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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office
22d Military Police Battalion (CID), APO AE 09342

15 Feb 2010

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 2ND FINAL SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)
SA
SA
SA
SA
SA
SA
SA
SA

SUBJECT:

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

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
BAGHDAD CENTRAL CONFINEMENT FACILITY, INTERNMENT SERIAL NUMBER
(b)(6),(b)(7)(C) ABU GHRAIB, IRAQ, ARMED FORCES AFRICA, CANADA, EUROPE

1

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b(2),b(6),b(7)(C)

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& MIDDLE EAST 09342; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA
FILE

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

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DATE: 23 NOV 2008
FROM: SAC, CAMP CROPPER CID OFFICE //CIRF-ZA-BD//
TO: DIR USACRC FT BELVOIR VA //CICR-ZA//
CDR HQ USACIDC FT BELVOIR VA//CIOP-COP-CO//
CDR 3D MP GRP CID FOREST PARK GA//CIRC-OP//
CDR, 10TH MP BN (CID) //CIRF-ZA//
CDR, 24TH/348TH MP DET (CID)
OPS OFFICER, 24TH/348TH MP DET (CID)
CHIEF, INV OPS, USACIDC //CIOP-CO//
DIR AFIP AFME WASH, DC//AFIP-CPLF//
PMO, VBC, IRAQ, APO AE 09342
SUBJECT: CID REPORT OF INVESTIGATION - 2ND SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9B

DRAFTER: (b)(6),(b)(7)(C)
RELEASER: [Redacted]

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

2. DATE/TIME REPORTED: 15 MAR 2006, 1340

3. INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)
SA [Redacted]

4. SUBJECT:

1. [CHANGE] NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

5. VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
BAGHDAD CENTRAL CONFINEMENT FACILITY, INTERNMENT SERIAL NUMBER
(b)(6),(b)(7)(C) ABU GHRAIB, IRAQ, ARMED FORCES AFRICA, CANADA, EUROPE

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b(2),b(6),b(7)(C)

& MIDDLE EAST 09342; XZ ; [UNDETERMINED MANNER OF DEATH]

6. INVESTIGATIVE SUMMARY:

THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY BE CHANGED PRIOR TO THE COMPLETION OF THE INVESTIGATION.

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

2ND SUPPLEMENTAL:

THIS SUPPLEMENTAL REPORT WAS GENERATED TO CHANGE THE OFFENSE FROM DEATH BY NATURAL CAUSES TO UNDETERMINED MANNER OF DEATH, AND TO CHANGE THE SUBJECT FROM UNKNOWN TO NONE.

DURING AN ADMINISTRATIVE REVIEW, IT WAS DETERMINED THAT THE OFFENSE AND SUBJECT WERE NOT CHANGED TO ACCURATELY REFLECT THIS INVESTIGATION.

INVESTIGATION CONTINUES BY USACIDC.

1ST SUPPLEMENTAL:

THIS SUPPLEMENTAL REPORT WAS GENERATED TO REPORT THE RECEIPT OF USACIDC INVESTIGATIVE DIRECTIVE 0520-08-CID001, AND DODIG HOTLINE COMPLAINT #108930, WHICH ALLEGED THE NEGLIGENT HOMICIDE OF MR. MUHYI.

ON 3 NOV 08, HEADQUARTERS, USACIDC, RECEIVED NOTIFICATION THAT

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

(b)(6),(b)(7)(C) 52245, WHO SERVED AS A MEDIC AT ABU GHRAIB DETENTION FACILITY IN 2006, ALLEGED THAT MR. MUHYI DIED AS A RESULT OF NEGLIGENCE AFTER HE EXPERIENCED COMPLICATIONS ASSOCIATED WITH DIABETES (b)(6),(b)(7)(C) REPORTED HE REQUESTED TO TRANSPORT MR. MUHYI TO THE EMERGENCY ROOM THREE TIMES PRIOR TO HIS DEATH, BUT WAS DENIED PERMISSION AND INSTRUCTED TO LEAVE MR. MUHYI.

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EFFORTS TO LOCATE, IDENTIFY, AND INTERVIEW POTENTIAL WITNESSES TO
(b)(6),(b)(7)(C) ALLEGATIONS ARE ONGOING. (b)(6),(b)(7)(C)

FINAL REPORT:

ON 15 MAR 06, THIS OFFICE WAS NOTIFIED BY 1LT (b)(6),(b)(7)(C)
344TH FIELD MEDICAL HOSPITAL (FMH), ABU GHRAIB, IRAQ (AGI) OF A
DETAINEE DEATH.

INVESTIGATION REVEALED MUHYI WAS TRANSPORTED TO THE EMERGENCY
ROOM FOR DECREASED URINE OUTPUT. UPON ARRIVAL AT THE EMERGENCY
ROOM, MUHYI DIED A NATURAL DEATH AS A RESULT OF COMPLICATIONS OF
DIABETES MELLITUS (DIABETIC KETOACIDOSIS).

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. AGENT'S INVESTIGATION REPORT (AIR) OF SA (b)(6),(b)(7)(C) 16 MAR 06,
DETAILING THE INITIAL NOTIFICATION; COLLECTION OF DETAINEE RECORDS OF
MUHYI; INTERVIEW OF MEDICAL PERSONNEL; COLLECTION OF PRELIMINARY
DEATH CERTIFICATE AND MEDICAL RECORDS.
2. PHOTOGRAPHIC PACKET CONTAINING 12 PHOTOGRAPHS OF MUHYI.
3. PERSONAL DATA REPORT (PDR) PERTAINING TO MUHYI, 24 MAY 05.
4. DETAINEE INFORMATION MANAGEMENT SYSTEM (DIMS) BLOTTER
PERTAINING TO MUHYI, 15 MAR 06.
5. MEDICAL RECORDS PERTAINING TO MUHYI, VARIOUS DATES.
6. DEATH CERTIFICATE, 15 MAR 06, PERTAINING TO MUHYI.

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

7. AIR OF SA (b)(6),(b)(7)(C) ABERDEEN PROVING GROUND RESIDENT AGENCY (CID), ABERDEEN PROVING GROUND, MD 21005, 25 MAR 06, DETAILING THE RECEIPT OF THE REQUEST FOR ASSISTANCE AND ATTENDING THE AUTOPSY.

8. COMPACT DISC CONTAINING THE IMAGES OF THE AUTOPSY OF MUHYI (USACRC AND FILE COPY ONLY).

9. AIR OF SA (b)(6),(b)(7)(C) 26 MAY 06, DETAILING THE RECEIPT OF THE FINAL AUTOPSY REPORT PERTAINING TO MUHYI.

10. AUTOPSY REPORT, #ME06-0246, 19 MAY 06, PERTAINING TO MUHYI.

11. COMPACT DISC 060050.789 CONTAINING THE PHOTOGRAPHIC IMAGES AND THE ORIGINALS OF EXHIBIT 2. (USACRC AND FILE COPY ONLY).

NOT ATTACHED:

NONE.

THE ORIGINALS OF EXHIBITS 1, 2, 7 THROUGH 9 AND 11 ARE FORWARDED WITH THE USACRC COPY OF THIS REPORT. THE ORIGINAL OF EXHIBIT 3 AND 4 ARE RETAINED IN THE DATABASE OF TASK FORCE 134, CAMP VICTORY, IZ. THE ORIGINAL OF EXHIBIT 10 IS RETAINED IN THE FILES OF THE ARMED FORCES INSTITUTE OF PATHOLOGY, 1413 RESEARCH BLVD., BUILDING 102, ROCKVILLE, MD. THE ORIGINALS OF EXHIBITS 5 AND 6 ARE RETAINED IN THE FILES OF THE PATIENT ADMINISTRATION DIVISION, 344TH MEDICAL FIELD HOSPITAL, BCCF, AGI.

STATUS: THIS IS A FINAL REPORT.

7. COMMANDERS ARE REMINDED OF THE PROVISIONS OF AR 600-8-2 PERTAINING TO SUSPENSION OF FAVORABLE PERSONNEL ACTIONS AND AR 380-67 FOR THE SUSPENSION OF SECURITY CLEARANCES OF PERSONS UNDER INVESTIGATION.

8. USACIDC REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF

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PROTECTIVE MARKINGS IN ACCORDANCE WITH CHAPTER 3, AR 25-55.

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Law Enforcement Sensitive

DATE: 20 NOV 2008
FROM: SAC, CAMP CROPPER CID OFFICE //CIRF-ZA-BD//
TO: DIR USACRC FT BELVOIR VA //CICR-ZA//
CDR HQ USACIDC FT BELVOIR VA//CIOP-COP-CO//
CDR 3D MP GRP CID FOREST PARK GA//CIRC-OP//
CDR, 10TH MP BN (CID) //CIRF-ZA//
CDR, 24TH/348TH MP DET (CID)
OPS OFFICER, 24TH/348TH MP DET (CID)
CHIEF, INV OPS, USACIDC //CIOP-CO//
DIR AFIP AFME WASH, DC//AFIP-CPLF//
PMO, VBC, IRAQ, APO AE 09342
SUBJECT: CID REPORT OF INVESTIGATION - 1ST SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9A

DRAFTER: (b)(6),(b)(7)(C)
RELEASES: [Redacted]

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

2. DATE/TIME REPORTED: 15 MAR 2006, 1340

3. INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)
SA [Redacted]

4. SUBJECT:

1. UNKNOWN, ; [DEATH BY NATURAL CAUSES] (NFI)

5. VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
INTERNMENT SERIAL NUMBER (ISN) (b)(6),(b)(7)(C) [Redacted] [DEATH BY NATURAL
CAUSES] (NFI)

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b(2),b(6),b(7)(C)

6. INVESTIGATIVE SUMMARY:

THE INFORMATION IN THIS REPORT IS BASED UPON AN ALLEGATION OR PRELIMINARY INVESTIGATION AND MAY BE CHANGED PRIOR TO THE COMPLETION OF THE INVESTIGATION.

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

1ST SUPPLEMENTAL:

THIS SUPPLEMENTAL REPORT WAS GENERATED TO REPORT THE RECEIPT OF USACIDC INVESTIGATIVE DIRECTIVE 0520-08-CID001, AND DODIG HOTLINE COMPLAINT #108930, WHICH ALLEGED THE NEGLIGENT HOMICIDE OF MR. MUHYI.

ON 3 NOV 08, HEADQUARTERS, USACIDC, RECEIVED NOTIFICATION THAT (b)(6),(b)(7)(C) 52245, WHO SERVED AS A MEDIC AT ABU GHRAIB DETENTION FACILITY IN 2006, ALLEGED THAT MR. MUHYI DIED AS A RESULT OF NEGLIGENCE AFTER HE EXPERIENCED COMPLICATIONS ASSOCIATED WITH DIABETES. (b)(6),(b)(7)(C) REPORTED HE REQUESTED TO TRANSPORT MR. MUHYI TO THE EMERGENCY ROOM THREE TIMES PRIOR TO HIS DEATH, BUT WAS DENIED PERMISSION AND INSTRUCTED TO LEAVE MR. MUHYI.

EFFORTS TO LOCATE, IDENTIFY, AND INTERVIEW POTENTIAL WITNESSES TO (b)(6),(b)(7)(C) ALLEGATIONS ARE ONGOING.

INVESTIGATION CONTINUES BY USACIDC.

FINAL REPORT:

ON 15 MAR 06, THIS OFFICE WAS NOTIFIED BY 1LT (b)(6),(b)(7)(C) 344TH FIELD MEDICAL HOSPITAL (FMH), ABU GHRAIB, IRAQ (AGI) OF A DETAINEE DEATH.

INVESTIGATION REVEALED MUHYI WAS TRANSPORTED TO THE EMERGENCY ROOM FOR DECREASED URINE OUTPUT. UPON ARRIVAL AT THE EMERGENCY ROOM, MUHYI DIED A NATURAL DEATH AS A RESULT OF COMPLICATIONS OF

DIABETES MELLITUS (DIABETIC KETOACIDOSIS).

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. AGENT'S INVESTIGATION REPORT (AIR) OF SA (b)(6),(b)(7)(C) 16 MAR 06, DETAILING THE INITIAL NOTIFICATION; COLLECTION OF DETAINEE RECORDS OF MUHYI; INTERVIEW OF MEDICAL PERSONNEL; COLLECTION OF PRELIMINARY DEATH CERTIFICATE AND MEDICAL RECORDS.
2. PHOTOGRAPHIC PACKET CONTAINING 12 PHOTOGRAPHS OF MUHYI.
3. PERSONAL DATA REPORT (PDR) PERTAINING TO MUHYI, 24 MAY 05.
4. DETAINEE INFORMATION MANAGEMENT SYSTEM (DIMS) BLOTTER PERTAINING TO MUHYI, 15 MAR 06.
5. MEDICAL RECORDS PERTAINING TO MUHYI, VARIOUS DATES.
6. DEATH CERTIFICATE, 15 MAR 06, PERTAINING TO MUHYI.
7. AIR OF SA (b)(6),(b)(7)(C) ABERDEEN PROVING GROUND RESIDENT AGENCY (CID), ABERDEEN PROVING GROUND, MD 21005, 25 MAR 06, DETAILING THE RECEIPT OF THE REQUEST FOR ASSISTANCE AND ATTENDING THE AUTOPSY.
8. COMPACT DISC CONTAINING THE IMAGES OF THE AUTOPSY OF MUHYI (USACRC AND FILE COPY ONLY).
9. AIR OF SA (b)(6),(b)(7)(C) 26 MAY 06, DETAILING THE RECEIPT OF THE FINAL AUTOPSY REPORT PERTAINING TO MUHYI.

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10. AUTOPSY REPORT, #ME06-0246, 19 MAY 06, PERTAINING TO MUHYI.

11. COMPACT DISC 060050.789 CONTAINING THE PHOTOGRAPHIC IMAGES AND THE ORIGINALS OF EXHIBIT 2. (USACRC AND FILE COPY ONLY).

NOT ATTACHED:

NONE.

THE ORIGINALS OF EXHIBITS 1, 2, 7 THROUGH 9 AND 11 ARE FORWARDED WITH THE USACRC COPY OF THIS REPORT. THE ORIGINAL OF EXHIBIT 3 AND 4 ARE RETAINED IN THE DATABASE OF TASK FORCE 134, CAMP VICTORY, IZ. THE ORIGINAL OF EXHIBIT 10 IS RETAINED IN THE FILES OF THE ARMED FORCES INSTITUTE OF PATHOLOGY, 1413 RESEARCH BLVD., BUILDING 102, ROCKVILLE, MD. THE ORIGINALS OF EXHIBITS 5 AND 6 ARE RETAINED IN THE FILES OF THE PATIENT ADMINISTRATION DIVISION, 344TH MEDICAL FIELD HOSPITAL, BCCF, AGI.

STATUS: THIS IS A FINAL REPORT.

7. COMMANDERS ARE REMINDED OF THE PROVISIONS OF AR 600-8-2 PERTAINING TO SUSPENSION OF FAVORABLE PERSONNEL ACTIONS AND AR 380-67 FOR THE SUSPENSION OF SECURITY CLEARANCES OF PERSONS UNDER INVESTIGATION.

8. USACIDC REPORTS ARE EXEMPT FROM AUTOMATIC TERMINATION OF PROTECTIVE MARKINGS IN ACCORDANCE WITH CHAPTER 3, AR 25-55.

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Abu Ghraib CID Office
Baghdad Central Confinement Facility, Abu Ghraib, Iraq, Armed Forces Africa,
Canada, Europe & Middle East 09342

24 Jun 2006

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0050-2006-CID789-78461 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

SA (b)(2),(b)(6),(b)(7)(C)

SUBJECT:

1. UNKNOWN, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED) ; 1 JAN 1982; BAGHDAD, IRAQ; MALE;
WHITE; INTERNMENT SERIAL NUMBER (ISN) US9IZ-173379-CI.; [DEATH BY
NATURAL CAUSES] (NFI)

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

On 15 Mar 06, this office was notified by 1LT (b)(6),(b)(7)(C) 344TH Field
Medical Hospital (FMH), Abu Ghraib, Iraq (AGI) of a detainee death.

Investigation revealed MUHYI was transported to the emergency room for decreased urine
output. Upon arrival at the emergency room, MUHYI died a natural death as a result of
Complications of Diabetes Mellitus (Diabetic Ketoacidosis).

1

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b(2),b(6),b(7)(C)

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 16 Mar 06, detailing the initial notification; collection of detainee records of MUHYI; interview of medical personnel; collection of preliminary death certificate and medical records.
2. Photographic Packet containing 12 photographs of MUHYI.
3. Personal Data Report (PDR) pertaining to MUHYI, 24 May 05.
4. Detainee Information Management System (DIMS) Blotter pertaining to MUHYI, 15 Mar 06.
5. Medical Records pertaining to MUHYI, various dates.
6. Death Certificate, 15 Mar 06, pertaining to MUHYI.
7. AIR of SA (b)(6),(b)(7)(C) Aberdeen Proving Ground Resident Agency (CID), Aberdeen Proving Ground, MD 21005, 25 Mar 06, detailing the receipt of the Request for Assistance and attending the autopsy.
8. Compact Disc containing the images of the autopsy of MUHYI (USACRC and file copy only).
9. AIR of SA (b)(6),(b)(7)(C) 26 May 06, detailing the receipt of the final autopsy report pertaining to MUHYI.
10. Autopsy Report, #ME06-0246, 19 May 06, pertaining to MUHYI.
11. Compact Disc 060050.789 containing the photographic images and the originals of Exhibit 2. (USACRC and file copy only).

Not Attached:

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None.

The originals of Exhibits 1, 2, 7 through 9 and 11 are forwarded with the USACRC copy of this report. The original of Exhibit 3 and 4 are retained in the database of Task Force 134, Camp Victory, IZ. The original of Exhibit 10 is retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The originals of Exhibits 5 and 6 are retained in the files of the Patient Administration Division, 344TH Medical Field Hospital, BCCF, AGI.

STATUS: This is a Final Report.

3

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REPORT PREPARED BY

REPORT APPROVED BY

SA (b)(2),(b)(6),(b)(7)(C)
Special Agent

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

DISTRIBUTION:

- 1 - Dir, USACRC, 6010 6th Street, Ft Belvoir, VA 22060(original)
 - 1 - CDR, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Ft Belvoir, VA 22060
 - 1 - CDR, 3D MP GP (CID), ATTN: Operations, 4699 N. 1st Street, Forest Park, GA 30297
 - 1 - CDR, 10th MP Bn (CID) (ABN), Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - CDR, 10th MP BN (CID) (ABN), Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - CDR, 76th MP Det (CID), 10th MP BN (CID), Camp Victory, APO AE 09342 (e-mail only, less exhibits)
 - 1 - Chief, DSCOPS, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060
 - 1 - CDR 96th MP BN BCCF, Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR FOB Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR Garrison Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - Provost Marshal MNF-I, AL FAW Palace (e-mail only, less exhibits)
 - 1 - SAC, BCCF, Abu Ghraib, Iraq APO AE 09342
 - 1 - SJA ABU GHRAIB, IRAQ APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR, MNF-I, TF 134, Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - AFIP Dover Port Mortuary, Dover AFB, DE (e-mail only, less exhibits)
- FILE

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office
22d Military Police Battalion (CID), APO AE 09342

18 Feb 2010

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 3RD FINAL SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
BAGHDAD CENTRAL CONFINEMENT FACILITY, INTERNMENT SERIAL NUMBER
b(6), b(7)(C) ABU GHRAIB, IRAQ, ARMED FORCES AFRICA, CANADA, EUROPE

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ACLU DDII CID ROI 31709

& MIDDLE EAST 09342; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

On 3 Nov 08, Headquarters, USACIDC, received notification that Mr. [b(6), b(7)(C)] who served as a medic at Abu Ghraib Detention Facility in 2006, alleged the Mr. MUHYI died as a result of negligence after he experienced complications associated with diabetes. Mr. [b(6), b(7)(C)] reported he requested to transport Mr. MUHYI to the Emergency Room three times prior to his death, but was denied permission and instructed to leave Mr. MUHYI.

After a thorough investigation and a review of the totality of the investigative facts and witness interviews, the initial complaint made by Mr. [b(6), b(7)(C)] could not be substantiated or refuted.

Further investigation revealed on 7 Jan 10, this office received the Armed Forces Medical Examiner's (AFME) Consultation Report which reflected the Medical Examiner concurred with the submitted cause and manner of death.

Further investigation revealed on 3 Feb 10, this office received USACIDC Investigative Directive 0520-08-CID001, directing the cause of death be changed to Death by Natural Causes.

STATUTES:

N/A

EXHIBITS:

ADDED ATTACHED:

33. Agent's Investigation Report (AIR) of SA [b(6), b(7)(C)] 2 Feb 10.
34. AFME Consultation Report, 18 Dec 09.
35. Legal Opine of LTC [b(6), b(7)(C)] 22 Jan 10.

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ADDED NOT ATTACHED:

NONE

The originals of Exhibits 33 and 35 are maintained in the files of USACIDC. The originals of Exhibit 34 are maintained in the files of AFME, Armed Forces Institute of Pathology, Washington, DC.

STATUS: This is a 3rd Final Supplement Report. There is no further investigative activity anticipated.

Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation are subject to a Quality Assurance review by CID higher headquarters.

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~~Law Enforcement Sensitive~~

Report Prepared By:

Report Approved By:

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

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

Special Agent

Special Agent

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

CDR, 3d MP GRP (CID), Forest Park, GA, ATTN: OPS

DIR, Armed Forces Institute of Pathology, AFIP Annex - Bldg 102, 1413 Research Blvd, Rockville, MD

22ND MP BN CID (Mail Box) (email only)

CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342 (email only)

Deputy CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342 (email only)

OPS, 22ND MP BN (email only)

CDR, USACIDC, ATTN: CIOP-COP-CO, Ft Belvoir, VA 22060

FILE

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office
22d Military Police Battalion (CID), APO AE 09342

08 Jan 2010

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - ⁽²⁾ND FINAL SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9B

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

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

SUBJECT:

1. NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
BAGHDAD CENTRAL CONFINEMENT FACILITY, INTERNMENT SERIAL NUMBER
b(6), b(7)(C) ABU GHRAIB, IRAQ, ARMED FORCES AFRICA, CANADA, EUROPE
& MIDDLE EAST 09342; XZ ; [UNDETERMINED MANNER OF DEATH]

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~~Law Enforcement Sensitive~~

ACLU DDII CID ROI 31713

~~FOR OFFICIAL USE ONLY~~
~~Law Enforcement Sensitive~~

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

On 3 Nov 08, Headquarters, USACIDC, received notification that Mr. ~~b(6), b(7)(C)~~ who served as a medic at Abu Ghraib Detention Facility in 2006, alleged the Mr. MUHYI died as a result of negligence after he experienced complications associated with diabetes. Mr. ~~b(6), b(7)(C)~~ reported he requested to transport Mr. MUHYI to the Emergency Room three times prior to his death, but was denied permission and instructed to leave Mr. MUHYI.

After a thorough investigation and a review of the totality of the investigative facts and witness interviews, the initial complaint made by Mr. ~~b(6), b(7)(C)~~ could not be substantiated or refuted.

Further investigation revealed on 7 Jan 10, this office received the Armed Forces Medical Examiner's (AFME) Consultation Report which reflected the Medical Examiner concurred with the submitted cause and manner of death.

STATUTES:

N/A

EXHIBITS:

ADDED ATTACHED:

- ²31. Agent's Investigation Report (AIR) of SA ~~b(6), b(7)(C)~~ 7 Jan 10.
- ²32. AFME Consultation Report, 18 Dec 09.

ADDED NOT ATTACHED:

NONE

The originals of Exhibits 31 and 32 are attached to the USACRC copy of this report.

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STATUS: This is a 2nd Final Supplement Report. There is no further investigative activity anticipated. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation are subject to a Quality Assurance review by CID higher headquarters.

Report Prepared By:

Report Approved By:

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

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

Special Agent

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

CDR, USACIDC, ATTN: CIOP-COP-CO, Fort Belvoir, VA 22060

Cdr, 3D MP GRP (CID), USACIDC, Fort Gillem, GA 30297

DIR, AFIP, OAFME WASH *email only*

22ND MP BN CID (Mail Box) *email only*

CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342 *email only*

Deputy CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342 *email only*

OPS, 22ND MP BN *email only*

FILE

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ACLU DDII CID ROI 31715

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office
24th/348th MP DET (CID), Camp Cropper, Iraq APO AE 09342

10 May 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION (2ND FINAL SUPPLEMENTAL/SSI -
0050-2006-CID789-78461 - 5H9B

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

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

SUBJECT:

1. NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED); (DOB); (POB); MALE; WHITE;
BAGHDAD CENTRAL CONFINEMENT FACILITY, INTERNMENT SERIAL NUMBER
b(6), b(7)(C) ABU GHRAIB, IRAQ, ARMED FORCES AFRICA, CANADA, EUROPE
& MIDDLE EAST 09342; XZ ; [UNDETERMINED MANNER OF DEATH]

INVESTIGATIVE SUMMARY:

1

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ACLU DDII CID ROI 31716

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION

2ND FINAL SUPPLEMENTAL:

On 3 Nov 08, Headquarters, USACIDC, received notification that Mr. [b(6), b(7)(C)] who served as a medic at ABU GHRAIB detention facility in 2006, alleged that Mr. MUHYI died as a result of negligence after he experienced complications associated with diabetes. Mr. [b(6), b(7)(C)] reported he requested to transport Mr. MUHYI to the emergency room three times prior to his death, but was denied permission and instructed to leave Mr. MUHYI.

After a thorough investigation and a review of the totality of the investigative facts and witness interviews, the initial complaint made by Mr. [b(6), b(7)(C)] could not be substantiated or refuted.

STATUTES:

N/A

EXHIBITS:

ADDED ATTACHED:

- 12 ~~X~~. Agent's Investigation Report (AIR) of SA [b(6), b(7)(C)] 5 Dec 08.
- 13 ~~Z~~. AIR of SA [b(6), b(7)(C)] 26 Nov 08.
- 14 ~~Z~~. Statement of Mr. [b(6), b(7)(C)] 25 Nov 08.
- 15 ~~Z~~. Rough Sketch depicting the 344th Field Medical Hospital, prepared by Mr. [b(6), b(7)(C)] 25 Nov 08.
- 16 ~~Z~~. Evidence/Property Custody Document, 26 Nov 08.
- 17 ~~Z~~. Medical Records pertaining to Mr. [b(6), b(7)(C)] 13 Mar 06.
- 18 ~~Z~~. Statement of Mr. [b(6), b(7)(C)] 25 Nov 08.

- 19 ~~8~~. 344th Field Medical Hospital Unit's Roster.
- 20 ~~9~~. AIR of SA **b(6), b(7)(C)** 10 Feb 09.
- 21 ~~10~~. AIR of SA **b(6), b(7)(C)** 4 Feb 09.
- 22 ~~11~~. Statement of LTC **b(6), b(7)(C)** 4 Feb 09.
- 23 ~~12~~. AIR of SA **b(6), b(7)(C)** 26 Feb 09.
- 24 ~~13~~. AIR of SA **b(6), b(7)(C)** 1 Dec 08.
- 25 ~~14~~. AIR of SA **b(6), b(7)(C)** 5 Feb 09.
- 26 ~~15~~. Statement of SFC **b(6), b(7)(C)** 21 Jan 09.
- 27 ~~16~~. Statement of PFC **b(6), b(7)(C)** 5 Feb 09.
- 28 ~~17~~. AIR of SA **b(6), b(7)(C)** 13 Mar 09.
- 29 ~~18~~. AIR of SA **b(6), b(7)(C)** 23 Mar 09.
- 30 ~~19~~. AIR of SA **b(6), b(7)(C)** 24 Feb 09.
- 31 ~~20~~. Waiver Certificate of CPT **b(6), b(7)(C)** 5 Feb 09.
- 32 ~~21~~. AIR of SA **b(6), b(7)(C)** 26 Feb 09.
- 33 ~~22~~. Statement of CPT **b(6), b(7)(C)** 9 Feb 09.
- 34 ~~23~~. AIR of SA **b(6), b(7)(C)** 17 Apr 09.
- 35 ~~24~~. AIR of SA **b(6), b(7)(C)** 17 Feb 09.
- 36 ~~25~~. Statement of COI **b(6), b(7)(C)** 17 Feb 09.

- 37 26. AIR of SA [b(6), b(7)(C)] 2 Apr 09.
- 38 27. Statement of LTC [b(6), b(7)(C)] 2 Apr 09.
- 39 28. AIR of SA [b(6), b(7)(C)] 9 Mar 09.
- 40 29. Statement of MAJ [b(6), b(7)(C)] 19 Mar 09.
- 41 30. AIR of SA [b(6), b(7)(C)] 10 Mar 09.

NOT ATTACHED:

NONE.

The originals of Exhibits 1 through 4 and 7 through 30 are forwarded with the USACRC copy of this report. The original of Exhibit 5 is retained in the files of the Evidence Depository, Standards of Conduct Office, FT. Belvoir, VA 22060. The original of Exhibit 6 is retained in the files of the Patient Administration Division, 344th Medical Field Hospital, BCCF, AGI.

STATUS: This is a 2nd Final Supplemental Report. No further investigative activity is anticipated at this time. Commander's Report of Disciplinary or Administrative Action is not required.

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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

CDR, USACIDC, ATTN: CIOP-COP-CO, Fort Belvoir, VA 22060

Cdr, 3D MP GRP (CID), USACIDC, Fort Gillem, GA 30297

Cdr, 10th MP BN (CID), Camp Victory, Iraq, APO AE 09342

Commander, 24th/348th Military Police Detachment, Camp Slayer, Baghdad, Iraq APO AE 09342

Operations Officer, 34th/348th MP DET (CID), Camp Slayer, Baghdad, Iraq APO AE 09342

Chief, DSCOPS, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060

DIR, AFIP, OAFME WASH

PMO, VBC, IRAQ, APO AE 09342

FILE

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ACLU DDII CID ROI 31720

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Abu Ghraib CID Office
Baghdad Central Confinement Facility, Abu Ghraib, Iraq, Armed Forces Africa,
Canada, Europe & Middle East 09342

24 Jun 2006

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0050-2006-CID789-78461 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 15 MAR 2006, 1330 - 15 MAR 2006, 1330; 344TH FIELD MEDICAL HOSPITAL,
EMERGENCY TRAUMA ROOM , BAGHDAD CENTRAL CONFINEMENT FACILITY,
ABU GHRAIB 09342, IRAQ

DATE/TIME REPORTED: 15 MAR 2006, 1340

INVESTIGATED BY:

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

SUBJECT:

1. UNKNOWN, ; [DEATH BY NATURAL CAUSES] (NFI)

VICTIM:

1. MUHYI, TALIB UMAR (DECEASED) ; 1 JAN 1982; BAGHDAD, IRAQ; MALE;
WHITE; INTERNMENT SERIAL NUMBER (ISN) **b(6), b(7)(C)** [DEATH BY
NATURAL CAUSES] (NFI)

INVESTIGATIVE SUMMARY:

“This is an Operation Iraqi Freedom Investigation”

On 15 Mar 06, this office was notified by 1LT **b(6), b(7)(C)** 344TH Field
Medical Hospital (FMH), Abu Ghraib, Iraq (AGI) of a detainee death.

Investigation revealed MUHYI was transported to the emergency room for decreased urine
output. Upon arrival at the emergency room, MUHYI died a natural death as a result of
Complications of Diabetes Mellitus (Diabetic Ketoacidosis).

