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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Bucca CID Office

05 Aug 2006

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0066-2006-CID579-79214 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 25 MAY 2006, 2303 - 26 MAY 2006, 0058; COMPOUND 7, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, IRAQ APO AE 09375
09375, IRAQ

DATE/TIME REPORTED: 26 MAY 2006, 0100

INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F)

SUBJECT:

1. NONE, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. ALL, ISMAEL HAMID (DECEASED) ; CIV; IRAQ; 1 JAN 1974; ANBAR, IRAQ;
MALE; OTHER; COMPOUND 7, BUILDING 5-2, THEATER INTERNMENT FACILITY
(TIF), CAMP BUCCA, UMM QASR, IRAQ APO AE 09375, IZ; AKA: DETAINEE,
US (b)(6), (b)(7)(C) ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

On 26 May 06, this office was notified by the Theater Internment Facility (TIF), Operations Center, Camp Bucca, Umm Qasr, Iraq APO AE 09375, that Detainee ALI, had collapsed while playing volleyball and had been transported to the TIF hospital where he was subsequently pronounced dead.

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Investigation determined the cause of death for Detainee ALI was Arrhythmogenic Right Ventricular Dysplasia (Heart Defect) and the manner of death was natural. Toxicology tests for screened drugs of abuse and medications was negative.

STATUTES:

Not Applicable

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 29 May 06, documenting the basis for investigation, interviews of medical personnel, receipt of the certificate of death, hospital report of death, and medical records. Exposing photographs of Detainee ALI, interviews of witnesses, collection of the detainee information sheet, dispatch log, and identification of the body using biometrics.
2. Certificate of Death, 26 May 06, detailing the time and date of death as 0058, 26 May 06.
3. Hospital Report of Death, 26 May 06, detailing the preliminary cause of death to be Sudden Cardiac Arrest.
4. Medical Records of Detainee ALI, 26 May 06, detailing his treatment when he was admitted to the Emergency Room for Cardiac Arrest and other various documents pertaining to Detainee ALI'S medical care.
5. Sworn Statement of SSgt (b)(6),(b)(7)(C) 25 May 06, relating he saw Detainee ALI collapse while playing volleyball.
6. Detainee Information Sheet of Detainee ALI, 26 May 06, detailing capture information, biographical data, and personal data.
7. Sworn Statement of SPC (b)(6),(b)(7)(C) 25 May 06, relating he was a medic and treated Detainee ALI at compound 7 and on the way to the TIF Hospital.
8. Sworn Statement of SPC (b)(6),(b)(7)(C) 25 May 06, relating he was a medic and treated Detainee ALI at compound 7 and on the way to the TIF Hospital.

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9. Rover Medics Dispatch Log, 26 May 06, detailing the medics were dispatched to compound 7 at 2206 and arrived at 2208, they departed at 2234 and arrived at the TIF Hospital at 2237.

10. AIR of SA (b)(6),(b)(7)
(C) 05 Jun 06, documenting the death scene examination.

11. Death Scene Sketch prepared by SA (b)(6),(b)
(7)(C) 29 May 06, documenting compound 7 and the proposed location of where the detainee began having medical problems.

12. Compact disk 060066.579, containing the originals of all digital images exposed by USACIDC during this investigation. (USACRC, AFIP, and file copies only)

13. AIR of SA (b)(6),(b)
(7)(C) 4 Jun 06, documenting the autopsy protocol and a photographic disc.

14. Compact disc 06066.579, ME06-0456, containing digital images of the autopsy. (USACRC and file copy only)

15. AIR of SA (b)(6),(b)(7)
(C) 23 Jun 06, documenting witness interviews and receipt of the preliminary autopsy report.

16. Preliminary Autopsy Report, 05 Jun 06, ME06-0465, which listed the cause of death as pending and the manner of death pending.

17. AIR of SA (b)(6),(b)(7)
(C) 3 Aug 06, documenting the receipt of the Final Autopsy Report.

18. Final Autopsy Report, 08 Jul 06, which listed the cause of death as Arrhythmogenic Right Ventricular Dysplasia (Heart defect). The manner of death was natural.

Not Attached:

None.

The originals of Exhibits 1, 5, 7, 8, 10 thru 13, 15, and 17 are forwarded with the USACRC copy of this report. The originals of Exhibits 2 thru 4 are retained in the files of the TIF Hospital, CBI. The original of Exhibit 6 is retained in the database of the Controlled Operations Police Suite (COPS). The original of Exhibit 9 is retained in the files of the 601st Area Medical Support Company (AMSC), CBI. The originals of Exhibits 14, 16, and 18 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

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

REPORT PREPARED BY

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

SA **(b)(6), (b)(7)(C), (b)(7)(F)**
Special Agent

REPORT APPROVED BY

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

SA **b(6), b(7)(C)**
Special Agent-in-Charge

DISTRIBUTION:

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0066-06-CID579-79214

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DETAILS

At 0100, 26 May 06, this office was notified by the Theater Internment Facility (TIF), Operations Center, Camp Bucca, Umm Qasr, Iraq, APO AE 09375 of a detainee death at the TIF hospital. It was reported Detainee Ismael Hamid ALI, ISN **(b)(6), (b)(7)(C)** had collapsed while playing volleyball and had been transported to the TIF hospital where he was subsequently pronounced dead.

At 0130, 26 May 06, LTC (DR) **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st Combat Support Hospital (CSH), Commander, TIF Hospital, TIF, CBI, briefed SA **(b)(6), (b)(7)(C)** indicating Detainee ALI had arrived at the hospital and Advanced Cardiac Life Support (ACLS) measures had been initiated. Life saving measures was continued until Detainee ALI no longer showed signs of respiratory efforts. LTC **(b)(6), (b)(7)(C)** related Detainee ALI had collapsed at compound 7, and Detainee ALI'S brother had also been transported to the hospital.

About 0140, 26 May 06, SA **(b)(6), (b)(7)(C)** exposed digital photographs of Detainee ALI, while in the Emergency Room, TIF Hospital, TIF, CBI, using a Nikon Coolpix 4300 digital camera with automatic flash, which did not reveal any signs of external trauma to his body. (See Photographic Compact Disc for details)

At 0144, 26 May 06, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** L3 Communications, Interpreter, this office, interviewed Detainee **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** (brother of Detainee ALI) Compound 7, Building 5-2, CBI. Detainee **(b)(6), (b)(7)(C)** related he did not see when his brother collapsed but heard when the other detainees started yelling his brother's name. He then heard the detainees yelling for a blanket then they carried his brother to the sally port of the compound. Detainee **(b)(6), (b)(7)(C)** knew his brother had an ulcer problem and assumed it was not a big issue. He related the detainees were holding his brothers legs up and putting cold water on his face. He related the medics initiated first aid with a heart machine and did their best, then took his brother to the hospital. Detainee **(b)(6), (b)(7)(C)** provided a family history indicating he was 33 years old, and his mother had died of a heart attack due to complications from her diabetes. He further related his brother was a heavy smoker and never had any other major medical problems other than an ulcer. He further stated he also had a sister with bad kidney problems and two nephews who died of complications from kidney problems. The nephews were from another brother not the sister. He also stated his brother ALI did not display any change in his behavior or demeanor and was not taking any medications legal or illegal. He related Detainee ALI had no previous history of any kind of medical condition except the ulcer and all ulcer treatment had stopped a month prior to his death.

About 0149, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed LTC (DR) **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st Combat Support Hospital (CSH), Officer In Charge (OIC), TIF Hospital, TIF, CBI, who stated he arrived at the hospital at approximately 0000 and stated Detainee ALI had already been coding for the last 30 minutes or longer. He stated he made sure the TIF Operations was notified that Detainee ALI was coding. LTC **(b)(6), (b)(7)(C)** stated he conferred with CPT (DR) **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, TIF Hospital, TIF, CBI, on the drugs that were already given to Detainee ALI and what they needed to do to continue the medical care. LTC **(b)(6), (b)(7)(C)** stated Detainee ALI was hooked up to a

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)
Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIG

DATE 19 May 06 BY **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 23335

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Automatic External Defibrillator (AED) the whole time he was there and during this time Detainee ALI never displayed any electrical activity in his heart. Detainee ALI never had a pulse, but the medical staff continued to provide Cardiac Pulmonary Resuscitation (CPR). LTC **(b)(6), (b)(7)(C)** stated Detainee ALI had spontaneous respiratory effort; it was not strong but was present so they continued with life saving efforts. LTC **(b)(6), (b)(7)(C)** stated he oversaw the patient care and helped with chest compressions. He stated CPT **(b)(6), (b)(7)(C)** managed the patient care.

About 0157, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed CPT **(b)(6), (b)(7)(C)** who stated he managed the patient care for Detainee ALI. He stated Detainee ALI was brought into the ER at 2318, he did not have a pulse and he had pulse-less electrical activity (PEA) his heart had electrical activity but no beat. Detainee ALI'S pupils were fixed and dilated. CPT **(b)(6), (b)(7)(C)** stated two Intravenous (IV) lines were initiated, bagged mask mouth breathing was initiated, and he began advanced cardiac life support (ACLS). Detainee ALI was administered several different medications between the time he arrived in the emergency room (ER) and the time he was pronounced dead. He stated Detainee ALI was shocked at 2339 and had been shocked once before he arrived in the ER. A pericardia centesis was performed to try to draw fluid from the heart and a chest x-ray was taken. The chest x-ray did not show a reason why he was pulse-less. Blood was drawn for lab tests and showed no reason for Detainee ALI'S cardiac arrest. CPT **(b)(6), (b)(7)(C)** stated Detainee ALI was pulse-less the entire time he was in the ER, but he had occasional spontaneous respirations. CPT **(b)(6), (b)(7)(C)** stated he pronounced Detainee ALI dead at 0058, 26 May 06. CPT **(b)(6), (b)(7)(C)** stated Detainee ALI arrived with just his clothing on, his Detainee Identification Tag, and no personal items. CPT **(b)(6), (b)(7)(C)** provided a copy of the Certificate of Death and a Hospital Report of Death, which revealed the manner of death, was unknown at this time. (See Certificate of Death and Report of Death for details)

About 0210, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed SGT **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, ER NCOIC, TIF Hospital, TIF, CBI, who stated when Detainee ALI arrived he assisted with CPR. He stated he started an IV in the left arm. SGT **(b)(6), (b)(7)(C)** stated CPT **(b)(6), (b)(7)(C)** was managing the patient's care.

About 0213, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed SGT **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, Respiratory Therapist, TIF Hospital, TIF, CBI, who stated he helped with bagging and chest compressions. He stated he also used an 18 gauge needle and obtained a blood gas from the right femoral artery of Detainee ALI. SGT **(b)(6), (b)(7)(C)** stated CPT **(b)(6), (b)(7)(C)** was managing the patient's care.

About 0216, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed LTC **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, Chief Nurse, TIF Hospital, TIF, CBI, who stated she manipulated the IV flow rates taking instructions from CPT **(b)(6), (b)(7)(C)** who was managing the patient's care.

About 0218, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed 1LT **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, Nurse, TIF Hospital, TIF, CBI, who stated he started helping with the code after it had already

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIG

DATE DDII CID ROI 23336
29 May 06 (12-10)

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AGENT'S INVESTIGATION REPORT

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been in progress for a while. He stated he helped with compressions and administered 2.5 grams of magnesium sulfate. He stated the code was managed by CPT **(b)(6), (b)(7)(C)**

At 0221, 26 May 06, Detainee **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** Compound 7, Building 4-5 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related he was not present when Detainee ALI collapsed but heard Detainee ALI was playing volley ball approximately 5 minutes when Detainee ALI fell backwards. Detainee ALI was snorting or gurgling and was cold to the touch. Detainee ALI was taken to the sally port and medics were summoned. Detainee **(b)(6), (b)(7)(C)** was at the sally port on an unrelated incident when the other detainees brought Detainee ALI to the gate. Detainee **(b)(6), (b)(7)(C)** stated he did not look at the time but felt it took the medics about 15 minutes to respond. Detainee **(b)(6), (b)(7)(C)** related the other players thought Detainee ALI was fooling around at first. Detainee **(b)(6), (b)(7)(C)** related the two brothers ALI had been informed 25 days earlier they were being released.

About 0222, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed 1LT **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, Nurse, TIF Hospital, TIF, CBI, who stated when Detainee ALI was wheeled in she placed a breathing mask over his face and held the mask in place while someone else bagged him. She stated she took turns with other medical staff doing chest compressions. She stated she administered two epinephrine amps, one amp of vasopressin, 1 amp of sodium bicarbonate. She also inserted an oral gastric tube and switched out an IV bag. 1LT **(b)(6), (b)(7)(C)** stated CPT **(b)(6), (b)(7)(C)** managed the patient care.

About 0226, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed 1LT **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 21st CSH, Nurse, TIF Hospital, TIF, CBI, who stated he was the primary nurse and cut Detainee ALI'S clothes off. He stated he started an IV in the right arm and started Detainee ALI on fluids. 1LT **(b)(6), (b)(7)(C)** stated he attached the defibrillator to Detainee ALI who was shocked once when he had a shockable rhythm. He stated he pushed about 90% of the medications used on Detainee ALI and assisted with CPR. 1LT **(b)(6), (b)(7)(C)** stated CPT **(b)(6), (b)(7)(C)** managed the patient care.

About 0230, 26 May 06, SA **(b)(6), (b)(7)(C)** interviewed MAJ **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** Nursing Supervisor, TIF Hospital, TIF, CBI, who stated he recorded all information to include times and medication given to Detainee ALI. He stated he gave Detainee ALI 300 milligrams of amiomeodarone by IV and stated CPT **(b)(6), (b)(7)(C)** managed the patient care.

At 0231, 26 May 06, Detainee **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** Compound 7, Building 5-1 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related he was coaching the volley ball team and Detainee ALI was fine. He related Detainee ALI played and ran everyday, and they usually played a tournament between 2100 and 2300. He related Detainee ALI never complained of any medical issues and seemed fine. He related when Detainee ALI collapsed he snorted or gurgled about four times. Detainee **(b)(6), (b)(7)(C)** related the detainees rubbed Detainee ALI'S hands and feet and pushed on his chest. Detainee ALI was then taken to the sally port and left until the arrival of the medics. Detainee **(b)(6), (b)(7)(C)** did not look at the time but related it appeared to take about 15 minutes for a response from medical personnel.

