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		SWORN STATEM		
	For use of this form, s	se AK 190-45; the pro	oponent agency is ODCSO	P3
AUTHORITY:	Title 10 USC Section 301; Title 5	PRIVACY ACT STATES USC Section 2951;		er 22, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law	enforcement officials	with means by which info	rmation may be accurately
ROUTINE USES:	Your social security number is us	ed as an additional/alt	ernate means of identifica	tion to facilitate filing and re
DISCLOSURE:	Disclosure of your social security			
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8. ORGANIZATION OR	ADDRESS			
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IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE FOR CAMP TODAYS DATE IS 74P2 05, AND THE CURRENT
TIME IS 1517. I/THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAINEE
IN CELL # SN: DUE TO THE FOLLOWING EVENTS:
DETATNEE REFUSED TO REMOVE TOWEL
Flon window

I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE THAT THE IRF TEAM DOES AS WELL."

- o ESCORT TEAM
- MEDICAL TEAM
- VIDEO TEAM
- o INTERPRATER
- o BARBER

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5

MEDICAL ATTENTION NEEDED: YES (N)

INCIDENT REPORT SIR 05 APR

- 1. Category:
- 2. Type of Incident: Forced Cell Extraction of Detainee
- 3. Date/Time of Incident: 122007April05
- 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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- B. Subject:

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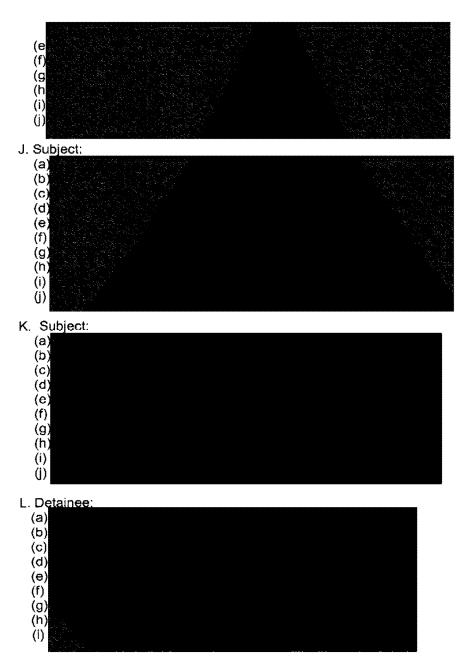
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7. Summary of Incident: On 07 April 2005 at approximately 0840hrs, detainee ISN# refused shower and recreation. He was ordered to come out for a cell search and placed his hands out in order to be shackled. When the Block MP began to place the shackles on the detainee, the detainee punched the Block MP in the stomach and spit on him. Per SOP, Behaviorial Health was called and they arrived on the block with an interpreter to remove his Basic Issue (BI). When ordered to surrender his BI, the detainee threw urine on the Behavioral Health technician and the interpreter. The Camp SOG then responded to the block and ordered the detainee to give up his Bl. Again, he refused. The Camp Camp L then attempted to get the detainee's basic issue items. The detainee stated that he would give up his issue items to the Behavioral Health officer if they came down and told him to give the items to the MP's. The Behavioral Health officer did not respond to the block. The on-duty Company Commander arrived on the block at approximately 1215hrs. When the CO went on the tier, the was open as the detainee would assault anyone who went to try and close it. bean hole to The CO instructed one of the block MP's to retrieve an IRF shield to be used to close the bean hole. As the MP's moved to close the bean hole, the detainee threw feces through the bean hole, which struck the on duty CO on the wrist, and legs. The MP's placed the IRF shield over the bean hole and were able to secure it shut. The CO then asked the detainee to comply with turning over his BI and was told no. At 1220 hrs, the CO then called the assistant S-3, then the on-duty field grade, and informed him of the situation. He then authorized the Forced Cell Extraction (FCE) and the primary IRF code was given. At 1234hrs, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was shackled and taken to the recreation yard for examination by the on duty Corpsman. The detainee was asked if he was injured and he stated he was okay and uninjured. He was then carried by the IRF team to block and placed into cell without incident and the FCE was complete at 1245hrs. The detainee was fed his lunch meal at approximately 1300hrs.

an H

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting:
- 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: PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurate Your social security number is used as an additional/alternation facilitate filing ar ROUTINE USES: DISCLOSURE: Disclosure of your social security number is voluntary. 2. DATE (YYYYMMDD) 4. FILE NUMBER 1. LOCATION CAMP DELTA 2015 0407 5. LAST NAME, FIRST NAME, MIDDLE NAM 7. GRADE/STATU 8. ORGANIZATION OR ADDRESS JOSO JTE , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OAT On 07 ADR 05, at approximately 2848 while attempting shackle the detained 50 me in the stomach and spit on me, MEND of States CONTINUED - This occured while conducting a ran Cell Search. 111 End of Statement 111

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	DAGE 1 OF 1	
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SWORN STATEMENT

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

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DA FORM 2823, DEC 1998

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE	FOR CAMP	TODAYS DATE IS 7 ADAOS, AND THE CURRENT
TIME IS	_, I/THE CO IIAV	VE / IIAS AUTHORIZED AN IRF ON THE DETAINEE
IN CELL#	ISN:	DUE TO THE FOLLOWING EVENTS:
	*	
I WILL USE THE	MINIMUM AMOU	UNT OF FORCE NECESSARY AND ENSURE THAT
THE IRF TEAM E	OOES AS WELL."	