1

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ACLU DDII CID ROI 31721

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STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA **b(6), b(7)(C)** 6 Mar 06, detailing the initial notification; collection of detainee records of MUHYI; interview of medical personnel; collection of preliminary death certificate and medical records.
2. Photographic Packet containing 12 photographs of MUHYI.
3. Personal Data Report (PDR) pertaining to MUHYI, 24 May 05.
4. Detainee Information Management System (DIMS) Blotter pertaining to MUHYI, 15 Mar 06.
5. Medical Records pertaining to MUHYI, various dates.
6. Death Certificate, 15 Mar 06, pertaining to MUHYI.
7. AIR of SA **b(6), b(7)(C)** Aberdeen Proving Ground Resident Agency (CID), Aberdeen Proving Ground, MD 21005, 25 Mar 06, detailing the receipt of the Request for Assistance and attending the autopsy.
8. Compact Disc containing the images of the autopsy of MUHYI (USACRC and file copy only).
9. AIR of SA **b(6), b(7)(C)** 26 May 06, detailing the receipt of the final autopsy report pertaining to MUHYI.
10. Autopsy Report, #ME06-0246, 19 May 06, pertaining to MUHYI.
11. Compact Disc 060050.789 containing the photographic images and the originals of Exhibit 2. (USACRC and file copy only).

Not Attached:

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None.

The originals of Exhibits 1, 2, 7 through 9 and 11 are forwarded with the USACRC copy of this report. The original of Exhibit 3 and 4 are retained in the database of Task Force 134, Camp Victory, IZ. The original of Exhibit 10 is retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The originals of Exhibits 5 and 6 are retained in the files of the Patient Administration Division, 344TH Medical Field Hospital, BCCF, AGI.

STATUS: This is a Final Report.

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REPORT PREPARED BY

REPORT APPROVED BY

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

SA
Special Agent

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

Special Agent-in-Charge

DISTRIBUTION:

- 1 - Dir, USACRC, 6010 6th Street, Ft Belvoir, VA 22060(original)
 - 1 - CDR, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Ft Belvoir, VA 22060
 - 1 - CDR, 3D MP GP (CID), ATTN: Operations, 4699 N. 1st Street, Forest Park, GA 30297
 - 1 - CDR, 10th MP Bn (CID) (ABN), Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - CDR, 10th MP BN (CID) (ABN), Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - CDR, 76th MP Det (CID), 10th MP BN (CID), Camp Victory, APO AE 09342 (e-mail only, less exhibits)
 - 1 - Chief, DSCOPS, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060
 - 1 - CDR 96th MP BN BCCF, Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR FOB Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR Garrison Abu Ghraib, Iraq APO AE 09342 (e-mail only, less exhibits)
 - 1 - Provost Marshal MNF-I, AL FAW Palace (e-mail only, less exhibits)
 - 1 - SAC, BCCF, Abu Ghraib, Iraq APO AE 09342
 - 1 - SJA ABU GHRAIB, IRAQ APO AE 09342 (e-mail only, less exhibits)
 - 1 - CDR, MNF-I, TF 134, Camp Victory, IZ 09342 (e-mail only, less exhibits)
 - 1 - AFIP Dover Port Mortuary, Dover AFB, DE (e-mail only, less exhibits)
- FILE

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AGENT'S INVESTIGATIVE REPORT

ROI NUMBER 0050-06-CID789-78461

CID Regulation 195-1

Page 1 of 2 pages

BASIS FOR INVESTIGATION:

About 1340, 15 Mar 06, this office was notified by 1LT **b(6), b(7)(C)** Emergency Trauma Room (ETR), 344TH Field Medical Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI), that a detainee had died at the hospital.

About 1355, 15 Mar 06, SA **b(6), b(7)(C)** interviewed LTC (DR) **b(6), b(7)(C)** 344th Field Medical Hospital, BCCF, AGI. LTC **b(6), b(7)(C)** stated MUHYI had been transported due to a decreased urine output. LTC **b(6), b(7)(C)** stated upon MUHYI'S arrival at the hospital he was dead. LTC **b(6), b(7)(C)** stated they had begun Cardio Pulmonary Resuscitation (CPR) on the detainee and intubated him as well. LTC **b(6), b(7)(C)** stated they had given the detainee approximately four doses of Epinephrine and Atropine as well as part of their life saving measures. At approximately 1330, 15 Mar 06, LTC **b(6), b(7)(C)** pronounced the detainee dead and related the preliminary cause of death was Diabetic Ketoacidosis due to Type 1 Diabetes.

About 1405, 15 Mar 06, SA **b(6), b(7)(C)** exposed photographs of the body of MUHYI which showed no signs of apparent injuries. (See Photographic Packet for details)

AGENTS COMMENT: SA **b(6), b(7)(C)** was advised the detainee was a transfer from Camp Bucca, Iraq, who arrived at BCCF, AGI on 13 Mar 06.

About 1535, 15 Mar 06, SA **b(6), b(7)(C)** obtained the Personal Data Report (PDR) of MUHYI from the Biometrics Automated Toolset System (BATS), BCCF, AGI. (See PDR for details)

About 1700, 15 Mar 06, SGT **b(6), b(7)(C)** 96TH MP BN, BCCF, AGI, contacted this office and stated MUHYI had been sprayed by Oleoresin Capsicum (OC) prior to his arrival to the 344TH Field Medical Hospital for failure to follow camp rules.

About 1720, 15 Mar 06, SA **b(6), b(7)(C)** obtained the blotter for MUHYI from the Detainee Information Management System (DIMS). The blotter showed MUHYI had been sprayed with OC about 1131, 15 Mar 06 and trauma had been called. The blotter then shows the detainee was transported to the hospital about 1312, 15 Mar 06. (See DIMS for details)

About 1900, 15 Mar 06, SA **b(6), b(7)(C)** coordinated with SSG **b(6), b(7)(C)** **b(6), b(7)(C)** PAD, 344th Medical Field Hospital, BCCF, AGI and obtained a copy of the preliminary death certificate and medical records pertaining to MUHYI. (See medical records and death certificate for details)

About 1130, 16 Mar 06, SA **b(6), b(7)(C)** re-interviewed LTC **b(6), b(7)(C)** to determine if he had been informed MUHYI had been sprayed with OC prior to his arrival at the hospital to which LTC **b(6), b(7)(C)**

TYPE SA b(6), b(7)(C), b(7)(F)	ORGANIZATION 76 th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342
	DATE 16 Mar 06
S b(6), b(7)(C)	EXHIBIT 1

CID FORM 94-E

(Automated)

PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION (Para 13, AR 34-16)

ACLU DDII CID ROI 31725

0050-06-CID789-78461



PHOTOGRAPH PACKET



NUMBER

1-12

DESCRIPTION OF PHOTOGRAPHS

Photographs depicting head to feet views of detainee.

EXHIBIT 2

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {3CF8F990-1B3C-43BE-9FF9-A22EB787B62F}

Enroll Date: 5/24/2005 3:23:13 PM

Enrollment Station: IRQ:MNCI:MP :BAGHDAD

Person Type:
Title:

Name (F.M.L.T): **UMAR TALIB MUHYI ()**

Full Name:

WMD Category:

Operational Status:

Occupation:

National ID #: [b(6), b(7)(C)]

Gender: **MALE**

Race: **ASIAN**

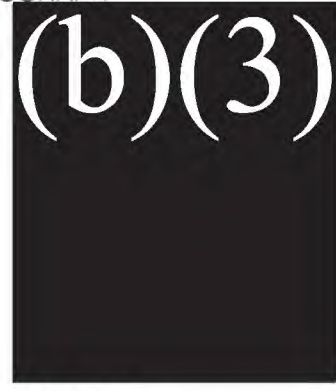
Hair Color: **BLACK**

Eye Color: **BROWN**

Build:

Height (in): Min: **70** Max:

Weight (lb): Min: **140** Max:



ON ALERT? YES
DO NOT RELEASE! AMZ-LINKED

PERSONAL DATA

Birthdate: **01JAN1982**

Death Date:

Religion: **ISLAM-SUNNI**

Primary **IRAQ**

Nationality:

2nd Nationality:

Ethnicity: **ARAB**

Marital Status: **SINGLE**

Personnel Status: **CIVILIAN**

ALIASES

Alias (F.M.L.T):

AKA Full Name:

Nickname: **ABU KHATAB**

Comments:

EXHIBIT 3

~~FOR OFFICIAL USE ONLY~~
~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROI 31741

PLACE OF BIRTH

Birthplace: AL KARAH, BAGHDAD, BAGHDAD, IRAQ

ID NUMBERS

ID Number Type ID Number

CAP TAG

[b(6), b(7)(C)]

CAPTURE INFORMATION

Evacuation Date:

MP Number [b(6), b(7)(C)]

Capture Date: 172200ZMAY2005

Capture Unit USSF

Place: IRAQ, BAGHDAD, BAGHDAD, UNKNOWN,

Documents: NONE

Circumstances: RAID TO CAPTURE AIF TERRORIST SUSPECT

Weapons/Equip: NONE

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification

U.S. Relationship Status

DoD Relationship Status

PASSPORT INFORMATION

Type	Number	Issue Date	Expiration Date	Country	Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name:

Language Proficiency

Is Native Language

ARABIC, MODERN STANDARD

NATIVE PROFICIENCY

YES

Comments:

ADDRESSES

EMPLOYMENT HISTORY

- PRESENT; ; ; RETAIL SELLER OF CEMENT AT THE GHAZALIYAH STREET MARKET WITH FATHER; ; ; ; ; ;

MILITARY SERVICE HISTORY

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext

VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate

EXHIBIT 3

~~FOR OFFICIAL USE ONLY~~

ACLU DDII CID ROI 31742

~~LAW ENFORCEMENT SENSITIVE~~

0050 06 CID 789 78461

DETAINEE MANAGEMENT SYSTEM (DMS)

PLEASE CHECK GUARD MESSAGES

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

Facilities | Movement Orders | Detainees | Requests | Operations | Administration | Tools | SOP | Help



Detainee ISN **b(6), b(7)(C)** Search **BCCF**

UMAR TALIB MUHYI (Adult Male IZ)

Flags:

(b)(3)

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

Location

Currently Assigned To: BCCF > IHA > HOLDING AREA
Currently Occupying: BCCF > IHA > HOLDING AREA

Information

Edit

Movement Orders (Past 36 Hours)

Order #	Group	ISN	Locations	Scheduled Start	Actual Movement Times	Status
060315-2171		b(6), b(7)(C)	Hosp Holding Area to HOLDING AREA	15MAR2006 1351L	15MAR2006 1351L to 15MAR2006 1351L	Complete
060315-2130		b(6), b(7)(C)	Medical Tents to Hosp Holding Area	15MAR2006 1312L	15MAR2006 1312L to 15MAR2006 1312L	Complete
060315-2045		b(6), b(7)(C)	L3 Tent 12 to Medical Tents	15MAR2006 1150L	15MAR2006 1213L to 15MAR2006 1213L	Complete
060314-276		b(6), b(7)(C)	Current Location to L3 Tent 12	14MAR2006 0627L	14MAR2006 0627L to 14MAR2006 0627L	Complete
060315-2170		b(6), b(7)(C)	Current Location to TBD	TBD	TBD to TBD	New

Watches (Past 36 Hours)

Incident Type	ISN	Loc	Start Time	End Time	Duration	Remaining	Status
---------------	-----	-----	------------	----------	----------	-----------	--------

Requests (Past 36 Hours)

Type of Request	ISN	Loc	Date Requested	Date Approved/Denied	Date Completed	Status
-----------------	-----	-----	----------------	----------------------	----------------	--------

Medical Alert Tags (All)

Medical Flag	ISN	Loc	Tag Date	Had Physical	Had CXR	Had BH Screen	Had Dental
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Actions (Past 36 Hours)

Action Type	ISN	Loc	Start Time	End Time	Duration	Remaining	Status
-------------	-----	-----	------------	----------	----------	-----------	--------

Detainee Reports (All)

Type of Report	ISN	Loc	Report By
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ACLU DDII CID ROI 31743

0050 06 CID 789 78461

Report of Disciplinary Infraction	b(6), b(7)(C)	HOLDING15MAR2006 AREA 1131L	Refer For Disciplinary Action	None	E4	b(6), b(7)(C)
Bad	b(6), b(7)(C)	HOLDING14MAR2006 AREA 1719L	Memorandum For Record	None	E-3	b(6), b(7)(C)
Bad	b(6), b(7)(C)	HOLDING14MAR2006 AREA 1641L	Memorandum For Record	None	E-3	b(6), b(7)(C)
Bad	b(6), b(7)(C)	HOLDING19JUN2005 AREA 0604L	Memorandum For Record	None	E6	b(6), b(7)(C)

Personal Information

Enrollment Date: 24MAY05 1523 Z

Gender: MALE

Date of Birth: 01JAN1982

Place of Birth:

Nationality: IRAQ

Ethnicity: ARAB

Religion: ISLAM-SUNNI

Alert? YES

Alert Text: DO NOT RELEASE! AMZ-LINKED

▲ TOP

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~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

ACLU DDII CID ROI 31744

4

0050 06 CID789 78461

~~FOR OFFICIAL USE ONLY~~

~~LAWS ENFORCEMENT SERVICE~~

EXHIBIT 4

ACLU DDII CID ROI 31745

DETAINEE MANAGEMENT SYSTEM (DMS)

PLEASE CHECK GUARD MESSAGES

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

Facilities | Movement Orders | Detainees | Requests | Operations | Administration | Tools | SOP | Help

Home | Print | Refresh | FFC FFC FFC | BL MD MD W W REG REG R LR | 0

Detainee ISN b(6), b(7)(C) Search BCCF

UMAR TALIB MUHYI (Adult Male IZ)

Flags:

(b)(3)

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

Location

Currently Assigned To: BCCF > IHA > HOLDING AREA

Currently Occupying: BCCF > IHA > HOLDING AREA

Information

Edit

Movement Orders (Past 36 Hours)

Order #	Group	ISN	Locations	Scheduled Start	Actual Movement Times	Status
060315-2171		b(6), b(7)(C)	Hosp Holding Area to HOLDING AREA	15MAR2006 1351L	15MAR2006 1351L to 15MAR2006 1351L	Complete
060315-2130		b(6), b(7)(C)	Medical Tents to Hosp Holding Area	15MAR2006 1312L	15MAR2006 1312L to 15MAR2006 1312L	Complete
060315-2045		b(6), b(7)(C)	L3 Tent 12 to Medical Tents	15MAR2006 1150L	15MAR2006 1213L to 15MAR2006 1213L	Complete
060314-276		b(6), b(7)(C)	Current Location to L3 Tent 12	14MAR2006 0627L	14MAR2006 0627L to 14MAR2006 0627L	Complete
060315-2170		b(6), b(7)(C)	Current Location to TBD	TBD	TBD to TBD	New

Watches (Past 36 Hours)

Incident Type	ISN	Loc	Start Time	End Time	Duration	Remaining	Status
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Requests (Past 36 Hours)

Type of Request	ISN	Loc	Date Requested	Date Approved/Denied	Date Completed	Status
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Medical Alert Tags (All)

Medical Flag	ISN	Loc	Tag Date	Had Physical	Had CXR	Had BH Screen	Had Dental
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Actions (Past 36 Hours)

Action Type	ISN	Loc	Start Time	End Time	Duration	Remaining	Status
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Detainee Reports (All) (Details)

Type of Report	ISN	Loc	Report Date	Action Status	Actions	Report By
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FOR OFFICIAL USE ONLY
NO DISSEMINATION OF SENSITIVE INFORMATION

EXHIBIT 4

ACLU DDII CID ROI 31746

0050 06 CID 789 78461

Report of Disciplinary **b(6), b(7)(C)** HOLDING15MAR2006 Refer For Disciplinary None E4**b(6), b(7)(C)**
Infraction AREA 1131L Action

Observation/Infraction: I SGT **b(6), b(7)(C)** WHILE ASSISTING ZONE 2, ORDERED T12 TO A TRIDOD TO PREPARE FOR SHOWERS. DETAINEE **b(6), b(7)(C)** REFUSED TO GET UP TO GO TO THE TRIDOD. DETAINEE WAS TOLD MANY TIMES TO GET UP BY 4 MPS AND STILL REFUSED. I SGT **b(6), b(7)(C)** TOOK OUT MY OC CANISTER AND SHOWN IT TO THE DETAINEE AND TOLD HIM IF HE DID NOT GET UP HE WOULD GET SPRAYED. DETAINEE STILL REFUSED TO GET UP. I SGT **b(6), b(7)(C)** THEN SPRAYED DETAINEE **b(6), b(7)(C)** WITH THE OC. TRAUMA WAS THEN NOTIFIED //NOTHING FOLLOWS//

Witness: SSG **b(6), b(7)(C)**, GT **b(6), b(7)(C)**, SPC **b(6), b(7)(C)**
Action Taken **b(6), b(7)(C)**
(Compound NCO):
Action Taken (Guard CDR): GRANTED SEG BOX 12 HOURS - E4 **b(6), b(7)(C)**
Action Taken (Detainee Chief):
Action Taken (Superintendent):
Remarks (Other): 17-Failure to Follow MP Instructions

Bad **b(6), b(7)(C)** HOLDING14MAR2006 Memorandum For None E-3**b(6), b(7)(C)**
AREA 1719L Record

Observation/Infraction: ON MARCH 14 AT APPROX 0345 AM DETAINEE **b(6), b(7)(C)** INFORMED THE SHIFT LEADER SSG **b(6), b(7)(C)** THAT HE WAS DIABETIC WHO HAS NOT HAD MEDICAL ATTENTION IN 3 DAYS. TRAUMA WAS THEN CALLED AND UPON ARRIVING INFORMED THE YARD DOG SGT **b(6), b(7)(C)** THAT THEY HAD BEEN CALLED FOR THIS SAME DETAINEE LESS THAN 4 HOURS AGO. AFTER CHECKING ALL VITALS IT WAS DETERMINED THAT HE WAS DOING BETTER THAN THE FIRST TIME TRAUMA WAS CALLED FOR HIM. SOG WAS NOTIFIED AND BOX TIME WAS REQUESTED. DETAINEE HAD ONE Prio ORDR FOR ABUSING THE MEDICAL FACILITY. NOYHING FOLLOWS//

Witness:
Action Taken
(Compound NCO):
Action Taken (Guard CDR):
Action Taken (Detainee Chief):
Action Taken (Superintendent):
Remarks (Other): 17-Failure to Follow MP Instructions

Bad **b(6), b(7)(C)** HOLDING14MAR2006 Memorandum For None E-3**b(6), b(7)(C)**
AREA 1641L Record

Observation/Infraction: ON MARCH 14 AT APPROX 1643 DETAINEE **b(6), b(7)(C)** WAS ESCORTED FROM THE SEG BOX TO THE W/C IN THE REC YARD. AFTER DETAINEE WAS FINISHED USING THE W/C HE REFUSED TO GET UP. DETAINEE WAS TOLD TO LAY ON THE GROUND. HE COMPLIED THEN HE WAS HAND CUFFED AND BROUGHT TO THE SEG BOX, BY SSG **b(6), b(7)(C)** AND GUARD COMMANDER. WHEN THE CUFFS WERE TAKEN OFF OF THE DETAINEE HE ASKED IF HE WAS GOING TO THE HOSPITAL. MP SAID NO **b(6), b(7)(C)** PROCEEDED TO THROW A FIT AND START SREAMING "I AM VERY SICK" AND STARTED THROWING FOOD ALL OVER HIMSELF AND OUTSIDE OF SEG BOX **b(6), b(7)(C)** WAS PREVIOUSLY IN THE SEG BOX FOR FAKING A ILLNESS IN THE SALLY PORT OF HIS TENT. GUARD COMMANDER WAS ON SITE AT THE TIME OF THE INCIDENT IN THE REC YARD DUE TO THE DETAINEES ACTIONS GUARD COMMANDER ADDED 8 MORE HOURS IN THE SEG BOX

Witness:
Action Taken
(Compound NCO):
Action Taken (Guard CDR):
Action Taken (Detainee Chief):
Action Taken (Superintendent):
Remarks (Other):

EXHIBIT 4

ACLU DDII CID ROI 31747

NOTHING FOLLOWS

Witness: SPC [REDACTED] SPC [REDACTED] GT [REDACTED]
 Action Taken (Compound NCO): -
 Action Taken (Guard CDR): -
 Action Taken (Detainee Chief): -
 Action Taken (Superintendent): -
 Remarks (Other): 18-Disorderly Conduct

Bad [REDACTED] HOLDING 19 JUN 2005 Memorandum For None E6 [REDACTED]
 AREA 0604L Record

Observation/infraction: I, SPC [REDACTED] N 19 JUN 05. WARNED DETAINEE [REDACTED] TO NOT USE THE HANDICAPPED WASTE FACILITIES. HE IS NOT HADICAPPED. THEN HE TRIED TO WALK OFF AND DENIED THAT HE DID IT. DETAINEE WAS PLACED IN SEG CELL FOR 2 HOURS FOR DISOBEYING MP ORDERS.

Witness:
 Action Taken (Compound NCO): -
 Action Taken (Guard CDR): -
 Action Taken (Detainee Chief): -
 Action Taken (Superintendent): -
 Remarks (Other):

Personal Information

Enrollment Date: 24MAY05 1523 Z
 Date of Birth: 01JAN1982
 Nationality: IRAQ
 Religion: ISLAM-SUNNI
 Alert? YES

Gender: MALE
 Place of Birth:
 Ethnicity: ARAB

Alert Text: DO NOT RELEASE! AMZ-LINKED

▲TOP

~~FOR OFFICIAL USE ONLY~~
~~ENFORCEMENT~~

EXHIBIT 4

ACLU DDII CID ROI 31748

0050 06 CID 789 78402

~~FOR OFFICIAL USE ONLY~~
~~EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION~~

EXHIBIT

4

ACLU DDII CID ROI 31749

Exhibit(s) 5, 6

Pages 000041 thru 000082 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31750

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
15 Mar 06	<p>5:29y o/c dt. brought to treatment tent C/O sweating, dizziness, disorientation. dt has htr of IODM for 16 years. In the last period, was in camp Bucca, where he was receiving tx: 34 MPH + 20R U of insulin. Since dt arrived on Abu Ghraib, 2002 ago, didn't get any insulin. Also C/O convulse in the last 48h.</p> <p>O: Appearance: lethargic pt, sweating and vomiting.</p> <p>VS: BP=163/98 mmHg; HR=113 BPM; T=96.4F</p> <p>Heart: RRR, S1, S2, diminished</p> <p>Lungs: CTR</p> <p>Abd: soft, NBS</p> <p>Palpation on the bladder: painful. dt states that he didn't urinate at all in the last 48h.</p> <p>R: 128 BG; immeasurable high.</p> <p>R: Uncontrolled IODM. Suspected Ketoacidotic coma.</p> <p><u>Amnesia</u></p> <p>Pt dt. was given at treatment tent 20UR ins, and post i.v. Cell trauma</p>
(b)(6)	15 Mar 06

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.

173 379 LEVEL 3

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

FOR OFFICIAL USE ONLY
 LAW ENFORCEMENT SENSITIVE
 ACJU DDII CID EXHIBIT 5

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

15 MAR 06
 '300 - 1330
 ET tube (89)

Nursing Note. Rec'd phone call from treatment tent requesting trauma to pick-up detainee for no urine output x 2 days. States the insulin dependent meds x several days. Trauma called & dispatched. Detainee brought in on 100%. NRB face mask not in resp. Home CPK initiated. ER attending [redacted] (b)(6)

Atropine 1 amp IVP followed by Epi 1 amp 1305 1st round. followed by 2nd round Atropine 1 amp / Epi 1 amp 2 amps N₂O₂. Labs drawn & sent. 3rd round of Atropine / Epi given. Pupils Eye 2 pupils upon arrival noted fixed & dilated. HR / BP / RR / SpO₂ / Respiration. CPK called by [redacted] (b)(6) @ 1330. CID notified. [redacted] (b)(6)

STANDARD FORM 600 (REV. 6-97) BACK USAPA V2.00

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 5

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER	TREATMENT FACILITY ABU
PATIENT'S HOME ADDRESS OR DUTY STATION					RECORDS MAINTAINED AT 1	
STREET ADDRESS					ARRIVAL	
CITY					DATE (Day, Month, Year)	TIME
STATE					15 Mar 06 @ 1255	
ZIP CODE					TRANSPORTATION TO FACILITY Trauma	
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE
	AREA CODE	NUMBER	ITEM	YES	NO	N/A
			PRP			
AGE	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART
						NAME OF INSURANCE COMPANY
CURRENT MEDICATIONS			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT
			ITEM	YES	NO	DATE LAST VISIT
			IS THIS AN INJURY?			24 HOUR RETURN
			INJURY/SAFETY FORMS			<input type="checkbox"/> YES <input type="checkbox"/> NO
			HOW			TETANUS
ALLERGIES						DATE LAST SHOT
						COMPLETED INTIAL SERIES
						<input type="checkbox"/> YES <input type="checkbox"/> NO
CHIEF COMPLAINT						

CATEGORY OF TREATMENT		VITAL SIGNS					
<input checked="" type="checkbox"/> EMERGENT	TIME	TIME					
<input type="checkbox"/> URGENT		BP					
<input type="checkbox"/> NON-URGENT	INITIALS	PULSE					
		RESP					
		TEMP					
		WT					

LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH		CHEM:		ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X					SINUS	HEAD CT
						ANKLE R/L	

ORDERS						
<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR			<input type="checkbox"/> ECG		
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE	
	1310	1310				
	1310	1310				
	1310	1310				

DISPOSITION	DISPOSITION QUARTERS /OFF DUTY	PATIENT/DISCHARGE INSTRUCTIONS	
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY	<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.	I have received and understand these instructions.	
MODIFIED DUTY UNTIL	RETURN TO DUTY		
CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED	TO
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED			
<input type="checkbox"/> DETERIORATE	TIME OF RELEASE	WHEN	

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/CMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

173379

L3.

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EXHIBIT 5

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
-----------------------	--	-----------------------

TEST RESULTS										
WBC						ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
H/H						SUP O2	PH	PO2	RESULTS	
PLT						PCO2	SAT	OTHER		
PT						DIP			EKG INTERPRETATION	
APTT	BHCG	ETOH	GLU			MICRO				

PROVIDER HISTORY/PHYSICAL

Brought to ETR via ambulance for ↓ urine output X 2 days. Apparently was responsive enroute. When I first saw him he was unresponsive, pupils fixed and dilated, no pulse, no resp. CPR started intubated meds given. No response. CODE stopped - called at 1330.

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
DKA			(b)(6)
			CODER

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

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EXHIBIT 5

MEDICAL RECORD

AUTHORIZATION FOR AUTOPSY

In the event authorization for autopsy is obtained by letter, telegram, voice recorded or monitored telephone call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. NAME AND LOCATION OF MEDICAL FACILITY DATE AND TIME

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of

I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereinunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: (If No Restrictions, Write "None")

The following special examinations are requested:

3. I(We) represent that I am (we are) the of the deceased and entitled by law to control the disposition of the remains.

WITNESSES (medical facility staff members): Signed Signed Signed (Name and Title)

FOR ADMINISTRATIVE USE ONLY Case falls within jurisdiction of Medical Examiner/Coroner Medical Examiner/Coroner released remains from his jurisdiction to this authority SIGNATURE TITLE DATE REGISTER NO. WARD NO.

AUTHORIZATION FOR AUTOPSY Medical Record

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

STANDARD FORM 523 (REV. 12-83) Prescribed by GSA GEN. REG. NO. 27

EXHIBIT 5

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 BRANCH OF SERVICE DATE OF INCIDENT

ORGANIZATION AND BASE PLACE OF DEATH/INCIDENT

CONDITION OF REMAINS *(Describe briefly in Narrative below)*

Recognizable	Not Recognizable	Commingle	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	Visual Recognition	Identification Tag(s)
Other <i>(Specify in Narrative)</i>			

ENCLOSURES

DD Form 505	DD Form 800	DD Form 801	DD Form 802
DD Form 803	DD Form 804	DD Form 807	ID Card
DD Form 300	FD 258	AF Form 137	SF 803
Dental X-Rays	SF 88	SF 83	DD Form 2884
SF 801	Photo		

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

TAB

NARRATIVE AND SUMMARY (Continued)

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED	
TYPED NAME OF IDENTIFICATION SPECIALIST	NAME AND ADDRESS OF INSTALLATION
TITLE OF IDENTIFICATION SPECIALIST	
SIGNATURE OF IDENTIFICATION SPECIALIST	DATE

RECOMMENDATIONS APPROVED		
<i>To the best of my knowledge and belief, the statements made herein are correct and true.</i>		
TYPED NAME OF APPROVING OFFICER	GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER		
SIGNATURE OF APPROVING OFFICER	DATE	

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ACLU DDII CID RDI 91758

EXHIBIT 5

REVERSE OF DA FORM 2773, MAY 1960

MASTER PROBLEM LIST

For this form, see AR 40-53, the proponent agency is the Office of the Surgeon General

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.		24 MAY 05	DM - Type I	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES			
A.	Dilated Eye Exam	JUNE 2005	15 JUL 05		
B.					
C.					
D.					
E.					
F.					
G.					
H.					

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

173379 23/10 (M)
 MAY11, OMAR TALIB
 1982.

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

PMH PSH MEDS ALL
 DM - Type I NICOA

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EXHIBIT 5

ACLU DDH CID ROI 31759

DIRECTIONS: To be completed by attending provider or other staff at time of patient release, showing procedure completed and care/treatment, or discharge from an inpatient hospital stay. The patient/significant other will be provided a legible copy of this document.

