RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ

For use of this form, see AR 27-10; the proponent agency is TJAG.

See Notes on Reverse Before Completing Form

NAME	GRADE	SSN	UNIT	PAY (Basic & Self/Foreign)
[redacted]	[redacted]	[redacted]	2nd JDOG MP Co., JTF-GTMO	[redacted]

1. I am considering whether you should be punished under Article 15, UCMJ, for the following misconduct: 1/

(See Continuation Sheet)

2. You are not required to make any statements, but if you do, they may be used against you in this proceeding or at a trial by court-martial. You have several rights under this Article 15 proceeding. First I want you to understand I have not yet made a decision whether or not you will be punished. I will not impose any punishment unless I am convinced beyond a reasonable doubt that you committed the offense(s). You may ordinarily have an open hearing before me. You may request a person to speak on your behalf. You may present witnesses or other evidence to show why you shouldn't be punished at all (*matters of defense*) or why punishment should be very light (*matters of extenuation and mitigation*). I will consider everything you present before deciding whether I will impose punishment or the type and amount of punishment I will impose. 2/ If you do not want me to dispose of this report of misconduct under Article 15, you have the right to demand trial by court-martial instead. 3/ In deciding what you want to do you have the right to consult with legal counsel located at Fort Benning TDS, DSN835-2176. You now have 48 hours to decide what you want to do. 4/

DATE / TIME	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
19 Oct 04 / 1625	[redacted] JDOG Command Sergeant Major	[redacted]

3. Having been afforded the opportunity to consult with counsel, my decisions are as follows: (*Initial appropriate blocks, date, and sign*)

a. [ ] I demand trial by court-martial.

b. [redacted] I do not demand trial by court-martial and in the Article 15 proceedings:

(1) I request the hearing be [ ] Open [redacted] Closed. (2) A person to speak in my behalf [ ] Is [redacted] is not requested.

(3) Matters in defense, mitigation, and/or extenuation: [ ] Are not presented [redacted] Will be presented in person [ ] Are attached.

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
21 Oct 2004	[redacted]	[redacted]

4. In a(n) [ ] Open [redacted] Closed hearing 5/ all matters presented in defense, mitigation, and/or extenuation, having been considered, the following punishment is imposed: 5/ 6/

Reduction to E-4, suspended, to be automatically remitted if not vacated before 19 April 2005; Forfeiture of $250.00 pay per month for two months; Retraining.

5. I direct the original DA Form 2627 be filed in the [ ] Performance fiche [redacted] Restricted fiche of the OMPF. 7/

6. You are advised of your right to appeal to the JTF-GTMO Commander within 5 calendar days. An appeal made after that time may be rejected as untimely. Punishment is effective immediately unless otherwise stated above.

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE
21 Oct 04	[redacted] Commanding	[redacted]

7. *(Initial appropriate block, date, and sign)*

a. [redacted] I do not appeal b. [ ] I appeal and do not submit additional matters 8/ 9/ c. [ ] I appeal and submit additional matters 8/ 9/

DATE	NAME AND GRADE OF SERVICE MEMBER	SIGNATURE
21 Oct 04	[redacted]	[redacted]

8. I have considered [redacted]

DATE	NAME AND GRADE OF JUDGE ADVOCATE	SIGNATURE

9. After consideration of all matters presented in appeal, the appeal is:

[ ] Denied [ ] Granted as follows: 10/

DATE	NAME, GRADE, AND ORGANIZATION OF COMMANDER	SIGNATURE

10. I have seen the action taken on my appeal.	DATE	SIGNATURE OF SERVICE MEMBER

11. ALLIED DOCUMENTS AND/OR COMMENTS 11/ 11/ 11/

Incident Report - dated 7 Oct 04; MP Investigation 0029-04-GTMO - dated 7 Oct 04; DA FORM 3881 (Rights Warning Procedure/Waiver Certificate - [redacted]); DA FORM 2823 x 6 (Sworn Statement); Delta Clinic & Detention Hospital report - dated 7 Oct 04. (O:M/R:H)

DA FORM 2627, AUG 84 EDITION OF NOV 82 IS OBSOLETE ORIGINAL

00032

Continuation Sheet No. 1, DA Form 2627 RECORD OF PROCEEDINGS UNDER ARTICLE 15, UCMJ, [redacted] 2nd JDOG MP Co., USA, JTF-GTMO

ITEM #1 Continued:

Charge: Article 128, Assault Consummated By Battery, UCMJ.

Specification:
In that you, did, at U.S. Naval Station Guantanamo, Guantanamo Bay, Cuba, on or about 7 October 2004, unlawfully strike [redacted] on the mouth with your fist.