- o ESCORT TEAM
- o MEDICAL TEAM
- o VIDEO TEAM
- o INTERPRATER
- o BARBER

IRF PERSONNEL INFORMATION:

POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION 5

MEDICAL ATTENTION NEEDED: YES / NO

	(e) (f) (g) (h) (i) (j)	
J.	(a) (b) (c) (d) (e) (f) (g) (h) (i)	
K.	(a) (b) (c) (d) (e) (f) (g) (h) (i)	
	. Detainee: (a) (b) (c) (d) (e) (f) (g) (h) (i)	
agree in ago the tool bl	ordered detainee ISN# pproximately 1400, the PL efused. At approximately 1422, the interpreter and ordered the detainee to rem gainst the rules at least 3 times and he re- po conduct a Forced Cell Extraction (FCE) is bowel down. At approximately 1500, a Beh lock and spoke to detainee ISN# emoval of all BI items from the detainee up	if the detainee continued to refuse orders to take his

IRF INFORMATION COLLECTION SHEET

ISN OF DETAINEE CELL LOCATION
SOG PL CO MEDICAL BEHAVIORAL HEALTH
TIME/ WHO- ADVISED HIGHER OF SITUATION:
TIME IRF TEAM ASSEMBLED 1220 TIME IRF INITIATED 1234 TIME IRF COMPLETED 1275
CAMERA DISPATCHED W/ RADIO 1220 (JEDI 1)
STOP CAMP MOVEMENT 1222 START CAMP MOVEMENT 1259 HOLD RADIO TRAFFIC 1222 CLEAR NORMAL TRAFFIC 1259
OTHER POSSIBLE NOTIFICATIONS
TIME DETAINEE OPERATIONS OIC
JOC CONTACTED /225
CELL/ISN

SIR 3 JUNE 2005

- 1. Category:
- 2. Type of Incident: Reactive Use Of Force
- 3. ISN#:
- 4. Date/Time of Incident: 3 JUNE 2005 / Appx. 0450hrs
- 5. Location: Camp Wing, Cell 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) (f) B. St (a) (b) C. S (a (b) (c) (d) (e) (f) (g (h (i) D. Şi (a (b (c (d

(g) (h) (i) (j)	
E. Subject: (a) (b) (c) (d) (e) (f) (g) (h) (i) (j)	
F. Detainee: (a) (b) (c)	
Behavioral Health advised me they were wait Basic Items was completed. At that time I addetainee's Basic Items. The MP's shackled to amount force necessary. When the shackling non compliant. The detainee spit on the Windhead butt the Delta Block NCO susing the minimum amount force necessary. All available Cadre and the SOG responser removed. The MP's then unrestrained	memo authorizing Camp Cadre to remove detainee incident the detainee committed early in the shift. Iting on my call to them, saying the removal of the livised the Wing Block NCO to remove the he detainee's hands and legs using the minimum g was completed the detainee became violent and g Guard's face and attempted to the time the detainee was taken to the ground. The Wing Block NCO sounded the wonded to the incident. The detainee's Basic Items the detainee and exited the cell in the motion's of a ported from Camp cadre or the detainee at that time.
9. Remarks: N/A	
10. Publicity: N/A	
11. Commander Reporting:	
12. Point of Contact	

13. Downgrading Instructions: N/A

SWORN STATEMENT 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.D. 9397 dated November 22, 1943 (SSN). PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified. Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. **ROUTINE USES:** DISCLOSURE: Disclosure of your social security number is voluntary. 2. DATE (YYYYMMDD) 4. FILE NUMBER 1. LOCATION 0535 2005/06/03 Guantanamo Bay, Cuba LAST NAME, FIRST NAME, MIDDLE NAME B. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS C-Btry 1/143 FA WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: At approximately 0450 on 03 June 2005, I assisted with the removal of the Basic Issue of Detainee per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled an pass the items through the tray slot. After the detainee was shackeled he then proceeded to spit on me in the face. Then the Detainee then became violent and tried to head butt The Detainee was then secured on the ground using the minimum amount of force necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. A time the Detainee was placed in the IRF position and we exited the cell the second secure and the IRF position and we exited the cell the second secure and the IRF position and we exited the cell the second secure and the IRF position and we exited the cell the second secure and the IRF position and we exited the cell the second secure and the IRF position and we exited the cell the second secure and the IRF position are the IRF position and the IRF position and the IRF position are the IRF position and the IRF position and the IRF position are the IRF position and the IRF position are the IRF position and the IRF position and the IRF position are the IRF position and the IRF position are the IRF position and the IRF position and the IRF position are the IR

10. EXHIBIT

11 NITTALS OF PERSON MAKING STATEMENT

PAGE 1 OF ______ PAGE:

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ______ 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.

remove the towel or else he would be extracted from his cell so the towel could be removed to which the detainee again refused. At approximately 1530, gave the order for the FCE to proceed. At 1540, the IRF team entered the cell and conducted the Forced Cell Extraction. The detainee was restrained in flexi-cuffs and taken to the recreation yard for examination by the on-duty Corpsman. When asked questions about if he was injured the detainee's only responses through the interpreter were words to the effect that he was at war with all present. The Corpsman determined the detainee to be uninjured. When the detainee was told he would have to give up his shirt and pants once back in his cell, he answered angrily with further threats. For this reason, shears were used to cut and remove his shirt and pants from him while being held by the IRF Team in the recreation yard. The detainee was then carried by the IRF team back to his cell, without incident and the FCE was complete at approximately 1620. The entire FCE was video-taped.