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGN

DATE 24 May 06 FILE # 13-6
ACLU DDII CID ROI 23337

AGENT'S INVESTIGATION REPORT

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About 0240, 26 May 06, SA **(b)(6), (b)(7)(C)** obtained medical treatment records of Detainee ALI from SPC **(b)(6), (b)(7)(C)** 21st CSH, Patient Administration Division (PAD), TIF Hospital, TIF, CBI. A review of Detainee ALI'S medical records revealed he has received medical care while detained for various minor complaints. The records also contain his treatment when he was admitted to the ER for Cardiac Arrest. The medical records did not show anything of evidentiary value to support Detainee ALI had any previous medical problems which could have contributed to his sudden death. (See Medical Treatment Record for details)

At 0242, 26 May 06, Detainee **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** (Compound Chief) Compound 7, Building 2-2 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related Detainee ALI played for approximately five minutes before collapsing. He related Detainee ALI had no prior complaints. Detainee **(b)(6), (b)(7)(C)** related he did not see Detainee ALI collapse but met up with him when he arrived at the sally port gate. Detainee **(b)(6), (b)(7)(C)** related Detainee ALI stopped breathing when he arrived at the gate, and he did not know how long it took for the medics to arrive. He related Detainee ALI was very athletic and had no known issues.

At 0248, 26 May 06, Detainee **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** Compound 7, Building 2-1 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related he was playing in the volley ball tournament and had played about 25 points when Detainee ALI collapsed. He related they rubbed Detainee ALI'S hands and legs and he helped carry Detainee ALI to the sally port gate. He related Detainee ALI was not breathing when he was at the gate. He did not look at the time but believed it took the detainees approximately 15 minutes to respond. Detainee **(b)(6), (b)(7)(C)** stated when Detainee ALI collapsed he was making choking noises and gurgling. He stated Detainee ALI was normal to the touch, and he did not see what kind of first aid was provided. There were no prior medical complaints by Detainee ALI and he was considered very athletic.

At 0254, 26 May 06, Detainee **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** (Services Chief/Assistant Chief) Compound 7, Building 5-1 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related he did not see Detainee ALI collapse and became involved when Detainee ALI was taken to the sally port gate. Detainee **(b)(6), (b)(7)(C)** stated Detainee ALI'S hands and head were cold to the touch, and his chest was warm. Detainee ALI had no pulse and his eyes were wide open. Detainee **(b)(6), (b)(7)(C)** attempted to close the detainees' eyes with his hand but the eyes would not stay closed. Detainee **(b)(6), (b)(7)(C)** related this time like other times there is a delay in getting the detainees medical attention, however; he related this was due to the normal confusion of the guards asking questions and the detainee's excitement and lack of attention. Detainee **(b)(6), (b)(7)(C)** related medics arrived approximately 15 minutes after Detainee ALI was taken to the sally port. Detainee **(b)(6), (b)(7)(C)** related Detainee ALI was athletic, healthy and had not complained of any medical issues. Detainee **(b)(6), (b)(7)(C)** related the other detainees asked if Detainee ALI was still breathing and he stated yes to avoid further excitement or confusion at the gate; however, Detainee ALI was believed by Detainee **(b)(6), (b)(7)(C)** to already be dead. Detainee **(b)(6), (b)(7)(C)** stated he informed the guards through an interpreter that Detainee ALI was already dead when he arrived at the gate. A detainee involved in an unrelated incident was

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGNATURE

DATE DDJ CID ROI 23338
79 MAR 06

AGENT'S INVESTIGATION REPORT

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DETAILS

removed from the sally port first for punishment and Detainee ALI was left in the sally port pending the arrival of the medics. Detainee **(b)(6), (b)(7)(C)** also related the guards and the medics appear to be doing their best but need to move faster during emergencies.

AGENT'S COMMENT: Detainee **(b)(6), (b)(7)(C)** was at the sally port on an unrelated incident involving a fight between two other detainees.

About 0308, 26 May 06, SA **(b)(6), (b)(7)(C)** coordinated with SPC **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** Detainee Processing, 785th Military Police Battalion (MP BN), Headquarters Headquarters Company (HHC), TIF, CBI. SPC **(b)(6), (b)(7)(C)** positively identified the deceased as Detainee ALI through the use of a Biometric Automated Tool Set (BATS) IRIS retinal scanner.

At 0310, 26 May 06, Detainee **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** Compound 7, Building 2-5 was interviewed by SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Detainee **(b)(6), (b)(7)(C)** related he was standing next to Detainee ALI when he suddenly collapsed backward. Detainee **(b)(6), (b)(7)(C)** initially believed he was joking and told him to get up. Detainee ALI did not get up and Detainee **(b)(6), (b)(7)(C)** began to fan him with his shirt, and then helped carry him to the sally port. Detainee **(b)(6), (b)(7)(C)** did not know if Detainee ALI was dead or alive when he arrived at the sally port gate. Detainee **(b)(6), (b)(7)(C)** did not know Detainee ALI personally only by sight, and thought he was an athletic person.

About 0315, 26 May 06, SA **(b)(6), (b)(7)(C)** coordinated with SSG **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 785th MP BN, HHC, Battle Captain, TIF, CBI, who provided a Sworn Statement from SSG **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 886th Expeditionary Security Forces Squadron (ESFS), TIF, CBI. SSG **(b)(6), (b)(7)(C)** Sworn Statement related he was working in tower 7C when he observed a group of detainees trying to assist a detainee that collapsed at the volleyball court. SSG **(b)(6), (b)(7)(C)** stated viper base was notified at 2303 of the situation and called for the medics. He stated the medics arrived at compound 7 at 2305, at 2312 the medics called for additional medical support and left to take Detainee ALI to the TIF Hospital at 2315. (See Sworn Statement for details)

At 0320, 26 May 06, SA **(b)(6), (b)(7)(C)** coordinated with the Compound Chief Detainee **(b)(6), (b)(7)(C)** to obtain a list of all the detainees who were playing volleyball with Detainee ALI when he collapsed. No one could identify who was playing at the time of the canvass because everyone had already gone to sleep and no one knew for sure who had been playing.

About 0400, 26 May 06, SA **(b)(6), (b)(7)(C)** conducted a check of the Detainee Reporting System (DRS) for Detainee ALI, which revealed he was previously assigned to Compound 7, TIF, CBI, and he was deceased. (See Detainee Information Sheet for details)

About 2000, 26 May 06, SFC **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 785th MP BN, HHC, TIF, CBI, provided SA **(b)(6), (b)(7)(C)** with a Sworn Statement from SPC **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 601st Area Support Medical Company (ASMC), TIF, CBI, which detailed his evaluation and medical care of

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGNATURE

DATE: 29 MAY 06
ACLU DDII CID ROI 23339

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

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DETAILS

Detainee ALI while transporting him to the TIF Hospital. SA **(b)(6), (b)(7)(C)** also received a Sworn Statement from SPC **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** 601st ASMC, TIF, CBI, which detailed his observations and medical care of Detainee ALI while transporting him to the TIF Hospital. (See Sworn Statements for details)

At 0015, 29 May 06, SA **(b)(6), (b)(7)(C)** obtained from the Medical operations center the dispatch log indicating the medics were notified at approximately 2203, 26 May 06, and departed the area with the Detainee within approximately 30 minutes. (See dispatch log for details)

//////////////////////////////////////LAST ENTRY//////////////////////////////////////

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIG

DATE 29 MAY 06
ACLU DDII CID ROI 23340

ACLU

~~FOUO~~

0066 06 CID 579 79 214

CERTIFICATE OF DEATH (OVERSEAS)

~~LAW ENFORCEMENT SENSITIVE~~

NAME OF DECEASED (Last, First, Middle) <i>ALI, ISMAEL HAMID</i>		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
NEGROID Nègre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) <i>IRAQI/ARABIC</i>	WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT Declaration 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		
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	
	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		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste	
HOMICIDE Homicide	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès	
<i>0058 (b)(6)</i>	<i>2006</i>	

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 à, 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
<i>(b)(6)</i>	<i>(b)(6)</i>
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
<i>(b)(6)</i>	<i>CAMP BUCCA</i>
DATE Date	SIGNATURE Signature
<i>MAY 2006</i>	<i>(b)(6)</i>

~~FOUO~~

ACLU DDII CID ROI 23342

ACLU-RDI 5521 p.11

000011

~~LAW ENFORCEMENT SENSITIVE~~

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-2: THE PROPONENT AGENCY IS THE OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

0066 06 010579 79214

Instructions - Medical Officer in attendance will:
 Prepare, in one copy only, Items 1 through 11, and forward to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

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) ALI, ISMAEL HAMID	2. TIME OF DEATH (Hour-day-month-year) 0058 (b)(6) 2006	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH		
Patient's name (Last, first, middle initial), Grade, Social Security Account No., Register Number and Ward Number		

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, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) SUDDEN CARDIAC ARREST	2 hours
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) UNKNOWN (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	

9. DATE 26 May 2006	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 - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	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) <input type="checkbox"/> YES <input type="checkbox"/> 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 1 OCT 72

REPLACES DA FORM 8-257, 1 JAN 61 (WHICH WILL BE USED FOR Government Printing Office 281-485/402)

ACLU DDH CID ROI 28343

~~FOUO~~

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1 the proponent agency is PERSCOM

RUH (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
	LAW ENFORCEMENT SENSITIVE	
0066 06 CID 579 792 14		

NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) ALI, ISMAEL HAMID	2. SSN	3. GRADE
ORGANIZATION AND STATION	5. ACCIDENT INFORMATION	
	a. DATE	b. PLACE (City and State)

SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR

INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT	7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY
<input checked="" type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	CAMP BUCCA INTERNMENT FACILITY
8. HOUR AND DATE ADMITTED 2318 (b)(6) 2006	9. HOUR AND DATE EXAMINED UPON ADMISSION
NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input checked="" type="checkbox"/> RESULTING IN DEATH (Explain)	CAME IN SUDDEN CARDIAC ARREST
MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify):	
b. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). UNCONSCIOUS	
c. INJURY <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE.	
d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: INSIDE COMPOUND	

THE FOLLOWING DISABILITY MAY RESULT	13. BLOOD ALCOHOL TEST MADE	14. NO. OF MG ALCOHOL/100 ML BLOOD
TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input checked="" type="checkbox"/> PERMANENT TOTAL	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) CAME IN CARDIAC ARREST; RESUSCITATION PERFORMED FOR ALMOST TWO HOURS		
18. DATE (b)(6) 2006	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)	19. SIGNATURE (b)(6)

SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER

DUTY STATUS	20. HOUR AND DATE OF ABSENCE
<input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY	a. FROM
ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	b. TO
ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
INDIVIDUAL WAS ON	23. HOUR AND DATE TRAINING
<input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING	a. BEGAN
<input type="checkbox"/> INACTIVE DUTY TRAINING	b. ENDED
RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING	
MODE OF TRANSPORTATION	25. HOUR BEGINNING TRAVEL
	27. DISTANCE INVOLVED
	28. NORMAL TIME FOR TRAVEL

DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE	
<input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY	
32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths)	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

FORMAL LINE OF DUTY INVESTIGATION REQUIRED	34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER	35. SIGNATURE
<input type="checkbox"/> YES <input type="checkbox"/> NO		

Cardiopulmonary Resuscitation Flow Sheet
Special Army Security Hospital, Camp Bucca, Iraq

(b)(6) Time of Arrival in ED: N/A 2318 Time & Location of Arrest: Compound Hx of Event: ? Choking on Tongue @ Compound 7 + collapsed
APPROX 15 MINS PRIOR TO EMS ARRIVAL
EMS STARTED CPR, LOADED + TRANSPORT TO HOSPITAL (~5 MINS)

Type of Arrest: Cardiac Respiratory Witnessed Unwitnessed
CPR Started: 2313 EMS Bystander ALS Started: 2318 EMS Hospital Staff
Initial VS: BP: / / T: P: R: Wt: 169 LBS

Procedures Performed:
Artificial Ventilation: Bag/Mask: Initially Bag/Endo Tube: FET PREP
Intubated: YES Time: 2329 Size: 7.0 By: (b)(6) No. Attempts: 3
Intravenous: Oral Nasal Cric Trach Placement Confirmed By: (b)(6)
Intraosseous: Time: Size & Site: By: No. Attempts:
Venipuncture: Time: 2326 Size & Site: 18G BAC By: (b)(6) No. Attempts:
Arterial Puncture: Time: 2328 Size & Site: 18GA By: (b)(6) No. Attempts:
Tube Secured: AI (cm): 24 @ Teeth Central Venous Catheter: Time: 2324 Size & Site: By:
NG/OG Tube: Time: 2338 Size: 18 FT By: (b)(6) Foley Cath: 16 GA Time: 2338 Size: 16 GA By: (b)(6)

Time	HR	BP	RR	SpO2	Defib. Joules	Medications (if given by ET Tube)					IV Meds/Fluids					ABG Drawn (✓)	Nurse's Notes (pO2, pCO2, pH, Color, Mental Status, Temp, Pupils, Procedures, etc.)	
						EPI 1:1,000	EPI 1:10,000	Atropine	Lidocaine	Calcium	Bicarb	Amiodarone	Rhythm Response	Dopamine	6TT			Lidocaine
2318	0	0	0	0	0													
2322	0	0	0	0	0													
2330	0	0	0	0	0													
2345	0	0	0	0	0													
2355	0	0	0	0	0													
0005	0	0	0	0	0													
0020	0	0	0	0	0													
0035	0	0	0	0	0													
0058	0	0	0	0	0													

Was the patient successfully resuscitated? Yes No Patient expired at: 0058 Pronounced by: (b)(6)
Time code terminated: 0058 Disposition of Patient: Time: Location:
Family notified: Names of all individuals present at code: (b)(6) (b)(6) (b)(6) (b)(6)
Cardiopulmonary Resuscitation Flow Sheet (b)(6) (b)(6) r Verification

PATIENT IDENTIFICATION: ALI ISMAIL HAMI
(b)(6)

EXHIBIT 4 (2-26)

ACLU RDI 5521 p.14

ACLU RDI 5521 p.14

~~FOUO~~ PROGRESS NOTES

MEDICAL RECORD

NOTE 0066 06 CID 579 79214

(b)(6) 06
0140

CODE NOTE
~~LAW ENFORCEMENT SENSITIVE~~
 Pt. brought to ER via FLA i ongoing CPR. Reportedly dropped suddenly while in the compound and was making wheezing sounds, which soon stopped. Unknown time between this and beginning of CPR, but reportedly this was at least 16 minutes. Pt was brought to SP attention by other detainees & ^{CPR} code (b) was apparently started. There was five minutes reported from the beginning of CPR to arrival at ER. During route to ER, medics reported one shockable rhythm which was shocked. BVM ventilation was effectively begun. Upon arrival to ER, pt. was pulseless & cyanotic i capillary refill of about 3 seconds. He was hooked to a monitor and found to be in PEA. An IV was begun, first in (R) arm followed by (L) arm. ACLS protocol was initiated i T any epinephrine. ET tube was placed 2329, 24cm @ teeth, size 7.0. Also pt. was noted to have fixed, dilated pupils on arrival and throughout code and no evidence of any injury. Please see code sheet (Cardiopulmonary Resuscitation Flow Sheet) for full list & time of meds and interventions. Labs which were drawn were essentially normal, save for the ABG (which was believed to be venous) and CXR showing only slight heart enlargement. A pericardiocentesis

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	(b)(6)
DEPART /SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT (b)(6)
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.