SECTION I TO BE COMPLETED BY PRIVILEGED PROVIDER	SECTION II TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE
1. DATE OF PROCEDURE/ADMISSION: <u>22-23 MAY 05</u>	1. DISPOSITIONED TO: <input type="checkbox"/> HOME <input type="checkbox"/> DUTY <input type="checkbox"/> OTHER
2. ADMITTING DIAGNOSIS: <u>HYPGLYCEMIA</u>	2. MODE: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> OTHER
3. PERTINENT DIAGNOSTIC FINDINGS: <u>BLOOD GLUCOSE 605 - 2005</u> <u>CBC - NORMAL</u> <u>CK 1100 → 950 → 751 → 511</u>	3. ACCOMPANIED BY: <input type="checkbox"/> FAMILY <input type="checkbox"/> FRIEND <input type="checkbox"/> OTHER
4. PROCEDURES, TREATMENT, HOSPITAL COURSE: <u>INSULIN THERAPY</u> <u>IVF</u>	4. PATIENT EDUCATION: Completed and patient prepared for home care. <input type="checkbox"/> YES <input type="checkbox"/> NO If "No," explain: Patient <input type="checkbox"/> verbalizes <input type="checkbox"/> demonstrates understanding of home care. Printed educational materials provided: (Specify) <u>Report given to (b)(6) (IHA)</u>
5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE: <u>DIABETES MELLITUS</u> <u>ELEVATE CREATINE KINASE IN BLOOD</u> <u>↳ RESOLVING</u>	5. Clinical outcomes met and post-discharge/release referrals made? <input type="checkbox"/> YES <input type="checkbox"/> NO If "No," explain:
6. ACTIVITY: <u>AS TOLERATED</u>	6. NUTRITION CARE INSTRUCTIONS:
7. DIET: <u>REGULAR</u>	7. MEDICATIONS: (Explained by) <input type="checkbox"/> Nurse <input type="checkbox"/> Physician <input type="checkbox"/> Pharmacist <input type="checkbox"/> Other
8. MEDICATIONS: <input type="checkbox"/> See separate list and special instructions provided. <input type="checkbox"/> The following medications have been prescribed for home use: <u>NPH INSULIN 15 U SQ QAM &</u> <u>7 U SQ QPM.</u>	Printed medication literature provided? <input type="checkbox"/> YES <input type="checkbox"/> NO Patient verbalizes understanding of prescribed medications? <input type="checkbox"/> YES <input type="checkbox"/> NO
9. PROFILE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	8. EQUIPMENT/SUPPLIES PROVIDED:
CONVALESCENT LEAVE: _____ DAYS <input checked="" type="checkbox"/> N/A	9. FOLLOW-UP APPOINTMENTS: (Date/time, POC, and phone)
INSTRUCTIONS: (To home care providers, patient, etc.) <u>SEND TO CAMP LIBERTY AFTER IHA</u> <u>IN PROCESSING.</u>	10. FOR PROBLEMS OR EMERGENCY, PLEASE CONTACT: _____ (Name) _____ (Phone)
(b)(6) <u>ALLUCHEUS BVD.</u>	11. COMPLETED BY: _____ (Signature and Title) _____ (Date and Time)
(b)(6) _____ _____ (Printed or Stamped Name)	12. ACKNOWLEDGMENT OF INSTRUCTIONS: I understand and have received a copy of these instructions. _____ (Patient/Responsible Adult's Signature) _____ (Date and Time)
IDENTIFICATION (For typed or written entries note Name - Initial, Grade, DOB, Hospital or medical facility) <u>R, TALIE MAHYI</u> <u>MO DETAINEE</u> <u>0013497 20 80005 052</u> <u>AL UHAR, TALIE MAHYI</u> <u>M O DETAINEE</u>	

DISTRIBUTION OF THIS FORM WHEN COMPLETED: (1) ITR; (2) PATIENT/FAMILY; (3) OTR; (4) OTHER

MEDCOM FORM 691-R (TEST) (MCHO) JUN 03

PREVIOUS EDITIONS ARE OBSOLETE

MC V2.00

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EXHIBIT 5

ACLU DDII CID ROI 31760

01 01 8750 06 CIV 89 78461

TASK FORCE MED 115 LABORATORY **LABORATORY FORM**
 Camp Bucca Internment Facility SASH, Iraq (Subject to Privacy Act of 1974)

LAST, FIRST, MI. (Or Hospital ID #) Male SSN or ISN: 173379 Signs and Symptoms: Diabetic
 Female
 Physician (b)(6) Ward: 123 STAT Specimen Collection Date & Time: 8 July 05 0810 Lab Use Only Initials (b)(6) Lab Use Only D&T: 8 July 16 05
 Drawn Bed: Routine

Chemistry (i-STAT): Syringe / Green Top Chemistry (PicoLco Analyzer): Green Top Hematology (Coulter): Purple Top
 Bid Gas - Bld Gas w/Lact - Glu - Crea Chem 12 Met/ye8 BMP/Dia/Popp/Reph CBC Manual Differential

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH		7.35-7.45	ALB	4.4	3.3-5.5 g/dL	WBC	6.6	4.8-10.8 x10(3)/uL
PCO2		35-45 mmHg	ALP	173	26-184 U/L	RBC	5.09	4.2-6.1 x10(6)/uL
PO2		80-100 mmHg	ALT	40	10-47 U/L	Hgb	15.5	12.0-18.0 g/dL
TCO2		18-33 mmol/L	AMY	44	14-110 U/L	Hct	41.9	M: 42.0-52.0%
HCO3		22-26 mmol/L	AST	29	11-38 U/L			F: 37-47%
sO2		95-99%	Tbil	1.1	0.2-1.6 mg/dL	MCV	94.2	80.0-99.0 fl
BEecf		(-2) - (+3)	BUN	18	7-22 mg/dL	MCH	30.5	27.0-31.0 pg
Lactate		0.90-1.70 mmol/L	Ca		8.0-10.3 mg/dL	MCHC	32.4	33.0-37.0 g/dL
Glucose		73-118 mg/dL	Chol	199	100-200 mg/dL	Plt	324	130-400 x10(3)/uL
Creat		0.6-1.3 mg/dL	CK	80	M: 39-380 U/L	LY%	31.8	20.0-44.0%
					F: 30-190 U/L	LY#	2.1	0.7-4.3 x10(3)/uL
Urinalysis			CL	91	98-109 mmol/L	Differential		
Color	Straw	Straw/Yellow	TCO2	23	18-33 mmol/L	Segs(50-70%)	Mono(4-10%)	
Clarity	Clear	Clear	Creat	0.6	0.6-1.3 mg/dL	Rands(1-10%)	Eos(0-10%)	
Bilirubin	Neg	Negative	GGT	31	5-65 U/L	Lymph(20-44%)	Baso(0-2%)	
Ketone	Mod/Pos Acc	Negative	Glu	451	73-118 mg/dL	Atyp Ly	Immature cells	
SG	1.010	1.010-1.025	K	4.3	3.3-4.9 mmol/L	RBC Abn Morph:		
Blood	Neg	Negative	TProtein	8.5	6.4-8.1 g/dL	Plt Abn Morph:		
pH	5.0	5.0-8.0	Na	129	138-145 mmol/L	WBC Abn Morph:		
Protein	Neg	Negative-Trace	Phos		2.2-4.5 mg/dL	Malaria Smear / Purple Top		
Urobili	0.2	0.1-1.0 Ehrlich U/dL	HDL Chol	83	30-75 mg/dL	Thin		No Plasmodium Seen
Nitrite	Neg	Negative	LDL Chol	105	50-130 mg/dL	Thick		No Plasmodium Seen
Leuko	Neg	Negative	TG	55	60-160 mg/dL	Sed Rate / Purple Top		
Urine Microscopic			VLDL	11	≤30 mg/dL	Sed Rate		0-20 mm at 1 hour
WBC:	EPI:		C/HDL RAT	2.4	≤4.5	Hemoglobin S / Purple Top		
RBC:	Mucus:		Miscellaneous / Rapid Tests			Coagulation / Blue Top (3.2%)		
Bacteria:	Yeast:		Mono		Negative	PT		7.0-14.0 sec
Casts:	Crystals:		RPR		Negative	APTT		21.0-50.0 sec
Other:			Drug Screen		Negative	INR		0.5-1.5/therap 2-3
Special Chemistries / Red or Tiger Top			HCG		Negative	Cardiac Panel / Purple Top		
TSH		0.25 - 5 uIU/ml	H. pylori		Negative	Myoglobin		NEG / 0-107 ng/mL
FT4	11.07	9 - 20 pmol/L	ETOH/Alc.		Negative	CK-MB		NEG / 0-4.3 ng/mL
FT3	5.08	4.0 - 8.3 pmol/L	Strep A		Negative	Troponin		NEG / 0.0-0.4 ng/mL
T4	68.66	60 - 120 nmol/L	Chlamydia		Negative	Body Fluid Panel / Sterile Container		
T3	1.33	0.92 - 2.33 nmol/L	Flu A&B		Negative	Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Wet Mounts Panels (CSF Only)		
HIV		Negative	C. difficile		Negative	FOR OFFICIAL USE ONLY		
Additional / Other Requests:			O&P		No Ova / Parasite	LAW ENFORCEMENT SENSITIVE		
(Consult with Lab Prior to Submitting)			Occult Bld		Negative	CID R01 31762		
(b)(6)			Wet Mount		Negative	EXHIBIT 5		
			KOH		Negative	000052		

TASK FORCE MED 115 LABORATORY Camp Bucca Internment Facility SASH, Iraq LABORATORY FORM (Subject to Privacy Act of 1974)

LAST, FIRST, MI. (Or Hospital ID #) Male SSN or ISN: Signs and Symptoms: Mayhi, Omar 173379

Physician: (b)(6) Ward: 12B STAT Specimen Collection Date & Time: Lab Use Only Initials: Lab Use Only D&T: Drawn by: Bed: Routine 12/10/05 0700

Chemistry (STAT) Syringe / Green Top Chemistry (Piccolo Analyzer) Green Top Hematology (Coulter) Purple Top Bld Gas - Bld Gas w/Lact - Glu - Crea Chem 12 Met/Lytes BMP Liver Lipid Rengl CBC Manual Differential

Table with columns: TEST, RESULT, REF. RANGE. Rows include pH, PCO2, PO2, TCO2, HCO3, sO2, BEecf, Lactate, Glucose, Creat, ALB, ALP, ALT, AMY, AST, Tbil, BUN, Ca, Chol, CK, WBC, RBC, Hgb, Hct, MCV, MCH, MCHC, Plt, LY%, LY#.

Urinalysis

Table with columns: TEST, RESULT, REF. RANGE. Rows include Color, Clarity, Glucose, Bilirubin, Ketone, SG, Blood, pH, Protein, Urobili, Nitrite, Leuko, CL, TCO2, Creat, GGT, Glu, K, TProtein, Na, Phos, HDL CHOL, LDL Chol, TG, VLDL, C/HDL RAT.

Malana Smear / Purple Top

Table with columns: TEST, RESULT, REF. RANGE. Rows include Thin, Thick, No Plasmodium Seen.

Sed Rate / Purple Top

Table with columns: TEST, RESULT, REF. RANGE. Rows include Sed Rate, 0-20 mm at 1 hour.

Hemoglobin S / Purple Top

Table with columns: TEST, RESULT, REF. RANGE. Rows include Hb S, Negative.

Coagulation / Blue Top (3.2%)

Table with columns: TEST, RESULT, REF. RANGE. Rows include PT, APTT, INR.

Special Chemistries / Red or Tiger Top

Table with columns: TEST, RESULT, REF. RANGE. Rows include TSH, FT4, FT3, T3, HIV.

Additional / Other Requests: (Consult with Lab Prior to Submitting)

HIV / HEP B Neg

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Body Fluid Panel / Sterile Container Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Met/Edits Panel (CSF only)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

24 MAY 09 DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION (SF600 OVERPRINT, VER. 13, IAW AR 190-8)

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - NKDD

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

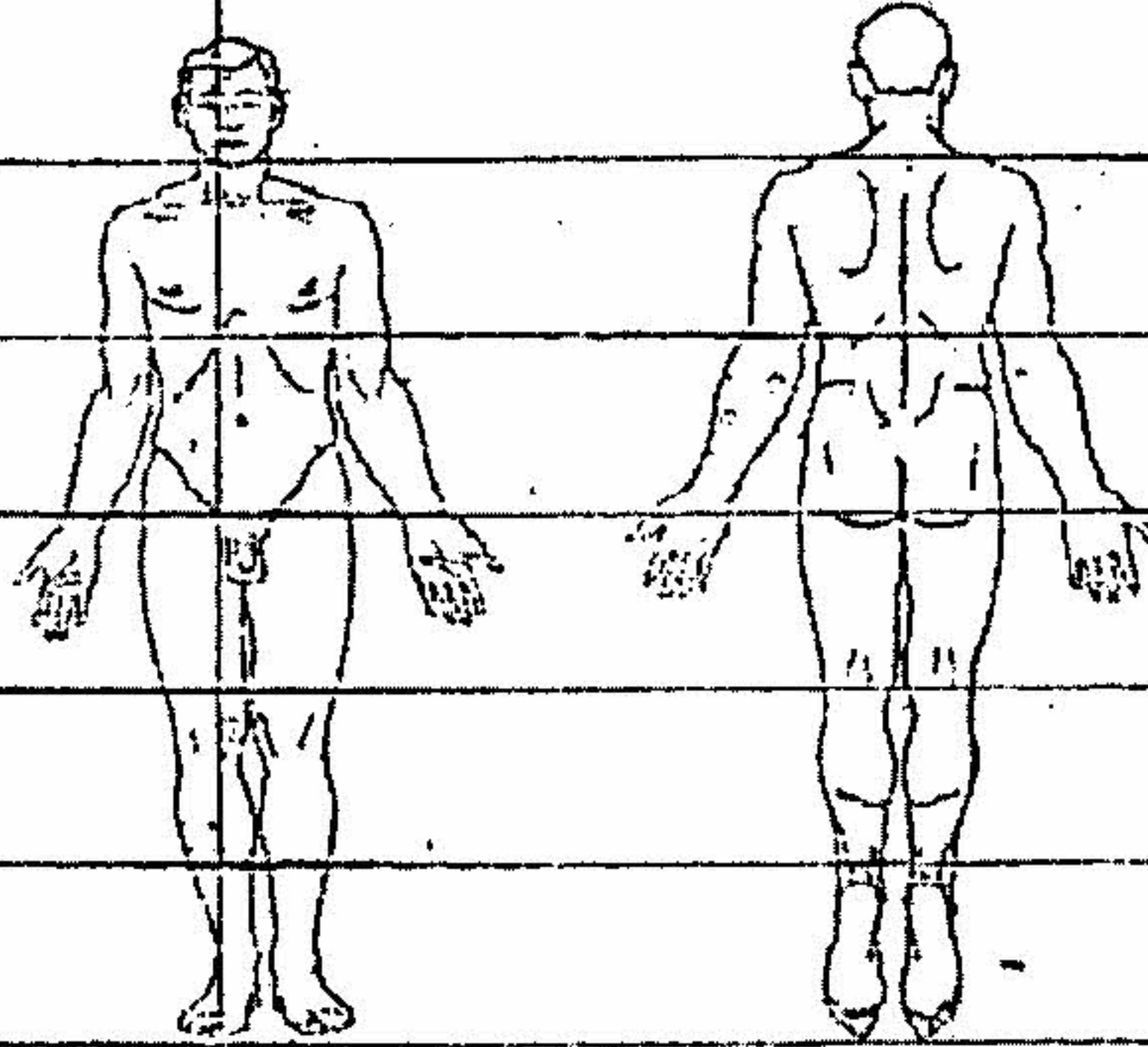
- SURGERIES ()
- CONVULSIONS/SEIZURES ()
- HEMOPHILIA ()
- MALARIA ()
- ASTHMA ()
- DIABETES (✓) TYPE I
- HIGH BLOOD PRESSURE ()
- CANCER/LEUKEMIA ()
- HEART TROUBLE ()
- KIDNEY DISEASE ()
- VISUAL IMPAIRMENT ()
- STD ()

"TRANSLATOR PRESENT"

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

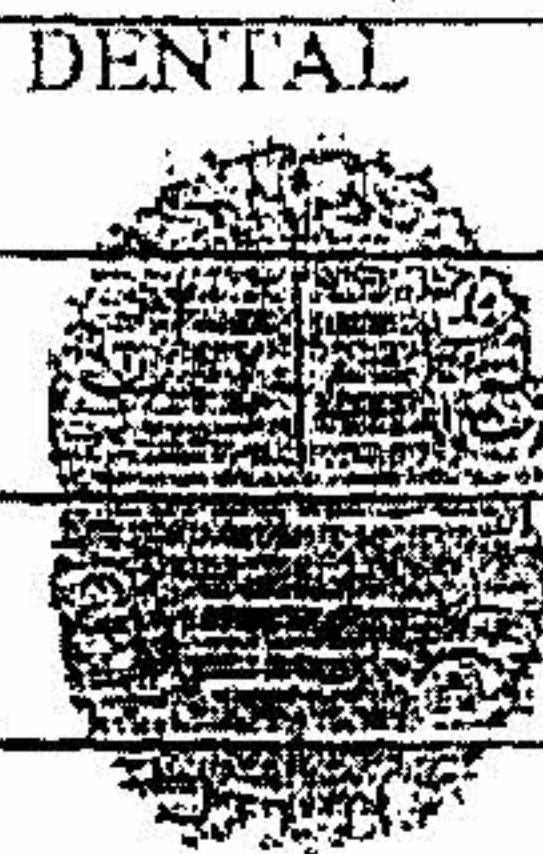
TOBACCO USE (Y/N) 1 PP DAY X 13 YRS
ETOH: 0

HEFT HT: 5'5" BP: 105/53 PULSE: 102 BICEPS CIRC: WEIGHT: 172 BMI: 20



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

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



OVERALL APPEARANCE Thin or in NAD

HEENT WNL HERNIA

SKIN/SCARS/BRUISING (-) GENTAL

CARDIOPULMONARY SYSTEM RRR NEUROBEHAVIORAL

MUSCULOSKELETAL No deformities DETAILS ON REVERSE

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

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

ISN 173379 CAMP
NAME MAYHI, OMAR TALIB
DOB 1982 AGE 23 SEX M
PROVIDER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 9-97)
Prescribed by GSA/CMR
FPMR (41 CFR) 201-9.202-1

FOR OFFICIAL USE ONLY

ENFORCEMENT SENSITIVE DDII CID RPT 31764 5

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
DEPARTMENT OF HEALTH AND HUMAN SERVICES, OFFICE OF COMMUNITY HEALTH ADMINISTRATION
(SF600) OVERPRINT, VER. 1.3, IAW AR 190-8

CONTINUATION:

Type I DM - Currently on NPH 15 units of Am +
Runit of pm. Pt's morning non-fasting glucose was
379. Was given Reg insulin sliding scale. I hesitate to
adjust his insulin here @ IHA because he is skipping
meals because he doesn't like the food. He is to be
transferred to Liberty & so I will see him in diabetes
clinic in Lib on Thursday (b)(6)

VACCINATION GIVEN TODAY (CIRCLE):

DT MMR POLIO HEP A HEP B TYPHOID OTHER

LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER

CHEST XRAY: NAD ()

DIET RESTRICTIONS

ACTIVITY RESTRICTIONS

DIET RESTRICTIONS:

OTHER RESTRICTIONS:

transferred to
Liberty
Am Type I

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

ISN CAMP

NAME

DOB

AGE

SEX

PROVIDER

STANDARD FORM 600 (REV. 6-97) BACK

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LAW ENFORCEMENT SENSITIVE

ACLU DDII (b)(6) 3176

EXHIBIT

5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

24 MAY 05

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

EXAMINATION PER AR 190-8 6-5	DATE	TRAVEL GO OR NO-GO	CORRECTED TO GO	COMMENT
MEDICAL EXAMINATION WAS COMPLETED	24 May 05	Go		
DENTAL SCREENING WAS COMPLETED				
CHEST X-RAY/TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED				
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	24 May	Go		

LIMITATIONS

ACTIVITY RESTRICTIONS: None
DIET RESTRICTION:
OTHER RESTRICTIONS:

Transfer to Libe Ac
CAMP TYPE I

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

(b)(6)

PROVIDER SIGNATURE AND DATE

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.

ISSN 173379 CAMP
NAME MAYHI, OMAR TALIB
DOB 1982 AGE 23 SEX M

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

ENFORCEMENT SENSITIVE

ACLU DDII CD RDI 31760

5

MENTAL HEALTH SCREEN

ISN 173379

Date 24/MAY 05

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

OBSERVATION

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

DISPOSITION

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

(b)(6)

SCREENER

Signature (Print/Type)

EXHIBIT 5
DII CID ROI 31767

MAY 24 2005

~~MAY 21 2005~~Eye Health Questionnaire

هل عندك أى مشكلة في نظرك؟

1. Are you having any problems with your vision?

نعم

لا

Yes

No

هل تلبس نظارات؟

2. Do you wear glasses?

نعم

لا

Yes

No

لو كانت الإجابة بنعم

If yes:
هل تستطيع أن ترى أفضل

A. To see better at

من بعيد

من قريب

Distance

Near

هل معك نظارتك الآن؟

B. Do you have your glasses with you?

نعم

لا

Yes

No

هل عندك ألم شديد في عيونك؟

3. Are you having any significant eye pain?

نعم

لا

Yes

No

هل حدث لك أى إصابة أو عملية جراحية في العين؟

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

نعم

لا

Yes

No

هل حدث لك فجأة قصور أو نقصان في النظر؟

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

نعم

لا

Yes

No

هل تأخذ أى أدوية لعيونك؟

6. Do you take any medicine for your eyes?

نعم

لا

Yes

No

لو كانت الإجابة بنعم أجب على السؤالين

If yes:
هل معك هذا الدواء الآن؟

A. Do you have it here with you?

نعم

لا

Yes

No

هل تعرف اسم هذا الدواء أو لماذا تأخذ

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

نعم

لا

Yes

No

173379

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT AGENCY

DDII CID ROI 31708 5

EXHIBIT

5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION
(SE600 OVERPRINT, VER. 1.3, LAW AR 190-8)

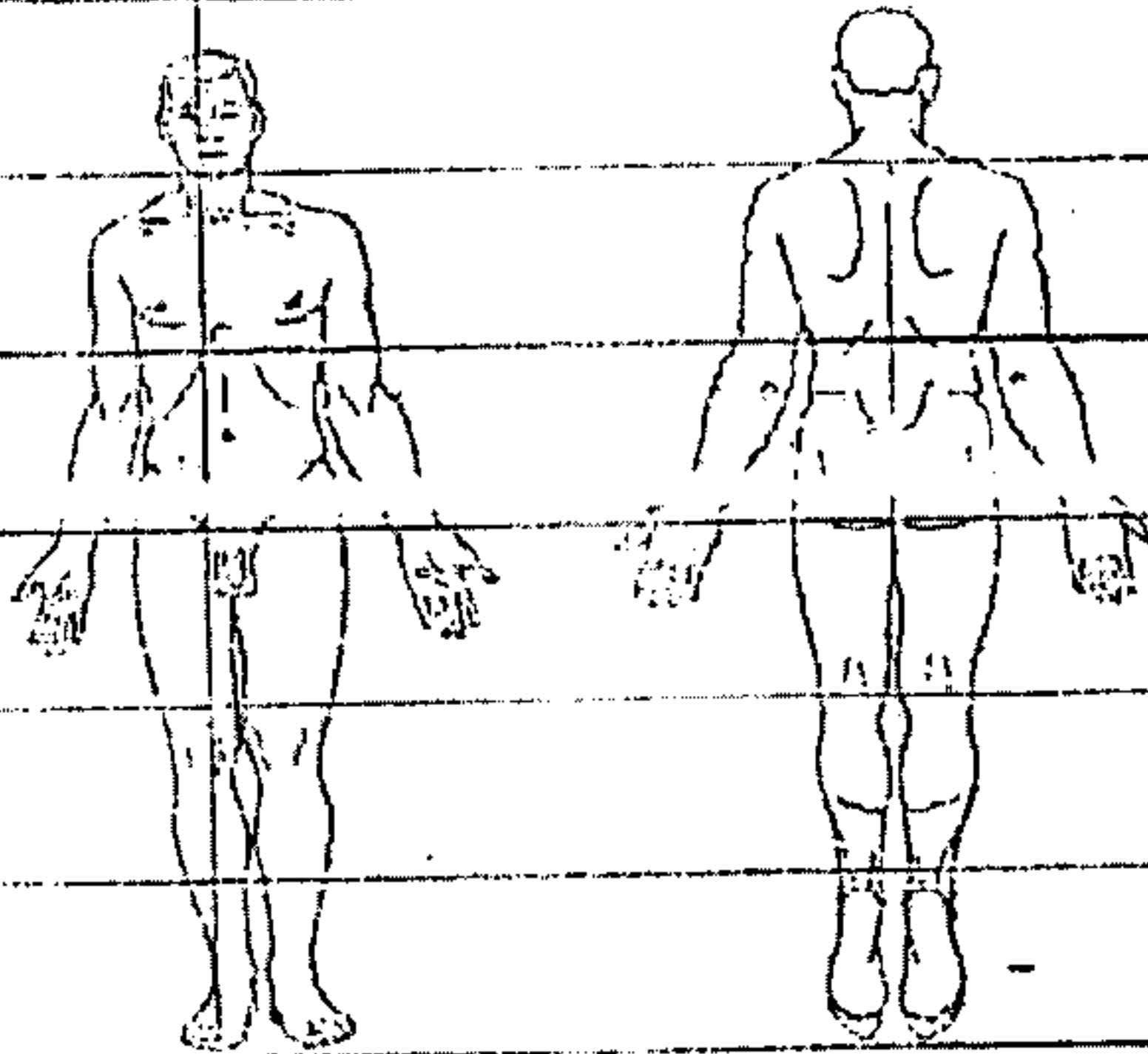
(23 MAR 05)

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

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

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

TOBACCO USE Y/N PP DAY X YRS
ETOH:

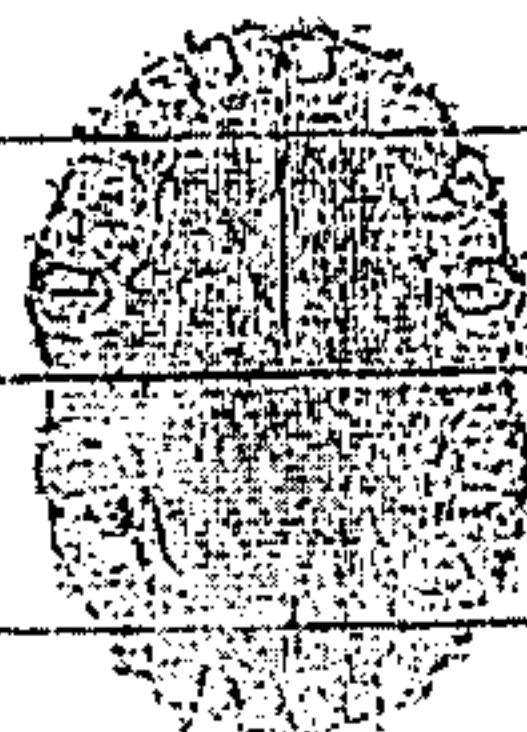


HT 5' 9 3/4 IN BP 118/77 PULSE 54 BICEPS CIRC
WEIGHT BMI

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

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

DENTAL



OVERALL APPEARANCE

Alert, NAD

HEENT

HERNIA

WNL

SKIN/SCARS/BRUISING

WNL

GENITAL

CARDIOPULMONARY SYSTEM

NEUROBEHAVIORAL

MUSCULOSKELETAL

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

ISN _____ CAMP _____
NAME _____
DOB _____ AGE _____ SEX _____
PROVIDER _____

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-87)
Prescribed by DSA/ICMR
FORM 111 APR 2013 31002 1

Hospital # [redacted] IF [redacted]

FOR OFFICIAL USE ONLY DDII CID RDI 31769
LAW ENFORCEMENT SENSITIVE

EXHIBIT 5
000059

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

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

CONTINUATION:

23 y/o ♂ DETAINEE w/ DM since AGE 17.
ADMITTED TO HOSPITAL FOR HYPERGLYCEMIA
UNEVENTFUL HOSPITAL COURSE, HE RECEIVED IVP & INSULIN
DC to T-11 - 27, 1989 IN STABLE CONDITION

IMMUNIZATION GIVEN TODAY (CIRCLE):
DT MOP POLIO MMR HEP B TYPHOID OTHER

LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER

CHEST XRAY: NAD ()

LIMITATIONS ACTIVITY RESTRICTIONS:
DIET RESTRICTION:
OTHER RESTRICTIONS:

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

(b)(6)

ISN
NAME
DOB
PROVIDER

CAMP
GE SEX

STANDARD FORM 600 (REV. 5-37) BACK

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID RDI 31770 5
EXHIBIT

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

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

DATE

5.23 y/o male just arrived from abu pt. states to be a type I diabetic.

O WDWV NAD AOX3 T5 blood sugar's 476

A Type I Diabetic

DDI Hospital for Children

(b)(6)

04 July 05

S - Diabetic

Transport: ~~doct~~ interrupted medication not taken

insulin dependent

NPH 15 units Q AM

10 units Q PM

Metformin 875 bid

O Heart RRR

Lungs clear

SO + abd

asymptomatic

A DM

P Resume diet / meds / insulin / Return to

(b)(6)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART / SERVICE

WARD AT

SPONSOR'S NAME

SSN / ID NO.

RELATIONSHIP TO SPONSOR

REGISTER NO.

WARD NO.

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

173 379

12 B

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/CMR

FIRM (41 CFR) 201-9.202-1

USFV

OFFICIAL USE ONLY

ENFORCEMENT

ACLU DDII CID 8173 EXHIBIT 5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

Date 23 June 52 3 y/o P IN STATES THAT WHEN HE TAKES

Drug All \emptyset ORAL MED for diabetes has vision problems and

meds insulin pain x 1 wk, Pt wants to stop med oral

Metformin \emptyset Refer to PA Plu SC PRN (b)(6)

PSH \emptyset His vision problems are most likely related to poor

WMM TYPE I glucose control He may NOT discontinue his

smoke \emptyset Metformin (b)(6)

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

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

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

173270
173271
Name MAYHE, TALIB

LIB#1

ABU

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

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ACLU DDII C EXHIBIT 5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
15 Jun 05	S) 23yo M c/o Stomach ache, & pain when urinating.
Meds.	x 4 days.
Diabetic	C) U/A SG - 1.050
	pH - 5
	Leuk - (-)
	Nit - (-)
	Protein - (-)
	Glucose - 100
	Ket - (-)
	Uro - Normal
	Bili - (-)
	Blood - (-)
	A) Probable dehydration
	P) The pt drink 1 bottle of water @ morning & evening med pass until symptoms subside or worse
	(b)(6)
	Agree to release & hydration
	(b)(6)

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

173379

Mayh, Omar Talib

POB 1982/01/01

Liberty

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

USPLVN



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LAW ENFORCEMENT SENSITIVE

ACLU RDI 5529 p.67
EXHIBIT 31773 5

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
02 June 05	⑤ 23 y/o A C/O PT STATES THAT HE
MEDA	WANTS MORE INSULIN PT STATES HIS
POS MEDS	BLOOD SUGAR IS ↑ ALL OF THE TIME
INSULIN	② WNLWD, AOX3, & ACUTE DISTRESS
PMT DMT	② PAPER TOFA / DM TEAM (b)(6)
PSHT	TO CK ON INSULIN DOSE
SMORED	
	Afternoon NP it dosage recently ↑ to 10 units
	No other P's needed @ this time
	(b)(6)

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

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

LIBERTY I 173379 MAYHI OMAR, TALIB	REGISTER NO.	WARD NO.
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CHRONOLOGICAL RECORD OF MEDICAL CARE

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

OFFICIAL USE ONLY
REINFORCEMENT SENSITIVE

ACLU DDII EXHIBIT 5

000064

USP LVN

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: T M FROM: (b)(6) DATE OF REQUEST 11 JUL 05

REASON FOR REQUEST (Complaints and findings)

23 yr old diabetes Type I DM, new to Bureau x 2 wks please eval. think.
PMH: Type I DM, HTN, DM, ICA, TUB: + meds, LANTUS 20 units TSS I AM, 551, LUNCH, DINNER, EVENING, Lisinopril 5mg QD

Pst: +

LABS ATTACHED

PROVISIONAL DIAGNOSIS

Type I DM

DOCTOR'S SIGNATURE (b)(6) APPROVED PLACE OF CONSULTATION: BEDSIDE, ON CALL, ROUTINE, 72 HOURS, TODAY, EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED YES NO PATIENT EXAMINED YES NO TELEMEDICINE YES

impression

- 23 yo DM TYPE I record of poor control (HgbA1C=10.4)
- Recent admission (2nd in 3 mo's) for hyperglycemia recent initiation of Lantus
- Record of completed Optometry c/s 09 June 2005
- Negative screen for HLD (Borderline LDL=105)
- Preserved Renal Function
- Needs baseline EKG

Form with fields: TITLE, DATE, MEDICAL FACILITY, RECORDS MAINTAINED AT, DEPARTMENT/SERVICE OF PATIENT, SPONSOR, SPONSOR'S NAME, SPONSOR'S ID NUMBER, IDENTIFICATION, REGISTER NO, WARD NO

173379

12 B

CONSULTATION SHEET Medical Record

STANDARD FORM 513 (REV. 4-98) Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.6

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LAW ENFORCEMENT SENSITIVE

ACLU DDII C EXHIBIT 5

Recommendations

Aggressive management of DIABETES

* TITRATE LANTUS (morning FSBG should be <120) - night time dosing

* Sliding scale Regular Insulin starting intervention @ 150

- ADD ASA B1mg QD

- ↑ ACE-INH per BP tolerance

- Annual LIPID Screen, Annual Dilated Eye Exam, Annual Foot Exam (neuropathy)

- Inspect skin (feet @ each visit to med clinic (FLU Q3 months {prev})

- Draw HgBA1C (next time to check is September 2005)

- Pursue nutrition counseling & dietician (Camp Issue)

* I'D BE GLAD TO REVIEW THE 2 WEEKS (s/p hospitalize
OF Q1D FSBG AND ASSIST & INSULIN MANAGEMENT

(b)(6)

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ACLU DDII **EXHIBIT** 31775 5

REPORT TITLE OPTOMETRY: DETAINEE (DIABETIC) OCULAR HEALTH EXAMINATION RECORD

Date of Last Vision exam: June 15 Date of Last Dilated Diabetic Ophthalmoscopy Exam: _____
 Systemic Diabetes: Type I _____ Type II _____ Current Primary Care Provider Treating Diabetes: _____
 Current Fasting Blood Sugar: _____ HgA1C: _____ Is Diabetes Under Medical Control: Yes / No
 CHIEF COMPLAINT: near vision