- 8. Remarks: See medical information in summary of incident
- 9. Publicity: N/A
- 10. Commander Reporting:
- 11, Point of Contact:
- 12. Downgrading Instructions: N/A

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY:

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

ROUTINE USES:

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

DISCLOSURE:

Disclosure of your social security number is voluntary.

1_LOCATION Block Camp Delta, GTMO Cuba 2. DATE (YYYYMMDD) 2005/04/07

3. TIME

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

1640

7. GRADE/STATUS

ORGANIZATION OR ADDRESS

367th Military Police Company JDOG, Camp Delta, APO AE 09360

9.

_, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

<u>ON 20050407 AT APPR</u>OX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN DETAINEE REFUSED SEVERAL REQUEST FROM THE BLOCK MP, BLOCK SGT, CAMI PL, AND CO TO REMOVE HIS TOWEL FROM HIS WINDOW, (IT OBSTRUCTED THE ONLY VIEW INTO THE C AFTER MULTIPLE FAILED REQUEST THE FCE TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIC AND FOUGHT THE FCE TEAM. THE DETAINEE WAS SECURED BY THE TEAM USING FLEXI-CUFFS AND M TO THE REC YARD. HE WAS CHECKED BY MEDICADIAND BEHAVIORAL HEALTH. BOTH STATED THAT I WAS IN GOOD CONDITION WITH LIMITED INJURIES. (SCRAPES ON HIS ARM). THE FCE TEAM THEN RETU THE DETAINEE TO HIS CELL AND RELEASED HIM WITHOUT FURTHER INCIDENTS. THERE WAS NO INJU. TO THE TEAM MEMBERS AND THE TEAM USED THE MINIMUM ANOUNT OF FORCE THROUGH OUT THE F NOTHING FOILDOWS

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	
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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 NUI MUST BE BE INDICATED.

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	, 5, 450 51 1115		STATEMENT	r Advisor to Listor		
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Block Camp Delta, 5. LAST NAME, FIRST			05/04/07 SSN	1640	7. GRAD	E/STATUS
8. ORGANIZATION OR	ADDRESS		<u> </u>			
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8. ORGANIZATION OF	ADDRESS			
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SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY:

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

PRINCIPAL PURPOSE: 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.

LOCATION

Block Camp Delta, GTMO Cuba

2. DATE (YYYYMMOD) 3. TIME 2005/04/07 4. FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

6. SSN

1640

7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

Navy Provisonal Guard BN. Bravo Company JDOG, Camp Delta, APO AE 09360

9.

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 20050407 AT APPROX 1540HRS A FCE (FORCE CELL EXTRACTION) WAS PERFORMED ON DETAINEE ISN
I WAS THE NUMBER THREE MAN.
THE FC
TEAM ENTERED THE CELL. THE DETAINEE WAS VERY VIOLENT AND FOUGHT THE FCE TEAM.
THE DETAINEE WAS SECURED USING FLEXI-CUFFS AND MOVED TO THE REC YARD. H
WAS CHECKED BY MEDCIAL AND BEHAVIORAL HEALTH. BOTH STATED THAT HE WAS IN GOOD CONDI.
WE RETURNED HIM TO HIS CELL AND RELEASED HIM. THERE WAS NO INJURIES TO MYSELF OR THE
DETAINEE. I USED THE MINIMUM AMOUNT OF FORCE.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT		
		PAGE 1 OF	PA

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 NUM MUST BE BE INDICATED.

		WORN STATEMENT see AR 190-45; the propon	ent agency is PMG	
		RIVACY ACT STATEMENT	ent agency is FIVIG.	
AUTHORITY:	Title 10 USC Section 301; Title 5 U		7 dated November 22	, 1943 <i>(SSN)</i> .
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Block Camp Delta,	GTMO Cuba	2005/04/07	1640	4, TILL HOMOLA
5. LAST NAME, FIRST I	NAME, MIDDLE NAME	6. SSN		7. GRADE/STATUS
	ADDRESS d BN. Bravo Company JDOG, C	Camp Delta, APO AE 09	360	
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	HE DETAINEE WAS SECURE MEDICIAL AND BEHAVIORA			
WE RETURNED HIM	A TO HIS CELL AND RELEAS	ED HIM. THERE WAS	S NO INJURIES TO	MYSELF OR THE
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SWORN STATEMENT 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 identified. ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. DISCLOSURE: Disclosure of your social security number is voluntary. 2. DATE (YYYYMMOD) 4. FILE NUMBER 1. LOCATION Wing Camp Guantanamo Bay, Cuba 2005/06/03 0535 5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS C-Btry 1/143 FA WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: At approximately 0450 on 03 June 2005, I assisted with the removal of the Basic Issue of Detainee per order Behavioral Health. The detainee was compliant and informed us that he wanted to be shackled at pass the items through the tray slot. After the detainee was shackeled he then proceeded to spit on then became violent and tried to head butt me. The detainee was then secured on the ground using the minimum amount of for necessary. At the time, the Block NCO sounded the duress code and all available MP's and SOG responded. Then and the Block NCO proceeded to take his Basic Issue Items while the Detainee was secure. At that time the Detainee was pli in the IRF position and we exited the cell. Enol of Statement _

