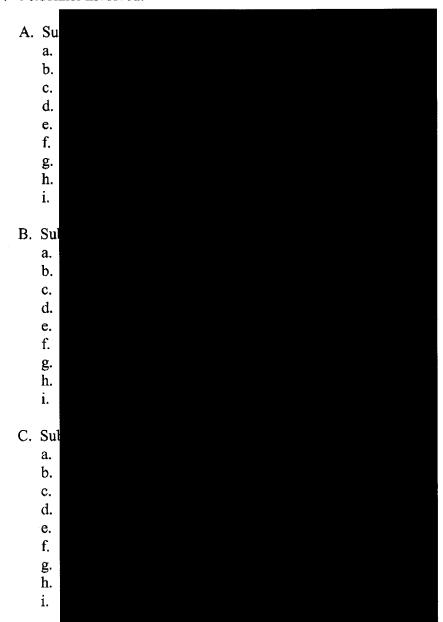
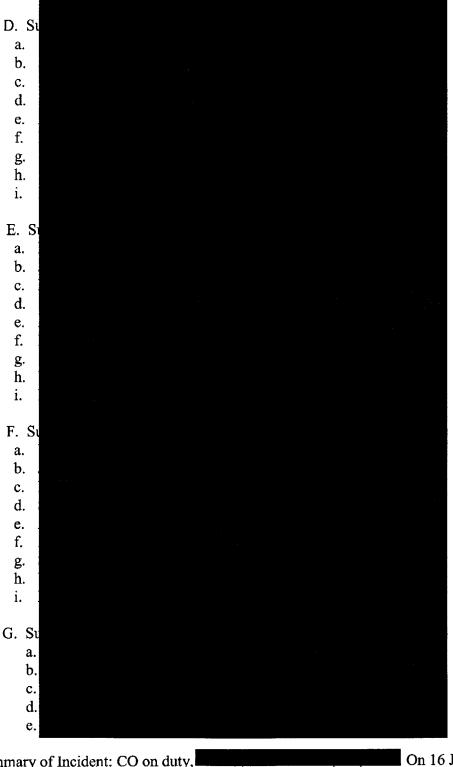
1.	Category:

- 2. Type of incident:
- 3. Detainee ISN:
- 4. Date/Time of incident: 16 JUL 05 / 1215 hours
- 5. Location: Cell Block, Camp Camp Delta, GTMO, Cuba
- 6. Other information:
  - a. Racial (Y/N): N
- 7. Personnel Involved:





- 8. Summary of Incident: CO on duty, were serving chow to The detainee accepted his tray and placed it on his bunk. The detainee is currently on cup loss and was asked if he wanted his drink poured in his tray lid. The detainee accepted his fruit and then grabbed his tray and claimed it was not his food. The detainee threw the food out the beanhole and attempted to strike the then to halt the assault. The detainee backed up and covered his beanhole with his isomat. Medical was called and responded to ensure he was properly
- 9. Remarks: None
- 10 Publicity: N/A

