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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office, IZ APO AE 09375

30 Mar 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0101-2006-CID579-79226 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 19 OCT 2006, 1000 - 19 OCT 2006, 1048; BUILDING 7, COMPOUND 18A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, IRAQ, APO AE
09375 (CBI)

DATE/TIME REPORTED: 19 OCT 2006, 1048

INVESTIGATED BY:

SA (b)(6), (b)(7)(C), (b)(7)(F)
SA [REDACTED]

SUBJECT:

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

VICTIM:

1. HAMID, FADIL JADUA (DECEASED); CIV; IRAQ; 1 JAN 1978; RAMADI,
IRAQ; MALE; OTHER; BUILDING 7, COMPOUND 18A, THEATER INTERNMENT
FACILITY (TIF), CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375.; XZ ; AKA:
DETAINEE, (b)(6), (b)(7)(C); [DEATH BY NATURAL CAUSES] (NFI)

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

At 1048, 19 Oct 06, this office was notified of a detainee death by the Theater Internment Facility (TIF) Hospital, Tactical Operations Center (TOC), Camp Bucca, Umm Qasr, Iraq, APO AE 09375 (CBI).

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Investigation determined Detainee HAMID was sleeping when other detainees near him were awakened when Detainee HAMID began making choking and gurgling sounds. Medical personnel responded and found Detainee HAMID to be unresponsive. The medical personnel began cardio pulmonary resuscitation (CPR) and transported Detainee HAMID by military ambulance to the TIF Hospital, where he was pronounced dead at 1048, 19 Oct 06, by Dr. (MAJ) (b)(6),(b)(7)(C) 21st Combat Support Hospital (CSH), CBI.

An autopsy conducted determined the cause of death of Detainee HAMID was probable cardiac arrhythmia secondary to concentric left ventricular hypertrophy and the manner of death was death by natural causes. Results of toxicology did not provide any findings that would change the medical examiner's opinion.

STATUTES:

Not Applicable.

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agents Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 19 Oct 06, documenting the basis for investigation, canvass interviews, and witness interviews.
2. AIR of SA (b)(6),(b)(7)(C) 19 Oct 06, documenting the death scene examination.
3. Death Scene Sketch prepared by SA (b)(6),(b)(7)(C) 19 Oct 06.
4. Photographic packet (cd) comprised of five photographs. (USACRC and file copy only)
5. AIR of SA (b)(6),(b)(7)(C) 20 Oct 06, documenting interviews of medical personnel, exposing photographs of Detainee HAMID, collection of Sworn Statements from guards, interviews of witnesses, receipt of the certificate of death, hospital report of death, and medical records.
6. Rover Medics Dispatch Log, 19 Oct 06, documenting the medical call was received at 1003, medics were dispatched at 1005, medics departed the compound at 1018 with detainee HAMID, and arrived at the hospital at 1025.
7. Photographic packet (cd) comprised of ten photographs. (USACRC and file copy only)

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8. Sworn Statement of Seaman Apprentice (b)(6),(b)(7)(C) 19 Oct 06, relating she was in a tower when she observed several detainees carrying a detainee in a blanket to the front of the compound.

9. Detainee Information Sheet of Detainee HAMID, 19 Oct 06, detailing capture information, biographical data, and personal data.

10. Sworn Statement of PO1 (b)(6),(b)(7)(C) 19 Oct 06, detailing his observations and actions when Detainee HAMID was brought to the front of the compound.

11. Sworn Statement of PO2 (b)(6),(b)(7)(C) 19 Oct 06, detailing his observations and actions when Detainee HAMID was brought to the front of the compound.

12. Sworn Statement of Seamar (b)(6),(b)(7)(C) 19 Oct 06, detailing his observations and actions when Detainee HAMID was brought to the front of the compound.

13. Sworn Statement of PO1 (b)(6),(b)(7)(C) 19 Oct 06, detailing his observations and actions when Detainee HAMID was brought to the front of the compound.

14. Sworn Statement of PO3 (b)(6),(b)(7)(C) 19 Oct 06, detailing his observations and actions when Detainee HAMID was brought to the front of the compound.

15. Hospital Report of Death, 19 Oct 06, detailing the preliminary cause of death to be Asystole (no heart beat).

16. Certificate of Death, 19 Oct 06, detailing the time and date of death as 1048, 19 Oct 06.

17. Medical Records of Detainee HAMID, 19 Oct 06, detailing his treatment when he was admitted to the Emergency Room for Asystole and other various documents pertaining to Detainee HAMID's medical care.

18. Arabic Language Statement of Detainee (b)(6),(b)(7)(C) 20 Oct 06, detailing he tried to wake Detainee HAMID when he woke up to hear Detainee HAMID breathing deeply and snoring, and kicking with his legs.

19. English Translation of Exhibit 18, 20 Oct 06, translated by (b)(6),(b)(7)(C)

20. Arabic Language Statement of Detainee (b)(6),(b)(7)(C) 20 Oct 06, detailing he tried to wake Detainee HAMID when he woke up to hear Detainee HAMID breathing deeply and snoring.

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21. English Translation of Exhibit 20, 20 Oct 06, translated by (b)(6),(b)(7)(C)
22. AIR of SA (b)(6),(b)(7)(C) 24 Oct 06, detailing an interview with the compound medic and interview of the pharmacy technician.
23. Compact disc 060101.579 containing all photographic images and the originals of exhibits 4 and 7. (USACRC and file copy only)
24. AIR of SA (b)(6),(b)(7)(C) Aberdeen Proving Ground Resident Agency, 16 Dec 06, documenting the preliminary autopsy report of Detainee HAMID.
25. Preliminary Autopsy Report, ME-06-0981, pertaining to Detainee HAMID.
26. Compact disc, 060101.579, ME 06-098, containing digital images of the autopsy. (USACRC and file copy only)
27. AIR of SA (b)(6),(b)(7)(C) 28 Mar 07, documenting the Final Autopsy Report, Certificate of Death, and Toxicology Report of Detainee HAMID.
28. Final Autopsy Report Examination Report, #ME-06-0980, 14 Feb 07, pertaining to Detainee HAMID.
29. Certificate of Death, 28 Feb 07, pertaining to Detainee HAMID.
30. Toxicology Report, #067322, 1 Nov 06, pertaining to Detainee HAMID.

Not Attached:

None.

The originals of Exhibits 1 thru 5, 7, 8, 10 thru 14, 18 thru 24, 26, and 27 are forwarded with the USACRC copy of this report. The original of Exhibits 6 and 15 thru 17 is retained in the files of the Theatre Internment Facility (TIF) 21st Combat Support Hospital (CSH). The original of Exhibit 9 is retained in the database of the Centralized Operations Police Suite (COPS). The originals of Exhibits 25 and 28-30 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

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

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

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AE 09375
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b(6), b(7)(C)

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AGENT'S INVESTIGATION REPORT

0101-06-CID579-79226

CID Regulation 195-1

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At 1048, 19 Oct 06, this office was notified by the Theater Internment Facility (TIF) Hospital, Tactical Operations Center (TOC) of the death of Detainee HAMID.

Between 1141 and 1240, 19 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) this office interviewed the following detainees all from Compound 18-A:

Detainee (b)(6), (b)(7)(C) Compound Chief, Building 6. Detainee (b)(6), (b)(7)(C) related he was contacted by detainees from building 7 and was told Detainee HAMID was choking and needed help. The compound detainee doctor was summoned and Detainee HAMID was carried to the sally port. Detainee (b)(6), (b)(7)(C) further stated Detainee HAMID was a well liked detainee with no issues and no previous medical complaints.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he was awakened by the commotion and saw Detainee HAMID was breathless, and had a bluish color to his face. Detainee (b)(6), (b)(7)(C) related he went and got the detainee doctor and when he returned about 4 other detainees were carrying Detainee HAMID to the sally port.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he was sleeping to the right of Detainee HAMID when he was awakened by Detainee HAMID's actions. Detainee HAMID was shivering, gurgling and making choking sounds, with his legs shaking uncontrollably. Detainee (b)(6), (b)(7)(C) stated he ran to get the compound detainee doctor and when he returned Detainee HAMID was already dead. Detainee (b)(6), (b)(7)(C) did not know of any previous medical problems, but stated Detainee HAMID received some medications from the medics a few days prior to his death.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he was sleeping to the immediate front of Detainee HAMID and was awakened by Detainee HAMID's gurgling sounds and the kicking of his legs uncontrollably. Detainee (b)(6), (b)(7)(C) then started calling out to Detainee HAMID to determine if he was ok, and noticed his face had turned blue. Detainee (b)(6), (b)(7)(C) did not know of any prior medical issues and stated Detainee HAMID usually walked around the compound. Detainee (b)(6), (b)(7)(C) stated he helped carry Detainee HAMID to the sally port.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he heard the commotion and woke up and helped carry Detainee HAMID to the sally port. He did not notice anything else.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he heard the commotion and woke up to hear the compound doctor state Detainee HAMID was critical and ordered

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

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

Signature:

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

Date:
19 Oct 06

Exhibit:

1-1

CID Form 94

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AGENT'S INVESTIGATION REPORT

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CID Regulation 195-1

PAGE 2 OF 3 PAGES

he be taken to the sally port. Detainee (b)(6), (b)(7)(C) then helped carry Detainee HAMID to the sally port using the detainee's blanket.

Detainee (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he was awakened by the commotion and heard the compound detainee doctor order Detainee HAMID be taken to the sally port. Detainee (b)(6), (b)(7)(C) then helped carry Detainee HAMID to the sally port.

Detainee (b)(6), (b)(7)(C) Building 8 Detainee (b)(6), (b)(7)(C) related he was the first cousin of Detainee HAMID and stated he was sleeping when several detainees entered his building and stated his cousin was hurt. Detainee (b)(6), (b)(7)(C) immediately went to help and assisted in carrying Detainee HAMID to the sally port. Detainee (b)(6), (b)(7)(C) stated Detainee HAMID was laughing and joking earlier in the morning and showed no signs of illness or any other medical problems. He stated however, Detainee HAMID was extremely stressed out about his kids. Detainee (b)(6), (b)(7)(C) stated Detainee HAMID received some pain medication from the medics four days prior to his death for gum problems. Detainee (b)(6), (b)(7)(C) did no know of any previous medical issues and stated everyone in the compound liked him. Detainee HAMID was not athletic but did like to walk around the compound. Detainee (b)(6), (b)(7)(C) provided the following address as a notification method for Detainee HAMID's family.

Mayor: (b)(6), (b)(7)(C) Zangora, Al Anbar Ramadi

Detainee (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C) Building 7. Detainee (b)(6), (b)(7)(C) related he woke up and Detainee HAMID was already dead. He then assisted in carrying him to the sally port.

The following detainees were also interviewed and stated they did not see anything. They stated they were awakened by the noise but Detainee HAMID was already gone from the building. None of these detainees knew Detainee HAMID very well and could provide no history on him. All the detainees lived in Building 7 with Detainee HAMID.

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

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

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

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

Date:
19 Oct 06

Exhibit:
/- 2

CID Form 94

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

The following detainees were interviewed and stated they were not involved in anyway, and woke up to see Detainee HAMID been carried to the sally port. None knew Detainee HAMID very well and could provide no prior medical history. All the detainees were from Building 7.

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

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

At 1246, 19 Oct 06, Inv (b)(6), (b)(7)(C) 508th MP Battalion, TIF, CBI, briefed SA (b)(6), (b)(7)(C) on the status of the interviews of the guards. Coordination was made to have the statements picked up once closed out and completed. None of the guards saw anything significant other then the detainees bringing Detainee HAMID to the sally port.

//////////////////////////////////////LAST ITEM//////////////////////////////////////

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

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

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

Date:
19 Oct 06

Exhibit:

1-3

CID Form 94

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AGENT'S INVESTIGATION REPORT

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DETAILS

DEATH SCENE EXAMINATION: Between 1215 and 1245, 19 Oct 06, SA (b)(6), (b)(7)(C) conducted a death scene examination of Building 7, Compound 18A, TIF, CBI.

CHARACTERISTICS OF THE SCENE: Building 7 is a concrete, metal, and wood building located in the west side of Compound 18A and was the third building on the west side. Building 7 is a one story building, approximately 20 feet wide and 60 feet long, and was used as a living area for numerous detainees. There were two main Entry/Exit ways (E/E) to the building. One E/E was centered in the east wall and one E/E was centered in the west wall of the building. Building 7 is surrounded by building 6 to the north and building 8 to the south.

CONDITIONS OF THE SCENE: Compound 18A appeared to be lived in. The compound had eight caravans, four on the east side and four on the west side. There were several detainees outside the caravan's walking around.

ENVIRONMENTAL CONDITIONS: At the time of the death scene examination, the outside temperature was approximately 110 degrees Fahrenheit.

FACTORS PERTINENT TO ENTRY/EXIT: Access to the building could be gained through the east E/E and the west E/E. Access to Compound 18A could be gained through a gate (sally port) on the north side of the compound. The compound was enclosed by cyclone and concertina wire.

SCENE DOCUMENTATION: SA (b)(6), (b)(7)(C) exposed digital photographs of the death scene using a Nikon Coolpix 995 digital camera with automatic flash and SA (b)(6), (b)(7)(C) drafted a death scene sketch. (See compact disk and death scene sketch for details)

COLLECTION OF EVIDENCE: No evidence was collected.

AGENT'S COMMENT: About 1215, 19 Oct 06, SA (b)(6), (b)(7)(C) attempted to prepare a complete death scene examination of Compound 18A, TIF, CBI; however, because of a lack of security within the TIF compounds, a death scene examination was not able to be thoroughly completed. Approximately 182 detainees, most who are detained for violent acts against coalition forces, reside in the essentially autonomous compound. Security forces infrequently enter the compound, and much of the administration of daily happenings rests with detainee leaders. A security force of adequate size was not available to provide security; therefore, all documentation was completed from the ECP of Compound 18A.

