SIR 19 June 2005

1. Category: N/A

2. Type of Incident: Forced Cell Extraction

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

4. Location: [Redacted], 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)
D. Detainee:
(a) 
(b) 
(c) 
(d) 

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, [Redacted] Camp Commanding Officer, with permission from [Redacted] acting Field Grade in the Wire ordered [Redacted] Platoon Leader, [Redacted] to initiate a Forced Cell Extraction on ISN# [Redacted]. 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 [Redacted] Block, cell [Redacted].

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting: [Redacted]

11. Point of Contact: [Redacted]

12. Downgrading Instructions: N/A
IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE FOR CAMPA__ TOWAYS DATE IS 11/07/20, AND THE CURRENT
TIME IS _702_. _THE CO HAVE HAS AUTHORIZED AN IRF ON THE DETAINEE
IN CELL # 8. ISN: 093630 DUE TO THE FOLLOWING EVENTS:

GRABBED MPS WHISTLE
THREW AN APPLE & FLIP FLOP AT HC ENG

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT
THE IRF TEAM DOES AS WELL."

☐ ESCORT TEAM
☐ MEDICAL TEAM
☐ VIDEO TEAM
☐ INTERPRATER
☐ BARBER

IRF PERSONNEL INFORMATION:
POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5

☐ MEDICAL ATTENTION NEEDED: YES ☐ NO
SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (5 S/N).
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 retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
[ ] Block / camp
[ ]

2. DATE (YYYY/MM/DD)

3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

NAVY PROVISIONAL GUARD BATTALION / PATROL 4 / COMY

I, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:


--- NOT USED ---

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAG

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.
**SWORN STATEMENT**

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

<table>
<thead>
<tr>
<th>PRIVACY ACT STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (S.S.N.).</td>
</tr>
<tr>
<td>PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately</td>
</tr>
<tr>
<td>ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieve</td>
</tr>
<tr>
<td>DISCLOSURE: Disclosure of your social security number is voluntary.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>2. DATE (YYYYMMDD)</th>
<th>3. TIME</th>
<th>4. FILE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block</td>
<td>20050619</td>
<td>18:30</td>
<td></td>
</tr>
</tbody>
</table>

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

8. ORGANIZATION OR ADDRESS

CAMP DELTA, GUANTANAMO BAY CUBA

---

ON JUNE 19, 2005 AT ABOUT 1700 THE

AT THE TIME THERE WAS A MAN MARCHED IN TO BLOCK TO I RF.

THE DETAINEE WAS COMBATIVE AND JUMPING AROUND.

THE CELL WAS SLIPPERY WITH WHAT APPEARED TO BE

TO HISS DUNK AND SINCE I SLIPPED, HE GRABBED MY HEADGEAR,

STARTED TO SCRATCH MY FACE AND PUNGE MY EYES, AFTER THAT HE

SINCE I HAD A HOLD OF HIS RIGHT LEG, I COULD NOT DO ANYTHING TO STOP

ME. I WENT TO SECURE HIS ARM AND WITH THE MINIMUM AMOUNT OF

FORCE NECESSARY, I GAVE THE FLEX CUFFS TO THE DETAINEE, AFTER WE SECURED

THEM ON THE DETAINEE, AFTER WE SECURED HIM, WE TOOK HIS ARM AND THE

STRETCHER, SECURED HIM TO THE STRETCHER, SECURED HIM AND TOOK HIM OUT AND

WHEN HE WAS SECURED, WE TOOK HIM TO THE BLOCK CELL, WE PUT HIM IN AND

PROCEEDED TO GET OUT OF THE CELL, AFTER EVERYTHING WAS SECURED.

---

10. [EXHIBIT] 11. INITIALS OF PERSON MAKING STATEMENT

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998
SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2851; 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.

ROUTINE USES: 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.

1. LOCATION Block, Camp Delta, Guantanamo Bay, Cuba
2. DATE (MM/DD/YYYY) 26/05/619
3. TIME 1702
4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION/ADDRESS Camp Delta, Guantanamo Bay, Cuba 09360

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 06/05/2015, at approximately 1700, Camp 2/3 Secondary IRF Team conducted a force cell extraction on Block, Cell Block, Cell 15K7. For failure to comply to behavioral health's instruction to move to Block, had smeared toothpaste on the cell floor prior to the IRF team entering the cell. The secondary IRF team entered Cell and secured detainee with the least amount of force necessary. Detainee was brought by the secondary IRF to the Cavour and secured to a gurney. Medical assessed no injuries to the detainee or IRF team. Detainee was escorted to Block.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

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

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

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 (S.SN).
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 retrieve
DISCLOSURE:  Disclosure of your social security number is voluntary.

