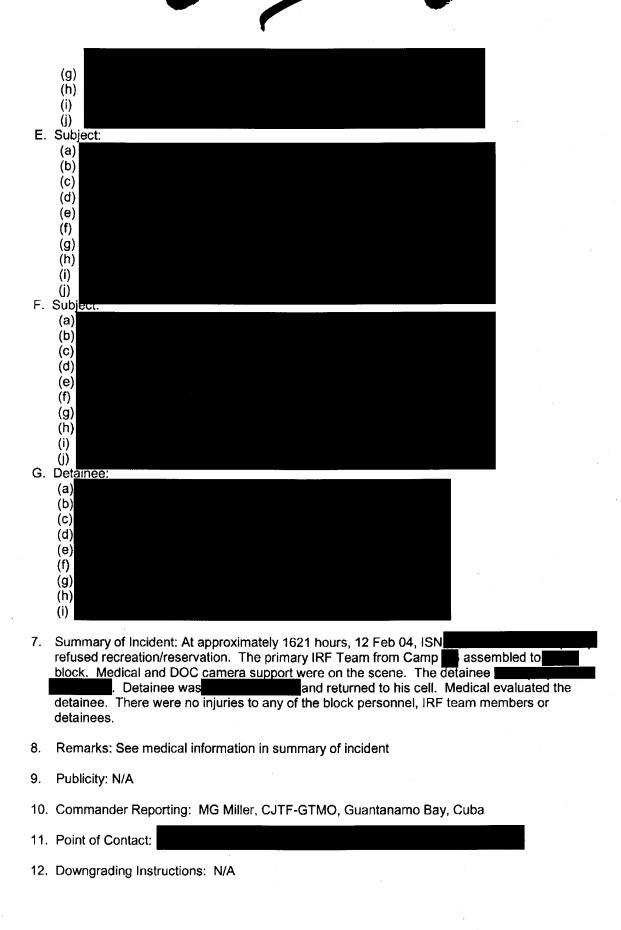


### SIR 12 Feb 04 1621

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 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. Sub<u>iect:</u>
  - (a) (b)
  - (c)
  - (d) (e)
  - (f)



### of nent agency is ODCSOPS

ΛI	IJТ	ur	ID	T٧	•

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 of your social security number is voluntary.

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) 200402 12

3. TIME

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

7. GRADE/STATUS

ANIZATION OR ADDRESS

llitary Police 3TF GTMO 216

amp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

or around 12 Feb approx. 1621 hrs. Detainer housed in Cell ISN# refused Block quard, Block

p and Camp Commander to comply with the requirement him to participate in the recreation and shower activity

was communicated across the

for immediate response of the IAF team.

with the minimum amount of force nessessary, the team entered into cell and restrained and cuffed the detainer and moved the detainer to the recreation

wea where he recieved medical attention and evaluation

/11 End of Statement /11-

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_\_\_\_\_ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT"

For use of this form, see AP 30-45; the proponent agency is ODCSOPS

PRI	VA	CY	ACT	STATE	MENT

AUTHORITY:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 ISSNJ.

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 (YYYYMM)

I. TIME 161111 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6 SSN

1944

. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

216th Military Police Company

\_\_\_\_, Camp Delta, Guantanamo Bay Cuba 09360

9.

\_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 12 Feb 2004 at @ 1621 hrs Detainer ISN# housed in Cell Refused Block GUARDS, BLOCK NCO, CAMPSOG, CAMPPL and CAMP COMMANDER to comply to camp requirements for him to participate in recreation AND SHOWER CALL. THE WAS communicated acceptive for immediate response of the FRF TEAM. I With the minimum Amount of force necessary, the

team entered cell and restrained the detainer. The detamer was then moved to the recreation area where he received medical attention and evaluation

END OF STATMONT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT
	PAGE 1 OF PAGES
	17301751 173023
ADDITIONAL DACES MUST CONTAIN THE HEADING	CETATEMENT TAKEN AT DATED

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

### PRIVACY ACT STATEMENT

AUTHORITY:	Title 1	O

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 of your social security number is voluntary. DISCLOSURE: A. FILE NUMBER 2. DATE (YYYYMM LOCATION Block, Camp Delta, Guantanamo Bay Cuba

7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME

8. ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay Cuba 09360

ON 12 Feb 2004 at approx 1621 hrs Detains ISN II us. Lefus housed in cell refused Black 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 was communicated across the for Immediate response of the IRF Team. Using the minimum amount of force necessary; the team entered into cell and restrained and cuffed the detainer and moved the detainer to the recreation area where he recieved medical attention and examination.

