DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
CAMP BUCCA CID OFFICE, 380TH MILITARY POLICE DETACHMENT
CAMP BUCCA, IRAQ APO AE 09375

REPLY TO
ATTENTION OF

CIRB-BAD 15 Aug 05

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL - 0048-05-CID579-40014- 5H8

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 14 MAY 2005/1730 – 14 MAY 2005/1805; COMPOUND 4 AND INTERNMENT FACILITY AID STATION (IFAS), THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, IRAQ APO AE 09375 (CBI), GRID 38S MB 130840

DATE/TIME REPORTED: 14 MAY 2005/1810

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)
SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT: NONE; [ACCIDENTAL DEATH].

VICTIM: 1. SWEIDAN/AL HALBOSI, ADNAN MUKHLEF SWEDAN (DECEASED); CIV/DETAINEE; INTERNMENT SERIAL NUMBER (ISN (b)(6),(b)(7)(C) 1 JAN 1965; BAGHDAD, IRAQ; M; OTHER; COMPOUND 4, TIF, CBI (TARMIS AREA NEAR MOSQUE 14, VILLAGE 6, BAGHDAD, IRAQ); [ACCIDENTAL DEATH].

INVESTIGATIVE SUMMARY:

This is an "Operation Iraqi Freedom 2004-2006" Investigation.

Sgt (b)(6),(b)(7)(C) IFAS, CBI, reported detainee SWEIDAN died in the TIF Emergency Room (ER).

Investigation determined Detainee SWEIDAN died as a result of complications of thyroid surgery performed at CBI in Apr 05. A piece of surgical gauze was accidentally left in Detainee SWEIDAN's throat after his surgical procedure. The sponge eventually interfered with air exchange and led to asphyxia, leading to Detainee SWEIDAN's death. The manner of death was accidental. Medical negligence was inherent in the cause and mechanism of death; however, the negligence was determined not to be criminal.

STATUTES:

Not Applicable b(2), b(6), b(7)(C)

ACLU-RDI 5493 p.1

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 26 May 05, detailing the basis for investigation; canvass interviews; interviews of medical personnel, security personnel, and detainees; confirmation of Detainee SWEIDAN's identity through retinal scanning technology; and receipt of medical records.

2. Canvass Interview Worksheet.

3. Sworn Statement of SGT (b)(6),(b)(7)(14 May 05, wherein she detailed the medical treatment she provided to Detainee SWEIDAN on 14 May 05.

4. Sworn Statement of CPL (b)(6),(b)(7)(C) 4 May 05, wherein he detailed the medical treatment he provided to Detainee SWEIDAN on 14 May 05.

5. Medical Records of Detainee SWEIDAN.

6. Certificate of Death, 14 May 05, of Detainee SWEIDAN.

7. Hospital Report of Death, 14 May 05, of Detainee SWEIDAN.

8. Preliminary Autopsy Report, 22 May 05, which listed the preliminary cause of death as complications of thyroid surgery and the manner of death as natural. The report indicated a portion of a retained foreign body within the surgical site contributed to Detainee SWEIDAN's death.

9. AIR of SA (b)(6),(b)(7)(C) 13 Aug 05, detailing interviews of medical personnel who were involved in pre and post-operative care of Detainee SWEIDAN, the IFAS Commander, and the surgical staff; receipt of post-mortem radiographs depicting that a surgical sponge was retained in the surgical site; criminal history checks; receipt of certification, licensing, and training documents of the surgical staff; coordination with SJA and the Perioperative Consultant to the Surgeon General; and receipt of the final autopsy report.

10. Compact disk, containing JPEG images of radiographs depicting the retained surgical sponge in the surgical site. (USACRC copy only)

11. Statement of LTC (b)(6),(b)(7)(C) 30 May 05, providing a brief account of Detainee SWEIDAN's surgical procedure.

12. Sworn Statement of CP (b)(6),(b)(7)(C) 1 Jun 05, detailing his role during the surgery as the anesthesiologist.

13. Waiver Certificate and Sworn Statement of SGT (b)(6),(b)(7) 1 Jun 05, detailing how he replaced SG (b)(6),(b)(7)(C during the surgical procedure and believed the surgical and sponge counts were accurate.

14. Statement of 1LT (b)(6),(b)(7)(C) 1 Jun 05, providing a brief description of Detainee SWEIDAN's surgical procedure.

15. Non Waiver Certificate of SGT (b)(6),(b)(7)(C) 4 Jun 05.

16. Non Waiver Certificate of 1LT (b)(6),(b)(7)(C) Jun 05.

17. Non Waiver Certificate of LTC (b)(6),(b)(7)(C) 10 Jun 05.

18. Operating Room Specialist Course Diploma, pertaining to SGT (b)(6),(b)(7)(C).

19. Emergency Lifesaver Course Certificate, Fayetteville Technical Community College, pertaining to SGT (b)(6),(b)(7)(C)

20. Orders, awarding SGT (b)(6),(b)(7)(C) ilitary Occupational Specialty 91D, 28 Oct 04.

21. Orders, mandating SGT (b)(6),(b)(7)(C) report for active duty for mobilization in support of "Iraqi Freedom."

22. Operation Request and Worksheet, 11 Apr 05, which indicated the sponge count was correct.

23. DA Form 5179-1, Intraoperative Document.

24. DA Form 1059, Service School Academic Evaluation Report, which reflected 1LT (b)(6),(b)(7)(C) successfully completed the Perioperative Nursing Course in Sep 03.

25. Credentials Transfer Brief of LTC (b)(6),(b)(7)(C) which documented his licensing and registration as a surgeon.

26. Nursing License Data Sheet of 1LT (b)(6),(b)(7)(C) hich reflected he was actively licensed as a nurse.

27. Surgeon accreditation documents of LTC (b)(6),(b)(7)(C)

28. Certificate of Completion, Resuscitative Medicine, pertaining to 1LT (b)(6),(b)(7)(C) 13 Oct 04.

29. Memorandum which verified competency of 1LT (b)(6),(b)(7)(C) 13 Jun 05.

30. 2-1 File of SGT (b)(6),(b)(7)(C)

31. Memorandum, which documented the legal opinion of MAJ (b)(6),(b)(7)(C) who opined the surgical staff did not violate criminal statutes.

32. Enlisted Records Brief of SGT (b)(6),(b)(7)(C)

33. Autopsy Examination Report, 14 Jul 05, which reflected the cause of death was complications of thyroid surgery and the manner of death was accidental.

34. AIR of SA (b)(6),(b)(7)(C) 22 May 05, detailing the autopsy protocol.

35. Fingerprint of Detainee SWEIDAN. (USACRC and file copies only)

36. Compact Disk, ME05-0438, containing digital images of the autopsy.

37. AIR of SA (b)(6),(b)(7)(C) 13 Jun 05, detailing coordination with SGT (b)(6),(b)(7)(C) chain of command in Mosul, Iraq.

38. AIR of SA (b)(6),(b)(7)(C) 13 Jun 05, detailing coordination with the Office of the Surgeon General.

39. AIR of SA (b)(6),(b)(7)(C) 15 Jun 05, detailing a review of training and personnel records of SGT (b)(6),(b)(7)(C)

40. AIR of SA (b)(6),(b)(7)(C) 7 Jul 05, which documented receipt of 1LT (b)(6),(b)(7)(C) competency-based orientation records.

41. Competency-based orientation records of 1Lt (b)(6),(b)(7)(C)

42. Photograph Packet depicting four post mortem digital images of Detainee SWEIDAN.

43. Compact Disk, 0048-05-CID579-40014, containing the originals of Exhibit 42 and all images exposed by Camp Bucca CID special agents during this investigation.

Not Attached:

None

The originals of Exhibits 1-4, 9, 11-17, 23, 34, 37-40, and 42 are forwarded with the USACRC copy of this report. The originals of Exhibits 5, 10, and 22 are retained in the files of the Internment Facility Aid Station (IFAS), CBI. The originals of Exhibits 6 and 7 are retained in the files of Mortuary Affairs, Baghdad International Airport (BIAP), Baghdad, Iraq. The originals of Exhibits 8, 33, and 36 are retained in the files of the Armed Forces Institute of Pathology, Office of the Medical Examiner, Rockville, MD. The originals of Exhibits 18, 20, and 32 are retained in the files of the Enlisted Records Evaluation Center (EREC), Indianapolis, IN. The original of Exhibit 19 is retained in the files of the Fayetteville Technical Community College, Fayetteville, NC. The original of Exhibit 21 is retained in the files of the Adjutant General, Fort Sam Houston, TX. The original of Exhibit 24 is retained in the files of the Human Resources Command, Alexandria, VA. The originals of Exhibits 25, 27-29, and 41 are retained in the files of Darnell Army Community Hospital, Fort Hood, TX. The original of Exhibit 26 is retained in the files of the Colorado Division of Registrations, Denver, CO. The original of Exhibit 30 is retained in the files of the 115th Field Hospital, Fort Polk, LA. The original

of Exhibit 31 is retained in the files of 44th MEDCOM, Camp Victory, Iraq. The original of Exhibit 35 is retained in the files of the FBI Fingerprint Division, Clarksburg, WV.

STATUS: This is a Final Report. Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833) is not required.

Report Prepared and Approved By:

(b)(6),(b)(7)(C)

Special Agent in Charge

DISTRIBUTION:

1- DIR, USACRC (orig), Fort Belvoir, VA
1- THRU: 11th MP BN (CID) (FWD) (Attn: Ops), Camp Victory, Iraq
THRU: 3D MP GRP (CID), ATTN: CIRC-OP, Forest Park, GA
TO: HQUSACIDC, ATTN: CIOP-CO, Fort Belvoir, VA
1- Dir, AFIP, OAFME, Rockville, MD
1- CDR, 18th MP BDE, Camp Victory, Iraq
1- CDR, TIF, CBI
1- SJA, 18th MP BDE, Camp Victory, Iraq
1- CDR, 380th MP DET (CID), Camp Arifjan, Kuwait
1- CDR, CBI
1- File

b(6), b(7)(C)

Verify by Initialing		THERAPEUTIC DOCUMENTATION CARE PLAN (NON MEDICATION)				
Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
9 APR	(b)(6)	Admit 10 April 05 Dx: Goiter	10 APR	PM	11 APR MN	(b)(6)
9 APR		NPO @ MN	11 APR	0001	MN	
10 APR		THYROIDECTOMY - ADMIT ICW	11 APR	NLW	1206	
11 APR		LAB AM 12 APR - CALCIUM	12 APR	0500	0430	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION — TIME/DATE COMPLETED

ACLU DDII CID ROIS 38578
ACLU-RDI 5493 p.6
Exhibit 00022

Apr 11, 2005

30 yo male hx goiter denies Meds NKDA. NPO Since midnight. Denies hx Surg or anesthesia problem hx Smoker. Denies Cardio/resp or Endocrine disorders otherwise healthy.

(b)(6)

TASK FORCE [redacted] 115th
Camp Bucca Internment [redacted] ty Hospital
[redacted] RATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI: Sweidan, Adnan Mukhlef | X Male | SSN or ISN: 167846 | 0048-05-CID379-40014
Physician: (b)(6) | Ward: ICU | Female | Signs and Symptoms: Sx - Goiter
Drawn by: | Bed: 6 | STAT | Reported by: (b)(6) | Date and Tim: 12APR05 0
X Routine | Specimen Date and Time: 12APR 0415

Chemistry (i-STAT) / Green Top / Syringe
EC8 EG7 6+ CG4 Glu Crea

X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L
	K		3.3-4.9 mmol/L
	Cl		98-109 mmol/L
	pH		7.35-7.45
	PCO2		35-45 mmHg
	PO2		80-100 mmHg
	TCO2		18-33 mmol/L
	HCO3		22-26 mmol/L
	sO2		95-99%
	BEecf		(-2) - (+3)
	AGap		8-16 mmol/L
	iCa		1.12-1.32 mmol/L
	BUN		7-22 mg/dL
	Glu		73-118 mg/dL
	Creat		0.6-1.3 mg/dL
	Hct		37.0-52.0%
	Hgb		12.0-18.0 g/dL
	Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw / Yellow
Clarity		
Glucose		
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts:		Spermatozoa	
Crystals:		Amorph Sed	
Other:			

Chemistry (Piccolo Analyzer) / Green Top
Chem 12 MetLyte8 BMP Liver Lipid

X	TEST	RESULT	REF. RANGE
	ALB		3.3-5.5 g/dL
	ALP		26-184 U/L
	ALT		10-47 U/L
	AMY		14-110 U/L
	AST		11-38 U/L
	Tbil		0.2-1.6 mg/dL
	BUN	17	7-22 mg/dL
	Ca	9.2	8.0-10.3 mg/dL
	Chol		100-200 mg/dL
	CK		M: 39-380 U/L
			F: 30-190 U/L
	CL	96	98-109 mmol/L
	TCO2	25	18-33 mmol/L
	Creat	1.2	0.6-1.3 mg/dL
	GGT		5-65 U/L
	Glu	112	73-118 mg/dL
	K	4.5	3.3-4.9 mmol/L
	TProtein		6.4-8.1 g/dL
	Na	132	138-145 mmol/L
	Phosphorous		2.2-4.5 mg/dL
	HDL Chol		30-75 mg/dL
	LDL Chol		50-130 mg/dL
	Triglycerides		60-160 mg/dL
	VLDL		≤30 mg/dL
	Chol/HDL Ratio		≤4.5

Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr		Negative
HCG		Negative
H.pylori IgG		Negative
ETOH/Alc.		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount KOH		Negative

Hematology / Purple Top
CBC Malaria H/H

X	TEST	RESULT	REF. RANGE
	WBC		4.8-10.8 x10(3)/
	RBC		4.2-6.1 x10(6)/u
	Hgb		12.0-18.0 g/dL
	Hct		M: 42.0-52.0%
			F: 37-47%
	MCV		80.0-99.0 fl
	MCH		27.0-31.0 pg
	MCHC		33.0-37.0 g/dL
	Plt		130-400 x10(3)/ul
	LY%		20.0-44.0%
	LY#		0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

[redacted] Abn Morph:

