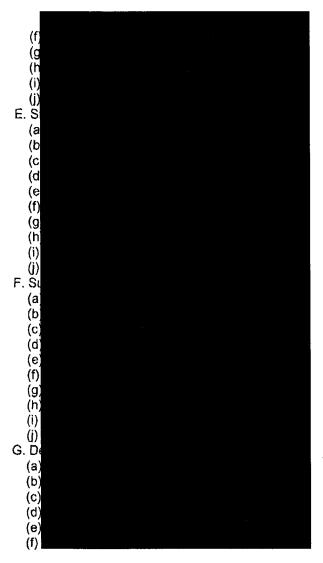
#### SIR 29FEB04-DO2

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0937hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
  - (a) Racial (Y/N): N
  - (b) Trainee Involvement (Y/N); N
- 7. Personnel involved:
- A. Subject:
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7. Summary of Incident: On 29 Feb 04, at approx. 0937hrs, detainee refused to shackle up for a random cell search. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. Medical and returned to cell.

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

### SWUKIN STATEMENT For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: Disclosure of your social security number is voluntary. DISCLOSURE: LOCATION 2. DATE (YYYYM 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 2001 07 29 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS ORGANIZATION OR ADDRESS Military Police , Camp Delta, Guantanamo Bay Cuba 09360 WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 FEBRUARY, 2004 at appriximately 0937 IRT team reported to black the team was given permission to enter. My job and use the minimum amount of force necessary. Detainer was remared to placed in the receivers to be evaluated by medical upon completion of the medical terms evaluation the detance was cleared and placed back into his cell /// END OF STATEMENT //

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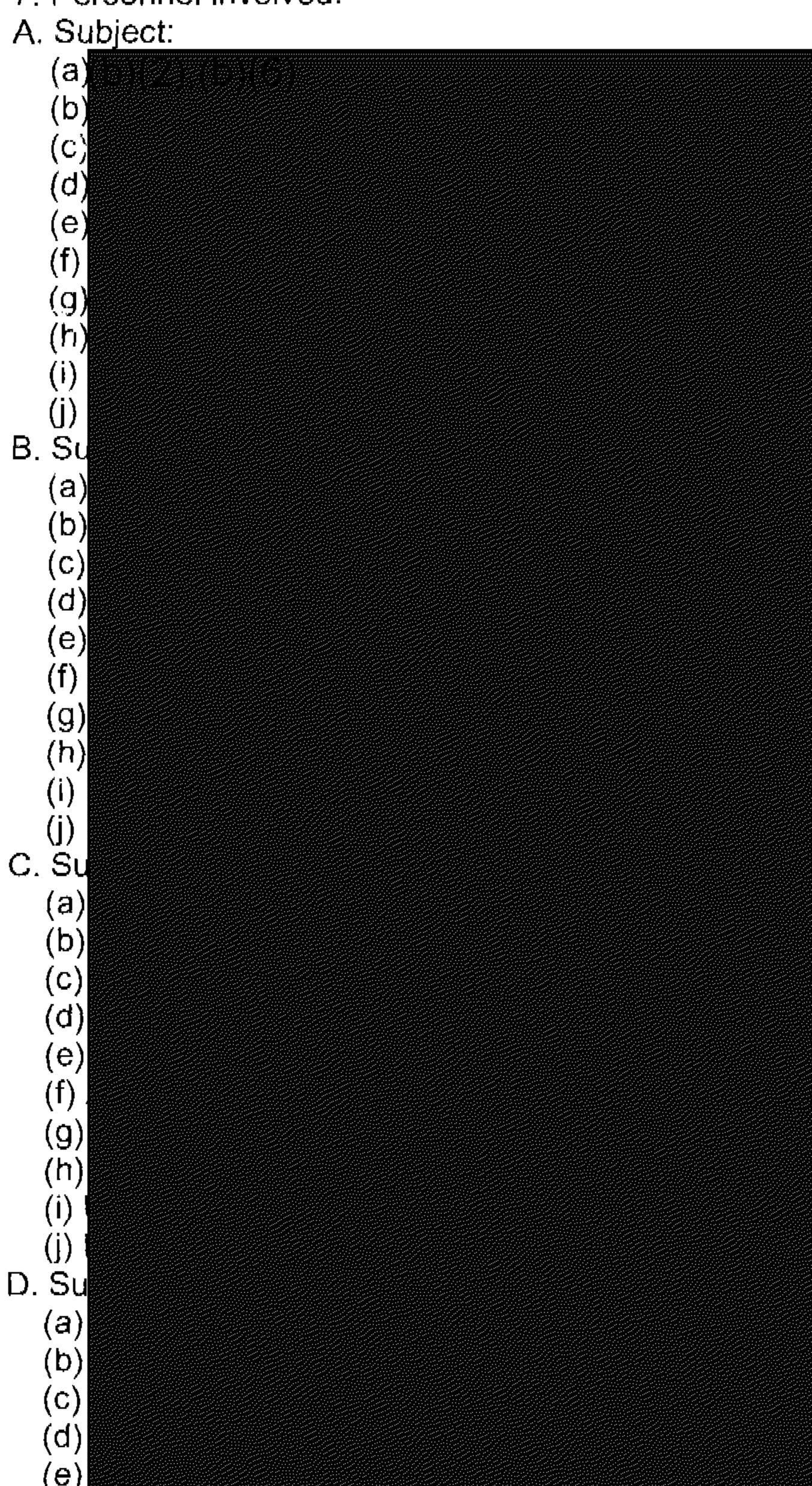
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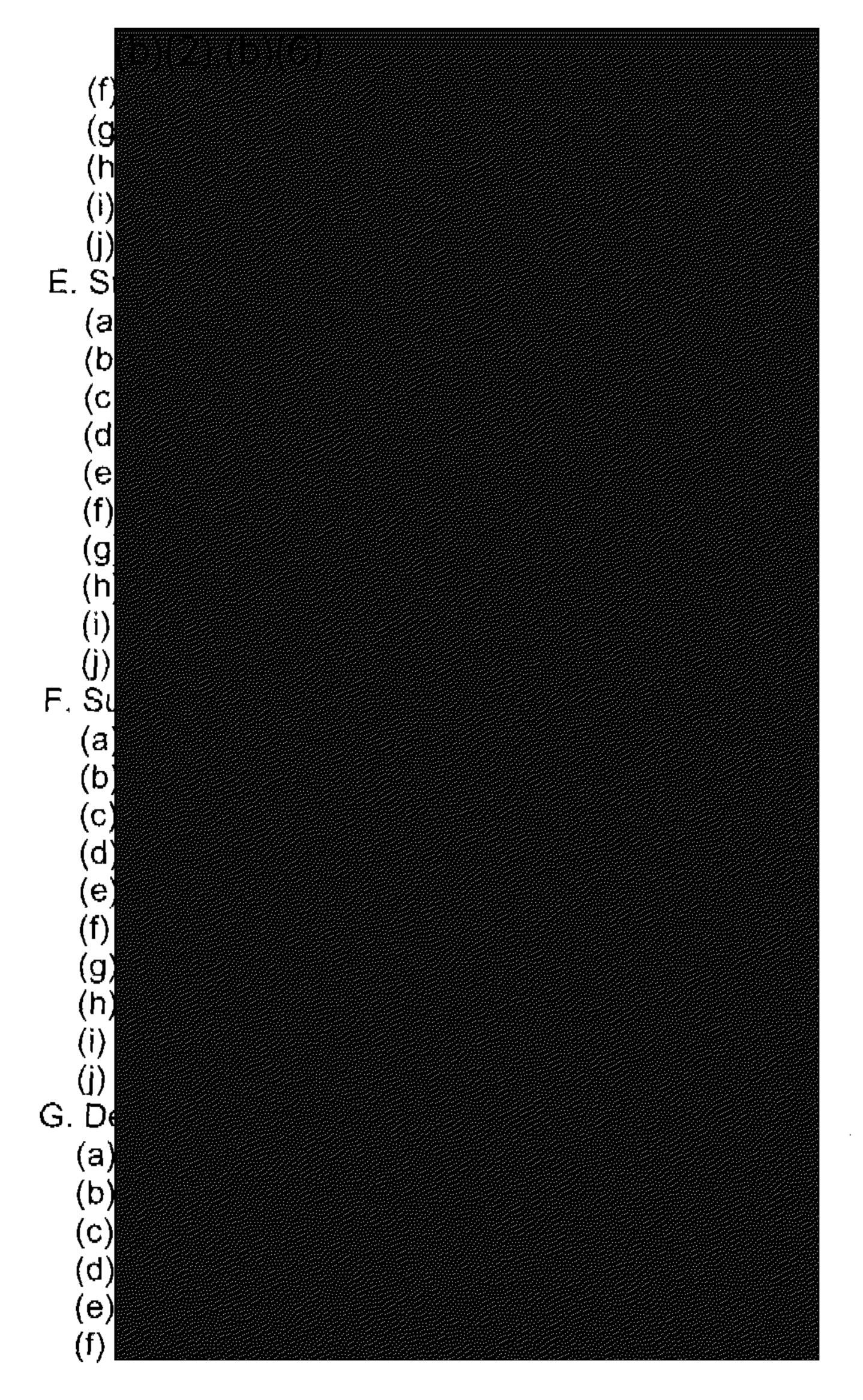
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## SIR 29FEB04-D02

