1. Category: N/A

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

Λ.	Subjec	t:				
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D. Detaince: (a) (b) (c) (d)		
7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, Commanding Officer, with permission from to initiate a Forced Cell Experimental Company Platoon Leader, The detainee grabbed a guard and took his whistle while relinquish food items from previous meal. The detainee was subdued by the and moved to Block, cell	continuously refi	ising to
8. Remarks: N/A		
9. Publicity: N/A		
10. Commander Reporting:		
11. Point of Contact		

12. Downgrading Instructions: N/A

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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VIDEO TEAM					
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		SWORN ST	ATEMENT			
	For use of this fo	orm, see AR 190-45	; the proponent ag	gency is ODCSOPS	•	
		PRIVACY ACT	CTATEMACAIT			
	Title 10 USC Section 301;			dated November	22. 194 3 (S.S.N	D.
AUTHORITY:	To provide commanders an	d law enforcement	officials with mea	ns by which inform	nation may be a	ccurately
PRINCIPAL PURPOSE:	Your social security number	e is used as an addit	ional/alternate me	eans of identification	on to facilitate f	iling and retr
ROUTINE USES:	Disclosure of your social se					ŭ
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DA FORM 2823, JUL 72, IS OBSOLETE

	For use of this fo	orm, see AR 190-45; 1	he proponent agency is ODC	CSOPS
		PRIVACY ACT S	TATEMENT	
AUTHORITY:	Title 10 USC Section 301;	Title 5 USC Section 2	951; E.O. 9397 dated Nove	ember 22, 1943 (S'SN)
PRINCIPAL PURPOSE:				information may be accurately
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MUST BE BE INDICATED.

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 identified.

ROUTINEUSES:

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. 2. DATE (YYYYMMDD) **FILE NUMBER** LOCATION Block, Camp Delta, Guantanamo Bay, Cuba 26\$5\$619 /7&2 LAST NAME, FIRST NAME, MIDDLE NAME 7. GRADE/STATUS B. ORGANIZATION OR ADDRESS

CAMP

Camp Delta, Guantanamo Bay, Cuba 09360

__, WANT TO MAKE THE FOLLOWING STATEMENT UNDER DATH:

ON MINISTER AT APPROXIMATELY 1702, CAMP 2/3 SECONDARY IRF TEAM CONDUCTED A FORCE CELL EMPLATION ON Block, CELL 15 15 MH HOR FAILURE TO COMPLY TO BEHAVIORAL HEALTHS MUSTIVITION TO MOVE TO [Ecock. HAD SMECTED TOOTHPASTE ON THE CELL FLOOR PRIOR TO THE IRF TEAM ENTERING THE CECC. THE SECONOMIT IRF TEAM ENTERED CECC AND SECURED DETAMEE WITH THE CEAST AMOUNT OF FORCE NESSESSANY. WAS BROUGHT BY THE SECONDANY IRF TO THE GAUSWAY. AND SECURED TO A GRAVEE AND ASSESSED BY MEDICAL MEDICAL ALMONICED NO INTURIES TO THE DEPANCE OR IRF TEAM.

BLOCK, MAN /1/ Ens OF STATEMENT///

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

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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		PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301;	Title 5 USC Section 2951; E.O. 93	97 dated Novemb	per 22, 1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders ar	nd law enforcement officials with m	eans by which info	ormation may be accurately
ROUTINE USES:	Your social security number	er is used as an additional/alternate	means of identific	ation to facilitate filing and retrie
DISCLOSURE:	Disclosure of your social se	ecurity number is voluntary.		·
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8. ORGANIZATION OR	ADDRESS			,
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	For use of this form, see	AR 190-45; the proponent agency	is ODCSOPS	
	PR	IVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5		d November 22, 1943	(S.SNI
PRINCIPAL PURPOSE:	To provide commanders and law er			
ROUTINE USES:	Your social security number is used			
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		PRIVACY ACT STATEN	IENT		
AUTHORITY:	Title 10 USC Section 301;	; Title 5 USC Section 2951; E	O. 9397 dated Nover	nber 22, 1943 (S'SN).	
PRINCIPAL PURPOSE:	To provide commanders as	nd law enforcement officials v	vith means by which i	nformation may be accui	rately
ROUTINE USES:	Your social security number	er is used as an additional/alte	rnate means of identif	fication to facilitate filing	and retrie
DISCLOSURE:	Disclosure of your social s	ecurity number is voluntary.	<u> </u>		
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DA FORM 2823, DEC 1998