Malaria / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3

Cardiac Panel/Purple Top

Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL

Other Lab Requests

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09-F-0115-05-CID570-40014

ADMISSION ASSESSMENT	DISCHARGE ASSESSMENT
INEFFECTIVE BREATHING PATTERN LUNG SOUNDS: Equal Yes ✓ No ____ Clear Yes ✓ No ____ O_2 Therapy 2L NC Airway: ETT ____ Oral ____ Nasal ____ N/A ✓	**INNEFFECTIVE BREATHING PATTERN** LUNG SOUNDS: Equal Yes ____ No ____ Clear Yes ____ No ____ Respirations even & unlabored ____ SaO_2 WNL on Room Air Yes ____ No ____
ALTERED THOUGHT PROCESSES ____Unresponsive ____Sedated/ responds to verbal stimuli ✓ Sedated/Responsive to deep stimulus ____Awake/ Unsedated ____Oriented to time.,place, person	**ALTERED THOUGHT PROCESSES** ____Oriented to time, place, person, stimulation, baseline mentation has returned.
POTENTIAL FOR DECREASED CARDIAC OUTPUT ____Cardiac Monitor ____Normal sinus rhythm without ectopy Skin Condition ✓ Warm ____Dry ____Cool ✓ Moist IV Site without S/S infiltration or irritation ✓ Yes ____No Capillary refill < 3 seconds ✓ Yes ____ No	**POTENTIAL FOR DECREASED CARDIAC OUTPUT** ✓ Vital Signs Stable Skin Condition ____Warm ✓ Dry ____Cool ____Moist IV Site without S/S of infiltration or irritation ____Yes ____No Other:
POTENTIAL FOR INJURY Moves all extremities ____Yes ✓ No Supportive device	**POTENTIAL FOR INJURY** Moves all extremities ✓ Yes ____No ____Other
ALTERED PATTERN OF URINARY ELIMINATION ____Foley ____Due to void /Time of last void	**ALTERED PATTERN OF URINARY ELIMINATION** ✓ Voided ____Due to void ____Foley ____Other
ALTERED GI FUNCTIONS ____Active Bowel sounds X 4 Quads ____Hypoactive Bowel Sounds ____Abdomen non-distended Other	**ALTERED GI FUNCTION** ____Bowel sounds present x 4 quads ____Abdomen non-distended Other
IMPAIRED SKIN INTEGRETY Dressings NCLK C/D/I	**IMPAIRED SKIN INTEGRETY** ____Dressings clean, dry and intact Other
ALTERATION IN COMFORT Pain Level 0 (0 = none; 10 = severe) Location ____ Ice/heat/elevation Positioning	**ALTERATION IN COMFORT LEVEL** ____Pain managed with analgesics Level: ____(0 = none; 10 = severe) Ice/ heat/ elevation Positioning

RN Signature (b)(6)

RN Signature

Anesthesia Medication Orders

1. ____

2. ____

3. ____

TIME	MEDICATION	DOSE	ROUTE	SITE	SIGNATURE	EFFECT

OTHER INTERVENTIONS ____

PACU STANDARDS OF CARE MET

Name: (b)(6)

Signature (b)(6)

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ACLU DDI CID ROIS 38581
Exhibit 000025
ACLU-RDI 5493 p.9

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 05Apr05 | PATIENT ACUITY LEVEL: | POST-OP DAY: | HOSPITAL DAY: /

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 0030 To ICU From Comp 4 ☒ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time N/A Physician (b)(6) Anesthesia (Specify): N/A

Procedure/Diagnosis Hyperthyroidism B/P 148/73 P 106 R 18 T 98° O2 98

LOC Alox3, Verbally responsive Neurovascular checks WNL'S Eyes PEARL

Dressing/cast N/A Tubes

Intake (IV, po) NPO IV Output (EBL, other) Voided ☐ No ☒ Yes Amount:

Medication N/A

Other Last BM today

Report From N/A Received By (b)(6)

VITAL SIGNS

TIME:																	
BP ARTERIAL LINE																	
BP CUFF																	
TEMPERATURE																	
PULSE																	
RESPIRATORY RATE																	
OXYGEN (L/%)																	
PULSE OXIMETER																	
O_2 METHOD																	

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask
MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

PAIN

TIME:	0100																
10 / 5 / 0																	
MED ADMINISTERED (Y/N)	N/A																
RELIEF ACCEPTABLE (Y/N)	N/A																

OUTPUT

TIME:																	
FINGER STICK GLUCOSE																	
INSULIN (Y/N)																	

NEEDS

TIME: 0100

- *Skin breakdown prevention
- *Prevention protocol
- *Restraint protocol
- *Seizure precautions
- *Isolation precautions

YESTERDAY'S WEIGHT:
TODAY'S WEIGHT:
WEIGHT CHANGE:
*Per hospital policy

24 HOUR TOTALS	PO	IV #1	IV #2				TOTAL IN	Urine		Stool		TOTAL OUT

PATIENT IDENTIFICATION

167846
H8

DIAGNOSIS: Hyperthyroidism
DRG: ADMISSION: 05Apr05
LOS: EXPECTED RELEASE:
CASE MANAGER: (b)(6)
PRIMARY CARE MANAGER:

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
Date:	0 APR 05 OR Doc Cont
P	② upper pole of thyroid gland left in place. 3 parathyroids identified
R	2 Recurrent laryngeal nerves seen
B/P	of gland
T	Path - Subtotal Thyroid
SPO2	Comps - Ø
	Drain Removed
Meds	Diag - ICW
	(b)(6)
All	
	12 APR Sur POD #1
Tob	Doing OK
	P-96-118 SBP-147
	Wound OK. Drain D/C'd
	Ca++ 9.2
	A/P - S/P subtotal Total Thyroidectomy for Toxic goiter
	Cont current care.
	(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)* — REGISTER NO — WARD NO

SSN: Compound #

Name: 167846

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
DD FORM 1380 (PE0 5-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 ISAPA V2.00

ACLU DEFENSE EXHIBITS 38583
Exhibit 5
000027
ACLU-RDI 5493 p.11

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

0048-05-CID579-40014

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	29 MARCH 05
P	30 yo ♂ c hyperthyroidism 2° to goiter
R	
B/P	PMH - ø
T	ROS - Shaking, Tachy, Headaches, Diarrhea
SPO2	
Meds ø	PE Thin, exophthalmic ♂
	Tachy ~ 120 reg with goiter
All ø	lungs clear
	CV Reg
	Abd benign
Tob	A/P - goiter + hyperthyroidism
	Plan Subtotal Thyroidectomy
	(b)(6)
11 APR 05	Op Note
	PreOp Dx - goiter / hyperthyroidism
	PostOp Dx - Same
	Procedure: Subtotal Thyroidectomy
	Surgeon - (b)(6)
	Anesth - GET
	Findings - Large, inflamed Thyroid, Very Vascular

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
			(b)(6)
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO	WARD NO

Individual Sequence Number: 147846

ISN Compound Number:

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV 6-97)
Prescribed by GSA/ICMR
USAPA V2.00

ACLU DDII CID ROIS 38584
Exhibit 000028
ACLU-RDI 5493 p.12

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MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

0048-05-CID579-40014

REPORT TITLE

OTSG APPROVED *(Date)*

TIME IN 1200 WT 70 kg ALLERGIES NKDA

PROCEDURE Subtotal thyroidectomy

PHYSICIAN (b)(6) HX: Goiter

PRE OP VITALS 139/84 - 124 EBL Min IV FLUIDS 900 URINE OUTPUT N/C

TIME	TEMP	PULSE	RESP.	BP	SaO2	O2
ADMIT	97.3	113	12	147/93	97	2l
15	\	110	14	132/70	98	2L
30	\	118	16	135/75	97	1 Lpm
45	\	113	14	149/74	95	RA
60	\	120	16	124/70	95	RA
90						
120						
150						

PRE/INTRA/IMMEDIATE POST-OP MEDS

- Versed 2 mg
- Fentanyl 250 mcg
- Zofran mg
- Toradol mg
- Ketamine mg
- Antibiotic Cancef 1 gm
- Morphine 10 mg

LEGEND	ADM	15	30	45	60	90	D/C
MOVES 4 EXTREMITIES = 2 MOVES 2 EXTREMITEIS = 1 MOVES 0 EXTREMITIES = 0	1	2	2	2			
DEEP BREATHE/COUGH = 2 DYSPNEA = 1 APNEIC = 0	2	2	2	2			
BP +/- 20% OF PRE OP = 2 BP +/- 20-50% PRE OP = 1 BP +/- 50 % OF PRE OP = 0	2	2	2	2			
FULLY AWAKE = 2 AROUSES ON CALLLING = 1 UNRESPONSIVE = 0	1	1	1	1			
> 92% ON ROOM AIR = 2 O2 TO MAINTAIN > 90% = 1 < 90% WITH O2 = 0	1	1	1	2			

ADDITIONAL NOTES/CLARIFICATIONS

(Continue on reverse)

(b)(6)

DEPARTMENT/SERVICE/CLINIC PACU

DATE 11 MAR 05

PATIENT'S IDENTIFICATION *(For typed or written entries give: first, middle; grade; date; hospital or medical facility)*

Name — last,

H 167846

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION OR EVALUATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

DA FORM 4700, MAY 78

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ACLU DDII CID ROIS 38585

Exhibit 3 000029

ADAPTIC V2.00

ACLU-RDI 5493 p.13

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION
167846

NURSING UNIT | ROOM NO | BED NO

DATE OF ORDER 11 APR 05 TIME

NURSE'S SIGNATURE
NOTED 11 APR 05 1400
(b)(6)

- TO ICW
- Tympanostomy
- Routine VS
- Ambulate PRN
- Diet as tolerated
- Morphine 1-5 mg IV q 1° pm
- Percocet 1 or 2 PO q 4° pm
- Ancef 1 gram IV q 8°
- Tylenol 650 mg PO q 4° pm
- Phenergan 25mg IV q 6° pm
- LRC 100cc/hr
- HL IV when PO adequate
- LAB AM 12 APR Calcium

(b)(6)

(b)(6)

0400 12 Apr 05

PATIENT IDENTIFICATION

NURSING UNIT | ROOM NO | BED NO

DATE OF ORDER

13 APR 05

- DC to Compound
- OK to Shower
- F/U in Surgery Clinic 22 APR 05

(b)(6)

PATIENT IDENTIFICATION
167846

NURSING UNIT | ROOM NO | BED NO

DATE OF ORDER TIME

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

For use of this form, see AR 40-66; the proponent agency is the OTSG

WARD / ICW: 167846

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: 05Apr05

PATIENT'S NAME	BP	HR	RR	T	O2 %	O2 SOURCE	PAIN
05 Apr	148/73	106	18	98.5	98%	RA	0
06 Apr	138/71	111	18	97.5	98	RA	0

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines.

PATIENT IDENTIFICATION

167846

DATE OF ORDER | TIME | NURSE'S SIGNATURE

09APR05
Admit to ADROS
Goics
NPO @ MN
Activity As tolerated
LR C 100 cc/hr
Amp 1 gram IV or call to ODF
Activity As tolerated

NOTED
11APR05
0000
(b)(6)

(b)(6)

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER

NURSING UNIT | ROOM NO | BED NO

PATIENT IDENTIFICATION

DATE OF ORDER | TIME

NURSING UNIT | ROOM NO | BED NO

1000 ancef IGM
IVPB 7 30 mins

MEDICAL RECORD - ANESTHESIA

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

(Use of this form, see AR 40-66; the proponent agency is the OTSG)

NKDA

0048-05-CID579-40014

ANESTHETIC AGENTS AND DRUGS — CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "IV" = CONSTANT INFUSION

DRUG	(Units)													
Versed	(mg)	2												
fentanyl	(mcg)	150	50	50										
Propofol	(mg)	150	50											
Vecuronium	(mg)	7	3											
MSO4	(mg)				10									
Labetalol	(mg)	5,5	5,5											
VOLAT AGENT Isso	% del													
	% e.t.	0.8	1.5	1.5	1.5	1.5	1.5	0.4	X					
AIR	L/Min													
N2O	L/Min													
O2	L/Min	8 2	2	2	2	2	2	2	6	6				
SINGLE DOSE DRUGS-MARK ON GRID WITH NUMBERS & ENTER IN REMARKS →														

FLUIDS

LINE site NaCl	☐ Warmed	~ 300 ~	400			700 ~		800	~ 900					
	☐ Warmed													
	☐ Warmed													
	☐ Warmed													

LOSSES

EST BLOOD LOSS														
URINE -														

PHYS STATUS 1 (2) 3 4 5 E

BODY WEIGHT 70 (KG) LB

HEMATOCRIT N/A

INITIAL DATA

BP- 139 184

HR- 124

EQUIP CHECK OK?- (Y) N

PATIENT OK for PROCEDURE? Y

TIME- 0950

TIME → 1000 x 1030 x 1100 x 1130 x 1200 x 1230

SYMBOLS

BP by cuff V ^

Heart rate ●

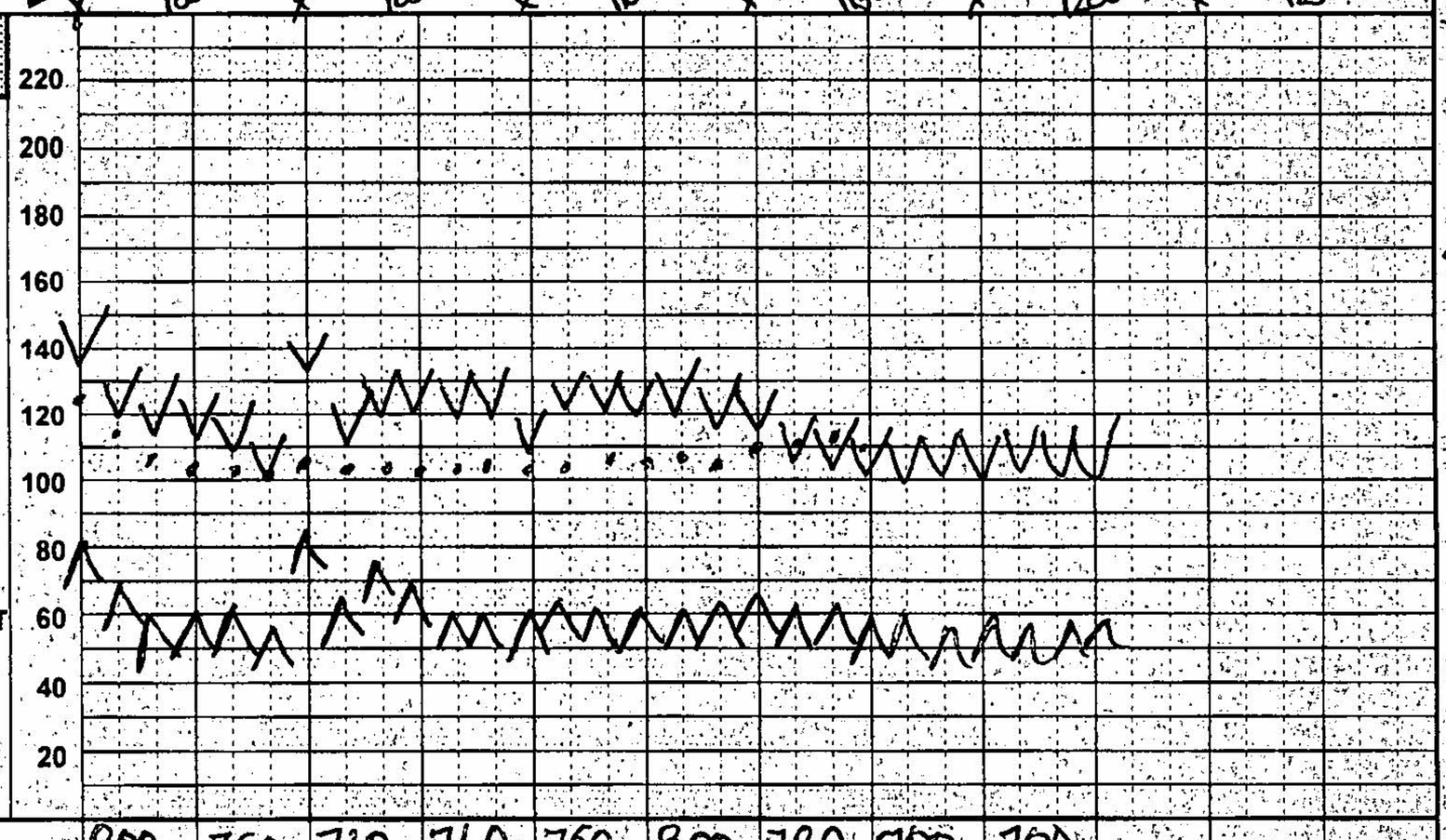
Resp rate

BR (transduced) ╪

TOURNIQUET T—T

ANES- X-X

PROC- ⊙-⊙



VENTIL

VT - ml	800	750	730	760	750	800	780	700	700	
f - breaths/min	14	10	10	10	10	10	10	16	16	
Peak inf pres / PEEP	19/3	19/3	21/3	21/3	21/3	21/3	21/3	21/3	X	
MODE - S(pon), A(ssist), C(on)	S C	C	C	C	C	C	C	C	S	