ALI, ISMAEL HAMID
(b)(6)

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)
USAPA V1.00

~~FOUO~~

ACLU DDII CID ROI 23346

~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 000015 (3-26)

~~FOUO~~

~~CARDIOPULMONARY ARREST AFTER ACTION REVIEW~~

NOTE: To be completed by the senior nurse and the physician team leader within 30 minutes of termination of CPR.

Name of patient/detainee ALI, Ismael HAMID SSN/ISN (b)(6)

Date/Time Code called: (b)(6) 06/0058 Patient's Age: 32

Team Leader, Physician (b)(6)

Team Leader, Nurse (b)(6)

Recorder (b)(6)

2. Type of Code: Cardiac Arrest Respiratory Arrest Traumatic Arrest

3. Place of Arrest: Pre-hospital Inpatient Outpatient

4. Suspected Cause of Arrest: MI Pulmonary Edema Drug Anesthesia undetermined

5. Pre-Arrest diagnosis: none known - brother reported hx of gastric ulcer

6. Recognized by: Nurse Medic Physician Alarm Other detainee @ camp #7

7. How Recognized: No Resp No Pulse Dilated Pupils Agonal Gasps Monitor Alarm

8. Resuscitation Started by: Nurse Medic Physician Alarm Other SP-CPR

9. Arrest recognized within: 1" 2" 3" 4" 5" Unknown time but > 5"

10. Effective CPR (ventilation/massage) established within: 1" 2" 3" 4" 5" Other X

11. Method of Artificial Ventilation: Mouth-to-Mouth Mouth-to-Nose Bag/Mask Bag/Endo Tube Mechanical ventilator and type

12. Please rate the following items using the scale below. Circle the number that best corresponds to the performance displayed by the Code Team. Critical indicators for each item are on the reverse.

POOR = 1 FAIR = 2 GOOD = 3 VERY GOOD = 4 EXCELLENT = 5

To be completed by the Physician:

- a. Overall Team Performance 1 2 3 4 (5)
- b. Airway Management and Interventions 1 2 3 4 (5)
- c. Circulatory Management and Interventions 1 2 3 4 (5)
- d. Use of Appropriate Pharmacological Agents 1 2 3 4 (5) - 5+
- e. Use of Appropriate Resuscitation Equipment 1 2 3 4 (5)
- f. Overall Team Leadership/Administrative Control 1 2 3 4 (5)

NEED 120V Power STRIPS ALONG ~~FOUO~~ WALL

Completed by (b)(6)

(b)(6) CID RC (b)(6)
LAW ENFORCEMENT ~~FOUO~~ EXHIBIT 4(4)

LAST NAME FIRST NAME **FOUO** MIDDLE INITIAL ID NUMBER 2318 2332
 06 06 610579 792141010
 PUPILS FINEPTD. 101010

DATE NOTES

Arrived: 2318 V.A. ^{6.06} ~~AMB~~ ^{AMB} ~~SENSITIVE~~ PRR x 5 mins ENT route

NS IV #2 @ 2338 ^(CR) Breathing Rhythm

LV 18GA 2320 (R) AK #2 @ 2333 @ 2343 0009 2322 -

2322 EPI x1 2327 EPI x1 x1 x1 2329 -

ATROPINE x1 @ 2331 → @ 0018 2330 CALCIUM x1 2334 -

Shock BICARB x1 2336 2349 0028 2339 - ^{58w} ^{ASGAL}

AED VASOPRESSIN 20u X1-0045 (1 Amp) 2344 -

ENROUTE @ 0010 Spont Breathing 2348 -

Mag. 2 1/2 @ 0037 Shock x1 2339 2344 Compound 7

Ford Airway BBS Spont Breathing @ 2339 RR 8

ROB. ^{ASGAL} CPR 2350

CO2 Det Golden 300mg Amiodarone @ 0040, 150 @ 0045 2006

OG in 2345 Placement Vp DOPAMINE GETS OFF @ 0045

ETT: 7.0 LABS ^{SENT} Pox 93 @ 2349

Time: 2329 0001

24 cm @ ^{TEETH} LIPS ⊖ B/P 2350

Cap refill 2-3secs PUPILS

0022 - Respiration, pupils remain fixed dilated/Foley @ 2338

No BP, OG tube replaced 14 Fr. ⊕ out put

facing etc. rate 90 MACS no capture.

(R) Arm N/S bag #3 N6 Tube placed 0033

0058 code called ^{(b)(6)} **FOUO** **ACLU DDII CID RQ 23348** **BB (REV 5/1999) BACK** **USAPA V1.00**
 LAW ENFORCEMENT SENSITIVE EXHIBIT 000017 (5-26)

			LAW ENFORCEMENT SENSITIVE					

Atropine	2331	0011						
EP	2322	27	33	43	00	09		
Bimaps	2336	2349						
vasopressin	09							
Organic								
Calcium	2330							
Shack	Field	2339						
Foley	2338							
ITT	7.0	24 teeth @	2329	x3	ATTEMPTS			
BB		CO2 = Golden						

~~FOUO~~

UNCLASSIFIED 0066 06 8 10 579 79214

II MEF (FWD) REGIONAL DETENTION FACILITY MEDICAL SOP

~~LAW ENFORCEMENT SENSITIVE~~

Routine Exam Form

Name: _____ Date: 11 NOV 03

ISN: (b)(6) DOB: 1974 AGE: 31y/0

Chief Complaint: Constipation/Nasal Congestion/Tooth Pain & no infectious pharyngitis, resolved.

HPI: as above

PMH: ⊕ Hx. Tobacco Dependence, olw non-contributory

MEDS: Docusate 100mg PO BID prn constipation XIII, Sudafed PO XII, Cepacol lozenge PO prn XT & Tylenol 325mg II PO XT

Allergies: NKDA

Physical Exam:

VS: BP P R SaO₂ Weight 161

- HEENT: Normal / Abnormal
- CV: Normal / Abnormal
- PULM: Normal / Abnormal
- GI: Normal / Abnormal
- GU: Normal / Abnormal
- OB/GYN: Normal / Abnormal / NA
- MS: Normal / Abnormal
- NEURO: Normal / Abnormal
- DERM: Normal / Abnormal
- ENDO: Normal / Abnormal
- PSYCH: Normal / Abnormal

Def

Comments / Findings: ⊘

Impression: Well

Disposition: Transfer to AG

Provider Signature: (b)(6)

Printed Name / Stamp: (b)(6)

~~FOUO~~

ACLU DDII CID ROI 23350

~~LAW ENFORCEMENT SENSITIVE~~

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
260605 0710	PRE m of 5/16/08 ABUSE/TRAUMA LAW ENFORCEMENT SENSITIVE 0006 06 CID 579 79214
260605 0450	Post m of 5/16/08 ABUSE/TRAUMA
290605 0124	Pre-int exam, NAD, O/S of trauma or Abuse
290605 0415	Post m of 5/16/08 ABUSE/TRAUMA
31NOV05 1010	Pre int NAD of 5/16/08 Abuse/Trauma RPA of 5/16/08 ER
05NOV05 2230	Pre-int exam O/S of Trauma or Abuse, NAD,
2350	Post-int exam, NAD, O/S of trauma or Abuse

(b)(6)

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

SPONSOR'S NAME SSNO 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.

(b)(6)

~~FOUO~~

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-8.202-1

USP LVN

ACLU DDII CID ROI 23351

EXHIBIT 4(8-26)

~~LAW ENFORCEMENT SENSITIVE~~

Tracking Forms

Name: _____ Date: 01/14/05

ISN: (b)(6) _____ DOB: PTA AGE: 34y6

Complaint: Cough, PAIN X 3 DAYS

Impression / Disposition: PRN DULOSTHE ALREADY ON HIS MATR.
PRN GIVEN. DNT INFORMED TO ↑ HIS WATER INTAKE
Transfer F / U _____ days _____ weeks (b)(6)
IN couple of DAYS TO ENSURE BM

Signature: [Signature] Printed Name: (b)(6)

Name: _____ Date: _____

ISN: _____ DOB: _____ AGE: _____

Complaint: _____

Impression / Disposition:

Transfer _____ F / U _____ days _____ weeks

Signature: _____ Printed Name: _____

Name: _____ Date: _____

ISN: _____ DOB: _____ AGE: _____

Complaint: _____

Impression / Disposition:

Transfer _____ F / U _____ days _____ weeks

Signature: _____ Printed Name: _____

~~FOUO~~

ACLU DDII CID ROI 23352

~~LAW ENFORCEMENT SENSITIVE~~

MEDICATION ADMINISTRATION RECORD (Back) SN 0105-LF-216-5581
SINGLE ORDERS - PRE-OPERATIVE

MEDICATION-DOSEAGE ROUTE OF ADMINISTRATION	GIVEN			MEDICATION-DOSEAGE ROUTE OF ADMINISTRATIVE	GIVEN		
	DATE	TIME	INITIAL		DATE	TIME	INITIAL

PRN AND VARIABLE DOSE MEDICATIONS

ORDER DATE	MEDICATION-DOSEAGE FREQUENCY ROUTE OF ADMINISTRATION	DOSES GIVEN			
		DATE	TIME	DOSE	INIT.
10-21-05	100mg Diazepam po BID PRN Constipation	10/21	11/1	11/2	11/4
		2200	0800	1040	1230
				T	T
					(b)(6)
3 NOV 05	Sudafed T P.O. PRN	11/3	11/5		
		0828	0659		
				T	T
					(b)(6)
5 NOV 05	Cepacol T P.O. Q4H PRN	11/5			
		0859			
				T	
					(b)(6)
08 NOV 05	TYLENOL II PO PRN TOOTH PAIN	8			
		1100			
				T	
					(b)(6)
					(b)(6)
		DATE			
		TIME			
		DOSE			
		INIT.			
		DATE			
		TIME			
		DOSE			
		INIT.			
		DATE			
		TIME			
		DOSE			
		INIT.			

II MEF (FWD) REGIONAL DETENTION FACILITY MEDICAL SOP

HISTORY AND PHYSICAL EXAM FORM

NAME: _____
ISN: (b)(6)
DOB: 1974 AGE: (b)(6) 3/10
GENDER: MALE / FEMALE

DATE: 2/6/05
VS: BP: 123/70
PULSE: 70
RESP: 20
TEMP: 96.9
HEIGHT: 5'7"
WEIGHT: 169

COMPLAINT: ACUTE
CHRONIC: Ulcer

PMH: DM HTN STD TB
HOSP:
SURG:
ALLERGIES: NKDA

MEDICATIONS:

SocHx: EtOH _____ TOBACCO Y/N PPDx 7 YRS

ROS: HEENT: }
CV: }
PULM: }
GI: }
GU: }
OB/GYN: }
MS: }
NEURO: }
DERM: }
ENDO: }
PSYCH: }
non contributory

CXR: NORMAL/ABNORMAL FINDINGS:
PPD: DATE PLACED: / /
DATE READ: / /
mm

IMMUNIZATIONS: (GIVEN AT THIS TIME)
MMR Td TYPHOID POLIO
INFULENZA MENINOCOCCAL

PHYSICAL EXAM:

HEENT: NORMAL / ABNORMAL
CV: NORMAL / ABNORMAL
PULM: NORMAL / ABNORMAL
GI: NORMAL / ABNORMAL
GU: NORMAL / ABNORMAL
OB/GYN: NORMAL / ABNORMAL / NA
MS: NORMAL / ABNORMAL
NEURO: NORMAL / ABNORMAL
DERM: NORMAL / ABNORMAL
ENDO: NORMAL / ABNORMAL
PSYCH: NORMAL / ABNORMAL

normal exam
no ulcers
benign
Abdominal Exam

COMMENTS / FINDINGS: Hx. of tobacco dependence, probable peptic ulcer

IMPRESSION: *well*

PLAN: *1500 (Fit for confinement); will give ZANTAC 150mg PO BID
PRN GI upset.*

PROVIDER SIGNATURE: (b)(6)

PRINTED NAME / STAMP:

(b)(6)

355

DETENTION FACILITY SCARS AND MARKS SHEET

NAME (LAST, FIRST, MI) _____

#: (b)(6)