Do you currently wear a spectacle correction (glasses)? Yes / No [If Yes, answer the following questions]
 Do you currently have YOUR spectacle correction (glasses)? Yes / No [If No, where are they?]
 For what vision do you wear glasses? Distance Only / Near Only / Distance & Near

MEDICAL or VISUAL HISTORY

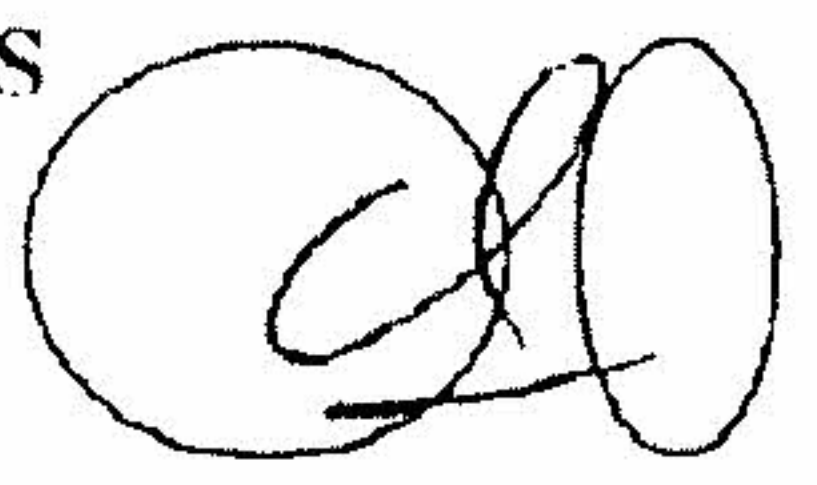
What eye diseases do you feel (or have been told) you have? _____
 Have you had any changes in your Medical health? NO - YES
 Have you had any changes in your Vision or eye health? NO - YES
 Have you had any injuries to your eyes? NO - YES
 If you answered yes, to any of the above questions, briefly describe these changes:
 S:

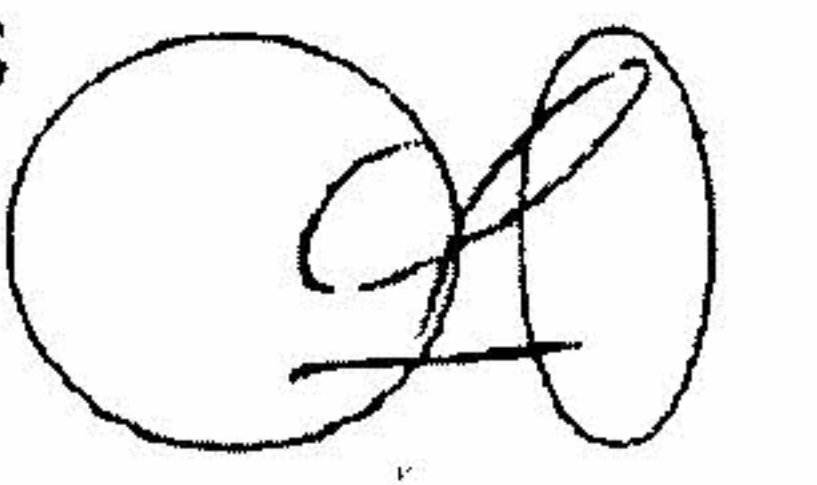
O: Habitual Dist. (cc/sc) VA's: OD: 20/40 OS: 20/40 IOP's x Ta: OD: 12 OS: 12 Time: 1240

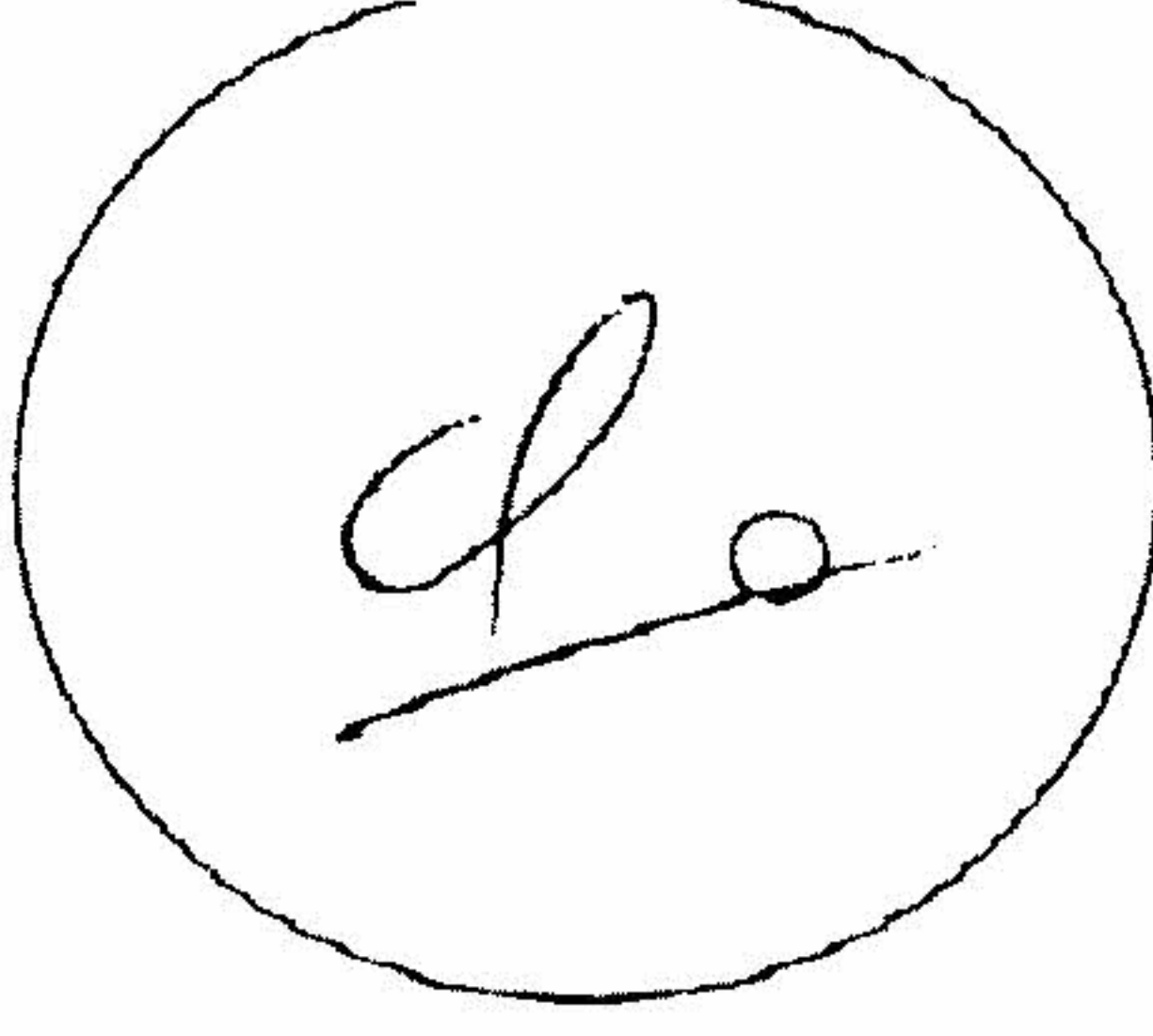
| 1 gtt x OU x 0.5% Proparacaine | | 1 gtt x OU x 1.0% Tropicamide | | 1 gtt x OU x 2.5% Phenylephrine Time: _____ Instiller Initials: _____

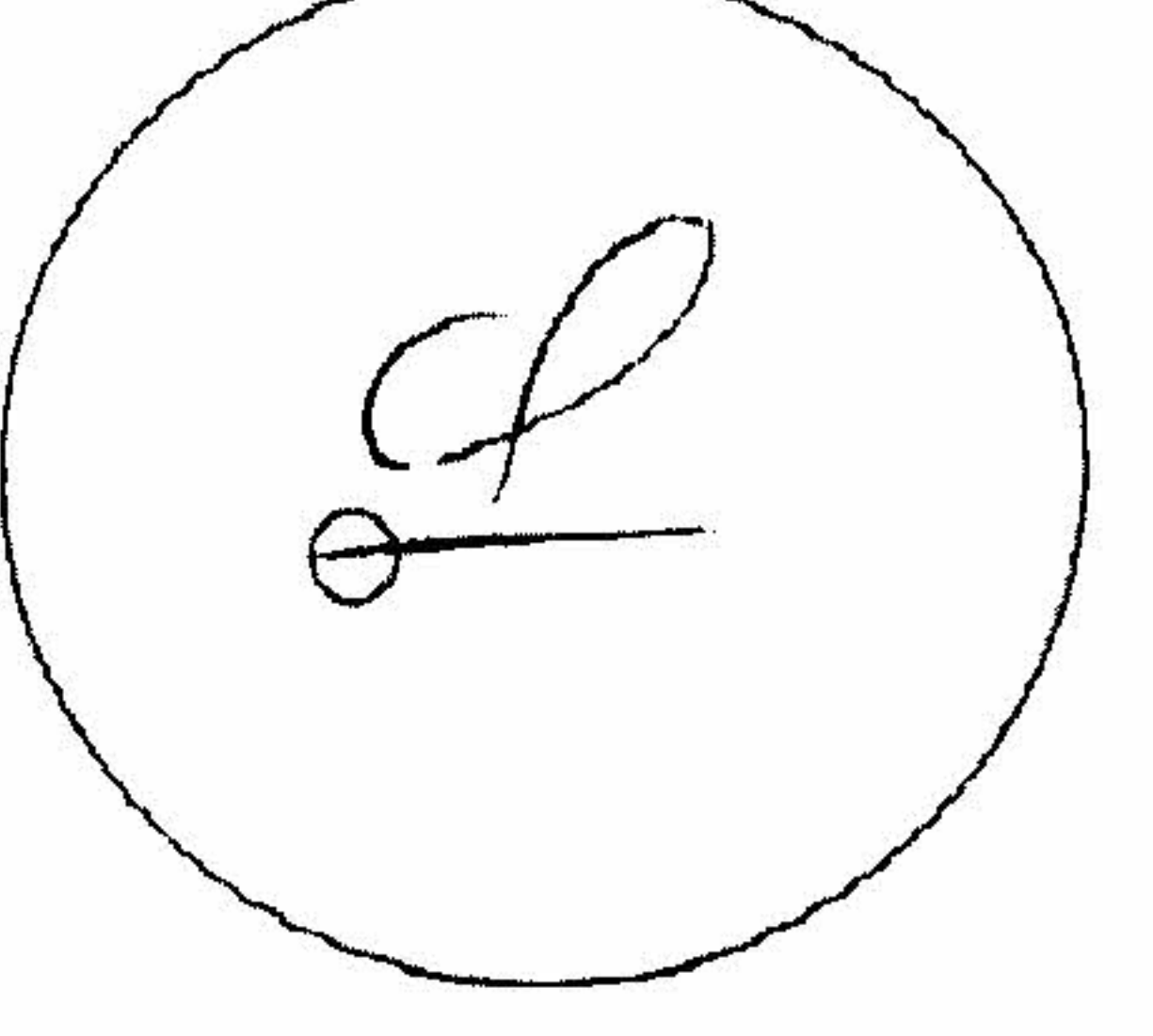
DILATED OPHTHALMOSCOPY

<input checked="" type="checkbox"/> 78D/90D	<input type="checkbox"/> 3-Mirror	<input type="checkbox"/> Gonio	<input type="checkbox"/> BIO 20D w/ SD	<input type="checkbox"/> BIO 20D w/o SD
.1 .2 .3 .4 .5 .6 .7 .8 .9	C / D Horizontal		.1 .2 .3 .4 .5 .6 .7 .8 .9	
.1 .2 .3 .4 .5 .6 .7 .8 .9	C / D Vertical		.1 .2 .3 .4 .5 .6 .7 .8 .9	
1/3 1/2 2/3	A/V Ratio		1/3 1/2 2/3	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Venous Pulsations		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Disc Margins Distinct		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Rim Tissue Pink		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Peripapillary Atrophy		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	AV Nicking		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Macula Flat & Clear		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ARMD		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Drusen		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vitreous Floaters		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vitreous Degeneration		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	PVD		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Retinal Holes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Retinal Tears		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Peripheral Retinal Degeneration		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Old Retinal Detachment		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Retinal Detachment		<input type="checkbox"/> Yes <input type="checkbox"/> No	

OD LENS 

OS LENS 

OD POSTERIOR SEGMENT 

OS POSTERIOR SEGMENT 

NOTES:

Handwritten signature: D. R. Key

A: Does detainee have diabetic retinopathy: YES NO Which Eye: OD / OS / OU
 - Degree of retinopathy: minor / moderate / extensive
 - Is retinopathy limited to background DR: YES NO Which Eye: OD / OS / OU
 Does detainee have clinically significant macular edema (CSME): YES NO Which Eye: OD / OS / OU
 Does detainee have cataracts secondary to diabetes: YES NO Which Eye: OD / OS / OU
 - Do cataracts warrant removal: YES NO Which Eye: OD / OS / OU

P: Recommendations: No Tx
 Recall for refractive evaluation
 Monitor q 6 Months
 Refer to PCP for additional diabetic (Glucose) control
 Refer to retinal specialist for PFL Tx
 Refer to: _____ for treatment of: _____

Handwritten notes:
 1) plane -0.50 x 088 8
 2) -0.25 -0.25 x 046 9
 plane -0.50 x 82 8
 3) plane -0.25 x 069 7
 plane -0.50 x 086 7

(b)(6)	DEPARTMENT / SERVICE / CLINIC CAMP BUCCA, IRAQ (OPTOMETRY)	DATE 15 July 05
(b)(6)	Are Past Records Available: Yes / No Were Past Records Reviewed Before Exam: Yes / No Next Expected Follow-Up Dec 05	
DT. ISN: 173379 COMPOUND: Camp 12 B NAME: DA 4700	FOR OFFICIAL USE ONLY ACLU DDII CID 789 7846 LAW ENFORCEMENT SENSITIVE CAMP BUCCA, IRAQ 16 JUL 2005 EXHIBIT 5	

01 01 82 50 06 CID 789 78461

TASK FORCE MED 115 LABORATORY Camp Bucca Internment Facility SASH, Iraq
 LABORATORY FORM (Subject to Privacy Act of 1974)

LAST, FIRST, MI. (Or Hospital ID #) Male Female SSN or ISN: 173379
 Signs and Symptoms: Diabetic
 Physician (b)(6) Ward: 126 STAT Specimen Collection Date & Time: 8 July 05 0810
 Drawn (b)(6) Bed: Routine Lab Use Only Initials: (b)(6) Lab Use Only D&T: 8 July 05

Chemistry (I-STAT) Syringe / Green Top			Chemistry (Piccolo Analyzer) Green Top			Hematology (Coulter) Purple Top		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
pH		7.35-7.45	ALB	4.4	3.3-5.5 g/dL	WBC	6.6	4.8-10.8 x10(3)/uL
PCO2		35-45 mmHg	ALP	110	26-184 U/L	RBC	5.07	4.2-6.1 x10(6)/uL
PO2		80-100 mmHg	ALT	40	10-47 U/L	Hgb	15.5	12.0-18.0 g/dL
TCO2		18-33 mmol/L	AMY	44	14-110 U/L	Hct	41.9	M: 42.0-52.0% F: 37-47%
HCO3		22-26 mmol/L	AST	29	11-38 U/L	MCV	94.2	80.0-99.0 fl
SO2		95-99%	Tbil	1.1	0.2-1.6 mg/dL	MCH	30.5	27.0-31.0 pg
BEecf		(-2) - (+3)	BUN	18	7-22 mg/dL	MCHC	32.4	33.0-37.0 g/dL
Lactate		0.90-1.70 mmol/L	Ca		8.0-10.3 mg/dL	Plt	324	130-400 x10(3)/uL
Glucose		73-118 mg/dL	Chol	199	100-200 mg/dL	LY%	31.8	20.0-44.0%
Creat		0.6-1.3 mg/dL	CK	80	M: 39-380 U/L F: 30-190 U/L	LY#	2.1	0.7-4.3 x10(3)/uL

Urinalysis			Differential				
Color	Straw	Straw/Yellow	CL	91	98-109 mmol/L	Segs(50-70%)	Mono(4-10%)
Clarity	Clear	Clear	TCO2	23	18-33 mmol/L	Bands(1-10%)	Eos(0-4%)
Glucose	2+ / Pos	Negative	Creat	0.9	0.6-1.3 mg/dL	Lymph(20-44%)	Baso(0-2%)
Bilirubin	Neg	Negative	GGT	31	5-65 U/L		
SG	1.010	1.010-1.025	K	4.3	3.3-4.9 mmol/L	RBC Abn Morph:	
Blood	Neg	Negative	TProtein	8.5	6.4-8.1 g/dL	Plt Abn Morph:	
pH	5.0	5.0-8.0	Na	129	138-145 mmol/L	WBC Abn Morph:	
Protein	Neg	Negative-Trace	Phos		2.2-4.5 mg/dL		
Urobili	0.2	0.1-1.0 Ehrlich U/dL	HDL Chol	83	30-75 mg/dL		
Nitrite	Neg	Negative	LDL Chol	105	50-130 mg/dL		
Leuko	Neg	Negative	TG	55	60-160 mg/dL		
Urine Microscopic			VLDL	11	≤30 mg/dL	Malaria Smear / Purple Top	
WBC:	EPI:		C/HDL RAT	2.4	≤4.5	Thin	No Plasmodium Seen
RBC:	Mucus:		Miscellaneous / Rapid Tests			Thick	No Plasmodium Seen
Bacteria:	Yeast:		Mono		Negative	Sed Rate / Purple Top	
Casts:	Crystals:		RPR		Negative	Hemoglobin S / Purple Top	
Other:			Drug Screen		Negative	Hb S	Negative
			HCG		Negative	Coagulation / Blue Top (3.2%)	

Special Chemistries / Red or Tiger Top			Miscellaneous / Rapid Tests			Sed Rate / Purple Top		
TSH		0.25 - 5 uIU/ml	H. pylori		Negative	PT		7.0-14.0 sec
FT4	11.07	9 - 20 pmol/L	ETOH/Alc.		Negative	APTT		21.0-50.0 sec
FT3	5.08	4.0 - 8.3 pmol/L	Strep A		Negative	INR		0.5-1.5/therap 2-3
T4	68.66	60 - 120 nmol/L	Chlamydia		Negative	Cardiac Panel / Purple Top		
T3	1.33	0.92 - 2.33 nmol/L	Flu A&B		Negative	Myoglobin		NEG / 0-107 ng/mL
HIV		Negative	C. difficile		Negative	CK-MB		NEG / 0-4.3 ng/mL
Additional / Other Requests:			O&P		No Ova / Parasite	Troponin		NEG / 0.0-0.4 ng/mL
(Consult with Lab Prior to Submitting)			Occult Bld		Negative	Body Fluid Panel / Sterile Container		
(b)(6)			Wet Mount		Negative	Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Malaria Smear		
			KOH		Negative			

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 REINFORCEMENT SENSITIVE
 ACLU DD
 EXP 11 5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)								
DAILY GLUCOSE CHECKS FOR DIABETICS									
	Reading	@	A.M. Time	Dose	/	Reading	@	P.M. Time	Dose
27 Jun 2005	68	@	0654	20/12 ^R	/	228	@	1555	20N/12R
28 Jun 2005	198	@	0704	20/12	/	223	@	1555	22N/12R
29 Jun 2005	210	@	0705	20/12	/	HI	@	1605	22N/12R 16mg
30 Jun 2005	239	@	0710	20N/12R	/	252	@	1617	[REDACTED]
1 July 2005	253	@	0716	[REDACTED]	/	259	@	1653	24N/14R [REDACTED]
2 July 2005	201	@	0719	24N/14R	/	235	@	1638	24N/14R [REDACTED]
3 July 2005	116	@	0838	24N/14R	/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		
1 / / 2005		@			/		@		

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

173379

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1
 USAPA V2 00

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EXHIBIT 5
 ACLU DDII CID RDI 1779

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

50 26 CID 789 78461

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

DAILY GLUCOSE CHECKS FOR DIABETICS

DATE	Reading @ A.M. Time	Dose	Reading @ P.M. Time	Dose
7 Jun 2005	499 @ 10:19	20 NPH	348 @ 17:00	20 NPH
8 Jun 2005	320 @ 09:19	20 NPH	331 @ 16:37	20 NPH
9 Jun 2005	347 @ 09:25	20 NPH	384 @ 16:25	20 NPH
10 Jun 2005	295 @ 09:16	20 NPH	308 @ 17:29	20 NPH/10 Reg
11 Jun 2005	112 @ 00:20	20 NPH	500 @ 16:52	20 NPH/10 R
12 Jun 2005	436 @ 09:46	20 NPH/10 R	186 @ 16:48	20/10
13 Jun 2005	188 @ 08:20	20/10	84 @ 16:35	20/10
14 Jun 2005	424 @ 09:49	20 NPH/10 R	210 @ 15:45	20 N/10 R
15 Jun 2005	HI @ 09:37	20 NPH/10 R	238 @ 17:16	20 NPH/10 R
16 Jun 2005	119 @ 06:52	20 NPH/10 R	112 @ 16:32	20 NPH/10 R
17 Jun 2005	241 @ 07:21	20 N/12 R	120 @ 16:10	20 NPH/12 R
18 Jun 2005	HI @ 09:28	20 NPH/12 R	243 @ 17:18	20 NPH/12 R
19 Jun 2005	258 @ 07:02	20/12	159 @ 16:39	20 NPH/12 R
20 Jun 2005	HI @ 09:52	20 NPH/12 R	57 @ 16:38	20 NPH/12 R
21 Jun 2005	290 @ 07:30	20/12	283 @ 17:08	20/12
22 Jun 2005	91 @ 07:00	20 NPH/12 R	164 @ 15:56	20/12
23 Jun 2005	323 @ 06:55	20 NPH/12 R	74 @ 16:00	22/12 ↑ NPH to 20 units per dose
24 Jun 2005	292 @ 07:00	20/12 R	204 @ 15:53	20/12
25 Jun 2005	262 @ 07:11	20/12 R	271 @ 15:48	22/12
26 Jun 2005	353 @ 06:55	20/12 R	352 @ 16:36	22/12

Insulin of 20:00/12 R 3:10 (b)(6)

(b)(6)

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

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

PATIENT'S IDENTIFICATION (For typed or written entries only: Name, last, first, middle, ID No., SSN, Date of Birth, Sex, Race, etc.)

173379

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

USAPA V2 00

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ENFORCEMENT OF EXECUTIVE ORDER 13526 (b)(7)(C) EXHIBIT 5

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE 005 06 CID 789 78461

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)					
DAILY GLUCOSE CHECKS FOR DIABETICS						
	Reading	@	A.M. Time	Dose	/	Reading @ P.M. Time Dose
/ /2005		@		15 NPH	/	@ 7 NPH
/ /2005		@			/	@
20 May 2005		@		15 NPH	/	@ 7 NPH
21 May 2005		@		15 NPH	/	@ 7 NPH
22 May 2005		@		15 NPH	/	@ 7 NPH
23 May 2005	274	@	0925	15 NPH	/	149 @ 1710 7 NPH
24 May 2005	173	@	0940	15 NPH	/	178 @ 1745 7 NPH
25 May 2005	94	@	0910	15 NPH	/	210 @ 1830 7 NPH
26 May 2005	125	@	0855	15 NPH	/	194 @ 1755 7 NPH
27 May 2005	144	@	0835	15 NPH	/	145 @ 1830 7 NPH
28 May 2005	151	@	0910	15 NPH	/	157 @ 1755 7 NPH
29 May 2005	316	@	0925	15 NPH / 15 mg	/	593 @ 1610 7 NPH / 15 mg
30 May 2005	390	@	0847	15 NPH	/	41 @ 2304 7 N / 1455 R
31 May 2005	198	@	0649	15 NPH	/	516 @ 1555 7 NPH / 16 mg Req
01 Jun 2005	380	@	0815	15 NPH	/	243 @ 1657 7 NPH / Change
2 Jun 2005	273	@	0731	16 NPH	/	471 @ 1611 10 NPH / 16 mg ↑ pm dose
3 Jun 2005	577	@	0726	16 NPH / 16 mg	/	365 @ 1624 10 NPH / 12 mg ↑ pm dose
4 Jun 2005	459	@	1031	16 NPH / 16 mg	/	480 @ 480 10 NPH / 12 mg
5 Jun 2005	489	@	0949	16 NPH / 16 mg	/	111 @ 1656 10 NPH
6 Jun 2005	511	@	0955	16 NPH / 16 mg	/	237 @ 1657 10 NPH ↑ 20 NPH in Am / PM

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.

1755 PM

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201-9.202-1 USAPA V2 00

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ENFORCEMENT SECURITY

ACLU DDII EXHIBIT 5

Physician (b)(6) **MAYM OMAR TALIB** Ward: **DC** X Female **173379**
 Drawn by _____ Bed: _____ X STAT Specimen Date and Time: **9 Jun 05 11:29** Reported by (b)(6) **DIABETIC** Date and Time: **9 Jun 2103**
 X Routine

Hemoglobin A1c/ Purple Top **Special Chemistries/ Tiger Top (SST)**

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
X	Hgb A1c	10.4 H	3.5-6.0 %		Alcohol		<10 mg/dL
Urine Microalbumin/Creatinine Urine Cup Note: Will not be ran on urine samples with a protein value of 30 mg/dl or higher or on visibly bloody specimens.							50-400 mg/dL Toxic >400 mg/dl Poss. Fatal
					Cholinesterase		M: 5.90-12.22 U/mL F: 4.65-10.44 U/mL
					Iron		M: 49-181 ug/dL F: 37-170 ug/dL
X	Albumin		≤10 ma/l.		Lipase		23-300 U/L
	Creatinine		10-300 mg/dL		Magnesium		1.6-2.3 ma/dl
	Alb/Creat Ratio		<30 mg/g		Uric Acid		M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL
					Lactate Dehydrogenase		313-618 U/L

Therap. Drug Monitoring

X	CRP		<6 mg/L		Acetaminophen		10-30 ug/mL Therap. >150 ug/mL Toxic
					Digoxin		0.8-2.0 ng/mL Therap.
					Phenytoin		10.0-20.0 ug/mL Therap.
					Salicylate		<2 mg/dL negative <20 mg/dL Therap. >30 mg/dL Toxic >60 mg/dL Lethal

Additional Tests

For the tests below, coordinate with Lab OIC or NCOIC

X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
X	TIBC				Glucose		<30 mg/dL
	Ammonia				Protein		<12 mg/dL
	Lactate						

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EXHIBIT 5
ACLU DDII CID ROI 31782

Compound Treatment Room
Camp Bucca

00506 CID789 78461

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

Log

Allergies:

ISN: 173379 Compound: 12C

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

RX: Med, Dosage, Start and End Dates	1	2	3
lisinopril 5mg QD	AM	XX	XX
	PM		
Provider:			

5	6	7	8	9	10	11	12	13	14	15	16	17
XX			X	X	X	X	X	X		X		

18	19	20	21	22	23	24	25	26	27	28	29	30	31
					X								

Month: 05
Refill#: 05
F/U Rec

RX: Med, Dosage, Start and End Dates	1	2	3
Aspirin QD	AM	XX	XX
	PM		
Provider:			

5	6	7	8	9	10	11	12	13	14	15	16	17
XX			X	X	X	X	X	X		X		

18	19	20	21	22	23	24	25	26	27	28	29	30	31
					X								

Month: 05
Refill#: 05
F/U Rec

RX: Med, Dosage, Start and End Dates	1	2	3
	AM		
	PM		
Provider:			

5	6	7	8	9	10	11	12	13	14	15	16	17

18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month: 05
Refill#: 05
F/U Rec

RX: Med, Dosage, Start and End Dates	1	2	3
	AM		
	PM		
Provider:			

5	6	7	8	9	10	11	12	13	14	15	16	17

18	19	20	21	22	23	24	25	26	27	28	29	30	31

Month: 05
Refill#: 05
F/U Rec

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

Initials	Printed Rank/Name

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

Date Med Complete:
Date Med Discontinued:
Place an "X" for No Shows
Circle the date box for missing meds

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ACLU RDI 5529

000073

5

000006 CID789 78461

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

Compound: 12B

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

RX: Med, Dosage, Start and End Dates	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Provider:	ASA 8mg i QD																															

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

RX: Med, Dosage, Start and End Dates	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Provider:	ASA 8mg i QD																															

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

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

- Med compliance
At 3 No-shows:
- 1) verify detainee's compound
 - 2) call detainee to sallyport and advise of meds
 - 3) continue med if detainee agrees to take as directed
 - 4) Obtain provider approval to D/C all meds but OTC

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

D/C

Med complete

Date:

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 MEDICAL SERVICE
 ORCEMENT

566th Medical Company (AS) Detainee Med Log, Can. Bucca Internment Facility
 CID 789 78461

000074

ISN: 173379

Compound: 12B

Med, Dosage, Start and End Dates

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

Month: Dec
Refill #
F/U Req: N

Med, Dosage, Start and End Dates

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

Month: Dec
Refill #
F/U Req: N

Med, Dosage, Start and End Dates

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
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Month:
Refill #
F/U Req: N

Med, Dosage, Start and End Dates

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

Month:
Refill #
F/U Req: N

Med, Dosage, Start and End Dates

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

Month:
Refill #
F/U Req: N

Med, Dosage, Start and End Dates

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

Month:
Refill #
F/U Req: N

compliance
No-shows:
Notify detainee's compound
If detainee to sallyport and advise of meds
Continue med if detainee agrees to take as directed
Obtain provider approval to D/C all meds but OTC
Rx for chronic meds (H/M, HTN) require FS or BP after 3 weeks to evaluate effectiveness

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

[D/C] [Med complete]

Date:

Medic:

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ORCMENT STATION

ACLU DDII QIDR 31785

000075

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

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

THRU (Include ZIP Code) TO: (Include ZIP Code) FROM: (Include ZIP Code)

1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) 2. SSN 3. GRADE

4. ORGANIZATION AND STATION 5. ACCIDENT INFORMATION a. DATE b. PLACE (City and State)

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

6. INDIVIDUAL WAS [] OUT PATIENT [] ADMITTED [] DEAD ON ARRIVAL 7. NAME OF HOSPITAL OR TREATMENT FACILITY [] CIVILIAN [] MILITARY

8. HOUR AND DATE ADMITTED 9. HOUR AND DATE EXAMINED

10. NATURE AND EXTENT OF [] INJURY [] DISEASE [] RESULTING IN DEATH (Explain)

11. MEDICAL OPINION: a. INDIVIDUAL [] WAS [] WAS NOT UNDER THE INFLUENCE OF [] ALCOHOL [] DRUGS (Specify); b. INDIVIDUAL [] WAS [] WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate); c. INJURY [] IS [] IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE; d. INJURY [] WAS [] WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:

12. THE FOLLOWING DISABILITY MAY RESULT [] TEMPORARY [] PERMANENT PARTIAL [] PERMANENT TOTAL 13. BLOOD ALCOHOL TEST MADE [] YES [] NO 14. NO. OF MG ALCOHOL/100 ML BLOOD

15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)

16. DATE 17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR 18. SIGNATURE

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

19. DUTY STATUS [] PRESENT FOR DUTY [] ABSENT WITHOUT AUTHORITY [] ABSENT WITH AUTHORITY: [] ON PASS [] ON LEAVE 20. HOUR AND DATE OF ABSENCE a. FROM b. TO

21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) [] YES [] NO

22. INDIVIDUAL WAS ON [] ACTIVE DUTY [] ACTIVE DUTY FOR TRAINING [] INACTIVE DUTY TRAINING 23. HOUR AND DATE TRAINING a. BEGAN b. ENDED

24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING [] DIRECTLY TO TRAINING [] 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 [] PRESENT FOR DUTY [] ABSENT WITH AUTHORITY [] 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 [] YES [] NO 32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) [] YES [] NO

33. DATE 34. TYPE NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISER 35. SIGNATURE

DA FORM OCT 72 2173

REPLACES DA FORM 2173, 1 JUN 69, WHICH IS OBSOLETE.