If you choose to proceed under Article 15 and you are found guilty of the specification, the maximum punishment I may impose under Article 15 proceedings is:

Reduction to E-4, Forfeiture of ½ month's pay for two months, Extra Duty for 45 days, and Restriction for 45 days.

REQUEST FOR SOLDIER MOVE WITH-IN JTF/JDOG

Date of Request: 20 OCT 04

Name of Soldier: [redacted]
SSN: [redacted]

Rank: [redacted]

Old Unit: 2/102 AR

Old Line Number If any: JTFGTMODOG-MP

New Unit: 2ND JDOG MP CO

New Line Number If Any: JTFGTMODOG-MP

Reason For Move: For command and control the gaining organization will be responsible for all administrative actions, to include, but not limited to, housing, transportation, administering leave/pass, logistical support and the administration of Uniform Code of Military Justice and/or NJP actions.

[redacted] 20 OCT 04 [redacted]

Requesters Signature Date

Commanding

00034

SJA ARTICLE 15 PROCESSING SHEET – ARMY

Rank/Name: [redacted] Unit/Section: 1st JDOG MP Co. (2-102AR, NG-[redacted] NJ)

	DATE COMPLETED	
☐ NJP REQUEST RECEIVED:	13 Oct 04	
☐ REQUEST & SUPPORTING DOCUMENTATIONCOMPLETE:	14 Oct 04	
☐ CHARGES DRAFTED & APPROVED:	14 Oct 04	
☐ NJP LOG ENTRY/ARTICLE 15 LOG/BOARD:	14 Oct 04	
☐ THREE COPIES OF PACKET COMPLETE (ORIGINAL TO UNIT, 1- COPY TO SOLDIER, 1 COPY TO SJA):	14 Oct 04	
☐ ARTICLE 15 PACKET DELIVERED TO UNIT:	14 Oct 04	
☐ ARTICLE 15 READING SCHEDULED WITH JA:	18 Oct 04	
☐ DATE AND TIME OFFERED (1st Reading):	19 Oct 04	@ 1100 hrs
☐ ACKNOWLEDGEMENT OF RECEIPT OF CHARGES AND ELECTIONS (2nd Reading): 21 Oct 04 1300	21 Oct 04	@ 13.30 hrs
☐ DATE MEMBER IS SERVED PUNISHMENT:	21 Oct 04	
☐ TRANSFER PUNISHMENT(S) ONTO 2627:	21 Oct 04	
☐ PUNISHMENT IMPOSED:	21 Oct 04	
☐ LEGAL REVIEW:	22 Oct 04	
☐ UPDATE NJP LOG/ARTICLE 15 LOG/BOARD:	21 Oct 04	
☐ APPEAL?	No	
☐ *FORWARDED TO APPELLATE AUTHORITY:*	/	
☐ *APPELLATE AUTHORITY ACTION:*	/	
☐ *SOLDIER SIGNED ACTION ON THE APPEAL:*	/	
☐ ARTICLE 15 CLOSED:	22 Oct 04	
☐ COPIES: ORIGINAL TO UNIT (1)/SOLDIER(1)/ SJA (1)/JI OR S1 (1)/FINANCE (1):	22 Oct 04	

DEPARTMENT OF DEFENSE
JOINT DETENTION OPERATIONS GROUP
GUANTANAMO BAY, CUBA
APO AE 09360

[redacted]

I would like to initiate a FG Alert on this Soldier. Call me if you need anything else.

[redacted]

[redacted]
660-3913
011-5399-3913

[redacted]
Military Police
Commanding

"Honor Bound to Defend Freedom"

00036

Article 15

Supporting Documentation

00037

IR 07 October 2004-M01

1. Category: 2

2. Type of Incident: Injury of a Detainee

3. Date/Time of Incident: 070010ROCT04

4. Location: Detention Hospital, Camp Delta, GTMO Cuba

5. Other Information:
   (a) Racial (Y/N): N
   (b) Trainee Involvement (Y/N): N

6. Personnel Involved:

A. Subject:
   (a) Name: [redacted]
   (b) Pay Grade: [redacted]
   (c) SSN#: [redacted]
   (d) Race: [redacted]
   (e) Sex: [redacted]
   (f) Age: [redacted]
   (g) Position: CO
   (h) Security Clearance: Secret
   (i) Unit and Station of Assignment: 1st JDOG MP CO, GTMO, Cuba
   (j) Duty Status: On Duty