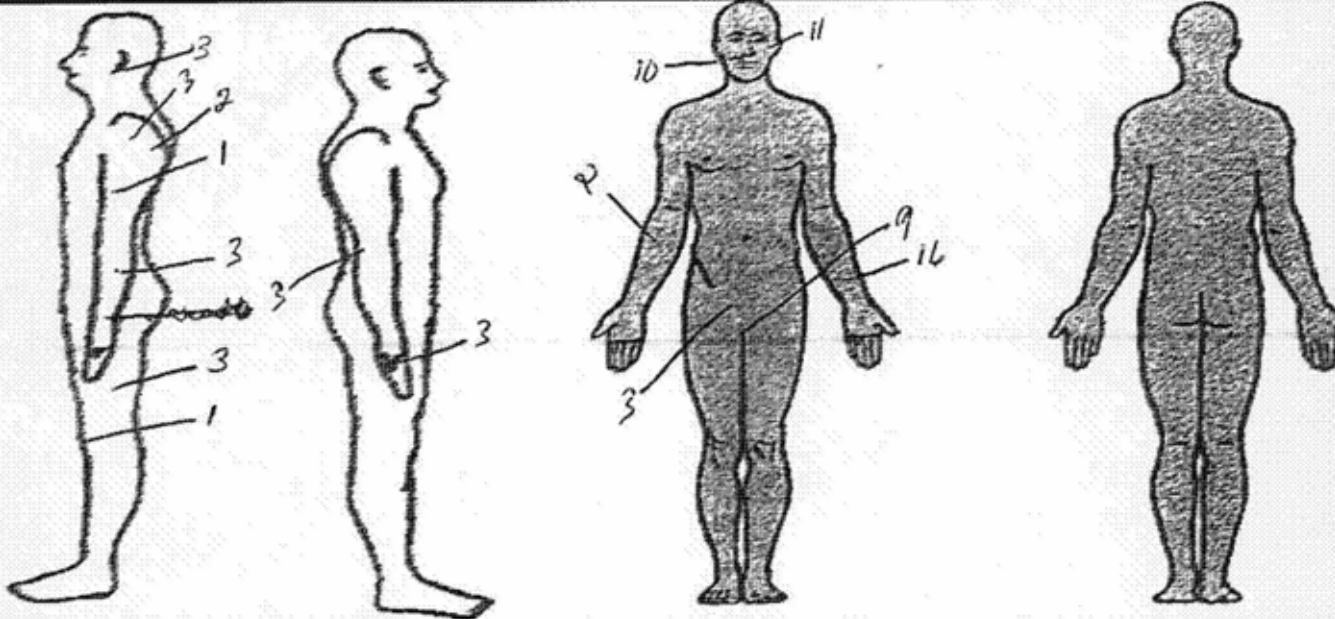
0066 06 CID 579 79 214

PURPOSE: TO IDENTIFY ALL SCARS, MARKS, TATTOOS, AND/OR BIRTHMARKS UPON RESTRAINT. ALL AREAS THAT CONTAIN SCARS, MARKS, TATTOOS, AND/OR BIRTHMARKS MUST BE ANNOTATED AS FOLLOWS:

1. OPERATION SCAR
2. CUT SCAR
3. SCRATCH/SCRAPE
4. BRUISE
5. BURN
6. RASH

7. PARTIAL PLATE
8. SMALL POX VACCINE
9. CIRCUMSIZED
10. ACNE
11. MOLE
12. MUSTACHE

13. FRECKLES
14. FALSE TEETH
15. BIRTHMARK
16. TATTOO
17. STRETCH MARKS
18. BRANDS



**ALL SCARS AND MARKS FOR NEW DETAINEES WILL BE ANNOTATED
BLACK**

(b)(6)

RECEIVING SUPERVISORS RANK/NAME

(b)(6)

(b)(6)

SIGNATURE

DATE

(b)(6)

DII CID ROI 23356

Patient Name: [Redacted] FIRST, MI. (Or Hospital ID #) [Redacted]
 Sex: Male / Female [Redacted] SSN: (b)(6) [Redacted]
 Physician: (b)(6) [Redacted] Lab Use Only Initials: (b)(6) [Redacted]
 Date: 25 MAY 2010

Urology (i-STAT): Syringe / Green Top
 Chemistry (Piccolo Analyzer): Green Top
 Hematology (Coulter): Purple Top
 Gas - Bld Gas w/Lact - Glu - Crea
 Chem 12/13 Met8 BMP Liver CMP Renal Lipid
 CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
CO2	6.862	7.35-7.45	ALB	2.6	3.3-5.5 g/dL	WBC	9.1	4.8-10.8 x10(3)/uL
PO2	91.2	35-45 mmHg	ALP	59	26-184 U/L	RBC	4.56	4.2-6.1 x10(6)/uL
PO2	27	80-100 mmHg	ALT	112	10-47 U/L	Hgb	13.3	12.0-18.0 g/dL
CO2		18-33 mmol/L	AMY	48	14-110 U/L	Hct	41.3	M: 42.0-52.0%
HCO3	16.4	22-26 mmol/L	AST	96	11-38 U/L			F: 37-47%
SO2	20	95-99%	Tbil	0.5	0.2-1.6 mg/dL	MCV	90.7	80.0-99.0 fl
BEef	-17	(-2) - (+3)	BUN	13	7-22 mg/dL	MCH	29.1	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca	8.8	8.0-10.3 mg/dL	MCHC	32.1	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Phos		2.2-4.5 mg/dL	Plt	152	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK		M: 39-380 U/L	LY%	79.5	20.0-44.0%

Urinalysis		TEST	RESULT	REF. RANGE	Differential	
Color	Straw/Yellow	CL	110	98-109 mmol/L	Segs(50-70%)	Mono(4-10%)
Clarity	Clear	TCO2	23	18-33 mmol/L	Bands(1-10%)	Eos(0-4%)
Glucose	Negative	Creat	1.1	0.6-1.3 mg/dL	Lymph(20-44%)	Baso(0-2%)
Bilirubin	Negative	GGT	13	5-65 U/L	Atyp Ly	Immature cells
Ketone	Negative	Glu	330	73-118 mg/dL	RBC Abn Morph:	
SG	1.010-1.025	K	3.2	3.3-4.9 mmol/L	Plt Abn Morph:	
Blood	Negative	TProtein	4.8	6.4-8.1 g/dL	WBC Abn Morph:	
pH	5.0-8.0	Na	144	138-145 mmol/L		
Protein	Negative-Trace	Chol		100-200 mg/dL		
Urobili	0.1-1.0 Ehrlich U/dL	HDL Chol		30-75 mg/dL		
Nitrite	Negative	LDL Chol		50-130 mg/dL		
Leuko	Negative	TG		60-160 mg/dL		

Urine Microscopic		Miscellaneous / Rapid Tests		Sed Rate / Purple Top	
WBC:	EPI:	Mono	Negative	Sed Rate	0-20 mm at 1 hour
RBC:	Mucus:	RPR	Negative		
Bacteria:	Yeast:	Drug Screen	Negative		
Casts:	Crystals:	HCG	Negative		
Other:					

Special Chemistries / Red or Tiger Top		Coagulation / Blue Top (3.2%)	
TSH	0.25 - 5 uIU/ml	PT	19.9 7.0-14.0 sec
FT4	9 - 20 pmol/L	APTT	46.9 21.0-50.0 sec
FT3	4.0 - 8.3 pmol/L	INR	2.0 0.5-1.5/therap 2-3
T4	60 - 120 nmol/L		
T3	0.92 - 2.33 nmol/L		
HIV	Negative		
PSA	0.0 - 4.0ng/ml		
HEP B	Negative		

Additional / Other Requests: (Consult with Lab Prior to Submitting)
 KOH Negative
 HgB A1C Negative
 Fluid Panel Includes: Gram stain, WBC differential, and Meningitis Panel (CSF only)

ACLU DDH CID ROI 23357

EXHIBIT 4(14-26)

(b)(6)

(b)(6)

0066 06 010579 79214

~~LAW ENFORCEMENT SENSITIVE~~

BAGHDAD CENTRAL CORRECTIONAL FACILITY (BCCF)
MARKS, SCARS AND TATTOOS REPORT
MALE DETAINEE

DATE INITIATED

11 Nov

FIRST NAME <i>Ismael</i>	MIDDLE NAME <i>Hamid</i>	LAST NAME <i>Ali</i>	TRIBAL NAME <i>Abwashq</i>
ISN (b)(6)	SERVICE NUMBER (b)(6)	CAP TAG (b)(6)	NATIONALITY <i>Iraqi</i>

REASON FOR REPORT:

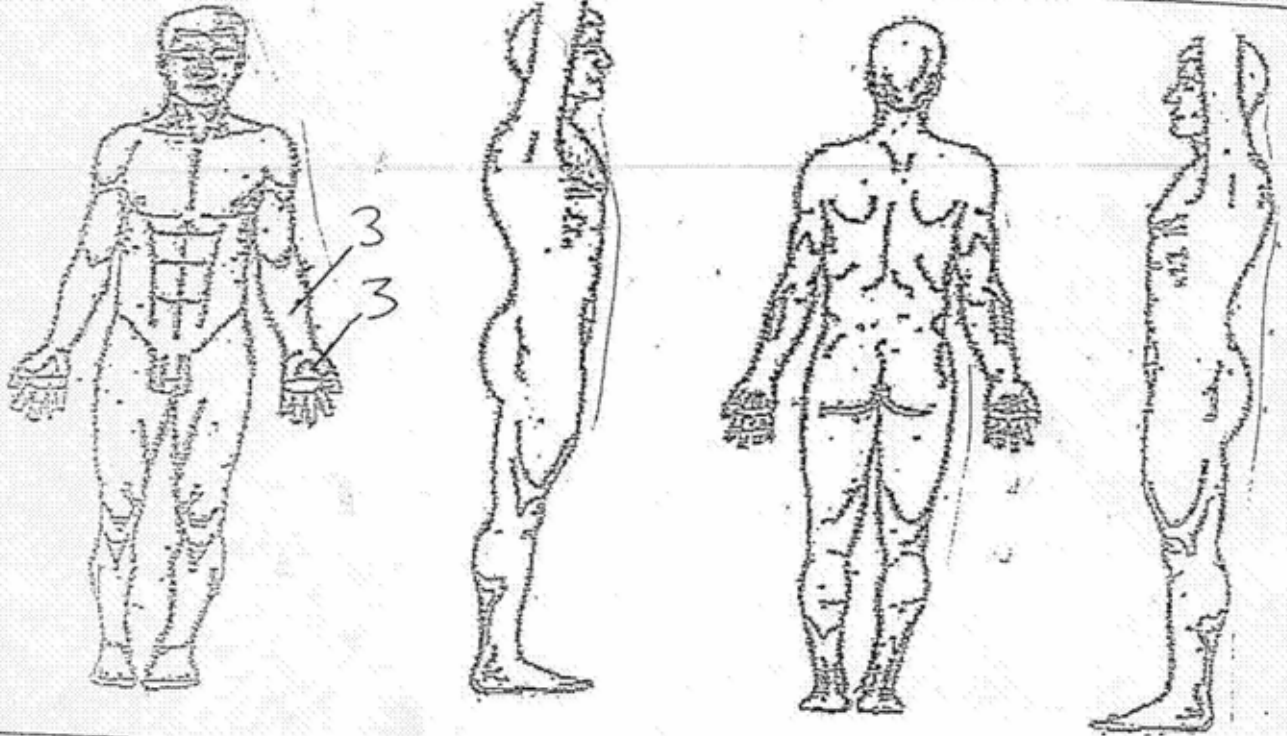
- IN PROCESSING
 CHANGE/UPDATE
 RELEASE/REGISTRATION
 REPORTED OR SUSPECTED VIOLENCE

PURPOSE: To provide or update baseline physical identification marks on the body of the detainee

INSTRUCTIONS: Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination

Use a continuation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos.

Injuries will be reported to medical officials



Mark with numbers and an arrow to the location of any of the following and describe if needed:

- 1. SCAR
- 2. MARK
- 3. TATTOO
- 4. CUT
- 5. BRUISE
- 6. SWELLING
- 7. OTHER

REVIEWED BY:

(b)(6)

Appendix I
Compound Treatment Room
Camp Bucca

March 2006

601st Area Support Medical Company Detainee Med. Log,
Camp Bucca Theater Internment Facility

Allergies: **NKA**

ISN: (b)(6) Compound: **8**

Initial the date block when you administer the medication. Ensure you have initialed and printed your rank/name at the bottom of the MEDLOG!

X: 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	
ZARHAC ISOMB																																	
	AM																																Refill#
	(b)(6)																																(b)(6)
Provider: (b)(6)	PM																															F/U Req:	

X: 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#
	PM																																F/U Req:

X: 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#
	PM																																F/U Req:

X: 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#
	PM																																F/U Req:

Compliance:
 3 No shows
 Verify detainees Compound
 Request detainee to sallyport and advise of meds
 Continue med. If detainee agrees to take as directed
 Obtain provider approval to discontinue all meds but OTC

Initials	Printed Rank/Name

Indicate quantity dispensed in appropriate block

Date Med Complete:
 Date Med Discontinued:

Annotate the following in RED:
 Circle the BOX for missing Meds
 Circle the DATE for Refills
 X- No Shows R- Refusal
 F- Fasting H- Hospital

ACLU RDI CID RDI 23359
 060928
 06-26

0066 06 010579 79214

Appendix 1
Compound Treatment Room
Camp Bucca

APRIL 2006

601st Area Support Medical Company Detainee Med. Log,
Camp Bucca Theater Internment Facility

Allergies:
NKDA

ISN: (b)(6) Compound: 7

Initial the date block when you administer the medication. Ensure you have initialed and printed your rank/name at the bottom of the MEDLOG!