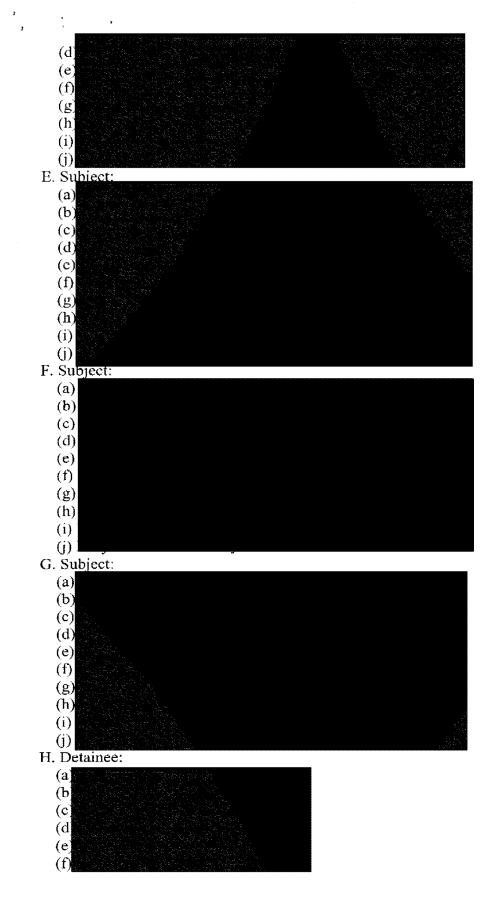
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		PRIVACY ACT STATEMENT	
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	To provide commanders and law enforce	Section 2951; E.O. 9397 dated November 22, 1943 (SSN). tement officials with means by which information may be accuran additional/alternate means of identification to facilitate filing er is voluntary.	
1. LOCATION	uantanamo Bay, Cuba	2. DATE (YYYYMMDD) 3. TIME	535 FILE NUMBER
5. LAST NAME, FIRST NAM		B. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDITION OF			
9.		, WANT TO MAKE THE FOLLOWING STATE	MENT UNDER DATH:
tray slot. Myself a proceeded to spit of the Detainee's head time, the Block NC	nd the MP's then shackled the the Detained and the MP's secured the D	and informed us that he wanted to be shack to Detainee with hand and leg irons. After then became violent and tried to head but etainee on the ground using the minimum and all available MP's and the SOG respon	the detainee was shackeled he that the detainee was shackeled he that the samount of force necessary. At the detainee was shackeled he that the detained he that the detainee was shackeled he that the detained he
10. EXHIBIT		11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF2 PAG
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	For use of t	his form, see AR 190-45; the proponent agency	is ODCSOPS	
	The 10 100 Co. do 104 The Fund	PRIVACY ACT STATEMENT	1040 /008/	
AUTHORITY: PRINCIPAL PURPOSE:		Section 2951; E.O. 9397 dated November 22, 1 ement officials with means by which information		ntified
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DISCLOSURE:	Disclosure of your social security number		, , , , , , , , , , , , , , , , , , ,	
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5. LAST NAME, FIRST NAME	MIDDLE NAME	B. SSN		7. GRADE/STATUS
8. ORGANIZATION OR ADDRI C Btry, 1/143 FA	ESS			
g		, WANT TO MAKE THE FOLLO	IWING STATEMENT UN	VDER OATH:
pass the items through shackeled he then property Then I secured his hand the Block NCO	gh the tray slot. The MP's the occeeded to spit on sead, and the MP's secured the proceeded to take the Detainer's and the SOG responded.	detainee was compliant and informen shackled the Detainee with he the Detainee then became the Detainee on the ground using the Basic Items Issue. At that the Detainee was placed that time the Detainee was placed to the STATE MENT	and and leg iron violent and trie the minimum and time, the Block aced in the IRF	ns. After the detainee was ed to head butt mount of force necessary. The NCO sounded the
10. EXHIBIT		11. INITIALS OF PERSON MAKING	3 STATEMENT	PAGE 1 OF 2 PAGE
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		THE PERSON MAKING THE STATEMENT, AND	77	F BE BE INDICATED.

DETAINEE REPO	DRT A729AD2F
1. TO COMMANDER or DESIGNATED REPRESENTATIVE	2. DATE 03JUN2005 0728L
3. TYPE OF REPORT: (Check One) SIR	
4. STATUS REFER FOR DISCIPLINARY ACTION	
5. DETAINEE'S NAME: (Last, First, MI) 6. ISN#	7. DETAINEE LOCATION
8. INCIDENT 09-THROW/SPIT BODY FLUIDS ON /AT MP (BATTERY)	()
egards to a memo authorizing Camp Cadre to remove detain Items for an incident the detainee committed early in the shift waiting on my call to them, saying the removal of the Basic It advised the Block NCO to remove the detainee's detainee's hands and legs using the minimum amount force ne completed the detainee became violent and non compliant. The face and attempted to head butt the Blo detainee was taken to the ground using the minimum amount NCO sounded the All available Cadre and the S detainee's Basic Items were removed. The MP's then unrestrathe motion's of a Forced Cell Extraction. No injuries were rep at that time. DOC, Camp NCOIC, Medical and Behavioral F DETAINEE CURRENT LEVEL IS A LAST OFFENSE COMMITTED ON 3 JUNE 05 CATEGORY V OFFENSE NO MOVEMENT	Basic t. Behavioral Health advised me they were stems was completed. At that time I s Basic Items. The MP's shackled the necessary. When the shackling was he detainee spit on the Wing Guard's ock NCO At that time the force necessary. The Block SOG responded to the incident. The rained the detainee and exited the cell in ported from Camp cadre or the detainee
10. WITNESS	11 WAS DETAINEE INFORMED (Check One)
12. ACTION TAKEN BY COMPOUND NCO:	
13. ACTION(s) & RECOMMENDATION(s) OF GUARD COMMANDER:	
14. RECOMMENDATIONS BY CHIEF, DETAINEE OPERATIONS BRANCH::	
15. ACTION TAKEN BY SUPERINTENDENT: APPROVED BY	
16. ACTIONS	/
17. REPORTING PERSON NCOIC SOG 18. PERSON SSN	19. PERSON GRADE ALL
DMS Observation/Disciplinary Report Form	