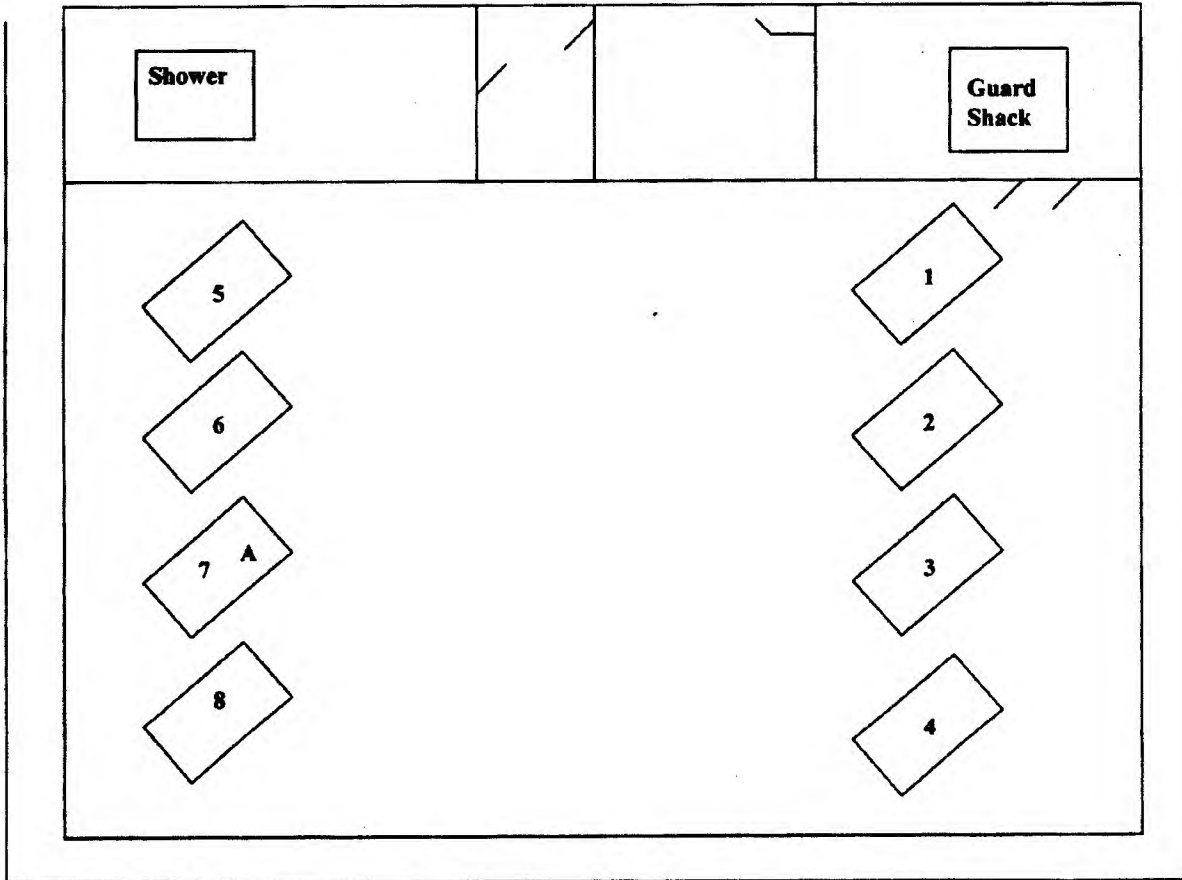
//////////////////////////////////////LAST NTRY//////////////////////////////////////

TYPE AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		21 st MP DET (CID) (FWD) Camp Bucca CID Camp Bucca, IZ APO AE 09375	
SIGNATURE (b)(6), (b)(7)(C)	DATE 19 Oct 06	EXHIBIT 2	

CID F

ROUGH DEATH SCENE SKETCH

Official Numbering of Buildings



LEGEND

A: Proposed location of incident

N



Not to Scale

TITLE BLOCK

CASE NUMBER: 0101-06-CID579-79226

OFFENSE: Undetermined Death

VICTIM: Detainee Fadil Jadua HAMID, (b)(6), (b)(7)(C)

DEPICITING: Compound 18A, Theater Internment Facility (TIF)

LOCATION: Camp Bucca, IZ APO AE 09375

SKETCH BEGAN: 1215, 19 Oct 06

SKETCHED BY: SA (b)(6), (b)(7)(C)

VERIFIED BY: SA (b)(6), (b)(7)(C)

Exhibit 3

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PHOTOGRAPHIC PACKET B**

CASE NUMBER: 0101-06-CID579-79226

<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPH</u>
<u>Crime Scene\11.JPG</u>	Photograph depicting 1 st 360 degree photo of compound 18A.
<u>Crime Scene\12.JPG</u>	Photograph depicting 2 nd 360 degree photo of compound 18A counter clockwise.
<u>Crime Scene\13.JPG</u>	Photograph depicting 3 rd 360 degree photo of compound 18A counter clockwise.
<u>Crime Scene\14.JPG</u>	Photograph depicting 4 th 360 degree photo of compound 18A counter clockwise.
<u>Crime Scene\15.JPG</u>	Photograph of the west side of building 7.

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Exhibit 4-1

ACLU DDII CID ROI 23622

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FOUO

LAW ENFORCEMENT SENSITIVE

0101 06 CID 579 79226

Crime Scene
Compact Disc Containing Photos 1 thru 5

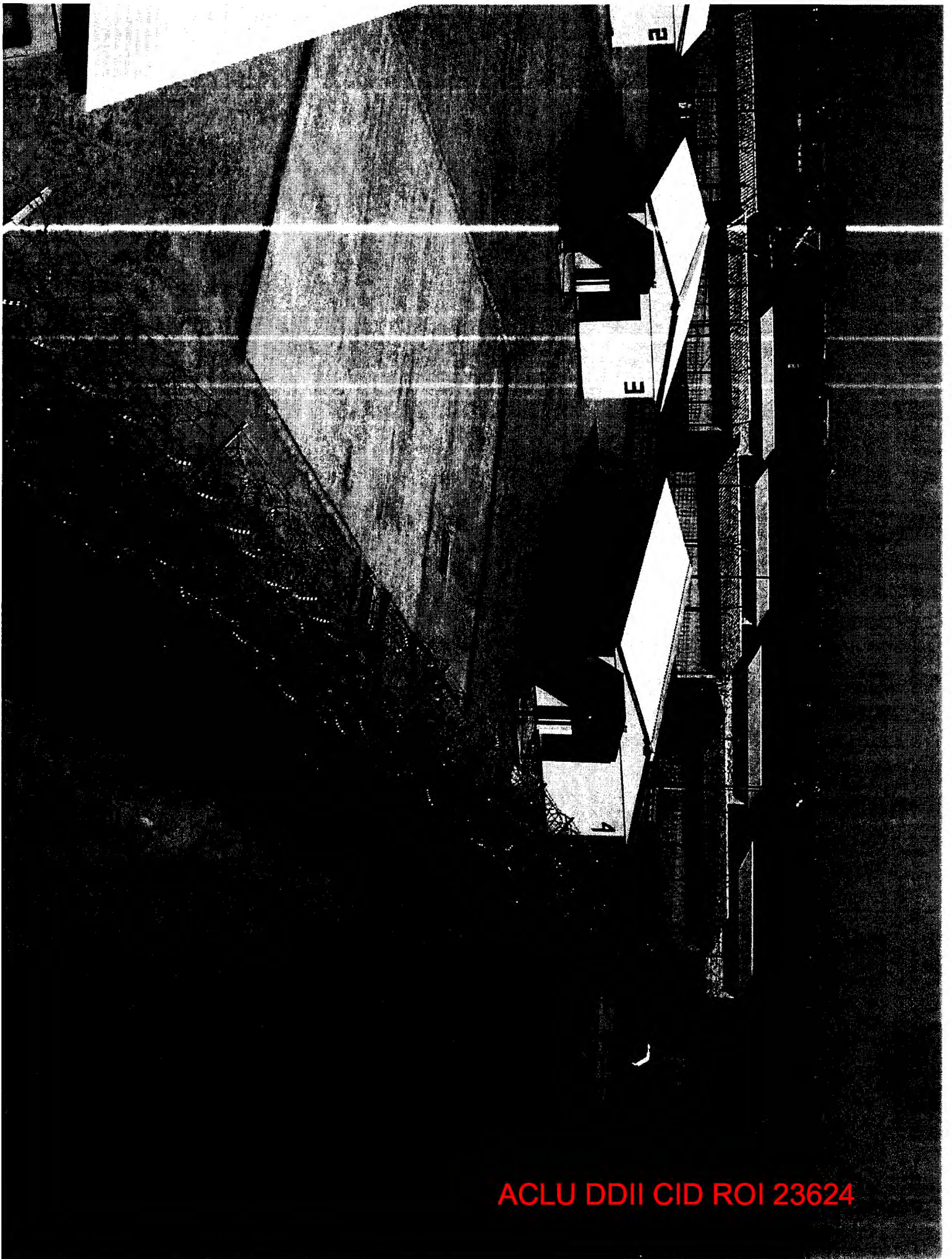
0101 06 CID 579 79226

FOUO
EXHIBIT 4-2

LAW ENFORCEMENT SENSITIVE

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ACLU DDII CID ROI 23624

AGENT'S INVESTIGATION REPORT

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DETAILS

At 1115, 19 Oct 06, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) 21st Combat Support Hospital (CSH), Theater Internment Facility (TIF), Camp Bucca, Umm Qasr, Iraq, APO AE 09375 (CBI), Medic, who stated they received a call for an unresponsive detainee in Compound 18A. He stated when they arrived at the compound the detainee was still in the holding area and was being moved out of the compound. He stated as soon as the detainee was out of the compound they checked him and found he had no pulse and was not breathing. SPC (b)(6), (b)(7)(C) stated he started Cardiopulmonary Resuscitation (CPR) and they loaded the detainee on the ambulance. He stated he stayed in the back with the detainee and put in a J tube to gain entrance to the airway. SPC (b)(6), (b)(7)(C) also stated oxygen was given to the detainee. SPC (b)(6), (b)(7)(C) stated they arrived at the hospital and hospital personnel took over the care of the detainee. SPC (b)(6), (b)(7)(C) stated he did not see any signs of trauma on the detainee. SPC (b)(6), (b)(7)(C) provided the Rover Medics Dispatch Log which detailed the medical call was received at 1003, they were dispatched at 1005, and they departed the compound at 1018 and arrived at the hospital at 1025. (See Rover Medics Dispatch Log for details)

At 1125, 19 Oct 06, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) 21st CSH, TIF, CBI, Medic, who stated they received a call for an unresponsive detainee in Compound 18A. He stated when they arrived the detainee was still in the holding area and was being moved out of the compound. He stated he noticed the detainee did not appear to be breathing while he was in the holding area. SPC (b)(6), (b)(7)(C) stated he retrieved a breathing bag from the ambulance and as soon as the detainee was removed from the compound they started CPR and loaded the detainee into the ambulance. SPC (b)(6), (b)(7)(C) stated he drove the ambulance to the hospital and did not have any further contact with the detainee. SPC (b)(6), (b)(7)(C) stated he did not see any signs of trauma on the detainee.

At 1140, 19 Oct 06, SA (b)(6), (b)(7)(C) interviewed Dr. (MAJ) (b)(6), (b)(7)(C) 21st CSH, TIF, CBI, Doctor, who stated he was advised by the medics who transported Detainee Fadil Jadua HAMID, Internment Serial Number (b)(6), (b)(7)(C) Compound 18A, TIF, CBI that he had no pulse and no respirations. Dr. (b)(6), (b)(7)(C) stated they checked Detainee HAMID, and he had no heart rhythm, no pulse, and no respirations. He stated Advanced Cardiac Life Support (ACLS) measures and ACLS medications were administered. He stated no pulse was obtained and the detainee's heart never regained a viable rhythm throughout the ACLS procedures. At 1048, 19 Oct 06, he pronounced Detainee HAMID dead. He stated he listed the cause of death as Asystole (no heart rhythm), and the manner of death as unknown. Dr. (b)(6), (b)(7)(C) stated he did not see any trauma on Detainee HAMID.

At 1155, 19 Oct 06, SA (b)(6), (b)(7)(C) exposed digital photographs of Detainee HAMID while in the Emergency Room of the TIF Hospital, TIF, CBI, using a Nikon Coolpix 995 digital camera. (See Photographic Compact Disc for details)

At 1204, 19 Oct 06, SA (b)(6), (b)(7)(C) collected a Sworn Statement from Seaman Apprentice (SA) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Navy Provisional Detainee Battalion (NPDB), TIF, CBI, who related she was in the guard tower when she saw several detainees carry another detainee to the front of the compound. (See Sworn Statement for details)

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

21st MP DET (CID) (FWD)

Camp Bucca CID
Camp Bucca, IZ APO AE 09375

SIGNATURE

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

DATE
20 Oct 06

EXHIBIT

571

CID FOR

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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DETAILS

At 1430, 19 Oct 06, SA (b)(6), (b)(7)(C) reviewed the Detainee Reporting System (DRS) and obtained a detainee information sheet on Detainee HAMID which revealed he was captured on 18 Jul 06 and his personal information. (See Detainee Information Sheet for details)

At 1615, 19 Oct 06, SA (b)(6), (b)(7)(C) collected Sworn Statements from CPO (b)(6), (b)(7)(C) 508th Military Police Battalion (MP BN), Military Police Investigator, who obtained statements from the guards listed below at Compound 18A relating their actions and observations when Detainee HAMID was brought to the front of the compound. (See Sworn Statements for details)

- PO1 (b)(6), (b)(7)(C) NPDB, TIF, CBI.
- PO2 (b)(6), (b)(7)(C) NPDB, TIF, CBI.
- SN (b)(6), (b)(7)(C) NPDB, TIF, CBI.
- PO1 (b)(6), (b)(7)(C) NPDB, TIF, CBI.
- PO3 (b)(6), (b)(7)(C) NPDB, TIF, CBI.

At 1630, 19 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) this office, interviewed Detainee (b)(6), (b)(7)(C) Compound 18A, TIF, CBI. Detainee (b)(6), (b)(7)(C) stated that Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Compound 18A, TIF, CBI, woke him up and told him Detainee HAMID could hardly breathe. He stated he went to caravan 7 and saw that Detainee HAMID wasn't breathing and had no pulse. He stated he told the detainees in the caravan to take him to the front of the compound so the guards could give Detainee HAMID medical attention. He stated he did not perform any lifesaving measures on Detainee HAMID, because he didn't have any medical equipment. Detainee (b)(6), (b)(7)(C) stated he believes Detainee HAMID was dead before he left the compound and stated while they were in the holding area he checked Detainee HAMID'S eyes and the pupils were fixed and dilated. Detainee (b)(6), (b)(7)(C) stated he was an Anesthesiologist since 2000. Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) stated that most of the detainees in caravan 7 were sleeping when he went into the caravan.

At 1640, 19 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) who stated he was standing outside caravan 7 when another detainee told him to go and get the doctor Detainee (b)(6), (b)(7)(C). He stated he was not in caravan 7 when the incident occurred.

At 1650, 19 Oct 06, SA (b)(6), (b)(7)(C) obtained the medical records of Detainee HAMID from the Patient Administration Division (PAD), TIF Hospital, TIF, CBI. The medical records contained the Hospital Report of Death, the Certificate of Death, and all medical records since 29 Jul 06 which listed no significant medical data. The Certificate of Death listed the cause of death as Asystole and the manner of death as unknown. (See Hospital Report of Death, Certificate of Death, and Medical Records for details)

TYPE AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C)	21 st MP DET (CID) (FWD) Camp Bucca CID Camp Bucca, IZ APO AE 09375
SIGN (b)(6), (b)(7)(C)	DATE 10 Oct 06 ACU DDII CID ROI 23631 EXHIBIT 5

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0101-06-CID579-79226

PAGE 3 OF 3

DETAILS

At 0956, 20 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) obtained an Arabic Language Statement from Detainee (b)(6), (b)(7)(C) in which he related he was sleeping when he woke up to Detainee HAMID'S deep breathing and snoring. He stated he tried to wake Detainee HAMID from his sleep but he did not respond. He stated Detainee (b)(6), (b)(7)(C) went to go get the Doctor and when he came to check Detainee HAMID, the Doctor told the detainees to take him to the front of the compound. Detainee (b)(6), (b)(7)(C) stated he helped carry Detainee HAMID to the front of the compound. (See Arabic Language Statement for details)

AGENT'S COMMENT: Detainee (b)(6), (b)(7)(C) was sleeping to the immediate front of Detainee HAMID. In Detainee (b)(6), (b)(7)(C) statement he refers to Detainee HAMID as Abu Abass and Detainee (b)(6), (b)(7)(C) Detainee (b)(6), (b)(7)(C) was not very proficient in his writing ability, but managed to write a short statement.