MONITORS/ACCESSORIES

✓ BP/Auto Cuff	✓ ET CO2 (torr)	40	39	37	36	36	36	36	41	44	
✓ BP/oth	✓ FIO2 (Frac or %)	0.85	0.85	0.89	0.91	0.90	0.89	0.90	0.90	0.90	
✓ ART line	✓ SpO2 (%)	100	100	100	100	100	100	100	100	97	
✓ Steth- PC/ES	✓ ECG	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	NSR	
✓ Gas analyzer	✓ TEMP-site axillary										
	N-M Block (T/4)										
Warming blkt											
Conv warmer											

Mark with letters & symbols, explain under REMARKS

EVENTS / Position → supine arms padded Right arm tucked Lft 90° abd

TOTALS | **TOTAL EBL** NIL

TOTAL URINE NIL

FLUIDS SUMMARY

CRYSTALLOID- NaCl - 900

COLLOID- 0

BLOOD- 0

REMARKS

Code drugs with numbers, events with letters

In room monitors pre ox 7.5 min 1000 - smooth IV induction Eyes taped 1200 - transfered to PACU port Suction clear ext partial per Stretcher IV patent report to RN

RECOVERY AT 1200

(PACU) ICU ____ (Specify)

OTHER 973

CONDITION: stable

RESP- 12 SpO2- 94

BP- HR- 113

ANESTHESIA / PROCEDURE TIMES

ANES	Start	Room	End
	0945	0950	
SURG	**Ready**	**Begin**	**End**
	1005	1012	

PROCEDURES and CPT Codes:

Subtotal Thyroidectomy

ANESTHETIC TECHNIQUES: *Describe block technique under Remarks*

Gets

PATIENT IDENTIFICATION: *Typed or written entries: Name, Grade/Rate, Medical facility*

1678846

AIRWAY MANAGEMENT: *Intubation route, blade, technique, comments* #7.0 @ 22 cm lip eyes taped grade one view

SURGEONS

(b)(6)

(b)(6)

PROCEDURE OR #1

DATE: 6 Apr 05

PAGE 1 OF

ANESTHESIA PROVIDER

FOR OFFICIAL USE ONLY

ROIS 38589

Exhibit 000053

ACLU-RDI 5493 p.17

DA FORM 7389, FEB 1998

USAPA V1.00

TION II - PATIENT ASSESSMENT - REVIEW OF [redacted]TEMS

DIRECTIONS: A check (√) in the small box indicates patient assessment criteria have been MET. If all the criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 0230 INITIALS: TC	TIME: INITIALS:	TIME: INITIALS:
. **NEUROLOGICAL:** Alert and oriented to ime place and name. Responds appropriately. :ommunication is adequate to express needs. upils equal and reactive to light.	☒	☐	☐
. **CARDIOVASCULAR:** Pulse regular & rate vithin range for age. No dependent edema. lailbeds and mucous membranes pink. No calf ndemess. *(See page 3 for extremity erfusion)*	☒ Sinus Tachycardia	☐	☐
. **PULMONARY:** Respirations within normal ate for age group; quiet and regular. Depth is egular. No cough. No abnormal breath ounds.	☒	☐	☐
. **G.I.:** Abdomen soft and non-distended. owel sounds active. Reports no N/V/pain ith eating and no problems chewing/ vallowing. Denies constipation, diarrhea or ctal bleeding.	☒ c/o some "heartburn"	☐	☐
. **G.U.:** Reports no dysuria, retention, gency, frequency, nocturia. Urine clear, ellow/amber. No unusual dischafge.	☒	☐	☐
MUSCULOSKELETAL: Normal muscle evelopment and mass for age. No eformities. No assistive devices needed. ormal active ROM without pain. No joint velling/tenderness, weakness or paresthesia.	☒	☐	☐
SKIN: Warm, dry, intact. Good turgor. No shes, inflammation, ulcers, breaks in skin. redness, blanching, irritation over bony lnences. Mucou[redacted]s moist.	☒ [redacted]	☐	☐ [redacted]
PAIN: No complaints of pain/ discomfort. *(See page 7 for documenting pain intensity.)*	☒ [redacted]	☐	☐ [redacted]
PSYCHOSOCIAL: Behavior is appropriate the situation. Anxiety is controlled or mild l appropriate to situation. Interacts ropriately with others.	☒	☐	☐

IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness C - Contrai line)

TIME: 0130 INITIALS: (b)(6)	TIME: INITIALS:	TIME: INITIALS:
IV patency ✓ q hr:	IV patency ✓ q hr:	IV patency ✓ q hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION CONDITION	LOCATION CONDITION	LOCATION CONDITION
IV Site #1: LFA 20G OK	IV Site #1:	IV Site #1:
IV Site #2:	IV Site #2:	IV Site #2:
Comments: LR @100cc/hr	Comments:	Comments:

MEDICAL RECORD - PATIENT ACTIVITIES FLOWSHEET

For use of this form, see MEDCOM Circular 40-5

SECTION I - PATIENT ASSESSMENT

DATE: 08Apr05 | PATIENT ACUITY LEVEL: | POST-OP DAY: | HOSPITAL DAY: /

TRANSFER

COMPLETE ONLY AT TIME OF ADMISSION OR PATIENT TRANSFER IN - TELEPHONE REPORT:

Time 0100 To ICW From Camp 4 ☒ AMBULATORY ☐ CRUTCHES ☐ WHEELCHAIR ☐ STRETCHER

Total ER/RR/PACU time N/A Physician (b)(6) Anesthesia (Specify):

Procedure/Diagnosis Hyperthyroidism B/P 136/86 P 120 R 16 T 98.4 98

LOC Alert x3 Neurovascular checks WNL's

Dressing/cast N/A Tubes

Intake (IV, po) NPO / IV Output (EBL, other) Voided ☒ No ☐ Yes Amount:

Medication See Med Sheet

Other (b)(6), Cast BIL 06Apr05

Report From N/A Received By

VITAL SIGNS

TIME:																			
BP ARTERIAL LINE																			
BP CUFF																			
TEMPERATURE																			
PULSE																			
RESPIRATORY RATE																			
OXYGEN (L/%)																			
PULSE OXIMETER																			
O2 METHOD																			

Oxygen Method Key: NC = Nasal cannula NR = Non rebreather FM = Face mask VM = Venturi mask
MT = Mist tent PR = Partial rebreather A = Aerosol TC = Trach collar

PAIN

TIME:																			
10																			
5																			
0																			
MED ADMINISTERED (Y/N)	N/A																		
RELIEF ACCEPTABLE (Y/N)	N/A																		

DIET

TIME:																			
FINGER STICK GLUCOSE																			
INSULIN (V/M)																			

SPECIAL NEEDS

TIME: 0700
*Skin breakdown prevention
*Fall prevention protocol
*Restraint protocol /
*Seizure precautions /
*Isolation precautions
YESTERDAY'S WEIGHT:
TODAY'S WEIGHT:
WEIGHT CHANGE:

*For hospital policy

24 HOUR TOTALS	PO	IV #1	IV #2					TOTAL IN	Urine		Stool			TOTAL OUT

PATIENT IDENTIFICATION

167846

DIAGNOSIS: Hyperthyroidism 08Apr05

DRG: DATE OF ADMISSION

LOS: EXPECTED RELEASE

CASE MANAGER:

PRIMARY CARE MANAGER: (b)(6)

SOCIAL WORKER/HSO:

SECTION II: PATIENT ASSESSMENT (CONTINUED)

DIRECTIONS: A check ✓ in the small box indicates patient assessment criteria have been MET. If all the stated criteria are not met, a brief explanation of abnormal findings will be noted in the appropriate column.

	TIME: 0100 INITIALS:	TIME: INITIALS:	TIME: INITIALS:
. NEUROLOGICAL: Alert and oriented to ime place and name. Responds appropriately. ommunication is adequate to express needs. upils equal and reactive to light.	☑	☐	☐
. CARDIOVASCULAR: Pulse regular & rate ithin range for age. No dependent edema. ailbeds and mucous membranes pink. No calf ndemess. *(See page 3 for extremity erfusion)*	☑ Sinus Tach	☐	☐
. PULMONARY: Respirations within normal its for age group; quiet and regular. Depth is egular. No cough. No abnormal breath ounds.	☑	☐	☐
. G.I.: Abdomen soft and non-distended. owel sounds active. Reports no N/V/pain ith eating and no problems chewing/ wallowing. Denies constipation, diarrhea or ctal bleeding.	☑	☐	☐
. G.U.: Reports no dysuria, retention, gency, frequency, nocturia. Urine clear, llow/amber. No unusual dischafge.	☑	☐	☐
MUSCULOSKELETAL: Normal muscle evelopment and mass for age. No formities. No assistive devices needed. ormal active ROM without pain. No joint elling/tendemess, weakness or paresthesia.	☑	☐	☐
SKIN: Warm, dry, intact. Good turgor. No shes, inflammation, ulcers, breaks in skin. redness, blanching. Intact over bony mbrances moist.	☑	☐	☐
PAIN: No complaints of pain/ discomfort. *(See page 1 for documenting pain intensity.)*	☑	☐	☐
PSYCHOSOCIAL: Behavior is appropriate the situation. Anxiety is controlled or mild appropriate to situation. Interacts propriately with others.	☑	☐	☐

IV SITE ASSESSMENT: (LEGEND: P - Puffy I - Infiltrated R - Reddened OK - No swelling/redness ✓ - Central line)

TIME: 0100 INITIALS: (b)(6)	TIME: INITIALS:	TIME: INITIALS:
IV patency ✓ q hr:	IV patency ✓ q hr:	IV patency ✓ q hr:
IV site care provided:	IV site care provided:	IV site care provided:
IV tubing changed:	IV tubing changed:	IV tubing changed:
LOCATION CONDITION	LOCATION CONDITION	LOCATION CONDITION
IV Site #1: 18Ga (L) FA OIL	IV Site #1:	IV Site #1:
IV Site #2:	IV Site #2:	IV Site #2:
Comments:	Comments:	Comments:

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASCULAR

SITE: TIME:						
COLOR	P					
CAPILLARY REFILL	1					
TEMPERATURE	W					
EDEMA	0					
SENSATION	S					
MOTION	R					
PASSIVE FLEXION	Ø					
PERIPHERAL PULSE	3					

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY / OTHER

TIME:	0100		
ID band visible/legible	TC		
Orient to environment prn	TC		
Side rails (2/4) up	/		
Bed position low	TC		
Call light within reach	/		
	-		
Review & post lab results	/		
Notify MD abnormal labs	/		
Incontinent urine/stool	/		
Linen change prn	/		
Turn/reposition q2h	/		
ROM q2h if immobile	/		
Antiembolic hose	/		

DIET

BREAKFAST	LUNCH	DINNER
TYPE:	TYPE:	TYPE:
PERCENT CONSUMED:	PERCENT CONSUMED:	PERCENT CONSUMED:
HOW TOLERATED:	HOW TOLERATED:	HOW TOLERATED:
☐ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☒ ASSIST ☐ COMPLETE

ADL

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☒ TOTAL
[redacted]	[redacted]	[redacted]	[redacted]
LEVEL OF ASSIST (Check all that apply)	BSC BRP CHAIR # TIMES/SHIFT	BSC BRP CHAIR # TIMES/SHIFT	BSC BRP CHAIR # TIMES/SHIFT

TEACHING

TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:
CONTENT: N/A	CONTENT:	CONTENT:
☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION

167846 #141

INITIALS	SIGNATURE
(b)(6)	(b)(6)

SECTION III - PATIENT INTERVENTIONS & TEACHING

NEUROVASC

SITE: TIME:	0130					
COLOR	P					
CAPILLARY REFILL	1					
TEMPERATURE	W					
EDEMA	0					
SENSATION	S					
MOTION	R					
PASSIVE FLEXION	0					
PERIPHERAL PULSE	3					

LEGEND

Color: P-pink (normal); C-cyanotic; W-pale, white
Capillary Refill: 1-(0-2 secs); 2-(3-5 secs); 3-(>5 secs)
Temperature: C-cool; W-warm; H-hot
Edema: 0-None; 1-mild; 2-moderate; 3-severe; 4-pitting
Sensation: A-absent; N-numb; T-tingling; S-sensation (present)
Motion: U-unable to move; M-move-no pain; P-move-pain; R-full ROM
Passive Flexion: D-dorsal flexion pain; P-plantar flexion pain; 0-no pain
Peripheral Pulse: 0-absent; 1-weak; 2-normal; 3-strong; 4-bounding; D-doppler, P-palpable

SAFETY

TIME:	0130			
ID band visible/legible	(b)(6)			
Orient to environment prn	(b)(6)			
Side rails (2/4) up	/			
Bed position low	(b)(6)			
Call light within reach	/			
Review & post lab results	/			
Notify MD abnormal labs	/			
Incontinent urine/stool	/			
Linen change prn	/			
Turn/reposition q2h	/			
ROM q2h if immobile	/			
Antiembolic hose	/			

DIET

BREAKFAST	LUNCH	DINNER
TYPE:	TYPE:	TYPE:
PERCENT CONSUMED:	PERCENT CONSUMED:	PERCENT CONSUMED:
HOW TOLERATED:	HOW TOLERATED:	HOW TOLERATED:
☐ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☐ COMPLETE	☐ SELF ☐ ASSIST ☐ COMPLETE

ACTIVITY

	0700-1500	1500-2300	2300-0700
BATH/ORAL CARE	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL	☐ SELF ☐ COMPLETE ☐ ASSIST ☐ TOTAL
OOB ACTIVITY (Check all that apply)	BEDREST ☐ SELF AMB ☐ ASSIST BSC # TIMES/SHIFT BRP CHAIR	☐ SELF ☐ ASSIST # TIMES/SHIFT CHAIR	BED ☐ SELF AMB ☐ ASSIST BSC # TIMES/SHIFT BRP CHAIR

