Cell Extraction ISN

SIR 19 0540 Feb 04

- 1. Category:
- 2. Type of Incident: Force Cell Extraction ISN
- 3. Date/Time of Incident: 19 0540 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:

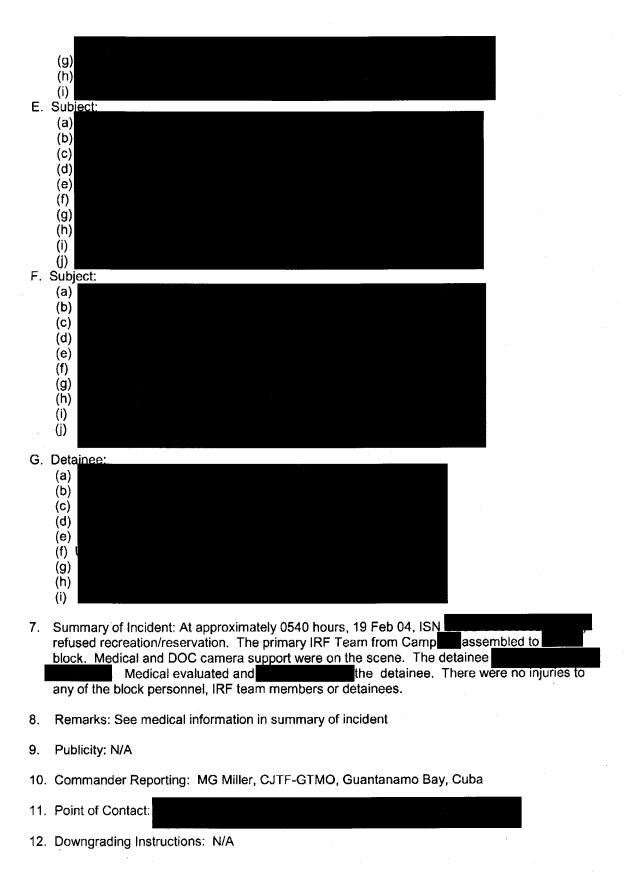
 (a)
 (b)
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 B. Subject.
- B. Subject:

 (a)
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- C. Subject:

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 D. Subject:
- (a) (b) (b)
 - (c) (d) (e) (f)



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

PRIVACY ACT STATEMENT

AΙ	ITHOBITY.	

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: DISCLOSURE:

Disclosure of your social security number is voluntary.

LOCATION Block, Camp Delta, Guantanamo Bay Cuba

3. TIME 2. DATE (YYYYMM 2004 62 19 0643 4. FILE NUMBER

T NAME FIRST NAME MIDDLE NAME

GRADE/STATUS

8.	OR	2 V VII Z V	TI	0	Ν	OR	ADD	RESS

Military Police 216

, Camp Delta, Guantanamo Bay Cuba 09360

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Feb 04 at approx. CS40 Detained ISN#

refused reservation (Ourdered IRF to remove said Detail

at time listed above. Detainer was removed from cell

reservation yard, cleared by medical then escorted to reservation by th

of Force nessary In which I performed, 111 ____ End of Statement -- 11

10. EXHIBIT

PAGE 1 OF

PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" _

__ TAKEN AT __

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

PRIVACY ACT STATEMENT

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AU	 	

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

PRINCIPAL PURPOSE: **ROUTINE USES:**

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

DISCLOSURE:

Disclosure of your social security number is voluntary.

3. TIME 4. FILE NUMBER LOCATION 2. DATE (YYYYMM) Guantanamo Bay Cuba 2004/02/19 0641 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME

8. ORGANIZATION OR ADDRESS

Camp Delta, Guantanamo Bay Cuba 09360

Z/6th Military Police

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 19 FBB 2004, at 0540 HRS defaine 1811#

BLOCK, CELL REFUGED RESERVATION. CO ORDERED THE

ILF TEAM TO REMOVE, SHID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE DEC-VARD

AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESER-VASTION BY THE ESCORT TEAM. I

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mimimum Amount of force necrossary. The · 11/ End of STATEMENTILL

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" $oldsymbol{\bot}$

___ TAKEN AT ___

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

MUST BE BE INDICATED.

