [redacted] was communicated across the [redacted] for immediate response of the IRF team. I [redacted]. With the minimum amount of force necessary, the team entered into cell [redacted] and restrained and cuffed the detainee and moved the detainee to the recreation area where he received medical attention and evaluation — End of statement — [redacted]

10. EXHIBIT: [redacted]
11. INITIALS: [redacted] ON 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 BE INDICATED.