TEACHING

TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:
CONTENT:	CONTENT:	CONTENT:
☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding	☐ Patient/Family Verbalizes Understanding

PATIENT IDENTIFICATION

167846 #8

INITIALS	SIGNATURE	SHIFT
(b)(6)	(b)(6)	Nights

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

TASK FORCE MED 15th
Camp Bucca Internment Facility Hospital

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

0048-05-CID579-40014

LAST, FIRST, MI (Required)		Male / Female	SSN or ISN (Required)	Signs and Symptoms
(b)(6)				
Physician: (b)(6) Ward		STAT / Routine	Specimen Date & Time (Required)	Lab Use Only: Date and Time
Drawn by (b)(6) Bed			(b)(6)	19 5/ 11 mar

Chemistry (i-STAT) / Green Top / Syringe

EC8 EG7 6+ CG4 Glu Crea

TEST	RESULT	REF. RANGE
Na		138-145 mmol/L
K		3.3-4.9 mmol/L
Cl		98-109 mmol/L
pH		7.35-7.45
PCO2		35-45 mmHg
PO2		80-100 mmHg
TCO2		18-33 mmol/L
HCO3		22-26 mmol/L
sO2		95-99%
BEecf		(-2) - (+3)
AGap		8-16 mmol/L
iCa		1.12-1.32 mmol/L
BUN		7-22 mg/dL
Glu		73-118 mg/dL
Creat		0.6-1.3 mg/dL
Hct		37.0-52.0%
Hgb		12.0-18.0 g/dL
Lactate		0.90-1.70 mmol/L

Urinalysis

Color		Straw/Yellow
Clarity		Clear
Glucose		Negative
Bilirubin		Negative
Ketone		Negative
SG		1.010-1.025
Blood		Negative
pH		5.0-8.0
Protein		Negative-Trace
Urobili		0.1-1.0 Ehrlich U/dL
Nitrite		Negative
Leuko		Negative

Urine Microscopic

WBC		Epi	
RBC		Mucus	
Bacteria		Yeast	
Casts		Spermatozoa	
Crystals		Amorph Sed	
Other			

Chemistry (Piccolo Analyzer) / Green Top

Chem 13 MetLyte8 BMP Liver Lipid Renal

TEST	RESULT	REF. RANGE
ALB		3.3-5.5 g/dL
ALP		26-184 U/L
ALT		10-47 U/L
AMY		14-110 U/L
AST		11-38 U/L
Tbil		0.2-1.6 mg/dL
BUN		7-22 mg/dL
Ca		8.0-10.3 mg/dL
Chol		100-200 mg/dL
CK		M: 39-380 U/L
		F: 30-190 U/L
CL		98-109 mmol/L
TCO2		18-33 mmol/L
Creat		0.6-1.3 mg/dL
GGT		5-65 U/L
Glu		73-118 mg/dL
K		3.3-4.9 mmol/L
TProtein		6.4-8.1 g/dL
Na		138-145 mmol/L
Phos		2.2-4.5 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
Trig		60-160 mg/dL
VLDL		≤30 mg/dL
C/HDL RAT		≤4.5

X Rapid Tests

Mono		Negative
RPR		Negative
HIV		Negative
Drug Scr		Negative
HCG		Negative
H.pylori		Negative
ETOH/Alc		Negative
Strep A		Negative
Chlamydia		Negative
Flu A&B		Negative
C diff		Negative
O&P		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Purple Top

aria H/H

TEST	RESULT	REF. RANGE
WBC M	22.9	4.8-10.8 x10(3)/uL
RBC	6.05	4.2-6.1 x10(6)/uL
Hgb	15.9	12.0-18.0 g/dL
Hct	49.2	M: 42.0-52.0%
		F: 37-47%
MCV	81.3	80.0-99.0 fl
MCH	26.4	27.0-31.0 pg
MCHC	32.4	33.0-37.0 g/dL
Plt	346	130-400 x10(3)/uL
LY%	26.7	20.0-44.0%
LY#	6.1	0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	37	Mono(4-10%)	26
Bands(1-10%)		Eos(0-4%)	3
Lymph(20-44%)	34	Baso(0-2%)	
Atyp Ly		Immature cells	
RBC Abn Morph			
Plt Abn Morph			
WBC Abn Morph			

Malaria / Purple Top

Thin	No Plasmodium Seen
Thick	No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate	1hr = 0-20 mm

Coagulation (Blue Top - Sodium Citrate)

PT	7.0-14.0 sec
APTT	21.0-50.0 sec
INR	0.5-1.5/therap 2-3

Cardiac Panel/Purple Top

Myoglobin	0-107 ng/mL
CK-MB	0-4.3 ng/mL
Troponin	0.0-0.4 ng/mL

Other Lab Requests

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
ACLU-RDI 5493 p.23
ACLU DOCID ROIS 38595
Exhibit 000039

0048-05-CID579-40014

MEDICAL RECORD - PATIENT REASSESSMENT

For use of this form, see MEDCOM Circular 40-5

DIRECTIONS: A check (✓) in the "Yes" box indicates that the statement reflects actual physical findings. The "No" box indicates that a variance exists. A brief explanation of any abnormal findings is required.

DATE 11 April 0001	INITIALS (b)(6)	TIME	INITIALS	TIME	INITIALS
1. NEUROLOGICAL. Alert and oriented to time, place, self, and situation. Responds appropriately. Communication is adequate to express needs. Pupils equal bilaterally and reactive to light. Upper/lower extremities strong and bilaterally equal.	X				
2. CARDIOVASCULAR. Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness or chest discomfort.	X				
3. PULMONARY. Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. Lungs clear to auscultation, all lobes. Chest movement is symmetrical.	X				
4. G.I. Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies constipation, diarrhea, or rectal bleeding. No change in appetite.	X				
5. G.U./REPRODUCTIVE. Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/penile/breast discharge.	X				
6. MUSCULOSKELETAL. Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal ROM without pain. No joint swelling/tenderness, weakness, or paresthesia.	Scheduled for Sx to goiter				
7. SKIN. Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist and intact.	X				
8. PAIN.	X Denies pain/discomfort		Denies pain/discomfort		Denies pain/discomfort
Note: If patient complains of pain/discomfort, document the intensity (0-10 item scale), location, and other descriptive information in item					
9. PSYCHOSOCIAL. Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others.	X				
10. SLEEP. Patient expresses he/she slept well and feels rested.	X				

(b)(6)

PATIENT'S IDENTIFICATION: *(For typed or written entries note: Name - last, first, middle intial; grade; DOB; hospital or medical facility)*

1678846

NOTE: Additional assessment data regarding I.V. site(s), pain, dressings, etc., is contained on page 2 of this form.

ACLU DDII CID ROIS 38596
Exhibit 009040
ACLU-RDI 5493 p.24

DOCTOR'S ORDERS - *(SIGN ALL ORDERS)* 0048-05-CID579-40014

For Each Set of Orders: Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION

1678146

Cap 4.

NURSING UNIT	ROOM NO	BED NO

DATE OF ORDER	TIME	NURSE'S SIGNATURE
29MAR05		
Admit 4APR05 for Surg 05APR		
HYPERTHYROIDISM		
NPO ~ MN		
Activity AS tol		
LR@ 100 c/h		
Consult Endocrine IV on call to OR		
Noted (b)(6)	04Apr05	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO	BED NO

DATE OF ORDER	TIME	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO	BED NO

DATE OF ORDER	TIME	

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO	BED NO

DATE OF ORDER	TIME	

ACLU-RDI 5493 p.25
ACLU DDI CID ROIS 38597
Exhibit 090041

Automated Facsimile

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

INPATIENT TREATMENT RECORD COVER SHEET

0048-05-CID579-40014

For use of this form, see AR 40-400, the proponent agency is OTSG

1. Register Nbr	2. Name					3. Grade	Admission Remarks
0020195	UNKNOWN, 167846						
4. Sex	5. Age	6. Race	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm	
M		OTH					
11. FMP	12. SSN	13. Organization				14. Ward	
20	600-16-7846	DETAINEE				ICW	
15. FlyStatus	17. Dept / Ben		18. BranchCorps	19. UIC / ZIP		20. Type Case	
	K78-ENEMY PRISONER OF WA					DIS	
21. Source of Admission			22. Hour Of Adm	23. Clinic Service			
Direct from ER			08:00	AAA - INTERNAL MEDICINE			
24. Name/Relation of Emergency Addressee			25. Type Disp	26. Date of Disp			
			DUTY	2005-04-05			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm		AdmittingOfficer	
				2005-04-05		(b)(6)	
29. ReportingMTF				30. Date Init Adm		32. Units Blood Components	
1623 - 115th Field Hospital, South							

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

Detainee Nbr: 167846

33. Cause Of Injury:

LoD Status:

34. Diagnosis / Operations and Special Procedures:

HYPERTHYROIDISM

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

Signature of Attending Medical Officer: (b)(6)

Signature of PAD or Medical Records Officer: (b)(6)

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

ACLU DDI CID ROIS 38598

ACLU-RDI 5493 p.26

Exhibit 000042

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

APR 05

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 4	5	6	7	8	9	10	11	12	13	14	15	16	17
04 APR	(b)(6)	LR @ 100 cc/hr	06	/	/	/	/	(b)(6)	(b)(6)								
			18	(b)(6)	/	/	(b)(6)										

ALLERGIES: YES [X] NO

NKDA

PRIMARY DIAGNOSIS: hyperthyroidism

ADDITIONAL PAGES IN USE: YES NO

PAGE NO

PATIENT IDENTIFICATION

DISPENSING TIMES

USE PENCIL - CIRCLE MED TIMES

7 8

#8

Verify by Initialing

SINGLE ORDER - PRE-OPERATIVE

Order Date	Clerk/ Nurse		Date to Be Given	Time to Be Given	Time Given	
4APR05	(b)(6)	Ancef 1 Gm IV or call to OR	05Apr	AM	0800	(b)(6)

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN
For use of this form, see AR 40-407
the proponent agency is the Office of The Surgeon General

APR 05

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED 4	5	6	7	8	9	10	11	12	13	14	15	16	17
04APR	(b)(6)	LR @ 100 cc/hr	06	/	/	/	/	(b)(6)	(b)(6)								
			18	(b)(6)	/	/	TC										

ALLERGIES YES [X] NO

NKDA

PRIMARY DIAGNOSIS

hyperthyroidism

ADDITIONAL PAGES IN USE
YES NO
PAGE NO

PATIENT IDENTIFICATION

DISPENSING TIMES
USE PENCIL, CIRCLE MED TIMES

#8

CLINICAL RECORD

For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

0048-05-CID570-00P4

VERIFY BY INITIALING

INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 4	5	6	7	8	9	10	11	12	13	14	15	16	17
29 MAR 05	(b)(6)	Activity ad lib	06	/	/	/	/										
			18	(b)(6)	/	/	(b)(6)										

ALLERGIES: ☐ YES ☒ NO

NKDA

PRIMARY DIAGNOSIS:

hyperthyroidism

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO:

PATIENT IDENTIFICATION:

167846

#8

ACTION TIMES

USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 EDITION OF 1 DEC 77 MAY BE USED. USAPA V1.00

ACLU DDH CID ROIS 38602
ACLU-RDI 5493 p.30
Exhibit 000046

Verify by Initialing

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo APR Yr 05

Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
29MAR05	(b)(6)	Adult HAPK 05 for surgery 05APR	04APR	ASAP	05Apr 0035	(b)(6)
29MAR05		NPO p MN	05Apr	0001	0030	

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Admission and Coding Information

0048-05-CID579-40014

For use of this form, see AR 40-400; the proponent agency is OTSG

1. Reporting MTF 1623 - 115th Field	2. MTF Location IZ			
3. Register Number 0020195	Name (Last, First, MI) UNKNOWN, 167846		4. Pay Grade	5. Sex M
6. DoB (YYYYMMDD)	7. Age at Admission	8. Race OTH	9. Ethnicity 9	Religion
10. Length of Service	ETS	11. FMP 20	12. Social Security Number 600-16-7846	
Organization (Active Duty Only) DETAINEE		13. Marital Status	Hour of Admission 08:00	Branch / Corps
14. Flying Status	15. Beneficiary Category K78-ENEMY PRISONER OF WAR/DETAINEE		16. Zip Code of Residence:	
17. Unit Location IZ	18. MOS	19. Trauma DIS	Prev. Admission	
20. Source of Admission Direct from ER	Ward: ICW		Name / Relationship of Emergency Addressee	
Name and Location of Medical Treatment Facility: 1623 - 115th Field Hospital, South; No Installation Provided			Address of Emergency Addressee Telephone Number of Emergency Addressee	
21. Type of Disposition DUTY	22. MTF Transferred To		23. Date of Disposition (YYYYMMDD) 2005-04-05	
24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE	25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2005-04-05	
27. Location of Occurrence	28. MTF of Initial Admission		29. Date of Initial Admission	

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: HYPERTHYROIDISM

Procedure Narrative(s):

Cause of Injury Narrative:

LoD Status:

Detainee Nbr: 167846

Admitting Officer (Signature, as required)

(b)(6)

Signature of Admitting Clerk

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

ACLU DDI CID ROIS 38604

ACLU-RDI 5493 p.32

Exhibit 000048

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Admission and Coding Information

For use of this form, see AR 40-400; the proponent agency is OTSG

0048-05-CID570-40014

1. Reporting MTF	2. MTF Unit			3. Admission Date (YYYYMMDD)
1623 - 115th Field	IZ			

3. Register Number	Name (Last, First, MI)	4. Pay Grade	5. Sex
0200215	UNKNOWN, 167846	FGN	M

6. DoB (YYYYMMDD)	7. Age at Admission	8. Race	9. Ethnicity	Religion
		OTH	9	

10. Length of Service	ETS	11. FMP	12. Social Security Number	
		20	600-16-7846	

Organization (Active Duty Only)	13. Marital Status	Hour of Admission	Branch / Corps
DETAINEE		14 00	

14. Flying Status	15. Beneficiary Category	16. Zip Code of Residence
	K78-ENEMY PRISONER OF WAR/DETAINEE	

17. Unit Location	18. MOS	19. Trauma	Prev. Admission
IZ		DIS	

20. Source of Admission	Ward	Name / Relationship of Emergency Addressee
Direct	ICW	Address of Emergency Addressee

Name and Location of Medical Treatment Facility:	Telephone Number of Emergency Addressee
1623 - 115th Field Hospital, South; No Installation Provided	

21. Type of Disposition	22. MTF Transferred To	23. Date of Disposition (YYYYMMDD)
DUTY		2005-04-13

24. Clinic Svc - Admitting	25. MTF Transferred From	26. Date this Admission (YYYYMMDD)
ABA - GENERAL SURGERY		2005-04-11

27. Location of Occurrence	28. MTF of Initial Admission	29. Date of Initial Admission

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: THYROIDECTOMY

Procedure Narrative(s):

Cause of Injury Narrative:

LoD Status:

Detainee Nbr: 167846

Admitting Officer (Signature, as required)

(b)(6)

Signature of Admitting Clerk

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 38605
Exhibit 000049
ACLU-RDI 5493 p.33

FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETERS

For use of this form, see AR 40-66; the proponent agency is the OTSG

WARD / ICW: 167846

This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required.