B. Subject:
   (a) Name: [redacted]
   (b) Pay Grade: [redacted]
   (c) SSN#: [redacted]
   (d) Race: [redacted]
   (e) Sex: [redacted]
   (f) Age: [redacted]
   (g) Position: [redacted] NCO
   (h) Security Clearance: [redacted]
   (i) Unit and Station of Assignment: 2nd JDOG MP CO, GTMO, Cuba
   (j) Duty Status: On Duty

C. Subject:
   (a) Name: [redacted]
   (b) Pay Grade: [redacted]
   (c) SSN#: [redacted]
   (d) Race: Caucasian
   (e) Sex: Male
   (f) Age: [redacted]
   (g) Position: Block Guard
   (h) Security Clearance: Secret
   (i) Unit and Station of Assignment: 2nd JDOG MP CO, GTMO, Cuba
   (j) Duty Status: On Duty

D. Subject:
   (a) Name: [redacted]
   (b) Pay Grade: [redacted]
   (c) SSN#: [redacted]

11. Point of Contact: [redacted], JDOG JTF-GTMO, DSN 660-3357

12. Downgrading Instructions: N/A

DEPARTMENT OF DEFENSE
HEADQUARTERS, JOINT TASK FORCE GUANTANAMO
U.S. NAVAL BASE, GUANTANAMO BAY, CUBA
APO AE 09360

JTF-GTMO-JDOG-MPI

7 October 2004

MEMORANDUM: Military Police Investigation: 0029-04-GTMO

SUBJECT: Article 92 UCMJ, Violation of Camp Delta SOP and Article 128 Assault of a Detainee

1) Background: On 7 October 2004 [redacted] contacted the undersigned reference to IR 07 October 2004-M01: Injury to a detainee.

2) Investigation: SEE INVESTIGATION REPORT 0029-04-GTMO

3) Summary: Investigation revealed that while trying to gain control of the detainee's head and stop him from repeatedly spitting on [redacted] the detainee was struck in the mouth causing him to bleed from a cut on his lower lip. The detainee was treated for the injury and received no stitches as a result of his injury. [redacted] sustained a 2 inch cut to the back of his right hand just above the forth knuckle. He was sent to Kittery JAZ and received no stitches as a result of his injury. [redacted] MPI NCOIC photographed both the detainee and [redacted] injuries. Sworn statements were obtained for all participants. Chain of Command was notified as to the finding related to this investigation.

4) Recommendation: [redacted] appeared to be honest, sincere, and remorseful while being interviewed. I recommend that [redacted] be sent to combat stress for counseling and remedial training on MP restraints.

[redacted]
MAJ, OD
JDOG CAMP V OIC

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY:	Title 10, United States Code, Section 3012(g)
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.

1. LOCATION: JTF-GTMO MPI Office Camp Delta Guantanamo Bay, Cuba
2. DATE: [redacted] 20040
3. TIME: [redacted] 0700
4. FILE NO.
5. NAME (Last, First, MI): [redacted]
6. SSN: [redacted]
7. GRADE/STATUS: [redacted]
8. ORGANIZATION OR ADDRESS: 2nd JDOG MP Co. Guantanamo Bay, Cuba APO AE 09360

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army JTF-GTMO, Joint Detention Operations Group Military Police Investigations Office and wanted to question me about the following offense(s) of which I am suspected/accused: Assault Article 128 UCMJ

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. [redacted] do not have to answer any question or say anything.
2. [redacted] Anything I say or do can be used as evidence against me in a criminal trial.
3. [redacted] *(For personnel subject to the UCMJ)* I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

-or-

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. [redacted] If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

6. COMMENTS *(Continue on reverse side)*
Have you had your rights read to you in the last 30 days? N/ [redacted]

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)	
1a. NAME (Type or Print)	3. SIGNATURE OF INTERVIEWEE [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	4. SIGNATURE OF INVESTIGATOR [redacted]
2a. NAME (Type or Print)	5. TYPED NAME OF INVESTIGATOR [redacted]
b. ORGANIZATION OR ADDRESS AND PHONE	6. ORGANIZATION OF INVESTIGATOR JTF- GTMO, JDOG, Military Police Investigation 793rd MP Bn

Section C. Non-waiver

1. I do not want to give up my rights
   - ☐ I want a lawyer
   - ☐ I do not want to be questioned or say anything
2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

DA FORM 3881, NOV 89 EDITION OF NOV 84 IS OBSOLETE

00041

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
MPI Office Camp Delta Guantanamo Bay, Cuba	07OCT04	1613	
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS
[redacted]	[redacted]		[redacted]