-11/ End of StatementA

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT /

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

evaluation.

PAGES

### For use of this form 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 LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 2004/02/12 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS 2/6 Th Military Police Company Camp Delta, Guantanamo Bay Cuba 09360 9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON or Around 12 feb by at approx. 1621 hrs. Detainee in CEII refused Block guard, Block NCU, CAMP 506, CAM PL, and camp commander to comply with the requirment for him, participate in the recontion and shower activity. The was

PP, and camp commander to comply with the regulation for him, participale in the recontion and shower activity. The was communicated across the for Immediate response of the IRF team. I with minimum amount of furce Necessary the ream entered into CEII and restrained and cuffed petaince and moved to the recreation area where the recived medical attention and evaluation. /// END of Statement /),

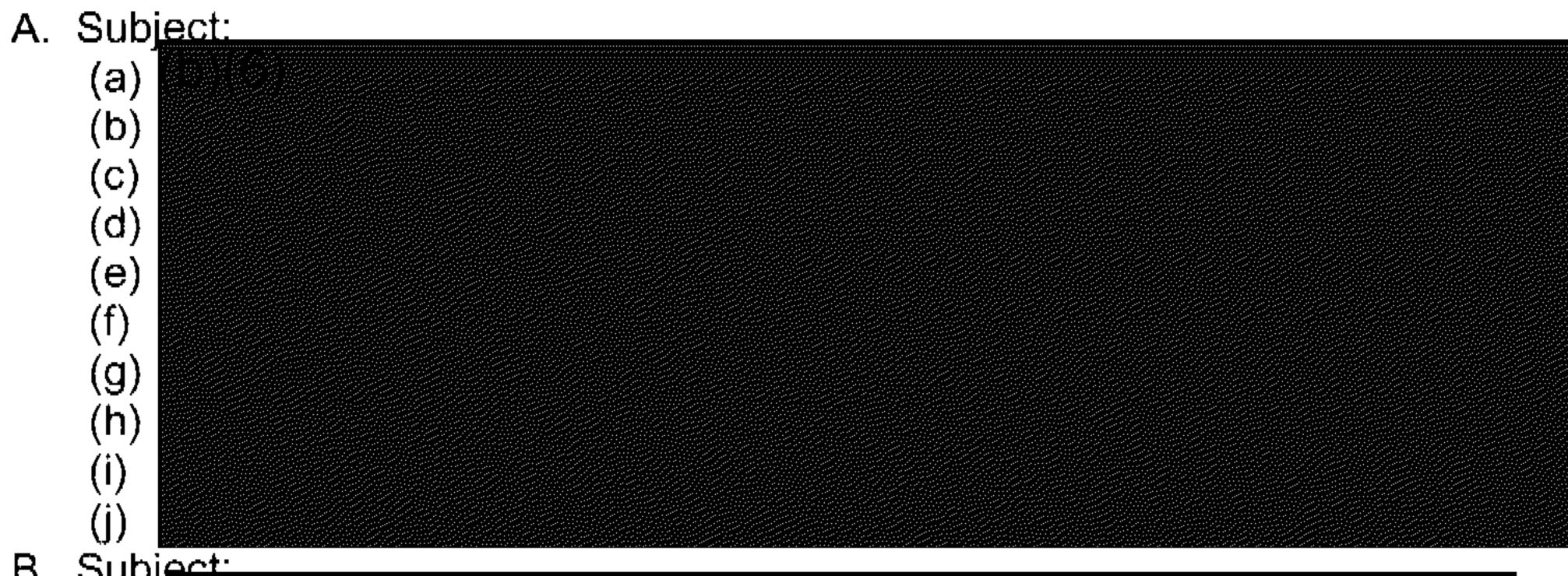
<u> </u>		
10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF2	PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT TAKEN AT DATED	