DATE: 10 April

	PATIENT'S NAME	BP	HR	RR	T	O2 %	O2 SOURCE	PAIN
11 April	0011	130/65	97	16	98.1	95	RA	0
11	1700	147/87	118	16	97.8	99	RA	0
12	1558	154/84	141	20	101.5	97	RA	0
13	1548	144/86	123	18	100.7	98	RA	0

ACLU-RDI 5493 p.34
ACLU DDH CID ROIS 38606
Exhibit 000050

MEDICAL RECORD — PROGRESS NOTES

DATE

11 April 05 @ 0001 Pt admitted to ward for surgery tomorrow. Assessment complete see Medcom 689R and Vitals flow sheet

(b)(6)

(Continue on reverse side)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)

167846

REGISTER NO.

WARD NO.

PROGRESS NOTES
STANDARD FORM 509 (Rev. 11-77)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-45.505
509-111

ACLU DDI CID ROIS 38607
Exhibit 000051
ACLU-RDI 5493 p.35

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

0048-05-CID570-40014

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN *(NON-MEDICATION)*
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General.

Mo. APR Yr. 05

VERIFY BY INITIALING — INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 10	11	12	13
9 Apr	(b)(6)	Activity as tolerated	06	✓	(b)(6)	○	(b)(6)
			18	(b)(6)		○	
11 APR	(b)(6)	ROUTINE VS	0	✓	(b)(6)	○	(b)(6)
			18	✓		○	
11 APR	(b)(6)	AMBULATE TID	0	✓	(b)(6)	○	(b)(6)
			18	✓		○	
11 APR	(b)(6)	DIET AS TOLERATED	B	✓	✓	○	(b)(6)
			L	✓	✓	○	
			D	✓	○	○	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Goiter

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO

PAGE NO: _____

PATIENT IDENTIFICATION: 167846

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23

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ACLU DDI OID FOIA 38608

ACLU-RDA 5493 p. 4677

DA 1 OCT 78 4677

EDITION OF 1 DEC 77 MAY BE USED.

Exhibit (b)(6)052

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN
For use of this form, see AR 40-407
the proponent agency is the Office of The Surgeon General

APR 05

ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS DOSE, FREQUENCY	HR	DATE DISPENSED 10 11 12 13
9 April	(b)(6)	IVF: LR @ 100 cc/hrs	06	(b)(6)
		HL IV WHEN PO ADEQUATE	18	(b)(6)
11 APR	(b)(6)	ANCEF 1GM IVQ8	07	(b)(6)
			15	(b)(6)
			23	(b)(6)

ALLERGIES ___ YES ___ NO

PRIMARY DIAGNOSIS: Goiter - THYROIDECTOMY

ADDITIONAL PAGES IN USE ___ YES ___ NO

PAGE NO

PATIENT IDENTIFICATION

167846

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

E 15 16 17 18 19 20 21 22

N 23 24 01 02 03 04 05 06

ACLU DDI CID ROIS 38609
Exhibit 050053
ACLU-RDI 5493 p.37

Verify by Initialing

SINGLE ORDER PRE-OPERATIVE

Date to be Given | Time to be Given | Time Given | Initials

Order/ Expir Date | Clerk/ Nurse

11 April (b)(6) Ancef 1gm IV on call to OR 11 April 0048-05-CID579-4

(b)(6)

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION TIME/DATE DISPENSED	
11APR	(b)(6)	MORPHINE 1-5MG IV Q1° PRN	DT	
			DR	
			IE	
11APR	(b)(6)	PERCOCET 1-2 PO Q4° PRN	DT	
			DR	
			IE	
11APR	(b)(6)	TYLENOL 650MG PO Q4° PRN	DT 12APR 1345 1755 0746	
			DR (b)(6) (b)(6)	
			IE (b)(6) (b)(6)	
11APR	(b)(6)	PHENERGAN 25MG IV Q6° PRN	DT	
			DR	
			IE	

USAPA V1.00

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

0048-05-CID579-40014 PRODUCTION

NSN 7540-00-634-4175

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
23 Apr 05	⑤ rt ft ulna ioa Daily DSDs to Neck
	⑥ wound healing w/ ags. signs of infection
	⑦ DSDs
	⑧ wounds cleaned w/ .50/50 solution
	sterile gauze & tape

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

167846

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ADMIN
FIRMR (41 CFR) 201-9.202-1

USP LVN

corp

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ACLU DDII 2016 38611

ACLU-RDI 5493 p.39

Exhibit 000055

14

AUTHORIZED REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Date
21Apr05
0048
R
B/P
T
SPO2
Meds
Ø
All
NKDA
Tob

S: 30 y/o c/o pn + swelling to throat @ IV site for tracheostomy. pt previously on Abx, meds finished
O: wdwn WAD ataox3 nl gait mild erythema rear oropharynx edema anterior cervical region. obvious drainage at wd site c heat, c ecchymoses c mild edema
A: lingering infection c pn wd site
P: ① T 800mg po tid now ② DSD A to wd ③ F/U at SIC 21Apr05 ④ RTC if S/Sx ↑ or persist (b)(6) ⑤ RTC qd DSDs (b)(6)

HOSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

SPONSOR'S NAME | SSN/ID NO. | RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade) | REGISTER NO | WARD NO

ISN 1678446
Compound # 4
DOB

ACLU-DDI-CID-ROIS 38612
Exhibit 0000056
ACLU-RDI 5493 p.40

0048-05-CID579-40014

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

Ciprofloxacin

S - DSG Δ to throat
d WND healing ~~2000~~ tiss ingfd
⊕ purulence ~~thru~~ drainage from
slit in throat.
a - DSG Δ
P - Cleanse - H_2O_2/H_2O
apply 2x2
RTC 9d for DSG Δ

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION *(For typed or written entries, give: Name, - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201.9.202-1 USAPA V2.00

167846 #4

ACLU DDI CID ROIS 38613
Exhibit 000057
ACLU-RDI 5493 p.41

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION. *(Sign each entry)*
Date	22 APR 05 sick
P	SP Subtotal Typoridectomy for goiter
R	NDCHD
B/P	Wound healed
T	IP - HD
SPO2	All overall doing well p Thyroidectomy for toxic goiter
	RTC Inpatient 29 APR
Meds	Start Synthroid Tues
All	
Tob	

(b)(6)

SPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE	RECORDS MAINTAINED AT
PONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	

ATIENT'S IDENTIFICATION *(For typed or written entries, give: Name (last, first, middle), ID No or SSN, Sex, Date of Birth, Rank/Grade)*	REGISTER NO	WARD NO
SN 467-84-[illegible]		
Compound # 4		
ame		

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROIS 38614
Exhibit pg 3058
ACLU-RDI 5493 p.42

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TESTING, ORGANIZATION, SIGNATURE

~~X-Ray~~ 1205 S: 30 y/o ♂ c/o shaking x 1 yr + heart beat palpitation "too fast" worst in am. 2-3 cups of Ch. ch taken away x 4 days sx past 3 days

R

BP 145/95 (+) night sweats

T

SPO2 PE: (+) tachycan - dry skin - hair appears

0- (+) goiter

NKDA

Meds

A/P p/o toxic thyroid vs early thyroid storm

All

→ Enc to ER

Tob

(b)(6)

HOSPITAL/MEDICAL FACILITY | STATION | DEPARTMENT/SERVICE | RECORD MAINTAINED

SPONSOR'S NAME | SSN | RELATIONSHIP TO SPONSOR

ITEM IDENTIFICATION | DATE OF BIRTH | GRADE

1178 HB

4

NSN 7540-00-634-4179 AUTHORIZED FOR LOCAL REPRODUCTION

25

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT - TREATING ORGANIZATION (Sign each entry.)
24 Apr 05 1520	S: 30 y/o for DSG A to go for surgery O: neg s/sx infection, wd healing well A: DSG A needed P: ① wds cleansed c NS/H2O2 2/30 sol ② wd covered c DSgauze, secured c tape ③ RTC qd DSG A
29 Apr 05	Surg Clinic S/P subtotal Thyroidectomy has small air leak. Sub Q air only @ surg site Dry well Dr. [redacted]
14 May	Surg Dry well except Nares moist P: 68 R: Hard O air Dry well Dr. [redacted] Does not need home replacement

(b)(6)

(b)(6)

(b)(6)

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1
USP LVN

INPATIENT TREATMENT RECORD COVER SHEET

0048-05-CID579-40014

For use of this form, see AR 40-400; the proponent agency is OTSG

1. Register Nbr 0200215	2. Name UNKNOWN, 167846					3. Grade FGN	Admission Remarks
4. Sex M	5. Age	6. Race OTH	7. Religion	8. LnthOfSvc	9. ETS	10. PrevAdm	
11. FMP 20	12. SSN 600-16-7846	13. Organization DETAINEE				14. Ward ICW	
15. FlyStatus	17. Dept / Ben K78-ENEMY PRISONER OF WA		18. BranchCorps	19. UIC / ZIP		20. Type Case DIS	
21. Source of Admission Direct			22. Hour Of Adm 14:00	23. Clinic Service ABA - GENERAL SURGERY			
24. Name/Relation of Emergency Addressee			25. Type Disp DUTY	26. Date of Disp 2005-04-13			
27a. Address of Emergency Addressee			27b. Telephone No	28. Date This Adm 2005-04-11		AdmittingOfficer (b)(6)	
29. ReportingMTF 1623 - 115th Field Hospital, South				30. Date Init Adm		32. Units Blood Components	

31. Selected Administrative Data

Marital Status: DoB:

In/Out Patient: Inpatient MOS:

Detainee Nbr: 167846

33. Cause Of Injury:

LoD Status:

34. Diagnosis / Operations and Special Procedures:

THYROIDECTOMY

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

35. Total Days This Facility

Absent Sick Days	Other Days	ConLv / Coop Care Days	Supplemental Care	Bed Days	Total Sick Days

Signature of Attending Medical Officer (b)(6) Signature of Clinical Records Custodian (b)(6)

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

ACLU DMI (.mil) ROIS 38617

ACLU-RDI 5493 p.45

Exhibit 000061

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

MASTER PROBLEM LIST

For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General

0048-05-CID579-40014

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1		1/05	dysthmd. hx asthma - resolved	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES					
A	Goiter	1/05					
B	tachycardia	24 Dec	1 Feb				
C	Sore throat	14 Jan					
D	Abd pain	15 Feb					
E							
F							
G							
H							

PATIENT'S IDENTIFICATION (Use mechanical imprint if available; for typed or written entries give: Name, SSN, Unit, Sex, Birthdate, and Duty Phone)

167846
Sheidan, Adnan Mukthey
1975
M

SUMMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES AND TRAUMAS:

PMH
hx asthma

PSH
0

Meds
0

All
0

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
NOT TO BE DISCLOSED OUTSIDE DOD CHANNELS

ACLU-RDI 5493 p.46
A-CLU-D01-CID-ROIS 38618
Exhibit 000062

MENTAL HEALTH SCREEN

0048-05-CID579-40014

ISN 1C1846

Date 10 JAN 05

1. Do you presently have thoughts of killing yourself? Yes / No ✓
2. Have you ever tried to kill yourself? Yes / No ✓
3. Are you presently taking a prescribed medication for a mental Illness or psychological problem? Yes / No ✓
4. Do you have any psychological problems right now? Yes / No ✓
5. Are you currently being treated for a psychological problem? Yes / No ✓
6. Have you ever been a patient in a psychological hospital? Yes / No ✓
7. Do you have a history of treatment for illegal drug abuse? Yes / No ✓
8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib?- Yes / No ✓

OBSERVATION

- General appearance adequate Yes ✓ / No
- Behavior adequate Yes / No ✓
- Evidence of abuse Yes / No ✓
- Evidence of trauma Yes / No ✓
- Auditory or Visual Hallucinations Yes / No ✓
- Appears anxious Yes / No ✓
- Appears depressed Yes / No ✓
- Aggressive Yes / No ✓

DISPOSITION

- ___✓___ If detainee answers no to all of the above questions no psych consult needed.
- _____ If detainee answers yes to questions 2, 4, 6, 7, or 8 fill out consult form for psych and bring to morning meeting.
- _____ If detainee answers yes to questions 1, 3, or 5 contact mental health care services ASAP.

SCREENER (b)(6)

Signature (print/sign)

ACLU DDII CID ROIS 38619
ACLU-RDI 5493 p.47
Exhibit 000063

ACLU-RI 5492 p.48

566th Medical Company (AS) Detainee Med Log, Camp Bucca Internment Facility

ISN: 167846 Compound: 4

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month
(6) flex 50mg PO TID	AM														2	2		2	2	2	2	2										Refill # (6) (b)
																																	F/U Req N
Provider: MCauley	PM														1	1	2	2	2	1		1											

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month
	AM																																Refill #
																																	F/U Req N
Provider:	PM																						(b)(6)										

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month
	AM																																Refill #
																																	F/U Req N
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month
	AM																																Refill #
																																	F/U Req N
Provider:	PM																																

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Month
	AM																																Refill #
																																	F/U Req N
Provider:	PM																																

Med compliance
At 2100 shows:
1) Go to detainee's compound
2) Call detainee to sallyport and advise of meds
3) continue med if detainee agrees to take as directed
4) Obtain provider approval to D/C all meds but OTC

Indicate quantity dispensed in appropriate block
N/S indicates detainee no-show for med

D/C | Med complete

Date

New Rx for chronic meds (DM, HTN) require FS or BP after 3 weeks to evaluate effectiveness

Medic:

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
0048-05-CID579-40014
ACLU-RI 5492 p.48
FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
Exhibit 3
9/06/06 38620

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
0048-05-CID579-40014

ORIGINAL

COMP 4 ISN 167846

MONTH Feb

REFILL Y/N

F/U REQ Y/N

END DATE 01 Mar 05

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																						start									
MID																						X									
PM																															

(b) (6)

Donnatol i Po bid for 7 days

MEDICATION & DOSE

PROVIDER

MONTH Feb

REFILL Y/N

F/U REQ Y/N

END DATE

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
MID																															
PM																															

(b) (6)

MEDICATION & DOSE

PROVIDER

MONTH

REFILL Y/N

F/U REQ Y/N

END DATE

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AM																															
MID																															
PM																															

MEDICATION & DOSE

PROVIDER

SWEIDEN, ADNAN 20/000-16-7486 M/55 0048-05-CID579-40014
Search by Collect date 08 Aug 04 - 24 Feb 05 Display by Date