7. Summary of Incident: On 1 July 05 at approximate detached footpad from toilet. Detainee we refused to move. After numerous attempts to concamp CO, to include attempt by FGIW one of two Korans in the cell was inadvertently dailip and forehead. Detainee was restrained and to Detainee was returned to new cell	as instructed that he would be moved. Deta nvince detainee to move by BNCO, SOG, PL, the FCE code was given. During the umaged, and the detainee received lacerations t
8. Remarks: None	•
9. Publicity: N/A	
10. Commander Reporting: 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

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AUTHORITY:	Title 10 USC Section 301;	Title 5 USC Section 2951; E.O. 9397 dated Novembe	r 22, 1943 (SSN).
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	J.6. SSN	7. GRADE/STA
8. ORGANIZATION OR	AODRESS		
MPGB, CAMP E	WITH SUNTAMINO	BAY, CUBA	
9.		. WANT TO MAKE THE FOLLOWING ST	ATEMENT UN DER C
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DA FORM 2823, DEC 1998

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

"I AM THE FOR CAMP TODAYS DATE IS 6150L 65, AND THE CURI
TIME IS I/THE CO HAVE / HAS AUTHORIZED AN IRF ON THE DETAIN
IN CELL # DUE TO THE FOLLOWING EVENTS:
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prio 80 Maries
•
I WILL USE THE MINIMUM AMOUNT OF FORCE NECESSARY AND ENSURE TH
THE IRF TEAM DOES AS WELL." o ESCORT TEAM
o ESCORT TEAM
o MEDICAL TEAM
o VIDEO TEAM
o INTERPRATER
o BARBER
IRF PERSONNEL INFORMATION:
POSITION 1 POSITION 2 POSITION 3 POSITION 4 POSITION

MEDICAL ATTENTION NEEDED: YES / NO

SWORN STATEMENT

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).
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Tille	Γ $\sim DDFL$ $M=M=M=M$
IHE DETAI	NEE WAS TURNED OVER TO THE CORPSMAN.
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF				
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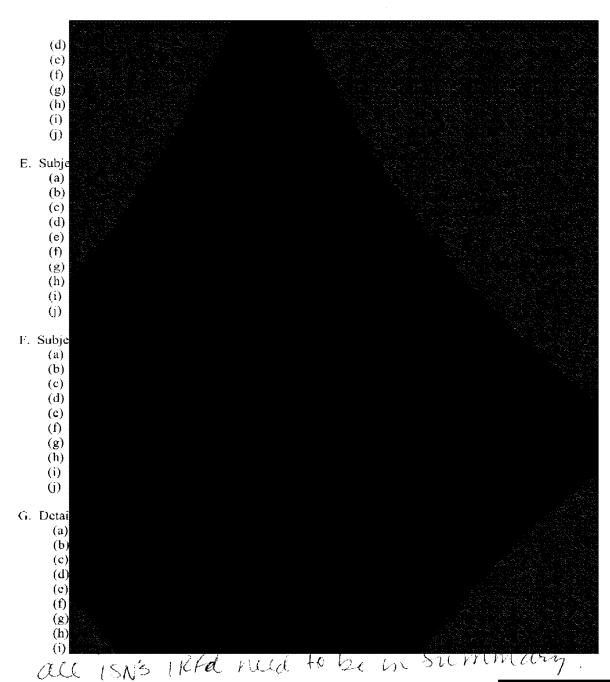
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THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE MUST BE BE INDICATED.

- 1. Category:
- 2. Type of Incident: Forced Cell Extraction $\frac{1}{2}$ $\frac{1}{2}$
- 3. Date/Time of Incident; 221035RFEB04
- 4. Location: Block, Camp Delta, GTMO Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:

Α.	Subject:			
	(a) (b) (c) (d) (c) (f) (g) (h) (i) (j)			
В.	Sub			
	(a) (b)			
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7. Summary of Incident: At approximately 1035 on 22 February 2004, Detainee ISN in cell refused to exit his cell for a cell search. He was offered multiple chances to comply but still refused. The IRF team was called, and the detainee was forcefully removed from his cell.

No injuries reported.

