SIR 22 February 2004

1. Category:  

2. Type of Incident: Forced Cell Extraction  

3. Date/Time of Incident: 221035RFEB04  

4. Location: Block, 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)  
   (g)  
   (h)  
   (i)  
   (j)  


7. Summary of Incident: At approximately 1035 on 22 February 2004, Detainee ISN [REDACTED] refused to exit his cell for a cell search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell. No injuries reported.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

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 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
DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION

Block, Camp Delta, Guantanamo Bay Cuba

DATE [YYYYMMDD] 08041922 TIME 1111

LAST NAME, FIRST NAME, MIDDLE NAME

SSN

GRADE/STATUS

ORGANIZATION OR ADDRESS

Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 February at approximately 1035 hours # is not

was ICED forcefully removed from

his call for refusing a random call search. I

man # using the minimum amount

of force necessary.

End of Statement

DA FORM 2823, DEC 1998
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).
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ROUTINE USES: Your social security number is used as an additional/alternative means of identification to facilitate filing and
DISCLOSURE: Disclosure of your social security number is voluntary.

LOCATION: Block, Camp Delta, Guantanamo Bay Cuba

DATE (YYYYMMDD): 22 Feb 06

FILE NUMBER: 9-56

ORGANIZATION OR ADDRESS:
Military Police
Camp Delta, Guantanamo Bay Cuba 09360

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Detainee ISN- Refused Radem Cell Search at 1035 on Feb 06 Detainee was removed with minor amount of force needed + was moved to
leader End of Statement

EXHIBIT
INITIALS

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT ______ DATED ______"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998
SWEARING 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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba

2. DATE (MMDYRR) 2/22/2004

3. TIME 11:14 hrs

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 Feb 04 I was on secondary TRF team for Camp...and

Minvum Amount of force necessary Detaines refused

was TRF at approx 087 hrs, Detainee

Cell Detainee Cell

At approx 1835 hrs and moved to Detainee was TRF

Detainee 027 was TRF at approx 1844 hrs. Detainees and

TRF team was not hurt. On 1/1/04 end of statement.

10. EXHIBIT

11. INITIALS TAKEN AT DATED

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

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

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00
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

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Block, Camp Delta, Guantanamo Bay Cuba
2. DATE (YYYYMMDD) 2004-02-22
3. TIME 10:49
4. FILE NUMBER

5. LAST NAME, FIRST NAME, Middle NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
   Military Police COMPANY Camp Delta, Guantanamo Bay Cuba 09360

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

   ON 2004-02-22 AT ABOUT 0935 I RECEIVED A CALL TO GO TO Block
   TO SECURE DETAINEE.
   DETAINEE WAS SECURED AND MOVED TO THE IRF TEAM
   USING THE MINIMUM AMOUNT OF FORCE NECESSARY. NO MEDICAL CARE WAS NEEDED.

   END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGE

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.
SWORN STATEMENT
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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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, Guantanamo Bay Cuba]

2. DATE (YYYYMMDD) [20040222]

3. TIME [11:10 hrs]

4. FILE NUMBER [2]

5. LAST NAME, FIRST NAME, MIDDLE NAME [______]

6. SSN [______]

7. GRADE/STATUS [______]

8. ORGANIZATION OR ADDRESS [242 Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360]

9. ______ WANTS TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 Feb 04 I was on secondary IRF team for Camp _______ I was using the minimum amount of force necessary. Detainees refused random cell search. Detainee ISNP was IRF at approx 1027am

hours. Detainee ISNP cell _______ was IRF at approx 1041 hours. Detainee cell _______ was IRF at approx 1035 and was moved

to ________ by IRF team. Detainees and IRF team sustained no injuries.