1. Category: N.A.

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

4. Location: GTMO Cuba

5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

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1. Category: N/A

2. Type of Incident: Forced Cell Extraction

3. Date/Time of Incident: 1702, 19 June 2005

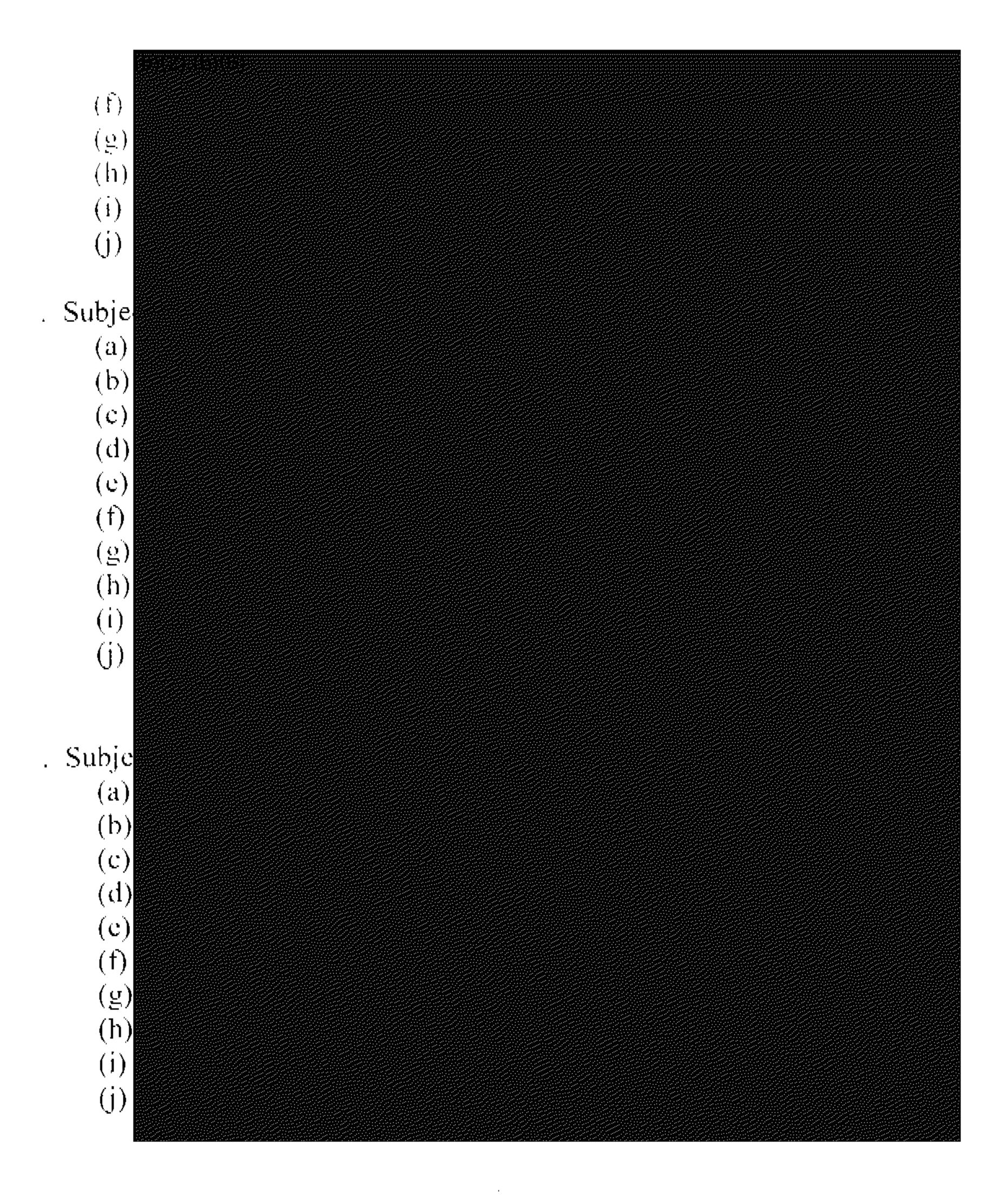
5. Other Information:

(a) Racial (Y/N): N

(b) Trainee Involvement (Y/N): N

6. Personnel Involved:

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D.	Detainee:
	(a)
	(b)
	(c)

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, Camp Commanding Officer, with permission from acting Field Grade in the Wire ordered Camp Platoon Leader, to initiate a Forced Cell Extraction on ISN# The detainee grabbed a guard and took his whistle while continuously refusing to relinquish food items from previous meal. The detainee was subdued by the IRF team, put on a backboard and moved to Block, cell

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting:

11. Point of Contact

12. Downgrading Instructions: N/A

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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	For use of this form,	see AR 190-45; the propon	ent agency is ODCSOPS	-, '3
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AUTHORITY:	Title 10 USC Section 301; Title	e 5 USC Section 2951; E.O.	9397 dated November	22, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and la			
ROUTINE USES:	Your social security number is	used as an additional/alterna	te means of identification	on to facilitate filing and retrieval
DISCLOSURE:	Disclosure of your social securi			
1. LOCATION 3. BLOCK / CA	~ρ	2. DATE (YYYY) 2. 2005 06 19	3. TIME 1845	4. FILE NUMBER
5 LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		TORACTESTATUS
8. ORGANIZATION OF	ADDRESS			
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		WANT TO MAK	E THE FOLLOWING STA	ATEMENT UNIDER OATH:
				WAS ACTIVATED, WE SUITED
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMEN	PAGE 1 OF	 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "		_	

	`	SWORN ST	ATEMENT	· ,		
	For use of thi	s form, see AR 190-45;	the proponent agenc	y is ODCSOPS		
<u></u>	<u></u>	PRIVACY ACT	CYBTERNER	<u> </u>	<u> </u>	<u> </u>
AUTHORITY:	Title 10 USC Section 30	01; Title 5 USC Section		ad Navambar 22	1942 15 560	
PRINCIPAL PURPOSE:		and law enforcement o			• .	
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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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 identified.

ROUTINEUSES:

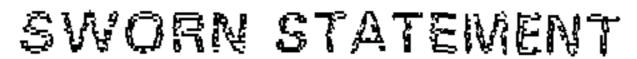
Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE.

Disclosure of your social security number is voluntary.

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