Military Unit: UNKNOWN

10 Jan 05 @ 0900 (Coll) SERUM
Accession comment:
SPECIMEN RECEIVED REFRIGERATED.
Entered by: (b)(6) on 26 Jan 2005@0940

TSH	<0.02	L	(.32-4.0)	uIU/mL
FT4	4.83	H	(0.8-2.0)	ng/dL
T3 FREE	13.30	H	(1.8-4.2)	pg/mL

L=Lo H=Hi *=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

newInquiry Expand pgDn pgUp Print eXit Help
Change criteria for a new inquiry

Translated by Bucca 21 Feb 05

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE — SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Date
01MAR05

S: 30yo c/o colic x 8 months; worse after eating - worse after soup, beans, sometimes burning epi. Denies N/V/D

P
Int Absent

R

O: WDWN NAD AOx3. HEENT: WNL. Abd: soft + supple all neg eee. Pt points about 2 inches below sternum for pn center

B/P

T

A: Colic / nonspecific gastroenteritis -

SPO2

P: ① Antacid prn x # 10 ② Simethicone OSdirected # 2 ③ RTC if sxs persist or ↑

(b)(6)

Meds
Ø

(b)(6)

All
NKDA

Tob
Ø

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade.)	REGISTER NO	WARD NO.
ISN 167846 Compound 4		

ACLU-RDI 5493 p.51
ACLU DDII CID ROIS 38623
Exhibit 000067

MEDICAL RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
15 Feb 05	30 Y/O ♂ C/O stomach pain X 1 month? PT says last Bowel Movement
Meds	was this morning. Pressure is strong in Abdomin region. PT c/o
Ø	"shivering". PT says not cold but feels weak.
NKDA	
	a) PT looks healthy Alert oriented.
	c) ~~Mt. Ac~~ MAO Gas? Dehydration?
	p) Mi Acid adult Dose.
	Instructed to Drink water
	Check file for Blood results.
	(b)(6)
	(b)(6)
	Probable viral enteritis. C/o Stomach pain may be separate issue. Will give Donnatal 25 mg PO QID x 7 days for Symptomatic relief.
	(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.
167846	

Sweidan, Adnan Mukhlef

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201.9.202.1
USAPA V2.00

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
01 Feb 05	S) 30 y/o ♂ c/o heart beats to fast when sleeping. Feels pressure in chest when lying down. PT says that he feels hungary all the time. PT Believes he has Thyroid Prob.
BP 138/82	O) PT looks tired and weak but is Alert & oriented
	A) BP good. checked for hypertension.
	P) Drink water & Plenty of rest.

(b)(6)

(b)(6)

(b)(6)

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

~~E6~~ 167846

Sweidan Adnan Mukhlef L-1-D

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5-99)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
509-114

ACLU DDI CID ROIS 38625
Exhibit 000069
ACLU-RDI 5493 p.53

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
14 Jan 05	ⓢ 30 y/o ♂ c/o sore throat (scratchy) x 1 day.
	ⓞ WN WD NAD throat appears normal c OTP
NKDA	ⓟ loss dry throat
	ⓟ Phenaseptic oral spray given
	(b)(6)
	Agreed - (b)(6)
	(b)(6)
	CHIEF OF DISPENSARY AND AMB MED

"TRANSLATOR PRESENT"

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

SWEIDAN, ADNAN MUKHEIF

167846

REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
NSN 7540-01-317-6840 DAMA V2.00

ACLU DDII CID ROIS 38626

2-2-6

Exhibit 5

NSN 7540-01-165-7294

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

51

EXAMINATION(S) REQUESTED

Screening CXR

13 JAN 05

AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY (Print)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

✓ Normal

— NAD

— other

(b)(6)

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name — last, first, middle, Medical Facility)

1678446

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

ACLU DDII CID ROIS 38627

RADIOLOGIC CONSULTATION REQUEST

Exhibit

STANDARD FORM 519B (6-90)

167846

Eye Health Questionnaire

هل عندك اي مشكلة في نظرك ؟

1. Are you having any problems with you vision?

كلا نعم
Yes No

هل تلبس نظارات ؟

2. Do you wear glasses?

كلا نعم
Yes No

لو كانت الاجابة بنعم

If yes:

هل تستطيع ان ترى أفضل **A. To see better at**

من بعيد من قريب
Distance Near

هل معك نظاراتك الآن ؟

B. Do you have your glasses with you?

كلا نعم
Yes No

هل عندك الم شديد في عيونك

3. Are you having any significant eye pain?

كلا نعم
Yes No

هل حدث لك أي اصابة او عملية جراحية ؟

4. Have you had any recent injury/surgery to your eyes?

كلا نعم
Yes No

هل حدث لك فجأة قصور أو نقصان في نظرك ؟

5. Have you had a recent sudden decrease in your vision?

كلا نعم
Yes No

هل تأخذ أي أدوية لعيونك

6. Do you take any medicine for your eyes?

كلا نعم
Yes No

لو كانت إجابتك بنعم أجب على الأسئلة التالية:

If yes:

A. Do you have it here with you?

هل لديك الدواء الآن ؟

كلا نعم
Yes No

B. Do you know what it is called or for?

هل تعرف أسم هذا الدواء ؟

كلا نعم
Yes No

PREVIOUS EDITION IS USABLE — AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION
(SF600 OVERPRINT, VER 1.3, IAW AR 190-8)

10/29/2005

ALLERGY : FOOD, MEDICINES, INSECTS, PLANTS - NKDA

GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY)

SURGERIES ( )
CONVULSIONS/SEIZURES ( )
HEMOPHILIA ( )
MALARIA ( )
Yes ASTHMA (-3+4 yr. ago, PSF nebs, 1 meds
DIABETES ( )
HIGH BLOOD PRESSURE ( )
CANCER/LEUKEMIA ( )
HEART TROUBLE ( )
KIDNEY DISEASE ( )
VISUAL IMPAIRMENT ( )
HIV/AIDS ( )
STD ( )

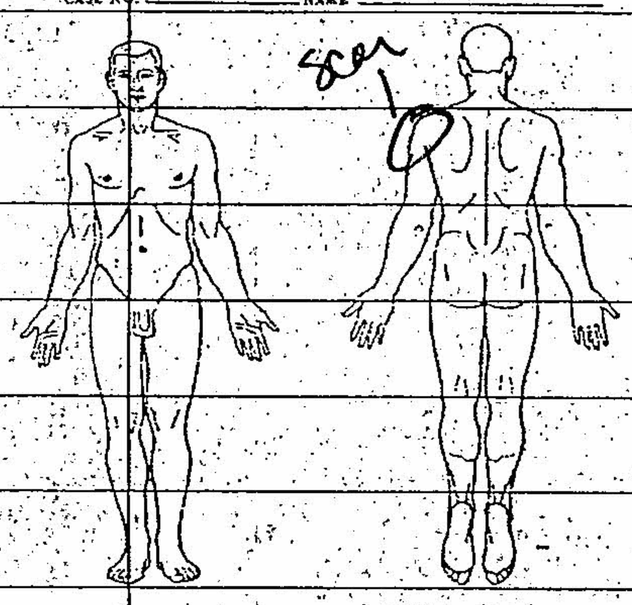
"TRANSLATOR PRESENT"

IMMUNIZATION GIVEN AT INTAKE? (-) flu
TB/BLOOD IN SPUTUM/NIGHT SWEATS ( )
LIST ALL MEDICATIONS TAKEN
IN THE 30 DAYS **PRIOR** TO TODAY

No

TOBACCO USE Y/N (N) __PP DAY X ___ YRS
ETOH: No (0)

CASE NO. _____ NAME _____



T ___ BP 134/80 PULSE 100 BICEPS CIRC ___
HEIGHT 5'6" WEIGHT 123 BMI 19.9

( ) DETAINEE HAS AN OVERALL (~~)~~GOOD ( ) FAIR ( ) POOR STATE OF NUTRITION

VISION: NORMAL ( ) GLASSES
HEARING: NORMAL ( ) ABNORMAL EXPLAIN

DENTAL

CD

OVERALL APPEARANCE NAD healthy

HEENT TMs clear (B) (R) forum cellulitis

HERNIA 0

SKIN /SCARS/BRUISING See above

GENITAL NE

CARDIOPULMONARY SYSTEM CTAB cor RRR

NEUROBEHAVIORAL nl

MUSCULOSKELETAL nl

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	**SSN/ID NO.**	**RELATIONSHIP TO SPONSOR**	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.

ISN 167846 CAMP
NAME Slaieden, Adnan Mukhlef
DOB 1975 AGE 30 SEX M
PROVIDER (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

ACLU DDII CID ROIS 38629

58-103 (See Instructions on Back of this Sheet) NSN 7540-01-075-3786

EMERGENCY CARE AND TREATMENT
(Medical Record)

TREATMENT FACILITY *(Stamp)*

LOG NUMBER

ARRIVAL

DATE			TIME
DAY	MONTH	YR.	

TRANSPORTATION TO HOSPITAL *(Attach care enroute sheet)*
☐ PRIVATE VEHICLE ☐ AMBULANCE
☐ OTHER *(Specify)*

CURRENT MEDS. *(tetanus immunization and other data)*

HISTORY OBTAINED FROM
☐ PATIENT ☐ OTHER *(Specify)*

ALLERGIES

PATIENT'S HOME ADDRESS OR DUTY STATION *(City, State and ZIP Code)*

HOME TELE. NO: *(Inc. area code)*

CHIEF COMPLAINT(S) *(Include symptom(s), duration)*

SEX

AGE

POSSIBLE THIRD PARTY PAYER?
☐ YES ☐ NO

VITAL SIGNS

TIME			
BP			
PULSE			
RESP.			
TEMP.			
WT. (Child)			

CATEGORY *(See reverse)*
☐ EMERGENT
☐ URGENT
☐ NON-URGENT

ORDERS	INITS.	TIME
EPHEDRINE IM6		1750
ATROPINE IM6		1751
NALOXONE SULFATE IM6		1753
DIAZEPAM IM6		1755
EPINE IM6		1759
ATROPHINE IM6		1801

ASSESSMENT/DIAGNOSIS

DESCRIBE (1) Subjective data (Pertinent History); (2) Objective data (Examination - include results of tests and x-rays); (3) Assessment (Diagnosis); (4) Plan (Treatment/Procedures - include medication given and follow-up)

S) P/O 8 presents ← S BREATHING.

O) NO PULSE 1745 BEGIN CPR NO BREATHING.

A) CPR, ENDOTUBE, BVM, SUCTION 1745 EPINE. TRACHEOTOMY PERFORMED @ 1802. BVM.

P) STOP CPR (1806) PER DECEASED

(b)(6)

(b)(6)

TIME SEEN BY PROVIDER

DISPOSITION *(Check all that apply)*

☐ HOME		☐ FULL DUTY	
QUARTERS			
☐ 24 Hrs.	☐ 48 Hrs.	☐ 72 Hrs.	
MODIFIED DUTY UNTIL:			
DAY	MONTH	YEAR	

REFERRED TO *(Indicate clinic)*

☐ EMERGENCY		☐ TODAY	
☐ 72 HOURS		☐ ROUTINE	

ADMIT. TO HOSP. UNIT/SERVICE

CONDITION UPON RELEASE

☐ IMPROVED		☐ UNCHANGED	
☐ DETERIORATED			

TIME OF RELEASE:

(CONTINUE ON SF 507, IF NEEDED)

PATIENT'S IDENTIFICATION *(Mechanical imprint)* OR WRITTEN ENTRIES GIVE: *Name - last, first, middle; SSN; DOB, service status, name and relation of sponsor or next of kin. (IMPORTANT: LIST FACILITY HOLDING TREATMENT RECORD).*

167846 #4

SIGNATURE OF PROVIDER AND ID STAMP

INSTRUCTIONS TO PATIENT *(Include medications ordered, any limitations and follow-up plans)*

ACLU DDII CID ROIS 38630

EDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

(AUTHORIZED FOR LOCAL REPRODUCTION)

E | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

14 May 2005 — ER PHYSICIAN ON-CALL NOTE —

P

R

B/P

T

SPO2

Meds

4

All

Tob

S: Pt medic on duty @ Compound #4: 30 y/o prisoner presented to (b)(6) for SOB. Within minutes the prisoner was gasping for air in obvious resp distress (b)(6) & (b)(6) immediately began BLS tasks for prisoner who stopped breathing BUT had a pulse. NCO ONE was notified and prisoner transported to ER while 1 (Doctor) was called. On arrival to ER prisoner lost pulse and chest compressions started while resp. support provided.

At time of my arrival (b)(6) was attempting to intubate prisoner But was unsuccessful. (b)(6) was providing appropriate chest compressions. ACLS initiated & asystole confirmed by monitor x3 leads. ACLS resumed & 1st dose Epi given @ 1750. My own subsequent attempt to intubate was unsuccessful despite suctioning. Tracheotomy kit then was requested. Cricot. completed but continued airway measures not improving prisoner's condition. NG Tube dropped into place by (b)(6) But no proper suction attachment available to properly decompress stomach. ACLS measures continued & Epi & Atropine as recorded by (b)(6) Trach attempt tried But no improved airway support achieved. Soon after (CENA) arrived (approx 1805) and successfully suctioned pink frothy lung fluid then intubated prisoner. By this time however I decided to stop ACLS measures & 20 minutes of resuscitative efforts.

OSPITAL OR MEDICAL FACILITY | STATUS | DEPART./SERVICE | RECORDS MAINTAINED AT

PONSOR'S NAME | SSN/ID NO | RELATIONSHIP TO SPONSOR

ATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO | WARD NO

SN 167846 Compound # 4

ame SWEIDAN, ADNAN MUKHLEF

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

EXAM

Pupils fixed

No pulse

No spontaneous breathing

No audible heartsounds

No response to stimuli rub.

@SUBQ AIR in neck

PAD / CONTROL / CID called for notification of prisoner death @ 1805 14 MAY 2005. Repeat attempts to reach DCCS by radio unsuccessful @ time of this note (

CHEST & NECK XRAYS TAKE AND REVIEWED POST MORTEM.

EVIDENCE OF SUTURE MATERIAL IN AREA OF THYROID AND

RIGHT-SHIFTED TRACHEA WITH SUBCUTANEOUS AIR

Review

Per medic (b)(6) prisoner attended surgery clinic this afternoon and was in good condition when he returned to his compound roughly 2 hrs prior to onset of respiratory distress.

(b)(6)

14 MAY 2005

SEE ADDENDUM WRITTEN 16 MAY 2005

(b)(6) (b)(6)

17 MAY 2005

509-113 NSN 7540-00-634

MEDICAL RECORD | PROGRESS NOTES

DATE	
16 MAY 2005	SECONDARY REVIEW OF MEDICAL HISTORY & RADIOGRAPH (POST MORTEM)
	Prisoner underwent thyroid surgery in APRIL 2005. Neck
	x-ray post mortem showed tracheal shift to right with
	RADIO OPAQUE element in left side of neck consistent
	with small RAYTECH sponge
	It's plausible an infection resulted due to presence of
	foreign body creating a fistula. Assuming a fistula
	formed this would explain resulting formation of an air
	leak leading to constricting subcutaneous emphysema
	Case d/w Hospital Commander (b)(6)
	(b)(6)

(Continue on reverse side)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name—last, first, middle; grade; rank; rate; hospital or medical facility)*

167846

REGISTER NO. | WARD NO.