ORGANIZATION OR ADDRESS
2nd NDOG military police company

[redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 07 October 2004 at approximately 0015, I was applying the soft restraint on a detainees right arm. I adjusted the restraint two times, and each time the detainee removed and adjusted the restraint. I was unable to finish applying he restraint because I was having problems with the safe switch on the hand iron. When I removed the safety on the hand iron, I apply the hand restraint property and quickly applied the hand iron to the soft restraint. At this time the detainee leaded back and swung his left arm at me, I moved away as he was spitting at me hitting me in the face and chest several times. I then attempted to take control of his head by parking his head and turning away from me. As I tried to take control of his head I hit him in the mouth with my right hand. The situation happened all in about 20 seconds. I know that I moved very quickly when my hand made contact with his face. My instincts took over after the swing and spitting. The contact made to the detainee's mouth is fuzzy in my head and I can not say that at that moment I did or did not intend to strike the detainee based on my emotional state everything happen so fast. I believe that based on the cut to my hand I may half struck him with out realizing. When detainees mouth began bleeding and he continued to spit at me hitting me in the face and chest. I stated to the other MP that we needed to take control of his head in a loud voice. I did not attempt to help the other MP take control of the situation because I didn't want to make things any worst then they already were. I walked away to avoid any further escalation of the situation. The other MP was making statement, statement that I do not recall. [redacted]

Q: Do you wish to add anything to this statement

A: no [redacted]

/- End of Statement ----------//

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____ TAKEN AT ____ DATED ____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED. USAPPC V1.00

STATEMENT *(Continued)*

[redacted] Was used

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17 day of October, 2004 at MPI Office Camp Delta Guantanamo Bay, Cuba

[redacted]

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[redacted]

(Typed Name of Person Administering Oath)

ART 136 (b)(4) UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

00043

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: [illegible]

PRINCIPAL PURPOSE: [illegible]

ROUTINE USES: [illegible]

DISCLOSURE: [illegible]

1. [illegible] 2. DATE SYSTEM: [illegible] 3. [illegible] 4. FILE NUMBER

Block, Camp Delta, Guantanamo Bay Cuba 20061007 [redacted] 0015

5. LAST NAME, FIRST NAME, MIDDLE NAME 6. SSN 7. GRADE/STATUS

[redacted]

8. ORGANIZATION OR ADDRESS

2nd [illegible] Company, Camp Delta, Guantanamo Bay, Cuba 09360

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER O.

On 7 Oct 06 at approximately 0010. I was trying to apply the restraints on the right hand of of detainee [redacted]. He swung his left hand at me after spitting at me. I tryed holding his head to the bed when he lunged forward. while my right hand went to hold his head back it hit him in the mouth by mistake. he continued to spit at me until I left the area.

End of statement /

10. EXHIBIT 11. INITIALS OF PERSON MAKING STATEMENT [redacted] PAGE 1 OF 2 PAGES

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

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE

00044

[redacted] TAKEN AT [redacted]

STATEMENT: Continued.

[redacted]

AFFIDAVIT

I, [redacted]. HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of Oct 04

at: Camp Delta, Guantanamo Bay, Cuba 09360

[redacted]
Signature of Person Administering Oath

[redacted]
Typed Name of Person Administering Oath

[redacted] J, USN
Authority To Administer Oaths

[redacted]

PAGE 2 OF 2

DA FORM 2823, DEC 1998

00045

SWORN STATEMENT

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

LOCATION	DATE	TIME	FILE NUMBER
MPI OFFICE CAMP DELTA, GTMO, APO AE 09360	07OCT04	1416	
LAST NAME, FIRST NAME, MIDDLE NAME	SOCIAL SECURITY NUMBER		GRADE/STATUS