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		
Start: 18 APR																																	Refill#	
MUINEX I RIN x 10																																		F/U Req
Provider: (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	
																		Refill#
																		F/U Req
Provider: (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	
																																	Refill#
																																	F/U Req
Provider: (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	
																																	Refill#
																																	F/U Req
Provider: (b)(6)																																	

- Med Compliance:
- Shows
 - detainees Compound
 - Request detainee to sallyport and advise of meds
 - Continue med. If detainee agrees to take as directed
- OR
- Obtain provider approval to discontinue all meds but OTC

Initials Printed Rank/Name
(b)(6)

Indicate quantity dispensed in appropriate block

Date Med Complete:
Date Med Discontinued:

Annotate the following in RED:

- Circle the BOX for missing Meds
- Circle the DATE for Refills
- X- No Shows
- R- Refusal
- F- Fasting
- H- Hospital

0066 06 610579 79214
 4 (17-26)
 CID RDI 23360

0066 06 610579 79214

SSN or ISN:

(b)(6)

IM

~~FOUO~~

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST MI
(b)(6)

Specimen
Date and time:

Signs and Symptoms:
weak

Physician:
Drawn by:

ward:
Bed:

Gender M or F (circle)
Stat or Routine (circle)

0066 06

Reported by
C 105 (b)(6)

Date and Time
19 2 13 17 07 DC

Hemoglobin A1c / Purple Top			Special Chem / Red or Tiger Top (SST)			Thyroid Panel / Red or Tiger Top					
TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
Hgb A1c		3.5-6.0 %		Alcohol		<10 mg/dL Negative	X	TSH	0.79	0.25 - 5 uIU/ml	
Urine Microalbumin/Creatinine Urine Cup Note: Will not be run on urine samples with a protein value of 30 mg/dl or higher or on visibly bloody specimens						50-400 mg/dL Toxic				Hyperthy: <0.15	
						>400 mg/dl Poss. Fata			Hypo: >7 uIU		
				Cholinesterase		M: 5.90-12.22 U/mL	X	FT4	18.11	9 - 20 pmol/L	
						F: 4.65-10.44 U/mL		FT3	4.86	4.0 - 8.3 pmol/L	
				Iron		M: 49-181 ug/dL	Add. Thyroid Tests / Red or Tiger Top				
						F: 37-170 ug/dL	X	TEST	RESULT	REF. RANGE	
X	TEST	RESULT	REF. RANGE	Lipase		23-300 U/L		T4 Total		60 - 120 nmol/L	
	Albumin		≤10 mg/L					T3 Total		0.92 - 2.33 nmol/L	
	Creatinine		10-300 mg/dL	Hepatitis B / Red or Tiger Top HIV Negative Lactate Dehydrogenase (LDH) 313-618 U/L PSA, Total Age Range (ng/ml) 40-49 0.0-2.5 ng/ml 50-59 0.0-3.5 ng/ml 60-69 0.0-4.5 ng/ml 70-79 0.0-6.5 ng/ml			X	TEST	RESULT	REF. RANGE	
	Alb/Creat Ratio		<30 mg/g				Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL		HBsAG
C Reactive Protein / Red Top								Anti-HBc Total		Positive	
X	TEST	RESULT	REF. RANGE							Equivocal	
	CRP		<7 mg/L							Negative	
CSF Chemistry - Sterile Tube								Additional Tests			
X	TEST	RESULT	REF. RANGE					For the tests below, coordinate with lab OIC or NCOIC			
	F Glucose		40-70 mg/dL	HCG Quant		M: <3mIU/ mL		X	TEST	RESULT	REF. RANGE
	CSF Protein		12 - 60 mg/dL						Ammonia		9 - 30 umol/L
Urine Chemistries / Urine Cup									Lactate		0.7 - 2.1 mmol/L
X	TEST	RESULT	REF. RANGE					Therap. Drug Monitoring			
	Glucose		<30 mg/dL	Bilirubin (indirect)		0.0 - 1.1 mg/dl					
	Protein		<12 mg/dL	Bilirubin (direct)		0.0 - 0.3 mg/dl					
	Amylase		32-641 U/L								
	Sodium		30-90 mmol/L								
				Acetaminophen		10-30 ug/mL Therap.					
						>150 ug/mL Toxic					
				Digoxin		0.8-2.0 ng/mL Therap.					
				Phenytoin		10.0-20.0 ug/mL Therap					
				Salicylate		<2 mg/dL negative					
						<20 mg/dL Therap.					
						>30 mg/dL Toxic					
						>60 mg/dL Lethal					

~~FOUO~~

vised 11Aug05 mc

~~LAW ENFORCED~~ **ACLU DDII CID ROI 23361** reviewed by:

SSN or ISN:

(b)(6)

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI.
(b)(6)

FOUO

Specimen
Date and time:

Signs and Symptoms
Weak

Physician:
Drawn by:

Gender M or F (circle)
Stat or Routine (circle)

Reported by: (b)(6) Date and Time: 11/13

Chemistry (-STAT) / Green Top / Syringe
Bld Gas - Bld Gas w/lytes - Glu - Crea
Chemistry (Piccolo) / Green or red tiger top
Comp Pan - BMP - Hepat Pan - Lipid Pan - Renal Pan
Hematology / Purple Top
CBCN (no diff) CBC Malaria

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-146 mmol/L	X	ALB	4.8	3.3-5.5 g/dL	X	WBC	7.6	4.8-10.8 x10(3)
	K		3.5-4.9 mmol/L		ALP	70	M: 53-128 U/L F: 42-141 U/L		RBC	5.91	4.2-6.1 x10(6)
	Cl		98-109 mmol/L	X	ALT	22	10-47 U/L	X	Hgb	17.8	12.0-18.0 g/dL
	pH		7.35-7.45		AMY		14-110 U/L	X	Hct	53.8	M: 42.0-52.0% F: 37-47%
	PCO2		35-45 mmHg	X	AST	51	16-55 U/L		MCV	91.0	80.0-99.0 fL
	PO2		80-105 mmHg		Indirect bil (Bu)		0-1.1 mg/dL		MCH	30.0	27.0-31.0 pL
	TCO2		23-27 mmol/L	X	Dbil (Bc)		0-0.3 mg/dL		MCHC	33.1	33.0-37.0 g/dL
	HCO3		22-26 mmol/L	X	Tbil	1.6	0.2-1.6 mg/dL	X	Pit	251	130-400 x10(3)
	sO2		95-98%	X	BUN	13	7-22 mg/dL		LY%	28.6	20.0-44.0%
	BEecf		(-2) - (+3)	X	Ca	10.1	8.0-10.3 mg/dL		LY#	2.2	0.7-4.3 x10(3)
	AGap		8-16 mmol/L	X	Chol		100-200 mg/dL		Differential		
	iCa		1.12-1.32 mmol/L		CK		M: 39-380 U/L F: 30-190 U/L		Segs(50-70%)		Mono(4-10%)
	BUN		7-22 mg/dL		Cl	100	98-108 mmol/L		Bands(1-10%)		Eos(0-4%)
	Glu		73-118 mg/dL	X	TCO2	30	18-33 mmol/L		Lymph(20-44%)		Baso(0-2%)
	Creat		0.6-1.3 mg/dL	X	Crea	0.8	0.6-1.2 mg/dL		Atyp Ly		Immature cells
	Hct		38.0-51.0%		GGT		5-65 U/L		RBC Abn Morph:		
	Hgb		12.0-18.0 g/dL	X	Glu	87	73-118 mg/dL		Pit Abn Morph:		
	Lactate		0.90-1.70 mmol/L	X	K	5.6	3.3-4.7 mmol/L		WBC Abn Morph:		

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:		
Other lab request:		

Rapid Tests		
Mg		1.6-2.3 mg/dL
Phosphorus		2.2-4.4 mg/dL
Tot. Protein	7.9	6.4-8.1 g/dL
Na	142	128-145 mmol/L
HDL Chol		40-75 mg/dL
LDL Chol		50-129 mg/dL
Triglycerides		60-149 mg/dL
VLDL		<30 mg/dL
Chol/HDL Ratio		≤ 5
RPR		Negative
HCG (or urine)		Negative
Strep A		Negative
Drug Screen (urine)		Negative
Chlamydia		Negative
Flu A&B		Negative
C. difficile (stool)		Negative
O&P (stool)		No Ova / Parasite
OccBld		Negative
Wet Mount		Negative
KOH		Negative

Atyp Ly		Immature cells
RBC Abn Morph:		
Pit Abn Morph:		
WBC Abn Morph:		
Malaria / Purple Top		
Thin		No Plasmodium S
Thick		No Plasmodium S
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
D Dimer		Negative
Cardiac Panel/Purple Top		
Myoglobin		0-107 ng/mL
CK-MB		0-4.3 ng/mL
Troponin		0.0-0.4 ng/mL
Hemoglobin S (sickle) / Purple Top		
Hemoglobin S		Negative
Rapid Tests (Green Top)		
Mono		Negative
H.pylori IgG		Negative

revised 31Aug05 mc

ACLU DDII CID ROI 23362 by: 11/13/02

~~LAW ENFORCEMENT SENSITIVE~~

Detainee Mental Health Screen

ISN (b)(6)

DATE 13 Nov 05

Everyone here is asked these questions. They are used to determine if you need to be seen for treatment and will not affect whether or not you stay here.

Current Concerns

- 1. Are you currently being treated for a psychological problem?
(if the answer is NO, skip question 2) ___ Yes No
- 2. Are you presently taking a prescribed medication for a mental illness or psychological problem? ___ Yes No
- 3. Do you have psychological problems right now that need treatment? ___ Yes No
- 4. Do you presently have thoughts of killing yourself? ___ Yes No

Past Concerns

- 5. Have you ever been treated for a psychological problem in the past?
(if the answer is NO, skip question 6) ___ Yes No
- 6. Have you ever been a patient in a psychological hospital? ___ Yes No
- 7. Have you ever been treated for illegal drug abuse? ___ Yes No
- 8. Have you ever tried to kill yourself? ___ Yes No

Open-Ended (if time permits; vary as appropriate)

- 9. Do you have any other psychological concerns that you want to mention?

OBSERVATION

- General appearance unusual for setting ___ Yes No
- Behavior unusual for setting ___ Yes No
- Auditory or visual hallucinations reported or apparent ___ Yes No
- Appears anxious ___ Yes No
- Appears depressed ___ Yes No
- Aggressive ___ Yes No
- Behavior inconsistent with reported complaints ___ Yes No
- Physical trauma evident during interview (wound, bruise, etc.) ___ Yes No

DISPOSITION

- If detainee answers no to all of the above questions, no psych consult is needed.
- If detainee answers yes to questions 1, 2, 3 or 4 contact mental health team ASAP.
- If detainee answers yes to questions 5, 6, 7 or 8 fill out consult form for psych.
- If observations are inconsistent with responses and clinical concern exists, consult with mental health team

~~FOUO~~

SCREENER: (b)(6)

(b)(6)

II CID ROI 23363

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

MASTER PROBLEM LIST

For use of this form, see AR 40-65; the proponent agency is the Office of The Surgeon General

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.		NOV 13 2005	0066 06 C10579 79214	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES			
A.					
B.					
C.					
D.					
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)

(b)(6)

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

PMH
(b)(6)

PSH
(b)(6)

MEDS
(b)(6)

ALL
(b)(6)

~~FOUO~~

ACLU DDII CID ROI 23364

NOTE: DO NOT DISCARD FROM CHART

NOV 13 2005

~~FOUO~~

0066 06 C 10579 79214

~~LAW ENFORCEMENT SENSITIVE~~

Eye Health Questionnaire

(b)(6)



~~FOUO~~

0066 06 010579 79214

~~LAW ENFORCEMENT SENSITIVE~~

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

NOV 13 2005

DETAINEE HEALTH AND MEDICAL RECORD OF QUALITY ASSURANCE SCREE
(SF600 OVERPRINT, VER 1.1, IAW AR 190-8)

EXAMINATION PER AR 190-866	DATE	TRAVEL GO/ OR NO-GO	CORRECTED TO GO	COMMENT
MEDICAL EXAMINATION WAS COMPLETED	NOV 13 2005	GO		
DENTAL SCREENING WAS COMPLETED				
CHEST X-RAY/TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED	NOV 13 2005	GO		
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	NOV 13 2005	GO		

LIMITATIONS

ACTIVITY RESTRICTIONS:
DIET RESTRICTION:
OTHER RESTRICTIONS:

None

TRAVEL GO/NO GO
(IF NO-GO LIST REASONS)

(b)(6)

(b)(6)

PROVIDER SIGNATURE AND DATE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPARTMENT/SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/D NO.

RELATIONSHIP TO SPONSOR

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

ACLU DDII CID/ROI 23366

ACLU-RDI 5521 p.35

(b)(6)
NAME
DOB

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 1000035 (23-26)

CHRONOLOGICAL RECORD OF MEDICAL CARE

~~FOUO~~

0066 06 ID 579 79214

~~LAW ENFORCEMENT SENSITIVE~~

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

NOV 13 2005 DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION
(SE600 OVERPRINT, VER 1.3, IAW AP 190.8)

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - **NKDA**
GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):

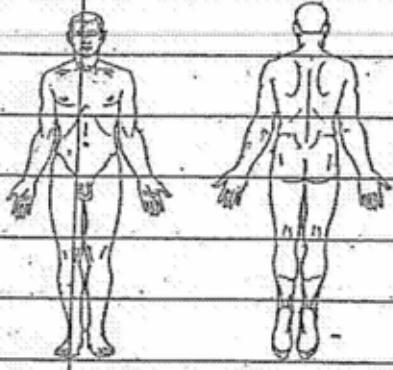
- SURGERIES ()
- CONVULSIONS/SEIZURES ()
- HEMOPHILIA ()
- MALARIA ()
- ASTHMA ()
- DIABETES ()
- HIGH BLOOD PRESSURE ()
- CANCER/LEUKEMIA ()
- HEART TROUBLE ()
- KIDNEY DISEASE ()
- VISUAL IMPAIRMENT ()
- HIV/AIDS ()
- STD ()

TRANSLATOR PRESENT

IMMUNIZATION GIVEN AT INTAKE? **3**
TB/BLOOD IN SPUTUM/NIGHT SWEATS ()
LIST ALL MEDICATIONS TAKEN
IN THE 30 DAYS PRIOR TO TODAY:

*stomach problems
cannot eat*

TOBACCO USE Y/N | PP DAY X 12 YRS
BTOH:



T BP 112/67 PULSE 70 BICEPS CIRC
HEIGHT WEIGHT BMI

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

VISION: NORMAL () GLASSES
HEARING: NORMAL ABNORMAL EXPLAIN

DENTAL



OVERALL APPEARANCE Thin

HEENT WNL

HERNIA

hernia

SKIN/SCARS/BRUISING

*of forearm
to toe*

GENITAL

deform

CARDIOPULMONARY SYSTEM

WNL

NEUROBEHAVIORAL

WNL

MUSCULOSKELETAL

WNL

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; REGISTER NO. WARD NO.

(b)(6)

ACLU DDII CD ROI 23367

ISN NAME BOB AGE SEX PROVIDER

EXHIB 1000036

4(2426)

Medication Log
Compound Treatment Room
Camp Bucca

566th Area Support Medical Company Detainee Med. Log,
Camp Bucca Theater Internment Facility

Allergies:

ISN: (b)(6)

Compound:

***Initial the date block when you administer the medication. Ensure you have initialed and printed your rank/name at the bottom of the MEDLOG!**

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		
ZANTAC 150MG QD							AM																										
							PM																										
Provider:																																	

Month
Refill#
F/U Req:

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		
							AM																										
							PM																										
Provider:																																	

Month
Refill#
F/U Req:

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		
							AM																										
							PM																										
Provider:																																	

Month
Refill#
F/U Req:

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		
							AM																										
							PM																										
Provider:																																	

Month
Refill#
F/U Req:

Med. Compliance:

- 1) No shows
- 2) Detainees Compound
- 3) Request detainee to sallyport and advise of meds
- 4) Continue med. If detainee agrees to take as directed
- 5) Obtain provider approval to discontinue all meds but OTC

Initials	Printed Rank/Name
(b)(6)	

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

Date Med Complete:
Date Med Discontinued:

Place an "X" for No Shows
Circle the date box for missing meds

FOIA b 7 - C
0660601057979214

FEBRUARY 2006

Appendix 1
Compound Treatment Room
Camp Bucca

566th Area Support Medical Company Detainee Med. Log.
Camp Bucca Theater Internment Facility

Allergies:

ISN: (b)(6) Compound:

*Initial the date block when you administer the medication. Ensure you have initialed and printed your rank/name at the bottom of the MEDLOG!