U.S. GPO: 1994-300-727/10493

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ACLU DDII

EXHIBIT 786 5

1. Reporting MTF 1381 - TF 344 MED		2. MTF Location IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number 0000875		Name (Last, First, MI) MAYHI, OMAR MOHYEE TALIB			
6. DoB (YYYYMMDD) 1982-01-01		7. Age at Admission 24Y	8. Race UNK	9. Ethnicity Z	Religion UNKNOWN
10. Length of Service ETS		11. FMP 20	12. Social Security Number 600-17-3379		
Organization (Active Duty Only) L3			13. Marital Status Z	Hour of Admission 12:55	Branch / Corps:
14. Flying Status		15. Beneficiary Category K78-ENEMY PRISONER OF WAR/DETAINEE		16. Zip Code of Residence:	
17. Unit Location		18. MOS 0000	19. Trauma DIS	Prev. Admission	
20. Source of Admission Carded for Record Only (CRO)		Ward: CRO	Name / Relationship of Emergency Addressee		
Name and Location of Medical Treatment Facility: 1381 - ;			Address of Emergency Addressee		
21. Type of Disposition			22. MTF Transferred To	23. Date of Disposition (YYYYMMDD)	
24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE		25. MTF Transferred From	26. Date this Admission (YYYYMMDD) 2006-03-15		
27. Location of Occurrence		28. MTF of Initial Admission	29. Date of Initial Admission		

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: DIABETIC/NO URINE PUT OUT X2 DAYS

Procedure Narrative(s):

Cause of Injury Narrative:

LoD Status:

Detainee Nbr:

Admitting Officer (Signature, as required)

Signature of Admitting Clerk

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ACLU DDII

EXHIBIT 5

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. (YYYYMMDD)

2. PAGE

OF

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9387, Nov. 1943 (SSM).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial for Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
4. PLACE OF RECOVERY (include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
				a. #1	b. #2

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION

8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

ALL KNOWN EFFECTS ALL KNOWN EFFECTS RECOVERED FROM UNIT ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE SIGNED (YYYYMMDD)

11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE SIGNED (YYYYMMDD)

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION	
d. SIGNATURE			e. DATE SIGNED (YYYYMMDD)

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 188

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER
600-17-3379

FROM: TF Med 344, Abu Ghraib Hospital
TO:

Mayhi, Omar mohyee
Tabib 173379
Detainee

NAME (Last, first, MI)		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
Abu Ghraib	15 Mar 06	DKA	
PLACE OF BURIAL			DATE OF BURIAL

IDENTIFICATION OF GRAVE

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).

Brought in by ambulance. When first seen in ER unresponsive, No pulse, No blood pressure. Pupils fixed and dilated. CPR unsuccessful. Pronounced dead 1330 hours.

DO NOT WRITE IN THIS SPACE
CERTIFIED A TRUE COPY

DATE (b)(6)

15 Mar 06 (b)(6)

SIGNATURE OF COMMANDING OFFICER

WITNESSES

SIGNATURE ADDRESS

SIGNATURE ADDRESS

FOR OFFICIAL USE ONLY

EXHIBIT 6

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-400. THE PROPRIETARY AGENCY IS OFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's word photo will be used to imprint identifying data if available) <i>Mayhi, Omar mayhee Talib Detainee 173379</i>	2. TIME OF DEATH (hour:day:month-year) <i>1330hrs 5 March 2006</i>	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	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 Word 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, aneurysm, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) <i>Diabetic Ketoacidosis</i>	<i>1-2 hours</i>
7b. ANTECEDENT CAUSES (chronic conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) <i>Type I Diabetes</i> (2)	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	
	b.	

9. DATE <i>15 March 2006</i>	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)
---------------------------------	--	--

SECTION B - ADMINISTRATIVE ACTION

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input 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
----------	---------------------------------------	----------------------------

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EXHIBIT

DDII CID 1790

6

(REMOVE, REVERSE, AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION <input type="checkbox"/> BURIAL <input type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL (Specify)		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2084, APR 1977 (BACK)

UBAPA V1.00

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ACLU DDII CID RGI 31792

EXHIBIT 6

0000-06-210789-78461

AGENT'S INVESTIGATION REPORT

0042-06-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: About 1310, 16 Mar 06, this office was notified by SA **b(6), b(7)(C)** **b(6), b(7)(C)** USA Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Boulevard (Blvd), Building (Bldg) 102, Rockville, MD 20850, that the remains of Detainee Internment Serial Number (ISN) **b(6), b(7)(C)** 344th Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq APO AE, 09342 (AGI), would be arriving at Dover Air Force Base (DAFB), DE 19902, for an autopsy.

About 1300, 24 Mar 06, SA **b(6), b(7)(C)** coordinated with Ms. **b(6), b(7)(C)** OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850, who stated the autopsy would be conducted on 25 Mar 06, due to the late arrival of body.

Agent's Comment: Due to mission constraints this office was unable to attend the autopsy of ISN **b(6), b(7)(C)**

About 1100, 25 Mar 06, Dr. (CPT) **b(6), b(7)(C)** USA, Associate Medical Examiner, OAEME AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850 and Dr. (COL) **b(6), b(7)(C)** **b(6), b(7)(C)** USAF, Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was pending. 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 Preliminary Autopsy Report (PAR) and CD for details) /// Last Entry ///

SA b(6), b(7)(C), b(7)(F)	APG Resident Agency (CID)	
Special Agen	APG, MD 21005	
Signature b(6), b(7)(C)	Date: 25 Mar 06	Exhibit: 7

CID Form 94

ACLU RDI CID ROI 31793

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~~Law Enforcement Sensitive~~

AGENT'S INVESTIGATIVE REPORT
CID Regulation 195-1

ROI NUMBER 0050-06-CID789-78461

Page 1 of 1 pages

BASIS FOR INVESTIGATION:
About 1955, 26 May 06, this office received the final Autopsy Report # ME06-0246, from the Armed Forces Institute of Pathology (AFIP), Office of the Armed Forces Medical Examiner (AFME), 1413 Research Blvd., Bldg 102, Rockville, MD 20850, which listed the cause of death as complications of Diabetes Mellitus (Diabetic Ketoacidosis) and the manner of death as natural. (See Autopsy Report for details)///Last Entry///

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

ORGANIZATION
76th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342

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

DATE
26 May 06

EXHIBIT
9

CID FORM 94-E
(Automated)

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~~Law Enforcement Sensitive~~
PROTECTIVE MARKING IS EXCLUDED FROM
AUTOMATIC TERMINATION (Para 13, AR 34-16)

ACLU DDII CID ROI 31832

Exhibit(s) 10, 11

Pages 000122 thru 000144 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31833



**ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner**

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

(b)(6)



AUTOPSY EXAMINATION REPORT

Name: BTB Muhyi, Talib, Umar

ISN: US9IZ173379CI

Date of Birth: 01 JAN 1982

Date of Death: 15 MAR 2006

Date/Time of Autopsy: 25 MAR 2006

@ 1100 hrs

Date of Report: 19 MAY 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary, Dover

AFB, DE

Circumstances of Death: This 24 year-old detainee was, as reported, noted to have decreased urine output at about 1315 hrs, 15 MAR 2006. The detainee was transported by ambulance to the 344TH Emergency Trauma Room by ambulance. He arrived not breathing and his pupils were fixed and dilated. He had a past medical history significant for poorly controlled Type I diabetes mellitus (HgBA1C=10.4%). Despite treatment provided the detainee expired.

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

Identification: Circumstantial identification by examination of accompanying paperwork.

CAUSE OF DEATH: Complications of Diabetes Mellitus (Diabetic Ketoacidosis)

MANNER OF DEATH: Natural

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ACLU-DOJ CID FOR 31834 **EXHIBIT** 10

000122

0050-06-120789-78461

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

FINAL AUTOPSY DIAGNOSIS

- I. **Renal System:**
 - A. Glomerular changes consistent with diffuse diabetic glomerulosclerosis.
 - B. Hyaline arteriosclerosis.
 - C. Severe autolysis.

- II. **Cardiovascular System:**
 - A. Morphologically normal heart (Heart Weight – 310-grams)

- III. **Pulmonary System:**
 - A. Pulmonary Congestion and Edema (Lung Weights: Right – 690-grams; Left – 670-grams)
 - B. Bilateral Serous Pleural Effusions (Right – 50-milliliters; Left – 50-milliliters)

- IV. **Hepatobiliary System:**
 - A. Liver:
 - 1. Congestion
 - 2. Mild steatosis
 - 3. Increased lipofuscin pigment

- V. **Endocrine System:**
 - A. Adrenal: No pathologic disease
 - B. Pancreas: Focal periductal fibrosis and autolysis

- VI. **Serous Ascites:** 100-milliliters

- VII. **No significant injuries are identified.**

- VIII. **Minor Injuries:** Abrasion of the left side of the face, ¼-inch

- IX. **Toxicology (AFIP):**
 - A. **CARBON MONOXIDE:** The Carboxyhemoglobin saturation in the blood is less than 1%.
 - B. **CYANIDE:** There is no cyanide detected in the blood.
 - C. **VOLATILES:** Acetone and 2-propanol are detected in the blood and vitreous fluid (concentrations in mg/dL).

	Acetone	2-Propanol
Blood	29	17
Vitreous Fluid	42	Trace
 - D. **DRUGS:** No screened drugs of abuse or medications are detected in the urine.

- X. **Vitreous Electrolytes (WRAMC):** Sodium – 115 mmol/L, Potassium – not able to obtain results, Chloride – 88 mmol/L, Glucose – 10 mg/dL, BUN 37 mg/dL and Creatinine 11.0 mg/dL

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EXHIBIT
UDDII CID-ROI-31835 10

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

0050-06-020785-78461
3

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 66-inch tall, 140-pounds male whose appearance is consistent with the reported age of 24-years. Lividity is present on the posterior surface of the body except in areas exposed to pressure. Rigor is passing and present only in the lower extremities.

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

The skin of the hands and feet is wrinkled.

CLOTHING AND PERSONAL EFFECTS

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

- Yellow jump suit (wet)
- Tan shirt (cut down the front and wet))

MEDICAL INTERVENTION

- Nasogastric tube in the left nostril
- Endotracheal intubation
- One EKG lead on the torso
- Intravenous access in the right antecubital fossa
- A needle puncture on the right wrist

RADIOGRAPHS

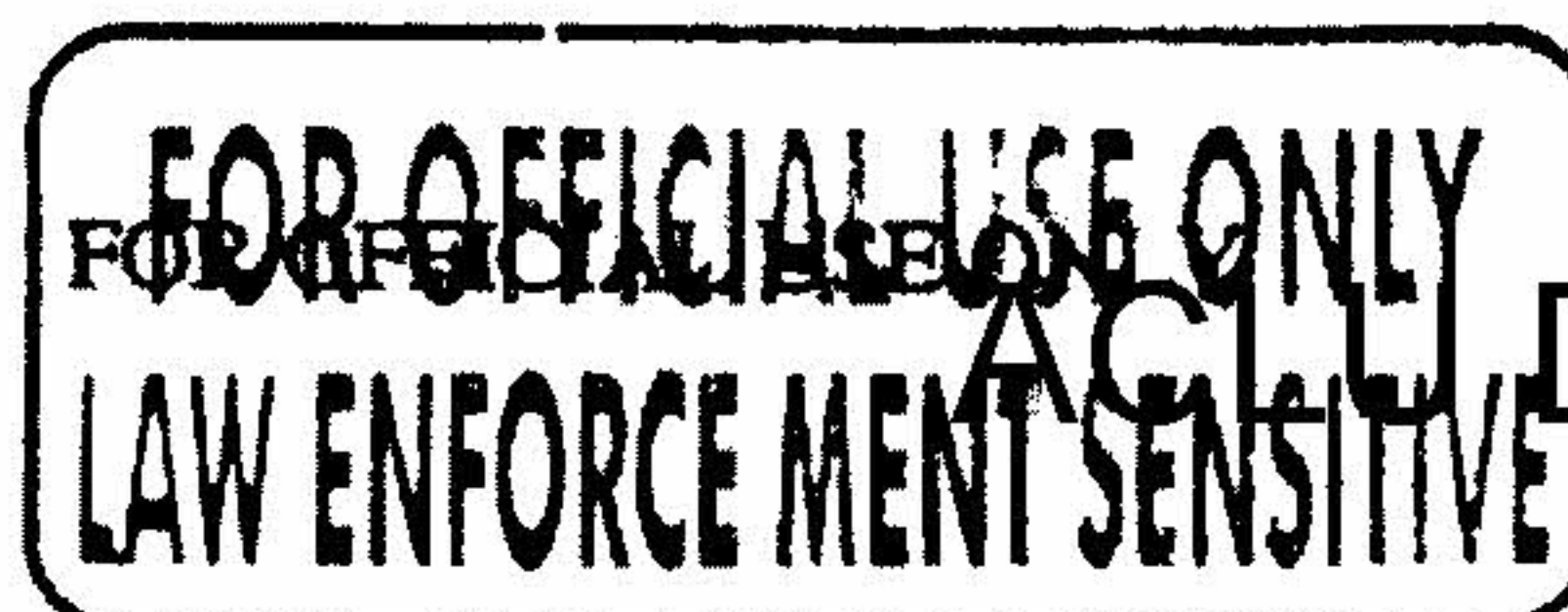
A complete set of postmortem radiographs is obtained and demonstrates the following:

- No blunt force or penetrating injuries are identified

EVIDENCE OF INJURY

No significant injuries are identified. There is no evidence of blunt force or penetrating injuries of the torso or extremities. There are no significant blunt force or penetrating injuries of the head and neck. There is no evidence of torture.

Minor Injury: There is a 1/4 -inch abrasion of the left side of the face.



DDII C EXHIBIT 31836 10

000124

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1400-gram brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid 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.

BODY CAVITIES:

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There is 50-milliliters of serous fluid in both chest cavities and 100-milliliters of serous ascites. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 690 and 670-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 310-gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. (See Cardiovascular Pathology Consultation Report)

LIVER & BILIARY SYSTEM:

The 1540-gram 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 20-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 80-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

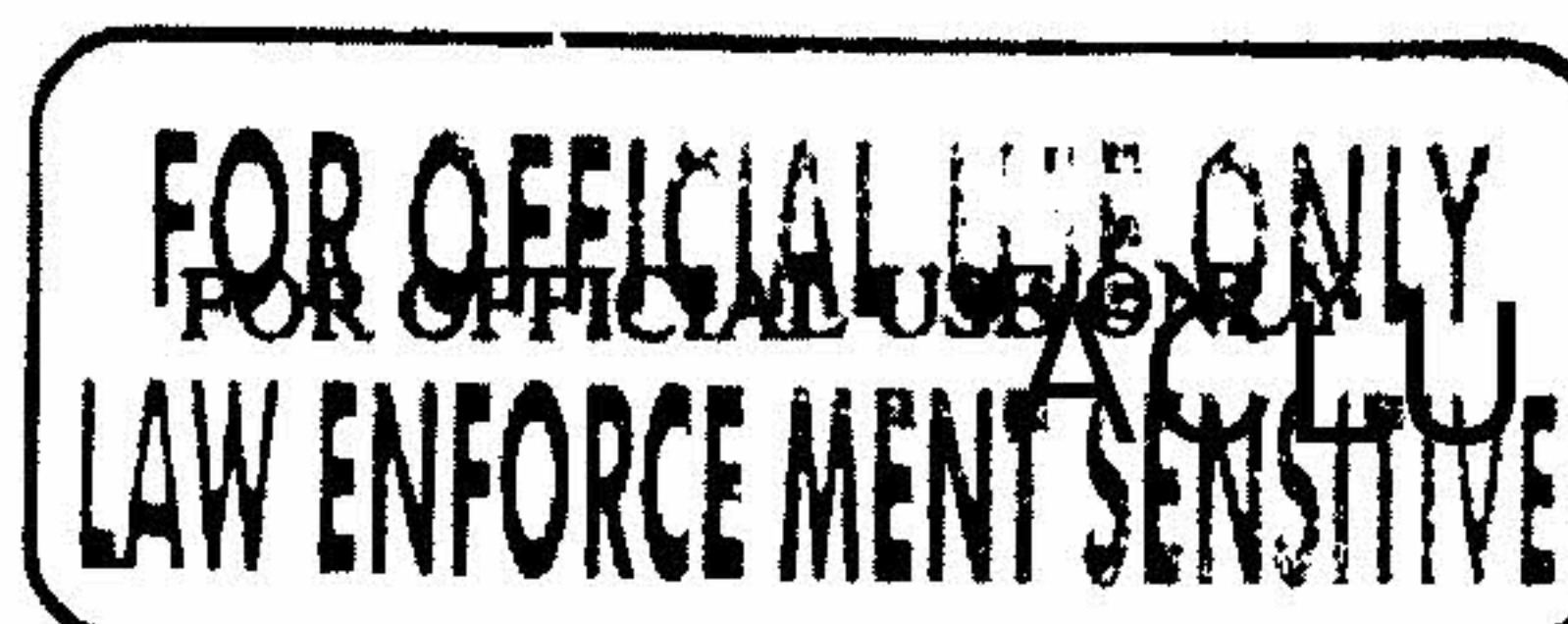


EXHIBIT 10
 DDII CID ROI 31837

000125

0050-06-220789-78461

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

5

PANCREAS:

The pancreas is soft, tan and is moderately decomposed. 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 190 and 180-grams, respectively. The external surfaces are intact and slightly granular in appearance. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 280-milliliters of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 100-milliliters of brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

HEPATOPATHOLOGY CONSULTATION

13 April 2006

Liver: Congestion, mild steatosis, increased lipofuscin pigment. There is nothing to suggest any significant liver disease.

(b)(6)

ENDOCRINE PATHOLOGY CONSULTATION

14 April 2006

Adrenal: No pathologic disease.

Pancreas: Pancreas is mostly autolytic. In the areas in which the tissue is not involved (*by autolysis*) there are no significant abnormalities. There is focal peri-ductal fibrosis. This finding is not related to his clinical condition.

(b)(6)

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EXHIBIT 10
DDII CID ROT 81888

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US91Z173379CI)

RENAL PATHOLOGY CONSULTATION

24 April 2006

Kidneys:

1. Glomerular changes consistent with diffuse diabetic glomerulosclerosis. The capillary walls are thick; special stains and EM may exclude immune complex glomerulonephritis (membranous glomerulonephritis).
2. Hyaline arteriolosclerosis.
3. Severe autolysis.

In view of the clinical data (Type I diabetes) the glomerular and vascular changes are consistent with diabetes.

(b)(6)

CARIOVASCULAR PATHOLOGY CONSULTATION

28 April 2006

DIAGNOSIS: (b)(6) Morphologically normal heart

History: 24 year old Iraqi detainee with Type I diabetes and reported decreased urine output; transported to emergency room, arrived in full arrest and could not be resuscitated

Heart: 310-grams; normal epicardial fat; probe patent foramen ovale; normal left ventricular chamber dimensions; left ventricular cavity diameter 30-millimeters, left ventricular free wall thickness 10-millimeters, ventricular septum thickness 13-millimeters; right ventricular dilation: right ventricle thickness 3-millimeters, without gross scars or fat infiltrates; grossly normal valves and endocardium; no gross myocardial fibrosis or necrosis; histologic sections show focal epicardial and subepicardial lymphocytic infiltrates in the anterior and lateral left ventricle without myocyte necrosis or scarring, and a single small focus of subendocardial replacement fibrosis in the lateral left ventricle

Coronary arteries: Normal ostia; left dominance; no gross Atherosclerosis

Conduction system: The sinoatrial node and sinus nodal artery are unremarkable. The compact atrioventricular (AV) node is intact without inflammation, increased fat or vascularity. The penetrating bundle is centrally located within the fibrous body and is unremarkable. The proximal left bundle branch is intact; the right bundle branch is not seen in the section. There are no discrete bypass tracts between the AV node and ventricular septum. The AV nodal artery and its branches show no dysplasia.

Comment: The significance of a small focus of subepicardial chronic inflammation is unknown, as is a single focus of subendocardial fibrosis. In the absence of any other demonstrable cause of death, arrhythmia on the basis of coronary vasospasm or ion channelopathy cannot be excluded.

(b)(6)

Cardiovascular Pathologist

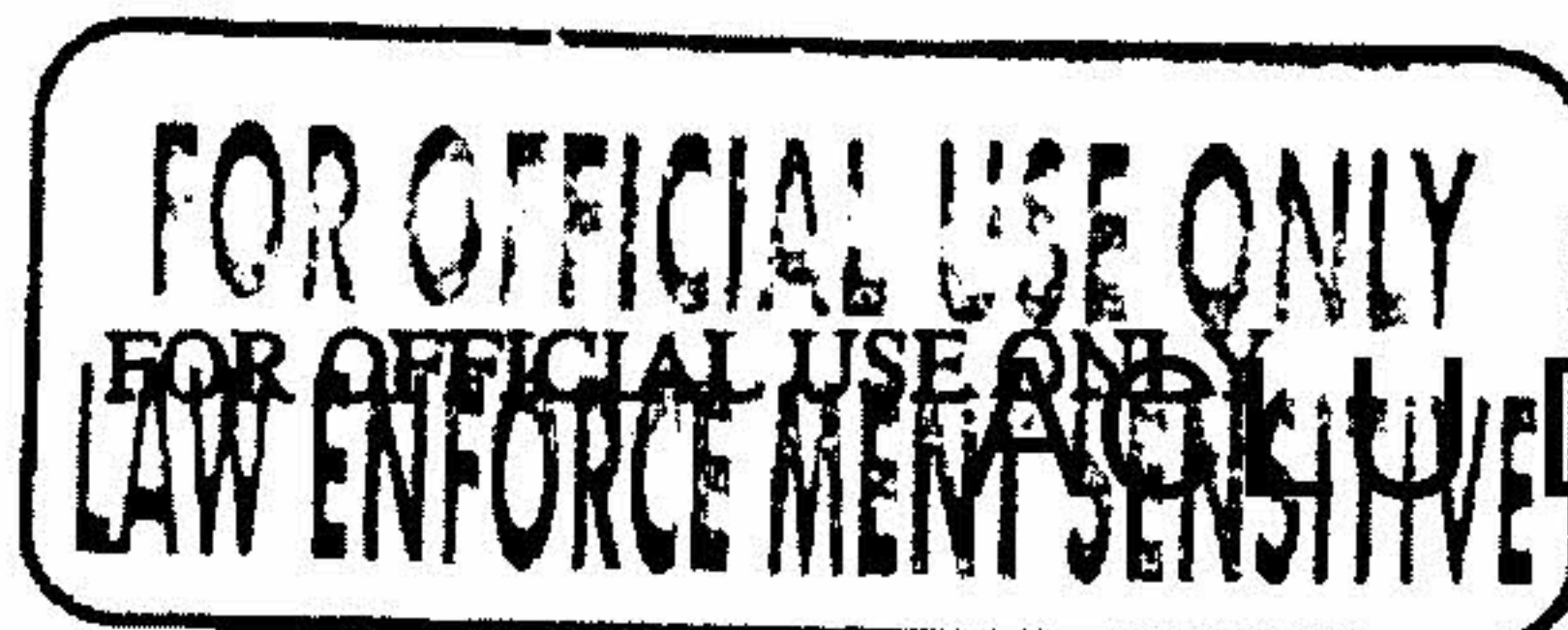


EXHIBIT
DDII CID ROI 34830

10

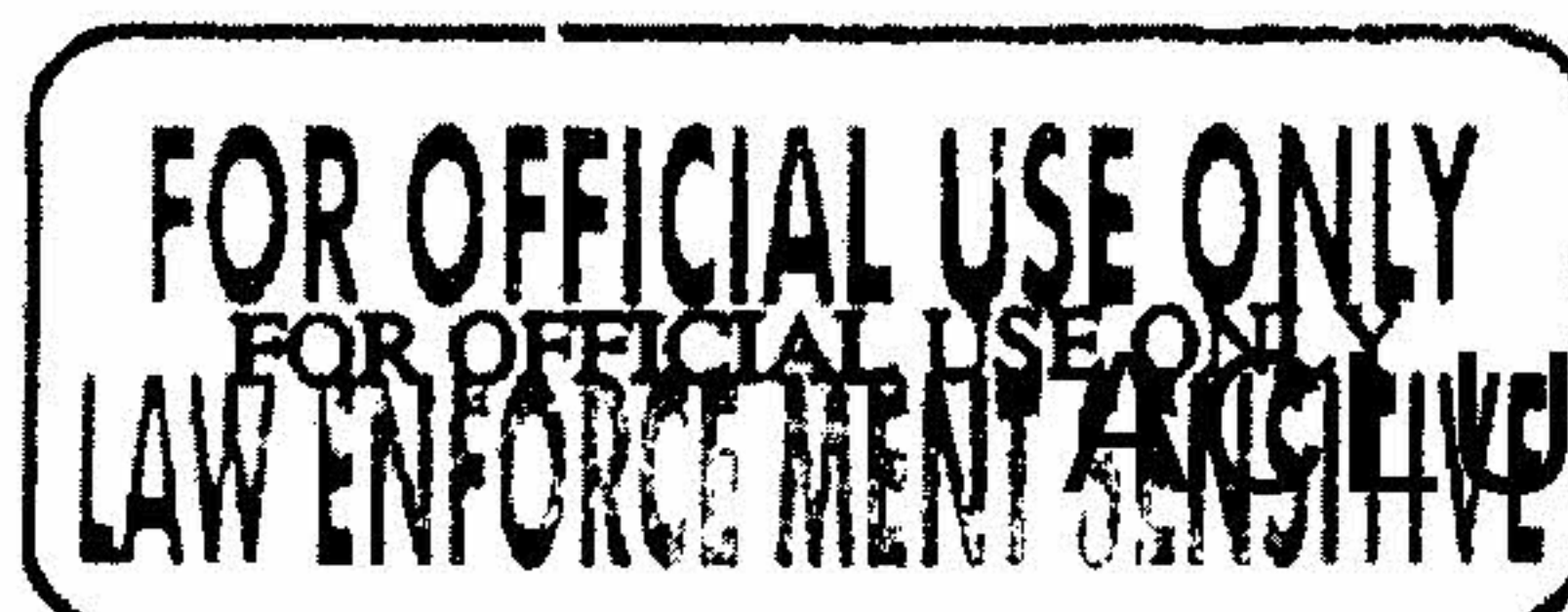
AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

MICROSCOPIC EXAMINATION

- Liver: congestion, mild steatosis, increased lipofuscin pigment
- Adrenal: representative sections are histologically unremarkable
- Pancreas: extensive autolysis with focal peri-ductal fibrosis
- Kidneys: extensive autolysis with hyaline arteriosclerosis and glomerular capillary basement membrane thickening
- Spleen: congestion, otherwise histologically unremarkable
- Lungs: multiple representative sections show vascular congestion and mild focal anthracotic pigment deposition, focal atelectasis, focal hemorrhage without hemosiderin laden macrophages (likely artefact)
- Brain: representative sections are histologically unremarkable

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained and demonstrate no injuries.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous, urine, bile, liver, spleen, brain, kidney, lung, adipose tissue, muscle and gastric contents
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin.
7. Identifying marks include: Scars on the left foot and left knee.



DDII CID-ROI 31840 **EXHIBIT** 10

000128

0050-06-220789-78461

AUTOPSY REPORT (b)(6)
BTB Muhyi, Talib, Umar (ISN: US9IZ173379CI)

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OPINION

This 24 year old male died of complications of diabetes mellitus (diabetic ketoacidosis). The deceased had a medical history significant for poorly controlled Type I diabetes and there was a clinical impression of diabetic ketoacidosis in Iraq. The kidneys exhibited changes that are consistent with a history of diabetes. The heart was morphologically normal. There was no evidence of significant physical injury. The toxicology screen was significant for acetone in the blood (29-mg/dL) and vitreous fluid (42-mg/dL) and 2-propanol in the blood (17-mg/dL) and vitreous fluid (trace). The vitreous glucose was 10-mg/dL and this level was most likely effected by post-mortem metabolism. The remainder of the toxicology screen is negative. There were no significant physical injuries identified at autopsy. The manner of death is natural.

(b)(6)

(b)(6)

(b)(6)

(b)(6) Medical Examiner

(b)(6) Medical Examiner

1/24/06

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EXHIBIT
DII CID-ROI 31841

10



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

0050-06-020785-78461

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)(6)

Name

MUHYI, TALIB UMAR

SSAN:

Autopsy:

(b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: April 3, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident:

Date Received: 3/30/2006

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 VITREOUS FLUID** were examined for the presence of ethanol (cutoff of 20 mg/dL), acetaldehyde, acetone, 2-propanol, 1-propanol, t-butanol, 2-butanol, iso-butanol and 1-butanol by headspace gas chromatography. The following volatiles were detected: (concentration(s) in mg/dL)

	Acetone	2-Propanol
BLOOD	29	17
VITREOUS FLUID	42	Trace

Trace = value greater than or equal to 1mg/dL, but less than 5 mg/dL

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DDII CID 10 **EXHIBIT** 10

19887-58402-20-050
0050-06-e70789-78461



DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-8000

REPLY TO
ATTENTION OF

**REPORT OF TOXICOLOGICALM EXAMINATION (CONT - MUHYI, TALIB
UMAR):**

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

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DDII CI EXHIBIT 10
31843

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 1 PAGES

DETAILS

BASIS FOR INVESTIGATION: This investigation was reopened upon receipt of USACIDC Investigative Directive 0520-08-CID001 and Department of Defense Inspector General (DoDIG) Hotline complaint #108930, in which Mr. **b(6), b(7)(C)** Detachment 2, Headquarters Support Company (HSC), 248th Aviation Support Battalion (ASB), U.S. Army National Guard, 2245 West Big Rock, Waterloo, IA 50703, formerly SPC **b(6), b(7)(C)** 134th Medical Company, Abu Ghraib, Iraq, alleged Mr. MUHYI died as a result of negligence after he experienced complications associated with diabetes. Mr. **b(6), b(7)(C)** claimed he requested to transport Mr. MUHYI to the Emergency Room, but was denied permission and instructed to leave Mr. MUHYI. Mr. MUHYI died shortly after, as a result of Diabetic Ketoacidosis.

About 0945, 27 Nov 08, SA **b(6), b(7)(C)** dispatched a Request For Assistance (RFA) to Special Agent in Charge (SAC) **b(6), b(7)(C)** Fort McCoy CID Office, Fort McCoy, WI, requesting he locate, identify, and interview PFC **b(6), b(7)(C)** 294th Medical Company, U.S. Army National Guard, 307 E. College Street, Apartment 1823, Iowa City, IA 52240, and COL **b(6), b(7)(C)** 67th Troop Command, U.S. Army National Guard, 5632 Kensington Circle, Johnston, IA 50131.

About 1933, 1 Dec 08, SA **b(6), b(7)(C)** received RFA receipt confirmation from SAC **b(6), b(7)(C)** who provided his case number: 0144-08-CID065.

About 1934, 5 Dec 08, SA **b(6), b(7)(C)** received an Information Report from SA **b(6), b(7)(C)** Standards of Conduct Office, HOUACIDC, Fort Belvoir, VA 22060, pertaining to the interviews of Mr. **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** //LAST ENTRY//

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA

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

ORGANIZATION

24th/348th MP DET (CID)
CAMP CROPPER, IRAQ APO AE 09342

SIGN

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

DATE

5 Dec 08

EXHIBIT

12

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AGENT'S INVESTIGATION REPORT	ROI NUMBER 0050-06-CID789-78461
<i>CID Regulation 195-1</i>	PAGE 1 OF 1 PAGES

DETAILS
About 0953, 20 Nov 08, SA **b(6), b(7)(C)** received a request from the Commander, 10th MP Battalion (CID) (ABN) (FWD), through the Commander, 3rd MP Group (CID), to interview SGT **b(6), b(7)(C)** Detachment 2, Headquarters Support Company, 248th Aviation Support Battalion, U.S. Army National Guard, 2245 West Big Rock Road, Waterloo, IA 50703, formerly SPC **b(6), b(7)(C)** 134th Medical Company, Abu Ghraib, Iraq, as a witness.