ORGANIZATION OR ADDRESS
2ND MILITARY POLICE CO., JDOG

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

AT APPOX. 0035HRS ON 07OCT04 IN THE DETENTION HOSPITAL, THE FOLLOWING INCIDENT TOOK PLACE INVOLVING AND DETAINEE DETAINEE'S RIGHT ARM WAS BEING RESHACKLED TO THE BED BY DETAINEE COMPLAINED THAT THE SOFT RESTRAINT WAS ON TOO TIGHT AND BECAME AGITATED. THE DETAINEE BECAME VIOLENT WHEN DID NOT LOOSEN IT. THE DETAINEE SPAT ON THE SGT, THEN HIT HIM WITH HIS LEFT FIST. I, YELLED AT THE INMATE TO STOP. THE SGT WAS OBSERVED STRIKING THE DETAINEE. I MOVED TO THE LEFT SIDE OF THE DETAINEE AND PUSHED HIS HEAD DOWN TO PREVENT FURTHER SPITTING OR HITTING BY THE DETAINEE. TELLING BOTH OF THEM TO STOP IN A LOUD VOICE. I OBSERVED THAT THE DETAINEE WAS BLEEDING PROFUSELY FROM THE MOUTH AND I IMMEDIATELY GOT MEDICAL ASSISTANCE FOR THE DETAINEE RESPONDED TO MY CALL CALL FOR MEDICAL ASSISTANCE. BLEEDING STOPPED AFTER COMMENCED TREATMENT. DOC WAS NOTIFIED ALONG WITH ARABIC INTERPRETER AND SOG2

Q:
A:
Q:WITH WHICH HAND DID STRIKE THE DETAINEE?
A: I'M NOT SURE, IT HAPPENED TOO FAST
Q:DID THE DETAINEE STRIKE
A:I SAW THE DETAINEE SWING AT THE SGT, I DON'T KNOW WHERE THE BLOW EXACTLY LANDED.
Q: DO YOU KNOW IF THE DETAINEE MADE CONTACT WITH
A:I DON'T KNOW
Q:DID MAKE ANY COMMENT ABOUT THE DETAINEE BEFORE THE INSENTIENT?
A:THE SGT MADE A COMMENT ABOUT THE WAY THE MAN PRAYED. A SECOND COMMENT THAT I PAID NO HEED TO AND DON'T REMEMBER.
Q:IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD TO THIS STATEMENT?
A:NOT AT THIS TIME.// ----------END OF STATEMENT----------

//

EXHIBIT | INITIALS OF PERSON MAKING STATEMENT | PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____ TAKEN AT ____ DATED ____ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72 SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED. USAPPC V2.00

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: The 10 USC Section 3[illegible] 5 USC Section 2951; E.O. 9397 dated November 22 [illegible] SSN

PRINCIPAL PURPOSE: [illegible]

ROUTINE USES: [illegible]

DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. [redacted] Block, Camp Delta, Guantanamo Bay Cuba 2. DATE SYSTEMATICALLY GENERATED [redacted] TIME [redacted] 4. FILE NUMBER 2004100[illegible] 0030

5. [redacted] 6. SSN [redacted] 7. GRADE/STATUS [redacted]

8. ORGANIZATION OR ADDRESS: 2ND Military Police JDG Co. Camp Delta, Guantanamo Bay, Cuba 09360

9. [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER O.

AT APPROX 0005HR ON 07OCT04 IN THE DETENTION HOSPITAL THE FOLLOWING INCIDENT TOOK PLACE INVOLVING [redacted] AND DETAINEE [redacted]. DETAINEE [redacted] WAS BEING RESTRAINED, LEGS ONLY, BY [redacted]. DETAINEE [redacted] COMPLAINED THAT THE SOFT RESTRAINT WAS TOO TIGHT AND DETAINEE [redacted] BECAME VIOLENT WHEN THE GUARD DID NOT BECOME AGITATED. DETAINEE [redacted] LOOSEN IT (THE SOFT RESTRAINT). THE DETAINEE SPAT ON THE SGT THEN PROCEEDED WITH HIS LEFT FIST, I YELLED AT THE DETAINEE TO STOP. THE SGT WAS OBSERVED STRIKING THE DETAINEE. I MOVED TO THE LEFT SIDE OF THE DETAINEE AND PUSHED HIS HEAD DOWN TO PREVENT FURTHER SPITTING OR HITTING BY DETAINEE. TELLING BOTH OF THEM TO STOP IN A LOUD VOICE. I OBSERVED THAT THE DETAINEE WAS BLEEDING PROFUSELY FROM THE MOUTH AND [illegible]. IMMEDIATELY GOT MEDICAL ATTENTION FOR DETAINEE [redacted]. DUTY NURSE RESPONDED TO MY CALL FOR MEDICAL ASSISTANCE. BLEEDING STOPPED AFTER COMMENCED TREATMENT. DOC WAS NOTIFIED ALONG WITH [redacted] AND SOG2 [redacted] — END OF STATEMENT [redacted]

EXHIBIT [illegible] INITIALS OF PERSON MAKING STATEMENT [redacted] PAGE 1 OF [redacted] PAGES

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

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE

00047

[redacted] TAKEN AT [redacted] DATED [redacted]

STATEMENT: (Continued)

Nothing Follows

Not Used [redacted]

AFFIDAVIT

I, [redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of October 2004 at Camp Delta, Guantanamo Bay, Cuba 09360