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

	PRINCIPAL PURPOSE:		301: Title 5 USC Section 29	1. E.O. 0207 dated Nevember 1		
ROUTINE USES: Over acidal security number is used as an additional/alternate means of identification to tacilitate filing and Disclosure of your social security number is voluntary. In COLATION. IN COLATION Delta, Guantanamo Bay Cuba Disclosure Pists NAME MIDDLE NAME  BIOCK. Camp Delta, Guantanamo Bay Cuba DISCONDEN DELTA TIME DISCONDEN DELTA GUANTANIA DELTA GUANT						
DISCLOSLED: Disclosure of your social security number is voluntary.  COCATION Block, Camp Delta, Guantanamo Bay Cuba  LAST NAME FIRST NAME MIDDLE NAME  OPERANI OPERAN	OUTINE USES:			•		-
DEATION Block, Camp Delta, Guantanamo Bay Cuba  Block, Camp Delta, Guantanamo Bay Cuba  OR ADDRESS 21(C)  OR ADRESS 21(C)  OR ADDRESS 21(C					cation to facilitate filing a	and
Block Camp Delta, Gunntanamo Bay Cuba  LASTNAME FIRST NAME MIDDLE NAME  OR ADDRESS  21(C)  OR ADDRESS  21(C)  OR ADDRESS  21(C)  OR ADDRESS  A Camp Delta, Gunntanamo Bay Cuba 09360  OR ADDRESS  OR ADDRESS  A Camp Delta, Gunntanamo Bay Cuba 09360  OR ADDRESS		Disclosure of your so			CIL C NU IMPED	
OR ADDRESS 21(a) Military Police  OR ADD		elta, Guantanamo Ba	- 1 1/	8-4-1-1	FILE NUMBER	
OR ADDRESS 21(a military Police				24/15 1 1 1 0 1	7. GRADE/S	<b>T</b>
			10. 0.			
On or around 12 Feb 2004 ot approx 1621 hrs Detainer house in cell 15W refused Black (round, Bloco) CO. Camp Sour, Camp the and Camp Commander to complete the veguirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate response the IRF team. I with the amount of force necessary, the team entered in to cell and restrained and coffed the detainer on to cell and restrained and coffed the detainer on moved the detainer to the recreation area where he recived medical attention and evaluation — rend of systement.						
On or around 12 Feb 2009 ot approx 1621 hrs Detainee house in cell ISW refused Black Orward, Bloco NCO, Camp Sobr, Camp Ph and Camp Commander to complete the veguirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate response the IRF team. I have a for immediate response to the IRF team. I have a constrained and coffed the detainee on the cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation — NEND of Systeman.	<b>216</b> itar	y Police	, Camp D	elta, Guantanamo Bay Cuba	09360	
On or around 12 Feb 2009 ot approx 1621 hrs Detainee house in Cell ISW refused Black Orward, Bloco NCO, Camp SOGT, Camp Ph and Camp Commander to complete the requirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate response the IRF team. I have a for immediate response to the IRF team. I have a constrained and coffed the detainee on the cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation — NEND of Systeman.			<i>1</i>			
refused Black Othard, 5100 NCO, Camp Soot, Camp Ph and Camp Commander to completely the the veguirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate response for immediate response the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation—nend of stylamons.			, WANT	TO MAKE THE FOLLOWING ST	TATEMENT UNDER OAT	H:
refused Black Others, 5000, Oco, Camp Soor, Camp Ph and Camp Commander to comply with the veguirement for him to participate in the recreation and shower activity. The was communicated accross the for immediate responsible to the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation—nend of systements.	In or an	and 12 Fe	25 2004 ot 0	pprox 1621 hrs	Vesainee no	DOOC
OCO, Camp SOGR, CampPh and Camp Commander to complete with the requirement for him to participate in the recreation and shower activity. The was communicated accross the was for immediate responsible of the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation—read of systement of the detained of systement of the detained of systement of the detained of systement of the detailed of the detailed of systement of the detailed	's call	7 < 10)		macreal Blow	k Griverd. Bl	look
communicated accross the for immediate responses the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and cuffed the detainer on moved the detainer to the recreation area where he recived medical attention and evaluation — n End of systement of the detainer of the det	n Cell	7010	A2	LALOSEC CICO	1 1 1 1 1 1 1 1 1	110
