INCIDENT REPORT SIR 05 APR 1. Category: 2. Type of Incident: Forced Cell Extraction of Detainee 3. Date/Time of Incident: 122007April05 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)B. Subject: (a) (b) (c) (d) (e) (f) C. Subject: (a) (b) (c) (e) (f) (g)D. Subject: (a) (b) (c) (d) (e)

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	Detainee: (a) (b) (c) (d) (e) (f) (g) (h)			

refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behaviorial Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp SOG then responded to the block and ordered the detainee to give up his BI. Again, he refused. The Camp PL then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the bean hole to was open as the detainee would assault anyone who went to try and close it. The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole,

which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the bean hole and were able to secure it shut. The CO then asked the detainee to comply with turning over his BI and was told no. At 1220 hrs, the CO then called the assistant S-3, then the on-duty field grade, and informed him of the situation. He then authorized the Forced Cell Extraction (FCE) and the primary IRF code was given. At 1234hrs, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was shackled and taken to the recreation yard for examination by the on duty Corpsman. The detainee was asked if he was injured and he stated he was okay and uninjured. He was then carried by the IRF team to block and placed into cell without incident and the FCE was complete at 1245hrs. The detainee was fed his lunch meal at approximately 1300hrs.

- 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

RINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately four social security number is used as an additional/alternate provide to facilitate filling and repositional security number is voluntary. LOCATION CAMP DELTA LAST NAME, FIRST NAME, MIDDLE NAME ORGANIZATION OR ADDRESS JP90 JTF WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: ON 07 APR 05, at approximately 4840 while attempting Shackle The detained street The detained street The detained street Me in the stomach and spit on me, Affond of Statement	For use		ORN STATEMENT	agency is ODCSOPS	
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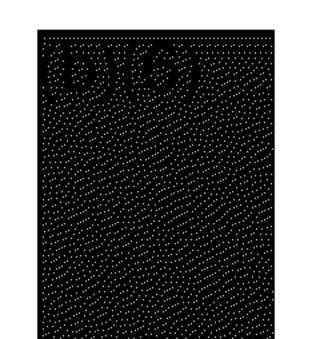
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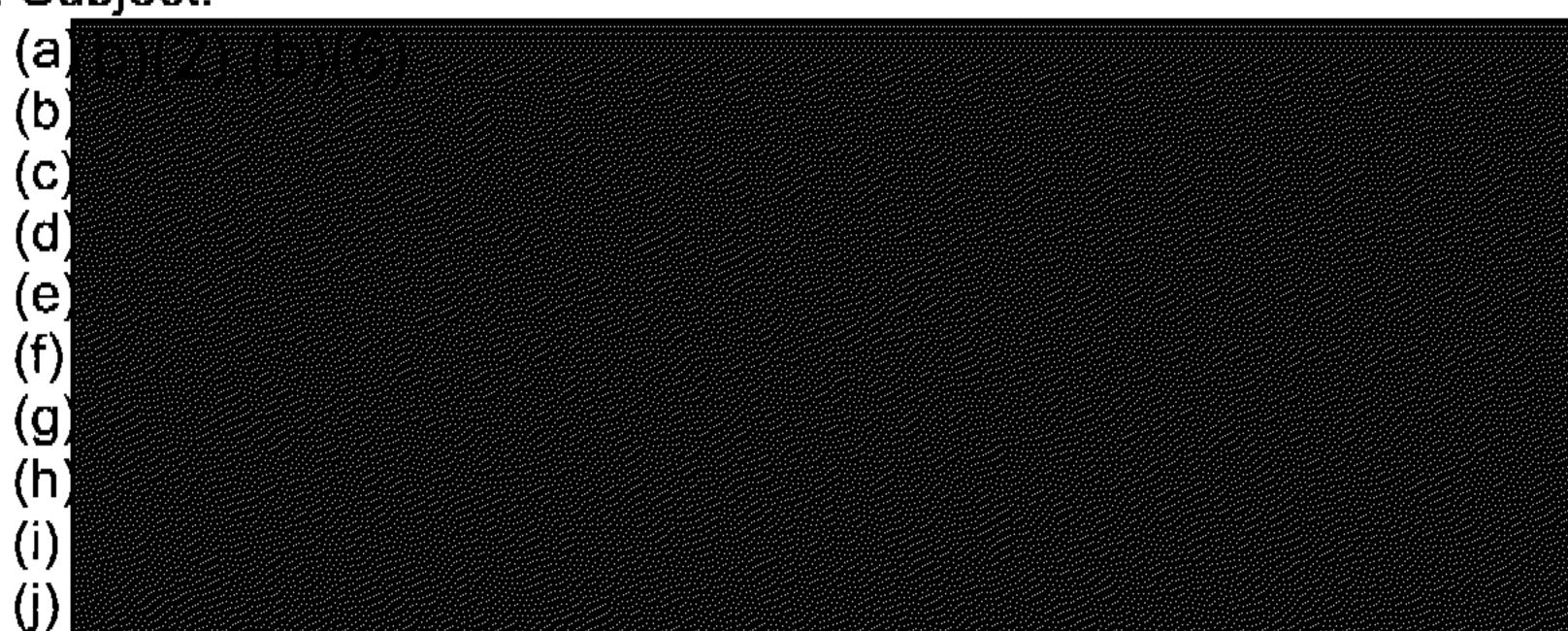
	For use of this form,	see AR 190-45; the propon		
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title To provide commanders and la Your social security number is Disclosure of your social securi	v enforcement officials with used as an additional/alterna	9397 dated November 2 n means by which informa ate means of identification	ation may be accurately n to facilitate filing and retrieval
1. LOCATION	TMO COSA	2. DATE (YYYYMME 2005/04/0		4. FILE NUMBER
5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. ŠSN		7. GRADE/STATUS
8. ORGANIZATION OR			•	
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10. EXHIBIT		11. INITIALS OF PERSON	MAKING STATEMENT	PAGE 1 OF 2 PAGES
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	For use of this form.	SWORN STATEM	IENT oponent agency is ODCSOP	e e
PRINCIPAL PURPOSE: TO ROUTINE USES: YO	itle 10 USC Section 301; Title o provide commanders and lay our social security number is c	PRIVACY ACT STATE 5 USC Section 2951; w enforcement officials used as an additional/all	MENT E.O. 9397 dated November with means by which inform	22, 1943 <i>(SSN)</i> .
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5. LAST NAME, FIRST NA	ME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
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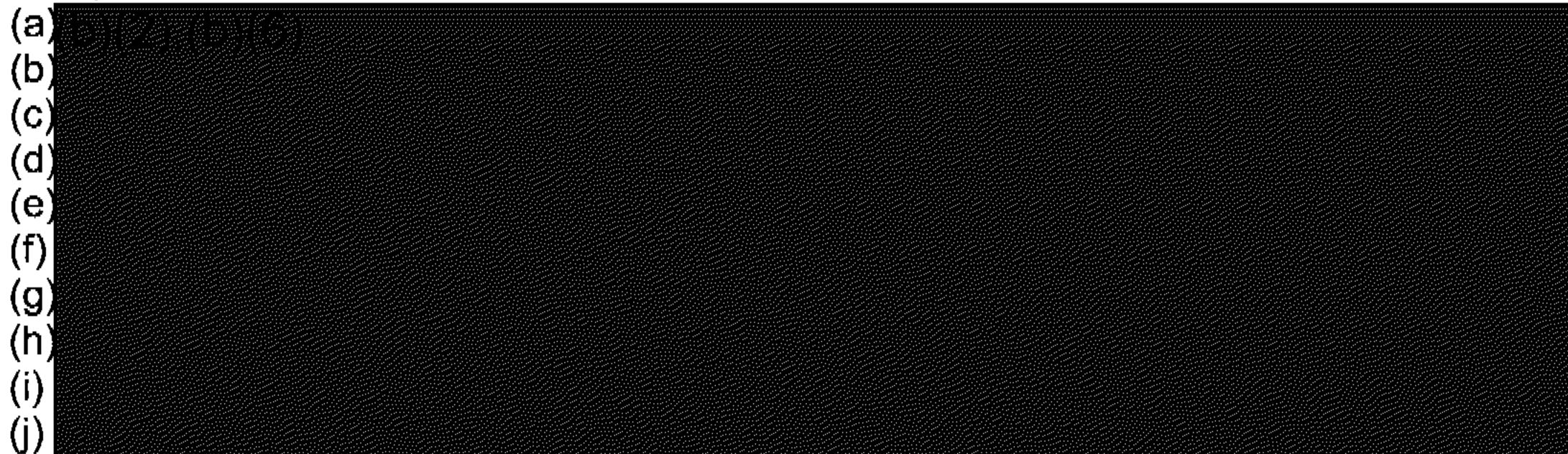


