

SIR 05 APR

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	For use of this to	orm, see AR 190-45; the proponent	agency is ODUSUPS	·
		PRIVACY ACT STATEMENT		
AUTHORITY:	<u>-</u>	Title 5 USC Section 2951; E.O. 93		
PRINCIPAL PURPOSE:		nd law enforcement officials with me		
ROUTINE USES:	Your social security number	er is used as an additional/alternate r		
DISCLOSURE:	Disclosure of your social sec			
1. LOCATION		2. DATE (YYYYMMDD)		4. FILE NUMBER
CAMP DELTA	BLAKE MIDDLE NAME	2005 04 07	1540	
5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR	ADDRESS			
8. Unuminer	AUUNESS			
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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I WILL USE TI	HE MINIMUM A	MOUNT OF F	ORCE NECESS.	ARY AND ENS	URE THAT

o ESCORT TEAM

THE IRF TEAM DOES AS WELL."

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

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5



MEDICAL ATTENTION NEEDED: YES KNO

(e) (f) (g) (h) (i) (j)	
J. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)	
K. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)	
L. Detainee: (a) (b) (c) (d) (e) (f) (g) (h) (i)	
7. Summary of Incident: CO on duty, detainee ISN# cell refused an order from the Block NCO to take a towel down that was totally covering his cell window. At approximately 1350, the SOG ordered detainee ISN# to remove his towel and he refused. At approximately 1400, the PL ordered the detainee to remove his towel and he refused. At approximately 1422, the 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, activate the IRF Team using the and received permission from to conduct a Forced Cell Extraction (FCE) if the detainee continued to refuse orders to take he towel down. At approximately 1500, a Behavioral Health Technician arrived at the detainee ISN# Afterward, authorized to removal of all BI items from the detainee upon extraction. At approximately 1515, arrived at the detainee's cell again with the Arabic interpreter and gave him another chance to	ed is et

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, 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, 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:
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

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	For use of this fo		90-45; the proponen	t agency is Pivid.		
			ACT STATEMENT		(0.00)	
AUTHORITY:	Title 10 USC Section 301; Titl					
PRINCIPAL PURPOSE:	To provide commanders and					
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5. LAST NAME, FIRST I	NAME, MIDDLE NAME		6. SSN		7. GRADE/ST	ATUS
8. ORGANIZATION OR 367th Military Police	ADDRESS Company JDOG, Camp Del	ta. APO AE	09360		I	
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5. LAST NAME, FIRST	NAME, MIDDLE NAME		6. SSN		7. GRADE/STATU	S
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DA FORM 2823, DEC 1998



	For use of this form	SWORN STATEMENT n, see AR 190-45; the proponent a	gency is ODCSOPS	: 2	
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DA FORM 2823, DEC 1998

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	For use of this	form, see AR 190	0-45; the proponent	agency is ODCSO	PS	•	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	Title 10 USC Section 301 To provide commanders a Your social security numb	PRIVACY ; Title 5 USC Sec and law enforcem per is used as an	ACT STATEMENT ction 2951; E.O. 93: ent officials with me additional/alternate r	97 dated Novembe	er 22, 1943 <i>(SS</i> rmation may be	accurately	/ retrieval.
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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



SWORN STATEMENT

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

PRIVACY ACT STATEME	PF	RIV	Ά	CY	ACT	STA	TEN	AEN	JΤ
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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:

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

Block Camp Delta, GTMO Cuba

2. DATE (YYYYMMDD 2005/04/07

1640

4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Navy Provisonal Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

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 MEDICIAL 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 S	TATEMENT	PAGE 1 OF	PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING!	STATEMENT	ΤΔΚΕΝ ΔΤ	DATED		