At 1001, 20 Oct 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) obtained an Arabic Language Statement from Detainee (b)(6), (b)(7)(C) in which he related he was sleeping when he woke up hearing a deep breathing or hard snoring from Detainee HAMID. He stated he tried to wake Detainee HAMID, but Detainee HAMID did not respond. Detainee (b)(6), (b)(7)(C) related he went to get the Doctor and when the Doctor looked at Detainee HAMID he told the other detainees to carry him to the front. (See Arabic Language Statement for details)

AGENT'S COMMENT: Detainee (b)(6), (b)(7)(C) was sleeping on the right side next to Detainee HAMID. Detainee (b)(6), (b)(7)(C) was not very proficient in his writing ability, but managed to write a short statement.

At 1100, 20 Oct 06, SA (b)(6), (b)(7)(C) obtained the English Translation of Detainee (b)(6), (b)(7)(C) Arabic Language Statement from Mr. (b)(6), (b)(7)(C) (See English Translation for details)

At 1130, 20 Oct 06, SA (b)(6), (b)(7)(C) obtained the English Translation of Detainee (b)(6), (b)(7)(C) Arabic Language Statement from Mr. (b)(6), (b)(7)(C) See English Translation for details)

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

TYPE AGENT'S NAME AND SEQUENCE NUMBER		21 st MP DET (CID) (FWD)	
SA	(b)(6), (b)(7)(C)	Camp Bucca CID	
SIGN	(b)(6), (b)(7)(C)	DATE	EXHIBIT
		20 Oct 06	45-3

CID

Rever Medic
DISPATCH LOG

DATE: 19 OCT 06

ISN	CM PD	Receive Time	Dispatch Time	Depart Time	Chief Complaint	Treatment / Disposition	STAFF COMMENTS	MEDIC
186929	2	1813	1819	1841	SWOLLEN JAW	EMT @ 1846		(b)(6)
170719	17	1900	1915	2004	FEBRILE ILLNESS	TREATED AT CMPD	800MG MOTRIN / COLD PACK	
187239	16	2212	2219	2247	FOOT PAIN	NONE	REFERRED TO CMPD MEDIC	
189206	5D	0529	0534	0600	TORN STITCHES	EMT @ 0603	CLEANED AND REBANDAGED	
189863	15	0538	0605	0642	FEVER	EMT @ 0650	BICILLIN SHOT/POSSIBLE STRIPTHROAT	
188389	15B	0612	0612	0642	FEVER	PT LEFT @ CMPD	60mg SUDAFED	
[REDACTED]								

LAW ENFORCEMENT SENSITIVE
ACLU-BD/CITB EXPIRES 06/06/20

~~LAW ENFORCEMENT SENSITIVE~~

~~FOUO~~
010 1 06 C10579 79226

**FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE
PHOTOGRAPHIC PACKET A**

CASE NUMBER: 0101-06-CID579-79226

<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPH</u>
<u>Death\1.JPG</u>	Identifying photograph of Detainee HAMID.
<u>Death\2.JPG</u>	Photograph of victims body from head to toe.
<u>Death\3.JPG</u>	Photograph of the front upper section of the deceased.
<u>Death\4.JPG</u>	Photograph of the front mid section of the deceased.
<u>Death\5.JPG</u>	Photograph of the front lower section of the deceased.
<u>Death\6.JPG</u>	Photograph of the front lower section of the deceased.
<u>Death\7.JPG</u>	Photograph of the back upper section of the deceased.
<u>Death\8.JPG</u>	Photograph of the back mid section of the deceased.
<u>Death\9.JPG</u>	Photograph of the back lower section of the deceased.
<u>Death\10.JPG</u>	Photograph of where medical personnel placed an IV.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Exhibit 7-1

ACLU DDII CID ROI 23635

000021

FOUO

SWORN STATEMENT 010106 CID579 79226

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

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 18 ALPHA TOWER	2. DATE (YYYYMMDD) 20061019	3. TIME 1204	4. FILE NUMBER (b)(6), (b)(7)(C)
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS E-2	
8. ORGANIZATION OR ADDRESS NPDG-2 NAVY PROVINCIAL DETAINEE BATTALION			

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

AT APPROXIMATELY 1000 ON 20061019, AFTER COMPLETING COMPOUND 18 ALPHA TOWER WATCH TURNOVER, I NOTED 10-15 DETAINEES DRAGGING ONE BODY ON A STANDARD ISSUED BLANKET. I REPORTED TO THE ALPHA QUAD SECTION LEADER, WHO IS CURRENTLY AT THIS TIME OM² (b)(6), (b)(7)(C) THAT I WAS CURRENTLY OBSERVING SEVERAL DETAINEES DRAGGING A SINGLE BODY TO THE INNER QUAD SALLY-PORT. OM² (b)(6), (b)(7)(C) AZ³ (b)(6), (b)(7)(C) AND AN (b)(6), (b)(7)(C) ALL EXITED THE ALPHA QUAD GUARD SHACK TO INVESTIGATE. THE STATUS OF THE DETAINEE WAS REPORTED TO THE COMPOUND CONTROL TEAM CONTROLLER AND GUARDIAN CONTACTED MEDICAL. AT APPROXIMATELY 1007 MEDICAL PERSONNEL ARRIVED. EXTRA COMPOUND 18 PERSONNEL PROVIDED SECURITY WHILE 4 ALPHA QUAD DETAINEES REMOVED THE BODY AND PLACED IT IN THE MEDICAL VEHICLE. THE MEDICAL PERSONNEL DEPARTED AT 1022 WITH ONE DETAINEE. NOTHING FURTHER TO REPORT. /// END OF STATEMENT ///

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT' DATED _____

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

FOUO

010 1 06 C10579 79226

STATEMENT OF

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

ENFORCEMENT SENSITIVE

ED 20061019

9. STATEMENT (Continued)

NOT USED

(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 UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11 day of Oct, 2006 at DALLAS, TEXAS.

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

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ARTICLE 136 (Authority To Administer Oaths)

FOUO

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

FOUO

Detainee Information Sheet

DATE (YYYYMMDD)
2006/10/19

NAME (Last, First, M) (AKA)
HAMID, FADIL JADUA

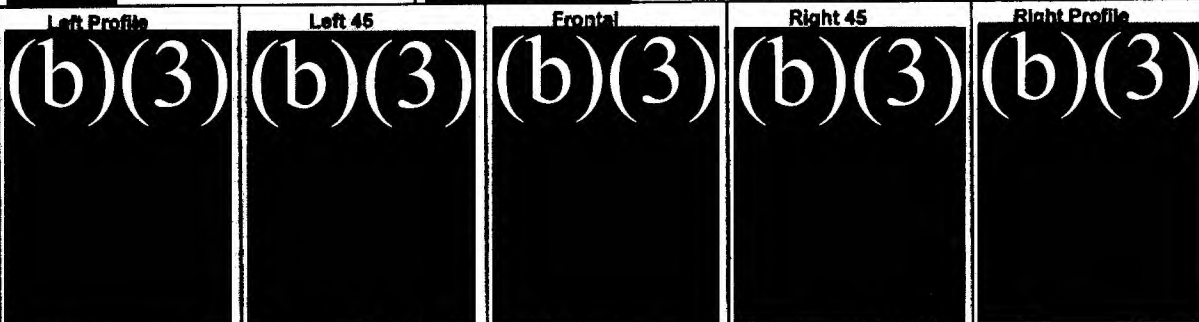
LAW ENFORCEMENT SENSITIVE

01010601057979226

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

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

HOUSING
COMPOUND 18A-



Theater CENTCOM	Power Served IRAQ	Capturing Country UNITED STATES OF AME	ICRC	Compound COMPOUND 18A
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Capture Tag (DD2745) AA-6323	Capture Date 2006/07/18	Capture By 3RD LAR	Circ. of Capture UNKNOWN	Grid/Coor RAMADI
---------------------------------	----------------------------	-----------------------	-----------------------------	---------------------

Physical Condsition GOOD	Enemy Unit	Hard Labor NO	Marrital Status Married
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Foreign ISN	MI Number	Sex Male	Age 28	Date of Birth 1978/01/01
-------------	-----------	-------------	-----------	-----------------------------

Race OTHER	Ethnic Group UNKNOWN	Nationality IRAQ	Religion SUNNI-ISLAM	Hair Color BLACK	Eye Color BROWN
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Confinement Type DETAINED	Military Service	Height 69	Weight 152	Custody MIN
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Presence IN FACILITY	Status GENERAL POPULATION	Place of Birth RAMADI IRAQ
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Citizenship IRAQ	Place of Confinement CAMP BUCCA 310TH MP BN UMM QASR, GV (318) 853-1500	Arrival Date 2006/08/24
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Sentence Information:

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

Offenses:

Offense	Offense Date	Age	Sent. Num	PCO
	2006/07/18	28		X
	2006/07/18	28		X
MURDER, KIDNAPPING, THEFT, OBSTRUCTING PUBLIC HIGHWAY	2006/07/18	28		X

Languages:

Language	Skill Level
ARABIC-IRAQ	3

Property:

Property	Date	Tag	Disposition	Qty
PILLS			STORE ROOM	4
25000 DINAR			STORE ROOM	1
10000 DINAR			STORE ROOM	5
5000 DINAR			STORE ROOM	12
1000 DINAR			STORE ROOM	13
500 DINAR			STORE ROOM	12
250 DINAR			STORE ROOM	12
50 USD			STORE ROOM	1

FOUO

Family Address:

Address	City	State	Phone	From Date	To Date	HOR
	RAMADI					Yes

LAW ENFORCEMENT SENSITIVE
ACLU DDY CID ROI 23650

FOUO

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent authority is AR 190-45, 010 Aug 06 CID 579 79226

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 18 CAMP BUCCA IRAQ** 2. DATE (YYYYMMDD): **20061119** 3. TIME: **1215** 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: **E6**

8. ORGANIZATION OR ADDRESS: **NPDB 1ST PROVISIONAL DETAINEE BATTALION**

9. **(b)(6), (b)(7)(C)** WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON 19 OCT 06 AT APPROXIMATELY 1000 WHILE MONITORING MY 100M RADIO I HEARD A CALL FROM THE A QUAD TOWER REPORTING TO THE A QUAD SHACK THAT SEVERAL DETAINEES WERE CARRYING ANOTHER DETAINEE TOWARD THEIR HOLDING AREA. I STARTED TOWARD THE A QUAD SHACK TO SEE IF MEDICAL WOULD NEED TO BE CALLED. UPON ARRIVAL TO THE QUAD SHACK I WAS MET BY PETTY OFFICER **(b)(6), (b)(7)(C)** WHO TOLD ME THE DETAINEE WAS UNCONCIOUS AND HAD NO PULSE. I THEN ORDERED MY CONTROLLER, PS3 **(b)(6), (b)(7)(C)** TO CONTACT MEDICAL. WITHIN MINUTES TWO (2) **(b)(6), (b)(7)(C)** ARMY MEDICAL PERSONNEL ARRIVED ON THE SCENE. AT THIS POINT WE HAD FOUR (4) DETAINEES WITH SIX (6) GUARDS REMOVE THE DETAINEE FROM THE HOLDING AREA THROUGH THE SHACK PORT. THE ARMY PERSONNEL CUT OFF THE UNCONCIOUS DETAINEES SHIRT AND IMMEDIATELY STARTED ADMINISTERING CPR. **(b)(6), (b)(7)(C)** THE ARMY PERSONNEL INSTRUCTED PETTY OFFICER **(b)(6), (b)(7)(C)** ON CPR THEN LOADED THE DETAINEE ONTO THEIR VEHICLE AND DEPARTED THE COMPOUND. AT THIS POINT I ORDERED PETTY OFFICER **(b)(6), (b)(7)(C)** TO START FILLING OUT AN OBSERVATION REPORT. I THEN GATHERED THE REPORT FROM HIM AND ORDERED HIM TO CONDUCT AN ISN COUNT AND LOCK THE DETAINEES IN THE HOLDING AREA. I THEN HEADED TO THE ACT SHACK WHERE I MET ARMY CAPTAIN **(b)(6), (b)(7)(C)** AND MASTER SERGEANT. THEY TOOK THE OBSERVATION REPORT. I ASKED ABOUT US SUBMITTING A SPOT REPORT AND WAS TOLD BY CAPT. **(b)(6), (b)(7)(C)** THAT IT WAS ALREADY BEING TAKEN FOR ACTION. AT THIS POINT CHIEF WARRANT OFFICER **(b)(6), (b)(7)(C)** ARRIVED AND TOOK CONTROL OF THE SCENE. // **(b)(6), (b)(7)(C)**

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

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

NOT USED

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

ACLU DDII CID ROI 23852

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1215 DATED 19 OCT 66

9. STATEMENT (Continued) No STATEMENT THIS PAGE (b)(6), (b)(7)(C)

LAW ENFORCEMENT SENSITIVE

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 3. 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:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 15th day of October, 1966, at Camp Bucca, Iraq

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

ORGANIZATION OR ADDRESS

(Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

FOUO ART 136 (b) (1) (Authority To Administer Oaths)

TIAL STATEMENT

LAW ENFORCEMENT SENSITIVE EXHIBIT 23853

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
3. ORGANIZATION OR ADDRESS			

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER.
HERE BE INDICATED.