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0937hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:

  - (a) Racial (Y/N): N (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:





- 7. Summary of Incident: On 29 Feb 04, at approx. 0937hrs, detainee to shackle up for a random cell search. The IRF Team was activated and they extracted him from this cell using the minimum amount of force necessary.

  Medical and returned to cell.
- 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

# SWUHNSIAIENENI For use of this form, see AR 190-45; the proponent agency is ODCSOPS PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary. 2. DATE (YYYYM 3. TIME 4. FILE NUMBER LOCATION Block, Camp Delta, Guantanamo Bay Cuba 2004 07 791 035 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS ORGANIZATION OR ADDRESS Military Police Camp Delta, Guantanamo Bay Cuba 09360 TREPANY WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 24 FEBRUARY, 2004 at approximately 0937 IRF team responded to had refused a random cell scoreh. The PL 1501# the team was given permission to enter. My job and use the rimmen amount of force necessary. Deternee was removed + placed in the received to be evaluated by medical upon completion of the medical terms evaluation the detainer was cleared and placed back into his cert. /// END OF STATEMENT ///

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ROUTINE USES: DISCLOSURE:			means or identification	m to racintate ining and			
1. LOCATION	Disclosure of your social security	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER			
	elta, Guantanamo Bay Cuba	2004 OZ 29	11:30				
5. LASTNAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS			
8. ORGANIZATION OR <b>16.3</b> Militar	ADDRESS y Police Company	, Camp Delta, Guantar	amo Bay Cuba 093	60			
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		, WANT TO MAKE TH	E FOLLOWING STAT	EMENT LINDER OATH:			
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10. EXHIBIT		1. INITIALS OF PERSON MA	KING STATEMENT				

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

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