SIR 3 JUNE 2005

- 1. Category:
- 2. Type of Incident: Reactive Use Of Force
- 3. ISN#:
- 4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs
- 5. Location: Camp Wing, Cell GTMO, Cuba
- 6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:
- A. Subject: (a) (b) (c) (g)(j) B. \$4 (a) (c) (e) (f) (g) (h) (i) (j) C. S 900000 90000 (i) D. S (a (b (c (d

(g) (h) (i) (j)
E. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i)
F. Detainee: (a) (b) (c)
8.Summary of Incident: On 3 June 2005, at approximately 0430 hours, I SOG contacted Behavioral Health in regards to a memo authorizing Camp Cadre to remove detainee ISN# Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the Wing Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's face and attempted to head butt the Delta Block NCO At that time the detainee was taken to the ground using the minimum amount force necessary. The Wing Block NCO sounded the All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp Cadre or the detainee at that time. DOC, Camp NCOIC, Medical and Behavioral Health were notified of the incident.
9. Remarks: N/A
10. Publicity: N/A
11. Commander Reporting:
12. Point of Contact:

13. Downgrading Instructions: N/A

	For use of this fo		STATEMENT -45; the proponent ager	ncy is ODCSOPS				
			CT STATEMENT					
AUTHORITY:	Title 10 USC Section 301; Title 5 USC Section	on 2951; E.O. 93	397 dated November 2	2, 1943 <i>(SSN)</i> .				
PRINCIPAL PURPOSE:	To provide commanders and law enforcement	To provide commanders and law enforcement officials with means by which information may be accurately identified.						
ROUTINE USES:	Your social security number is used as an add	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 y	voluntary.		3. TIME	4. FILE NUMBER			
1. LOCATION Gu	antanamo Bay, Cuba		(YYYYMMDD) 2005/06/03	0535	7. GRADE/STAT			
5. LAST NAME, FIRST NAME	, MIDDLE NAME		6. SSN		7. GRADE/STAT			
8. ORGANIZATION OR ADDR C-Btry 1/143 FA	ESS							
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responded. Then time the Detainee w	vas placed in the IRF position and	I we exited	the cell	— End of	slak ment			
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ADDITIONAL PAGES MUST	CONTAIN THE HEADING "STATEMENT OF	HE PERSON MA		TAT DATEU T, AND PAGE NUMBER MUST I	BE BE INDICATED.			

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10. EXHIBIT		11. INITIALS OF	PERSON MAKING STATEMENT	PAGE 1 OF 2	PAGES
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nen became violen ecessary. At the t nd the Block NCO	t and tried to head butt me. The ime, the Block NCO sounded proceeded to take his Basic Is	he detainee was then	secured on the ground tail available MP's and S Detainee was secure. A	OG responded. Then the that time the Detainee w	
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			AKE THE FOLLOWING STATEMENT		_
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		SWORN STATEMEN			
	For use of this to	form, see AR 190-45; the propone			
	12 USC Contine 201. Title & HSC Sect	PRIVACY ACT STATEMEN			
AUTHORITY: PRINCIPAL PURPOSE:	Title 10 USC Section 301; Title 5 USC Section			rately identified.	
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DISCLOSURE:	Disclosure of your social security number is v	voluntary.			
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8. ORGANIZATION OR ADDRE 189th MP Company					
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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.

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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF

	For use a	SWORN STATEMENT of this form, see AR 190-45; the proponent agency is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To provide commanders and law enfo		g and retrieval.
1. LOCATION Camp G	uantanamo Bay, Cuba	2. DATE (YYYYMMDD) 3. TIME 2005/06/03	4. FILE NUMBER
5. LAST NAME, FIRST NAM	IE, MIDDLE NAME	B. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDI C Btry, 1/143 FA	RESS		
9.		, WANT TO MAKE THE FOLLOWING STATE	MENT UNDER OATH:
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10. EXHIBIT		11. INITIALS OF PERSON MAKING STATEMENT	T PAGE 1 OF 2 PAGES
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DETAINEE R	EPORT	A729AD2F
1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 03JUN2005 0728L	
3. TYPE OF REPORT: (Check One) SIR		
4. STATUS REFER FOR DISCIPLINARY ACTION		
5. DETAINEE'S NAME: (Last, First, MI) 6. ISN#	7. DETAINEE LOCATION	
8. INCIDENT 09-THROW/SPIT BODY FLUIDS ON /AT MP (BATT	ERY)	
egards to a memo authorizing Camp Cadre to remove Items for an incident the detainee committed early in the waiting on my call to them, saying the removal of the Ba advised the Block NCO to remove the detainee's hands and legs using the minimum amount fo completed the detainee became violent and non compliant face and attempted to head butt the detainee was taken to the ground using the minimum am NCO sounded the All available Cadre and detainee's Basic Items were removed. The MP's then unthe motion's of a Forced Cell Extraction. No injuries we at that time. DOC, Camp NCOIC, Medical and Behavior DETAINEE CURRENT LEVEL IS A LAST OFFENSE COMMITTED ON 3 JUNE 05 CATEGORY V OFFENSE NO MOVEMENT	detainee ISN# e shift. Behavioral Health advance is shift. Behavioral Health advance items was completed. At inee's Basic Items. The MP's orce necessary. When the sharnt. The detainee spit on the Value Block NCO arount force necessary. The the SOG responded to the interestrained the detainee and ever reported from Camp cac	Basic vised me they were a that time I so shackled the ckling was Wing Guard's At that time the Block acident. The exited the cell in the or the detained
10. WITNESS	11 WAS DETAINEE INFO	RMED (Check One)
12. ACTION TAKEN BY COMPOUND NCO:		
13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:		
14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRANCH	l::	
15. ACTION TAKEN BY SUPERINTENDENT: APPROVED BY		
16. ACTIONS	7	
17. REPORTING PERSON NCOIC SOG 18. PERSON SSN	19. PERSON GRADE ALL	
DMS Observation/Disciplinary Report Form		