FOUO

SWORN STATEMENT 0101 06 CID579 79226

For use of this form, see AR 190-45; the proponent agrees to this

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 18 / ALPHA QUAD	2. DATE (YYYYMMDD) 20021019	3. TIME 1259	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 / ACTIVE	
3. ORGANIZATION OR ADDRESS NPDB-2 NAVAL PROVISIONAL DETAINEE BATTALION 2			

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

AT OR ABOUT 1000, 19 OCT 2002, ALPHA TOWER WATCH RADIOED ALPHA QUAD ABOUT SEVERAL DETAINEES CARRYING A DETAINEE IN A BLANKET WALKING TOWARDS THE HOLDING AREA. ONCE IN THERE, DETAINEE "DOCTOR" (b)(6), (b)(7)(C) INFORMED ME THAT DETAINEE (b)(6), (b)(7)(C) WAS UNCONCIOUS, UNRESPONSIVE WITH NO PULSE AND NO BREATHING. (b)(6), (b)(7)(C) THAN REQUESTED FOR A LIGHTER, BUT ACTUALLY MEANT A FLASHLIGHT. I THAN TOLD A23 CLARK TO GRAB THE LANTERN (b)(6), (b)(7)(C) THAT WAS IN THE SHACK. WE THAN GAVE IT TO (b)(6), (b)(7)(C) AND WATCH HIM USE IT TO CHECK THE DETAINEE ISN (b)(6), (b)(7)(C) EYES, STILL NO RESPONSE. AT THE SAME TIME I INFORMED CSL AND CPT OF THE SITUATION AND TO CONTACT MEDICAL ASAP. THE SOG, ICI (b)(6), (b)(7)(C) ARRIVED ON-SCENE AND INFORMED HIM ALSO OF THE SITUATION. AT ABOUT 1006, I REQUESTED FOR SEVERAL GUARDS TO GET DRESSED OUT FOR SECURITY PURPOSES. I ALSO INFORMED AN (b)(6), (b)(7)(C) AND A23 (b)(6), (b)(7)(C) TO GET DRESSED. AT ABOUT 1010, I INFORMED (b)(6), (b)(7)(C) THAT I NEEDED EVERYONE OUT OF THE HOLDING AREA WITH THE EXCEPTION OF 4 DETAINEES TO HELP CARRY DETAINEE (b)(6), (b)(7)(C). AT ABOUT 1012, 5 GUARDS IN FULL GEAR WERE SET FOR SECURITY. AT ABOUT 1014, THE MEDICAL TRUCK ARRIVED OUTSIDE THE ALPHA QUAD ENTRANCE. 2 MEDICS ARRIVED ON-SCENE. I THAN HAD THE 4 DETAINEES GO INTO THE SALLY PORT WITH (b)(6), (b)(7)(C). I THAN HAD ONE DETAINEE LOCK THEMSELVES INTO THE SALLY PORT, HE GAVE ME THE KEY, AND THAN UNLOCKED THE OTHER LOCK TO EXIT THE SALLY PORT INTO THE SHACK AREA. WITH 2 PERSONNEL POSTING GUARD, WHICH INCLUDED MYSELF, THE 4 DETAINEES PROCEEDED TO CARRY (b)(6), (b)(7)(C) THROUGH THE SHACK AREA AND FOLLOWING THE 2 MEDICS OUTSIDE OF THE QUAD AREA TOWARDS THE

EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" DATED FOUO
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER. IT BE BE INDICATED.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

NOT USED

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

NAME OF PERSON MAKING STATEMENT

ACLU DDJ CID ROI 23656

FOUO

0101 86 CID579 79226

STATEMENT OF

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

TAKEN AT

CAMP BUCCAIRAA

DATED

19 OCT 2006

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

MEDICAL VEHICLE. I THEN ESCORTED THE 4 DETAINEES WITH 3 OTHER GUARDS BACK TO THE SALLY PORT AND BACK INTO THE GENERAL POPULATION. AT ABOUT 1014, I MEDIC AND AZ3 (b)(6), (b)(7)(C) PROCEEDED TO DO CPR ON (b)(6), (b)(7)(C) AT 1016, (b)(6), (b)(7)(C) LOADED ONTO THE MEDICAL VEHICLE WITH AZ3 (b)(6), (b)(7)(C) AS AN ESCORT. AT ABOUT 1018, MEDICAL VEHICLE DEPARTED THE COMPOUND. AT ABOUT 1020, I WAS INFORMED BY ICI (b)(6), (b)(7)(C) THAT AN OBSERVATION REPORT WAS NEEDED. I THEN STARTED FILLING ONE OUT AND TURNED IT INTO ICI (b)(6), (b)(7)(C) AT ABOUT 1040. AT ABOUT 1045, ICI (b)(6), (b)(7)(C) INFORMED (b)(6), (b)(7)(C) OF ME IN CCT WHILE SIGNING MY OBSERVATION REPORT THAT AN ISN COUNT HAD TO BE DONE. AT ABOUT 1050, WE COMMENCED ISN COUNT FOR ALL DETAINEES IN ALPHA QUAD. UPON COMPLETION, I HAD (b)(6), (b)(7)(C) LOCK THEMSELVES INTO THE HOLDING AREA. ONCE ALL DETAINEES WERE LOCKED, ICI (b)(6), (b)(7)(C) LTJG (b)(6), (b)(7)(C) AND CWO (b)(6), (b)(7)(C) SHOWED UP AND INFORMED US OF THE ACTIONS THEY WERE TAKING WITH THE DETAINEES. // (b)(6), (b)(7)(C)

AFFIDAVIT

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

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 6. 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)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19th day of October, 2006 at Camp Bucca, Iraq

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

Oath)

(Typed Name of Person Administering Oath)

FOUO (4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

TIALS OF PERSON

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

LAW ENFORCEMENT SENSITIVE

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

ACLU ID RO I 23657

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
3. ORGANIZATION OR ADDRESS			

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER
TO BE INDICATED.

FOUO

0101 06 CID 579 79226

SWORN STATEMENT

For use of this form, see AR 190-46, 19 Nov 1970.

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 18 CAMP BUCCA
2. DATE (YYYYMMDD): 2006 10 19
3. TIME: 1305
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-3
3. ORGANIZATION OR ADDRESS: NAVY PROVISIONAL DETAINEE BATTALION

1. (b)(6), (b)(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
AT 0757 TO ABOUT 1015, I WAS BEING RELIEVED FROM ALPHA TOWER WATCH WHEN ME AND AA (b)(6), (b)(7)(C) WITNESSED FROM THE TOWER, LOOKING DOWN TOWARDS MY AREA OF SIGHT, SAW A GROUP OF DETAINEES HOLDING WHAT LOOKED LIKE A BLANKET CARRYING A LONG HEAVY OBJECT, ON MY WAY TO THE ALPHA QUAD SHAQ, I COULD NOT SEE WHAT WAS GOING ON INSIDE THE HOLDING AREA DUE TO THE WATER CLOSET AND DETAINEES WALKING BACK AND FORTH. WHEN I ARRIVED I SAW A DETAINEE LAYING DOWN ON THE BLANKET THAT WAS BEING CARRIED BY THE GROUP OF DETAINEES I SAW EARLIER PLUS MORE DETAINEES CROWDING AROUND THE DETAINEE LAYING DOWN. I WAS TOLD AT ABOUT 1015 TO APPROXIMATELY OR AROUND 1015 TO DRESS OUT IN FULL BATTLE RATTLE FOR THE ESCORTING OF THE DETAINEE WHO WAS IN THE BLANKET LAYING DOWN. AT THIS POINT I THOUGHT TO LOOK AT MY WATCH CLOCK BUT REALIZED I LET THE TOWER GUARD BORROW IT FOR THE TOWER GUARD HAD NO TIME TELLING DEVICE TO USE IN LOGGING IN SHEETS. APPROXIMATELY 5 TO 10 MINUTES LATER THE MEDICAL TRUCK ARRIVED AND TWO ARMY MEDICS CAME OUT TO ASK THE COMPOUND CHIEF WHAT HAPPENED. AT APPROXIMATE 1020 TO 1030 OR 1015 TO 1020 I ESCORTED THE DETAINEE ALONG WITH A GROUP OF ABOUT 4 OTHER DETAINEES TO CARRY THE LAID OUT DETAINEE IN BLANKET TO THE 4 CORNERS AREA OF OUR COMPOUND WHERE THE

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT' DATED FOUO
: BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER. IT BE BE INDICATED.

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

NOT USED

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

NAMES OF PERSON MAKING STATEMENT

ACLU DDJ CID ROI 23660

FOUO

0101 06 610579 79226

STATEMENT OF (b)(6), (b)(7)(C)

LAW ENFORCEMENT SENSITIVE

2006 10 19

B. STATEMENT (Continued)

MEDICAL TRUCK WAS PARKED, THE DETAINEE WAS THEN PLACED ON A STRETCHER, WHO WAS ON THE BLANKET, WITH HELP FROM 2 OR 3 GUARDS AND WAS PLACED ON THE GROUND. THE TWO ARMY MEDICS BEGAN DOING CPR OR SOMETHING ON THE DETAINEE. AT ABOUT OR APPROXIMATELY ESTIMATED AT 18:20 TO 18:35 THE DETAINEE WAS PUT ON THE MEDIC TRUCK ESCORTED BY PETTY OFFICER (b)(6), (b)(7)(C) AND WAS CLOSED UP AND SENT OUT OF THE COMPOUND. I RETURNED TO ALPHA QUAD SHACK AND UN-EQUIPPED MY GEAR AND SIGNED IN MY GEAR. I RETURNED TO DO SOME ROVES.

(2 GUARD STATION)

GAITHER RATTLE

SOP DICTATED

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

AFFIDAVIT

(b)(6), (b)(7)(C) HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. 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)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19th day of October, 2006 at Camp Bucca, Iraq

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

(Oath)

(Typed Name of Person Administering Oath)

FOUO

SGT 136 (b)(4)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

TITLE OF PERSON MAKING STATEMENT

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

LAW ENFORCEMENT SENSITIVE

PAGE 2 OF 2 PAGES

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

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: 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		2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME			6. SSN	7. GRADE/STATUS
3. ORGANIZATION OR ADDRESS				
2.				

I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER. BE BE INDICATED.

FOUO

SWORN STATEMENT 010 1 06 C10579 79226

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

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: Compound 18 Camp Bucca Iraq
2. DATE (YYYYMMDD): 20061019
3. TIME (b)(6), (b)(7)(C): 1531331
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-6

8. ORGANIZATION OR ADDRESS: NAVAL PROVISIONAL DETAINEE BATTALION

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

I WAS AT THE CCT SHACK WHEN THE "A" QUAD LEADER (Q17^c) CALLED OVER THE RADIO THAT MEDICAL WAS REQUIRED IN ALPHA. I IMMEDIATELY DEPARTED FOR ALPHA QUAD SHACK AND REQUESTED OVER THE RADIO THE EXACT NATURE OF THE REQUEST. Q17^c REPLIED THAT THE DETAINEE WAS REPORTED BY THE OTHER INTERNEES TO BE UNCONSCIOUS AND NOT BREATHING. THE CONTROLLER ROGERED UP AND ASKED FOR THE DETAINEE'S LSN. BY THIS TIME I HAD ARRIVED AT THE ALPHA QUAD SHACK AND SAW THE DETAINEE LYING ON A BLANKET BEING USED AS AN IMPROVISED STRETCHER BY THE OTHER INTERNEES. ON SCENE ALREADY WAS Q17^c, IC' (SOG) AZ^s; AN C' REPLIED TO THE CONTROLLER (PS³) THAT IT NEEDED TO BE REPORTED IMMEDIATELY WITH MORE TO FOLLOW. PS³ ROGERED AND FORWARDED THE INFO RIGHT AWAY. WHILE AWAITING FOR THE MEDICS, ALL OF ALPHA PERSONNEL DRESSED IN THEIR PPE AS WELL AS A COUPLE OF VOLUNTEERS FROM OTHER QUADS TO REMOVE THE DETAINEE. I OBSERVED THE DETAINEE FOR A MOMENT AND DID NOT NOTICE HIS CHEST RISING AND FALLING AF AND I WENT TO THE

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

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

FOUO

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

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

ADJUTANT

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

FOUO

0101 06 CID 579 79226

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1331 DATED 19 OCT 2006
LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

OF THE COMPOUND TO OBSERVE THE ARRIVAL OF THE MEDICS. WHEN THEY ARRIVED I RETURNED TO ALPHA QUAD. THE MEDICS ENTERED AND OBSERVED THE DETAINEE FOR A MOMENT AND ~~WE ENTERED~~ WE OPENED THE SALLY PORT TO ALLOW FOUR INTERNEES TO CARRY THE DETAINEE OUT TO THE AMBULANCE. THEY RETURNED TO THE HOLDING AREA IMMEDIATELY, ESCORTED BY SEVERAL GUARDS. THE MEDICS BEGAN CPR AND AFTER A COUPLE OF MINUTES LOADED THE DETAINEE INTO THE AMBULANCE AND LEFT WITH A Z³ ONBOARD AS WELL.
/// END OF STATEMENT ///

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 3. 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 ANY BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR INDUCEMENT.

(b)(6), (b)(7)(C) (Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19th day of October, 2006 at Camp Bucca Iraq

(b)(6), (b)(7)(C) MPI (Administering Oath)

(Type Name of Person Administering Oath)

FOUO 166 (b)(4) (Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

LAW ENFORCEMENT SENSITIVE

ACLU DDIVE CID ROI 23665

EXHIBIT 009050

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS
8. ORGANIZATION OR ADDRESS			

9. I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER.
FIRST BE INDICATED.

FOUO

SWORN STATEMENT
LAW ENFORCEMENT SENSITIVE

0101 06 CID 579 79226

For use of this form (IA FORM 2823, DEC 1998)

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 18 ALPHA QUAD	2. DATE (YYYYMMDD) 20061019	3. TIME 1420	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 E4/ACTIVE	
8. ORGANIZATION OR ADDRESS NPDB-2 NAVAL PROVISIONAL DETAINEE BATTALION -2			

9. 1. **(b)(6), (b)(7)(C)** **AZ3 USN** ^{PROVIDED QUAD ALPHA}, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 I WAS FINISHING UP MY ROVE^{ME} AND HEARD OVER THE RADIO THAT THE DETAINEES WERE DRAGGING SOMETHING IN A BLANKET UP TO THE HOLDING AREA. I THEN RAN OVER TO THERE TO SEE WHAT IT WAS. UPON ARRIVAL I NOTICED A GROUP OF DETAINEES Huddled around **(b)(6), (b)(7)(C)** ^{WHO APPEARED UNCONSCIOUS} ONE OF OUR INTERPRETERS IS A DOCTOR AND TOLD ^{ME} THAT **(b)(6), (b)(7)(C)** DID NOT HAVE A PULSE AND WASNT BREATHING. BY THAT TIME ALPHA QSL QM2 **(b)(6), (b)(7)(C)** HAD ARRIVED. THE DOCTOR ASKED ME FOR SOME SORT OF LIGHT TO CHECK THE DILATION OF THE UNCONSCIOUS DETAINEE'S PUPILS. I RAN INTO THE GARD SHACK AND RETRIEVED A FLASHLIGHT. WHEN THE DOCTOR CHECKED **(b)(6), (b)(7)(C)** PUPILS, THEY DID NOT DILATE. QM2 **(b)(6), (b)(7)(C)** NOTIFIED CCT OF THE SITUATION. I BELIEVE THAT CCT QUICKLY NOTIFIED MEDICAL BECAUSE MOMENTS AFTER I PUT ON MY KEVLAR AND FLACKJACKET THEN GRABBED A PAIRS OF LATEX GLOVES AS WELL AS A BATON THE AMBULANCE ARRIVED. THE ARMY SPECIALISTS WHO WERE MEDICS ASKED US FOR AN INTERPRETER, MOMENTS AFTERWARD THE U.S. CONTRACTOR KNOWN AS **(b)(6), (b)(7)(C)** ARRIVED. WE TOLD HIM TO RELAY TO THE REST OF THE DETAINEES TO GET BACK EXCEPT FOR FOUR OF THEM TO HELP ^{CARRY} **(b)(6), (b)(7)(C)** TO THE AMBULANCE. BY THEN, THERE WERE SEVERAL ^{PEOPLE} GUARDS WEARING ARMOR AND ARMED WITH SHOTGUNS/BATONS TO ESCORT THE DETAINEE "LITTER TEAM" AFTER THEY SET **(b)(6), (b)(7)(C)** DOWN AND WE BROUGHT THE DETAINEES BACK INSIDE THE QUAD I RAN OVER TO THE MEDICS BECAUSE THEY NEEDED AN ESCORT TO GO WITH THEM. AT THE TIME, THE DETAINEE WAS LYING ON THE GROUND AND THE MEDICS WERE ATTEMPTING TO REVIVE HIS BREATHING. THEY ASKED ME TO HOLD HIS JAW OPEN SO THAT ^{THEY} COULD CREATE AN AIRWAY AS THEY PUMPED HIS CHEST AND PLACED A BREATHING APPARATUS OVER HIS FACE. WE ATTEMPTED TO REVIVE HIM FOR ABOUT TWO MINUTES UNTIL ONE OF THE MEDICS GRABBED

