

SIR 19 February 2004

- 2. Type of Incident: Serious Incident Report
- 3. Date/Time of Incident: 190630RFEB04
- 4. Location:

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)
- (c)
- **(f)**
- (g) (h)
- (i) (j)

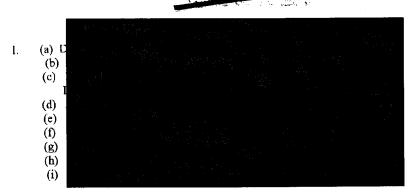
C. Subject:

- (a)

- (b) (c) (d) (e) (f)
- (g) (h) (i)

D. Subject:

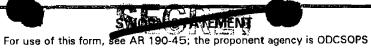
(a)



Summary of Incident: On 19 Feb 04, at approximately 0630 hrs, detainee in Cell 22, amp Delta, refused to come out their cell to go to reservation. Detainee was asked by the Block guard, Block NCOIC, SOG, PL, and CO to comply but refused to do so. The CO assembled the IRF team to extract the detainee out the cell. Medical and psych personnel arrived on the scene a short while later. Detainee was then asked by the PL and CO to comply but refused to do so. The IRF team then went in the extracted the detainee into the rec yard. The detainee was checked out and cleared by medical and psych personnel in the rec yard. The detainee was then taken to reservation.

- 8. Remarks: There were no injuries on the IRF team.
- 9. Publicity: N/A
- 10. Commander Reporting: MG Miller, CJTF-GTMO, Guantanamo Bay, Cuba
- 11. Point of Contact:
 - 12. Downgrading Instructions: N/A





10. EXHIBIT				11. INI	TIALS O	ON MAI	KING STAT	EMENT	PAGE 1 C	F 2	_ PAGES
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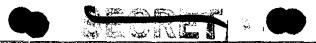
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DA FORM 2823, JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.





SWORN STATEMENT

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

,		RIVACY ACT STATEMENT	
AUTHORITY:		USC Section 2951; E.O. 9397 dated November 22,	
PRINCIPAL PURPOSE:		enforcement officials with means by which informati	
ROUTINE USES:		ed as an additional/alternate means of identification t	o facilitate filing and retrieval.
DISCLOSURE: 1. LOCATION	Disclosure of your social security	2. DATE (YYYYA	4. FILE NUMBER
	Delta, Guantanamo Bay Cuba	205402 0705	4. TILE NOMBER
	NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
8. ORGANIZATION OR 462 Milita	ry Police	, Camp Delta, Guantanamo Bay Cuba 0930	50
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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.

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT ____



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 (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 retrieval.

DISCLOSURE:

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Disclosure of your social security number is voluntary.

2. DATE (YYYYMMD 3. TIME 4. FILE NUMBER Guantanamo Bay Cuba 0930 20040219

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

7. GRADE/STATUS

Military Police Company

, Camp Delta, Guantanamo Bay Cuba 09360

____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On Feb. 19, 2004 around the time of 0630 was called off my block block) to do a force cell move on black. Twas the

When we entered He was lying face down with his Hunds behind his back. We

while using the minium amount of force. We pick

him up and take him to blocks rec yard and him of all the whe then put the 3-piece suit on and hand him over to an escort team. INEnd of statement \\\

11. INITIALS OF PERSON MAKING STATEMENT 10. EXHIBIT g 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.



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

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