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		WORN STATEMENT AR 190-45; the proponent a	gency is ODCSOPS	
			J	
AUTHORITY:	Title 10 USC Section 301; Title 5 U	SC Section 2951: F.O. 9397	lated November 22	1943 (SSN)
PRINCIPAL PURPOSE:	To provide commanders and law			
ROUTINE USES:	Your social security number is use			
DISCLOSURE:	Disclosure of your social security			· · · · · · · · · · · · · · · · · · ·
1_LOCATION	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 / 02/14	3. TIME 0610	4. FILE NUMBER
5. LAST NAME FIRST		6 SSN	1 00,0	7 GRADE/STATUS
8. ORGANIZATION OR 316 H. Militar 9.	ry Police Company	, Camp Delta, Guantar		
, <u> </u>	1		E FULLOWING STAT	EMENT UNDER OATH:
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ον 🖿	BLOCK REFUSED RESE			TO REMOVE SAID
DETAING	E AT TIME LISTED	ABOVE. DETAINE	e was dem	oved from CGLL AND
	O THE REC YARD CLE	ARED BY MEDICAL	THEN ESC	
BY ESCOR	TEAM.			WITH
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF2	GES
ADDITIONAL PAGES MUST CONT	IN THE HEADING "STATEMENT TAKEN AT DATED	_

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 **ROUTINE USES:**

DISCLOSURE: Disclosure of your social security number is voluntary 4. FILE NUMBER CATION

Block, Camp Delta, Guantanamo Bay Cuba GRADE/STATUS AST NAME FIRST NAME MIDDLE NAME

ION OR ADDRESS ¹⁷Military Police Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19 Tebort at approximately 0540 detained 1514 housed on block cells refused receivation retriged reservation. Wordered 1RF to remove said detained at time listed above. Detained was removed from cell and taken to the rec yard cleared by medica then was asconted to reservation by the except team. I, was

using the minimum amount of lover neccessary. -111 END EF STATEAUNT 111

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT PAGE 1 OF PAGES ADDITIONAL PAGES MUST CONTAIN THE HEADING "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 Your social security number is used as an additional/alternate means of identification to facilitate filing and

ROUTINE USES: DISCLOSURE: LOCATION

Disclosure of your social security number is voluntary

3. TIME 0625 maydazia

4. FILE NUMBER

8. ORGANIZATION OR ADDRESS

Military Police

Block, Camp Delta, Guantanamo Bay Cuba

Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 19FEB at approximately 0540, detained housed in Cell TSN refused reservation. Coordered IRF to remove said detainer at time listed above. Detainer was removed from cell and taken to the Recyard, cleared by medical, then escorted to reservation by escort team.

11/End of Statement/11

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF

PAGES

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.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1



