

SIR 05 APR [REDACTED]

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 1540 07April05

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

Duty of Status: On Duty

C. Subject:

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

D. Subject:

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

(c)
(f)
(i)
(j)

E. Subject:

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

F. Subject:

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

G. Subject:

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

H. Subject:

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

I. Subject:

(a)
(b)
(c)
(d)

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 CAMP DELTA	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

9. I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 7 APRIL 2005 AT 1540 A Force Cell Extraction move was performed on [REDACTED] Detainee ISN [REDACTED] I [REDACTED] ON THE FORCE CELL EXTRACTION TEAM. [REDACTED] THE TEAM APPROACHED THE cell and entered, THE Detainee put up a Fight. [REDACTED] USING the minimum amount of Force Necessary, THE TEAM moved the Detainee From his cell to the REC YARD. MEDICAL and behavior Health did an Assessment on the Detainee, then the team moved the detainee back to his cell. THE TEAM Released the Detainee and exited using the minimum amount of Force Necessary. Detainee and the Force cell extraction team Needed No medical Attention. /// END OF STATEMENT ///

No Further
[REDACTED] Res His Page.

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" 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.

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAYS DATE IS 7 APR 05, AND THE CURRENT TIME IS 1517. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] SN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

DETAINEE REFUSED TO REMOVE TOWEL
FROM WINDOW

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- ☐ ESCORT TEAM
- ☐ MEDICAL TEAM
- ☐ VIDEO TEAM
- ☐ INTERPRATER
- ☐ BARBER

IRF PERSONNEL INFORMATION:

POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



[REDACTED]
MEDICAL ATTENTION NEEDED: ~~YES~~ NO

(e)
(f)
(g)
(h)
(i)
(j)

J. Subject:

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

K. Subject:

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

L. Detainee:

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

7. Summary of Incident: CO on duty, [REDACTED] On 07 April 2005 at approximately 1345, detainee ISN# [REDACTED] cell [REDACTED] refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG [REDACTED] ordered detainee ISN# [REDACTED] to remove his towel and he refused. At approximately 1400, the PL [REDACTED] ordered the detainee to remove his towel and he refused. At approximately 1422, the [REDACTED] arrived at the detainee's cell with an Arabic interpreter and ordered the detainee to remove his towel because it was a safety issue and against the rules at least 3 times and he refused. At approximately 1450, [REDACTED] activated the IRF Team using the [REDACTED] and received permission from [REDACTED] to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take his towel down. At approximately 1500, a Behavioral Health Technician [REDACTED] arrived at [REDACTED] block and spoke to detainee ISN# [REDACTED] Afterward, [REDACTED] authorized the removal of all BI items from the detainee upon extraction. At approximately 1515, [REDACTED] arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to

remove the towel or else he would be extracted from his cell so the towel could be removed to which the detainee again refused. At approximately 1530, [REDACTED] gave the order for the FCE to proceed. At 1540, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was restrained in flexi-cuffs and taken to the recreation yard for examination by the on-duty Corpsman. When asked questions about if he was injured the detainee's only responses through the interpreter were words to the effect that he was at war with all present. The Corpsman determined the detainee to be uninjured. When the detainee was told he would have to give up his shirt and pants once back in his cell, he answered angrily with further threats. For this reason, shears were used to cut and remove his shirt and pants from him while being held by the IRF Team in the recreation yard. The detainee was then carried by the IRF team back to his cell, [REDACTED] without incident and the FCE was complete at approximately 1620. The entire FCE was video-taped.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [REDACTED]

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

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

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, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS 367th Military Police Company JDOG, Camp Delta, APO AE 09360			

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

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED] DETAINEE REFUSED SEVERAL REQUEST FROM THE BLOCK MP, BLOCK SGT, CAMP SOG, PL, AND CO TO REMOVE HIS TOWEL FROM HIS WINDOW, (IT OBSTRUCTED THE ONLY VIEW INTO THE CELL). AFTER MULTIPLE FAILED REQUEST THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED BY THE TEAM USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION WITH LIMITED INJURIES. (SCRAPES ON HIS ARM). THE FCE TEAM THEN RETURNED THE DETAINEE TO HIS CELL AND RELEASED HIM WITHOUT FURTHER INCIDENTS. THERE WAS NO INJURIES TO THE TEAM MEMBERS AND THE TEAM USED THE MINIMUM AMOUNT OF FORCE THROUGH OUT THE FCE.

NOTHING FOLLOWS

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 _____ 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.

S06

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS Navy Provisional Guard BN. Company JDOG, Camp APO AE 09360			

9.