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		
Zantac 75mg TQD	AM																																	Refill#
	PM																																	
Provider:																																		

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#
	PM																																	F/U Req:
Provider:																																		

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#
	PM																																	F/U Req:
Provider:																																		

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#
	PM																																	F/U Req:
Provider:																																		

ACLU RDI 5521 p.38

EXHIBIT 4 (26-26) 000038

- Medication Compliance:
- 1) No-shows
 - 2) Verify detainees Compound
 - 3) Request detainee to sallyport and advise of meds
 - 4) Continue med. If detainee agrees to take as directed
 - 5) Obtain provider approval to discontinue all meds but OTC

Initials	Printed Rank/Name
(b)(6)	

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

Date Med Complete:
Date Med Discontinued:

Place an "X" for No Shows
Circle the date box for missing meds

06 C10579 79214

SWORN STATEMENT

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

0066 06 CID 579 79214

LAW ENFORCEMENT SENSITIVE
PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Compound 7	2. DATE (YYYYMMDD) 2006/5/25	3. TIME 2355	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E-5 / AD	
8. ORGANIZATION OR ADDRESS 886 ESFS			

9. I, b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

b(6), b(7)(C) On 25 May 06, At 2306, I was posted at Tower 7C when I observed a group of detainees trying to assist a detainee that collapsed at the volleyball court adjacent to building 5/6, I notified Compound CCT of the situation, b(6), b(7)(C) After CCT was notified I relayed that the collapsed Detainee was being carried to the sally port, b(6), b(7)(C) End of Statement // b(6), b(7)(C)

10. EXHIBIT	11. SIGNATURE AND POSITION MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 1 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT _____ DATED _____"
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

FOUO

STATEMENT OF

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

TAKEN AT

Compound 7

DATED

2006 5/25

9. STATEMENT (Continued)

LAW ENFORCEMENT SENSITIVE

0066 06 CID579 79214

AFFIDAVIT

I, b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL IN...

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

WITNESSES:

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26 day of May, 2006 at ODIS Compound 7

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

ORGANIZATION OR ADDRESS

886 ESFS

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

ORGANIZATION OR ADDRESS

FOUO

(Authority To Administer Oaths)

b(6), b(7)(C) PERSON MAKING STATEMENT

ACLU DDII CID ROI 23371

LAW ENFORCEMENT SENSITIVE

000040

FOUO
Detainee Information Sheet

DATE (YYYYMMDD)
2006/05/25

0066 06 CID 579 79 214

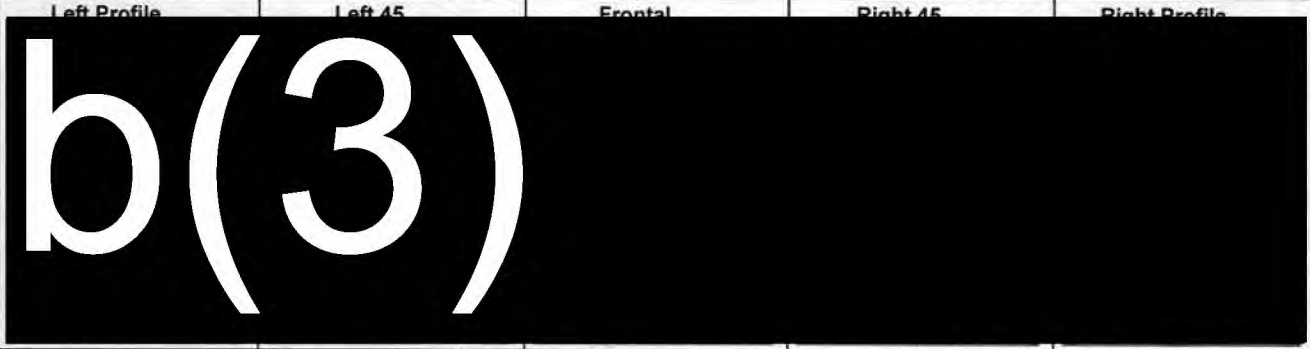
NAME (Last, First, M) (AKA)
ALI, ISMAEL HAMID

LAW ENFORCEMENT SENSITIVE

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

SN NUMBER
b(6), b(7)(C)

HOUSING
COMPOUND 07-



Theater CENTCOM	Power Served IRAQ	Capturing Country UNITED STATES OF AME	ICRC	Compound COMPOUND 07	
Capture Tag (DD2745) 7209	Capture Date 2005/10/26	Capture By 2MEF A 167CAV	Circ. of Capture UNKNOWN	Grid/Coor ANBAR	
Physical Condition GOOD	Enemy Unit	Hard Labor NO	Marrital Status Married		
Foreign ISN	MI Number 7209	Sex Male	Age 32	Date of Birth 1974/01/01	
Race OTHER	Ethnic Group UNKNOWN	Nationality IRAQ	Religion SUNNI-ISLAM	Hair Color BLACK	Eye Color BROWN
Confinement Type DETAINED	Military Service -	Height 72	Weight 169	Custody MIN	
Presence DEATH	Status GENERAL POPULATION	Place of Birth ANBAR IRAQ			
Citizenship IRAQ	Place of Confinement CAMP BUCCA 105TH MP BN UMM QASR, GV (318) 853-1037	Arrival Date 2006/01/22			

Sentence Information:

Current MXRD: Court Martial Type:
MRD: Discharge:
NO SENTENCE INFORMATION

Languages:

Language	Skill Level
ARABIC-MODERN	

LAST ITEM

FOUO

ACLU DDII CID ROI 23372

6

FOUO

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is ODC/SPS 09060806 CID579 79214

LAW ENFORCEMENT SENSITIVE

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Bucca Iraq, 09375-0531	2. DATE (YYYYMMDD) 20040525	3. TIME 2307	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E-4 /SPC	
8. 201ST ASMC, Camp Bucca Unit # 60531 APO AE 09375-0531			

9. I, SPC b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I got the call for comp 7, detainee passed out and arrived at scene at 2307. Detainee was laying on ground in Sally port. I asked guards to bring him out for evaluation. He unresponsive, had no pulse & was not breathing. I asked guards to notify ETR of patients condition & for additional help. I started rescue breathing with Bag Mask Valve & chest compressions once guard took over breathing. SPC b(6), b(7)(C) arrived to initiate AED, but no shock was advised (according to AED). We loaded patient in FLA & transported to ETR, but during travel the AED advised shock & we stopped vehicle to give shock treatment once, then continued to ETR. We unloaded patient & transferred medical authority to ETR personell. I assisted ETR doctors with additional CPR & vital signs. Upon returning to Compound 7 on call for another patient, guards notified me that detainee was 16 minutes from initial collapse until notify guards at wire.

Nothing Follows b(6), b(7)(C)

10. EXHIBIT	11. IN b(6), b(7)(C) KING STATEMENT	PAGE 1 OF 2 PAGES
-------------	-------------------------------------	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

FOUO

ACLU DDII CID ROI 23373

STATEMENT OF SPC **b(6), b(7)(C)** TAKEN AT 0419 DATED 2006 0526

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

0066 06 GID579 79214

Nothing Follows

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

AFFIDAVIT

I, SPC **b(6), b(7)(C)**, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

SPC **b(6), b(7)(C)**
COLASME CAMP RUCCA, Iraq
09375
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26th day of May, 2006 at Camp Bucca & Iraq

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

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

Article 132(5) 4
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT **b(6), b(7)(C)**

SWORN STATEMENT

0066 06 CID 579 79214

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

LAW ENFORCEMENT SENSITIVE

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Bucca Iraq 09375	2. DATE (YYYYMMDD) 2006 05 25	3. TIME	4. FILE NUMBER
b(6), b(7)(C)	b(6), b(7)(C)		7. GRADE/STATUS SPC/E.4

62184 KMC Camp Bucca Iraq 09375

9. I, **b(6), b(7)(C)**, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 I received a call from Lt **b(6), b(7)(C)** telling me to run over to Compound 7. Upon My Arrival the pt. was outside of gate on ground unconscious without a pulse Spc. **b(6), b(7)(C)** and a guard were performing CPR. When they stopped we applied the AED and move pt to litter after **b(6), b(7)(C)** AED stated no shock we began CPR again and moved Pt to back of FIA. while in FIA. halfway between cmpd 7 and the ETR the AED. told us to shock pt. I gave pt one shock with AED. then we started CPR again and before we reached ETR we stopped so the AED could check for heart beat. then we started CPR again and Arrived @ ETR.
 Nothing follows.
b(6), b(7)(C) **b(6), b(7)(C)**

10. EXHIBIT	11. INITIALS MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 2 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ IN AT _____ DATED _____"

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

FOUO

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

STATEMENT OF SPC **b(6), b(7)(C)** TAKEN AT _____ DATED 260506 20060526

9. STATEMENT (Continued)

LAW ENFORCEMENT SENSITIVE

0066 06 CID579 79214

Nothing follows

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

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

AFFIDAVIT

I, **b(6), b(7)(C)**, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR

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

WITNESSES:

~~www.camp Bucca.com~~ SPC **b(6), b(7)(C)**

ORGANIZATION OR ADDRESS

601 ST ASMC
Camp Bucca

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 26th day of May, 2006 at CAMP BUCCA FLOR

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

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

(Typed Name of Person Administering Oath)

Article 152(B)4
(Authority To Administer Oaths)

INITIALS OF PER **b(6), b(7)(C)** STATEMENT

FOUO

PAGE 3 OF 3 PAGES
ACLU DDII CID ROI 23376

At 0230, 29 May 06, SA **b(6), b(7)(C)** conducted a death scene examination of the rear portion of Compound 7, Theater Internment Facility (TIF), CBI.

Characteristics of the Scene:

Compound 7 was located on the South East corner of the TIF prior to the processing area. The area where Detainee ALI died was located in the rear of the compound on the south side of the compound. The compound was between compound 8 and the process area. The area where Detainee ALI collapsed was approximately 100 yards east to west and about 50 yards North to South. The volleyball court where the detainee collapsed was on the southwest corner of compound 7. (See photos and sketch for details)

Conditions of the Scene:

The area was dark and mostly empty. Most of the detainees were either sleeping or with some exceptions sitting around various locations within the compound. There were no unusual items, smells or problems noticed.

Environmental Conditions:

The ground was dry and the temperature was approximately 75 degrees Fahrenheit.

Factors Pertinent to Entry and Exit (EE):

The compound is secured with concertina wire around the backside of the compound in the area that surrounds the recreation area. There are posted guards 24/7 with constant vigil over the detainees. All detainees had access to the recreation area and the volleyball court.

Scene Documentation:

SA **b(6), b(7)(C)** prepared a death scene sketch and attempted to photograph the scene. There was a lack of proper personnel and the amount of resources consumed by attempting to secure over 800 detainees to exam the volleyball court where the detainee collapsed would not have been worth the risk. There were no signs of foul play and the area was visible from the perimeter tower to allow a sketch to be drawn and distant photographs to be obtained. Photographs were obtained during the daylight hours.

SA **b(6), b(7)(C)**
Special Agent **(b)(7)(F)**

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

Signature **b(6), b(7)(C)**

Date:
5 Jun 06

Exhibit:
10 (1-2)

AGENT'S COMMENT: Due to the lack of proper lighting photographs were postponed.

There was no evidence collected at the scene.

At 1430, 5 Jun 06, SA **b(6), b(7)(C)** completed the scene photos. There was no change in the set up from the first night. Photos were taken from the South side tower, in a clockwise rotation starting from the West. (See photos for details)

////////Last Item////////

SA **b(6), b(7)(C)**
Special Agent **(b)(7)(F)**

21ST Military Police Det (CID)
Camp Buca, APO AE 09375

Signature: **b(6), b(7)(C)**

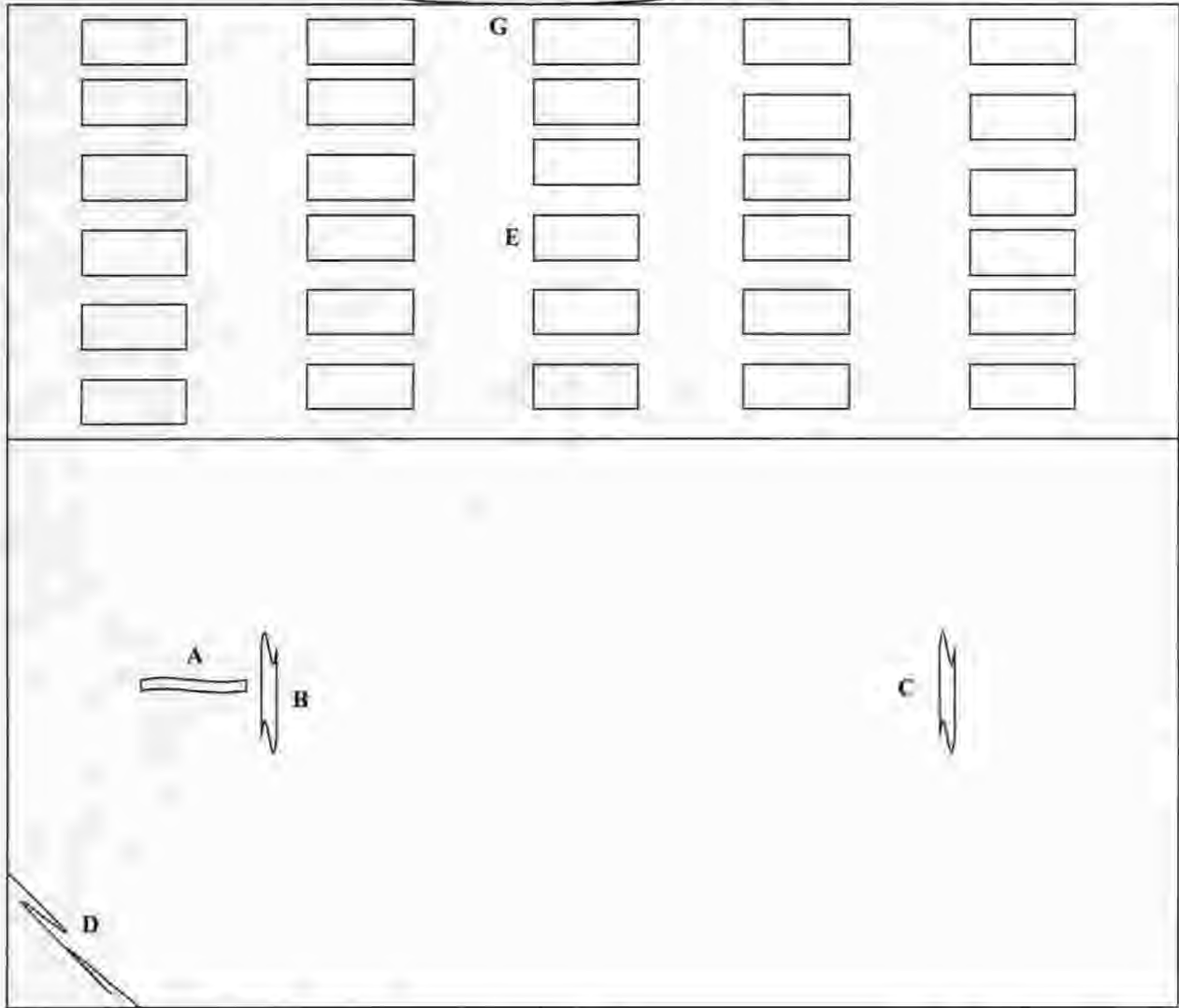
Date:
5 Jun 06

Exhibit:

10(2-2)

CID Form 94

ROUGH DEATH SCENE SKETCH



LEGEND

- A: Volley Ball Net
- B: Soccer Goal
- C: Soccer Goal
- D: Razor wire
- E: Billeting area
- F: Tower Location
- G: Sally port area



Not to Scale

TITLE BLOCK

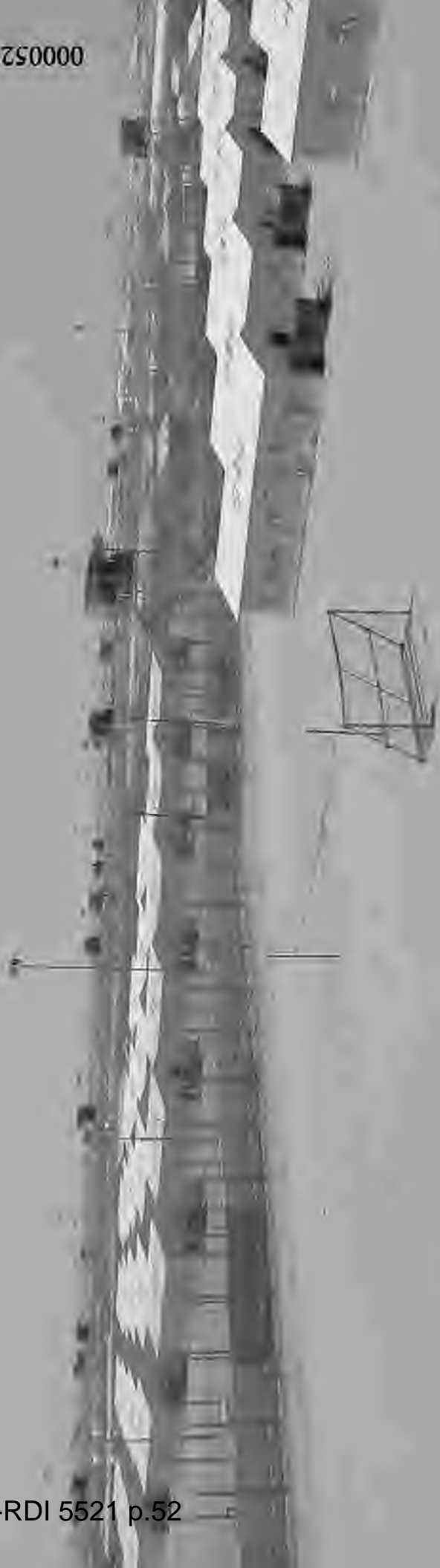
CASE NUMBER: 000066-06-CID579-79214
 OFFENSE: Undetermined Death
 VICTIM: Detainee ALI, Ismael Hamid, ISN: **b(6), b(7)(C)**
 DEPICITING: Open Yard, Compound 7, Theater Internment Facility (TIF)
 LOCATION: Camp Bucca, IZ APO AE 09375
 SKETCH BEGAN: 0230, 29 May 06
 SKETCHED BY: SA **b(6), b(7)(C)**
 VERIFIED BY: SA **b(6), b(7)(C)**



000051

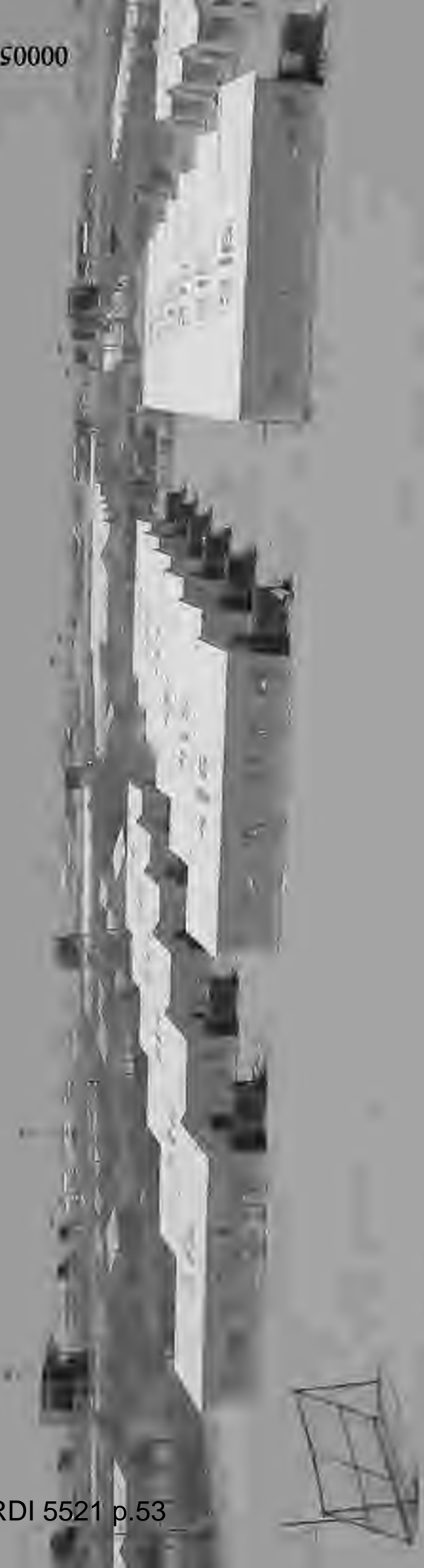
ACLU DDII CID ROI 23383

000052

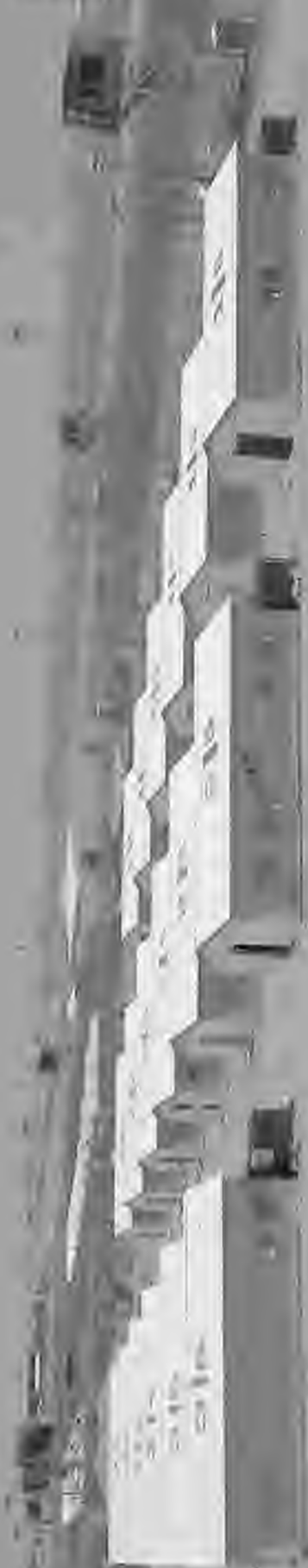


ACLU DDII CID ROI 23384

000053



000054



ACLU DDII CID ROI 23386

550000

ACLU DDII CID ROI 23387



000057

ACLU DDII CID ROI 23389

AGENT'S INVESTIGATION REPORT

0078-06-CID112
0066 06 CID 579 79214

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: On 25 May 06, this office received a Request for Assistance (RFA) (0066-06-CID579-79214), from the 21st Military Police Detachment, 10th Military Police Battalion, APO AE 09375. The request required this office to attend the autopsy of Detainee ALI, ISMAEL HAMID, Internment Serial Number (ISN) **(b)(6), b(7)(C)** who died while in US Custody.

About 0800, 4 Jun 06, SA **(b)(6), b(7)(C)** attended the autopsy of Detainee ALI, ISN US **(b)(6), b(7)(C)** CI, which was conducted by COL (Dr) **(b)(6), b(7)(C)** Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was opined as pending toxicology reports. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD and fingerprints for details)

STATUS: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion. // LAST ENTRY //////////////////////////////////

SA (b)(6), (b)(7)(C), (b)(7)(F)	APG Resident Agency (CID) APG, MD 21005
Sig (b)(6), (b)(7)(C), (b)(7)(F)	Date: 4 Jun 06 Exhibit:

CID Form 94

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ACLU DDII CID ROI 23401

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0066-06-CID579-79214

PAGE 1 OF 3

DETAILS

At 1613, 9 Jun 06, SA **(b)(6), b(7)(C)** interviewed Mr. **(b)(6), b(7)(C)**, Interpreter, L3 Communications, who stated he was present when Detainee ALI was brought to the front of compound 7. Mr. **(b)(6), b(7)(C)** stated he saw a group of detainees carrying Detainee ALI to the front of the compound. The detainees told him that Detainee ALI was playing volleyball and then he had fallen down. He stated he asked the detainees if they knew if Detainee ALI had any health problems or was on any medications, which they responded he did not. Mr. **(b)(6), b(7)(C)** stated a guard called the medics and when the medics arrived Detainee ALI was brought out of the compound. He stated the guards did not assist with the medical treatment. Mr. **(b)(6), b(7)(C)** stated he helped the medics by cutting the shirt of Detainee ALI and putting cold water on his face. He stated he saw the medics hook up the AED to Detainee ALI and then they placed him in the ambulance. Mr. **(b)(6), b(7)(C)** stated he rode in the ambulance to the hospital and saw a medic give CPR to Detainee ALI. He stated the medic also shocked the detainee with the AED once or twice. When they arrived at the hospital he stated he left and went back to the compound. He stated Detainee ALI was unconscious the whole time.

At 1628, 9 Jun 06, SA **(b)(6), b(7)(C)** interviewed SSGT **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** 886th ESFS, C Company, TIF, CBI, who stated he was in the tower closest to the Entry Control Point (ECP) when he saw detainees bring another detainee up to the gate in a blanket. He stated the guards pulled the detainee out of the compound when the medics arrived and they started CPR. He stated he saw them hook the AED up to the detainee and then they put him in the ambulance and transported him to the hospital.

At 1830, 14 Jun 06, SA **(b)(6), b(7)(C)** and Mr. **(b)(6), b(7)(C)** interviewed the following detainees.

Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** who stated he was playing volleyball when Detainee ALI jumped up to hit the ball, and then he just fell down. He stated he helped bring him to the front gate and he was unconscious the whole time. He stated Detainee ALI did not have any health problems that he knew of.

Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** who stated he had left before Detainee ALI fell down.

Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** who stated he was not there when Detainee ALI fell down.

Detainee **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** who stated he was playing on the opposite team when Detainee ALI suddenly fell down. He stated he did not help bring Detainee ALI to the front gate and did not know if he had any health problems.

Detainee **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** who stated he had left the volleyball game before Detainee ALI fell down.

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGN

DATE DDII CID ROI 23463
24 Jun 06

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0066-06-CID579-79214

PAGE 2 OF 3

DETAILS

Detainee **b(6), b(7)(C)** ISN **b(6), b(7)(C)** who stated he was playing volleyball when he saw Detainee ALI suddenly fall down. He stated he did not know him personally.

Detainee **b(6), b(7)(C)** ISN **b(6), b(7)(C)** who stated he left the volleyball game before Detainee ALI fell down.

Detainee **b(6), b(7)(C)** ISN **b(6), b(7)(C)** who stated he left the volleyball game before Detainee ALI fell down.

Detainee **b(6), b(7)(C)** ISN **b(6), b(7)(C)** who stated he left the volleyball game before Detainee ALI fell down.

At 1230, 20 Jun 06, SA **b(6), b(7)(C)** interviewed SSgt **b(6), b(7)(C)** **b(6), b(7)(C)** 886th ESFS, C Company, TIF, CBI, who stated she was working on 25 May 06 when she saw some detainees bring another detainee up to the sally port in a blanket. She stated they did not bring the detainee out of the sally port until the medics arrived. When the medics arrived the detainee was pulled out of the sally port and the medics hooked up the AED to the detainee and put a mask on his face to perform CPR. She stated the detainee was placed in the ambulance and taken to the TIF hospital.

At 1240, 20 Jun 06, SA **b(6), b(7)(C)** interviewed SSgt **b(6), b(7)(C)** **b(6), b(7)(C)** 886th ESFS, C Company, TIF, CBI, who stated he was working on 25 May 06 when he heard the radio call come from charlie tower saying a detainee had dropped. SSgt **b(6), b(7)(C)** stated he called viper base and told viper base to call for the medics. He stated when the medics arrived at the compound they started performing life saving measures on the detainee. He stated they placed the detainee in the ambulance and took him to the TIF hospital. SSgt **b(6), b(7)(C)** stated he heard the medics say the detainee was not breathing and didn't have a heart beat.