1. LOCATION  
2. DATE (YYYYMMDD)  
3. TIME  
4. FILE NUMBER  
5. LAST NAME. FIRST NAME. MIDDLE NAME  
6. SSN  
7. GRADE/STATUS  
8. ORGANIZATION OR ADDRESS  

[Redacted]

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On [Redacted] AT about 1702 [Redacted] was called away. I proceeded to causeway to dressout as NCOIC. The team proceeded to ___ black camp. To __ [Redacted] After a quick safety check by the [Redacted] we entered the cell and used the minimal amount of force necessary to secure [Redacted]. As we secured [Redacted] he got [Redacted] helmet off and started at [Redacted] drawing blood. We secured [Redacted] and proceeded to move [Redacted]uble was spitting on the entire team, PL and CO. [Redacted] was cleared by corporal and FCE Team was cleared by corporal. The team escorted [Redacted] from camp ___ to ___ we placed [Redacted] in ___ cut off the restraints and escorted the team from cell.  

End of statement

10. EXHIBIT  
11. INITIALS OF PERSON MAKING STATEMENT  

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
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 (S/N).
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 retrieve
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
2. DATE MM/DD/YYYY
3. TIME
4. FILE NUMBER

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

8. ORGANIZATION OR ADDRESS
9. CAMP DELTA, GUANTANAMO BAY, CUBA

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF ___ PAGE:

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE AT 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

SWORN STATEMENT

On or about 2005 Son 19 at approxmately 1/02, __________, signaling the iniciat
of the alternate FCE Team. After a quick saftety check of the wear i
beganto dawn my gear. Once myself and the rest of the alternate
FCE Team was geared up we were breifed on a detaine in cel
Isn't __________ I was identified________
and
With the minimum amout of forc
Force necessary. At time this time myself and the alternate
IFR Team entered ______ and secured the detaine using the
minimum amout of force nesscary. At this time the detaine
hand and leg were secured using flexy cuffs. We then remove
the detaine from ______ to transfer him to ______ as we were
Carrying the detaine out of the cell he began spitting at the
pressure points on the detaine's neck and jugular than. Approxi
8 times on the way to ______ block we put the detaine in ______ un secured
without incident. Pain.

End of Statement

DA FORM 2823, DEC 1998
DA FORM 2823, JUL 72, IS OBSOLETE
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. 8387 dated November 22, 1943 (5.SN).

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 retrieval.

DISCLOSURE:
Disclosure of your social security number is voluntary.

1. LOCATION
2. DATE (YYYY) [2006-9-21]
3. TIME [1800]
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:

I WITNESS AT ABOUT 1702 THE ALTERNATE IRF CODE "ELVIS" WAS CALLED FOR CAMP. I EXITED THE BLOCK TO SUIT UP IN CAMP CAUSWAY. AFTER SUITING UP WE WERE BRIEFED ON THE IRF TEAM PROCEEDED TO THE BLOCK TO FORCE CELTS. AFTER THE IRF TEAM MEMBER CHECKED DETAINEE'S POSITION IN CEL THE DOOR WAS OPENED THE IRF TEAM MOVED INTO THE CELL USING THE MINIMUM AMOUNT OF FORCE NECESSARY. WE TOOK THE DETAINEE ON THE GROUND AND USED FLEX CUFFS TO RESTRAIN HANDS AND LEGS. AFTER HANDS AND LEGS WERE RESTRAIN A QUICK CHECK WAS FOUND TO BE INJURED. USING PROPER PROCEDURE WE MOVE DETAINEE TO CAUSWAY. THE MAN FOR IRF TEAM, THE CORPUS THEN STRAPPED TO MED BORD, THE IRF TEAM THEN LIFTED THE CORPUS TO MED BORD AND WALKED THE DETAINEE TO CAMP. THE IRF TEAM REMOVED DETAINEE FROM MED BORD THEN PLACED INTO CELL. ONCE PLACED IN CELL WE PROCEEDED THE TEAMS EXEUTED THE FOR DEBRIEF, I PARTICIPATED IN MAKING THE STATEMENT FOR USE.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGE