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED]. I [REDACTED] THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. THE FCE TEAM RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO THE FCE TEAM OR THE DETAINEE. THE TEAM USED THE MINIMUM AMOUNT OF FORCE [REDACTED] NOTHING FOLLOWS. NOTHING FOLLOWS.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED		
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SWORN STATEMENT

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PRIVACY ACT STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS

U.S. NAVY

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 07 APRIL 2005 at approximately at 1540 HRS A Force Cell Extraction
MOVE was performed on Detainee _____ ISN _____

I was the number one man on the Force Cell extraction team.
The team approach the cell entered the cell which the detainee
put up a fight. I the number one man _____
using the minimum amount of force necessary. The team moved
the detainee from the cell to the Rec. area. Medical and
Behavior health did an assessment on the detainee, then
the team moved the Detainee back into the cell. The team
Released the detainee and exit the cell using the minimum force
necessary. Detainee and Force Cell Extraction team needed
No medical attention.

/// END STATEMENT ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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SWORN STATEMENT

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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 CAMP DELTA [REDACTED] BLOCK	2. DATE (YYYY-MM-DD) 20050407	3. TIME 1606	4. FILE NUMBER
5. SSN [REDACTED]		7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
[REDACTED]

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

ON APRIL 7, 2005 AT 1500 HOURS I ENTERED CELL [REDACTED] SN [REDACTED] AS PART OF THE F.C.E. TEAM. WHEN THE CELL DOOR WAS OPENED THE DETAINEE ATTEMPTED TO ESCAPE AND RESISTED VERY VIOLENTLY. I HAD CONTROL OF THE DETAINEE'S RIGHT ARM. I SECURED HIS HANDS BY USING FLEXICUFFS. WE CARRIED THE DETAINEE INTO THE RIGHT RECREATION YARD. THE DETAINEE WAS SEEN BY MEDICAL AND BEHAVIORAL HEALTH, AND WAS CLEARED TO BE RETURNED TO HIS CELL. HE WAS THEN CARRIED BACK TO HIS CELL. THE MINIMUM AMOUNT OF FORCE WAS USED TO SECURE THE DETAINEE. THE DETAINEE WAS NOT HURT AND I WAS NOT HURT DURING THE FORCE CELL EXTRACTION. /// END OF STATEMENT ///

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
[REDACTED]

PAGE 1 OF 2 PAGES

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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, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
Navy Provisional Guard BN, Bravo Company JDOG, Camp Delta, APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN _____ I WAS THE NUMBER THREE MAN. _____ THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. _____ THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE. _____ NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF _____ PAGES
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SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
Navy Provisional Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN _____ THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. I SECURED _____ THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE _____ THING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF 2 PAGES
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SIR 05 APR [REDACTED]

1. Category [REDACTED]

2. Type of Incident: Forced Cell Extraction of Detainee

3. Date/Time of Incident: 1540 07April05

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

C. Subject:

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

D. Subject:

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

(b)(2), (b)(6)

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

E. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

F. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

G. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

H. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

I. Subject:

(a) (b)(2), (b)(6)
(b)
(c)
(d)

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

PRIVACY ACT STATEMENT

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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. [REDACTED]

1. LOCATION CAMP DELTA [REDACTED] Black	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	

8. ORGANIZATION OR ADDRESS

9. [REDACTED]
I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 7 APRIL 2005 AT 1540 A Force Cell EXTRACTION move was Performed ON [REDACTED] Detainee ISN [REDACTED] I [REDACTED] ON THE FORCE CELL EXTRACTION TEAM. [REDACTED] THE TEAM APPROACHED THE Cell and entered, THE Detainee Put up a Fight. [REDACTED] USING the Minimum amount of Force NEssary. THE TEAM moved the Detainee From his Cell to the REC YARD. MEDICAL and behavior Health did an Assessment on the Detainee, then the team moved the detainee Back to his Cell. THE TEAM Released the Detainee and exited USING the minimum amount of Force NEccassary. Detainee and the Force cell extraction team Needed No medical Attention. /// END OF STATEMENT ///

No Further
[REDACTED] es Hks Page

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <u>2</u> PAGES
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE [REDACTED] FOR CAMP [REDACTED] TODAY'S DATE IS 7 APR 05, AND THE CURRENT TIME IS 1517. I / THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # [REDACTED] SN: [REDACTED] DUE TO THE FOLLOWING EVENTS:

DETAINEE REFUSED TO REMOVE TOWEL

FROM WINDOW

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- o ESCORT TEAM
- o MEDICAL TEAM
- o VIDEO TEAM
- o INTERPRATER
- o BARBER

