

SIR 080750RFEB04

1. Category

Type of Incident: Forced Cell Extraction – Detaince ISN:



- 3. Date/Time of Incident: 080750RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:
- A. Subject:

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J(5) Detainee: Summary of Incident: At approximately 0750hrs 08 February 2004 Block personnel approached detainees boused in for the purpose of conducting cell searches: all detainee refused. Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 0756hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the purposes. Once medical support and video recreation area prepped for support were present at block, each of the detainees were given another opportunity to of the detainees, comply and refused yet again. ordered the 5person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the recreation area for burposes. Once in the recreation area, all detainees received medical Once medical attention, which consisted of personnel cleared each of the detainees, the IRF team moved detainees to their respective The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees. 8. Remarks: See medical information in summary of incident 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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AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES:	Title 10 USC Section 301; Title 5 USC To provide commanders and law er Your social security number is used Disclosure of your social security number.	nforcement officials with d as an additional/alterna	means by which info	ormation may be accurately
DISCLOSURE: 1. LOCATION Block, Carr	p Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD	3. TIME	4. FILE NUMBER
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DA FORM 2823, DEC 1998

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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. 9397dated 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. 1. LOCATION 2. DATE (YYYYMMDD) 3. TIME 4. FILE NUMBER

Block, Camp D, Guantanamo Bay Cuba 2004 02 08 5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN 7. GRADE/STATUS

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8. ORGANIZATION OR ADDRESS

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10. EXHIBIT

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PAGE 1 OF **PAGES**

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PRINCIPAL PURPOSE:	To provide commanders and lav	v enforcement officials with m	eans by which inf	ormation may be	accurately
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10. EXHIBIT

PAGE 1 OF ___0

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PRINCIPAL PURPOSE:	To provide commanders and law enforcement official	Is with means by which infor	mation may be accurately
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11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT 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 N MUST BE BE INDICATED.



SIR 080726RFEB04

1. Category

Type of Incident: Forced Cell Extraction - Detaince ISN:



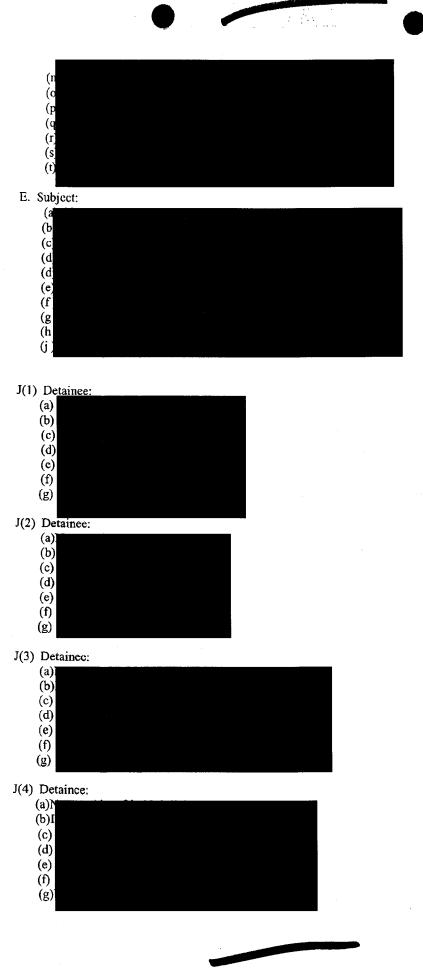
- 3. Date/Time of Incident: 080726RFEB04
- 4. Location: Camp Delta, GTMO, Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

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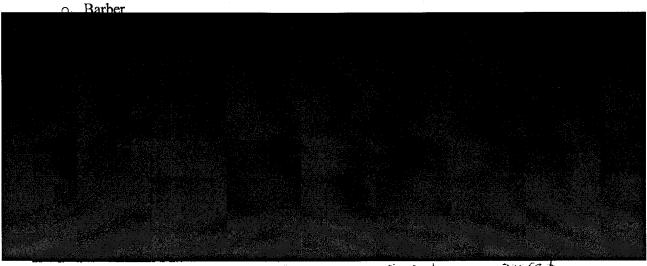


Summary of Incident: At approximately 1320hrs 08 February 2004 S Block personnel approached detainees housed in for the purpose of conducting cell searches; all detainee refused. Block personnel informed the detainees that the cell searches were not optional; and again, the detainees refused. After the detainees refused the chain of command at Camp 2/3, at approximately 1330hrs the primary IRF team at Camp 2/3 was assembled, medical support was called along with video camera support, and the Once medical support and video support were recreation area prepped for present at block, each of the detainees were given another opportunity to comply and refused yet again. on each of the detainees, ordered the 5 person IRF team to enter into their respective cells and forcibly removed detainees from their respective cells and move each one to the Once in the recreation area, all detainees received medical recreation area for Once medical personnel cleared attention, each of the detainees, the IRF team moved detainees to their respective cells. The cell extraction of detainees went well. There were no injuries to any of the assigned block personnel, IRF team members or detainees.

- 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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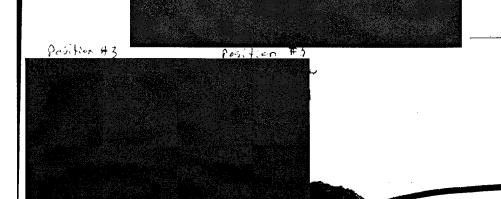


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Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL PURPOSE:

To provide commanders and law enforcement officials with means by which information may be accurately

ROUTINE USES:

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

DISCLOSURE: Disclosure of your social security number is voluntary.

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

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1415 7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

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10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF __

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT ______ TAKEN AT ___

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

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n, see AR 190-45; the proponent ag // is UDCSOPS

PRIVACY ACT STATEMENT

Title 10 USC Section 301; Title 5 USC Section 2951; F.O. 9397 dated November 22, 1943 (SSN). AUTHORITY:

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 filling and

ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary.

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8. ORGANIZATION OR ADDRESS

_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

PAGE 1 OF

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT

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 N MUST BE BE INDICATED.

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PRINCIPAL PURPOSE:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

ROUTINE USES:

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

DISCLOSURE:

Disclosure of your social security number is voluntary.

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Block, Camp Delta, Guantanamo Bay Cuba 전환 (아무슨 것은)

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3. TIME

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NAME FIRST NAME MIDDLE NAME

8. ORGANIZATION OR ADDRESS

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IN STATEMENT see AR 190-45; the proponent agency is ODCSOPS For use of this for PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). 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 Disclosure of your social security number is voluntary. 2. DATE (YYYYMMDD 3. TIME 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay Cuba Deciloses (15% T NAME FIRST NAME MIDDLE NAME GRADE/STATUS

8. ORGANIZATION OR ADDRESS 258 MD WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: 08 February on block out approximately 0930 hrs Detriner the destriner refused on the primary IRF team Using the minimum necessary. The determine was Erfed and mought to rec year for the injuries to mpis or determine Determine was then Discord to his call /// + FND OF STATEMENT force into

10. EXHIBIT	11. INITIALS C	N MAKING STATEMENT	PAGE 1 OF	0.) p
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NI MUST BE BE INDICATED.

AUTHORITY:

ROUTINE USES:

DISCLOSURE:

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	For use of this form,	see AR 190-45the prop		CSOPS					
		PRIVACY ACT STATEM							
AUTHORITY:	Title 10USC Section 301;Title	5 USC Section 2951;E.0	D. 9397dated Novem	nber 22,1943 <i>(SSN)</i> .					
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For use of this form, see AR 190-45;the proponent agency is ODCSOPS

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