11. Commander Reporting: Bay, Cuba

12. Point of Contact:

13. Downgrading instructions: N/A

## SWORN STATEMENT

For use of this form, see	e AR 190-45; the proponent a	gency is ODCSOPS	
PF	RIVACY ACT STATEMENT		
Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 939;	7 dated November 2	2, 1943 (SSN)
Your social security number is used	d as an additional/alternate me	eans of identification	to facilitate filing
	umber is voluntary.	•	
Camp block	2. DATE 17YYYMMDD, 2005 07 16	1317	4. FILE NUMBER
	6. SSN		7. GRADE/STAT
	. WANT TO MAKE THE	FOU OWING STATE	EMENT HALDER OA
at approximately lo	215,	1026077714	MENT ON DER UA
asked if he want detained leaned for we have leaned for we hole then swung his to Stop	the detained his fruit errord and accepted by said it was not arm trying to the assault that the bean hole bean hole and tainces on	detainee of the list curry drink pour his fruit this, and strike was in provided continue block.	ently on cup red in his in his hand A threw it  rograss. The Isomat. A serving  Medical was
	Title 10 USC Section 301; Title 5 To provide commanders and law e Your social security number is used Disclosure of your social security n  Camp block NAME MIDDLE NAME  ADDRESS A GTMD CUba  Were  Tocated in cell  red it on his bund asked if he want detained leaned for w  nec went to his tro hole then swung his to Stop to  and FCI closed the rest of the de	PRIVACY ACT STATEMENT  Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 939:  To provide commanders and law enforcement officials with mea  Your social security number is used as an additional/alternate me  Disclosure of your social security number is voluntary.  Camp block 2005 07 16  NAME MIDDLE NAME 6. SSN  ADDRESS  A GTMD CUBA  WANT TO MAKE THE  Led it on his bunk. The detained asked if he wanted his fruit or  detained leaned for word and accepted  mee went to his tray said it was a hole then swung his arm trying to  to Stop the assault that  cd Up and covered the bean hole and  crest Of the detainers on	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 2: To provide commanders and law enforcement officials with means by which informate your social security number is used as an additional/alternate means of identification Disclosure of your social security number is voluntary.  Camp block 2. DATE (YYYYMMDD) 3. TIME 2. DATE (YYYYMMDD) 3. TIME 1317  NAME MIDDLE NAME 6. SSN  ADDRESS  ADDRES

. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	<u> </u>
•		PAGE 1 OF
IDITIONAL PAGES MUST CONTAIN THE HEADING "	STATEMENT. DATED .	ماني الباسبيسية