SIR 19 0540 Feb 041

1. Category:

2. Type of Incident: Force Cell Extraction ISN

3. Date/Time of Incident: 19 0540 FEB 04

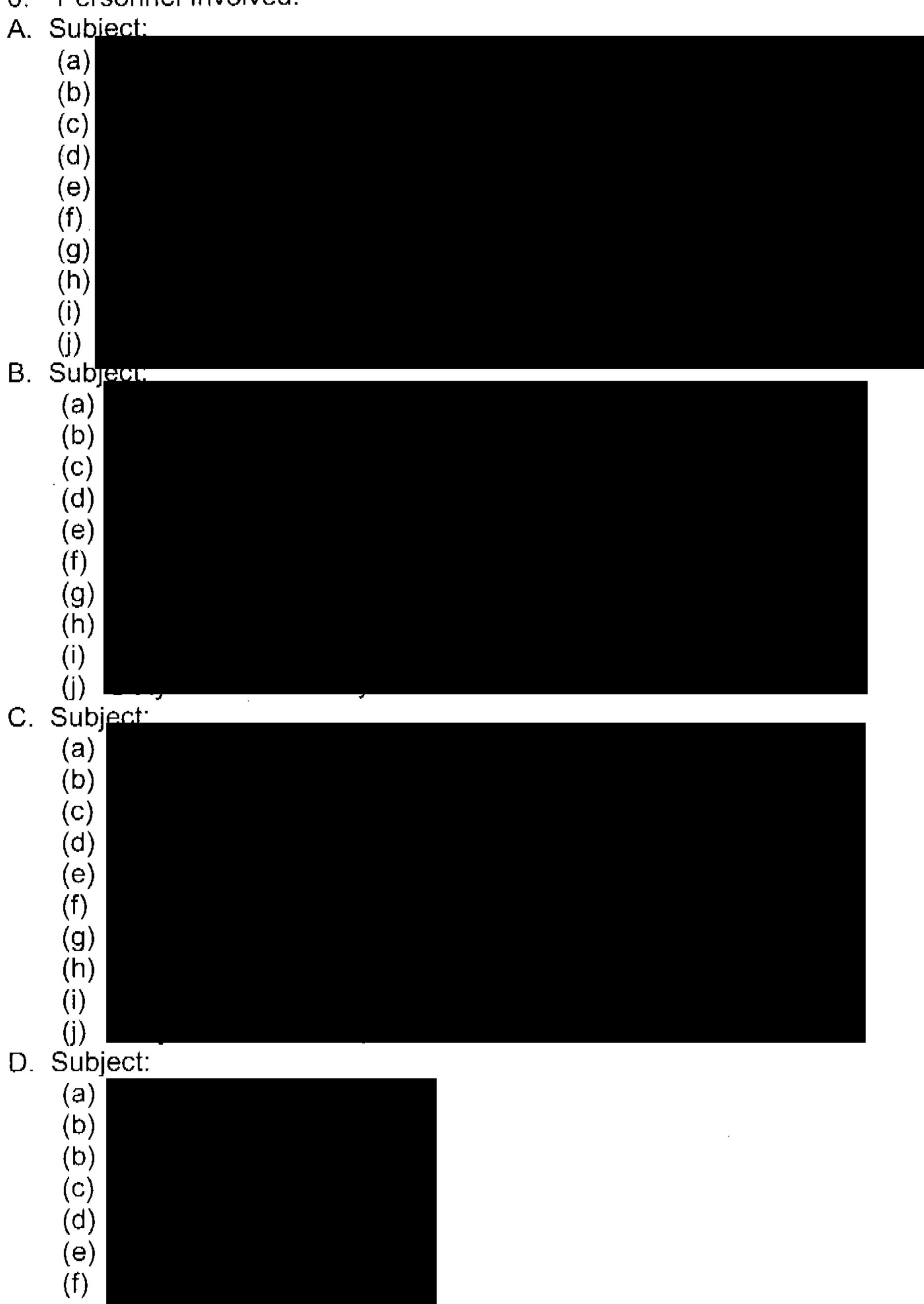
4. Location: Camp Delta, GTMO, Cuba

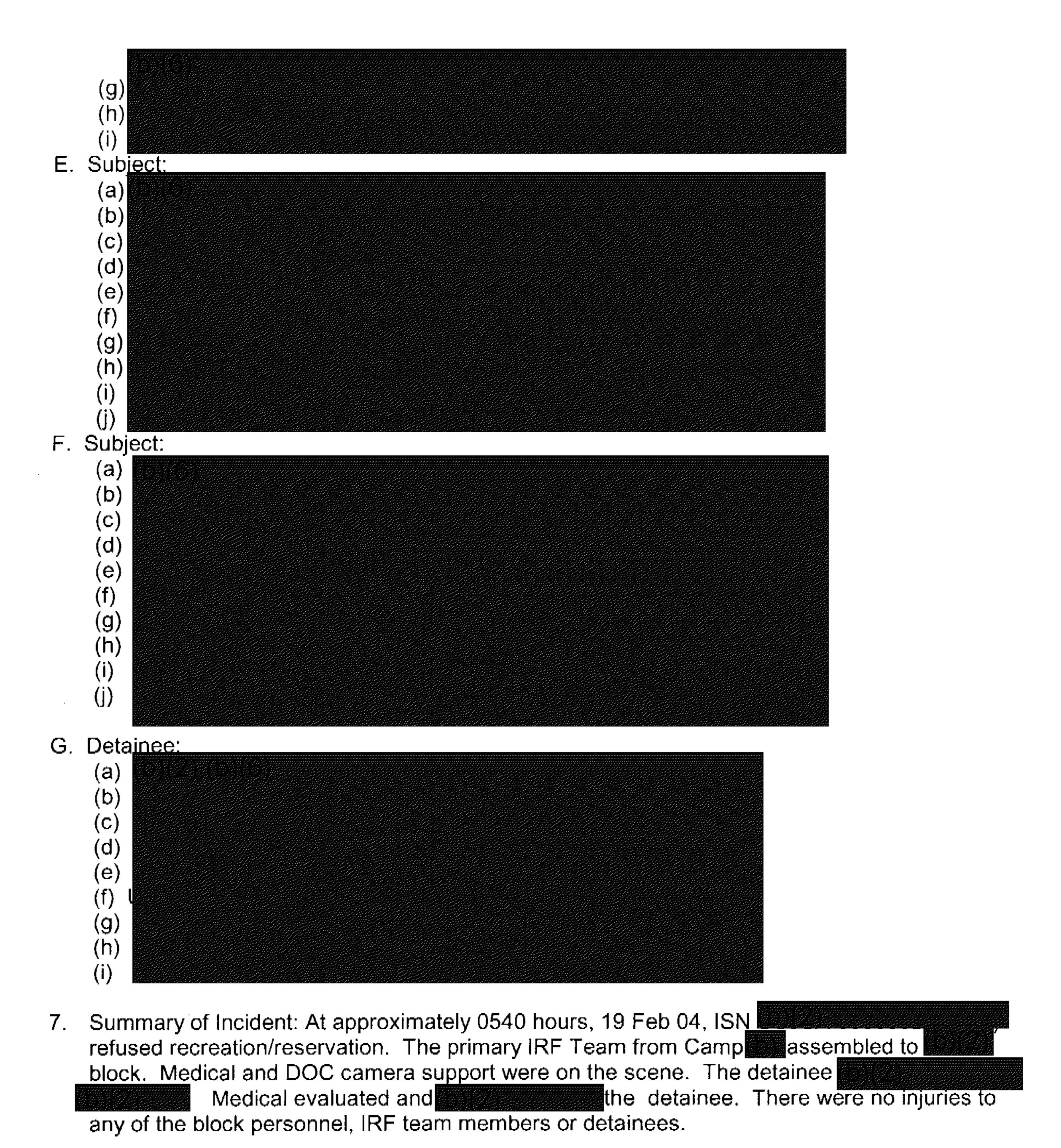
5. Other Information:

(a) Racial (Y/N): N

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

6. Personnel Involved:





- 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

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:

Disclosure of your social security number is voluntary.

DISCLOSURE: 2. DATE (YYYYMM 4. FILE NUMBER 3. TIME TION Block, Camp Delta, Guantanamo Bay Cuba 2004 0645

A SSN 7 GRADE/STATUS I ACT NIAME EIDCT NIAME MIDDLE NIAME

ORGANIZATION OR ADDRESS , Camp Delta, Guantanamo Bay Cuba 09360 Military Police 9. On 19 Feb OH at approx. 0540 Detained ISN # housedon Block Cell refused reservation Coordered IRF to remove said Detained at time listed above. Detainer was removed from cell referration yard, cleared by medical then escorted to reservation by the

of Force nessary In which I performed, 111 End of State ment -- //

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT PAGE 1 OF $\frac{2}{}$ 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.