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF <u>2</u> PAGE (b)(6), (b)(7)(C)
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ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT' AT _____ DATED _____
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

A LITTER AND TOLD US TO LAY THE DETAINEE ON IT. I BACKED AWAY AS THEY PLACED HIM ON, THEN GRABBED ONE END OF THE LITTER. THEN ONE OF THE MEDICS AND I LIFTED [REDACTED] WITH THE LITTER AND [REDACTED] UP, ROTATED POSITIONS TO MAKE HIM GO IN HEAD FIRST. AND FOUR OTHER GAWKS RUSHED TO THE LITTER TO HELP PUT THE DETAINEE IN CAREFULLY. AFTERWARDS I CLIMBED INTO THE AMBULANCE AND ASKED THE MEDIC WHAT I COULD DO TO HELP. HE TOLD ME TO PLACE ONE OF MY HANDS ON TOP OF THE OTHER, INTERLACE MY FINGER, MAKE A SORT OF FIST, AND CONTINUOUSLY PUMP [REDACTED] CHEST AS THE MEDIC AGAIN PLACED THE BREATHING APPARATUS OVER THE DETAINEE'S FACE. THIS PROCEDURE IS KNOWN AS CCR (NOT CPR) ACCORDING TO THE MEDIC. WE DID THAT ALL THE WAY TO THE HOSPITAL. UPON ARRIVAL AT THE HOSPITAL MEDICS OPENED THE AMBULANCE DOORS TO EXTRACT THE DETAINEE. THEY IMMEDIATELY TOOK HIM BACK TO WHAT I BELIEVED TO BE THE E.R. I WAITED FOR A LITTLE BIT INSIDE THE HOSPITAL AND EVENTUALLY OVER HEARD ONE OF THE MEDICAL STAFF SAYING, "THEY'RE CALLING IT." I WAITED A LITTLE LONGER IN CASE I COULD HELP WITH ANY KNOWLEDGE OF THE DETAINEE AND AFTER ABOUT 20 MINUTES I ASKED FOR A RIDE BACK TO THE COMPOUND (18). A MEDIC DROPPED ME OFF AT 17 BECAUSE THE ROAD WAS BLOCKED AND I WALKED THE REST OF THE WAY. SHORTLY AFTER I GOT BACK TO ALPHA QUAD, CID ARRIVED AND I WAS TOLD TO WRITE THIS STATEMENT.

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) A23 USU, HAVE READ OR HAD READ TO ME THE STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED 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)

(Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS AND STATEMENT

ACLU DDH CID ROI 2868

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1470 DATED 2006/01/19
LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

A LITTER AND TOLD US TO LAY THE DETAINEE ON IT. I BACKED AWAY AS THEY PLACED HIM ON, THEN GRABBED ONE OF THE LITTER. ONE OF THE MEDICS AND I LIFTED THE DETAINEE USING THE LITTER AND ROTATED HIM TO BRING HIM INTO THE AREA. AMBULANCE HEAD-FIRST. IMMEDIATELY, THREE OR FOUR OTHER GAARDS RUSHED TO FACILITATE PLACING THE DETAINEE IN CAREFULLY. AFTERWARDS I CLIMBED INTO THE AMBULANCE AND ASKED THE MEDIC WHAT I COULD DO TO HELP. HE TOLD ME TO PUT ONE OF MY HANDS ON TOP OF THE OTHER, INTERLACE MY FINGERS AND FORM A SORT-OF FIST, THEN CONTINUOUSLY PUMP (b)(6), (b)(7)(C) CHEST AS THE MEDIC PLACED AN OXYGEN MASK OVER HIS FACE. THIS PROCEDURE IS KNOWN AS CUR (NOT CPR) ACCORDING TO THE MEDIC. WE TRIED REVIVING HIM ALL THE WAY TO THE HOSPITAL. UPON ARRIVAL, THE HOSPITAL MEDICS OPENED THE AMBULANCE DOORS TO EXTRACT THE DETAINEE. THEN THEY IMMEDIATELY TOOK HIM BACK TO WHAT I BELIEVED TO BE THE E.R. I WAITED THERE FOR APPROXIMATELY 30MINS. IN CASE THEY NEEDED MORE KNOWLEDGE OF THE DETAINEE. DURING MY STAY I OVER HEARD ONE OF THE MEDICAL STAFF SAYING "THEY'RE CALLING IT." SOON AFTER I ASKED FOR A RIDE BACK TO MY COMPOUND. UPON MY ARRIVAL TO ALPHA QUAD I MET WITH CID WHO ASKED ME TO WAIT MY TURN TO WRITE THIS STATEMENT. ///ECS/// (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 3. 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)

(Signature)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19th day of October 2006

at Camp Bucca Iraq

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

(Signature)

(Signature)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

ART 136 (b)(4)

(Authority To Administer Oaths)

FOUO

IN (b)(6), (b)(7)(C) TAKING STATEMENT

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL: 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	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME		6. SSN	7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS

9. I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"

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

~~FOUO~~

HOSPITAL REPORT OF DEATH

NAME AND LOCATION OF HOSPITAL 0101 68 C 10 579 79220

FOR USE OF THIS FORM, SEE AR 40400; THE PROPRIETARY AGENCY IS OFFICE OF THE SURGEON GENERAL.

Instructions - Medical Officer in attendance must complete this report. Prepare, in one copy only, items 1 through 10 and submit them 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) HAMID, FADIL JADUA SI - CAMP BUCCA, IRAQ (b)(6)	2. TIME OF DEATH (Hour-day-month-year) 1048-(b)(-06	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION SUNNI-ISLAM	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" 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, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) ASYSTOLE	UNKNOWN
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1) (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.	

9. DATE (b)(6) -06	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	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 checked="" 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

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ C I D R O I 23672-5
EXHIBIT 000056

CERTIFICATE OF DEATH (MILITARY)
Acte de décès (D'Officier-Militaire)

010 1 06 CID 579 79226

NAME OF DECEASED (Last, First, Middle) HAMID, FADIL JADUA		GRADE Grade LAW ENFORCEMENT SENSITIVE	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation DETAINEE CAMP BUCCA, IRAQ		NATION (e.g., United States) Pays IRAQ	DATE OF BIRTH Date de naissance (b)(6)/78	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARTIAL STATUS État Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input checked="" type="checkbox"/> SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> NEGROID Négróide	<input type="checkbox"/> MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent UNK		RELATIONSHIP TO DECEASED Parenté du décédé avec le suédis UNK		
STREET ADDRESS Domicile à (Rue) UNK		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris) UNK		

MEDICAL STATEMENT Déclaration médicale	
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. ASYSTOLE	
INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès UNKNOWN	
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 ²	

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures ** UNKNOWN CAUSE OF DEATH **
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 (l'heure, le jour, le mois, l'année) 1048 (b)(6) 06	PLACE OF DEATH Lieu de décès CAMP BUCCA, IRAQ (TIF HOSPITAL)
---	--

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 (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6)
---	---

GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse CAMP BUCCA, IRAQ (TIF HOSPITAL)
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DATE Date (b)(6) 06	SIGNATURE Signature (b)(6)
-------------------------------	--------------------------------------

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
⁴ Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.

~~FOUO~~
STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-1, the proponent agency is **0201 06 CID579 79226**

THRU: (Include ZIP Code)	TO: (Include ZIP Code)	FROM: (Include ZIP Code)
LAW ENFORCEMENT SENSITIVE		

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) HAMID, FADIL JADUA	2. SSN (b)(6)	3. GRADE SI
4. ORGANIZATION AND STATION DETAINEE CAMP BUCCA, IRAQ	5. ACCIDENT INFORMATION a. DATE (b)(6) -06 b. PLACE (City and State) CAMP BUCCA, IRAQ	

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

6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input checked="" type="checkbox"/> DEAD ON ARRIVAL	7. NAME OF HOSPITAL OR TREATMENT FACILITY CAMP BUCCAS, TIF-ER		<input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY
8. HOUR AND DATE ADMITTED DEAD ON ARRIVAL (b)(6) 06@1048	9. HOUR AND DATE EXAMINED (b)(6) 06 @ 1048		
10. NATURE AND EXTENT OF **** UNKNOWN **** <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH			
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify): b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: **** UNKNOWN ****			

12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input checked="" type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD NONE
--	--	--

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)
PT WAS FOUND DOWN, UNRESPONSIVE WITH NO PULSE ON VITAL SIGNS

16. DATE (b)(6) -06	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR (b)(6)
------------------------	---

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

19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY: <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE		20. HOUR AND DATE OF ABSENCE a. FROM b. TO	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED 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			
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING		23. HOUR AND DATE TRAINING a. BEGAN b. ENDED	
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING			
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL
29. 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			

30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)

31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER FOUO	35. SIGNATURE
----------	---	---------------

DA FORM 2173, OCT 72

REPLACES DA FORM 2173, 1 JUN 66, WHICH IS OBSOLETE

USAPPC V2.00

~~LAW ENFORCEMENT SENSITIVE~~ CID ROI 23674
 EXHIBIT 000058

~~FOUO~~
STATEMENT OF IDENTIFICATION

For use of this form, see AR 638-2; the proponent agency is ODCSPER

NAME OF DECEASED (Last, First, MI) GRADE SSN ~~030106~~ ~~0157979226~~ DATE OF INCIDENT

HAMID, FADIL JADUA

~~LAW ENFORCEMENT SENSITIVE~~

(b)(6) 06

ORGANIZATION AND BASE
CAMP BUCCA, IRAQ (TIF HOSPITAL)

PLACE OF DEATH/INCIDENT
CAMP BUCCA, IRAQ (TIF HOSPITAL)

CONDITION OF REMAINS (Describe briefly in Narrative below)

<input checked="" type="checkbox"/> Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	<input checked="" type="checkbox"/> Visual Recognition	<input checked="" type="checkbox"/> Identification Tag(s)
Other (Explain in Narrative)			

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	DD Form 2064
SF 601	Photo		

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

~~FOUO~~

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USPA V1.00

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 17-2
ACLU DDII CD RO 23675
000059

~~FOUO~~ TAI

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is DCSPER

INTERMENT SERIAL NUMBER

FROM:

~~LAW ENFORCEMENT SENSITIVE~~

0101 06 CID579 79226

TO:



NAME (Last, first, MI) HAMID, FADIL JADUA		GRADE SI	SERVICE NUMBER (b)(6)
NATIONALITY IRAQ	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE RAMADI 2006/07/18	
PLACE OF BIRTH RAMADI, IRAQ		DATE OF BIRTH (b)(6) /78	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN UNK		FIRST NAME OF FATHER UNK	
PLACE OF DEATH CAMP BUCCA, IRAQ (TIF-HOS)	DATE OF DEATH (b)(6) 06	CAUSE OF DEATH UNK	
PLACE OF BURIAL UNK	DATE OF BURIAL UNK		
IDENTIFICATION OF GRAVE UNK			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

- RETAINED BY DETAINING POWER
- FORWARDED WITH DEATH CERTIFICATE TO (Specify)
- FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH/BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

PT WAS FOUND DOWN, UNRESPONSIVE WITH NO PULSE ON VITAL SIGNS

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE (b)(6) 06	(b)(6)
	SIGNATURE OF COMMANDING OFFICER	
	WITNESSES	
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS

~~FOUO~~

DA FORM 2669-R, MAY 82

~~LAW ENFORCEMENT SENSITIVE~~ CID 23676

EXHIBIT 010106

~~FOUO~~ 010 1 06 CID 579, 79 226 A

Patient: BUCCA (b)(6)
Facility: WBH770

Date (b)(6) 2006 1155 AST
Clinic: 21ST TF MED (BUCCA)

Appt Type: ROUN
Provider: (b)(6)

~~LAW ENFORCEMENT SENSITIVE~~

AutoCites Refreshed by (b)(6) (b)(6) 2006 1210 AST

Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
No Allergies Found.

Screening Written by (b)(6) (b)(6) 2006 1155 AST

Appointment Reason For Visit: being unresponsive to human contact;

Selected Reason(s) For Visit: .
being unresponsive to human contact (New) Comments:

Vitals
Vitals Written by (b)(6) (b)(6) 2006 1155 AST

BP: 1/0, HR: 0, RR: 0, T: 0 °F, O2: 0,

SO Note Written by (b)(6) (b)(6) 2006 1229 AST

Chief complaint
The Chief Complaint is: Cardiac arrest

Reason for Visit
Visit for: PT was found down, unresponsive without a pulse at 1010. Bystanders said that he has been down for approx ten minutes prior to the arrival of EMS.

Past medical/surgical history
Reported History:
No past medical history reported.

Physical findings
Head:
• Normal No sings of injury

Eyes:
General/bilateral:
• Eyes: Pupils dilated and unresponsive to light

Ears, Nose, Throat:
• Normal Unremarkable except for bilat cerumen impaction

Neck:
• Normal.

Lymph Nodes:
• Normal.

Chest:
• Normal.

Lungs:
• Normal.

Cardiovascular system:
• Cardiovascular system: No heart sounds

Back:
• Normal.

Abdomen:
• Normal.

Name: BUCCA. B300892	Sex: M	Sponsor: BUCCA, (b)(6)
FMP/SSN: (b)(6)	Tel H:	Rank:
DOB: (b)(6) 1977	Tel W:	Unit:
PCat:	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

~~LAW ENFORCEMENT SENSITIVE~~

CID ROI 23677
EXHIBIT 000067

Urinary system:
 • Genital findings were normal.

Skin:
 • Skin: (+) central cyanosis

Musculoskeletal system:
 General/bilateral: * Musculoskeletal system: normal.