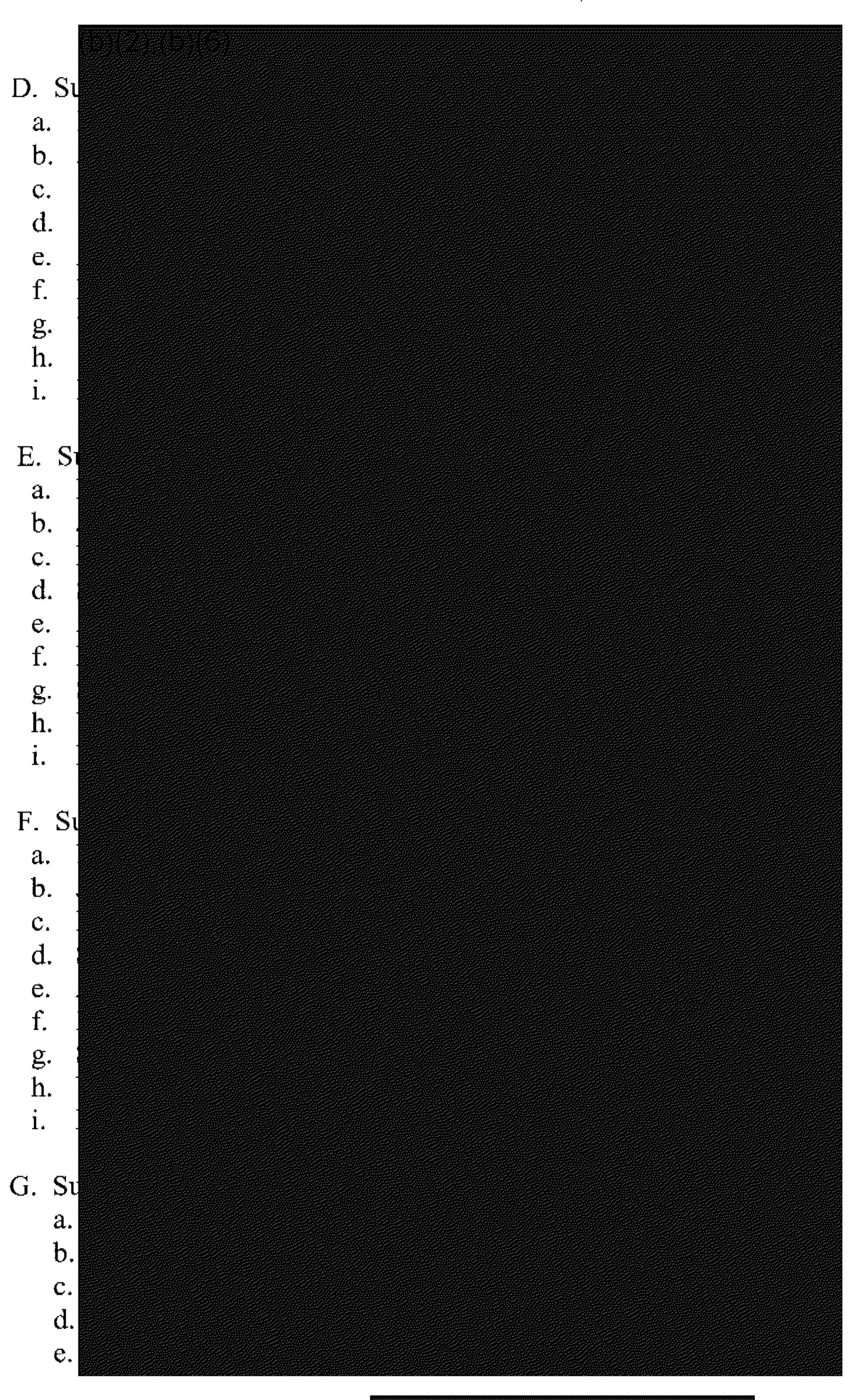
Camp Delta, GTMO, Cuba

6. Other information:

a. Racial (Y/N): N

7. Personnel Involved:

A. Su a. þ. c. d. e. g. h. B. Sul a. c. e. C. Sul a. b. Ç, e.



8. Summary of Incident: CO on duty	7,	On 16 JUL 05 at
approximately 1215 local time		were serving
chow to		
bunk. The detainee is currently on cu	up loss and was asked if he w	vanted his drink poured
in his tray lid. The detainee accepted	l his fruit and then grabbed ha	is tray and claimed it
was not his food. The detainee threw	the food out the beanhole ar	nd attempted to strike
the		
detained backed up and dovered his b	eanhole with his isomat. Me	edical was called and
responded to ensure he was properly		

9. Remarks: None

10. Publicity: N/A

11. Commander Reporting: Bay, Cuba

12. Point of Contact:

13. Downgrading instructions: N/A

## SWORN STATEMENT

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

	PRIVACY ACT STATEMENT
ITHORITY:	Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN)
INCIPAL PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately
UTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and
CLOSURE:	Disclosure of your social security number is voluntary.
LOCATION Camp delta,	Camp block 2. DATE IYYYYMMOD 3. TIME 4. FILE NUMBER
LAST NAME FIRST	NAME, MIDDLE NAME  7. GRADE/STATUS
ORGANIZATION OR	
Camp de (t	COBO
	, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH
On 16 July 05	at approximately 1215, 1819
	were Serving lunch to detainer
	located in cell. The detainer acceptes his
Tray and plan	chit on his bunk The dominate in
	ced it on his bunk. The detainer is currently on cup
1057 QMA Was	asked if he wanted his fruit or drink poored in his
tray lid. The	detainer leaned forward and accepted Ling.
Vext the detail	detained leaned forward and accepted his fruit in his hand, nee went to his tray, said it wasn't his, and threw it
ما داده ما داده ما داده ما داد	well washing his and Threw je
out rue best	note then swong his arm trying to strike
	to Stop the assault that was in progress. The
detained back	at 110 and course the banks to
	ed up and covered the bean hole with his Isomet.
t	and FCI closed the bean hole and continued serving.
Chow to the	rest of the detainces on block. Mobical hear
_	
Called and re	esponded -11/4 1/11 End Of Statement + / H/ 1/11

_;=;=;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;-;	┸ <del>╤═╧┈╶</del> ╬╫╌┸┈┈┈ <del>┈╒╒</del> ┉┈┰┈┈ <del>┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈┈</del> ┼╒┺┺┸╌╌╬┺╦╾╼ <u>┈┾╴┈</u> ┼╸┈┼╸┼╸┈┼┈┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼┼	<del></del>
. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
		PAGE 1 OFF
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DITIONAL PAGES MUST CONTAIN THE HEADING	"STATEMENT DATED	' <del></del>
		• • • • • • • • • • • • • • • • • • • •

'E BOTTOM OF EA CH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NU IST BE BE INDICATED