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9

CERTIFICATE OF DEATH (OTSG/AS)
Acte de décès (D.Outre-Mer)

(ISN#)

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NO. Numéro de l'assurance sociale
SWEIDAN, ADNAN, MUKHLEF			16278442

ORGANIZATION Organisation	NATIONALITY Nationalité	DATE OF BIRTH Date de naissance	SEX Sexe
			✓ MALE Masculin FEMALE Féminin

RACE Race	MARITAL STATUS Etat Civil	RELIGION Culte
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé
NEGROID Négroïde	MARRIED Marié	SEPARATED Séparé
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	PROTESTANT Protestant CATHOLIC Catholique JEWISH Juif OTHER (Specify) Autre (Spécifier)

NAME OF NEXT OF KIN Nom du plus proche parent	RELATION SUR TO DECEASED Parenté du décédé avec le cujus
STREET ADDRESS Domicile à (Rue)	CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT / Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line)
Cause du décès (N'indiquer qu'une cause par ligne)

		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort	SPONTANEOUS TRACHEAL AIR LEAK WITH CONSTRICTING SUBCUTANEOUS EMPHYSEMA COMPROMISING THE AIRWAY	20 minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort — MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
ANTECEDENT CAUSES Symptômes précurseurs de la mort — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]	THYROID DISEASE	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	☐ YES Oui ☑ NO Non	
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature / DATE Date / AVIATION ACCIDENT Accident d'avion ☐ YES Oui ☐ NO Non	

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
1605 - 14 - 05 - 2005	CAMP BUCCA, IRAQ

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE
J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et, la suite des causes énumérées ci-dessus

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire	TITLE OR DEGREE Titre ou diplôme
(b)(6)	

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	(b)(6) CAMP BUCCA, IRAQ

DATE Date: 14 MAY 2005

SIGNATURE Signature: (b)(6)

1 State disease, injury or complication which directly caused the death. Report failure of vital organs rather than mode of dying, e.g., cardiac arrest, respiratory arrest, shock, hemorrhage, etc.
Préciser la maladie, le traumatisme ou la complication qui a directement causé la mort. Indiquer la défaillance des organes vitaux plutôt que le mode de mourir, par exemple, arrêt cardiaque, arrêt respiratoire, choc, hémorragie, etc.

2 Please the condition that contributed to the death but not related to the disease or condition causing it.
Préciser la condition qui a contribué à la mort mais qui n'est pas reliée à la maladie ou à la condition qui a provoqué la mort.

ACLU-RDI 5493 p.62 FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROIS 38634
000078

Exhibit 6

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM SEE AR 40-400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

Instructions: Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

4. NAME AND LOCATION OF HOSPITAL

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*

167846

SWEIDAN, ADNAN MUKHLEF

Patient's name (Last, first, middle initial) Grade
Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour, day, month, year)*: 1905 - 04-05-2005

3. MEDICAL EXAMINER/ CORONER'S CASE: [ ] YES [X] NO

4. RELIGION: ISLAM

5. CHAPLAIN NOTIFIED: [X] YES [ ] NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)*: SPONTANEOUS TRACHEAL AIR LEAK WITH CONSTRICTING SUBCUTANEOUS EMPHYSEMA COMPROMISING THE AIRWAY	20 MINUTES
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)*: (1)	
	(2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE: 4 MAY 2005

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE: (b)(6)

SECTION B - ADMINISTRAT

TYPE OF ACTION	HOUR				INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER *(Specify)*					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*: [ ] YES [X] NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH MAY BE USED. USAPA V2.01

ACLU DDII CID ROIS 38635
ACLU-RDI 5493 p.63

Exhibit 7

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

PRELIMINARY AUTOPSY REPORT

Name: Sweidan, Adnan Mukhlef Swedan
ISN: US91Z-167846-CI
Date of Birth: Unknown
Date of Death: 14 MAY 2005

Autopsy No.: (b)(6)
AFIP No.: Pending
Rank: Not Applicable
Place of Death: Theater Internment Facility, Camp Bucca, Iraq
Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE

Date of Autopsy: 22 MAY 2005
Date of Report: 22 MAY 2005

Circumstances of Death: This Iraqi detainee presented with difficulty breathing 6 weeks after a sub-total thyroidectomy.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Identification made through the use of his assigned Internment Serial Number.

CAUSE OF DEATH: Complications of Thyroid Surgery

MANNER OF DEATH: Natural

These findings are preliminary, and subject to modification pending further investigation and laboratory testing.

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Law Enforcement Sensitive
Exhibit 8
ACLU-RDI 5493 p.64

AUTOPSY REPORT (b)(6)
SWEIDAN, Adnan M.S.

PRELIMINARY AUTOPSY DIAGNOSES:

I. Complications of thyroid surgery
- **A. Status post left hemithyroidectomy**
- **B. Retained foreign body within the surgical site**
- **C. Perforation of the trachea**
- **D. Occlusion of the trachea from portion of retained foreign body**

II. Evidence of medical intervention present, including needle puncture marks in both ante-cubital fossae, gauze bandage around the left ante-cubital fossa, and a ¼" incision of on the neck (above the surgical scar).

III. Mild postmortem changes present

IV. Toxicology results pending

(b)(6)
(b)(6) Medical Examiner

(b)(6)
(b)(6) Medical Examiner

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USE ONLY

AGLU DDII CID ROIS 38637
Law Enforcement Sensitive
000081

ACLU-RDI 5493 p.65

Exhibit 8

EXHIBIT(S) 11

Page(s) 000091 referred to:

CDR USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY RD 2D FL
FT. SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROIS 38648

30 MAY 2005

On -- March 2005 I performed a sub-total thyroidectomy on patient ISN # 167846. This done for thyrotoxicosis which could only be treated in Iraq with surgery. The surgery was performed in an Iso. During the surgery (b)(6) had a near syncopal episode due to the heat in the OR. (The air conditioner was malfunctioning causing the OR to be warmer than ususal .) (b)(6) scrubbed out of the surgery and (b)(6) took his place. The surgery was finished without further incident and the patient was transferred to the ICW in good condition.
Subsequently I saw the patient on 3 occasions in clinic. He made steady improvement on each occasion. On 05 May I saw him for the final time. He reported to me that he felt better than he had felt in years. All of his thyrotoxicosis symptoms had resolved. He had no complaints.

(b)(6)

EXHIBIT(S) 14

Page(s) 000101 referred to:

CDR USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY RD 2D FL
FT. SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROIS 38659

The surgery in question in which there was a retained sponge was a subtotalthyroidectomy from early April.
Here is my best recollection of the days events.
What I remember about the case is that (b)(6) had a near syncopal incident and was relieved of his scrub duties by (b)(6) I remember the operating room temperature fluxuating that day and it being hot in the operating room. I remember performing a correct sponge count with (b)(6) at some point during the case.

That is all I can recall.
Thanks
(b)(6)

Exhibit(s) 22 thru 23

Page(s) 109 thru 111 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

ACLU DDII CID ROIS 38669

OPERATION REQUEST AND WORKSHEET

For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General

SECTION A - REQUEST FOR SURGERY

1. PATIENT'S NAME (Last, First, MI) (Print)	2. STATUS	3. AGE	4. RELIGION	5. REGISTER NO.	6. SSN (with Family Member Prefix)
1678846		32			

7. PREOPERATIVE DIAGNOSIS: goiter

8. NURSING UNIT (from to)

9. OPERATION PROPOSED: Subtotal Thyroidectomy

10. REQUESTING SERVICE: Surgery

11. DATE OF SURGERY	12. TIME OR CASE NO	13. SCHEDULE PRIORITY (check one)	14. BLOOD REQUIRED (Unit)	15. SEPTIC
5 APR 05	1	☐ EMERGENCY ☐ SEMI-EMERGENCY ☑ ROUTINE	— cc	—

16. SURGEON	17. ASSISTANT(S)	18. POSITION OF PNT	19. PREP REQUIRED
(b)(6)			

20. NURSING STAFF	21. ANESTHETIST(S)	22. ANESTHESIA
(b)(6)		

23. SPECIAL INSTRUCTIONS AND REMARKS

24. REQUESTING OFFICER (Printed Name and Signature): (b)(6)

SECTION B - OPERATION WORKSHEET

25. OPERATING ROOM NO	26. TIME OR CASE NO	27. SEPTIC	28. FLUIDS (other than blood)	29. BLOOD ADMINISTERED
1	1	IT	Nace 900	0

30. SURGEON	31. ASSISTANT(S)	32. ANESTHETIST(S)	33. ANESTHESIA TIME (Began and Ended)
(b)(6)		(b)(6)	0950 / 1205

	AGENT	TECHNIQUE	37. AIRWAY	39. SPECIAL PROCEDURES (Anesthesia)
34. INDUCTION ANESTHETIC	Propofol		7.0 ET	ASA II
35. PRIMARY ANESTHETIC	Isoflurane		38. RELAXANTS INTUBATION: Vecuronium OTHER:	EBL Min
36. SECONDARY ANESTHETIC	Fentanyl			I/O: NIC

40. NURSING TIME (Began and Ended)	41. SCRUBBED PERSON(S)	42. CIRCULATING PERSON(S)
0830 / 1200	(b)(6) (b)(6)	(b)(6)

43. OPERATION DATE	44. OPERATION TIME (Began and Ended)	45. DRAINS	46. SPONGE COUNT	47. LABORATORY SPECIMEN
5 APR 05	1012 / 1150		Correct x2	Subtotal Thyroidectomy

48. OPERATIVE DIAGNOSIS: See #7

49. OPERATIONS(S) PERFORMED: See #9

☐ 1 EPISODES OF SURGERY

50. COMPLICATIONS (Continue on reverse, if more space is required): 0

51. DICTATOR'S NAME, SERVICE & PHONE EXT

RECORDED IN REGISTER (Initials)

ACLU DDII CID ROIS 38670
ACLU-RDI 5493 p.71 FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE 000109

Exhibit 22

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD — INTRAOPERATIVE DOCUMENT

0048-05-CID579-40014

For use of this form, see AR 40-66, the proponent agency is the Office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM VIA BY	2. PATIENT IDENTIFIED, RECORD REVIEWED AND PROCEDURE VERIFIED BY
3. DATE TIME PATIENT ARRIVED IN SUITE	4. PATIENT IN ROOM TIME NUMBER

5. PREOPERATIVE EMOTIONAL STATUS

☐ CALM ☐ ANXIOUS ☐ EXCITED ☐ CRYING ☐ ANGRY ☐ WITHDRAWN ☐ OTHER *(Specify)*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB		RELIEF SCRUB	
ASSIGNED CIRCULATOR		RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS *(Specify)*

☐ SUPINE ☐ LITHOTOMY ☐ PRONE ☐ KRASKE LATERAL: ☐ LEFT SIDE UP ☐ RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL ☐ YES ☐ NO DONE BY: ☐ OR ☐ NURSING UNIT METHOD: ☐ DEPILATORY ☐ RAZOR ☐ CLIP COMMENTS:	PREP SOLUTION *(Specify)* SITE: BY WHOM: SITE: BY WHOM: COMMENTS:

9. LOCATION OF EXTERNAL DEVICES

LEGEND X Ground Pad -- Safety Strap = = = Tourniquet

C = Correct I = Incorrect

10. COUNTS	Other**	First Closing Count	Final Closing Count	SCRUB	CIRCULATOR
Sponge ☐ Yes ☐ No					
Needle Sharp ☐ Yes ☐ No					
Instrument ☐ Yes ☐ No					
Other ☐ Yes ☐ No					

11. PATIENT IDENTIFICATION *(For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)*

12. ELECTROSURGERY DEVICE(S) (ESU) ☐ YES ☐ NO

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ ESU NO:
GROUND PAD: BRAND
LOT NO:

☐ BIPOLAR NO:

ACLU DDII CID ROIS 38671

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Exhibit 23

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13. PROSTHESIS, IMPLANTS ☐ YES ☐ NO IF YES NAME, ID NUMBER, MANUFACTURER

0048-05-CID579-40014

14. MEDICATIONS/ORDERS

IRRIGATION/MEDICATIONS GIVEN IN OPERATING ROOM (NOT BY ANESTHESIA) YES ☐ NO ☐

MEDICATIONS/SOLUTION	DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY

WOUND IRRIGATION ☐ YES ☐ NO, TYPE(S):

OTHER ORDERS	TIME	CARRIED OUT BY

PHYSICIAN'S SIGNATURE

15. X-RAY IN OPERATING ROOM YES ☐ NO ☐ IF YES, SITE

16. LABORATORY SPECIMENS

SPECIMEN (S) YES ☐ NO ☐	NAME	NAME
FROZEN SECTION (FS) YES ☐ NO ☐	NAME	NAME
CULTURE (C) YES ☐ NO ☐	NAME	NAME
NAME	NAME	NAME
NAME	NAME	18. DRESSING/IMMOBILIZATION *(Specify)*

17. TUBES, DRAINS/PACKING YES ☐ NO ☐

TYPE/SIZE	1.	2.	3.
SITE	1.	2.	3.