At 1250, 20 Jun 06, SA **b(6), b(7)(C)** interviewed TSgt **b(6), b(7)(C)** **b(6), b(7)(C)** 886th ESFS, C Company, TIF, CBI, who stated he was working on 25 May 06 when charlie tower called and said a detainee collapsed by the volleyball court. He stated the detainees brought the detainee who had collapsed up to the sally port in a blanket. He stated he asked the other detainees if he was breathing and they said the detainee who collapsed was breathing. TSgt **b(6), b(7)(C)** stated that they were also dealing with a couple of detainees who were fighting and had pulled one of them out to put in the isolation box. He stated after that detainee was pulled out and put in isolation they pulled the detainee who had collapsed out of the sally port. He stated the medics had arrived and started working on the collapsed detainee. The medics hooked an AED up to the detainee, and a mask with a bag was placed on the detainees face. TSgt **b(6), b(7)(C)** stated he helped with bagging the detainee. He stated when the AED was hooked up to the detainee they didn't get a reading on the AED. TSgt **b(6), b(7)(C)** stated the medics loaded the detainee into the ambulance and transported him to the TIF Hospital.

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **b(6), b(7)(C), b(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGN

DATE DDII CID ROI 23464

ACLU

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0066-06-CID579-79214

PAGE 3 OF 3

DETAILS

About 1700, 23 Jun 06, SA (b)(6), (b)(7)(C) received a Preliminary Autopsy Report from the Armed Forces Institute of Pathology detailing the preliminary autopsy diagnosis. The cause and manner of death were pending the toxicology results were also pending. (See Armed Forces Institute of Pathology detailing the Preliminary Autopsy Diagnosis for details)

At 2134, 23 Jun 06, SA (b)(6), (b)(7)(C) interviewed 1LT (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 886th ESFS, C Company, TIF, CBI, who stated he was working on 25 May 06 when he heard a call go to viper base requesting medics at compound 7. He stated he was at compound 8 when he had heard the call and walked over to compound 7. He stated when he walked up they were pulling the detainee out of the sally port and the medics had just arrived. He stated the medics got there equipment out and he helped by putting the mask on the detainee so they could start giving air to the detainee. He stated he held the mask in place on the detainees face while TSgt (b)(6), (b)(7)(C) was working the bag. He stated the medics had hooked an AED up to the detainee, but it didn't find a shockable rhythm. He stated they loaded the detainee up in the ambulance and headed to the TIF Hospital. He stated he continued to hold the mask in place on the detainees face while one of the medics squeezed the bag. He stated along the way the AED said it had a shockable rhythm and the detainee was shocked once. He stated that they stopped the ambulance and the AED said no shockable rhythm. 1LT (b)(6), (b)(7)(C) stated they proceeded to the hospital where hospital staff took over the care of the detainee.

//////////////////////////////////////LAST ENTRY//////////////////////////////////////

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA (b)(6), (b)(7)(C), (b)(7)(F)


21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGNATURE

DATE 13 Jun 06 EXHIBIT ACLU DDII CID ROI 23465 (3-3)

0066 06 CID 579-79214

0078-06-CID112-

0066 06 CID 579 79214



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: ALI, Ismael Hamid	Autopsy No.: (b)(6)
ISN: (b)(6)	AFIP No.: Pending
Date of Birth: (b)(6) 1974 (32 years)	Rank: Civilian Iraqi Detainee
Date of Death: (b)(6) 2006	Place of Death: Iraq (Camp Bucca)
Date of Autopsy: 04 JUN 1100 hours	Place of Autopsy: Dover Port Mortuary
Date of Report: 05 JUN 2006	

Circumstances of Death:
Ismael H. Ali, a 32 year-old civilian Iraqi detainee

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

Identification:
Ismael Hamid Ali was identified by detention camp wrist bracelet, toe tags and transportation documents. A muscle sample is collected for DNA comparison if needed.

CAUSE OF DEATH:
Pending

MANNER OF DEATH:
Pending

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

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ACLU DDII CID ROI 23467

AUTOPSY REPORT (b)(6)
ALI, Ismael Hamid

0066 06 CID 579 79214

PRELIMINAR AUTOPSY DIAGNOSIS:

I. A. Cardiovascular System:

- Cardiomegaly, 480 grams.
- Heart is submitted for further specialized examination at the Armed Forces Institute of Pathology.

B. Respiratory System:

- Pulmonary edema, extensive, right lung 1730 grams and left lung 1270 grams.
- Frothy fluid fills the trachea and major bronchi.

C. Other Body Systems:

- Passive congestion of liver, spleen and kidneys.

D. Injuries

- A longitudinal superficial abrasion is noted on the posterior surface of the proximal right forearm.
- No evidence of other blunt or shape force trauma.

II: Evidence of Medical Intervention:

- Endotracheal tube, properly positioned.
- Gastric tube.
- Multiple IV lines into both antecubital fossae.
- Urinary catheter, properly positioned.
- EKG pads.

III. Evidence Collection: none

IV. Identification Marks:

- A tattoo (partial name in Arabic) is noted on the anterior surface of the left forearm.
- Two small dark tattoos (dots) are noted on the medial and lateral sides of the right ankle.
- A tattoo of three green dots is noted on the dorsal surface of the left hand.
- Multiple scars are noted of chin and both distal thighs.

VI. Toxicology is pending.

(b)(6)

(b)(6) Medical Examiner

EXCLU

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0066-06-CID579-79214

PAGE 1 OF 1

DETAILS

At 0900, 3 Aug 06, SA **(b)(6), b(7)(C)** received the Final Autopsy Report, ME 06-0465 of Detainee ALI from the Armed Forces Institute for Pathology (AFIP). The report documented the cause of death to be Arrhythmogenic Right Ventricular Dysplasia (Heart Defect) and the manner of death to be natural. Toxicology tests for screened drugs of abuse and medications were negative. (See AFIP report for details)

//////////////////////////////////////LAST ENTRY//////////////////////////////////////

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA **(b)(6), (b)(7)(C), (b)(7)(F)**

21st MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

SIGNATURE

DATE 1 AUG 06 REPORT NUMBER 23469

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0066 06 010579 79214



~~LAW ENFORCEMENT SENSITIVE~~
ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850



(b)(6)

FINAL AUTOPSY REPORT

Name: ALI, Ismael Hamid
ISN: (b)(6)
Date of Birth: (b)(6) 1974 (32 years)
Date of Death: (b)(6) 2006
Date of Autopsy: 04 JUN 1100 hours
Date of Report: 08 JUL 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian Iraqi Detainee
Place of Death: Iraq (Camp Bucca)
Place of Autopsy: Dover Port Mortuary

Circumstances of Death:

Ismael H. Ali is a 32 year-old civilian Iraqi detainee at the Theater Internment Facility at Camp Bucca, Iraq who collapsed while playing volleyball. He was unresponsive to oral commands and made gurgling sounds. He was not breathing and was pulseless with fixed and dilated pupils when received at the nearest medical facility. Basic and advanced cardiac (CPR/ACLS) life support measures were unsuccessful.

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

Identification:

Ismael Hamid Ali was identified by detention camp wrist bracelet, toe tags and transportation documents. A muscle sample is collected for DNA comparison if needed.

CAUSE OF DEATH:

Arrhythmogenic Right Ventricular Dysplasia

MANNER OF DEATH:

Natural

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ACLU DDII CID ROI 23471

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AUTOPSY REPORT (b)(6)
ALI, Ismael Hamid

0066 06 CID579 79214
2

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FINAL AUTOPSY DIAGNOSIS:

I. A. Cardiovascular System:

- Cardiomegaly, mild, 480 grams.
- Heart is submitted for further specialized examination at the Armed Forces Institute of Pathology.
- Arrhythmogenic right ventricular dysplasia.
- Coronary arteries with no significant pathological changes.

B. Respiratory System:

- Pulmonary edema, extensive, right lung 1730 grams and left lung 1270 grams.
- Frothy fluid fills the trachea and major bronchi.

C. Other Body Systems:

- Passive congestion of liver, spleen and kidneys.

D. Injuries

- A longitudinal superficial abrasion is noted on the posterior surface of the proximal right forearm.
- No evidence of other blunt or shape force trauma.

II: Evidence of Medical Intervention:

- Endotracheal tube, properly positioned.
- Gastric tube.
- Multiple IV lines into both antecubital fossae.
- Urinary catheter, properly positioned.
- EKG pads.
- Automatic Defibrillator Pads (2) on the torso.

III. Evidence Collection: none

IV. Identification Marks:

- A tattoo (partial name in Arabic) is noted on the anterior surface of the left forearm.
- Two small dark tattoos (dots) are noted on the medial and lateral sides of the right ankle.
- A tattoo of three green dots is noted on the dorsal surface of the left hand.
- Multiple scars are noted of chin and both distal thighs.

VI. Toxicology:

- Negative.
- Carboxyhemoglobin saturation in the blood is 2% (0-3% saturation is expected in non-smokers).
- Cyanide, negative.
- No evidence of ethanol, screened medications or drugs of abuse.

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AUTOPSY REPORT (b)(6)
ALI, Ismael Hamid

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0066 06 CID 579 79214
3

~~LAW ENFORCEMENT SENSITIVE~~

EXTERNAL EXAMINATION

The unclad body is that of a well-developed, well-nourished male. The body weighs 197 pounds, is 72" in height and appears compatible with the reported age of 32 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The scalp hair is Black and has a Black mustache. The irides are brown. The corneae are dull. The conjunctivae are slightly congested. The sclerae are unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury, and reveal postmortem drying. The teeth are natural and in good condition. Examination of the neck revealed no evidence of injury. The chest is unremarkable. No injury of the ribs or sternum is evident externally. The abdomen is unremarkable. No major surgical scars are noted. The extremities show no evidence of remote or recent trauma. The fingernails are intact. Tattoos are noted on the anterior surface of the left forearm, dorsum of left hand and right ankle. A skin tag is noted behind the right ear. The external genitalia are those of a normal adult circumcised male. The posterior torso is without note.

EVIDENCE OF THERAPY

Endotracheal tube and gastric tube, properly positioned, multiple IV lines into both antecubital fossae, urinary catheter, properly positioned, EKG pads and Automatic Defibrillator Pads.

EVIDENCE OF INJURY

No evidence of major trauma, recent or remote, is identified. An abrasion is noted on the back of the right forearm. Minor scars are noted on the distal thigh, bilaterally.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions are noted of the body cavities. 200 ml of effusion fluid are present in each of the right and left pleural cavities and in the pericardial cavity. No excess fluid is seen in the peritoneal cavity. All body organs are present in the normal anatomical position. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The brain weighs 1470 grams. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions.

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AUTOPSY REPORT (b)(6)

0066 06 CID579 79214
4

ALI, Ismael Hamid

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Transverse sections through the brain stem and cerebellum are unremarkable. No significant pathological changes are noted.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. The hyoid bone and larynx are intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. The heart weighs 480 grams. The aorta and its major branches and the venae cavae and their major tributaries follow the usual distribution and are grossly unremarkable. The heart is fixed in formalin and submitted for further studies. (Please see the Cardiovascular Consultation Report below).

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material, but reveals presence of frothy fluid; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding excessive amounts of edematous fluid; no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1370 grams; the left 1270 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, markedly congested parenchyma with no focal lesions noted. The gallbladder contains dark green mucoid bile; the mucosa is velvety and unremarkable. No stone present. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 2060 grams.

ALIMENTARY TRACT:

The tongue exhibits no evidence of recent injury. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains greenish fluid. The gastric mucosa is congested with no ulceration. The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and grossly unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. The urinary bladder contains no urine (urinary catheter is in place); the mucosa is gray-tan and unremarkable. The right kidney weighs 150 grams; the left 170 grams.

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AUTOPSY REPORT (b)(6)
ALI, Ismael Hamid

0066 06 CID 579 579 214

~~LAW ENFORCEMENT SENSITIVE~~

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 260 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by an OAFME photographer.
2. Full body radiographs document absence of skeletal injuries or evidence of trauma.
3. Specimens retained for toxicological and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents and tissue samples from liver, lung, kidney, spleen, brain, psoas muscle and adipose tissue.
4. Representative sections of organs are retained in formalin for microscopic examination if needed in the future.
5. Clothing, personal effects and military gear are released to the appropriate mortuary operations representative.

CARDIOVASCULAR CONSULT

DIAGNOSIS: Arrhythmogenic Right Ventricular Dysplasia

History: 32 year old male Iraqi detainee who collapsed while playing volleyball.

Heart: 480 grams; normal epicardial fat; closed foramen ovale; normal left ventricular chamber dimensions: left ventricular cavity diameter 40 mm, left ventricular free wall thickness 12 mm, ventricular septum thickness 14 mm.; right ventricular dilatation with fibrofatty replacement, focal transmural scarring, and coarsely trabeculated endocardial surface with focal thickening; mildly thickened and redundant mitral valve leaflets; small fenestration, left coronary cusp of aortic valve; transmural scars, anterior and posterior right ventricle; histological sections show transmural fibrofatty replacement of right ventricle with focal attenuation and vacuolization of myocardial fibers, and rare foci of single cell necrosis with lymphohistiocytic infiltrates; unremarkable left ventricular myocardium.

Coronary Arteries: Normal ostia; right dominance; no gross atherosclerosis

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EXHIBIT 1r(5-7)

AUTOPSY REPORT (b)(6)
ALI, Ismael Hamid

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0066 06 CID579 78214

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OPINION

Ismael Hamid Ali, a 32 year-old Iraqi detainee, who collapsed while playing volleyball at an internment facility, died from cardiac arrhythmia secondary to "arrhythmogenic right ventricular dysplasia. Examination of the heart revealed fibrofatty replacement, transmural scarring and fenestration of the right ventricle. There was no evidence of recent or remote trauma. Toxicological studies were negative for ethanol, screened medications and drugs of abuse. Manner of death is "natural".

(b)(6)

(b)(6) Medical Examiner

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REPLY TO
ATTENTION OF

AFIP-CME-T

~~FOUO~~ 0066 06 CID 579 79214
DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000
~~LAW ENFORCEMENT SENSITIVE~~

TO:

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

PATIENT IDENTIFICATION

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

Name
ALI, ISMAEL HAMID

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: June 12, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD
Date of Incident: (b)(6) 2006 Date Received: 6/6/2006

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 2% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

CYANIDE: There was no cyanide detected in the heart blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

DRUGS: The **URINE** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, 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