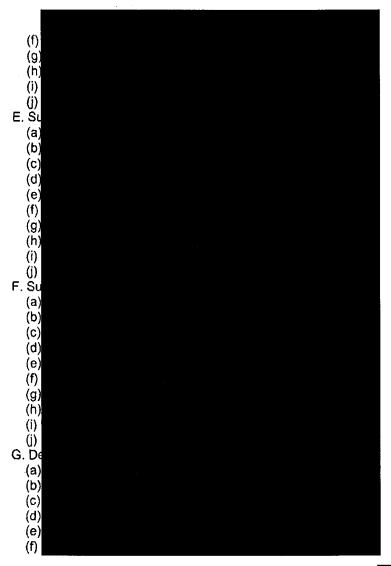
SIR 29FEB04-D01

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0655hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:

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- 7. Summary of Incident: On 29 Feb 04, at approx. 0655hrs, ISN detainee refused to shackle up for the Escort MPs to take him to Reservations. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detainee was checked by Medical and turned over to the Escort Team for transport to reservations.
- 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 probonent	t agency is ODCSOPS		·
<u> </u>		PE ACY ACT STATEMENT			
AUTHORITY:	Title 10 USC Section 301; Title			, 1943 <i>(SSN)</i> .	
PRINCIPAL PURPOSE:	To provide commanders and la				curately
ROUTINE USES:	Your social security number is				
DISCLOSURE:	Disclosure of your social secur	rity number is voluntary.			
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STA	TUS
8. ORGANIZATION OR 463 Milita	ADDRESS Company	, Camp Delta, Guan	ntanamo Bay Cuba 09	9360	
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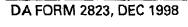
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10. EXHIBIT		11. INITIALS OF PERSON	MAKING STATEMENT	PAGE 1 OF	2 PAGES
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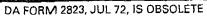
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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	ary Police Comp	any	, Camp Del	a, Guantanamo Bay	Cuba 09360)	
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Block, Camp I	Delta, Guantanamo	Bay Cuba	2001 02 20		<u>u</u>		
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OUTINE USES: DISCLOSURE: LOCATION	To provide comma Your social securit	on 301; Title 5 L anders and law ty number is us	enforcement offic	E.O. 9397 dated Nove als with means by w	hich informat	tion may be accu	urately g and

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





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	For use of this form,	SWORN STATEMENT see AR 190-45; the proponent agency is ODCSOPS	
UTHORITY: RINCIPAL PURPOSE: OUTINE USES: DISCLOSURE:	Title 10 USC Section 301; Title 9	PRIVACY ACT STATEMENT 5 USC Section 2951; E.O. 9397 dated November 22, 1 w enforcement officials with means by which inform used as an additional/alternate means of identification	ation may be accurately
LOCATION	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 3. TIME 3803	4. FILE NUMBER
LAST NAME, FIRST		6. SSN	7. GRADE/STATUS
ORGANIZATION OR 463rd Militar	ADDRESS Company	, Camp Delta, Guantanamo Bay Cuba 093	60
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10. EXHIBIT		11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF PAGES
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h.	·	SWORN STATEMENT		
,	For use of this form	n, see AR 190-45; the proposent ac	ency is ODCSOPS	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	To provide commanders and Your social security number in	PRIVACY AC	ans by which inforr	nation may be accurately
DISCLOSURE: 1_LOCATION	Disclosure of your social secu	2. DATE (YYY MDD)	3. TIME	4. FILE NUMBER
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR <u>ー ப்</u> ららだ <u>Milita</u>	ADDRESS ry Police <u>Company</u>	, Camp Delta, Guantan	amo Bay Cuba 093	360
9		, WANT TO MAKE THI	E FOLLOWING STA	TEMENT UNDER OATH:
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10. EXHIBIT		11. INITIALS OF PERSON MAK	ING STATEMENT	PAGE 1 OF 2 PAGES
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	_	·	THE FOLLOWING STATEMENT	
9. 463 Militar	y Police <u>C O</u>	, Camp Delta, Guant	anamo Bay Cuba 09360	
5. LAST NAME, FIRST I		6. SSN	, 7. dn/	0.017100
Block, Camp D	elta, Guantanamo Bay Cuba	2004 02 29	6852	ADE/STATUS
DISCLOSURE:	Disclosure of your social secu	_		NUMBER
PRINCIPAL PURPOSE:	To provide commanders and	law enforcement officials with r	means by which information ma	ay be accurately
AUTHORITY:	Title 10 USC Section 301: Title	PRIVACY ACT STATEMENT e 5 USC Section 2951; E.O. 9397	dated November 22, 1943 (SS	N).
• *	For use of this form	SWORN STATEMENT n, see AR 190-45; the proponent	agency is ODCSOPS	