End of statement

10. EXHIBIT [______]

11. INITIALS OF PERSON MAKING STATEMENT [______]

PAGE 1 OF 2 PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.
SIR 22 February 2004

1. Category: 

2. Type of Incident: Forced Cell Extraction  

3. Date/Time of Incident: 221035RFEB04  

4. Location: Block, 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)  
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   (g)  
   (h)  
   (i)  
   (j)  

C. Subject:  
   (a)  
   (b)  
   (c)  
   (d)  
   (e)  
   (f)  
   (g)  
   (h)  
   (i)  
   (j)  

D. Subject:  
   (a)  
   (b)  
   (c)  
   (d)  
   (e)  
   (f)  
   (g)  
   (h)  
   (i)  
   (j)  

...
7. Summary of Incident: At approximately 1035 on 22 February 2004, Detainee ISN, refused to exit his cell for a cell search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell. No injuries reported.

8. Remarks: See medical information in summary of incident

9. Publicity: N/A

10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba

11. Point of Contact:
12. Downgrading Instructions: N/A
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: Disclosure of 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, Guantanamo Bay Cuba

DATE (YYYYMMDD) 02/22/2004 TIME 11:35

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED]

SSN

GRADE/STATUS

ORGANIZATION OR ADDRESS: Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 February at approximately 1135 hours, I

was involved (forcefully removed) from

his cell for refusing a random cell search. I

used the minimum amount of force necessary.

End of Statement

EXHIBIT 1

ADDITIONAL PAGES MUST CONTAIN THE HEADING STATEMENT TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE BE INDICATED.
Detainee \( ISN-\) refused Radiem Cell Search at 1035 on Feb 07. Detainee was removed with minor amount of force needed. As leader, End of Statement was moved to...
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 Feb 04 I was on secondary TF team for Camp...and

minimum amount of force necessary, Detainees refused

Random Cell search. Detainee [REDACTED] was TF at approx. 1359 hrs, Detainee [REDACTED] was TF

Cell [REDACTED]. Detainee Cell [REDACTED] was TF

At approx. 1030 hrs and moved to by TF team.

Detainee 027 was TF at approx. 1044 hrs. Detainees and

TF team was not hurt. End of Statement.
**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).

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**ROUTE 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.

<table>
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<th>1. LOCATION</th>
<th>2. DATE (YYYYMMDD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
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<tbody>
<tr>
<td>Block, Camp Delta, Guantanamo Bay Cuba</td>
<td>2004-02-22</td>
<td>1049</td>
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<table>
<thead>
<tr>
<th>5. LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

**8. ORGANIZATION OR ADDRESS**

Military Police Company, Camp Delta, Guantanamo Bay Cuba 09360

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

ON 2004 JEB 22 AT ABOUT 2041 I RECEIVED A CALL TO GO TO Block TO SECURE DETAINEE FOR REFUSING A RANDOM CELL SEARCH. DETAINEE WAS SECURED AND MOVED TO THE JRF TEAM USING THE MINIMUM AMOUNT OF FORCE NECESSARY. NO MEDICAL CARE WAS NEEDED.

**10. EXHIBIT**

**11. INITIALS OF PERSON MAKING STATEMENT**

**PAGE 1 OF 2 PAGES**

**ADDITIONAL PAGES MUST CONTAIN THE HEADING “STATEMENT _______ TAKEN AT _______ DATED _______”**

**THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE BE INDICATED.**

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE
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<table>
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<th>1. LOCATION</th>
<th>2. DATE (YYYYMMDD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block, Camp Delta, Guantanamo Bay Cuba</td>
<td>20040223</td>
<td>11:00 hrs</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>5. LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>6. SSN</th>
<th>7. GRADE/STATUS</th>
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<table>
<thead>
<tr>
<th>8. ORGANIZATION OR ADDRESS</th>
<th>9. I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Military Police Company</td>
<td>On 22 Feb 04 I was on secondary IRF team for Camp</td>
</tr>
<tr>
<td></td>
<td>I was using the minimum amount of force necessary.</td>
</tr>
<tr>
<td></td>
<td>Detainee refused Random Cell search. Detainee</td>
</tr>
<tr>
<td></td>
<td>was IRF at Approx 10:27 am hours. Detainee cell</td>
</tr>
<tr>
<td></td>
<td>was IRF at Approx 10:35 and was moved</td>
</tr>
<tr>
<td></td>
<td>no injuries.</td>
</tr>
</tbody>
</table>

**End of statement**

**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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