19. ADDITIONAL INFORMATION

20. OPERATION(S) PERFORMED

21. PATIENT TRANSFERRED TO	TIME	METHOD

22. REGISTERED NURSE SIGNATURE

ACLU DDII CID ROIS 38672

ACLU-RDI 5493 p.173 FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Exhibit 23

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE 0048-05-CID579-40014

ENLISTED RECORD BRIEF

BRIEF DATE	NAME	RANK - DOR	PMOS	SSN	COMPONENT
20050718	[redacted]	SGT 19980501	91D	[redacted]	REGULAR

SECTION I - Assignment Information

OVERSEAS DUTY

YR/MO RTN	CTRY	MONTH	TCS	NUMBER OF TOURS SHORT	NUMBER OF TOURS LONG	DROS	DEROS
199809	GM	36	1	0	4	19980927	

Date Dependents Arrived OS	
PMOS 91D	SQI 0
SMOS	PDSI/YRMO /
Bonus MOS	ASI 00
Bonus Enlist Elig Dt	
Promotion Points/YRMO 707	200407
Prev Promotion Points/YRMO 662	200310
Prom Seq#	Prom Select Dt
Promotion MOS 91D3	
ASVAB	Test # / Dt ASVAB17 / 19910801

GT	[redacted]	ELEC	[redacted]	FOOD	[redacted]	TECH	[redacted]
ADMIN		FA		COMMO			
CMBT		MECH		MAINT			

Delay Separation Reason	S
AEA / Dt	N /

Flag Code	Flag Start Dt	Flag Expiration Dt

SECTION II - Security Data

PSI Status NONE	Fld Det PS Stat NONE
PSI Invest INIT	
PSI Invest Compl	[redacted]

SECTION V - Foreign Language

Language	Read	Listen	Speak

DLAB

SECTION VI-Military Education

MEL/MES PLDC/GRADUATED

Course	Year
BASIC INSTRUCTOR TNG	2002
PR LDRSHP DEV CRS	1998

Correspondence Courses

Total # of Hours

SECTION III - Service Data

BASD 19911230	PEBD 19911230	BESD 19911230	
ETS 20051031	DIEMS 19910805	ReenI Elig/Prohib 10	
# Days Lost	AGCM Dt 20031229	AGCM Elig Dt 20061229	

	PVT	PV2	PFC	SPC - CPL
DOR		19920630	19930106	19940307
	SGT	SSG	SFC	MSG - 1SG
DOR	19980501			
DOR	SGM - CSM			

SECTION VII - Civilian Education

LEVEL COMPLETED 4 YRS HS	YR 1900
DESG HIGH SCHOOL DIPLOMA	
INSTITUTION	YR
DISCIPLINE	
INSTITUTION	YR
DISCIPLINE	
NUMBER OF SEMESTER HOURS COMPLETED	0

Technical Certification

Course Name	Dt Certified	Dt Expires

SECTION VIII - Awards and Decorations

ARCOM	1
AAM	3
AGCM	4
NDSM	2
AFEM	1
AFSM	1
NOPDR	1
ASR	1
OSR	1
NATOMDL	1
GWTSM	1
DRV/MECH	2
BMQB	1

SECTION IV - Personal/Family Data

Date of Birth [redacted]	Birthplace [redacted]
Country of Citz US	Sex/Race [redacted]
No of Dependent Adults/Children [redacted]	Religion [redacted]
Marital Status [redacted]	Spouse Birthplace/Citz [redacted]
PULHES 111111	Height/Weight 70/200
EFMP Dt	#Cmd Sponsored 0
Physical Category [redacted]	APFT P/F Dt 200104/PASSED
Last Physical Exam [redacted]	MMRB Results/Dt
Home of Record WASHINGTON, DC	
Mailing Address [redacted]	
Mil Spouse SSN / MPC	
Svc Comp / DoD	
Emergency Data Verified Date 20030218	

SECTION X - Remarks

HIV YRMO [redacted]
RGMT AFL
DATE LAST PHOTO

Date of Loss | Date of Last PCS 20021018 | Date of Last NCOER 20040831

SECTION IX-Assignment Information

ASGT	FROM	MO	UNIT NO	ORGANIZATION	STATION	LOC	COMD	DUTY TITLE	DMOS	ASI	LANG
PROJ											
Current	20040426		WBH6T0	MD HSP FIELD HOSP	FT POLK	US	FC	CMS SERGEANT	91D2O	00	
1st Prev	20030923		WBH6T0	MD HSP FIELD HOSP	FT POLK	US	FC	CMS NCO	91D3O	00	
2nd Prev	20030220		WBH6T0	MD HSP FIELD HOSP	FT POLK	US	FC	OPERATING ROOM SGT	91D2O	00	YY
3rd Prev	20030218	0	WBH6AA	0115MDFIELD HOSP	FT POLK	US	FC	INCOMING PERSONNEL	91D2		YY
4th Prev			W2DH03	W REED AMC CO C	WLT REED	US	MC				
5th Prev			WBH5AA	0212MDHSP	WIESBADEN	GM	E5				
6th Prev			WBH5RD	0212MDMASH REAR DE	WIESBADEN	GM	E5				
7th Prev			WBH5AA	0212MDHSP	WIESBADEN	GM	E5				
8th Prev	19950608	92	W3VZ04	A ACAD BN AHS	FT SAM HO	US	MC		91D1O	00	YY
9th Prev	19920730	34	W3VZ04	A ACAD BN AHS	FT SAM HO	US	MC		91D1O	00	YY
10th Prev			W2KRLG	MEDDAC STU DET	FT GEORGE	US	HS				
11th Prev			W3VZ7Q	CO E-187TH TRAINEES	FT SAM HO	US	MC				
12th Prev			W3VZ7F	CO B-187TH TRAINEES	FT SAM HO	US	MC				
13th Prev			W1L7AB	CO A 1ST 46TH INF TR	FT KNOX	US	TC				
14th Prev			W1L7FA	46 AG BN RECP TR	FT KNOX	US	TC				
15th Prev											
16th Prev											
17th Prev											
18th Prev											
19th Prev											
20st Prev											
22nd Prev											
23rd Prev											
24th Prev											
25th Prev											

ACLU DDII CID ROIS 38708 000144
ACLU-RDI 5493 p074 FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE
Exhibit 22

Exhibit(s) 33

Page(s) 145 thru 151 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

ACLU DDII CID ROIS 38709

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

AUTOPSY EXAMINATION REPORT

Name: Sweidan, Adnan Mukhlef Swedan
ISN: US91Z-167846-CI
Date of Birth: Unknown
Date of Death: 14 MAY 2005

Date of Autopsy: 22 MAY 2005
Date of Report: 14 JUL 2005

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Not Applicable
Place of Death: Theater Internment Facility, Camp Bucca, Iraq
Place of Autopsy: Port Mortuary, Dover Air Force Base, Dover, DE

Circumstances of Death: This Iraqi detainee presented with difficulty breathing 6 weeks after a sub-total thyroidectomy.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471

Identification: Identification made through the use of his assigned Internment Serial Number.

CAUSE OF DEATH: Complications of Thyroid Surgery

MANNER OF DEATH: Accident

AUTOPSY REPORT (b)(6)

SWEIDAN, Adnan M.S.

FINAL AUTOPSY DIAGNOSES:

I. Complications of thyroid surgery
- **A. Status post left hemithyroidectomy**
- **B. Retained foreign body within the surgical site**
- **C. Penetration of the trachea**
- **D. Occlusion of the trachea from portion of retained foreign body**

II. Evidence of medical intervention present, including needle puncture marks in both ante-cubital fossae, gauze bandage around the left ante-cubital fossa, and a ¼" incision on the anterior midline of the neck.

III. Mild postmortem changes present

IV. Toxicology tests for alcohol and screened drugs of abuse and medications are negative

ACLU DDII CID ROIS 38711
Exhibit 53
000146
ACLU-RDI 5493 p.77

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, muscular, 68 inch tall, 141 pounds dark-skinned, Caucasoid male whose appearance is consistent with the reported age range of 30 to 40 years. Lividity is present and fixed on the posterior aspects of the body. Rigor is not present. The body is cold.

The scalp is covered with brown, straight hair of medium length in a normal distribution. The irides are brown, the corneae are hazy, the sclerae are white, and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are unremarkable. Blood is present in the external nares and oral cavity. The lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in good condition.

The neck is straight and the trachea is midline and mobile; an anterior midline 1/4" incision exudes pus when manipulated and an anterior midline 2-1/2" healed scar is below this incision. The chest is symmetric. The abdomen is protuberant. The genitalia are those of a normal adult male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects are present on the body at the time of autopsy:

- Green and blood-soaked towel wrapped around the waist

MEDICAL INTERVENTION

- Gauze bandage wrapped around the left arm
- Needle puncture marks in the right and left ante-cubital fossae
- 1/4" incision of the anterior midline of the neck

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no significant injuries.

EVIDENCE OF INJURY

No significant traumatic injury is identified in the external and internal examinations.

INTERNAL EXAMINATION

HEAD:
The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1640 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:
The anterior strap muscles of the neck are homogenous and red-brown, with mild edema of the strap muscles of the left side. The left lobe of the thyroid is absent and a blood-soaked surgical gauze is present in the area previously occupied by the thyroid lobe. The gauze penetrates into the lumen of the trachea through a 1.5 cm in diameter fistula involving the left lateral aspect of the cricoid cartilage. The gauze occludes the airway. The right thyroid lobe is present and unremarkable. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:
The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:
The right and left lungs weigh 610 and 590 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:
The 350 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.1 and 0.4-cm thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1510 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. On sectioning, there is a 2 cm in diameter smooth-walled cyst with thin, cloudy fluid. The

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ACLU-RDI 5493 p.79

gallbladder contains a minute amount of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 190 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:
The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:
The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:
The right and left kidneys weigh 90 and 100 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 10 cc of clear urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:
The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 250 ml of mixed solids and fluids. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff.
2. Trace evidence and foreign material are collected and given to investigating authorities.
3. Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, bile, brain, lung, liver, spleen, kidney, adipose, psoas, and gastric contents.
4. The dissected organs are forwarded with body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: scars on the anterior midline of the neck, left shoulder blade (3), and left arm; hyperpigmentation of the left side of the chest; and hypopigmentation of the palm of the left hand.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

AUTOPSY REPORT (b)(6)
SWEIDAN, Adnan M.S.

OPINION

This Iraqi detainee, Adnan M.S. Sweidan, died of complications from thyroid surgery. He developed hyperthyroidism from a goiter and had a partial thyroidectomy for treatment. A retained surgical sponge penetrated into the lumen of the trachea preventing adequate air exchange and leading to asphyxia. Toxicology tests for alcohol and screened drugs of abuse and medications are negative. The manner of death is accident.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

0048-05-CID579-40014

REPLY TO ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number (b)(6) **Sequence** (b)(6)

Name SWEIDAN, ~~Al HADOSI~~ ADNAN (ISN-U-S91Z)

SSAN: **Autopsy:** (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: June 6, 2005

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: 5/14/2005 **Date Received:** 5/26/2005

VOLATILES: The **HEART BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

DRUGS: The **HEART BLOOD** was screened for amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

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Exhibit 000151
ACLU-RDI 5493 p.82

Exhibit(s) 35 and 36

Page(s) 153 thru 215 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

LEAVE BLANK

TYPE OR PRINT ALL INFORMATION IN BLACK

LAST NAME NAM FIRST NAME MIDDLE NAME

EPW

FBI LEAVE BLANK

0048-05-CID539-40014

STATE USAGE

ALIASES

ORI

CONTRIBUTOR

FBI
DISASTER SQUAD

SIGNATURE OF PERSON FINGERPRINTED

DATE OF BIRTH DOB Month Day Year

THIS DATA MAY BE COMPUTERIZED IN LOCAL, STATE AND NATIONAL FILES

DATE ARRESTED OR RECEIVED DOA

SEX | RACE | HGT. | WGT. | EYES | HAIR

PLACE OF BIRTH POB

DATE | SIGNATURE OF OFFICIAL TAKING FINGERPRINTS

YOUR NO. OCA

LEAVE BLANK

CHARGE

FBI NO. FBI

CLASS.

SID NO. SID

REP.

FINAL DISPOSITION

SOCIAL SECURITY NO. SOC

NCIC CLASS - FPC

CAUTION

1. R. THUMB | 2. R. INDEX | 3. R. MIDDLE | 4. R. RING | 5. R. LITTLE

6. L. THUMB | 7. L. INDEX | 8. L. MIDDLE | 9. L. RING | 10. L. LITTLE

LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY | L. THUMB | R. THUMB | RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY

Dover AFB Port Mortuary

Incident : OIF (b)(6)

Remains/Case #: (b)(6)

Recovery/TC #:

Process Date: 22 May 05 (b)(6)

Exhibit 35

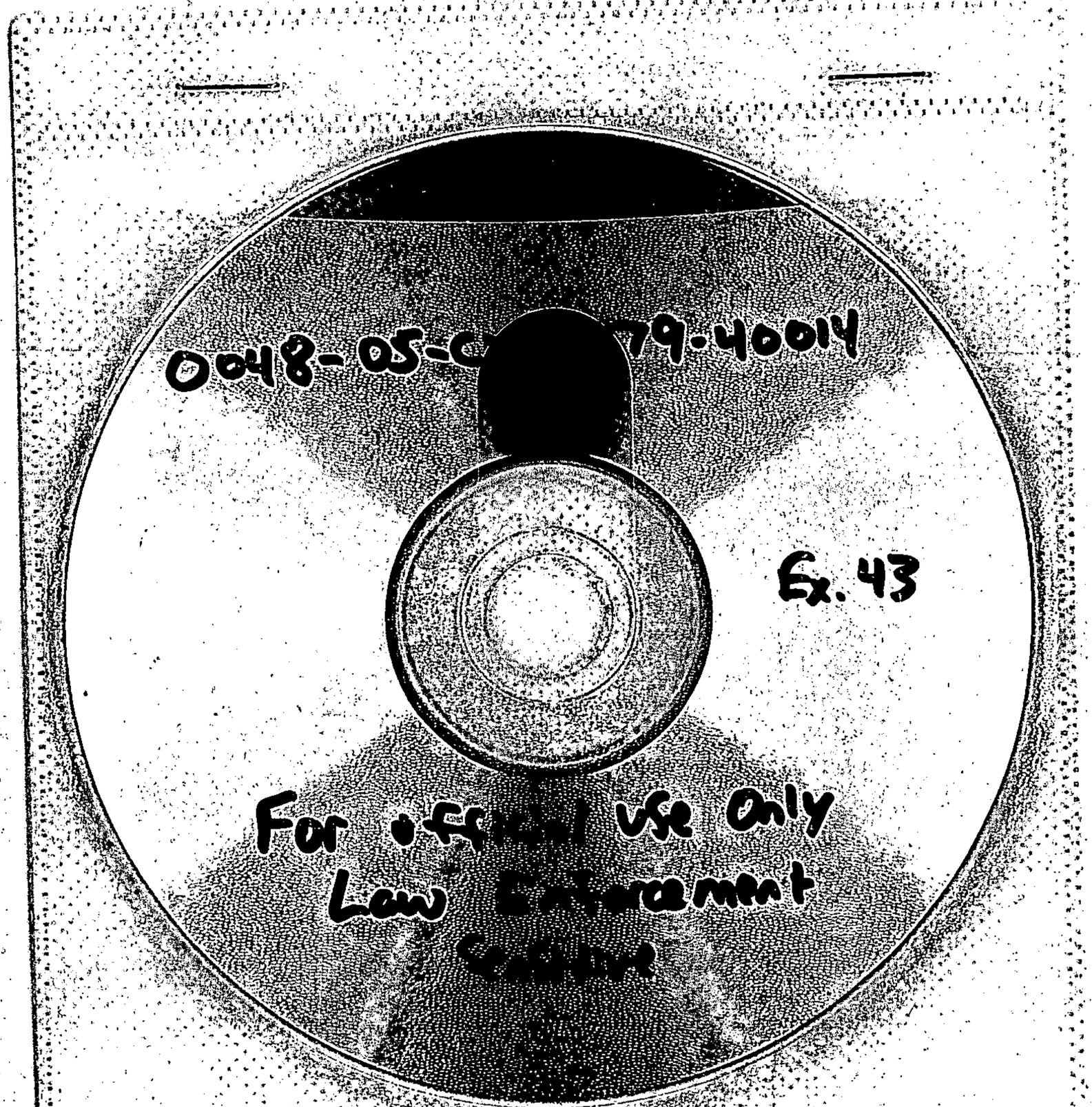
Exhibit(s) 43

Page(s) 307

are duplicate of

Exhibit 42

Page(s) 294 thru 306



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