[redacted]

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[redacted]

(Typed Name of Person Administering Oath)

Article 36(b), UCMJ

(Authority To Administer Oaths)

PAGE 2 OF 2 PAGES

DD FORM 2823, DEC 1998

00048

STATEMENT (Continued)

[redacted] Not used

AFFIDAVIT

[redacted], HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

[redacted]

Subscribed and sworn to before me, a person authorized to administer oaths, this 7 day of OCTOBER 04 at MPI OFFICE CAMP DELTA GTMO, APO AE 09360

[redacted]

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

[redacted]

(Typed Name of Person Administering Oath)

ART 136 (B)(4) UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [redacted]

PAGE 2 OF 2 PAGES

00049

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
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.

1. LOCATION: [redacted] Camp Delta, Guantanamo Bay, Cuba | 2. DATE (YYYYMMDD) 20041001 | 3. TIME 0315 | 4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME: [redacted] | 6. SSN: [redacted] | 7. GRADE/STATUS: [redacted]

8. ORGANIZATION OR ADDRESS: 1st. JDOG Military Police Company, Camp Delta, Guantanamo Bay, Cuba 09360

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 1oct 04 at approx. 0012 I responded as SOG3 to a call from the Det Hospital for SOG3. SOG 3 is not staffed at midnight. [redacted] ordered me to respond immediately to the hospital Pertaining to an incident between detainee [redacted] and Det Hospital Guard [redacted] Upon Arrival I met with [redacted] (Corpsman) who had just completed Treating detainee [redacted] for a cut lip, and [redacted] There was evidence of an altercation by blood on the floor, bedding and clothing on & around the detainee. I assessed the situation after determining no further immediate treatment was needed started [redacted] writing statements in seperate locations of the Det Hospital. I then met [redacted] arrived and relieved from the detainee that the leather strap connected to his right arm wrist to right and for the [redacted] did to loosen its The detainee then stated when the Guard [redacted] refused that the Guard [redacted] punched him in the face. The detainee [redacted] and his adjacent area were cleaned up and [redacted] was sent to the Det Clinic. I notified the Co [redacted] of the situation & collected Statements from [redacted] Upon leaving the Det Hospital I checked on [redacted] who had been sent to the JTSO. I notified [redacted] at the 1162 [redacted] ALT 967) that there was an incident & that [redacted] seemed shaken up. Nothing follows. [redacted]

//// End of Statement ////

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [redacted]	PAGE 1 OF 2 PAG

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.

DA FORM 2823, JUL 72, IS OBSOLETE

00050

ATEMENT OF [redacted] TAKEN AT [redacted] DATED 7 Oct 04

STATEMENT (Continued)

NOT USED [redacted]

AFFIDAVIT

I [redacted] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL ENTICEMENT.

[redacted]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7th day of OCTOBER, 2004 at Camp Delta, Guantanamo Bay, Cuba 09360.

[redacted]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

[redacted]
(Typed Name of Person Administering Oath)

Article 136 (b) (4) UCMJ
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT [redacted]

USAPA V1.00

DA FORM 2823, DEC 1998

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: [illegible]

PRINCIPAL PURPOSE: [illegible]

ROUTINE USES: [illegible]

DISCLOSURE: Disclosure of your social security number is voluntary.

1. [redacted] Block, Camp Delta, Guantanamo Bay Cuba
2. DATE [illegible] 2004,007 [redacted]
3. TIME 0030
4. FILE NUMBER [redacted]

5. LAST NAME, FIRST NAME, MIDDLE NAME [redacted]
6. [redacted]
7. ORGANIZATION OR ADDRESS [redacted] Military Police Camp Delta, Guantanamo Bay, Cuba 09360
8. [redacted]
9. [redacted] WANT TO MAKE THE FOLLOWING STATEMENT UNDER O.

On [redacted] 0015, Call to the bedside of detainee [redacted] due to the patient bleeding from the mouth. Applied direct pressure to the area to stop the bleeding. Moderate Amount of blood was noted on the detainee, the bed, as well as the floor. Two small lacerations noted on the detainee lip (left side). One small gash noted on the interior of the detainee l.p. No loose tooth note Instructed MP, involved in occurence to write sworn statement Called interpreter to respond to detail detainee aspect of the incident. Detainee [redacted] Stated that he requested MP Staff to loosen the Right hand handcuff, MP refused. Detainee Stated that MP punch him in the face as the other MP looked on. End of Statement [redacted]