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

USARA
SIR 19 June 2005-02

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:

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)
Category: N/A

Type of Incident: Forced Cell Extraction

Date/Time of Incident: 1702, 19 June 2005

Location: GTMO Cuba

Other Information:
(a) Racial (Y/N): N
(b) Trainee Involvement (Y/N): N

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)
D. Detainee:

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours, [redacted] Camp Commanding Officer, with permission from [redacted] acting Field Grade in the Wire ordered Camp [redacted] Platoon Leader, [redacted] to initiate a Forced Cell Extraction on ISN#. [redacted] 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 [redacted] Block, cell [redacted].

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting: [redacted]

11. Point of Contact: [redacted]

12. Downgrading Instructions: N/A
IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE FOR CAMP\ 6, TODAY'S DATE IS 1/10/20, AND THE CURRENT TIME IS 1702. I, THE CO HAVE HAS AUTHORIZED AN IRF ON THE DETAINEE IN CELL # E-4, ISN: #46630 DUE TO THE FOLLOWING EVENTS:

- GRABBED MPS WHISTLE
- THREW AN APPLE AT A FLIP FLOP AT BCK

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

☑ ESCORT TEAM
☑ MEDICAL TEAM
☑ VIDEO TEAM
☑ INTERPRATER
☑ BARBER

IRF PERSONNEL INFORMATION:

POSITION 1  POSITION 2  POSITION 3  POSITION 4  POSITION 5

MEDICAL ATTENTION NEEDED: YES ☒
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 (S.N.)
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 retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
2. DATE (YYYY/MM/DD)
3. TIME
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 19 Jun 95 at 17:07 the secondary care was called and the I.R.F. team was activated. We suited up and went into Block #1 Cell 15th. The team entered the cell. The detainee was extremely combative. I used the minimum amount of force necessary and secured the detainee. After the detainee was secured, we maneuvered him onto the tier and took him out to the causeway onto a spine board. He was combative and was spitting on medical staff as we secured him to the spine board. And was transported to the 2nd block and put into cell #14. We extracted and secured the detainee in the cell.

--- NOT USED ---

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT

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
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 (5 CFR)

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 retrieval.

DISCLOSURE:
Disclosure of your social security number is voluntary.

LOCATION (b)(2)

2. DATE (YYYYMMDD) 3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

CAMP DELTA, GUANTANAMO BAY, CUBA

I, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON JUNE 19, 2005 AT ABOUT 1700 THE TEAM GOT TOGETHER AT THE CELL, BUT THE CELL WAS SLIPPERY WITH WHAT APPEARED TO BE TOOTHPASTE AND WATER, WHEN WE WENT IN THE DETAINEE JUMPED AND STARTED TO SCRATCH MY FACE AND POKE MY EYES, AFTER THAT HE HAD A HOLD OF MY HEADGEAR AND STARTED TO CHOOSE ME AT WHICH POINT HIS FINGER WENT IN MY MOUTH AND HIM FROM CHOOSING ME BUT TO BITE HIS FINGERS, AFTER HE RELEASED FORCE NECESSARY I GAVE THE FLEXY CUPES TO AND HE PUT THEM ON THE DETAINEE, AFTER WE SECURED HIM, WE PUT HIM IN THE AND WHEN HE WAS SECURED WE TOOK THE FLEXY CUPES FROM HIS LEGS AND SECURED

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BE INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE
SWORN STATEMENT
For use of this form, see AR 190-45; the proponent agency is OODSOPS

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.
ROUTINE USES: 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.