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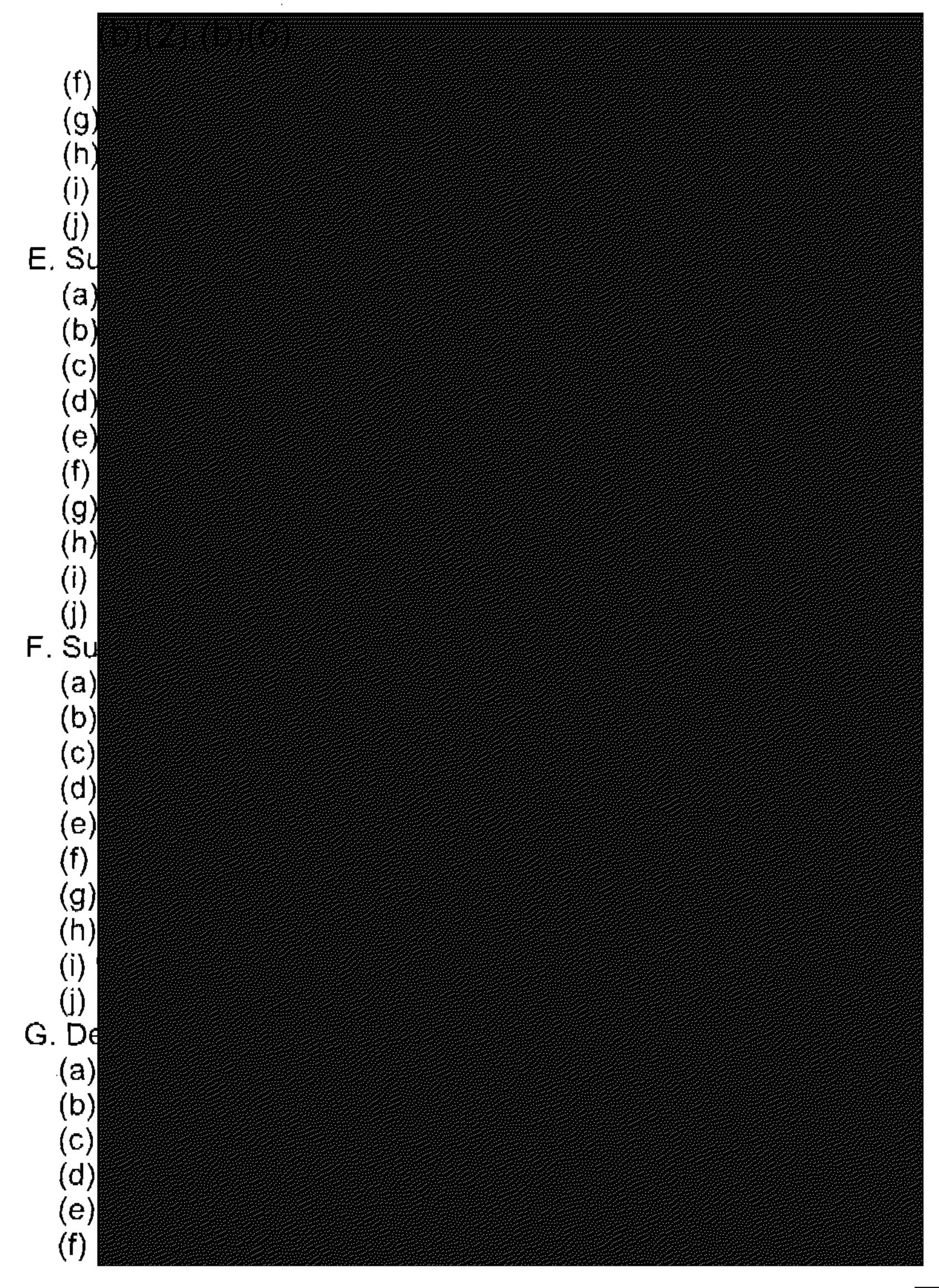
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