EXHIBIT [illegible] INITIALS OF PERSON MAKING STATEMENT [redacted] PAGE 1 OF 1 PAGES

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE

00052

TEMENT OF [redacted] TAKEN AT 0130 [redacted] DTG 10/7/04 [redacted]

STATEMENT: (Continued)

Not used [redacted]

AFFIDAVIT

I [redacted] HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

[redacted]

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of OCT 2004 at Camp Delta, Guantanamo Bay, Cuba (0130)

[redacted]

ORGANIZATION OR ADDRESS

[redacted]

(Typed Name of Person Administering Oath)

Article 136(b)(4), UCMJ

(Authority To Administer Oaths)

[redacted]

PAGE 2 OF 2

DA FORM 2823, DEC 1998

00053

[illegible] CLINIC & DETENTION HOSPITAL

This form subject to Privacy Act 1974 and [illegible] Policy

PATIENT ID # [redacted] DATE OF OCCURENCE 10/7/04 DATE OF REPORT 10/7/04

PLACE OF OCCURENCE: (CIRLCE ONE) CELL BLOCK CLINIC (INPATIENT) AMBULANCE

TYPE OF ERROR: (CHECK ALL THAT APPLY)

	TRANSCRIPTION ERROR		MEDICATION ERROR: (DRUG)
	BLOOD, BODY FLUID EXPOSURE		WRONG PATIENT
	NEEDLE STICK INJURY		WRONG DRUG
X	PATIENT INJURY		WRONG DOSE
	STAFF INJURY		WRONG TIME
	PROCEEDURE ERROR		WRONG ROUTE
	DIAGNOSITIC TEST ERROR		MISSED DOSE
	RADIOLOGY		ALLERGIC REACTION: (TO WHAT?)
	LAB		COMMUNICATION ERROR
		X	OTHER:

WHAT HAPPENED? (WHAT WERE THE CIRCUMSTANCES LEADING UP TO THE EVENT?)

Call to bedside of pat [redacted] @ 0015 due to [illegible] bleeding fr. the mouth. Injury occured during [illegible] between pt staff and pt

HOW WAS IT DISCOVERED? - See Above

WHEN WAS IT DISCOVERED? (AFTER ERROR OR NEAR MISS?) Time & date 10/7/04 @ 0015

WHO WAS INVLOVED? Circle all that apply: PATIENT, PHARM TECH, RN, DOCTOR, HM, PA, EDC, MP, OTHER)

Patient, MP staff, and RN

WHAT DO YOU THINK WAS THE REASON FOR ERROR? CONTRIBUTING FACTORS? (DEVIATION TRANSCRIPTION ERROR, MEDICATION ADMINISTERED LATE, NIS, DOCTOR ORDER WRITTEN INCORRECTLY, PATIENT'S CONDITION OR

Under Review

ANY ADVERSE EFFECTS OR ADDITIONAL MEDICAL TESTING/TREATMENTS DUE TO THE E (Describe in detail) None

RECOMMENDATIONS TO PREVENT SIMILAR OCCURANCES IN THE FUTURE?

Under Review

NAME OF PERSON PREPARING REPORT : [redacted]

00054

PI REVIEW

1. REVIEW OF EVENTS AND PERTINANT FACTS: (occurrence screen, medical record, tests, ambulance run sheet)

2. FINDINGS:

3. RECOMMENDATIONS

4. IMMEDIATE ACTIONS INDICATED:

5. REFERRAL FOR FURTHER INVESTIGATION: (CIRCLE ONE) NO YES

6. FOLLOW-UP

NAME/SIGNATURE _____ DATE _____

00055

JTF GTMO ROE/RUF 30 Nov 02

THE PHYSICAL SECURITY OF U.S. FORCES & DETAINEES IN U.S. CARE IS PARAMOUNT. USE THE MINIMUM FORCE NECESSARY FOR MISSION ACCOMPLISHMENT & FORCE PROTECTION.

1. RIGHT OF SELF-DEFENSE. NOTHING LIMITS YOUR RIGHT TO USE ALL NECESSARY MEANS AVAILABLE & TAKE ALL APPROPRIATE ACTIONS IN DEFENSE OF YOURSELF & U.S. FORCES AGAINST A HOSTILE ACT OR HOSTILE INTENT.

- Hostile Act. An attack or other use of force against U.S. Forces, or force used directly to prevent or interfere with the mission and/or duties of U.S. Forces.
- Hostile Intent. The threat of imminent use of force against U.S. Forces, or the threat of force to prevent or interfere with the mission and/or duties of U.S. Forces.