1. LOCATION Block, Camp Delta, Guantanamo Bay, Cuba
2. DATE (YYYYMMDD) 26052005
3. TIME 1742
4. FILE NUMBER

5. LAST NAME FIRST NAME MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
Camp Block

9. WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON MJNS2605, AT APPROXIMATELY 1700, CAMP 2/3 SECONDARY IFF TEAM CONDUCTED
A FORCE CELL EXTRACTION ON Block, Cell 75. CELL 75 IS NOT
FOR FAILURE TO COMPLY TO BEHAVIORAL HEALTH'S INSTRUCTION TO MOVE TO Block.
Cell 75 HAD SMOKED TOOTHPASTE ON THE CELL FLOOR PRIOR TO THE IFF
TEAM ENTERING THE CELL. THE SECONDARY IFF TEAM ENTERED Cell
AND SECURED DETAINEE 124 WITH THE LEAST AMOUNT OF FORCE NECESSARY.
DETAINEE 124 WAS BROUGHT BY THE SECONDARY IFF TO THE GANWAY.
AND SECURED TO A CARRIAGE AND ASSESSED BY MEDICAL. MEDICAL ANNOUNCED
NO INJURIES TO THE DETAINEE OR IFF TEAM. 124 WAS ESCORTED TO
Block. MJN 11/1 END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING “STATEMENT OF,” TAKEN AT, DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.
On 19 Jun 05 at about 1700, **[redacted]** was called away. I proceeded to causeway to dress out as NCOIC. The team proceeded to **[redacted]** block camp **[redacted]** to **[redacted]** **[redacted]**. After a quick safety check by the **[redacted]**, we entered the cell and used the minimal amount of force necessary to secure **[redacted]**. As we secured **[redacted]**, he got **[redacted]** helmet off and started at his face drawing blood. **[redacted]** and proceeded to move **[redacted]** to **[redacted]** block **[redacted]** was spitting on the entire team, PL and CO. **[redacted]** was cleared by corporal and **[redacted]** team was cleared by corporal. The team escorted **[redacted]** from camp **[redacted]** to camp **[redacted]** we placed **[redacted]** in **[redacted]** cut off the restraints and extricated the team from cell. **[redacted]** 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; 50 U. S.C. 9387 dated November 22, 1943 (5 C.F.R.).

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 retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION

2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER

20050619 1800

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

4TH PRECINCT, CAMP DELTA, GUANTANAMO BAY, CUBA

9. I am the person who is making this statement.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON OR ABOUT 20050619 AT APPROXIMATELY 1700, SIGNALING THE INITIATION OF THE ALTERNATE FCE TEAM. AFTER A QUICK SAFETY CHECK OF THE AREA I BEGAN TO DAWN MY GEAR. ONCE MYSELF AND THE REST OF THE ALTERNATE FCE TEAM WAS GEARED UP WE WERE BRIEFED ON A DETAINEE IN CELL

[BLACKED OUT]


END OF STATEMENT

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

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

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; F.O. 9397 dated November 22, 1943 (S.S.N.).
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 retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION
2. DATE (YYYYMDDD) 3. TIME 4. FILE NUMBER
200505019 180

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

8. ORGANIZATION OR ADDRESS
N. P.O. BOX, BRAVO COMPANY, CAMP DELTA, GTMO, CUBA

9. [ redacted ] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

[HUMOS AT ABOUT 1705 THE ALTERNATE IRF CODE "ELVIS] WAS CALLED FOR
CAMP I EXITED [redacted] BLOCK TO SUIT UP IN CAMP CAUSWAY.
AFTER SUITING UP WE WERE BRIEFED ON [redacted]. THE
ALTERNATE IRF TEAM PROCEEDED TO [redacted] BLOCK TO FORCE CELL EXTRACT
AFTER [redacted] IRF TEAM MEMBER CHECKED DETAINEE'S POSITION IN CELL
THE DOOR WAS OPENED THE IRF TEAM MOVED INTO THE CELL USING THE
MINIMUM AMOUNT OF FORCE NECESSARY WE GOT THE DETAINEE ON THE
GROUND AND USED FLEX COFFS TO RESTRAIN HANDS AND LEGS, AFTER HANDS
AND LEGS WERE RESTRAINED A QUICK CHECK [redacted] WAS FOUND
TO BE INJURED USING PROPER PROCEDURES WE MOVED DETAINEE TO CAUSWAY, THE
MED CORPSMAN CHECKED [redacted] HE WAS FOUND TO BE OK, AS [redacted] TEAM THEN LIFTED
[redacted] AND WE ESCORTED DETAINEE TO CAMP [redacted]
[redacted] THE IRF TEAM REMOVED DETAINEE FROM MED BORD THEN PLACED
DETAINEE IN CELL ONCE PLACED IN CELL LE PROCEEDED THE TEAM'S EXTRACT.
FOR DEBRIEF I PARTICIPATED AS [redacted]

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT

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