IRF PERSONNEL INFORMATION:

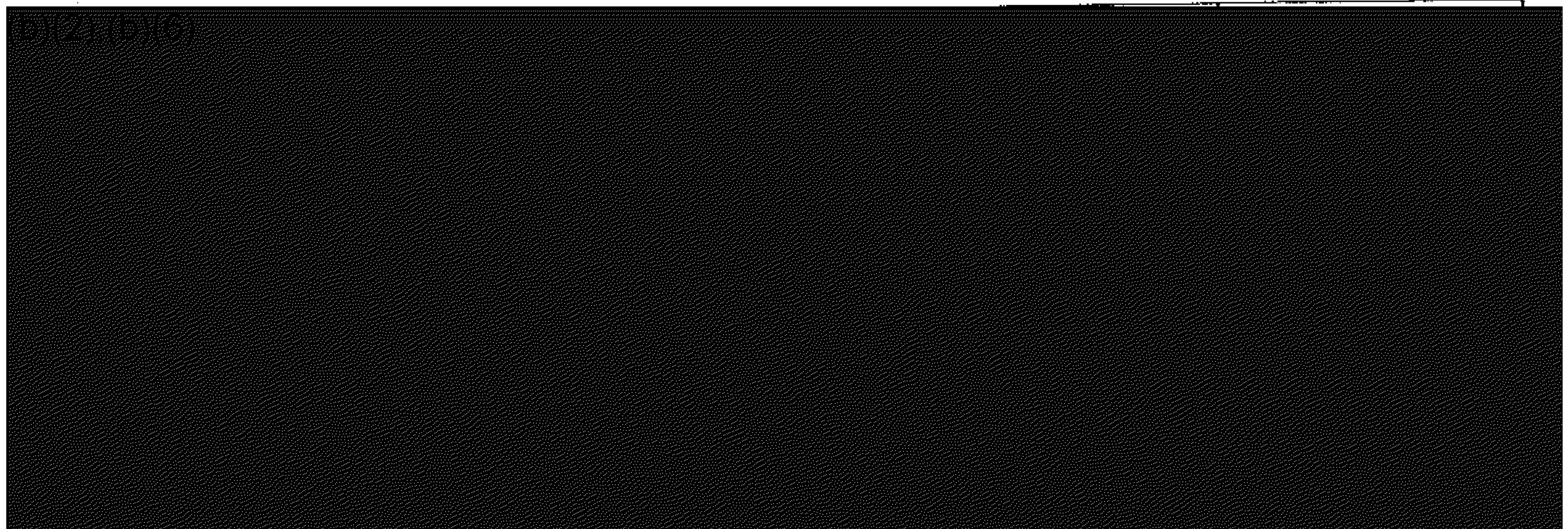
POSITION 1

POSITION 2

POSITION 3

POSITION 4

POSITION 5



[REDACTED]

MEDICAL ATTENTION NEEDED: ~~YES~~ (NO)

(e) (b)(2) (b)(6)
(f)
(g)
(h)
(i)
(j)

J. Subject:

(a) (b)(2) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

K. Subject:

(a) (b)(2) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)
(j)

L. Detainee:

(a) (b)(2) (b)(6)
(b)
(c)
(d)
(e)
(f)
(g)
(h)
(i)

7. Summary of Incident: CO on duty, [REDACTED] On 07 April 2005 at approximately 1345, detainee ISN# [REDACTED] cell [REDACTED] refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG [REDACTED] ordered detainee ISN# [REDACTED] to remove his towel and he refused. At approximately 1400, the PL [REDACTED] ordered the detainee to remove his towel and he refused. At approximately 1422, the [REDACTED] arrived at the detainee's cell with an Arabic interpreter and ordered the detainee to remove his towel because it was a safety issue and against the rules at least 3 times and he refused. At approximately 1450, [REDACTED] activated the IRF Team using the [REDACTED] and received permission from [REDACTED] to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take his towel down. At approximately 1500, a Behavioral Health Technician [REDACTED] arrived at [REDACTED] block and spoke to detainee ISN# [REDACTED] Afterward, [REDACTED] authorized the removal of all BI items from the detainee upon extraction. At approximately 1515, [REDACTED] arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to

remove the towel or else he would be extracted from his cell so the towel could be removed to which the detainee again refused. At approximately 1530, [REDACTED] gave the order for the FCE to proceed. At 1540, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was restrained in flexi-cuffs and taken to the recreation yard for examination by the on-duty Corpsman. When asked questions about if he was injured the detainee's only responses through the interpreter were words to the effect that he was at war with all present. The Corpsman determined the detainee to be uninjured. When the detainee was told he would have to give up his shirt and pants once back in his cell, he answered angrily with further threats. For this reason, shears were used to cut and remove his shirt and pants from him while being held by the IRF Team in the recreation yard. The detainee was then carried by the IRF team back to his cell, [REDACTED] without incident and the FCE was complete at approximately 1620. The entire FCE was video-taped.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: [REDACTED]