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1. LOCATION	Disclusure of your social secu	2. DATE (YY)		TIME	4. FILE NUMBER	
Block Camp Delta,	GTMO Cuba	2005/0		1640	4. FILE NONDER	I .
5. LAST NAME, FIRST		6. SSN			7. GRADE/STATU	US
8. ORGANIZATION OR Navy Provisonal Guar	ADDRESS rd BN. Bravo Company JDOO	G, Camp Delta, AF	O AE 09360			
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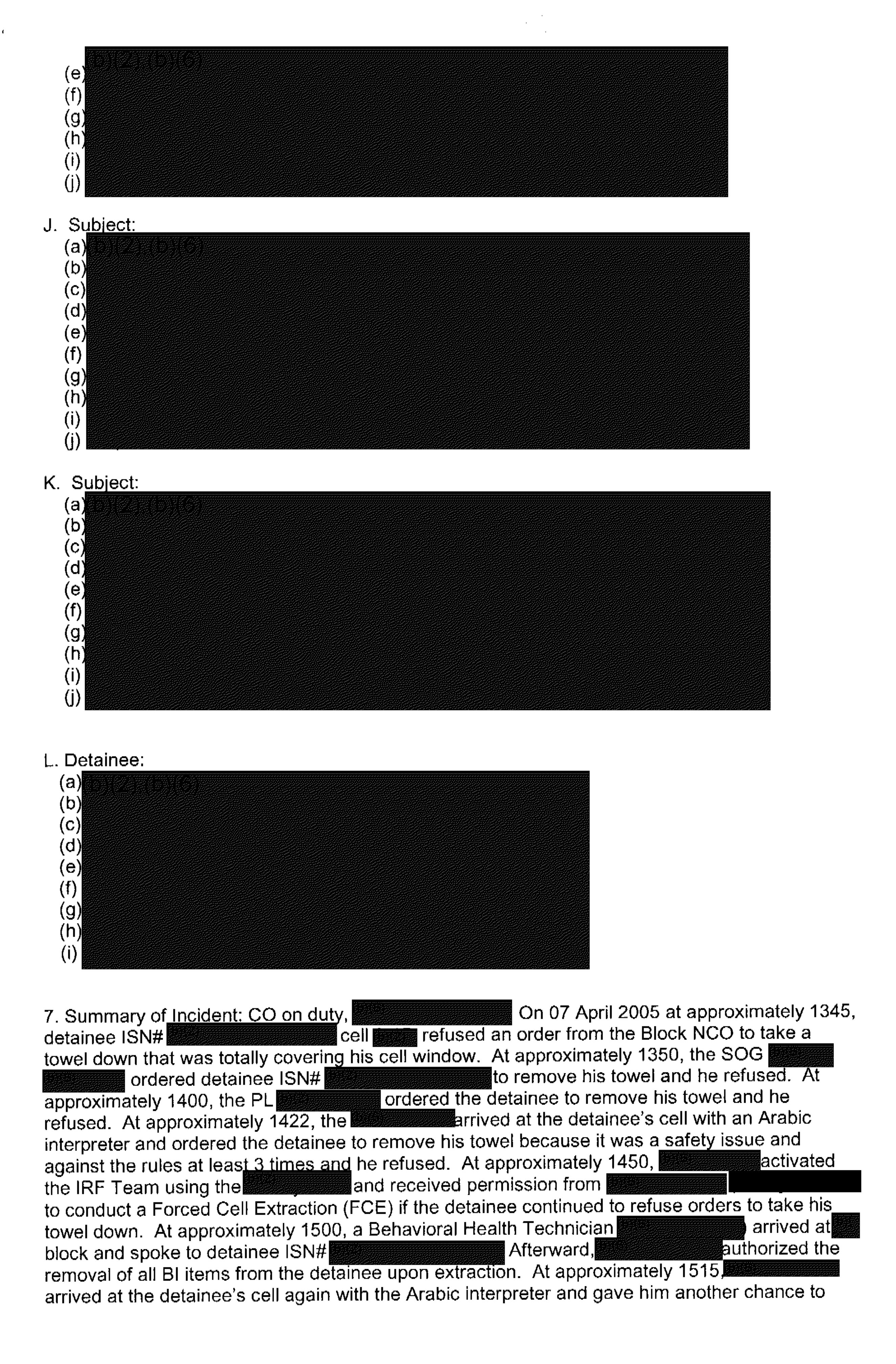
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		SWORN STATEMENT		•
	For use of this for	m, see AR 190-45; the proponent	agency is ODCSOPS	; ;
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To provide commanders and	PRIVACY ACT STATEMENT itle 5 USC Section 2951; E.O. 939 law enforcement officials with me is used as an additional/alternate re curity number is voluntary.	ans by which inform	nation may be accurately
1. LOCATION		2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. \$SN	_	7. GRADE/STATUS
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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MEDICAL ATTENTION NEEDED: YES (NO



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, 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, 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:
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
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SWORN STATEMENT 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 retrieval. ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: 4. FILE NUMBER .2. DATE /YYYYMMDD/a 3. TIME 1. LOCATION 2005 04 07 1540 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. S\$N 7. GRADE/STATUS ORGANIZATION OR ADDRÉSS US. NAUY AKE THE FOLLOWING STATEMENT UNDER OATH: ON OF APRIL 2005 at approximately at 1540 HRS a Force Cell Franction MOUE Was Performed on Detainee IISN I was the number one man on the fonce Cell extraction team The team approach the Cell entered the Cell which the detainer Put up a Fight. I the number one man Using the minium amount of force necessary. The team maid the detainee from the Cell to the Rec. area. MEDical and Behavior health did an assestment on the Oletonee, then the team moved the Detainer back into the Cell. The team Released the Oletainee and exit the CEII Using the minimum force Mecessary. Detoined and Force Cell Extraction team needed No medical attention. /// END STATMENT ///.

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.

PRIVAC	V ACT	STATE	MENT

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:

Disclosure of your social security number is voluntary.

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1 LOCATION

Block Camp Delta, GTMO Cuba

2. DATE (YYYYMMDD) 2005/04/07 1

3 TIME 1640 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Navy Provisonal Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

<u>ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN</u> THE FCE I WAS THE NUMBER THREE MAN. 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 MEDICIAL 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. INIT<u>IALS OF PE</u>RSON 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.

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10. EXHIBIT		11. INITALS	OF PERSON MAK	ING STATEMENT	DACE 4 OF	2
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ADDITIONAL PAGES MU	IST CONTAIN THE HEADING	'STATEMENT _	TAKEN A	T DATED		

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