2. DEFEND DETAINEES as you would yourself against a hostile act or hostile intent, death or serious bodily harm.

3. PRIORITIES OF FORCE. When force is necessary to protect or control detainees, follow these steps, if time and circumstances permit:

(1) Use Verbal Persuasion.
(2) Use Show of force.
(3) Use Pepper Spray or CS Gas.
(4) Use Physical Force, then Non-Lethal Weapons (NLW).
(5) Present Deadly Force.
(6) Use Deadly Force as authorized below.

4. DEADLY FORCE is force that can cause death or serious bodily harm. Deadly force may be used when: (1) lesser means are exhausted, unavailable, or cannot reasonably be used; (2) the risk of death or serious bodily harm to innocent persons is not significantly increased; and (3) the purpose is:

- Self-defense,
- Defense of others in imminent danger of death or serious bodily harm,
- To prevent theft or sabotage of things like weapons or ammo that present a substantial danger of death or serious bodily harm to others,
- To prevent a violent offense against another person in imminent danger of death or serious bodily harm [i.e. murder, assault],
- To apprehend a person who committed one of the serious offenses above OR
- To prevent escape of a detainee who is beyond the outside fence of the detainee camp. If a detainee attempts escape follow these steps:

(1) Shout *HALT* three times.
(2) Use the least amount of force necessary to stop escape.
(3) If the detainee is escaping beyond the outside fence of the detainee camp, and there is no other effective means to prevent escape, deadly force is authorized. *If you have another justification to use deadly force (besides escape), you DO NOT have to wait until the detainee is beyond the outside fence!*

5. NO WARNING SHOTS.
6. Fire to make the person unable to continue the behavior that prompted you to shoot.
7. Fire with regard for the safety of innocent bystanders.
8. A holstered weapon should not be unholstered unless you expect to use it.
9. Report the use of force to your chain of command.

Ref: CJCSI 3121.01A ROE, DODD 5210.56 RUF, & USCINCSO SER ON

JOINT TASK FORCE GUANTANAMO
ARTICLE 15 REQUEST FORM

1. **Date of request:** 12 Oct 04

2. **I request a:** ☐ Summarized / ☐ Company Grade / ☒ Field Grade Article 15.

Name (Last, First MI):	[redacted]	**Rank:**	[redacted]	**SSN:**	[redacted]
Unit: [illegible]		**Years of Service:**	[redacted]	**Sex:** [redacted]	**Race:** [redacted]

PLEASE **FILL IN *ALL* REQUIRED INFORMATION.**

3. **Summarize Misconduct Supported by Attached Evidence*:**
Art 128 - Assault Committed by a Battery (detainee)

*Please include all bars to reenlistment, counseling statements, full MP reports, sworn statements, breathalyzers, urinalysis with chain of custody, and corrective training measures taken that relates to the incident.

IMPOSING COMMANDER'S SIGNATURE BLOCK:
[redacted]
CDR, MP, USA
Commanding
(Field Grade Art 15 = MAJ or above)

POC FOR THIS ACTION:
[redacted]
PHONE #
3521
E-MAIL:

4. **MAXIMUM PUNISHMENT AUTHORIZED:** (filled out by SJA)

~~*SUMMARIZED*~~
~~14 DAYS EXTRA DUTY~~
~~14 DAYS RESTRICTION~~

~~*COMPANY GRADE*~~
~~REDUCTION TO E-~~
~~FORFEITURE OF 7 DAYS PAY~~
~~$ AS AN E-~~
~~$ AS AN E-~~
~~14 DAYS EXTRA DUTY~~
~~14 DAYS RESTRICTION~~

FIELD GRADE
REDUCTION TO E-4
FORFEITURE OF ½ MONTHS PAY FOR TWO MONTHS
½ month's pay = $1065 AS AN E-5
$945 AS AN E-4
$ n/a AS AN E-n/a
$ n/a AS AN E-n/a
45 DAYS EXTRA DUTY
45 DAYS RESTRICTION

5. **PUNISHMENT IMPOSED:** (filled out by imposing commander)

REDUCTION TO THE GRADE OF E-4 (SUSPENDED FOR 180 DAYS)
FORFEITURE OF $250 FOR 2 ~~DAYS~~/MONTHS (SUSPENDED FOR ~~/~~ DAYS)
EXTRA DUTY FOR ~~/~~ DAYS (SUSPENDED FOR ~~/~~ DAYS)
RESTRICTION FOR ~~/~~ DAYS (SUSPENDED FOR ~~/~~ DAYS)

SUSPENSIONS MAY NOT EXCEED 180 DAYS.

Retain