SIR 3 JUNE 2005

- 1. Category:
- 2. Type of Incident: Reactive Use Of Force
- 3. ISN#:
- 4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs
- 5. Location: Camp Wing, Cell GTMO, Cuba
- 6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:

A. Subject: (a) (b) (e)

- B. Şı (a)

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E. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)
F. Detainee: (a) (b) (c) (c)
8.Summary of Incident: On 3 June 2005, at approximately 0430 hours, I SOG contacted Behavioral Health in regards to a memo authorizing Camp Cadre to remove detainee ISN# Basic Items for an incident the detainee committed early in the shift. Behavioral Health advised me they were waiting on my call to them, saying the removal of the Basic Items was completed. At that time I advised the Wing Block NCO to remove the detainee's Basic Items. The MP's shackled the detainee's hands and legs using the minimum amount force necessary. When the shackling was completed the detainee became violent and non compliant. The detainee spit on the Wing Guard's face and attempted to head butt the Delta Block NCO At that time the detainee was taken to the ground using the minimum amount force necessary. The Wing Block NCO sounded the All available Cadre and the SOG responded to the incident. The detainee's Basic Items were removed. The MP's then unrestrained the detainee and exited the cell in the motion's of a Forced Cell Extraction. No injuries were reported from Camp Cadre or the detainee at that time. DOC, Camp NCOIC, Medical and Behavioral Health were notified of the incident.
9. Remarks: N/A
10. Publicity: N/A
11. Commander Reporting:
12. Point of Contact:

13. Downgrading Instructions: N/A

	For use of this form	_	STATEMENT)-45; the proponent age	ency is OD(CSOPS			
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	Title 10 USC Section 301; Title 5 USC Section To provide commanders and law enforcement of Your social security number is used as an addit Disclosure of your social security number is vol	PRIVACY And 2951; E.O. Sofficials with tional/alternat	CT STATEMENT 397 dated November 2 means by which inform	22, 1943 nation may	(SSN). be accurately identif	ied. al.		
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UTHORITY: PRINCIPAL PURPOSE: OUTINE USES:	Title 10 USC Section 301; Title 5 USC Section To provide commanders and law enforcement Your social security number is used as an additional security number is used as a sec	PRIVACY ACT STATEM 2951; E.O. 9397 dated Northcials with means by who tional/alternate means of id	NENT ovember 22, 19 ich information	43 <i>(SSN)</i> . may be accurately ident	ified. val.	
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8. ORGANIZATION OR ADDR 189th MP Company			·	
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10. EXHIBIT		11. INITIALS OF PERSON MAKING STATEM	PAGE 1 OF2 PAGES	S
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10. EXHIBIT	,	11. INITIALS OF PERSON MAKING	STATEMENT	PAGE 1 OF2 PAGES
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DETAINEE	REPORT	29AD2F
1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 03JUN2005 0728L	
3. TYPE OF REPORT: (Check One) SIR		
4. STATUS REFER FOR DISCIPLINARY ACTION		
5. DETAINEE'S NAME: (Last, First, MI) 6. ISN#	7. DETAINEE LOCATION	
8. INCIDENT 09-THROW/SPIT BODY FLUIDS ON /AT MP (BA)	TTERY)	
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10. WITNESS	11 WAS DETAINEE INFORMED (Chec	k One)
12. ACTION TAKEN BY COMPOUND NCO:		
13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:		
14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRAN	ICH::	
15. ACTION TAKEN BY SUPERINTENDENT: APPROVED BY		
16. ACTIONS		
17. REPORTING PERSON NCOIC SOG	19. PERSON GRADE ALL	
DMS Observation/Disciplinary Report Form		