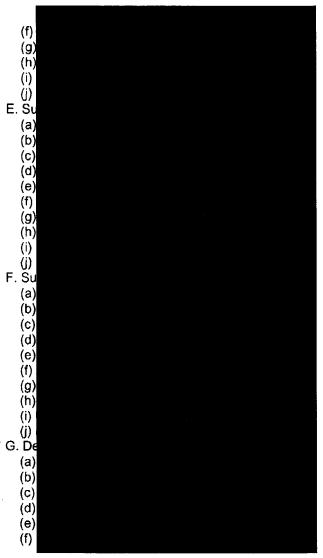
SIR 29FEB04-DO5

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN
- 4. Date/Time of Incident: 29 Feb 04/1510hrs
- 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:
- (a) (b) (c) (d) (e) (g) (j) l B. Su (a) (b) (c) (d) (e) (i) (j) l C. Su (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) D. Su (a) (b) (c) (d)



7. Summary of Incident: On 29 Feb 04, at approx. 1510hrs, detainee ISN 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. The detainee was checked by Medical and returned to his 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

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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 retrieval. **ROUTINE USES:** Disclosure of your social security number is voluntary. DISCLOSURE: 4. FILE NUMBER 2. DATE (YYYYMMDO) LOCATION Block, Camp Delta, Guantanamo Bay Cuba 7. GRADE/STATUS LAST NAME, FIRST NAME, MIDDLE NAME ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay Cuba 09360 omnaly 46311 Military Police WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On 29 Feb 04 at about 1510 while conducting my duties as IRF tEAM The minium amount of force necessary the reason we entered ISN was because he refused a random cell search. was removed from his cell using the minium amount of force necessary was removed from his cell using the minium amount of force necessary

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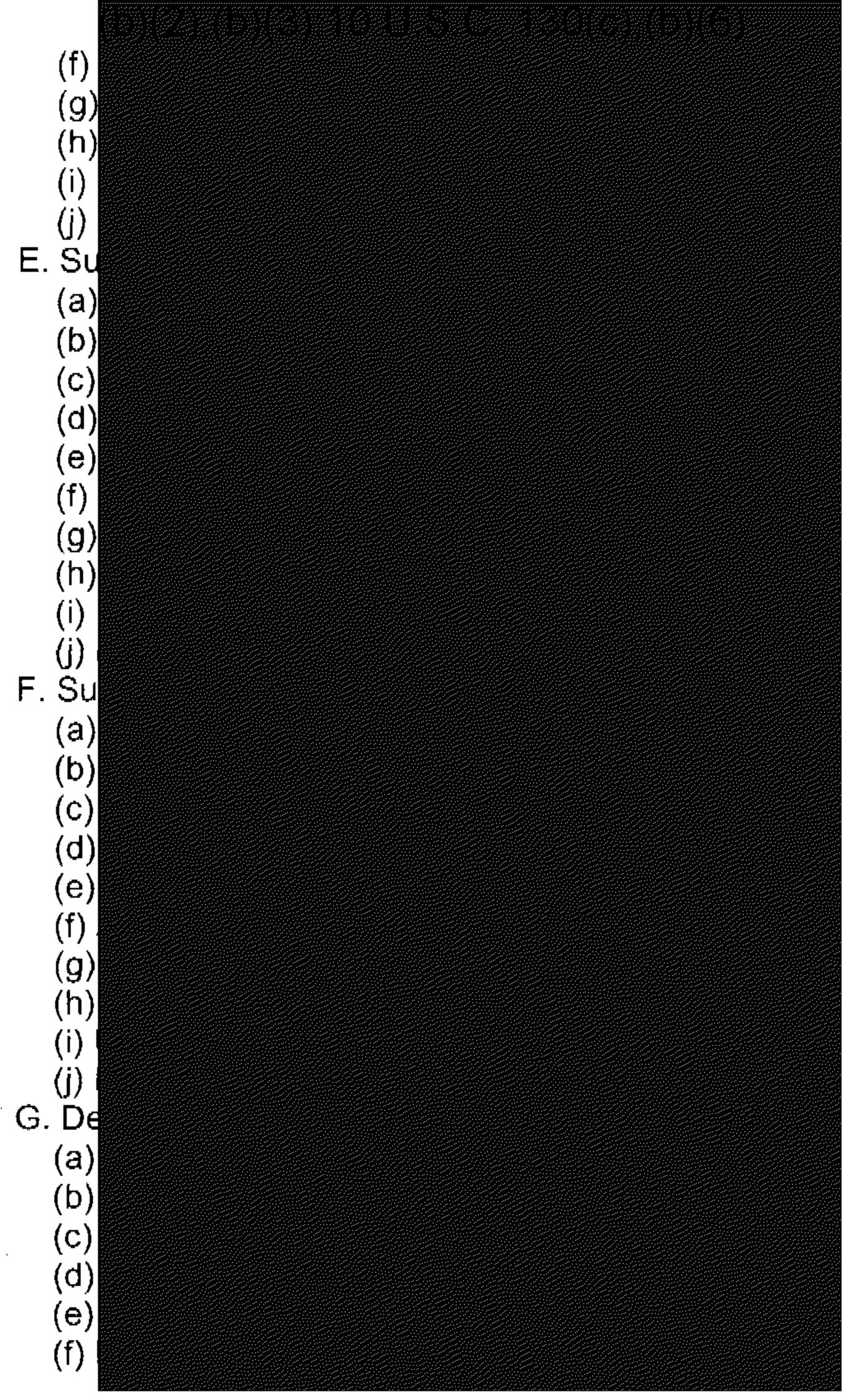
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SIR 29FEB04-D05

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3. Detainee ISN
- 4. Date/Time of Incident: 29 Feb 04/1510hrs
- 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. 1510hrs, detainee ISN 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. The detainee was checked by Medical and returned to his 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

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: Disclosure of your social security number is voluntary. 4. FILE NUMBER 3. TIME 2. DATE (YYYYMN LOCATION Block, Camp Delta, Guantanamo Bay Cuba 7 GRADE/STATUS C CCN LACTALABLE FIDOT NIABLE BAIDONE NIABLE ORGANIZATION OR ADDRESS , Camp Delta, Guantanamo Bay Cuba 09360 Military Police (Lomain) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On Feb. 29, 2004 at about 1518. I was called on to do a force cell movement The reason for movement was for a random cell search and detainee wouldn't come out of his ceil. I. WB entered the cell with the minium amount of force and took him out to the rea yard were medical cleared him. When then took him back to his cell and exited the cell where nothing else happened. Ill End of Statement 11 ERRORL MANUEL NG STATEMENT 11. INITI 10, EXHIBIT PAGE 1 OF ___2 PAGES ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT ____ DATED

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8. ORGANIZATION OR ADDRESS Willitary Police	, Camp Delta,	Guantanamo Bay Cuba (09360	
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