communicated accross the for immediate responses the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainer on moved the detainer to the recreation area where he recived medical attention and evaluation — nEnd of systement of the medical attention and evaluation in the system of the	uco, came	506, (a	mpth and Co	amp command	der to com	PUX
communicated accross the for immediate responses the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainer on moved the detainer to the recreation area where he recived medical attention and evaluation — nEnd of systement of the medical attention and evaluation in the system of the system of the control of the system of the control of the system of the system of the system of the control of the cont	11:42 41.0	compo	+ Conhim to	narticipate	inthe	•
communicated accross the for immediate responses the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainer on moved the detainer to the recreation area where he recived medical attention and evaluation — nEnd of systement of the medical attention and evaluation in the system of the system of the control of the system of the control of the system of the system of the system of the control of the cont	non the 1	regulicinal	ic for thing is	Joan Vierbare	11.065	
communicated accross the for immediate response of the IRF team. I with the minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation—nEnd of systement of systems of the certain in the communication and evaluation in the communication and evaluation area.	recreation	n and Show	ver activity	· INP	00 003	
of the IRF team. I with the minimum amount of force necessary, the team entered in to cell and restrained and cuffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation — n End of systement of the cell and the system of the cell and the cell attention and evaluation in the cell attention and evaluation are a where he recived medical attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention and evaluation — n End of system of the cell attention at the cell attention and evaluation — n End of system of the cell attention at the cell attention attention at the cell attention attention at the cell attention at the c	_			for imp	nediate resi	DONS
minimum amount of force necessary, the team entered in to Cell and restrained and coffed the detainee on moved the detainee to the recreation area where he recived medical attention and evaluation—IN End of systement.	-011110111CA	red auro	is the	(0, 1111)	- 11 th t	40
minimum amount af force necessary, the team entered in to Cell and restrained and cuffed the detainee and moved the detainee to the recreation area where he recived medical attention and evaluation—INEND of styliments.	of the IRI	F team, 7			, WILLIO	7
and restrained and coffed the detained he noved the detainee to the recreation area where he recived medical attention and evaluation—nend of systement.  O. EXHIBIT  11. INITIAL ON MAKING STATEMENT  PAGE 1 OF	to " or "	. /	C-000 - 00	essand the t	erm enter	ed
and restrained and coffed the detained he noved the detainee to the recreation area where he recived medical attention and evaluation—nend of statement.  10. EXHIBIT  11. INITIAL ON MAKING STATEMENT  PAGE 1 OF	$\mu \cup \mu \cup \mu \cup \mu \cup \mu = \mu \cup \mu \cup \mu \cup \mu \cup \mu \cup $	amount a	+ FOICE HECK		and administration	ind
10. EXHIBIT  11. INIT  ON MAKING STATEMENT  PAGE 1 OF _2 PAGE	into (811	and	restrained a	and cutted thi	edevantee	G/IC
10. EXHIBIT  11. INIT  ON MAKING STATEMENT  PAGE 1 OF _2 PAGE		a detriber	o to the rec.	reation area	a where n	le_
10. EXHIBIT ON MAKING STATEMENT PAGE 1 OF PAGE	nouza one	e devance		abadian -	Fod of states	yent w
0. EXHIBIT ON MAKING STATEMENT PAGE 1 OF PAGE	recived mo	edicul atte	ention and ea	JOLOWITON	Ly Cot Source	
PAGE 1 OF PAGE						
PAGE 1 OF PAGE			•			
PAGE 1 OF PAGE				<u> </u>	1	
PAGE 1 OF PAGE				· · · · · · · · · · · · · · · · · · ·	1	
PAGE 1 OF PAGE				<u> </u>		
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						•
PAGE 1 OF PAGE						٠
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
PAGE 1 OF PAGE						
	). EXHIBIT		11. iNi	ON MAKING STATEMENT		•
DDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED	ı. EXHIBIT		11. INI	ON MAKING STATEMENT		•