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

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

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		PRIVACY ACT STATEMENT		
AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 9397 d	lated November 2	22, 1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and law			
ROUTINE USES:	Your social security number is u	ised as an additional/alternate	means of identific	cation to facilitate filing
DISCLOSURE:	Disclosure of your social securit			
LOCATION Block, Camp I	Delta, Guantanamo Bay Cuba	2. DATE (YYYYMMDD) 2004-02-22	3. TIME 1049	4. FILE NUMBER
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		PRIVACY ACT STATEMI	ENT	· · · · · · · · · · · · · · · · · · ·
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SIR 162020RFEB04

1. Category:

Type of Incident: Forced Cell Extraction:

- 3. Date/l'ime of Incident: 162020RFEB04
- 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 2020hrs 16 February 2004 Block personnel approached the following detainees for the purpose of conducting a random cell search: ISN the detainee refused. Block personnel informed the detainee that the random cell search was not optional; and again, the detainee refused. After the detainee refused the chain of command at Camp the primary IRF team at Camp was assembled, medical support was called along with video camera support, and the recreation area prepped for the detainee was given another opportunity to comply by and refused yet again. For the detainee was given another opportunity to comply by and refused from the cell and moved the detainee to the recreation area for the cell and moved the detainee to the recreation area for the cell and forcibly removed the detainee, the IRF team moved the detainee back to the cell. The cell extraction of the detainee went well. There were no injuries to any of the assigned block personnel, IRF team members or detainee.

- 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

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

	PR	VACY ACT STATEMENT	
AUTHORITY:	Title 10 USC Section 301; Title 5 U	JSC Section 2951; E.O. 9397	dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and law er	forcement officials with mea	ns by which information may be acc
ROUTINE USES:	Your social security number is used	as an additional/alternate me	ans of identification to facilitate fili
DISCLOSURE:	Disclosure of your social security n	umber is voluntary.	
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DA FORM 2823, DEC 1998

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

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

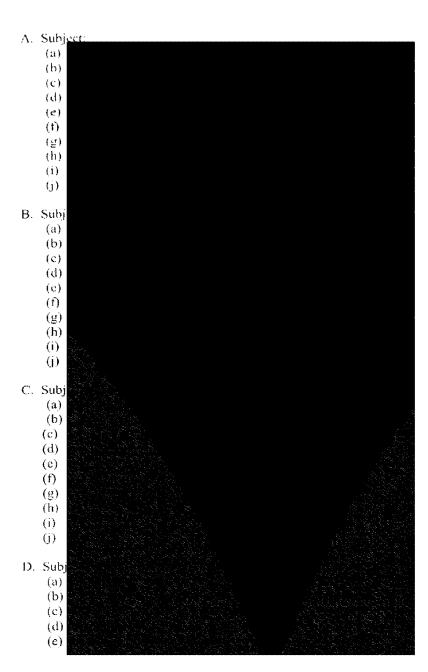
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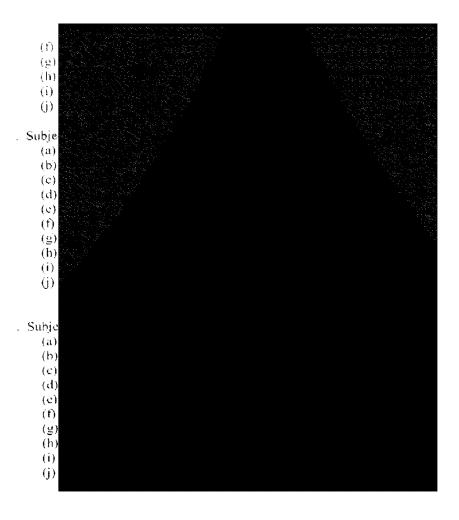
For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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DA FORM 2823, DEC 1998

- L Category: N/A
- 2. Type of Incident: Forced Cell Extraction
- 3. Date/Time of Incident: 1702, 19 June 2005
- 4. Location: . GTMO Cuba
- 5. Other Information:
 - (a) Racial (Y/N): N
 - (b) Trainee Involvement (Y/N): N
- 6. Personnel Involved:





D.	Detaince:	 	 	
	(a)			
	(b)			
	(c)			
	(d)			
		. ,		10.1 2005

7. Summary of Incident: On 19 June 2005, at approximately 1702 hours.

Camp Commanding Officer, with permission from to initiate a Forced Cell Extraction on ISN#

The detainee grabbed a guard and took his whistle while continuously refusing to relinquish food items from previous meal. The detainee was subdued by the IRF team, put on a backboard and moved to Block, cell

8. Remarks: N/A

9. Publicity: N/A

10. Commander Reporting:

11. Point of Contact

12. Downgrading Instructions: N/A

IRF CHECK LIST AND VIDEO INFORMATION FOR PL/SOG

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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 STA	TEMENT

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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 identified. Your social security number is used as an additional/alternate means of identification to facilitate filling and retrieval.

ROUTINEUSES:

Disclosure of your social security number is voluntary. DISCLOSURE: 2. DATE (YYYYMMDD) 4. FILE NUMBER Block, Camp Delta, Guantanamo Bay, Cuba 26\$5\$619 1702 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS Camp Delta, Guantanamo Bay, Cuba 09360 Brock CAMP

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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 0F2
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DA FORM 2823, DEC 1998

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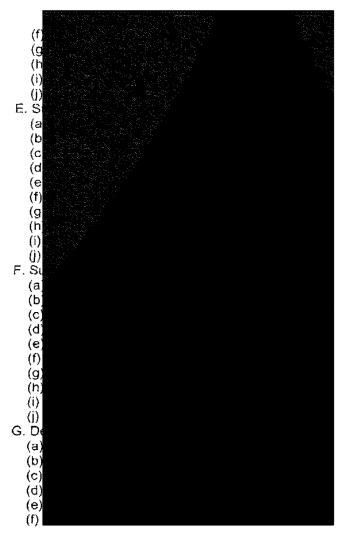
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STA	TEMENT PAGE 1 OF
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DA FORM 2823, DEC 1998