About 1300, 25 Nov 08, SA **b(6), b(7)(C)** interviewed SGT **b(6), b(7)(C)** SGT **b(6), b(7)(C)** alleged, on 13 and 14 Mar 06, CPT **b(6), b(7)(C)** (NFI), the Officer in Charge of the 344th Combat Support Hospital (CSH) in Abu Ghraib, Iraq, refused to allow him to transport Detainee **b(6), b(7)(C)** to the hospital; and that it was his belief CPT **b(6), b(7)(C)** actions directly caused the detainee's death. SGT **b(6), b(7)(C)** identified Mr. **b(6), b(7)(C)** **b(6), b(7)(C)** formerly SPC **b(6), b(7)(C)** 134th Medical Company, Abu Ghraib, Iraq, as another witness who assisted in the assessment of Detainee **b(6), b(7)(C)** SGT **b(6), b(7)(C)** claimed he and Mr. **b(6), b(7)(C)** prepared two "run sheets" on DA Form 4700s, which were somehow lost between 14 and 15 Mar 06. On 15 Mar 06, he and Mr. **b(6), b(7)(C)** were directed to recreate the forms because the detainee had died and an investigation was being conducted. SGT **b(6), b(7)(C)** identified SFC **b(6), b(7)(C)** 134th Medical Company, U.S. Army National Guard, 501 Highway 1 South, Washington, DC 22030, as the person who directed him to recreate the documents. (See statement for details)

AGENT'S COMMENT: At one point during the interview, red splotches became visible on SGT **b(6), b(7)(C)** neck and he expressed resentment when SA **b(6), b(7)(C)** questioned his integrity. SGT **b(6), b(7)(C)** denied he forgot to complete the forms during his shift, and he felt someone either willfully or inadvertently destroyed the originals. SGT **b(6), b(7)(C)** denied any knowledge of their current whereabouts or disposition.

About 1839, 25 Nov 08, SA **b(6), b(7)(C)** collected two documents from SGT **b(6), b(7)(C)** for evaluation as evidence. The documents reflected SGT **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** notes about their assessments of Detainee **b(6), b(7)(C)** and CPT **b(6), b(7)(C)** refusal of treatment on 13 and 14 Mar 06. (See voucher and forms for details)

About 2050, 25 Nov 08, SA **b(6), b(7)(C)** interviewed Mr. **b(6), b(7)(C)** Mr. **b(6), b(7)(C)** corroborated SGT **b(6), b(7)(C)** statement, in that he acknowledged CPT **b(6), b(7)(C)** refused to allow them to transport Detainee **b(6), b(7)(C)** to the hospital. Mr. **b(6), b(7)(C)** acknowledged he and SGT **b(6), b(7)(C)** were told to recreate the "run sheets", which had been lost subsequent the detainee's death. (See statement for details)

About 1237, 26 Nov 08, SA **b(6), b(7)(C)** received the entire 344th CSH unit roster from Ms **b(6), b(7)(C)** Team Leader/IT Specialist, Defense Manpower Data Center, 1600 Wilson Boulevard, Suite 400, Arlington, VA 22209. The roster reflected MAJ **b(6), b(7)(C)** was the only **b(6), b(7)(C)** assigned to the unit in March 2006. (See roster for details) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA b(6), b(7)(C), b(7)(F) b(6), b(7)(C)	ORGANIZATION Standards of Conduct Office, HQUSACIDC Fort Belvoir, VA 22060
	DATE 26 Nov 08
	EXHIBIT 213

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ACLU DDII CID ROI 31858

SWORN STATEMENT

For use of this form, see AR 190-45: The proponent agency of the Deputy Chief of Staff for Personnel.

LOCATION: Iowa City, IA
DATE: 25 Nov 08 **b(6), b(7)(C)**
TIME: 19:56 **b(6), b(7)(C)**
FILE NUMBER: 0050-06-CID789-78461
LAST NAME, FIRST NAME, MIDDLE NAME: **b(6), b(7)(C)**
LAST FOUR OF SSN: **b(6), b(7)(C)**
GRADE/STATUS: SGT/AR
ORGANIZATION OR ADDRESS: Det 2, HSC, 248th Aviation Support Battalion (USNG)

I, **b(6), b(7)(C)**, want to make the following statement under oath:

On 03/13/2006 Spc. **b(6), b(7)(C)** and I were working the night shift on the Trauma Team at Abu Ghraib Prison, Iraq. We were at the IHA and walking around inside and outside the facility. While outside, in the overflow holding area I was alerted by several detainees that there was a sick person. The detainees brought him forward and he stated that he was insulin dependent. He stated this through speech and hand motions and I also used an English speaking detainee as an interpreter. I had one of the MP's remove the sick detainee from the holding area so I could give him a field medical assessment. The detainee appeared to be in distress and to be very agitated. I took his basic vital signs and administered a blood glucose reading test. I found that his blood glucose level was in the 400 range. I was immediately concerned about the well being of the individual and preceded back into the IHA. I used the telephone at the reception area to call the ETR to request permission to transport the detainee to the hospital for further evaluation and medical treatment. Cpt. **b(6), b(7)(C)** who was the OIC of the ETR told me not to bring the detainee to the hospital. I again went outside and talked to the diabetic detainee to tell him there was nothing I could do for him that night. He became visibly more distressed and angry so I again went in and called Cpt. **b(6), b(7)(C)**. We got into somewhat of an argument over the phone and she told me to tell him to drink water. She stated that there would be sick call in the morning and that he probably would not die but if he did it would not matter. After that call the detainee was returned to the holding area and we left the IHA. Sometime in the early morning hours of 03/14/2006 Spc. **b(6), b(7)(C)** and I were called to Camp Redemption level 3 to assess a detainee. When we arrived we realized it was the same detainee that previously had the high levels of glucose in his blood. We took his vital signs again and I administered another blood glucose reading to find that his glucose level had dropped exactly 200 points. I went into the Level 3 TOC and used the phone to again call Cpt. **b(6), b(7)(C)** and voice my concern. She stated that his levels were dropping, to have him drink water and not transport him to the hospital. I asked her again for permission to transport and was denied. The detainee was then put into an isolation cell since he was become more combative and upset. At that point we left the camp. On 03/15/2006 I was woken by the daytime Trauma Team and alerted to the fact that a detainee that they believed we had treated on a previous day had died. We later confirmed this fact.

Q: SA **b(6), b(7)(C)**

A: SGT **b(6), b(7)(C)**

Q: What were the dates of your assignment in 2006 when you were assigned to the 134th Medical Company in Iraq?

Initial of person making statement **b(6), b(7)(C)**

page 1 of 1

DA Form 2823 (Automated) - For Official Use Only **ACLU RDI CID: BOI 31859** *814*

Statement of b(6), b(7)(C) taken at Iowa City, IA dated 11/25/08, continued

A: We went on Title 10 orders on August 4, 2005. We came off Title 10 orders on November 5 or 6, 2006. It was mid-October 2005, possibly 14 Oct 05, to mid-October 2006, possibly the first week of October 2006. I know we got home on 11 Oct 06 in Iowa.

Q: Where specifically were you assigned while stationed in Iraq?

A: Abu Ghraib, Iraq. I lived in some transient housing in Camp Striker, Camp Liberty and Camp Victory while transitioning into and out of Abu Ghraib. I also spent the night once in Camp Cropper. That is all I can remember.

Q: What was the scope of your duties?

A: We were on the trauma team and we did emergency medical care for the detainees, coalition forces, and civilians at Abu Ghraib. We did quite a few different things too. We worked shifts in the detainee camps and responded to medical or injury emergency calls. We did convoys, and then at the end, we ran an aid station which provided emergency ambulance services and routine care to patients. It was mostly for KBR workers, American and Iraqi Soldiers and civilians who were left behind. Most, if not all, the detainees were gone by then.

Q: Do you recall your daily schedule on 12, 13, 14, 15, and 16 Mar 06?

A: Meeting ever day at 1830. Come on duty at 1900. Go off duty at 0700. I cannot say for certain that I worked from 1900, 14 Mar 06 to 0700, 15 Mar 06, but I believe I did. We also had a backup trauma team. I could have been assigned to that team that night and essentially been on standby but I'm not sure. We would rotate between teams. I know I worked on the night-time trauma team 1900, 13 Mar 06 to 0700, 14 Mar 06. I just cannot remember if I worked that shift the following night. The majority of the time I was stationed at Abu Ghraib, I worked the night shift. We would work the same shift for about four months and then rotate to dayshift, but I mainly worked the night shift and was not rotated on to the dayshift often.

Q: Would you identify SPC b(6), b(7)(C) a little more?

A: b(6), b(7)(C) He was in my unit, the 134th Medical Co. He's about 6 foot tall. He's average build. He's got a bad receding hairline. He's got a tattoo b(6), b(7)(C)

Q: Would you identify CPT b(6), b(7)(C) a little more?

A: I don't know her first name. She's short. She's heavy set. She's got short, light brown hair. She was in her late 40s or early 50s. She was assigned to the 344th CASH. I think she had a pointed nose.

Q: What does IHA stand for?

A: I want to say the In-processing Holding Area.

Q: Would you identify the sick detainee a little more?

A: He had dark hair. He was average build, slender. When he looked at me, his eyes were kind of piercing.

Q: Would you recognize him again, if show a photograph?

A: Yes.

Q: Upon viewing the photograph I showed you, do you recognize this person as the sick detainee?

A: Yes.

Q: What do you mean the sick detainee "appeared to be in distress"?

A: He seemed somewhat frightened. He seemed visibly angry. He was fidgetting. He didn't want to hold still. He was somewhat uncooperative.

Q: Is this behavior an indicator of hyperglycemia?

A: Yes.

Q: What equipment did you use to check his glucose level?

A: A blood glucometer. I don't remember the exact brand.

Q: In your opinion, how accurate was this piece of equipment?

Initial of person making statement b(6), b(7)(C)

DA Form 2823 (Automated)

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 11/25/08, continued

A: Very accurate.

Q: Why is that your opinion?

A: It was consistent. I tried it on myself and it would produce consistent readings and not vary within a short period of time between tests on the same person, like myself.

Q: What is a normal glucose level?

A: In my opinion, 80 to 120.

Q: What do you base this on?

A: I have taken Army and civilian medical classes, which taught me this was a normal reading. I also learned this range from speaking with medical professionals in my field.

Q: What can affect a glucose level in an adult male?

A: Food consumption. Type of food. Time period of food consumption. If your body is not producing the proper amount of insulin to regulate blood sugar.

Q: Do you recall if this detainee had been fed, prior to your assessment of him?

A: I have no knowledge of that.

Q: Did the detainee have medication on him at the time of your assessment?

A: No.

Q: Did you have any information or documentation about his medical history, other than what he told you during your first assessment?

A: Thinking back, I think someone told me he took oral medication for diabetes.

Q: Who was that person?

A: I believe CPT **b(6), b(7)(C)**

Q: Why do you believe that?

A: After reviewing what I previously written on the run-sheets (DA Form 4700).

Q: How would CPT **b(6), b(7)(C)** know anything about this detainee's medical history or whether he took oral medication, if he was new to the detention facility that night or day?

A: Information provided to her by the military police.

Q: Would you explain how she would come into receipt of that information when she was located in another building away from the detention facility?

A: The military police would take possession of the detainee's personal affects and document them. She could have obtained this through word of mouth or written documentation. The military police had computer systems in which they would input such data and the military police would sometimes alert the hospital when they found detainees in possession of medications and seek advice on how to handle them medically. Based on my notes (DA Form 4700), I believe the military police had made CPT **b(6), b(7)(C)** aware of this detainee's history or the fact he took oral medication for diabetes.

Q: Do you know whether CPT **b(6), b(7)(C)** had any previous knowledge that the sick detainee had been diagnosed with Type 1 diabetes?

A: I don't know that she knew that.

Q: Do you know if the sick detainee had any previous medical records available to hospital personnel on that day?

A: I would highly doubt it.

Q: Why do you believe the sick detainee was a "fresh capture"?

A: Because he was in civilian clothing and my first contact with him was at the in-processing center.

Q: Is it possible he could have been transferred from another American-operated prison?

A: I doubt it because detainees were usually dress in some kind of jumpsuit or man dress. The only other option could be he came from an Iraqi facility.

Q: What does ETR stand for?

Initial of person making statement **b(6), b(7)(C)**

DA Form 2823 (Automated) - For Official Use Only

page 3 of 7 pages

ACLU DDJ CID: R0191861 14

Statement of **(b)(6), (b)(7)(C)** taken at Iowa City, IA dated 11/29/08, continued

A: Emergency Treatment Room.

Q: Why did you have to ask for permission to transport this detainee to the hospital?

A: The hospital staff made it policy between themselves and my platoon sergeant that we must seek approval to bring someone to the hospital. It was a screening type policy.

Q: Was this a written policy?

A: No. I believe verbal.

Q: How were you made aware of it?

A: Through our platoon sergeant at one of our meetings.

Q: Do you know why this policy was implemented?

A: I believe the hospital staff thought we were bringing too many patients into the ETR.

Q: If you felt this detainee was in medical distress, why didn't you transport anyway?

A: Because of CPT **(b)(6), (b)(7)(C)** orders not to.

Q: What kind of telephone did you use to call CPT **(b)(6), (b)(7)(C)** each time?

A: I think they call them IP phones. Both phones were the same type of telephone. They were landlines. They were black. They had direct dial buttons and a keyboard to dial unprogrammed numbers.

Q: Did you have to dial a number to contact CPT **(b)(6), (b)(7)(C)**?

A: Yes.

Q: Do you remember that number?

A: I don't.

Q: How did you remember her number that night?

A: At the time, I had it memorized. I've forgotten it now.

Q: Did you only speak with CPT **(b)(6), (b)(7)(C)** on three occasions that night about that detainee?

A: Yes.

Q: Did you speak with CPT **(b)(6), (b)(7)(C)** on any other occasions that night?

A: I'm not sure but it's highly likely.

Q: Did you speak with CPT **(b)(6), (b)(7)(C)** about this detainee and/or incident after-the-fact?

A: Not that I recall.

Q: Do you recall today your exact conversation you and CPT **(b)(6), (b)(7)(C)** held during the first two calls on 13 Mar 06?

A: Generally, but just what I have stated above. However, I do recall today that she seemed very irritated that I had called, especially in the subsequent calls, that night.

Q: Do you know what time it was when you conducted your first assessment of the sick detainee?

A: No. We usually ate diner when we came on shift. We would often eat midnight chow, which I want to say started about 2330. I feel this assessment happened before midnight chow but I am no 100 percent sure.

Q: Do you know what time it was when you conducted your second assessment of the sick detainee?

A: No. If I were to guess, it happened between midnight chow and a few hours before I got off shift.

Q: How much time passed between your two assessments?

A: I don't really know. We were usually really busy between 1900 and 0200. The first assessment probably occurred when we were busy and the second occurred during the lull. However, that is pure speculation.

Q: You said you argued with CPT **(b)(6), (b)(7)(C)** during the third phone call. Do you recall any specific comments?

A: Other than what I placed in my statement above, no. I can only remember her saying his

Initial of person making statement **(b)(6), (b)(7)(C)**

DA Form 2823 (Automated) - For Official Use Only (Law Enforcement Sensitive)

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 11/25/08, continued

blood sugar had fallen. I know for sure that I expressed my concern that I felt he was in worse physical shape than during the first assessment. He was more agitated and desperate.

Q: Did you render a verbal or written statement about this incident to anyone?

A: I wrote a sworn statement and gave it to someone who I believed was a CID officer or some kind of officer at the hospital.

Q: Do you have a copy of this statement?

A: No.

Q: Do you know why you were asked to provide a statement about this incident?

A: Because we evaluated the detainee.

Q: Did anyone overhear your conversations with CPT **b(6), b(7)(C)** in which she refused to treat the sick detainee?

A: SPC **b(6), b(7)(C)** stayed with the patient, so he can't. I believe some of the military police overheard our conversation because they commented about it after-the-fact and they said they could corroborate that I called the ETR.

Q: Can you identify these military policemen?

A: No. I remember what some of them look like but I cannot recall which person said anything to me. There was this white guy who had blonde hair and a bunch of tattoos on both forearms. I think he was from Florida. He might have overheard the conversation. There could have been someone else but I cannot remember now.

Q: Did you have contact with sick detainee on 15 Mar 06?

A: No.

Q: Did you witness a military policeman spray the sick detainee with pepper spray?

A: No.

Q: What prompted you to alert the DoDIG to this matter in 2008?

A: I had spoken about this incident publically. This infuriated SFC **b(6), b(7)(C)** my platoon sergeant. He notified COL **b(6), b(7)(C)** the 67th Troop Commander. An AR 15-6 investigation was initiated to determine if I had stepped over some boundaries. They concluded that I had not and I did a formal counseling with COL **b(6), b(7)(C)**. During the counseling session, I explained to him that I reported this incident in Iraq and nothing happened, that CPT **b(6), b(7)(C)** was still allowed to practice medicine, that we were forced to continue to work with her after the incident was reported, and that I felt that was wrong nothing had happened. COL **b(6), b(7)(C)** suggested I make it official and alert the IG's office, which I did.

Q: During the interview today, you authored a rough map of Abu Ghraib from memory. Is it to scale?

A: No.

Q: Does it depict the entire compound?

A: No.

Q: What does it depict?

A: The hospital and detention areas where this incident took place. It also depicts where our billets and TOC were located (LSA Shadow) in relation to the hospital and detention area.

Q: During the interview, you produced two sheets of paper, which appear to be copies of two DA Form 4700s, Medical Record – Supplemental Medical Data. These documents have the handwritten word "Rewrite" at the top. Would you explain their significance and how they were created?

A: The original documents were somehow lost in Abu Ghraib, Iraq. I suspect they were inadvertently burnt with other material, but I have no idea. It was protocol for us to fill out these forms for each incident of medical care on an individual patient towards the end of our shift when time permitted. I remember we (SPC **b(6), b(7)(C)** and myself) prepared two such documents for

Initial of person making statement **b(6), b(7)(C)**

DA Form 2823 (Automated) – **EXHIBIT** **ACLU/DOJ/CID/ROI 31863** **814**

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 11/25/08, continued

this patient. Afterward, we left the documents on the table in our TOC. It was protocol for the dayshift to make copies of all the paperwork for the previous day and night and provide one copy to ETR for follow-up care and one copy to SFC **b(6), b(7)(C)**. On 15 Mar 06, SFC **b(6), b(7)(C)** came to us and asked us to reproduce the documents because the documents were missing. At that time, SPC **b(6), b(7)(C)** and I recreated these documents, which we provided to SFC **b(6), b(7)(C)**. I don't know what he did with them after; however, I do recall today that I got them back from SFC **b(6), b(7)(C)** and made copies for myself because I felt something was wrong about the whole situation. I cannot recall specifically but I must have taken them from his files, copied them and returned the original to the files.

Q: Do any more copies exist of these two documents?

A: I believe I provided a copy to **b(6), b(7)(C)** who is the fact-checker for the Iraq Veterans Against the War – Winter Soldier event. I don't have his contact information but you can look him up online. The only other copies should be the ones maintained in SFC **b(6), b(7)(C)** files, and 344th CASH, which he should have at the unit.

Q: Do you possess any other records or notes about this incident?

A: No.

Q: Do you have anything else you would like to add to this statement?

A: Rumor had it that CPT **b(6), b(7)(C)** initially denied receiving three calls from me that night, but supposedly she later admitted it to someone.

Q: Anything else?

A: No. ///END OF STATEMENT///

714

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 11/25/08, continued

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 7. 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(Making Statement)

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

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

(Name of Person Administering Oath)

10 USC 936

(Authority to Administer Oath)

WITNESSES:

ORGANIZATION OR ADDRESS

WITNESSES:

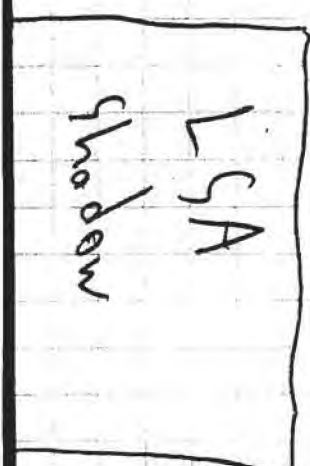
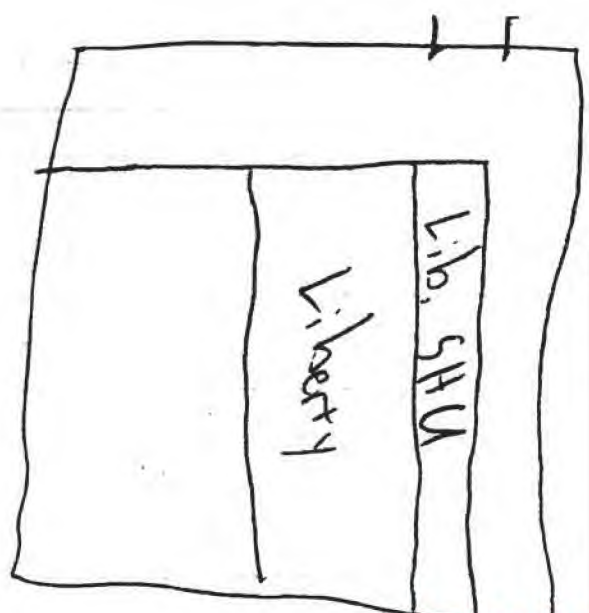
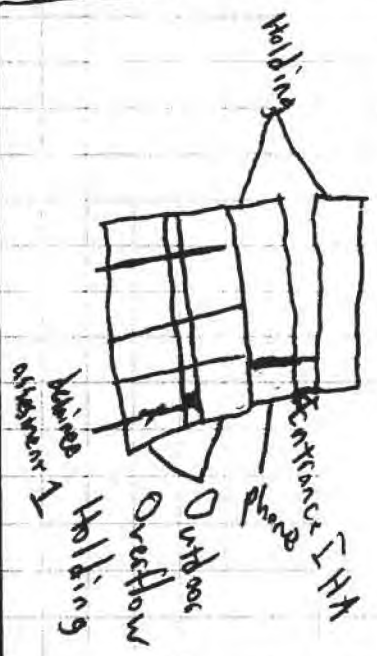
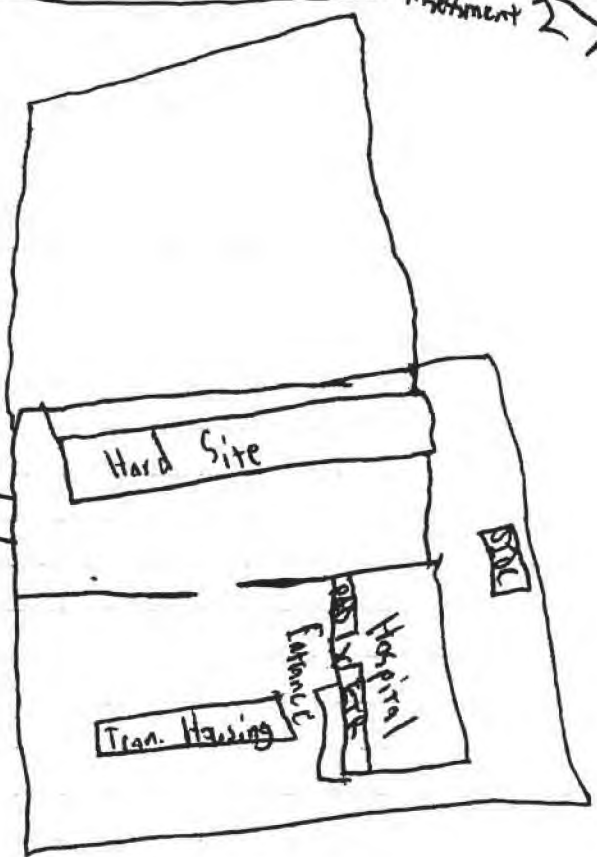
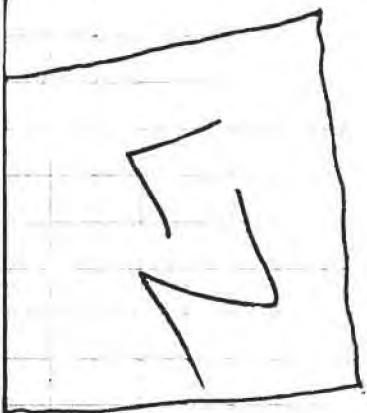
ORGANIZATION OR ADDRESS

EXHIBIT 714

Initial of person making statement **b(6), b(7)(C)**
DA Form 2823 (Automated) - For Official Use Only

page 7 of 7 pages

ACLU-DDI-CID-ROI 31865



Witness

Author:

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

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

15:17

11/25/08

ACLU DDII CID ROI 81866

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0050-06-CID789-		
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CID REPORT/CID ROI NUMBER 78461		
RECEIVING ACTIVITY Standards of Conduct Office		LOCATION Fort Belvoir, VA 22060		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER SGT b(6), b(7)(C) <input checked="" type="checkbox"/> OTHER		ADDRESS (Include Zip Code) b(6), b(7)(C)		
LOCATION FROM WHERE OBTAINED From the hands of SGT b(6), b(7)(C) while at the Iowa City Police Department, 410 E. Washington, Iowa City, IA 52240		REASON OBTAINED Evidence	TIME/DATE OBTAINED 1839, 25 Nov 08	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)		
1	2	DA Form 4700, Medical Record-Supplemental Medical Data, copies, white and black in color, paper construction, approximately 8 X 11 1/2, bearing the handwritten word "Rewrite" at the top of the front side, dated 15 Mar 06, worn and torn, MFID with 1839/25Nov06 b(6), b(7)(C) at the bottom of the back side. ////////////////////////////////////// LAST ITEM //		
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	25 Nov 08	Sgt b(6), b(7)(C)	Sgt b(6), b(7)(C)	Evaluation as evidence
1	26 Nov 08	Sgt b(6), b(7)(C)	SA b(6), b(7)(C), b(7)(F)	Forward to Evidence Custodian
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76

Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete

EXHIBIT 716
ACLU DDII CID ROI 31867

CHAIN OF CUSTODY (Continued)

ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

FINAL DISPOSITION ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) _____
 DESTROY _____
 OTHER (Specify) _____

FINAL DISPOSITION AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, PERTAINING TO THE INVESTIGATION INVOLVING _____
 _____ (Grade)
 _____ (IS) (ARE) NO LONGER
 _____ (Name) _____ (Organization)

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. (If article(s) must be retained, do not sign, but explain in separate correspondence.)

 (Typed/Printed Name, Grade, Title) (Signature) (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN, IN MY PRESENCE, ON THE DATE INDICATED ABOVE

 (Typed/Printed Name, Organization) (Signature)

ACLU DDII CID ROI 31868

Exhibit(s) 17

Pages 000157 thru 000158 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31869

write

0050-06- CED 789-78461

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-88; the proponent agency is the Office of The Surgeon General.

REPORT TITLE _____ OTSG APPROVED (Date) _____

Name: _____ time called: _____ date: 15 Mar 06

ISN: 173379 time onsite: _____ team: (b)(6)

Camp: IHA time off site: _____ trauma OIC: (b)(6)

Chief Complaint: _____

Age: _____ Sex: M LOC: Alert: X Verbal: _____ Painful: _____ Unresponsive: _____

Initial Vitals: _____ 2nd Vitals: _____ 3rd Vitals: _____

Blood Pressure: _____ Blood Pressure: _____ Blood Pressure: _____

Pulse: 88 Pulse: _____ Pulse: _____

Respiration Rate: _____ Respiration Rate: _____ Respiration Rate: _____

Temp: _____ Temp: _____ Temp: _____

SP02: 98 SP02: _____ SP02: _____

Past Medical History: Pt. claims to be insulin dependent.

Allergies: NKDA

Current Medications: (b)(6) says he takes one pill daily, to treat his diabetes.

Assessment: Pt. has a blood sugar reading of 431, states he has a headache and is dizzy.

Plan: RTC and tell them to drink water by order of trauma OIC (b)(6) tell pt. med will catch up to him in the morning.

Patient Outcome: RTC

Treatment Rendered on Scene/Recommendations from Trauma: Told pt. to drink water per (b)(6)

Final Disposition: RTC X Sick Call _____ ETR _____

Translator Present: Yes _____ No X

MP Support: Yes X No _____

PREPARED BY (Last, First & Middle) (b)(6)	DEPARTMENT/SERVICE/CLINIC <u>Trauma</u>	DATE <u>15 Mar 06</u>
	(Continue on reverse)	
	<input type="checkbox"/> HISTORY/PHYSICAL	<input type="checkbox"/> FLOW CHART
	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	<input type="checkbox"/> OTHER (Specify)
	<input type="checkbox"/> DIAGNOSTIC STUDIES	
	<input type="checkbox"/> TREATMENT	

Re-write

0030-06-CED 789-78461

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General.

REPORT TITLE

OTSG APPROVED (Date)

Name: _____ time called: _____ date: 14 mar 06

ISN: 173379 _____ time onsite: _____ team: (b)(6)

Camp: 23 _____ time off site: _____ trauma OIC: (b)(6)

Chief Complaint: _____

Age: _____ Sex: M LOC: Alert: X Verbal: _____ Painful: _____ Unresponsive: _____

Initial Vitals: _____

2nd Vitals: _____

3rd Vitals: _____

Blood Pressure: _____

Blood Pressure: _____

Blood Pressure: _____

Pulse: _____

Pulse: _____

Pulse: _____

Respiration Rate: _____

Respiration Rate: _____

Respiration Rate: _____

Temp: _____

Temp: _____

Temp: _____

SP02: _____

SP02: _____

SP02: _____

Past Medical History: _____

pt. stated he was insulin dependent

Allergies: NKDA

Current Medications: one pill a day, unknown what kind of med.

Assessment: pt. stated he had a headache & was insulin dependent + didn't receive meds. he took his blood sugar twice 1st time 231 2nd time 236

Plan: ETR directed us that they didn't want to see pt. & to have pt. drink water, RTD

Patient Outcome: _____

Treatment Rendered on Scene/Recommendations from Trauma: instructed pt. to drink water & contact med pass in morning.

Final Disposition: RTC X Sick Call _____ ETR _____

Translator Present: Yes _____ No X

MP Support: Yes X No _____

PREPARED BY (b)(6)

DEPARTMENT/SERVICE/CLINIC

(Continue on reverse) DATE

Trauma

15 mar 06

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

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

DA FORM 4700, 1 MAY

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU DDII CID RO 31871 EXHIBIT 117

USAPPC V1.00

000158

SWORN STATEMENT

For use of this form, see AR 190-45: The proponent agency of the Deputy Chief of Staff for Personnel.

LOCATION: La Porte City, IA **b(6), b(7)(C)**

DATE: 25 Nov 08 **b(6), b(7)(C)**

TIME: 2204

FILE NUMBER: 0050-06-CID789-78461

LAST NAME, FIRST NAME, MIDDLE NAME: **b(6), b(7)(C)**

LAST FOUR OF SSN **b(6), b(7)(C)**

GRADE/STATUS: CIV

ORGANIZATION OR ADDRESS: **b(6), b(7)(C)**

I, **b(6), b(7)(C)**, want to make the following statement under oath:

In early 2006 at Abu Ghraib Spc. **b(6), b(7)(C)** and I were medics on the Trauma Team. At some point throughout the night we were called to IHA for a detainee having a medical related problem. We were eventually met by a younger individual who had some medical related complaints. **b(6), b(7)(C)** and I did a medical evaluation on this individual and it was discovered that this individual had high blood sugar. **b(6), b(7)(C)** then contacted the hospital for permission to bring this person in which they denied. I then believe that **b(6), b(7)(C)** then made one more attempt to contact the hospital in order to bring this individual in. **b(6), b(7)(C)** later stated to me that Cpt. **b(6), b(7)(C)** wouldn't let us bring him in, and that the detainee should drink water. Sometime throughout the night we were called to a different camp for a medical related problem, and were met by the same individual. We again did a medical evaluation on this individual and took his blood sugar level, which I believe was still high but not as high as the previous one. Later I was informed that this detainee had died, sometime there after we met with individuals believed to be with the CID and filled out sworn statements.