INCIDENT REPORT SIR 05 APR

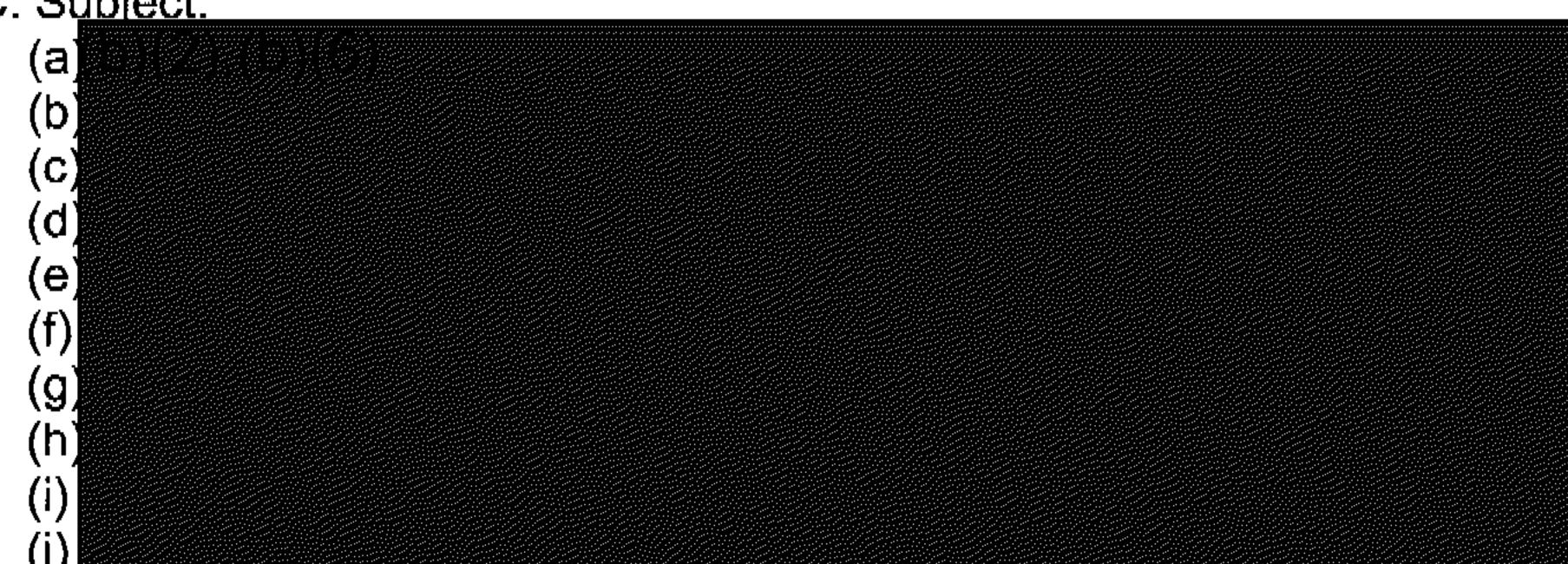
- 1. Category:
- 2. Type of Incident: Forced Cell Extraction of Detainee
- 3. Date/Time of Incident: 122007April05
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel involved:
- A. Subject:



B. Subject:



C. Subject:



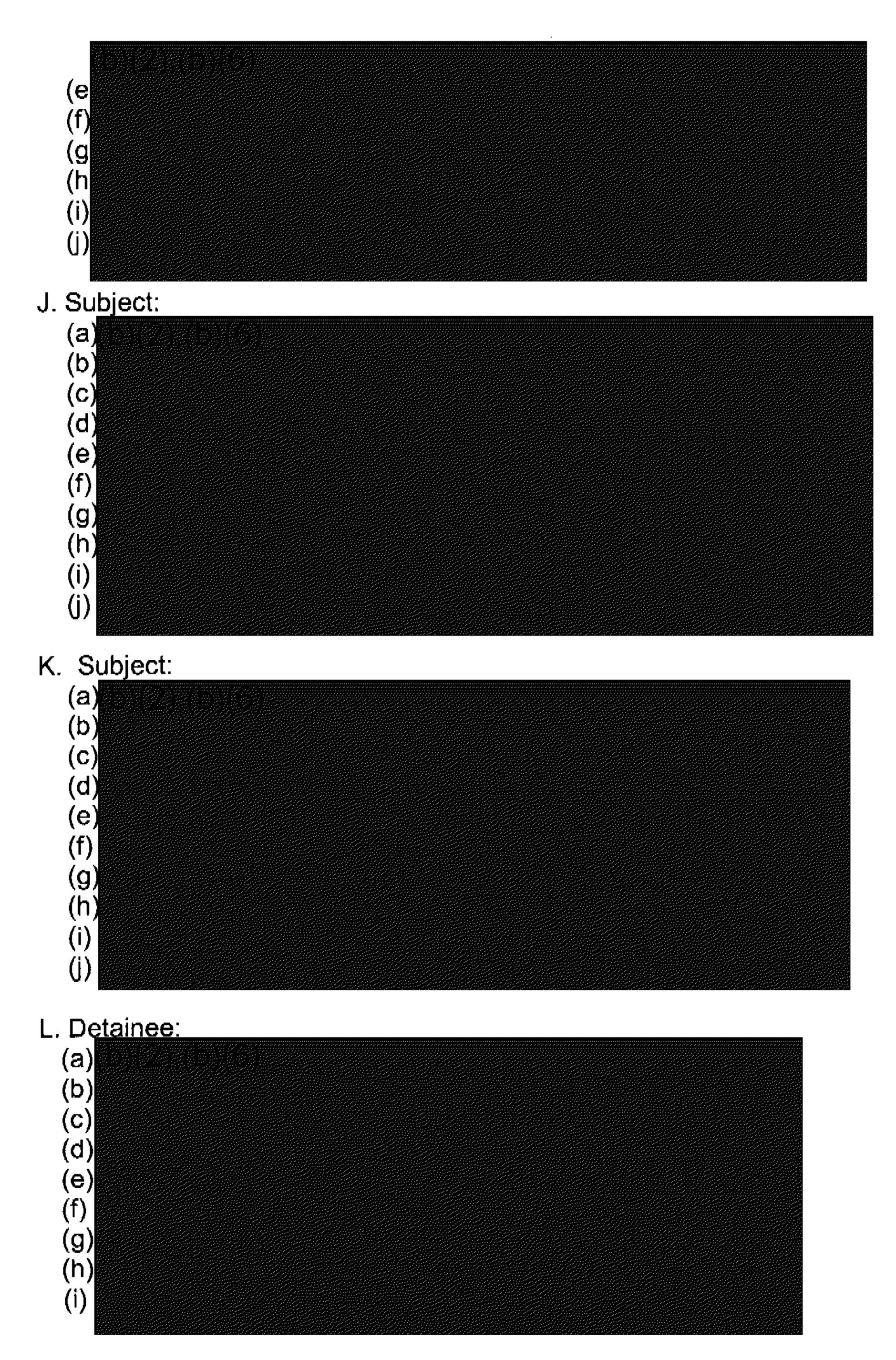
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- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting
- 11. Point of Contact:
- 12. Downgrading Instructions: N/A

	DCSOPS
Disclosure: Disclosure of your social security number is voluntary. 1. LOCATION CAMP DELTA 2. DATE MYYYMMDDI 3. TIME 2015 0:107 0:8 B. LAST NAME, FIRST NAME, MIDDLE NAME 3. ORGANIZATION OR ADDRESS JP90 JTF WANT TO MAKE THE FOLLOW ON 07 APIR 05, at approximately 9848 w Shackle Me in the stomach and spit on me, ME CONTINUED - This occured while conducted the conducted of the conduc	vember 22, 1943 <i>(SSN)</i> . ch information may be accurately
and or ADDRESS JP90 JTF	
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	eting a random
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DA FORM 2823, DEC 1998

MUST BE BE INDICATED.

DA FORM 2823, JUL 72, IS OBSOLETE

	For use of this form	SWORN STATEMI n, see AR 190-45; the pro		3OPS
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title To provide commanders and lar	PRIVACY ACT STATENTIES tle 5 USC Section 2951; 8 law enforcement officials of the section and additional alternations and additional alternations.	MENT E.O. 9397 dated Novemb with means by which inf ternate means of identific	ber 22, 1943 <i>(SSN)</i> .
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