~~**LAW ENFORCEMENT SENSITIVE**~~

AP Written by (b)(6) (b)(6) 2006 1235 AST

1. CARDIAC ARREST

Comments: PT arrived in trauma room at 1020. PT intubated 1022, IV established, Monitor showed asystole, CPR begun immediately on pt's arrival. After first rounds of epi/atropine fine V-fib noted on monitor. ACLS protocols followed PT shocked total of five times, Na bicarm, D50 and calcium chloride given IV. Lidocaine 100mg IV given after fine v-fib noted. PT had persistent agonal rhythm. PT's pupils fixed and dilated, arrived in asystole after min of ten minutes down in field and most likely more like 20. 28 minute resuscitation made for 48 min resus min. Code called at 1048.

Disposition Written by (b)(6) (b)(6) 2006 1235 AST

Released Without Limitations

Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By (b)(6) 2006 1235

(b)(6)

Name: BUCCA , (b)(6)	Sex: M	Sponsor: BUCCA , (b)(6)
FMP/SSN: (b)(6)	Tel H:	Rank:
DOB: (b)(6) 1977	Tel W:	Unit:
PCat:	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

~~**LAW ENFORCEMENT SENSITIVE**~~

ACLU DDII CID ROI 23678
EXHIBIT 000062

~~FOUO~~

0101 06 CID579 79226

CODE

General Medicine Complaints

~~LAW ENFORCEMENT SENSITIVE~~

TRIAGE

DAT (b)(6) TIME 1020 emergent urgent non-urgent

(b)(6)

(b)(6)

NAME: _____
 D.O.B _____ AGE: _____ (M) / F
 HISTORIAN: patient paramedics family _____
 ARRIVAL MODE: car EMS police _____
 PCP: none _____
 IMMUNIZATIONS: current / referral _____
 tetanus _____ flu _____ pneumovax _____

VITALS
 BP _____ / _____ P _____ RR _____ temp _____ TM O R Ax
 O₂ Sat% _____ RA / O₂ _____

TREATMENT PTA see EMS Report IV O₂ _____
 Medications _____
 Interventions _____
 NONE

CHIEF COMPLAINT found Down at
 Started _____ hrs / days ago 1010 unresponsive

- | | |
|---------------------|--------------------|
| shortness of breath | fever/chills |
| cough/sputum | problems urinating |
| chest pain | back pain |
| nausea/vomiting x | diarrhea |
| abdominal pain | headache |
| chemical exposure | |

ALLERGIES NKDA _____
 drug - PCN / ASA / sulfa / latex / codeine / iodine _____
 food - _____

MEDS none see med list _____

PAST MEDICAL HX negative
 heart disease / HTN / diabetes: insulin _____
 family history of heart disease _____
 past surgeries none _____

SOCIAL HX
 smoker _____ ppd _____ drugs / alcohol _____
 TB exposure / symptoms _____
 has been physically hurt or threatened by someone close _____

TIME TO ROOM: _____

INITIAL ASSESSMENT _____

GENERAL APPEARANCE

no acute distress c-collar / back board in place
 alert mild / moderate / severe distress
 anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT

independent ADL assisted / total care
 appears well nourished obese / malnourished
 recent weight loss / gain

CHEST

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness
 breath sounds nml wheezing / crackles / stridor
 seat belt marks
 deformity

CVS

regular rate tachycardia / bradycardia / irr. rhythm
 pulses strong & equal pulse deficit
 nml heart sounds abnml heart sounds
 skin warm, dry pale / cyanotic
 cool / diaphoretic

NEURO

oriented x 3 disoriented to person / place / time
 PERRL confused / memory loss
 pupils unequal
 weakness / sensory loss

HEAD / FACE

no evidence of trauma laceration / abrasion / swelling
 to head / eye / ear / face periorbital swelling / hematoma
 ecchymosis
 dental injury / malocclusion

NECK / BACK

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness

ABDOMEN

no evidence of trauma laceration / abrasion / swelling
 soft, non-tender tenderness
 rigid / distended

PELVIS / GU

no evidence of trauma laceration / abrasion / swelling
 pelvis stable pelvis unstable
 tenderness
 blood at urethral meatus

EXTREMITIES

no evidence of trauma laceration / abrasion / swelling
 non-tender tenderness
 sensation intact deformity
 motor intact sensory / motor deficit

ADDITIONAL FINDINGS

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU RDI CID ROI 23679
 Medic Signature EXHIBIT 000065

GEHS IT MAC1200 ST

GE Medical Systems IT HELLIGE CONTRAST 225 180 05 CE 0708

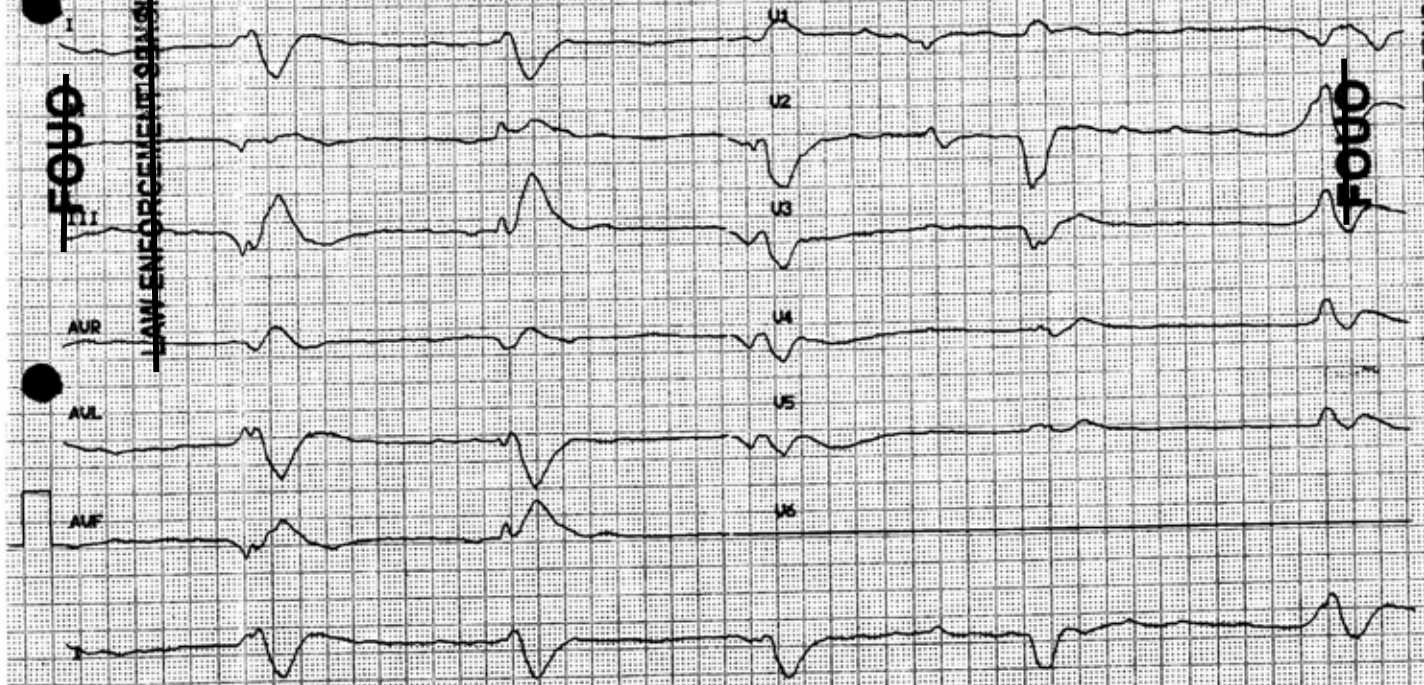
300812

HR 30 bpm

Measurement	Result
QRS	no
QT/QTcB	/
PR	no
P	no
RR/PP	/
P/QRS/T	/ / degrees
QTd/QTcBd	no
Sokolow	no
NK	no

Interpretation:
*** Poor data quality

Unconfirmed report.



(b)(6) 2006 11:51:05 25mm/s 12mm/10 ADS 50% 0.06 40Hz 6_F1_2 Automatic U5.21 (1)

LAW ENFORCEMENT SUBJECTIVE ID R0123689 EXHIBIT 0000371

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

(b)(6) *Do* 0101 06 C10579 79226

Time *1015* S: C/C: (chief complaint) *Unresponsive*

Vital signs HPI: (Hx of present illness) Pt states Sx's worse for *Remains* days/wks/mos/condition stable/worsening/improved with: *LS as of 1015*

T- *NA* Other related Sx's: Pain: Sharp/Stabbing/Dull/Achey/Nump & Tingling or N/A Pain Scale ___/10(1 less-10 more)

P- Trauma Y/N N/A MOI(mech of injury)=

R-

BP-

SPO2- % PmHx: Asthma, COPD, HTN, DM, CAD, Seisures, N/A PaHx: Tobacco: Y/ N

Allergies:

O: ___ Y/O male A&O X3 Vitals noted, in No acute distress/ Acute distress Interpreter Y/N Pt serves as own informant

Appearance: Well hydrated Y/N, obese Y/N, poorly nourished Y/N Looks stated age /older than/ younger than

Ambulated with out assistance/ or with cane, crutch or wheelchair

MED LOG + Dose *Not breathing x10 min* (b)(6)

A. 1. *R/O Dead*

P: 1. Meds dispensed-

2. increase hydration

3. Pt education on condition

4. RTC if condition continues or worsens *Immediate litter P to ER for resuscitation*

5. Referral to-

6. F/U as needed

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

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

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

(b)(6)

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

~~FOUO~~



LAW ENFORCEMENT SENSITIVE
ACLU DDN CID ROI 23681
EXHIBIT 000008

~~FOUO~~

010106 CID579 79226

~~LAW ENFORCEMENT SENSITIVE~~
LAW ENFORCEMENT SENSITIVE
DETAINEE PERSONNEL RECORD

For use of this form, see AR 190-8; the proponent agency is ODCSPER.

CARD I		1. INTERMENT SERIAL No.(1-15) (b)(6)	2. NAME (Last, First, M) (AKA) HAMID, FADIL JADUA		3. RANK (35-37) -
4. ENEMY SVC NO. (38-46)		5. TYPE (47)	6. DATE OF CAPTURE (48-53) 2006/07/18		7. DATE OF BIRTH (54-59) 1978/(b)
8. NATIONALITY (60-61) IRAQ		9. EDUCATION (62)	10. RELIGION (63-64) SUNNI-ISLAM	11. MARSTA (65)	12. PW CAMP UIC WR8BAA
13. PW PROCESS DT 2006/07/30		CARD II			
14. Sex (14) Male		15. LANGUAGE I (15-16) ARABIC-IRAQ		16. LANGUAGE II (17-18)	
17. PHYSICAL CONDITION (19) GOOD		18. PW CAMP LOCATION (20-22)		19. ENEMY UNIT (23-24)	
20. ARM OF SVC (35)	21. MOSC (36-39)	22. CIVILLIAN OCCUPATION (40-45)		23. UIC-CAPTURE UNIT (46-51) 3RD LAR	
24. CORPS AREA OF CAPTURE		25. PLACE OF CAPTURE RAMADI	26. POWER SERVED IRAQ		27. PLACE OF BIRTH RAMADI IRAQ
28. ADDRESS TO WHICH MAIL FOR PW MAY BE SENT				29. FATHER/STEFFATHER	
				30. MOTHER'S MAIDEN NAME	
31. PERMANENT HOME ADDRESS OF PW			32. NAME, ADDRESS, AND RELATIONSHIP OF PERSON TO BE INFORMED OF CAPTURE		
33. OTHER PARTICULARS FROM ID CARD			34. DISTINGUISHING MARKS BIRTHMARK TATTO BIRTHMARK DISEI????		
THE ABOVE LIST OF IMPOUNDED ITEMS IS CORRECT					
36. REMARKS 7/18/2006 - ATTACK ON COALITION FORCES /			37. PHOTO		
			Frontal 	Right Profile 	
38. PREPARED BY (Individual and Unit) (b)(6)			39. SIGNATURE		
40. DATE PREPARED 7/29/2006			41. PLACE		

DA FORM 4327-8, AUG EDITION OF MAY 82 IS OBSOLETE

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 136829

~~FOUO~~

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

DETAINEE HEALTH AND MEDICAL RECORDS OF BUREAU OF PRISONS ADMINISTRATION
(SE600 OVERPRINT VER 1.3 JAW AR 190.8)

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - NKDA

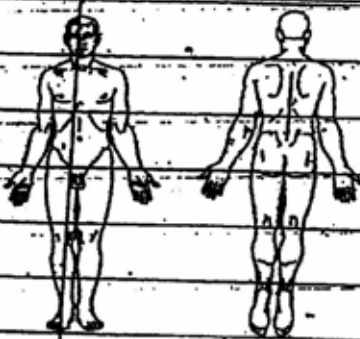
JUL 29 2006 GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):

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

TRANSLATOR PRESENT

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

TOBACCO USE 1 1/2 PPK DAY X 17 YRS
ETOH: NO



BP 133/78 PULSE 71 BICEPS CIRC
HEIGHT WEIGHT BMI

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

VISION: NORMAL GLASSES
HEARING: NORMAL ABNORMAL EXPLAIN

DENTAL



Normal

OVERALL APPEARANCE Normal

HEENT Normal

SKIN/SCARS/BRUISING Normal

CARDIO/PULMONARY SYSTEM Normal

MUSCULOSKELETAL Normal

HERNIA
GENITAL

NEUROBEHAVIORAL

DETAILS ON REVERSE SIDE

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

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

ISN	CAMP	REGISTER NO.	WARD NO.
NAME	IHA		
DOB	AGE		
PROVIDER	SEX		

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

~~FOUO~~

TANC (b)(6) *2970606*

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 236830
EXHIBIT 000067

~~FOUO~~

010106 CID579 79226

Detainee Mental Health Screen

ISN

(b)(6)

~~ENFORCEMENT SENSITIVE~~ 06

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

SCREENER

(b)(6)

(PRINT/SIGN)

(b)(6)