DA FORM 2823, DEC 1998

DA FORM 23, JUL 72, IS OBSOLETE

USAPA V1.00

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 of your social security number is voluntary. DISCLOSURE: 3. TIME 4. FILE NUMBER 2. DATE (YYYYMMI LOCATION Guantanamo Bay Cuba 0641 2004/ 5 LAST NAME, FIRST NAME, MIDDLE NAME <u>6. SSN</u> 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS Military Police

Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 19 FBB 2004, at 0540 HRS detaine 18n#

1-loused

BLOCK, CEU REFUGED RESERVATION. CO ORDERED THE

IRF TEAM TO REMOVE, SHID DETAINEE AT TIME LISTED ABOVE. DETAINEE WAS REMOVED FROM CELL AND TAKEN TO THE REC-YARD

AND CLEARED BY MEDICAL. DETAINEE WAS ESCORTED TO RESER-

VASTION BY THE ESCORT TEAM. I

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10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ 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.

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

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AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 <i>(SSN)</i> .					
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 I	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004 / 02/14	3. TIME ()610	4. FILE NUMBER		
5. LAST NAME FIRST	NAME MIDDLE NAME	6 SSN		7 GRADE/STATUS		
8. ORGANIZATION OR Allitan	ry Policeompasy	, Camp Delta, Guantai	namo Bay Cuba 093	360		

ON 19 F.6 09 AT 0540 DETAINES ISN

ON BLOCK REFUSED RESERVATION. CO ORDERED IRF TO REMOVE SAID

DETAINES AT TIME LISTED ABOVE. DETAINES WAS DEMOVED FROM CELL AND

TAKEN TO THE REC YARD CLEARED BY MEDICAL. THEN ESCERTED TO RESERVATION

BY ESCORT TEAM.

WITH

THE MINIMUM AMOUNT OF FORCE.

-/// END OF STATEMENT !!!

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 AGES
ADDITIONAL PAGES MUST CONTAIN THE HEADIN	G "STATEMENT TAKEN AT DATED	
THE BOTTOM OF EACH ADDITIONAL PAGE MUST MUST BE BE INDICATED.	BEAR THE INITIALS OF THE PERSON MAKING THE ST.	ATEMENT, AND PAGE NUMBER

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.

CATION

9.

Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (YYYYMMDD)

3. TIME

4. FILE NUMBER

S LAST NAME FIRST NAME MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Camp Delta, Guantanamo Bay Cuba 09360

On 194ebox at appreximately 0540 detained 1514 refused receivation. CD ordered housed on block cell 1RF vo remove said detainee at time listed above. Detainee was removed from cell and taken to the rec fand cleared by medical then was ascented to reservation by the excent team. I, andmy

USING the minimum ancount of Konce neccessary.

-11/ENDERSTATERUNT//-

10. EXHIBIT

11. INITIALS <u>OF PERSON MAKING STATEMENT</u>

PAGE 1 OF _____ PAGES

TAKEN AT _____

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" _____

DATED

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

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AUTHORITY:

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

PRINCIPAL PURPOSE:

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ROUTINE USES:

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DISCLOSURE:

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4. FILE NUMBER

___CATION Block, Camp Delta, Guantanamo Bay Cuba 2. DATE (YYYYMMA 3. TIME

8. ORGANIZATION OR ADDRESS

Military Police

, Camp Delta, Guantanamo Bay Cuba 09360

On 191FEB at approximately 0540, detainer housed in Cell tefused reservation. Loordered IRF Ito remove said détainée at time listed above. Détainée wes removed from cell and taken to the Recyard, cleared by medical, then escorted to reservation by escort team -//End of statement//-

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11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" _____

TAKEN AT _____ DATED ____