Nothing follows.

Q: SA **b(6), b(7)(C)**

A: SGT **b(6), b(7)(C)**

Q: What were the dates of your assignment in 2006 when you were assigned to the 134th Medical Company in Iraq?

A: Oct 05 to Oct 06.

Q: Where specifically were you assigned while stationed in Iraq?

A: Abu Ghraib. We moved to Camp Cropper in August 2006.

Q: What was the scope of your duties?

A: I was a medic. We assisted hospital in providing care to detainees and coalition forces.

Q: What was your daily schedule?

A: It switched up quite a bit. But 1900 to 0700 sounded about right.

Q: Do you recall whether you were working that schedule when you assessed the aforementioned detainee who died?

A: I pretty sure. It could be off by an hour or something.

Q: Did you overhear SGT **b(6), b(7)(C)** talking with CPT **b(6), b(7)(C)** that night?

A: Overheard at most.

Q: Do you recall any specifics about their conversation?

A: Just what he said. I did not hear anything directly from her.

Q: Do you know whether you provided a statement to CID or to unit personnel, after the

Initial of person making statement **b(6), b(7)(C)**

DA Form 2823 (Automated) - For Official Use Only

page 1 of 3 pages

ACLU RDI 5529 p.115 **CID 1872 718**

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 25 Nov 01, continued **b(6), b(7)(C)**

detainee's death?

A: I am 100 percent sure I provided a statement; however, I have no idea who it went to.

Q: How did you and SGT **b(6), b(7)(C)** assess the detainee?

A: One of us used a glucosemeter.

Q: Do you recall whether the detainee exhibited any physical signs of distress?

A: The second time around I know he was. He was crying.

Q: Do you know why the sick detainee was denied treatment at the hospital?

A: CPT **b(6), b(7)(C)** wouldn't let us bring him.

Q: Did you ever speak with her in person about this detainee who died?

A: No. I think we were actually told not to.

Q: Can you recall any more specific times and dates about the incident mentioned above?

A: No.

Q: What does IHA stand for?

A: In-processing Holding Area.

Q: Where did the second assessment occur with this sick detainee?

A: He was at another camp.

Q: Do you know whether this sick detainee was recently captured or transferred from another prison?

A: I want to recall he was transferred from another prison but I'm not sure.

Q: Do you know if CPT **b(6), b(7)(C)** had access to any documentation or other information that night, which would have told her the sick detainee was diabetic?

A: I believe she would but I don't know.

Q: How?

A: We learned from the sick detainee through a translator that he was diabetic. **b(6), b(7)(C)** passed that information on to CPT **b(6), b(7)(C)**. I know of no documentation she would have had access to that night.

Q: Why did you need to ask permission from CPT **b(6), b(7)(C)** to transport a detainee to the hospital?

A: It was customary but I don't know whether it was written policy or not.

Q: Did you ever transport a detainee without asking first?

A: Yes, but they were cases with immediate life threatening trauma. I remember two specific case, one in which the detainee was stabbed and the other with head trauma.

Q: Do you know why CPT **b(6), b(7)(C)** refused to allow you to transport this detainee?

A: No.

Q: Had CPT **b(6), b(7)(C)** refused to allow you to transport other detainees or was this the first time?

A: I cannot say for sure if she ever did or not.

Q: Were you present when the detainee became ill and subsequently pass away?

A: No.

Q: Do you recall recreating run sheets or DA Form 4700s?

A: Yes. I recall completing the originals before the end of our shift. However, SFC **b(6), b(7)(C)** woke us up the morning the detainee died and told us to recreate the run sheets because they were gone. I have no idea what happened to the originals.

Q: Who is SFC **b(6), b(7)(C)**?

A: **b(6), b(7)(C)** our platoon sergeant.

Q: Can you full identify CPT **b(6), b(7)(C)**?

A: She's assigned to the 344th CASH.

Q: Do you have anything else you would like to add to this statement?

A: No. ///END OF STATEMENT///

Initial of person making statement **b(6), b(7)(C)**

Statement of **b(6), b(7)(C)** taken at Iowa City, IA dated 25 Nov 05, continued A 5u

AFFIDAVIT

I **b(6), b(7)(C)** b(6), b(7)(C) HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

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

LAW TO ADMINISTER OATHS, THIS 25th DAY OF November

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

(Name of Person Administering Oath)

10 USC 936

(Authority to Administer Oath)

WITNESSES:

ORGANIZATION OR ADDRESS

WITNESSES:

ORGANIZATION OR ADDRESS

Initial of person making statement **b(6), b(7)(C)**

DA Form 2823 (Automated) - For Official Use Only

page 3 of 3 pages

ACLU DDJ CID ROI 31874

EXHIBIT

7/19

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 3 PAGES

DETAILS

About 1931, 19 Dec 08, SA **b(6), b(7)(C)** coordinated with SAC **b(6), b(7)(C)** who provided a First Info Report wherein he stated SA **b(6), b(7)(C)** MPFU, Rock Island, IL, would conduct the requested interviews, but would be delayed due to weather.

About 2220, 7 Jan 09, SA **b(6), b(7)(C)** dispatched an RFA to Special Agent in Charge **b(6), b(7)(C)** West Point CID Office, West Point, NY, requesting he locate, identify, and interview CPT **b(6), b(7)(C)** Medical Company, Stewart Newburgh U.S. Army Reserve Center, 930 RAZ Avenue, New Windsor, NY 12553.

About 1202, 8 Jan 09, SA **b(6), b(7)(C)** received RFA receipt confirmation from SA **b(6), b(7)(C)** West Point CID Office, who provided his case number: 0003-09-CID-081.

About 1258, 8 Jan 09, SA **b(6), b(7)(C)** dispatched an RFA to the Carlisle Barracks CID office requesting they locate, identify, and conduct a subject interview of CPT **b(6), b(7)(C)**

About 1707, 9 Jan 09, SA **b(6), b(7)(C)** dispatched an RFA to Special Agent in Charge **b(6), b(7)(C)** Fort Leonard Wood CID Office, Fort Leonard Wood, MO 65473, requesting he locate, identify, and interview LTC **b(6), b(7)(C)** Medical Company, CSH, 7838 McCloud Road, Greensboro, NC 27409.

About 1256, 16 Jan 09, SA **b(6), b(7)(C)** received RFA receipt confirmation from SA **b(6), b(7)(C)** Carlisle Barracks CID Office, who provided his case number: 0009-09-CID342.

About 0331, 22 Jan 09, SA **b(6), b(7)(C)** received an Information Report from SA **b(6), b(7)(C)** Rock Island Fraud R/A (interview of **b(6), b(7)(C)**), who stated Mr. **b(6), b(7)(C)** did not show up for his scheduled interview, and was re-scheduled for a later date. SA **b(6), b(7)(C)** provided a copy of the Sworn Statement obtained from SFC **b(6), b(7)(C)** wherein SFC **b(6), b(7)(C)** described the circumstances under which Mr. MUHYI died. SFC **b(6), b(7)(C)** stated that Mr. **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** came to him the first night CPT **b(6), b(7)(C)** declined to examine Mr. MUHYI. SFC **b(6), b(7)(C)** told Mr. **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** that if they believe that a detainee is serious enough and in desperate need of medical care, then it is up to them to transport, even if it's against orders. SFC **b(6), b(7)(C)** stated the following night, Mr. **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** examined Mr. MUHYI and determined that his condition had deteriorated, but decided to transport him to the Emergency Room, even after CPT **b(6), b(7)(C)** had ordered them to leave him and instruct him to come to sick call in the morning.

About 1748, 26 Jan 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** who provided a list of names, obtained during the interview of SFC **b(6), b(7)(C)** of Soldiers that were present in the hospital when Mr. MUHYI died. The names included the following Soldiers:

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

24th/348th MP DET (CID)
CAMP CROPPER, IRAQ APO AE 09342

DATE

10 Feb 09

EXHIBIT

920

CID FORM 94

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ACLU DDII CID ROI 31881

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 2 OF 3 PAGES

DETAILS

-SSG **b(6), b(7)(C)** Hospital Co., Fort Hamilton U.S. Army Reserve Center, 213 General Lee Avenue, Brooklyn, NY 11252 (Home: **b(6), b(7)(C)**)
-MSG (Ret) **b(6), b(7)(C)**
-CPT **b(6), b(7)(C)**
-LTC **b(6), b(7)(C)** Ninevah Provincial Reconstruction Team, FOB Marez, Mosul, IZ APO AE 09334 (Home: **b(6), b(7)(C)**)
-Dr. (MAJ) **b(6), b(7)(C)** Rocky Point U.S. Army Reserve Center, 200 Route 25A, Shoreham, NY 11786 (Home: **b(6), b(7)(C)**)
-CPT **b(6), b(7)(C)** Detachment 2, Combat Support Hospital, Ernie Pyle U.S. Army Reserve Center, Building 200, Fort Totten, NY 11359 (Home: **b(6), b(7)(C)**)
-CPT **b(6), b(7)(C)** Hospital Co., Fort Hamilton U.S. Army Reserve Center, 213 General Lee Avenue, Brooklyn, NY 11252 (Home: **b(6), b(7)(C)**)
-MAJ **b(6), b(7)(C)**

About 1346, 28 Jan 09, SA **b(6), b(7)(C)** dispatched an RFA to SA **b(6), b(7)(C)** SAC, Fort Knox CID Office, and requested he locate, identify, and interview MAJ **b(6), b(7)(C)**

About 1540, 28 Jan 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** West Point CID Office, who agreed to conduct the interviews of SSG **b(6), b(7)(C)** MSG (Ret) **b(6), b(7)(C)** CPT **b(6), b(7)(C)** and CPT **b(6), b(7)(C)**

About 2328, 28 Jan 09, SA **b(6), b(7)(C)** dispatched an RFA to SA **b(6), b(7)(C)** Mosul CID Office, and requested she locate, identify, and interview LTC **b(6), b(7)(C)**

About 1708, 29 Jan 09, SA **b(6), b(7)(C)** received RFA receipt confirmation from SA **b(6), b(7)(C)** Mosul CID Office, who provided his case number: 0010-09-CID389.

About 1513, 4 Feb 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** who stated he completed the interview of LTC **b(6), b(7)(C)** who provided a Sworn Statement wherein she described her recollection of events prior to and following Mr. MUHYI's death.

About 0009, 6 Feb 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** who stated the interview of Mr. **b(6), b(7)(C)** was completed. SA **b(6), b(7)(C)** provided a copy of Mr. **b(6), b(7)(C)** sworn statement wherein Mr. **b(6), b(7)(C)** stated he transported Mr. MUHYI to the CSH, but had no direct knowledge of the incident described by Mr. **b(6), b(7)(C)**

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

24th/348th MP DET (CID)
CAMP CROPPER, IRAQ APO AE 09342

DATE

10 Feb 09

EXHIBIT

920

CID FORM 94

ACLU DDII CID ROI 31882

AGENT'S INVESTIGATION REPORT

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ROI NUMBER

0050-06-CID789-78461

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DETAILS

About 0145, 6 Feb 09, SA **b(6), b(7)(C)** received the first information report from SA **b(6), b(7)(C)** Carlisle Barracks CID Office, who stated Ms. **b(6), b(7)(C)** was advised of her rights, which she invoked and declined to provide a Sworn Statement. Ms. **b(6), b(7)(C)** further declined to submit to being fingerprinted or photographed.

About 1005, 7 Feb 09, SA **b(6), b(7)(C)** dispatched an email to SA **b(6), b(7)(C)** and requested he add the interview of Ms. **b(6), b(7)(C)** (mentioned in LTC **b(6), b(7)(C)** **b(6), b(7)(C)** statement), to the original RFA sent by this office.

About 1438, 8 Feb 09, SA **b(6), b(7)(C)** dispatched an RFA to the Fort Carson CID office and requested they locate, identify, and interview COL **b(6), b(7)(C)**

About 2244, 9 Feb 09, SA **b(6), b(7)(C)** dispatched an RFA to SA **b(6), b(7)(C)** SAC, Fort Hamilton CID Office, and requested he locate, identify, and interview MAJ (Ret) **b(6), b(7)(C)** **b(6), b(7)(C)**

About 2348, 9 Feb 09, SA **b(6), b(7)(C)** received RFA receipt confirmation from SA **b(6), b(7)(C)** Fort Hamilton CID Office, who provided his case number: 0011-09-CID352.

About 1321, 10 Feb 09, SA **b(6), b(7)(C)** received the Final Information Report from SA **b(6), b(7)(C)** regarding the interview of LTC **b(6), b(7)(C)** ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

24th/348th MP DET (CID)
CAMP CROPPER, IRAQ APO AE 09342

SIGNATURE

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

DATE

10 Feb 09

EXHIBIT

920

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ACLU RDI CID ROI 31883

BASIS FOR INVESTIGATION: About 0914, 29 Jan 09, this office received a Request for Assistance from SA **b(6), b(7)(C)** Camp Cropper CID Office, Camp Cropper, IZ, requesting this office interview LTC **b(6), b(7)(C)** Ninevah Provincial Reconstruction Team, COS Marez, Mosul, IZ, pertaining to her knowledge of Mr. MUHYI's death at Abu Ghraib prison in March of 2006.

About 1151, 4 Feb 09, SA **b(6), b(7)(C)** interviewed LTC **b(6), b(7)(C)** who provided a statement wherein she detailed her knowledge of Mr. MUHYI's death as well as the details surrounding medical action taken by personnel at Abu Ghraib confinement facility.

About 1522, 4 Feb 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** who related no further investigative assistance was necessary.///LAST ENTRY///

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

Mosul CID Office
38th Military Police Detachment (CID)
APO, AE 09334

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

Date: 4 Feb 09

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EXHIBIT: 10 21

ACLU RDI CID ROI 31884

SWORN STATEMENT

LOCATION 38 th MP Det. (CID) COS Marez, Mosul, Iraq	DATE b(6), b(7)(C) 4-Feb-09	TIME b(6), b(7)(C) 1151	FILE NUMBER 0010-09-CID389-
NAME b(6), b(7)(C)		SSN b(6), b(7)(C)	GRADE/STATUS: O-5/AD

ORGANIZATION/ADDRESS:
Ninevah Provincial Reconstruction Team, COS Marez, Mosul, Iraq APO AE 09334

I, b(6), b(7)(C) want to make the following statement under oath: I was informed when I returned from a Mission at Camp Cropper that a detainee had died. After being informed I spoke to the DCCS and found out the detainee had been an insulin dependent diabetic. I reviewed what occurred with all individuals and found out the following. The detainee became ill early in the morning and the trauma team was called to evaluate the patient. The medic checked the patient and found he had a high blood sugar. The medic (cannot remember name) called the ETR and spoke with CPT b(6), b(7)(C) who informed him to have him checked at sick call in the morning, that it was not urgent. The following morning the detainee was seen for sick call and evaluated by the physician. The physician inquired if the detainee was on medications. The detainees name was not on our medication transfer list we receive when all detainees are moved from one location to another. They then checked for a chart and there was no medical chart for the detainee as well. The physician diagnosed him as new onset diabetic and prescribed medication. The detainee later was transferred to level two and later was seen by another medic. The medic assessed he was ill and had him transferred to the sick tent out at the camps to have him treated by a physician. The trauma team was called to transport detainee to the CSH and I was told that he went into cardiac arrest while being transported and expired in the ETR. We found later in the day that the detainee chart had been transferred but was not found until after the detainee expired and he had been insulin diabetic person.

Q: SA b(6), b(7)(C)
A: LTC b(6), b(7)(C)
Q: Did you, LTC b(6), b(7)(C) type the above narrative?
A: Yes.
Q: Who was the DCCS?
A: He is the physician in charge. It was COL b(6), b(7)(C)
Q: Do you know where COL b(6), b(7)(C) is now?
A: I don't know where he is; I email him on occasion, I believe his AKO is b(6), b(7)(C)@us.army.mil
Q: How was his name not on the transfer lists for medications?
A: Human error; the person in charge of putting the medication lists together (I do not know her name) overlooked it evidently.
Q: What is "Level 2"?
A: Each level had a different type of security. As the levels went up, the detainee needed to be watched a little more as a security issue. It could have even been purely sectarian, to keep Sunni's from Shiite's, and so on.
Q: What was your level of involvement in Mr. MUHYI's care?
A: No direct care.

EXHIBIT X
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Initials of Person Making Statement: b(6), b(7)(C) Page 1 of 4 Pages

Statement of: LTC **b(6), b(7)(C)** Taken at: COS Marez, Mosul, IZ Dated: 4-Feb-09 (Continued)

Q: Did you have any knowledge of Mr. **b(6), b(7)(C)** attempts to obtain permission to transport Mr. MUHYI to the CSH prior to Mr. MUHYI's death?

A: No.

Q: Do you know why the requests to transport Mr. MUHYI were denied?

A: I was informed after the incident that the medic attempted to bring the man into the CSH, but was denied by the head nurse, which was CPT **b(6), b(7)(C)**

Q: Who was responsible for fielding the calls from the medics in the prison?

A: The head nurse.

Q: Do you recall CPT **b(6), b(7)(C)** accusing the medics of failing to do their job and blaming them for the death of Mr. MUHYI?

A: No I can only recall the medics telling me she had.

Q: What was the process for triaging detainees prior to being transported to the CSH?

A: Someone would call the ambulance, the ambulance would go in and make an assessment and a determination. After they made the determination, they usually would contact the ER if they were bringing someone in. In all situations, they would notify the ER they were bringing in the patient/detainee. The reason I say usually is because it is dependent on the situation and also because sometimes communications would be down and not allow the process to occur.

Q: Was there an SOP in place for treating insulin dependent detainees?

A: Yes, we had standing orders.

Q: What was it?

A: Off the top of my head, I don't know We did have standing orders in place though that the patient be checked twice daily.

Q: Would you be able to provide this office with a copy of that SOP?

A: I could check, I may have it with me at my office, I am not sure. If I have it I can provide that to you.

Q: What type of working relationship would you say you had with CPT **b(6), b(7)(C)**?

A: I would say that it was difficult and I would say it was difficult for most people that worked with her. She was a very difficult person to work with.

Q: What made CPT **b(6), b(7)(C)** difficult to work with?

A: She was not easy to work with. She was very opinionated. She thought her opinion was the way things should be, regardless if there is a system in place.

Q: Do you have any knowledge of an AR 15-6 investigation being conducted after the death of Mr. MUHYI?

A: Yes.

Q: Do you know the reason for that investigation?

A: The untimely death of a detainee.

Q: Do you have any knowledge of wrongdoing on either CPT **b(6), b(7)(C)** behalf or by other medical staff assigned to the CSH at Abu Ghraib prison during that time?

A: I would say no.

Q: Do you know the names of other Soldiers working with or under the direction of the 344th CSH at Abu Ghraib prison who may have been involved in Mr. MUHYI's care?

A: I can't remember who was on. The call came in at night and he had passed the next afternoon from what I can recall. CPT **b(6), b(7)(C)** was in the ER, she helped with the detainee that day; MAJ **b(6), b(7)(C)** may have been on that day, she was my backup, she was the Assistant OIC of the CSH. There was CPT **b(6), b(7)(C)** may

Initials of Person Making Statement **b(6), b(7)(C)**

Page **EXHIBIT** Pages

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Statement of: LTC **b(6), b(7)(C)** Taken at: COS Marez, Mosul, IZ Dated: 4-Feb-09 (Continued)

have been on. MAJ **b(6), b(7)(C)** was the physician I believe that treated him in the tent and transported him over to the CSH. I can't recall his first name.

Q: Do you know where these Soldiers are today?

A: CPT **b(6), b(7)(C)** lives in upstate New York. MAJ **b(6), b(7)(C)** is retired I believe and lives in Long Island. I don't know where CPT **b(6), b(7)(C)**s though.

Q: Do you know the names of CPT **b(6), b(7)(C)** supervisors at the time of the incident?

A: It would have been me and COL **b(6), b(7)(C)**. She is retired and I believe she teaches at some University in Pennsylvania.

Q: Were CPT **b(6), b(7)(C)** actions brought to the attention of COL **b(6), b(7)(C)**?

A: Yes.

Q: Did you ever counsel CPT **b(6), b(7)(C)** for her behavior/work habits?

A: Never anything in writing. When I had to speak with her about her behavior, I would pull her off to the side and discuss the issue(s).

Q: Do you understand the penalties for providing a false official statement?

A: I do.

Q: Did SA **b(6), b(7)(C)** type the answers to the above questions in your own words and in your presence?

A: Yes.

Q: Do you have anything else you want to add to this statement?

A: No.//END OF STATEMENT//

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

EXHIBIT #

02

Initials of Person Making Statement **b(6), b(7)(C)**

Page 3 of 4 Pages

Statement of: LTC **b(6), b(7)(C)** Taken at: COS Marez, Mosul, IZ Dated: 4-Feb-09 (Continued)

AFFIDAVIT

I **b(6), b(7)(C)** have read or have read to me this statement which begins on page 1 and ends on page 4. 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)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4th day of Feb. 2009, at COS Marez, Mosul, IZ APO AE 09

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

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

SA

(Typed Name of Person Administering Oath)

10 USC 936

(Authority To Administering Oath)

WITNESSES:

(Signature of Witness)

(Signature of Witness)

(Typed Name of Witness)

(Typed Name of Witness)

(Address of Witness)

(Address of Witness)

EXHIBIT

H 22

Initials of Person Making Statement

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

Page 4 of 4 Pages

DA Form 2823 (Automated)

ACLU DDII CID ROI 31888

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 1 PAGE(S)

DETAILS

About 1106, 17 Feb 09, SA **b(6), b(7)(C)** was contacted by CPT **b(6), b(7)(C)** OSJA, MNC-I, who stated that there were no records of a AR 15-6 investigation pertaining to Mr. MUHI.

About 2101, 24 Feb 09, SA **b(6), b(7)(C)** received the AIR from SA **b(6), b(7)(C)** FT McCoy CID Office and the AIR of SA **b(6), b(7)(C)**; 78th MP Detachment CID, Louisville, KY, pertaining to the interviews of SFC **b(6), b(7)(C)** and PFC **b(6), b(7)(C)**

About 1130, 25 Feb 09, SA **b(6), b(7)(C)** submitted the RFA to SA **b(6), b(7)(C)** for review and dispatched to the Fort Leonard Wood CID for interview of COI **b(6), b(7)(C)**

About 1800, 25 Feb 09, SA **b(6), b(7)(C)** coordinated with CPT **b(6), b(7)(C)** 30th Medical Brigade, Heidelberg, Germany and requested her assistance to locate the AR 15-6 Investigation conducted on Mr. MUHYI. CPT **b(6), b(7)(C)** related that she will coordinate with the 30th Medical Brigade's Legal Team and will notify this office of any updates.

About 1240, 26 Feb 09, SA **b(6), b(7)(C)** coordinated with CPT **b(6), b(7)(C)** who stated that it's possible the AR 15-6 was conducted by the MP task force in charge of Detainee Ops; in the meantime she had no pertinent information regarding the AR 15-6 conducted on Mr. MUHYI.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

Camp Cropper CID Office, 24th/348th MP DET (CID),
10th MP BN (CID), Unit# 42232, APO AE 09342

DATE

26 Feb 09

EXHIBIT

123

CID FORM 94

1 FEB 77

FOR OFFICIAL USE ONLY **ACLU RDII CID ROI 31889**

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

~~0143-08-CID065-37617~~

PAGE 1 OF 1 PAGES

DETAILS

Basis for Investigation: On 1 Dec 08, this office received a Request for Assistance (RFA) to conduct witness interviews of Mr. **b(6), b(7)(C)** and

Mr. **b(6), b(7)(C)**

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Fort McCoy CID Office, 3rd MP GRP (CID), Fort McCoy, WI 54656

SIGNATURE

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

DATE

1 Dec 08

EXHIBIT

13 24

CID (Automated)

Termination of protective markings is complete in accordance with AR 380-5

ACLU/DDI CID ROI 31890

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0050-06-CID789-78461
0144-08-CID065

PAGE 1 OF 1

DETAILS

About 1511, 22 Dec 08, SA **b(6), b(7)(C)** coordinated with COL **b(6), b(7)(C)** Commander, Joint Forces Headquarters, Johnston, IA 50131 (JFHQIA), **b(6), b(7)(C)** (Cell **b(6), b(7)(C)**)@us.army.mil, and requested any information regarding the identity of SFC **b(6), b(7)(C)** and any AR 15-6 investigation completed in Iraq concerning this issue. COL **b(6), b(7)(C)** stated he did not go to Iraq with the unit and was not familiar with any AR 15-6. He directed SA **b(6), b(7)(C)** to CPT **b(6), b(7)(C)** Company Commander (NFI) for the unit while in Iraq. COL **b(6), b(7)(C)** conference called CPT **b(6), b(7)(C)** who could not recall what unit was responsible for the Combat Support Hospital (CASH), but thought it was the 21st CASH from Fort Hood, TX, who he thought was under the 30th Medical Brigade, Heidelberg, Germany and may have any AR 15-6 investigations that were completed in theater. COL **b(6), b(7)(C)** asked that all of his soldiers be represented by a Judge Advocate General (JAG) officer.

About 1010, 21 Jan 09, SA **b(6), b(7)(C)** interviewed SFC **b(6), b(7)(C)** 134th Medical Company, Washington, IA 52356, in the presence of MAJ **b(6), b(7)(C)** Staff Judge Advocate (SJA), JFHQIA. SFC **b(6), b(7)(C)** stated he had issues with CPT **b(6), b(7)(C)** on several occasions and had to go to her supervisor to get things corrected.

About 0930, 5 Feb 09, SA **b(6), b(7)(C)** interviewed PFC **b(6), b(7)(C)** 294th Medical Company, Camp Dodge, IA 50131, in the presence of MAJ **b(6), b(7)(C)** SJA, JFHQIA. PFC **b(6), b(7)(C)** stated he was called to transport a detainee to the hospital and when they arrived at the hospital the detainee was limp as he was going in the doors of the hospital.///Last Entry///

TYPE, AGENT NAME AND SEQUENCE NUMBER SA b(6), b(7)(C), b(7)(F)		378 th MP DETACHMENT (CID) LOUISVILLE, KY 40205	
SIGNATURE b(6), b(7)(C)	DATE 5 Feb 09	EXHIBIT b(6), b(7)(C)	25

ACLU DDII CID ROI 31891

0050-06-CID789-78461
0144-08-CID068

SWORN STATEMENT

File Number : 0050-06-CID789-78461
Location : b(6), b(7)(C)
Date : 21 January, 2009 b(6), b(7)(C)
Time : 1221 b(6), b(7)(C)
Statement of: SFC b(6), b(7)(C)
SSN : b(6), b(7)(C)
Grade/Status: E-7/AGR
Org/Address : 134th Medical Company, (GA) Washington, IA 52356

b(6), b(7)(C), SFC b(6), b(7)(C) want to make the following statement under oath: We deployed in Aug or Sep 05 and arrived in country in October 05. Abu Ghraib was my first place of duty upon arriving in Iraq. While at Abu Ghraib I was the platoon SGT or NCOIC of the Trauma team. The Trauma team was in charge of ground evacuation from the camps to the hospital the LZ and the gate. At night we provided all of the initial medical care in the camps for the detainee's as well as transporting them. They were 12 hour shifts and two teams per shift. A team was two medics. The hospital would call our orderly room and we did all the dispatching unless everyone was out then the hospital would go direct with the teams via radio. At night it was fairly common for the hospital to call them on the radio because it stayed very busy. As the NCOIC my hours were pretty erratic and I would sometimes be up all day and most of the night depending on what was going on. At the end of every shift I would ask the medics if there was any issues at all, which included equipment or detainee problem or anything in general. If it was something bad enough i.e. a vehicle went down or a detainee died I would get woken up. With this detainee they let me know that CPT b(6), b(7)(C) told them they could not bring the detainee to the hospital and directed them to send the detainee to go to sick call in the morning. I told them if it was important you take them in any way and we will deal with the repercussions later. The next night the same detainee with the same problem and was in worse shape and they were even more concerned about it and CPT b(6), b(7)(C) again told them to send him to sick call in the morning. They exercised their judgment and transported him anyway. The detainee died shortly after arriving at the ER and CPT b(6), b(7)(C) said the detainee was dead when he came out of the back of the ambulance and basically blamed it on them. When I found out I

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

Page 1 of b(6), b(7)(C)

EXHIBIT 1820

ACLU DDII CID ROI 31892

STATEMENT OF, TAKEN AT the Joint Forces Headquarters
DATED 21 January 09, CONTINUED:

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

immediately went to LTC **b(6), b(7)(C)** (OIC of the entire ETR) and I let her know what had happened the night before and that CPT **b(6), b(7)(C)** was saying that it was my soldiers fault and that he was dead when he arrived at the ER. LTC **b(6), b(7)(C)** came back and let me know that she knew in fact that my team was not in any way at fault and that he was alive when he arrived at the ER, and that he died a short time after arriving at the ER. If I remember correctly this went to the Hospital Commander COL **b(6), b(7)(C)** LTC **b(6), b(7)(C)** also knew this was not the first incident with CPT **b(6), b(7)(C)** not wanting to see detainees on the night shift. I believe an internal investigation was conducted and CID at ABU GHRAIB came and interviewed my two soldiers and took statements from them. That was the last I heard of it. As far as the re-write goes they would have either rewrote the patient care notes if it was either illegible or the notes were lost.

Q: SA **b(6), b(7)(C)**

A: SFC **b(6), b(7)(C)**

Q: Where the radios the hospital called the medics on Government Issue?

A: They were icom and Motorola.

Q: Would the medics call the hospital on the radio or the phones at the guard shack?

A: If it was a short message and they could get through on the radio they would use it, but if it was a more involved conversation they would try to use the phone.

Q: The first night the detainee's blood sugar was taken do you know if they used the radio or the phone?

A: No idea.

Q: Did they speak directly to CPT **b(6), b(7)(C)**?

A: I believe they did.

Q: Did the medics tell you any reason why CPT **b(6), b(7)(C)** would not see the detainee?

A: No.

Q: Did you ever work the night shift with CPT **b(6), b(7)(C)**?

Q: Occasionally.

Q: Did you ever experience any problems with CPT **b(6), b(7)(C)** in your dealings with her?

A: I seem to recall her being difficult.

Q: What do you mean difficult?

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

Page 2 of **b(6), b(7)(C)**

STATEMENT OF, TAKEN AT the Joint Forces Headquarters
DATED 21 January 09, CONTINUED:

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

A: In talking with her and the way she dealt with my crews and was disrespectful to people. I spoke with her once or twice on that and didn't seem to get any satisfaction with that so I went to her boss LTC b(6), b(7)(C)

Q: Was CPT b(6), b(7)(C) reprimanded or counseled concerning these events?

A: I do not.

Q: Did you personally treat detainees?

A: Yes.

Q: Did you ever experience a detainee with blood sugar over 400?

A: Not that I recall.

Q: Were you ever made aware of any other detainees with high blood sugar?

A: It happened a lot. There was a significant percentage of detainees that had irregularities. When they would drink CHAI it would send their blood sugar to a high level. We would also see low blood sugar and we would get them something to eat. If it was high we would call the hospital and they would pull their medical records and if they were a known diabetic we would ensure they had received their medication and if not we would provide them medication. They would bring in new detainees and when they started finding people being detained by the Iraq judicial system. They would arrive and be in poor health. We would give them a quick examination and ask them if they were on any medication or were diabetic. If any of them need any medical care they would immediately be sent to the hospital for care.

Q: How many detainees were diagnosed diabetic and were being treated for it?

A: No idea.

Q: What is considered a normal level of blood sugar?

A: I really couldn't say. I have not done medical work in a few years.

Q: What would type of action would be required when a person deviated from a normal blood sugar?