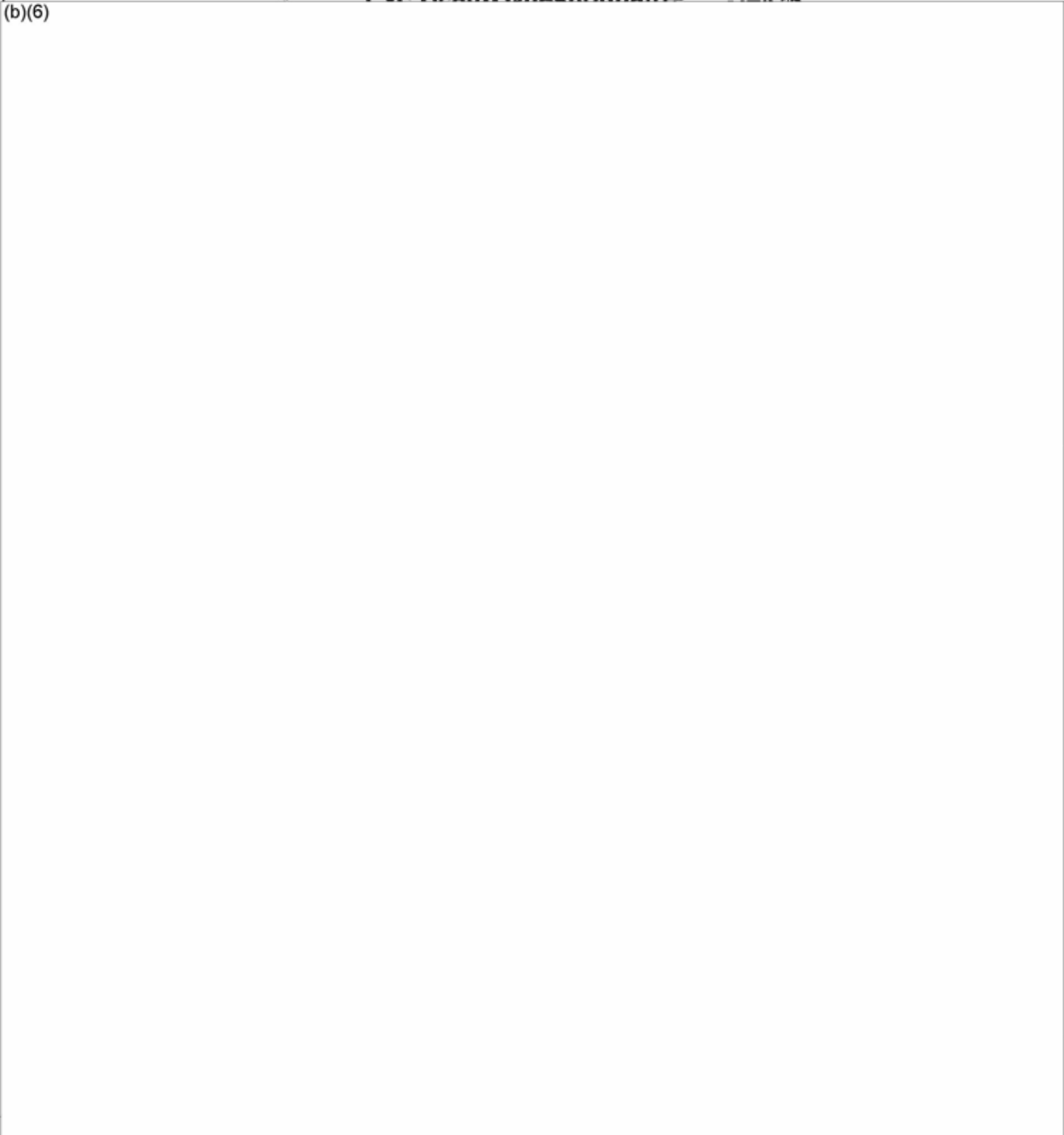
~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 000069

~~FOUO~~

0101 06 C10579 79226

Eye Health Questionnaire

(b)(6)



~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 23686

EXHIBIT 000071

~~FOUO~~

19: 11 2006 79 2 26

MEDICAL RECORD

~~LAW ENFORCEMENT SENSITIVE~~
CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TESTING, ORGANIZATION(S) (on each entry)	TRAVEL GO OR NO-GO	CORRECTED TO GO	COMMENT
JUL 29 2006	EXAMINATION PER AR 190-31-6			
	MEDICAL EXAMINATION WAS COMPLETED	Go		
	DENTAL SCREENING WAS COMPLETED			
	CHEST X-RAY/CT SCREEN WAS COMPLETED			
	NUTRITION SCREENING WAS COMPLETED	Go		
	BEHAVIORAL HEALTH SCREENING WAS COMPLETED	Go		

LIMITATIONS

ACTIVITY RESTRICTIONS: 70
DUTY RESTRICTIONS:
OTHER RESTRICTIONS:

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

PROVIDER SIGNATURE AND DATE

(b)(6)

29 JUL 06

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

SPONSOR'S NAME _____ SSAN/NO. _____ RELATIONSHIP TO SPONSOR _____

AGENT'S IDENTIFICATION: (For Agent or within entities, show Name - Last, First, middle, D No or SSAN - State) REGISTER NO. _____ WARD NO. _____

ISV _____ CAMP EHA _____

NAME _____ DOB _____ AGE _____ SEX _____

CHRONOLOGICAL RECORD OF MEDICAL CARE

~~FOUO~~

Medical Record
STANDARD FORM 600 REV. 6-97
GSA/GCPR
GSA GEN. REG. CTR. 201-9-202-1

~~LAW ENFORCEMENT SENSITIVE~~
ACLS DBI/CID ROI 23687
EXHIBIT 0000721

0101-06-CID579-79226
FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE
ENGLISH TRANSLATION OF ARABIC STATEMENT

Name: (b)(6), (b)(7)(C)
ISN #: (b)(6), (b)(7)(C)
Date: 20 OCT 20
Time: 0956

Sworn Statement

I'm (b)(6), (b)(7)(C) this is my statement. I woke up around 1000. That's on the day I heard deep breathing and snoring from Abu Abass, and he was kicking with his legs, and his eyes were open. I tried to help him by waking him up from his sleep but he did not respond. At that time (b)(6), (b)(7)(C) went to get the Doctor because he was not breathing. The Doctor came he ordered us to take him to the jail door so the American guards will take care of him, and I helped them carry him to the door on a blanket. That's what happened. ///End of Statement///

CAT II Linguist
L-3 Titan Linguist Group

Date: 20 Oct 06
Time: 1100

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

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 19
ACLU DDII CID ROI 23691
000075

0101-06-CID579-79226

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE
ENGLISH TRANSLATION OF ARABIC STATEMENT

Name: (b)(6), (b)(7)(C)
ISN #: (b)(6), (b)(7)(C)
Date: 20 OCT 06
Time: 1001

Sworn Statement

I'm (b)(6), (b)(7)(C) When I was sleeping around ten o'clock in the morning I woke up hearing a deep breathing or hard snoring, and his eyes were open. I wanted to help him or wake him up but he did not respond. Then I ran to the Doctor that's detained with us to check on him. When the Doctor checked on him he said he is not breathing carry him to the jail door let the American Doctor check him.///End of Statement///

CAT II Linguist
L-3 Titan Linguist Group

Date: 20 Oct 06
Time: 1130

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

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID FOI 2005-01

000078

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0101-06-CID579-79226

PAGE 1 OF 1

DETAILS

At 2145, 24 Oct 06, SA (b)(6), (b)(7)(C) interviewed SGT (b)(6), (b)(7)(C) 601st Area Support Medical Company (ASMC), Medic, who stated he is the Non-Commissioned Officer In Charge (NCOIC) of compound 18. He stated the medical sheet which listed what medication Detainee HAMID was taken was turned into the Patient Administration Division (PAD) to be placed in his medical record. SGT (b)(6), (b)(7)(C) stated he believed Detainee HAMID was being given Motrin.

At 2200, 24 Oct 06, SA (b)(6), (b)(7)(C) checked with PAD to locate any medical records which listed the medication Detainee HAMID was given. No documents listing the medication were located.

At 2215, 24 Oct 06, SA (b)(6), (b)(7)(C) coordinated with SPC (b)(6), (b)(7)(C) 21st Combat Support Hospital (CSH) who checked the pharmacy records for any prescriptions Detainee HAMID was prescribed. SPC (b)(6), (b)(7)(C) stated Detainee HAMID was never prescribed any prescription medication. She stated that if Detainee HAMID was being given over the counter medications they would not be listed in the pharmacy records.

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

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

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

SIGN

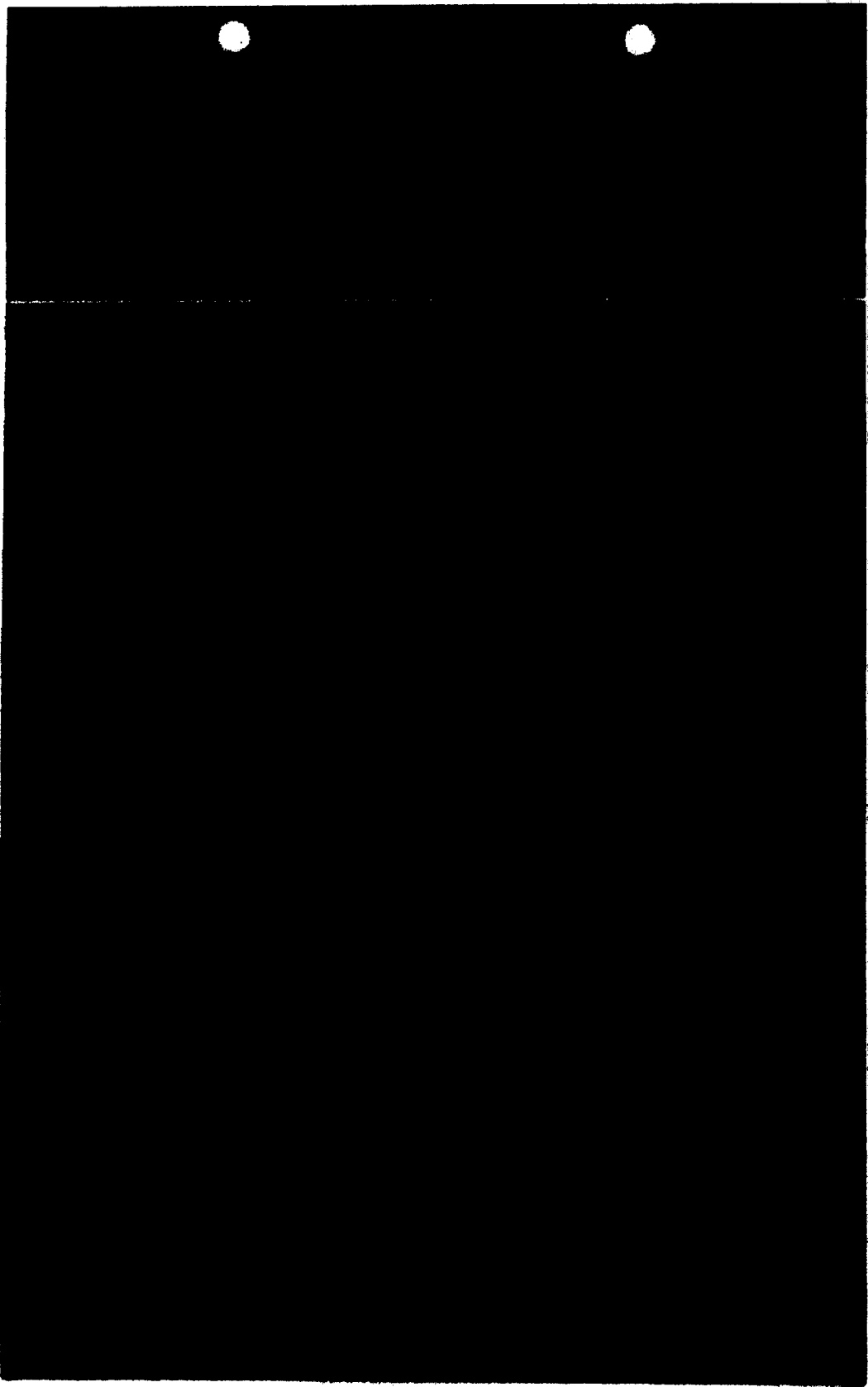
DATE
24 Oct 06

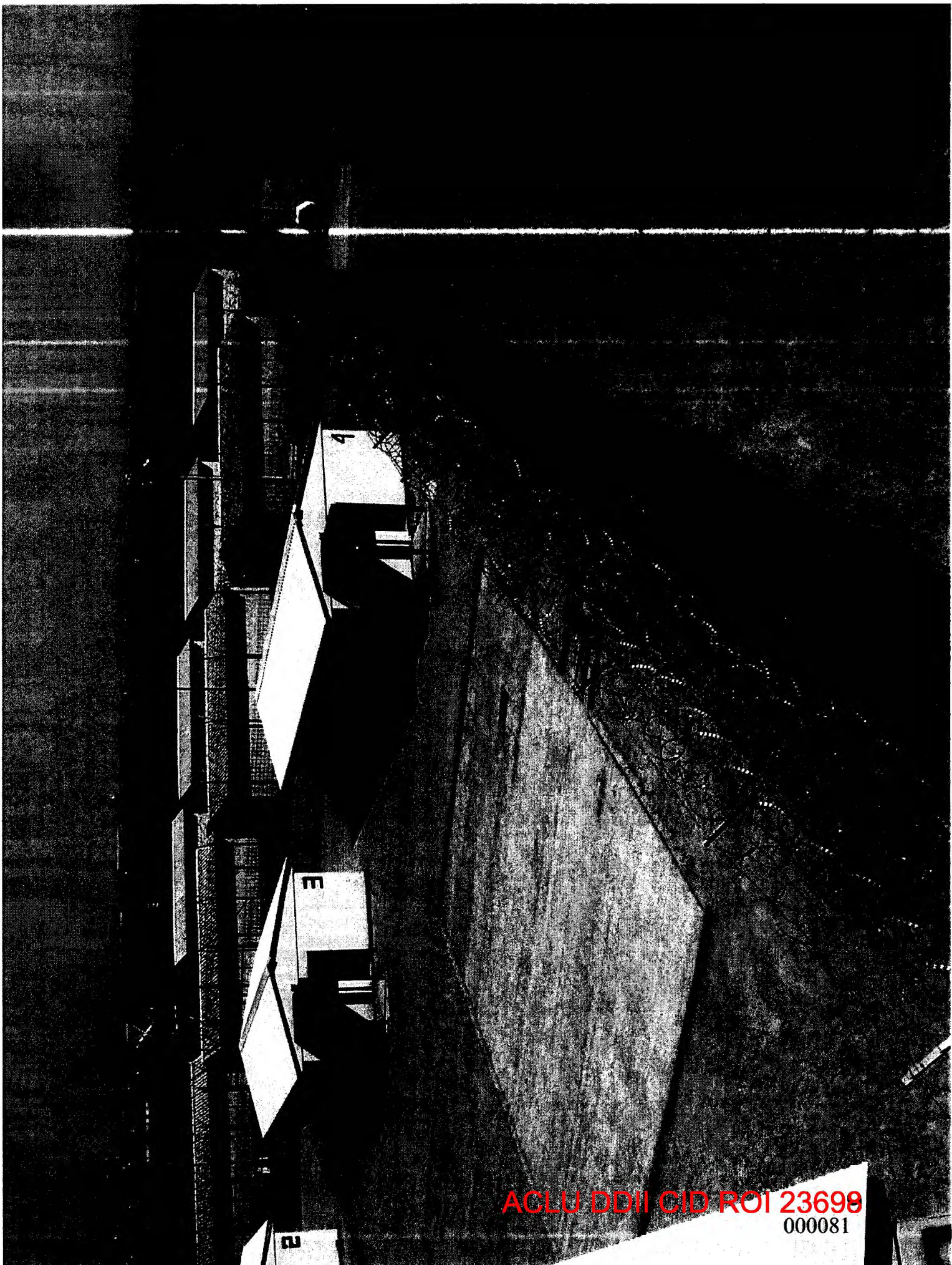
EXHIBIT

22

CID

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ACLU DDH CID ROI 23696
000079





ACLU DDII CID ROI 23699
000081

AGENT'S INVESTIGATION REPORT

FOUO 017-06-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

LAW ENFORCEMENT SENSITIVE

Basis for Investigation: On 22 Oct 06, this office received a Request for Assistance (RFA) 0101-06-CID579-79226) to attend the autopsy of Detainee Fadil Jdua HAMID, Internment Serial Number (b)(6), (b)(7)(C) Camp Bucca, Iraq, who died while in US custody.