## SIR 12 Feb 04 1621

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 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:



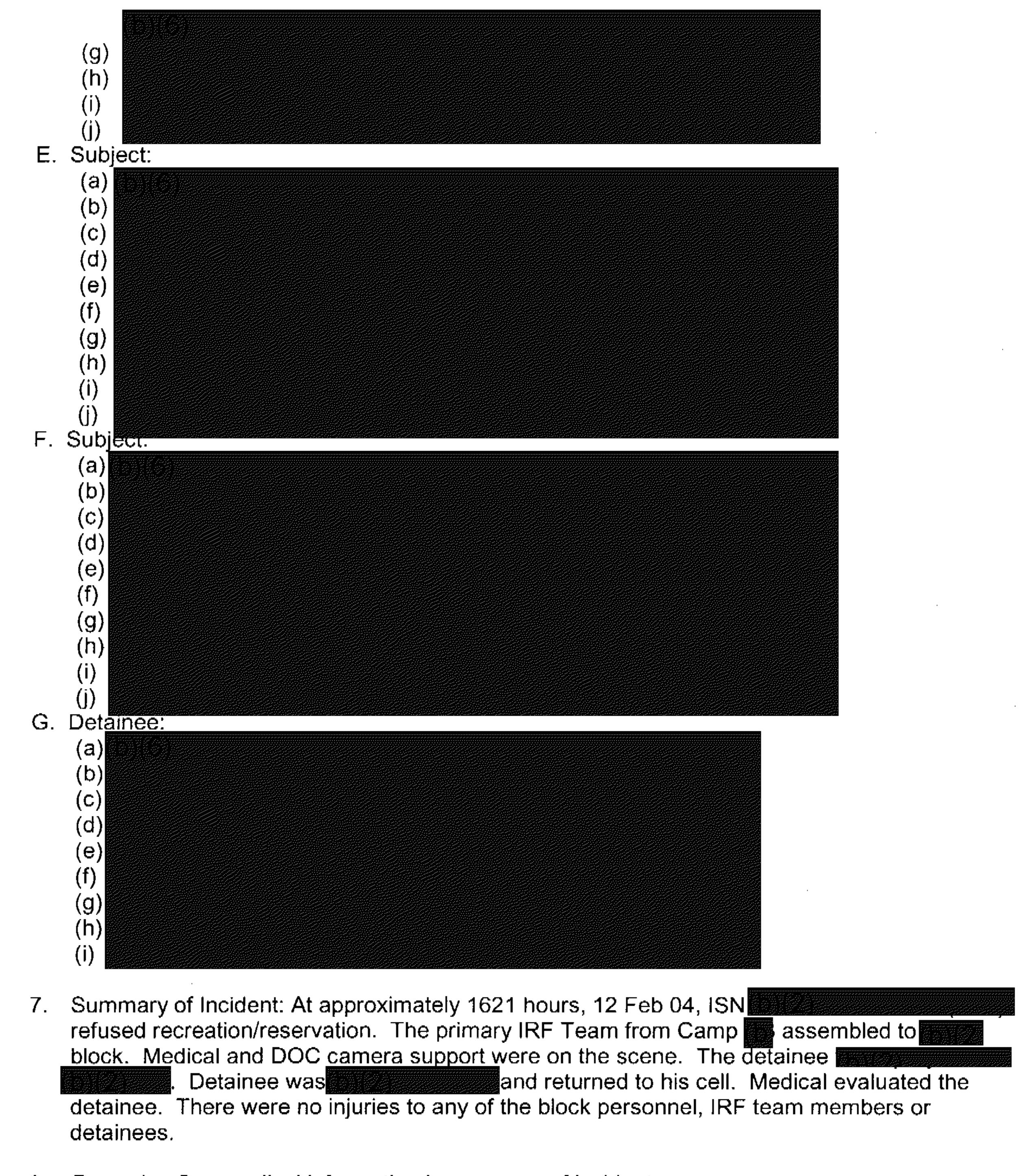
(a)
(b)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

C. Subject:

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

D. Subject:

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



- 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:
- 12. Downgrading Instructions: N/A

# SWORNS

For use of this form, see AR 1804 The Properties agency is ODCSOPS

			· / <del></del> -
PRIVACY		CTAI	CC 8 # C 8   T
PRIVACY	$\Delta \iota . \iota$	3 I A I	I EMMENA I
			,

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 of your social security number is voluntary. DISC

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD) 3. TIME 1822 20040212

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. \$\$N

GRADE/STATUS

8. ORGANIZATION OR ADDRESS

llitary Police 5TF GTMO

amp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On or around 12 Feb approx. 1621 hrs. Detainer housed in Cell refused Block quard, Block and Camp Commander to comply with the requirement

for him to participate in the recreation and shower activity.

was communicated across the

for immediate response of the IAF team.

with the minimum amount of force nessessary, and restrained and cuffed the team entered into cell

the detainer and moved the detainer to the recreation wear where he recieved medical attention and evaluation

// End of Statement ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_\_\_\_\_\_ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_ DATED

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:

1. LOCATION

Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

Disclosure of your social security number is voluntary. DISCLOSURE:

4. FILE NUMBER 3. TIME 2. DATE (YYYYMM

Block, Camp Delta, Guantanamo Bay Cuba

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

<u>GRADE/STATUS</u>

8.	ORGANIZ	ATION OR ADDRESS
	~ · · · · · · · · · · · · · · · · · · ·	Additional Dation

Company LIGTH Military Police

, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 12 Feb 2004 at @ 1621 hrs Detainer ISN# Refused BI-OCK GUARDS, BLOCK NCO, CAMPSOG, CAMPPL, and CAMP COMMANDER to comply to camp requirments for him to participate in was communicated access recreation AND SHOWER CALL THE for immediate response of the FRF Team. I the

team entered cell

with the minimum Amount of force necessary, the and restrained the detainer. The detamer was then moved to the recreation area where he received medical attention and evaluates

END OF STATMONT

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMI	ENT PAGES PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING '	STATEMENT TAKEN AT DAT	TED

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.

LA. FILE NUMBER TIME 2. DATE (YYYYMM) <u>LOC</u>ATION Block, Camp Delta, Guantanamo Bay Cuba 2004

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

ORGANIZATION OR ADDRESS

Military Police Company

, Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: on 12 Feb 2004 at approx 1621 hrs Detaine ISN " as in

camp 506, Camp PL, and Camp Commander to Comply with the reception and

Shower activity. The was communicated across the for Immediate response of the IRF Team.

of force necessary; The team entered into cell and restrained and cuffed the detainer and moved the detainer

to the recreation area where he recieved medical attention

and evaluation.

11/ End of StatementA

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF \_\_ <del>\_\_</del>

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT /\_\_\_\_ TAKEN AT \_\_\_\_ DATED

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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

ROUTINE USES:

9.

DISCLOSURE: Disclosure of your social security number is voluntary. <u>LOC</u>ATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 1850 2004/02/12

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8.	ORĞAI	NIZA	TĪOI	N OF	₹ÁDE	RES	SS
i		•	· ·				

Military Police Company Camp Delta, Guantanamo Bay Cuba 09360 2/610

ON or Around 12 feboy at approx. 1621 hrs. Detained in cell

ISN# refused Block goard, Block NCU, CAMP SOG, CAMP PL, and camp commander to comply with the requirment for him to

participate in the recontion and shower activity. The was

Communicated across the state for immediate response of the IRF

with minimum amount of force Necessary the ream Entered Into CEII and restrained and

cuffed petaince and moved to the recreation area where He reciveD medical attention and evaluation. //- 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 \_\_\_\_

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

		PRIVACY ACT STAT	EMENT	
AUTHORITY:	Title 10 USC Section 301; Title !	5 USC Section 2951;	E.O. 9397 dated November 2:	2, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and la	aw enforcement offici	als with means by which info	ormation may be accurately
ROUTINE USES:	Your social security number is			ation to facilitate filing and
DISCLOSURE:	Disclosure of your social securi			
1. LOCATION  Rlock Camp Γ	elta, Guantanamo Bay Cuba		MINIDE B. TIME	FILE NUMBER
		200410a	1/2 1901	• • • • • • • • • • • • • • • • • • •
5. LAST NAME. FIRST	VAIVIE. MIDDLE NAME	6. SSN		7. GRADF/9
	ADDRESS y Police	, Camp Delta	a, Guantanamo Bay Cuba 0	9360
9.	, ,			
On or an	and 12 Feb 21	, WANT TO	MAKE THE FOLLOWING ST	Descrince housed
in cell	15W		refused Block	Coverd, Block
NCO, camp	5000 Campl	"hand Car	np Commano	ler to comply in the
Corners	regulation to	Continue to	The	Was
	ted accross th		for inni	ediate response
Of the TRI	F team, T			Withthe
to "in the same	A = A + A + A + A + A + A + A + A + A +	CAPAPLES	saru, the to	ean enterec
TOUTHINGTON	amound at tor			detaineend
in 60 (e//	and rest	rained an	d cutted une	
1 11		F- (/) F-     F- /     7		
	adical Hearting	n and pac	Wation	End of statementin-
recivedim	ECICAL allerino			
		,	· · · · · · · · · · · · · · · · · · ·	
				•
			•	
				•
	•			
	•			
		•		
10. EXHIBIT		11. INI	ON MAKING STATEMENT	
				PAGE 1 OF PAGES
ADDITIONAL PAGES M	UST CONTAIN THE HEADING "S	STATEMENIT	TAVENIAT DATED	
_		//////////////////////////////////////	TAKEN AT DATED	<u> </u>

MUST BE BE INDICATED.