SIR 29FEB04-DO2

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Entry
- 3, Detainee ISN:
 - N:
- 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: (a) (b) (C) (d) (g)(i) (j) B. Su (a) (b) (c) (d)(e) (f) (g) (h) (i) (j) 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. 0937hrs, detainee 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

SWUKN 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: PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurate ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing an DISCLOSURE: Disclosure of your social security number is voluntary 4. FILE NUMBER LOCATION 2. DATE (YYYYIV Block, Camp Delta, Guantanamo Bay Cuba 2004 07 79 LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS Military Police Company , Camp Delta, Guantanamo Bay Cuba 09360 , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH On 29 FEBRUARY, 2004 at approximately 0937 IRT team responded to I ISN# but retweed a random cell search. The PL the team was given permission to enter My job and we the renomina amount of force necessary. Detained was removed placed in the received to the evaluated by medical upon completion of the medical ter evaluation the detance was cleared and placed back into his cell. 11/END OF STATEMENT 111

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF	
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DA FORM 2823, DEC 1998

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10. EXHIBIT	11. INITIALS OF PERSON MAKING STAT	PAGE 1 OF 2
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DAFORM 2823, DEC 1998

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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

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DA FORM 2823, DEC 1998

SIR 191428RFEB04

1. Category: N/A

2. Type of incident: Forced Cell Extraction

3. Detainee ISN:

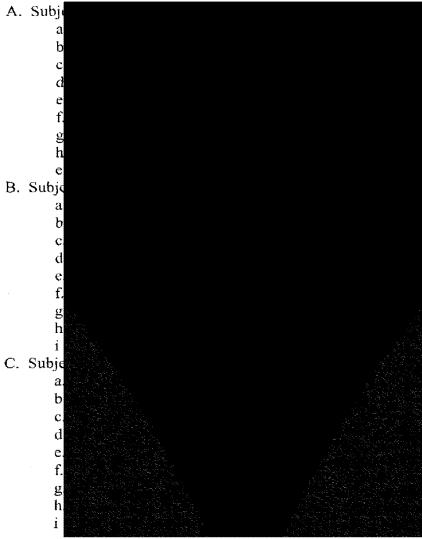
4. Date/Time of incident: 191420RFEB04

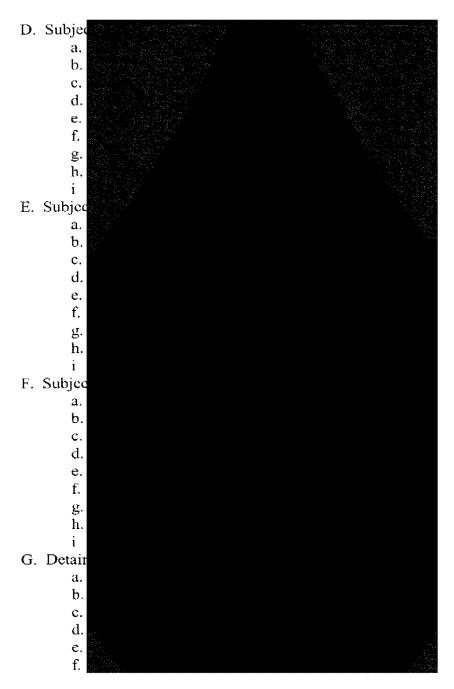
5. Location: Camp Delta, GTMO, Cuba

6. Other information

a. Racial (Y/N): N

7. Personnel Involved:





- 8. Summary of Incident: On 19 February 2004, at approximately 1428hrs, Detained ISN refused to comply with the requirement to submit to a random cell search. The IRF Team was activated and they extracted the Detainee from the cell using the minimum amount of force necessary and checked the cell for contraband and unauthorized items.
- 9. Remarks: See medical information in summary of incident
- 10. Publicity: N/A

- 11. Commander Reporting: BG Hood, CJTF-GTMO, Guantanamor Bay, Cuba
- 12. Point of Contact: 3239
- 13. Downgrading instructions: N/A

	For use of this form, s	ee AR 190-45; the prop	onent agency is ODCSOPS	
		PRIVACY ACT STATEN	MENT	
AUTHORITY:	Title 10 USC Section 301; Title 5			1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and lav			
ROUTINE USES:	Your social security number is u			ion to facilitate filing and
DISCLOSURE:	Disclosure of your social securit			
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5. LAST NAME, FIRST	NAME, MIDDLE NAME	6. SSN	•	7. GRADE/STATUS
8. ORGANIZATION OF 258 Milita	ry Police Conpany	, Camp Delta,	Guantanamo Bay Cuba 09	360
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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

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AUTHORITY:	Title 10 USC Section 301; Title 5 U			
PRINCIPAL PURPOSE:	To provide commanders and law			· · · · · · · · · · · · · · · · · · ·
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back in his ce	11. No IRF team members	were injured.		
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10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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PRIVACY	ACT	STA	TEM	IENT.	