SIR 29FEB04-D01

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN:
- 4. Date/Time of Incident: 29 Feb 04/0655hrs
- 5. Location: Camp Delta, GTMO, Cuba
- 6. Other information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 7. Personnel involved:

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- 7. Summary of Incident: On 29 Feb 04, at approx. 0655hrs, ISN detained refused to shackle up for the Escort MPs to take him to Reservations. The IRF Team was activated and they extracted him from his cell using the minimum amount of force necessary. The detained was checked by Medical and turned over to the Escort Team for transport to reservations.
- 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 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: 3. TIME 4. FILE NUMBER 2. DATE (YYYYMMDD) CATION Block, Camp Delta, Guantanamo Bay Cuba 20040229 0847 7. GRADE/STATUS 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 8. ORGANIZATION OR ADDRESS , Camp Delta, Guantanamo Bay Cuba 09360 4630 Military Police WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: At Approx 0655 WC (THE IRF TEAM) Enteres the cell of He was Porcefully extracted from his cell Duc to him refusing to Detaince on the IRF Team with the go to his Reservation Appt. I Tand ensuring that the entire team uses the minimum amount of force necessary to perform the extraction After the extraction was personned the octainer was carried to the causeway where he was cleared by mediture, but in A 3-piece out and places on a back board, because he reservation withest farture incident refused to work. He was then transported 11/End of Strakement 11/

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT
PAGE 1 OF _____ PAGES

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.

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AUTHORITY:	Title 10 USC Section 301; Title 5	• • • • • • •		2, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and lav			
ROUTINE USES:	Your social security number is u			
DISCLOSURE:	Disclosure of your social securit		ο	
1. LOCATION	elta, Guantanamo Bay Cuba	2. DATE (YYYYMMD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
8. ORGANIZATION OR UL0324 Militar	ADDRESS ry Police <u>Company</u>	, Camp Delta, Gua	antanamo Bay Cuba 0	9360
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	2	PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING	"STATEM!	<u>022904</u>		

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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SWORN 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: 4. FILE NUMBER 3. TIME 2. DATE (YYYYMMDD) Block, Camp Delta, Guantanamo Bay Cuba)SO: 2004023 7. GRADE/STATUS 6. S\$N LAST NAME, FIRST NAME, MIDDLE NAME ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay Cuba 09360 Military Police Compand 463rd WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 Feb 04 at about \$655 while conducting my duties as I ISN# the IRF team, my head using the minium amount of force necessary. We entered cell because he refused to come out to reservation. We than moved to Brown Building without further incident.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONT.	AIN THE HEADING "STATEMENT TAKEN AT DATED	
THE BOTTOM OF EACH ADDITION	IAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE ST	ATEMENT, AND PAGE NUMBER

DA FORM 2823, DEC 1998

MUST BE BE INDICATED.

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SWORN STATEMENT For use of this form, see AR 190-45; the propositing ency 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 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 (YYY MDD) <u>LO</u>CATION 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba 20010229 0756 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS 46383 Military Police Comeans , Camp Delta, Guantanamo Bay Cuba 09360 WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: At approximately 055 on 27 EAR 2000 the IRF team was called to black for a call extraction need refused reservation. Societ determed was lying on the floor, for down, writing to be cuffed and removed. The PL gove the IRF team permission to proceed and we entried. the defaince was secured dremoved using the minimum amount of lince and taken to the front of block to be examined by medical. He was cleared by medical, placed on a back board and taken to reservation -- 11/End of Statemont 11/----10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF 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.

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SWORN STATEMENT

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		PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 9			
PRINCIPAL PURPOSE:	To provide commanders and la			
ROUTINE USES:	Your social security number is		e means of identificatio	n to facilitate filing and
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5. LAST NAME, FIRST		20010129 6. SSN		7. GRADE/STATUS
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