11. Point of Contact: [REDACTED]

12. Downgrading Instructions: N/A

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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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, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
367th Military Police Company JDOG, Camp Delta, APO AE 09360

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

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED] DETAINEE REFUSED SEVERAL REQUEST FROM THE BLOCK MP, BLOCK SGT, CAMP SOG, PL, AND CO TO REMOVE HIS TOWEL FROM HIS WINDOW, (IT OBSTRUCTED THE ONLY VIEW INTO THE CELL). AFTER MULTIPLE FAILED REQUEST THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED BY THE TEAM USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION WITH LIMITED INJURIES. (SCRAPES ON HIS ARM). THE FCE TEAM THEN RETURNED THE DETAINEE TO HIS CELL AND RELEASED HIM WITHOUT FURTHER INCIDENTS. THERE WAS NO INJURIES TO THE TEAM MEMBERS AND THE TEAM USED THE MINIMUM AMOUNT OF FORCE THROUGH OUT THE FCE.

NOTHING FOLLOWS

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" 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 PMG.

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, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
 Navy Provisional Guard BN. Company JDOG, Camp APO AE 09360

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

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN . I THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. THE FCE TEAM RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO THE FCE TEAM OR THE DETAINEE. THE TEAM USED THE MINIMUM AMOUNT OF FORCE. NOTHING FOLLOWS-----NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____

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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	2. DATE (YYYYMMDD) 2005 04 07	3. TIME 1540	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS US NAVY			

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 07 APRIL 2005 at approximately 1540 HRS A Force Cell Extraction
MOVE WAS performed ON Detainee [REDACTED] ISN [REDACTED]
I was the number one man on the Force Cell extraction team
the team approach the Cell entered the Cell which the detainee
Put up a fight. I the number one man [REDACTED]
Using the minimum amount of force necessary. The team moved
the detainee from the Cell to the Rec Area. MEDICAL and
Behavior health did an assessment on the detainee, then
the team moved the Detainee back into the Cell. The team
Released the detainee and exit the Cell using the minimum force
necessary. Detainee and Force Cell Extraction team needed
No medical attention.
/// END STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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MUST BE BE INDICATED.

SECRET

2

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 CAMP DELTA, BLOCK	2. DATE (YYYY) 20030407	3. TIME 1606	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

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

ON APRIL 7, 2003 AT 1500 HOURS I ENTERED CELL [REDACTED] SN [REDACTED] AS PART OF THE F.C.E. TEAM. WHEN THE CELL DOOR WAS OPENED THE DETAINEE ATTEMPTED TO ESCAPE AND RESISTED VERY VIOLENTLY. I HAD CONTROL OF THE DETAINEE'S RIGHT ARM. I SECURED HIS HANDS BY USING FLEXICUFFS. WE CARRIED THE DETAINEE INTO THE RIGHT RECREATION YARD. THE DETAINEE WAS SEEN BY MEDICAL AND BEHAVIORAL HEALTH, AND WAS CLEARED TO BE RETURNED TO HIS CELL. HE WAS THEN CARRIED BACK TO HIS CELL. THE MINIMUM AMOUNT OF FORCE WAS USED TO SECURE THE DETAINEE. THE DETAINEE WAS NOT HURT AND I WAS NOT HURT DURING THE FORCE CELL EXTRACTION. III ————— END OF STATEMENT ————— (11)

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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

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SWORN STATEMENT

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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, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS
Navy Provisional Guard BN, Bravo Company JDOG, Camp Delta, APO AE 09360

9. _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN [REDACTED] I WAS THE NUMBER THREE MAN. [REDACTED] THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. [REDACTED] THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE. [REDACTED] NOTHING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF _____ PAGES
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1. LOCATION Block Camp Delta, GTMO Cuba	2. DATE (YYYYMMDD) 2005/04/07	3. TIME 1640	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS Navy Provisional Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360			
9.			

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN _____ THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM. I SECURED _____ THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. HE WAS CHECKED BY MEDICAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDITION. WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE _____ THING FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT _____	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
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