AUTHORITY:	Title 10 USC Section 301; Title 5 U	JSC Section 2951; E.O. 9397 d	ated November 22,	, 1943 <i>(SSN)</i> .
PRINCIPAL PURPOSE:	To provide commanders and law	enforcement officials with me	eans by which info	mation may be accurately
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AUTHORITY:	Title 10 USC Section 301; Title 5	PRIVACY ACT STATEMENT USC Section 2951: F.O. 9397 dat	ed November 22-1	1943 (SSN)
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AUTHORITY:	Title 10 USC Section 301; Title 5 U	JSC Section 2951; E.O. 9397 d	ated November 22, 1	943 <i>(SSN)</i> .	
PRINCIPAL PURPOSE:	To provide commanders and law				
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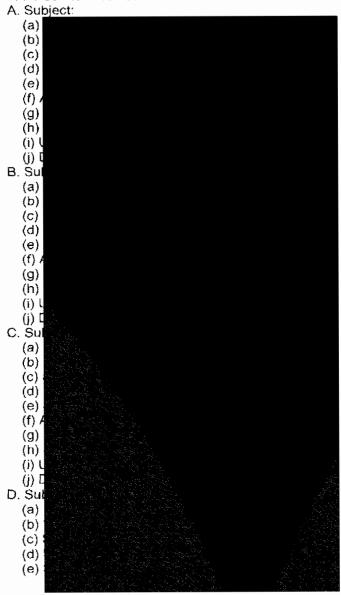
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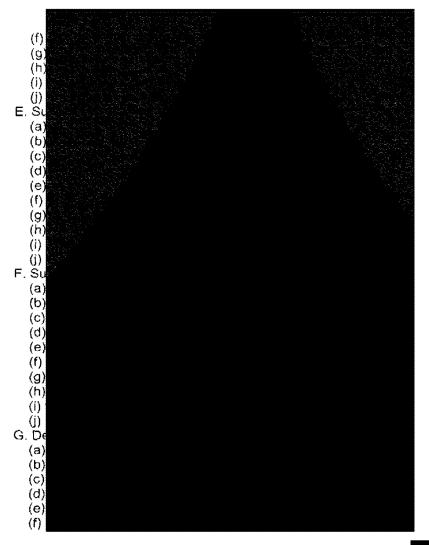
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SIR 29FEB04-DO1

- 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:





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

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

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	1	PRIVACY ACT STATEMEN	T 4	
AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E.O. 93	397 dated November 22,	1943 (SSN).
PRINCIPAL PURPOSE:	To provide commanders and lav	v enforcement officials wit	h means by which infor	mation may be accurate
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For use of this form, see AR 190-45; the proponent agency is ODCSOPS

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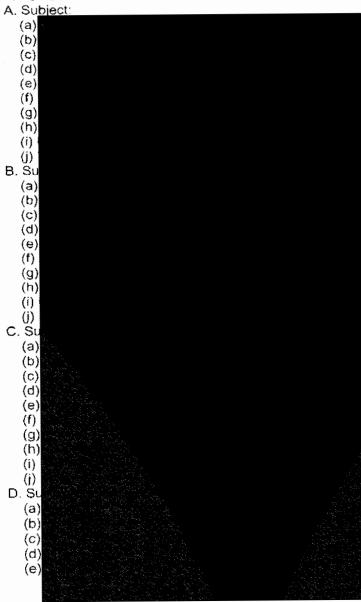
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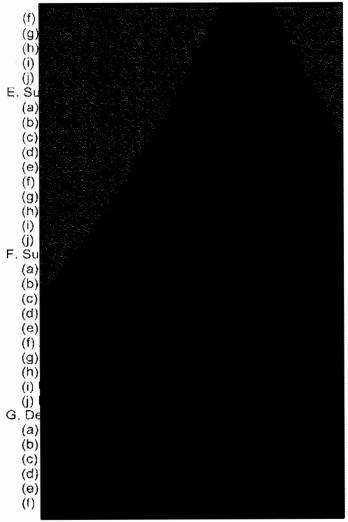
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SIR 01MAR04-D01

- 1. Category: N/A
- 2. Type of Incident: Forced Cell Extraction
- 3. Detainee ISN
- 4. Date/Time of Incident: 1 Mar 04/0615
- 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 1 Mar 04, at approx. 0615hrs, detainee ISN refused to shackle up for transportation to Reservations. The IRF Team was activated and they extracted the detainee from his cell using the minimum amount of force necessary. The detainee was checked, cleared 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

FRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which inform ROUTINE USES: Your social security number is used as an additional/alternate means of identification.	943 (3514).
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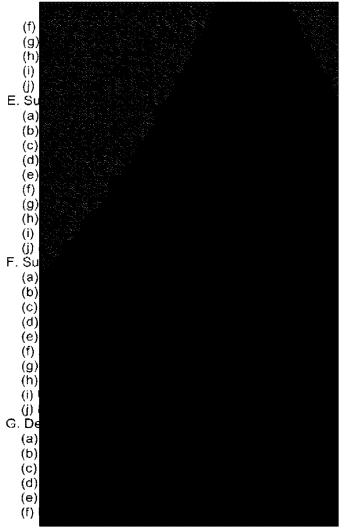
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SIR 29FEB04-DO5

- 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:
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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

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AUTHORITY:	Title 10 USC Section 301; Title	e 5 USC Section 2	951; E.O. 9397 dated N	lovember 22,	, 1943 <i>(SSN)</i> .		
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AUTHORITY:	Title 10 USC Section 301; Title 5	USC Section 2951; E	.O. 9397 dated November 22,	1943 <i>(SSN)</i> .
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