Agent's Comments: This office was unable to attend the autopsy of Detainee HAMID due to the fact that this office was not notified of the arrival of Detainee HAMID's remains to the Dover Port Mortuary, Dover Air Force Base, Dover, DE.

On 25 Oct 06, the autopsy of Detainee HAMID (ME # 06-00981), which was conducted by Dr. (CPT) (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 and histology report. 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. (See CD and preliminary autopsy report for details).

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion.

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

(b)(6), (b)(7)(C)	APG Resident Agency (CID)	
	APG, MD 21005	
(b)(6), (b)(7)(C)	Date:	Exhibit: 24 /
	16 Dec 06	
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LAW ENFORCEMENT SENSITIVE		

ACLUDDI CID579 79226 000096

0177-06-CID118--



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: HAMID, Fadil Jadua
Internment Serial (b)(6)
Date of Birth: (b)(6) 1978
Date of Death: (b)(6) 2006
Date of Autopsy: 25 OCT 2006 @ 1230
Date of Report: 26 OCT 2006

Autopsy No: (b)(6)
AFIP No: Pending
Place of Death: Camp Bucca, Iraq
Place of Autopsy: Dover AFB Port Mortuary,
Delaware

Circumstances of Death: Fadil Hamid was a 28 year-old male, Iraqi National, held as a detainee in Camp Bucca, Iraq. He was discovered unresponsive in his room by cellmates. Resuscitation efforts, including advanced life support measures, were unsuccessful by medical personnel and he was pronounced dead at 1048 (b)(6) 2006.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, in accordance with Title 10 US Code, Section 1471 (10 USC 1471).

Identification: Identification established by investigative agency

CAUSE OF DEATH: PENDING

010106 CIL579 79226

MANNER OF DEATH: PENDING

AUTOPSY FINDINGS:

I. A. Heart: 470 grams

Coronary arteries widely patent; heart referred for cardiac pathology consultation

B. Lungs:

Bilateral pulmonary edema (combined weight 1450 grams)

C. No external injuries

II. No evidence of natural disease pending neuropathology and cardiac pathology consultations

III. Toxicological and histological examination pending

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

HAMID (b)(6)

0177-06-CID 118

0101 06 C1-579 79226

ADDITIONAL PROCEDURES

- Review of x-rays reveals no acute injuries
- Documentary photographs are taken by the OAFME Photographer
- Identifying marks include a tattoo on the right upper arm depicting a heart pierced by an arrow
- Specimens retained for toxicological testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, liver, kidney, lung, brain, bile, gastric contents, psoas and fat.
- The dissected organs are forwarded with the body

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of the following histologic slides: (pending fixation and processing)

Heart:

Lung:

Liver:

Kidney:

Brain:

(b)(6)

(b)(6) Medical Examiner
Armed Forces Medical Examiner System

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0101-06-CID579-79226

CID Regulation 195-1

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PAGE 1 OF 1 PAGES

About 0900, 28 Mar 07, this office received the Final Autopsy Examination Report, report number ME 06-0980, Certificate of Death, and toxicology report, report number 067322 from the Armed Forces Institute of Pathology (AFIP), Rockville, MD pertaining to Detainee Fadil Jadua HAMID. The Final Autopsy Report and the Certificate of Death indicated the cause of death to be probable cardiac arrhythmia secondary to concentric left ventricular hypertrophy and the manner of death to be by natural causes. (See Final Autopsy report, certificate of Death, and Toxicology Report for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6),(b)(7)(C),(b)(7)(F)		ORGANIZATION 280th MP Detachment (CID), Camp Bucca, APO AE 09375
(b)(6), (b)(7)(C)		DATE 28 Mar 07
		EXHIBIT 27

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE
(Automated)

Protective Marking is Excluded From
Automatic Termination Para 11, AR 600-10

ACLU DDII CID ROI 23787
000168



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: HAMID, Fadil Jadua
Interment Serial: (b)(6)
Date of Birth: (b)(6) 1978
Date of Death: (b)(6) 2006
Date of Autopsy: 25 OCT 2006 @ 1230
Date of Report: 14 FEB 2007

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Place of Death: Camp Bucca, Iraq
Place of Autopsy: Dover AFB Port Mortuary,
 Delaware

Circumstances of Death: Fadil Hamid was a 28 year-old male, Iraqi National, held as a detainee in Camp Bucca, Iraq. He was discovered unresponsive in his room by cellmates. Resuscitation efforts, including advanced life support measures, were unsuccessful by medical personnel and he was pronounced dead at 1048 (b)(6) 2006.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, in accordance with Title 10 US Code, Section 1471 (10 USC 1471).

Identification: Positive identification established by investigative agency

CAUSE OF DEATH: Probable Cardiac Arrhythmia Secondary to Concentric Left Ventricular Hypertrophy

MANNER OF DEATH: Natural

AUTOPSY FINDINGS:

I. A. Heart: 470 grams
 Concentric left ventricular hypertrophy (see cardiac consultation page 5)
 Coronary arteries widely patent

B. Lungs:
 Bilateral pulmonary edema (combined weight 1450 grams)

C. No external injuries

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II. Toxicological Examination:

- VOLATILES: The blood and urine are negative for ethanol at a cutoff level of 20 mg/dL.
- Peripheral blood contains less than 1% carboxyhemoglobin (COHgb) determined by spectrophotometry with a limit of quantitation of 1%. COHgb 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.
- There is no cyanide detected in the 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 blood is 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 drug is detected:
 - Lidocaine is detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished, 70 ½-inches tall, 178 pound Caucasian male who appears older than his reported age of 28 years. Lividity is marked and fixed on the posterior aspect of the body. Rigor is passing and the temperature is cold, that of the refrigerator. An identification tag is around the right great toe.

The scalp is covered with black hair in a normal distribution. Facial hair consists of a black beard. The irides are brown and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are unremarkable. The nares are patent and the lips are traumatic. The nose and maxillae are palpably stable. The teeth are natural.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

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

CLOTHING AND PERSONAL EFFECTS

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

- Yellow colored boxer shorts
- Yellow colored t-shirt
- Yellow colored long pants
- Personal effects are not present with the body

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Page 2 of 7

EXHIBIT 28-2
ACLU DDII CID ROF 23790
000170

HAMID (b)(6)

MEDICAL INTERVENTION

- Endotracheal intubation
- Intravenous catheters in the right arm and groin
- Foley catheter in the penis
- Cardiac monitor pad on the left upper back

RADIOGRAPHS

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

EVIDENCE OF INJURY

There are no external injuries.

INTERNAL EXAMINATION

HEAD: The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. There are no skull fractures. Clear cerebrospinal fluid surrounds the 1630gm brain, which has unremarkable gyri and sulci. The atlanto-occipital joint is stable.

The brain is referred for consultation at the AFIP Neuropathology Department and their report follows:

We examined the 1630 gram formalin-fixed brain submitted in reference to this case. Some unremarkable cerebral dura is received; no dural hemorrhage or sinus thrombosis is seen. The leptomeninges are clear with slight congestion; no exudate or hemorrhage is identified. The cerebral hemispheres are symmetric, with mildly compressed gyri that are normal in configuration. No softening or contusion is identified. The cranial nerve stumps are unremarkable. The circle of Willis has a normal configuration. No aneurysm, atherosclerosis, or occlusion is found in the intracranial arteries. The brain stem and cerebellum are externally normal. No subfalcine, transtentorial, or tonsillar herniation is seen. Coronal sections of cerebrum show no abnormalities in cortex, white matter, or deep gray matter nuclei. The lateral and 3rd ventricles are grossly normal. The hippocampi are symmetric and normal in size.

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Page 3 of 7

EXHIBIT 28-3
ACLU DDII CID ROI 23791
000171

HAMID (b)(6)

Horizontal sections of the brain stem and cerebellum reveal unremarkable cut surfaces. The substantia nigra and locus ceruleus are normally pigmented. The aqueduct is patent. The 4th ventricle is grossly normal. The spinal cord is not available for examination.

Histological sections: 1. Right superior/middle frontal gyri (superior inked black). 2. Right inferior parietal lobule. 3. Right superior/middle temporal gyri at level of mamillary bodies (superior inked black). 4. Bilateral cingulate gyri (left inked black). 5. Right calcarine fissure with basal occipital gyri. 6. Right hippocampus at level of mamillary bodies. 7. Right hippocampus at level of lateral geniculate nucleus. 8. Right caudate/putamen with basal forebrain. 9. Right putamen/pallidum. 10. Bilateral thalamus/hypothalamus at level of mamillary bodies (left inked black). 11. Right thalamus at subthalamic nucleus. 12. Midbrain with substantia nigra (left inked black). 13. Pons (left inked black). 14. Medulla (left inked black). 15. Right cerebellum with dentate nucleus and folia. 16. Medullary-cervical junction (left inked black). 17. Left hippocampus at level of lateral geniculate nucleus. All tissue sections were processed in paraffin; sections were stained with H&E. This material was reviewed in conference by staff of the Department of Neuropathology and Ophthalmic Pathology.

Histological sections show scattered areas of acute neuronal injury in the deeper layers of the cerebral cortex, deep gray matter nuclei, hippocampi (CA1 and dentate gyrus), and cerebellum (Purkinje cells). Hippocampal sclerosis is not identified. A single small focus of perivascular chronic inflammatory cells is noted in the right hippocampus at the level of the mamillary body. Some scattered blood vessels throughout the brain have small numbers of perivascular hemosiderin-laden macrophages.

The brain shows acute neuronal injury, a non-specific finding that is commonly associated with hypoxic-ischemic change. Features diagnostic for malformation, storage disease, infection or neoplasm are not identified. No contusion or acute hemorrhage is seen.

NECK: The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

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

RESPIRATORY SYSTEM: The right and left lungs are markedly edematous and weigh 730 and 720 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

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Page 4 of 7

EXHIBIT 28-11
ACLU DDII CID ROI 23792
000172

HAMID (b)(6)

CARDIOVASCULAR SYSTEM: The 470 gm heart is mildly enlarged and is contained in an intact pericardial sac. The heart is referred for consultation at the CV Path Institute and their report follows:

DIAGNOSIS: (b)(6) Concentric left ventricular hypertrophy

Heart: 470 grams (predicted normal value 350 grams, upper limit 463 grams for a 178lbs man); normal epicardial fat; closed foramen ovale; concentric left ventricular hypertrophy: left ventricular cavity diameter 35mm, left ventricular free wall thickness 15mm, ventricular septum thickness 17mm, right ventricle thickness 5mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; no gross myocardial fibrosis or necrosis; histologic sections show mild left ventricular myocyte hypertrophy, otherwise unremarkable.

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

Conduction system: The sinoatrial node and nodal artery are unremarkable. The compact atrioventricular (AV) node shows mild fragmentation within the central fibrous body, without inflammation, necrosis, increased fat or proteoglycan. The penetrating bundle is centrally located and unremarkable. The left proximal bundle branch is intact and unremarkable. The right bundle branch is not seen in these sections. There are no discernible bypass tracts between the AV node and ventricular septum. There is no dysplasia of the AV nodal artery.

LIVER & BILIARY SYSTEM: The 1820 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 5 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN: The 250 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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

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

GENITOURINARY SYSTEM: The right and left kidneys weigh 170 and 160 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelvis are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate gland is normal in size, with lobular, yellow-tan

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HAMID (b)(6)

parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT: The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 90 ml of brown partially digested food. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL:

No traumatic abnormalities or hemorrhage of subcutaneous tissue, muscle or bone are identified. Nontraumatic abnormalities are not identified.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by the OAFME Photographer
- Identifying marks include a tattoo on the right upper arm depicting a heart pierced by an arrow
- Specimens retained for toxicological testing and/or DNA identification are: vitreous fluid, blood, urine, spleen, liver, kidney, lung, bile, gastric contents, and psoas muscle.
- The dissected organs are forwarded with the body

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of the following histologic slides:

Heart: see cardiac consultation page 5

Brain: see neuropathology consultation pages 3/4

1. Liver: sinusoidal and centrilobular congestion, otherwise no pathologic abnormality
- 2/3. Lung: focally marked alveolar congestion, otherwise no pathologic abnormality
4. Kidney: vascular congestion, otherwise no pathologic abnormality
5. Spleen and Adrenal Gland: no pathologic abnormality
6. Pancreas: mild autolysis, otherwise no pathologic abnormality

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HAMID (b)(6)

OPINION

Based on these autopsy findings and the investigative information available to me, the cause of death of this Iraqi detainee, Fadil Hamid, is probable cardiac arrhythmia secondary to concentric left ventricular hypertrophy. Left ventricular hypertrophy is associated with cardiac arrhythmias and sudden death. Additional autopsy findings include marked pulmonary congestion and generalized congestion of the liver, spleen and kidneys; findings consistent with a fatal cardiac arrhythmia. There are no signs of external or internal trauma. Toxicology testing is positive for lidocaine; a drug used in cardiac resuscitation attempts, and is otherwise negative for ethanol or screened drugs of abuse. The manner of death is natural.

(b)(6)

(b)(6) **Medical Examiner**
Armed Forces Medical Examiner System

(b)(6)

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Hamid, Fadii, Jadua		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1978
RACE Race		RELIGION Culte	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant
<input type="checkbox"/> NEGROID Négresse	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> CATHOLIC Catholique
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juf
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort. Probable cardiac arrhythmia secondary to concentric left ventricular hypertrophy			Minutes
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES OUI <input type="checkbox"/> NO NON	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> SUICIDE Suicide	DATE Date 25 October 2006		AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON
<input type="checkbox"/> HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) (b)(6) 2006	PLACE OF DEATH Lieu de décès Camp Bucca, Qasr Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et 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 (b)(6)	TITLE OR DEGREE Titre ou diplôme (b)(6) Medical Examiner		
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE		
DATE Date 2/28/2007	SIGNATURE Signature (b)(6)		

DD FORM 1300 1 JAN 77 2064

REPLACES DA FORM 1300, 1 JAN 72 AND DA FORM 1300-REPAS, 28 SEP 75, WHICH ARE OBSOLETE.

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000176



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20386-6000

REPORT TO
AFFECTION OF

AFFP-CME-T

PATIENT IDENTIFICATION

AFFP Accession Number (b)(6) Sequence (b)(6)

Name
MAMU, FADEL JADUA

SSAN: Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: November 1, 2006

TO:

OFFICE OF THE ARMED FORCES MEDICAL
EXAMINER
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20386-6000

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFFP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006

Date Received: 10/30/2006

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1% 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.

CYANIDE: There was no cyanide detected in the 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.

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

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

Positive Lidocaine: Lidocaine was detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

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EXHIBIT 30

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