A: You would call it in to the ER doctor and nurses and follow their guidance.

Q: Did you or any of the medics receive any training specific to diabetes or diabetics prior to deployment?

INITIALS

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

Page 3 of

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

STATEMENT OF, TAKEN AT the Joint Forces Headquarters
DATED 21 January 09, CONTINUED:

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

A: Nothing special just normal training i.e. what high blood sugar are and what actions to take if they are high or low.

Q: The second time the detainee was seen by b(6), b(7)(C) and b(6), b(7)(C) did they speak directly to CPT b(6), b(7)(C) concerning his condition?

A: Again I don't know for sure.

Q: When the detainee was transported to the hospital, who transported him?

A: b(6), b(7)(C) and b(6), b(7)(C). One drives and one is in the back with an MP escort.

Q: What was typical procedure for when they arrived at the hospital with a sick detainee?

A: They would call the hospital and let them know they were in route and would tell them why they were transporting them. Unless it was really serious they would unload the patient and put them on a cart. They would then wheel them into the ER.

Q: Do you know who besides CPT b(6), b(7)(C) was working the night the detainee was brought in?

A: No.

Q: Did LTC b(6), b(7)(C) tell you how she knew the detainee was alive when he arrived at the hospital and that your medics were not at fault?

A: I don't recall what she said about that. I would imagine she talked to the other medics on duty.

Q: Do you know if LTC b(6), b(7)(C) obtained any sworn statements during her internal investigation?

Q: Was this a 15-6 investigation?

A: I do not know.

Q: Was there any record of the investigation?

A: The CID agent there interviewed my people. I have no idea other than that.

Q: How long have you been in the military?

A: 25 years this month.

Q: What MOS's have you held during your time in the military?

A: Wire systems installer, Military Police, Medic.

Q: How long did you do each of these MOS's?

A: Commo and MP for 4 years each approximately and the rest as a medic.

Q: Do you remember the name or description of the CID agent that took the statements from your two medics?

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

Page 4 of b(6), b(7)(C)

STATEMENT OF, TAKEN AT the Joint Forces Headquarters
DATED 21 January 09, CONTINUED:

[REDACTED] b(6), b(7)(C): He is an Oklahoma state trooper around Lawton, OK, Korean American, and was a reservist.

Q: The supplemental medical data DA 4700 I showed you, would this be standard operating procedure for medics?

A: The rewrite part marking at the head of the document I directed them to do that to ensure they were clearly identifying they were doing it second time whether it be for the original being lost or illegible.

Q: Do you have anything else to add to your statement?

A: No///END OF STATEMENT// [REDACTED] b(6), b(7)(C)

INITIALS [REDACTED] b(6), b(7)(C)

Page 5 of [REDACTED] b(6), b(7)(C)

EXHIBIT 1826

ACLU DDII CID ROI 31896

STATEMENT OF, TAKEN AT the Joint Forces Headquarters
DATED 21 January 09, CONTINUED:

AFFIDAVIT

I, SFC **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 **b(6), b(7)(C)** 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)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 21st day of January 2009 at the Joint Forces Headquarters, 7105 NW 70th Avenue, Johnston, IA 50131-1824

b(6), b(7)(C)
(Signature of Person Administering Oath)

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

b(6), b(7)(C), b(7)(F)
(Typed Name of Person Administering Oath)

10 USC 936

(Authority to Administer Oath)

INITIALS _____

Page 6 of 6

SWORN STATEMENT

 File Number : 0050-06-CID789-78461
 Location : b(6), b(7)(C)
 Date : 5 February, 2009 b(6), b(7)(C)
 Time : 10:44 b(6), b(7)(C)
 Statement of: PFC b(6), b(7)(C)
 SSN : b(6), b(7)(C)
 Grade/Status: E-3/NG
 Org/Address : 294th Medical Company, (GA) Camp Dodge, IA 50131

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

I, PFC b(6), b(7)(C) want to make the following statement under oath: I arrived at Abu Ghraib around January 2006. I was assigned as a trauma team medic under SFC b(6), b(7)(C) MY daily duties were to provide daily care to Iraqis and transport them to the hospital if needed. I worked 7am to 7pm daily but we rotated occasionally. I would have come on shift at 7am and we received a call at the medical center that a detainee needed to be transported. My partner SFC b(6), b(7)(C) and myself loaded the patient onto a litter, transferring the care from the Romanian doctors to us. We then transported him to the hospital. During the transport all I was able to get were basic vitals and he was grabbing me. When we arrived at the Hospital we rolled him and they took control of him right at the door. I noticed his arms went limp as we were rolling him into the hospital and everyone noticed the same thing. We asked if they wanted help they did not need help as they are fully staffed. Later in the day at our next hospital run we found out he had died. After that we were told to write sworn statements by a commissioned officer. We all sat in a conference room in the hospital and hand wrote statements. After that we went back to work.

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

A: PFC b(6), b(7)(C)

Q: In your experience, what are normal ranges of blood sugar levels for a detainee at Abu Ghraib?

A: 150-170. Most of the detainees I checked had low blood sugar. About 90% of the time we would bring them into the Hospital for further evaluation.

Q: What was the process you had to go through to transport a detainee to the hospital?

A: During the day since they had the doctors down there. It was rare they wouldn't be seen by a doctor. We would call in and say

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

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

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EXHIBIT 1827

ACLU DDII CID ROI 31898

STATEMENT OF PFC **b(6), b(7)(C)** TAKEN AT the Joint Forces
Headquarters: DATED 5 February 09, CONTINUED:

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

we were bringing the guy in. I never had a problem with the hospital saying not bring someone in.

Q: Did you here of other medics having issues with the hospital turning away detainees?

A: No I never heard that.

Q: What type of action is necessary when a detainee's blood sugar deviates from normal levels?

A: When we were first there we would just bring them in because they wouldn't let us carry dextrose for low blood sugar. The hospital eventually allowed us to carry dextrose date unknown. dextrose. I never used it. For the most part you bring them in.

Q: What type of experience do you have with diabetic patients?

A: Just Iraq.

Q: Did you receive any specific training related to diabetic patients prior to arriving in Iraq or during your time in Iraq?

A: Nothing specific, for me personally.

Q: Can you describe the person from CID that took your sworn statement?

A: I don't remember what he looked like.. He was a commissioned officer I believe.

Q: Did he ask you any questions concerning your statement?

A: No.

Q: Did he swear you to your statement?

A: I don't recall that.

Q: What type of working relationship did you have with the other medics?

A: We all got along pretty good.

Q: Did you ever work with CPT **b(6), b(7)(C)**?

A: I met her a few times, but she was usually on the opposite shift.

Q: Did you ever have any issues with CPT **b(6), b(7)(C)** or hear about other medics having issues with her?

A: Fro this with **b(6), b(7)(C)** yes.

Q: What did you hear?

A: When the detainee died he knew I was working on it and told me he had seen him the night before.

Q: Can you describe CPT **b(6), b(7)(C)**?

A: I believe she was African American female, who was little shorter than I was. **b(6), b(7)(C)**

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

Page 2 of 4

STATEMENT OF PFC **b(6), b(7)(C)** TAKEN AT the Joint Forces
Headquarters: DATED 5 February 09, CONTINUED:

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

: Did you tell anyone else about this incident?

A: No.

Q: Can you describe the Romanian doctors you assumed
responsibility of the detainee from?

A: Taller with dark hair is all I remember. I didn't get to
know them very well we were either picking up a detainee or
dropping one off.

Q: Do you know what unit or rank the doctors were?

A: No.

Q: Was anything said to you by the hospital staff when you
brought in the detainee?

A: No.

Q: Do you have anything else to add to your statement?

A: No.///END OF STATEMENT//**b(6), b(7)(C)**

INITIAL

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

Page 3 of 4

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

~~FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE~~

0050-06-CID789-78461
0144-08-CID065

STATEMENT OF PFC **b(6), b(7)(C)** TAKEN AT the Joint Forces
Headquarters: DATED 5 February 09, CONTINUED:

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

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 5th day of February 2009 at the Joint Forces **b(6), b(7)(C)** 6 NW 70th Avenue, Johnston, IA 50131-1824

b(6), b(7)(C)
(Signature of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

10 USC 936

(Authority to Administer Oath)

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

b(6), b(7)(C)
Page 4 of **b(6), b(7)(C)**

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EXHIBIT 1827
ACLU DDII CID ROI 31901

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 1 PAGE(S)

DETAILS

About 1600, 6 Mar 09, SA **b(6), b(7)(C)** received the 2nd Info Report from the Carlisle CID Office, Washington DC. The report included the interview of Ms **b(6), b(7)(C)** (Retired COL), who related she was not at Abu Ghraib at the time of the incident. Ms **b(6), b(7)(C)** related she did recall reading the CID Report and some details of the incident. Ms **b(6), b(7)(C)** related Mr MUHYI was treated for the 3 days prior to his death. Ms **b(6), b(7)(C)** related she recalls Mr MUHYI was a Type 2 Diabetic and was treated for hydration, however, was not given insulin during the 3 day before his death. Ms **b(6), b(7)(C)** related the SOP for diabetic patients was to have them clearly marked on the hand or forehead identifying them as insulin dependent patients. Ms **b(6), b(7)(C)** related she did not recall Mr MUHYI being marked as an insulin dependent patient. Ms **b(6), b(7)(C)** related she was told Mr MUHYI was treated for dehydration the 3 days prior to his death and given oral medications for dehydration. Ms **b(6), b(7)(C)** declined to provide a statement as she never saw Mr MUHYI's medical file. Ms **b(6), b(7)(C)** related the death of Mr MUHYI was a series of medical errors because she believes he was incorrectly diagnosed as a Type 2 diabetic and not a Type 1 diabetic, which would identify Mr MUHYI as an insulin dependent patient.

About 1030, 12 Mar 09, SA **b(6), b(7)(C)** contacted COL **b(6), b(7)(C)** who stated that he was not deployed or in command of the 30th MED during 2006. Further he is unaware of a 15-6 Investigation conducted by the 30th MED. COL **b(6), b(7)(C)** provided with the name of COL **b(6), b(7)(C)** Joint Task Force Capital Region, who was the 30th MED CDR back in 2006 and might have information regarding any 15-6 Investigations conducted by the 30th MED during 2006. COL **b(6), b(7)(C)** was the CDR of the 30th MED in 2006.

At about 0900, 13 Mar 09, coordinated with COL **b(6), b(7)(C)** who provided the name of **b(6), b(7)(C)** who was the CDR for the 30th MED BDE during the deployment in 2006.

At about 1000, 13 Mar 09, SA **b(6), b(7)(C)** coordinated with the 20th Military Police Det, CID, South Korea and was provided with the Unit phone number of COL **b(6), b(7)(C)** 65th MED BDE, Seoul Korea.

///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA b(6), b(7)(C), b(7)(F)		Camp Cropper CID Office, 24 th /348 th MP DET (CID), 10 th MP BN (CID), Unit# 42232, APO AE 09342	
SIG b(6), b(7)(C)		DATE	EXHIBIT
		13 Mar 09	1728

CID FORM 94
1 FEB 77

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ACLU DDII CID ROI 31902

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 1 PAGE(S)

DETAILS

At about 1000, 13 Mar 09, SA **b(6), b(7)(C)** coordinated with the 20th Military Police Det, CID, South Korea and was provided with the Unit phone number of COL **b(6), b(7)(C)** 65th MED BDE, Seoul Korea.

About 1500, 13 Mar 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** Carlisle Barracks, CID Office, pertaining to the interview of COL **b(6), b(7)(C)** and CPT **b(6), b(7)(C)**.

About 1600, 14 Mar 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** West point CID Office, pertaining to the interview of members of the 344th Combat Support Hospital.

About 1830, 23 Mar 09, SA **b(6), b(7)(C)** received the Statement of MAJ **b(6), b(7)(C)** **b(6), b(7)(C)** from SA **b(6), b(7)(C)**. MAJ **b(6), b(7)(C)** stated that he did not have direct involvement in Mr MUHYI's case. He was aware that an investigation followed but was not involved in the investigation.

About 2045, 23 Mar 09, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** from the Fort Hamilton CID Office, to request a status on the interview of MAJ **b(6), b(7)(C)**. SA **b(6), b(7)(C)** related that the interview was completed and at his desk for review. Will follow up with originals on the mail.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

Camp Cropper CID Office, 24th/348th MP DET (CID),
10th MP BN (CID), Unit# 42232, APO AE 09342

DATE

23 Mar 09

EXHIBIT

1829

CID FORM 94

1 FEB 77

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ACLU-RDI CID ROI 31903

AGENT'S INVESTIGATION REPORT

ROI NUMBER 0050-06-CID789-78461

0009-09-CID342

CID Regulation 195-1

PAGE 1 OF 1 PAGES

DETAILS:

About 1300, 13 Jan 09, this office received a Request for Assistance from the 24th/348th MP Det (CID), Camp Cropper, Iraq APO AE 09322. The request was to locate, fully identify, and interview Ms. **b(6), b(7)(C)** **b(6), b(7)(C)** (Reserve MAJ assigned to Medical Company, US Army Reserve Center #802, 5222 Nashville Street, Fort Dix, NJ 08640) regarding the death of detainee in 06.

About 1108, 5 Feb 09, SA **b(6), b(7)(C)** advised Ms. **b(6), b(7)(C)** of her rights which she invoked, requested a lawyer, and the interview was subsequently terminated. Ms. **b(6), b(7)(C)** declined to provide fingerprints and photographs (See Non-Waiver Certificate).

About 1310, 9 Feb 09, an additional request was received from Camp Cropper to locate, fully identify, and interview COL **b(6), b(7)(C)**.

LAW ENFORCEMENT RECORDS: A check of the criminal intelligence files of this office and the USACRC disclosed no derogatory information pertaining to Ms. **b(6), b(7)(C)**.

About 2115, 24 Feb 09, SA **b(6), b(7)(C)** interviewed Ms. **b(6), b(7)(C)** (Retired COL), who related she was not at Abu Ghraib at the time of the incident. Ms. **b(6), b(7)(C)** related she did recall reading the CID Report and some details of the incident. Ms. **b(6), b(7)(C)** related Mr MUHYI was treated for the 3 days prior to his death. Ms. **b(6), b(7)(C)** related she recalls Mr MUHYI was a Type 2 Diabetic and was treated for hydration, however, was not given insulin during the 3 day before his death. Ms. **b(6), b(7)(C)** related the SOP for diabetic patients was to have them clearly marked on the hand or forehead identifying them as insulin dependent patients. Ms. **b(6), b(7)(C)** related she did not recall Mr MUHYI being marked as an insulin dependent patient. Ms. **b(6), b(7)(C)** related she was told Mr MUHYI was treated for dehydration the 3 days prior to his death and given oral medications for dehydration. Ms. **b(6), b(7)(C)** declined to provide a statement as she never saw Mr MUHYI's medical file. Ms. **b(6), b(7)(C)** related the death of Mr MUHYI was a series of medical errors because she believes he was incorrectly diagnosed as a Type 2 diabetic and not a Type 1 diabetic, which would identify Mr MUHYI as an insulin dependent patient.

STATUS: This RFA was closed in the files of this office and no further investigative activity is anticipated///LAST ENTRY///.

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA b(6), b(7)(C), b(7)(F)		Carlisle Barracks CID Office, 3 rd MP Group (CID), Building 609, Butler Road, Carlisle, PA 17013	
b(6), b(7)(C)		DATE	EXHIBIT
CID Form 94 (Automated)		24 Feb 09	30
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Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)			

ACLU DDII CID ROI 31904

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use on this form, see AR 190-30; the proponent agency is ODCS

DATA REQUIRED BY THE PRIVACY ACT

For Official Use Only

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide combatants 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 PA State Police 2099 Lincoln Hwy East, Lancaster, PA	2. DATE 5 Feb 2009	3. TIME 1108	4. FILE NO. 0009-09-CED 342
5. NAME b(6), b(7)(C)	8. ORGANIZATION OR ADDRESS b(6), b(7)(C)		
6. SSN b(6), b(7)(C)	7. GRADE/STATUS O-4 IAR		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army Criminal Investigation Command as a Special Agent and wanted to question me about the following offense(s) of which I am suspected/accused: Negligent Homicide //

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

I do not have to answer any questions or say anything.
Anything I say or do can be used as evidence against me in a criminal trial.
If I am a member of the Armed Forces (including those called to active military or naval service, those who are on active duty in the Air Force or personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

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

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

5. COMMENTS (Continue on reverse side)

Section B. Waiver

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

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR b(6), b(7)(C)
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR SA b(6), b(7)(C)
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR Carlisle Barracks ACD office Carlisle, PA 17013

Section C. Non-waiver

I do not want to give up my rights:
 I want a lawyer. I do not want to be questioned or say anything.

2. b(6), b(7)(C)

ATTACHED ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED.

DA FORM 3881, NOV 89

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Law Enforcement Sensitive

EXHIBIT 20
31
ACLU DDII CID ROI 91905

000191 Encl 2

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER: 0050-06-CID789-78461
0003-09-CID081 (RFA)

PAGE 1 OF 3 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1441, 7 Jan 09, this office received a Request for Assistance (RFA) from the Camp Cropper CID Office, Camp Cropper, Iraq, APO AE 09322, to locate, fully identify, and conduct an interview of CPT b(6), b(7)(C) Medical Company, U.S. Army Reserve Center, 930 Raz Avenue, New Windsor, NY 12553, regarding the death of Mr. Talib Umar MUHYI. CPT b(6), b(7)(C) initially notified CID of Mr. Talib Umar MUHYI's, Internment Serial Number (ISN) b(6), b(7)(C) death, while he was in custody at the Abu Ghraib Central Confinement Facility in Iraq.

About 1304, 12 Jan 09, SA b(6), b(7)(C) coordinated with Mr. b(6), b(7)(C) Criminal Intelligence Coordinator, Washington CID Battalion, Fort Myer, VA 22211, who provided a LexisNexis report on CPT b(6), b(7)(C) (See LexisNexis Report of CPT b(6), b(7)(C) for details)

About 1320, 12 Jan 09, SA b(6), b(7)(C) conducted a review of the LexisNexis Report, which revealed CPT b(6), b(7)(C) resided at b(6), b(7)(C) b(6), b(7)(C). The report also indicated CPT b(6), b(7)(C) had the following phone numbers registered to her: b(6), b(7)(C) and b(6), b(7)(C)

About 0902, 23 Jan 09, SA b(6), b(7)(C) coordinated with SA b(6), b(7)(C) Camp Cropper CID Office, Camp Cropper, Iraq, APO AE 09322, who related he would like this office to interview LTC b(6), b(7)(C) b(6), b(7)(C) US Army Reserve Center, Building (Bldg) 208, Fort Wadsworth, NY 10350, regarding her knowledge or involvement in the death of Mr. MUHYI. SA b(6), b(7)(C) also related LTC b(6), b(7)(C) was currently residing at b(6), b(7)(C) b(6), b(7)(C)

About 1123, 27 Jan 09, SA b(6), b(7)(C) coordinated with Mr. b(6), b(7)(C) b(6), b(7)(C) who stated LTC b(6), b(7)(C) b(6), b(7)(C) was currently deployed to Mosul, Iraq. Mr. b(6), b(7)(C) further stated LTC b(6), b(7)(C) may be contacted via telephone at b(6), b(7)(C)

About 1848, 27 Jan 09, SA b(6), b(7)(C) coordinated with SA b(6), b(7)(C) and briefed him on all aspects of this investigation. SA b(6), b(7)(C) requested this office conduct an additional interview of CPT b(6), b(7)(C) b(6), b(7)(C) CPT b(6), b(7)(C) b(6), b(7)(C) SSG b(6), b(7)(C)

NUMBER: b(6), b(7)(C), b(7)(F) Special Agent	ORGANIZATION: West Point CID Office, Building 616, West Point Military Reservation, NY 10996
b(6), b(7)(C)	DATE: 26 Feb 09 EXHIBIT: 32

ACLU DDII CID ROI 31906

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER: 0050-06-CID789-78461
0003-09-CID081 (RFA)

PAGE 2 OF 3 PAGES

DETAILS

b(6), b(7)(C) 344th Combat Support Hospital, 213 General Lee Avenue, Fort Hamilton, Brooklyn, NY 11252, and 1SG (Ret.) Ms. b(6), b(7)(C)
b(6), b(7)(C)

About 1820, 9 Feb 09, SA b(6), b(7)(C) interviewed CPT b(6), b(7)(C) who provided a sworn statement wherein she detailed her knowledge pertaining to the death of an Iraqi national, who died while in the custody of U.S. Soldiers at Abu Ghraib Central Confinement Facility. (See Sworn Statement of CPT b(6), b(7)(C) for further details)

About 1420, 10 Feb 09, SA b(6), b(7)(C) coordinated with CPT b(6), b(7)(C) who stated she was currently residing at b(6), b(7)(C)
b(6), b(7)(C) CPT b(6), b(7)(C) further stated the best way to contact her was via telephone at b(6), b(7)(C)

About 1200, 21 Feb 09, SA b(6), b(7)(C) interviewed SSG b(6), b(7)(C) b(6), b(7)(C) 344th Combat Support Hospital, 213 General Lee Avenue, Fort Hamilton, Brooklyn, NY 11252, who stated she was working at the Combat Support Hospital (CSH) while she was deployed to Iraq. SSG b(6), b(7)(C) further stated she usually worked from 0700 to 1900, six days a week, and provided care to Soldiers, civilians and detainees. SSG b(6), b(7)(C) also stated she did not recall any specific details of any particular patient that she assisted or provided care to while she was in Iraq. Additionally, SSG b(6), b(7)(C) stated that while she was on duty, she worked with LTC b(6), b(7)(C) Officer in Charge (OIC), and CPT b(6), b(7)(C) SSG b(6), b(7)(C) related she was unaware of any type of investigation or wrong-doing by any medical staff assigned to the CSH, located at Abu Ghraib, during the time she was deployed there.

About 1305, 21 Feb 09, SA b(6), b(7)(C) interviewed CPT b(6), b(7)(C) b(6), b(7)(C) who stated that while in Iraq he worked in multiple departments at the CSH. CPT b(6), b(7)(C) further stated he saw about twenty to thirty Soldiers, civilians and detainees on any given day. CPT b(6), b(7)(C) also stated he usually worked from 0700 to 1900, six days a week. Additionally, CPT b(6), b(7)(C) stated he did not recall any specific details on any particular patient he assisted or provided care to while he was in Iraq. CPT b(6), b(7)(C) related he was unaware of any type of investigation or wrong-doing by any medical staff assigned to the CSH, located at Abu Ghraib, during the time he was deployed there. CPT

REPORTING AGENT'S NAME AND SEQUENCE NUMBER:

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

ORGANIZATION:

West Point CID Office, Building 616,
West Point Military Reservation, NY 10996

DATE:

26 Feb 09

EXHIBIT:

21 32

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

CID FORM 94

1 FEB 77

ACT I DDII CID ROI 31907

AGENT'S INVESTIGATION REPORT

ROI NUMBER: 0050-06-CID789-78461
0003-09-CID081 (RFA)

CID Regulation 195-1

PAGE 3 OF 3 PAGES

DETAILS

b(6), b(7)(C) further related he only assisted in the Emergency Room at the CSH during multiple trauma cases and patient over-flow.

About 1900, 23 Feb 09, SA b(6), b(7)(C) interviewed 1SG (Ret.) b(6), b(7)(C) who stated that while she was in Iraq, she was the platoon sergeant for the Emergency Medical Treatment (EMT) section. 1SG b(6), b(7)(C) stated she recalled the detainee patient in question; however, she could not recall the detainee's name or ISN number. 1SG b(6), b(7)(C) stated she was informed by one of her medics, two days prior to the detainee's death that the detainee related he was diabetic and had not received his medication since he left Camp Bucca. 1SG b(6), b(7)(C) further stated she coordinated with LTC b(6), b(7)(C) and requested LTC b(6), b(7)(C) check on the status of the detainee's medication. 1SG b(6), b(7)(C) also stated LTC b(6), b(7)(C) told her that the specific detainee was not listed on any type of medication from Camp Bucca. Additionally, 1SG b(6), b(7)(C) stated she informed the medic to conduct a blood glucose test on the detainee and provided the results to one of the doctors on duty (NFI). 1SG b(6), b(7)(C) further related that was the only involvement she had with the patient prior to his death. 1SG b(6), b(7)(C) stated that after the death of the detainee, she was informed by someone from the Emergency Room, as she would with any other patient's death. Additionally, 1SG b(6), b(7)(C) related she usually worked from 0700-2100, six days a week. 1SG b(6), b(7)(C) indicated she was aware of an AR 15-6 investigation; however, she was unaware of the details surrounding the investigation. Further, 1SG b(6), b(7)(C) was not aware of any wrong-doing by any medical staff assigned to the CSH, at Abu Ghraib, during the time she was deployed there.

About 0824, 26 Feb 09, SA b(6), b(7)(C) coordinated with SA b(6), b(7)(C) Camp Cropper CID Office, Camp Cropper, Iraq, APO AE 09322, and briefed him on all aspects of this investigation. SA b(6), b(7)(C) stated there was no further investigative activity required from this office.

STATUS: This action has been closed in the files of this office. All investigative leads requested have been completed and no further investigative activity is anticipated.

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

REPORT SUBJECT'S NAME AND GRADE NUMBER:
b(6), b(7)(C), b(7)(F)
Special Agent

ORGANIZATION:
West Point CID Office, Building 616,
West Point Military Reservation, NY 10996

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

DATE:
26 Feb 09

EXHIBIT:
21 32

ACLU DDII CID ROI 31908

1 FEB 77

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

LOCATION West Point CID Office, WPNY	DATE 9 Feb 2009	TIME 1820	FILE NUMBER Seq #
LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)		GRADE/STATUS CPT/AR
ORGANIZATION OR ADDRESS 856 th Combat Support Hospital (CSH), 930 Raz Avenue (AVE), New Winsor, NY 12550			

I, **b(6), b(7)(C)**, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 While deployed in Iraq with the 344th Combat Support Hospital (CSH) there apparently was a death of an Iraqi detainee. I was not on duty during the events that initially transpired but the incident was brought to my attention. I was never previously interviewed during our time in Iraq but to the best of my knowledge make the following statement. On a given night while at Abu Ghraib prison, Maj **b(6), b(7)(C)** received a phone call from the Trauma team (medics) who were called down to a detainee holding area. Apparently there was a detainee transferred from Camp Bucca to Abu and a Finger stick (glucose) was obtained, I do not know the results. MAJ **b(6), b(7)(C)** in her professional opinion told the medic to administer IV Fluids, NS and have the detainee seen at morning sick call. During my interview on February 9th I was informed I was the one who placed the call to CID the next day. If this is infact true than to the best of my recollection, the only incident I remember with the death of a detainee from DKA (Diabetic Ketoacidosis) occurred as following. I as the nurse on duty in the ETR (emergency treatment room) received a call from the medics that they were requesting transport of a detainee to the ERT. I told them to go ahead and bring the detainee up. When the medics entered the ETR with a litter, I immediately noticed the patient was not breathing. I jumped up from my desk asked them if they realized he was not breathing, they informed me he stopped breathing in the bus "ambulance" as they arrived out front. We immediately initiated CPR advance cardiac lifesaving protocols. He was coded to no avail. I contacted CID according to our hospital Commanders Guidance which is common protocol with any death involving a detainee. To my knowledge this detainees medical records did not state he was a known diabetic or an insulin dependant diabetic. To my knowledge there is a huge timeframe from the point in which the ETR was first contacted on Maj **b(6), b(7)(C)** shift and this patient being brought to the ETR. To the best of my recollection this detainee was transported up to the ETR late in the afternoon when I received the phone call. What transpired between the initial call to Maj **b(6), b(7)(C)** and the entire next day in unknown to me.

Q: **b(6), b(7)(C)**
 A: **b(6), b(7)(C)**

Q: Did you type the narrative portion of this statement?
 A: Yes.

Q: When were you in Iraq?
 A: I was in Iraq from Jun 05 thru May 06.

Q: Where were you assigned in Iraq?
 A: I was assigned at Abu Ghraib Prison Hospital

Q: Do you know when MAJ **b(6), b(7)(C)** received the telephone call?
 A: No.

Q: What do you mean by Trauma Team of Medics?
 A: The Trauma Team was medics who were assigned or attached to the 344 CSH to transport administer and evaluate detainees, who were in need of medical care.

Q: Do you know the name of the detainee who was transported from Camp Bucca?
 A: Not at all.

Q: Why was finger stick glucose obtained?
 A: I don't know.

Q: Do you know why MAJ **b(6), b(7)(C)** told the medic to administer Intravenous Fluids (IV) and Normal Saline (NS)?
 A: I would say because an elevated glucose was obtained; however, I don't know what the glucose was.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF <u>3</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED."
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

ACLU DDH CID ROI 31909

Went back to CID office Seq #

(b)(6), (b)(7)(C) STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT (b)(6), (b)(7)(C) DATED 9 February 2009 CONTINUED

Q: Did you recall making the initial notification pertaining to the death of Mr. Talib Umar MUHYI, internment Serial Number (b)(6), (b)(7)(C)

A: No, I don't remember Mr. MUHYI; however, I do remembering making all necessary calls to CID as per Commander's guidance.

Q: Do you remember the investigation into the death of a diabetic detainee?

A: Yes, I do remember this investigation.

Q: What do you mean by DKA?

A: DKA means diabetic ketoacidosis is a medical condition in which an insulin dependant diabetic becomes acidotic due to not receiving insulin and elevated glucose and electrolyte imbalances.

Q: Do you remember the name of the medic you received the telephone call from?

A: I do not.

Q: Did you ask the medics what type of life saving measures were taking in the bus?

A: The medics stated the patient stop breathing as they arrived at the CSH.

Q: What do you mean by CPR?

A: I mean Cardio Pulmonary Resuscitation.

Q: What do you mean by coded to no avail?

A: Coded is a common term used for the actual procedures trying to restart the heart and respiration to no avail means the CSH was unsuccessful with all attempts.

Q: What do you mean by ETR?

A: My section of the CSH was Emergency Treatment Room.

Q: What level of care did you provide to Mr. MUHYI?

A: I provided the highest level of Advance Cardiac Life Saving (ACLS)

Q: Do you have any knowledge of Mr. (b)(6), (b)(7)(C) attempts to obtain permission to transport Mr. MUHYI prior to his death?

A: No, I could not say if it was Mr. (b)(6), (b)(7)(C) or anyone else.

Q: Who was responsible for fielding calls from medics from the prison?

A: It would normally be one of the members of the professional staff a Nurse or Doctor.

Q: What was the process for triaging detainee prior to being transported to the CSH?

A: A medic would be dispatch to evaluate the patient and the medic would be responsible for contacting ETR with all pertinent data in their assessment.

Q: What type of a working relationship you had with CPT (b)(6), (b)(7)(C)

A: CPT (b)(6), (b)(7)(C) and I had a good working relationship.

Q: When was the last time you had any contact with CPT (b)(6), (b)(7)(C)?

A: CPT (b)(6), (b)(7)(C) and I spoke while she was at Battle Assembly.

Q: Do you have any knowledge of the AR 15-6 Investigation conducted into the death of Mr. MUHYI?

A: I was aware of an investigation while in Iraq; however, I am un aware of the nature of the investigation or the results.

Q: Do you have any knowledge of wrongdoing by CPT (b)(6), (b)(7)(C) or any other medical staff assigned to the CSH at Abu Ghraib during that time.

A: No.

Q: Do you know the names of the medical staff working with you or under the direction of the 344th CSH at Abu Garaib that may have been involved in Mr. MUHYI care?

A: I don't remember.

Q: Who were your supervisors at the time of the incident?

A: My supervisor was LTC (b)(6), (b)(7)(C)

Q: Do you have anything to add to this statement?

A. No. (b)(6), (b)(7)(C)

/////// (b)(6), (b)(7)(C) //End of Statement//

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

ACLU DDII CID ROI 31910 PAGE 2 OF 3 PAGES 35

Seq #

STATEMENT OF **b(6), b(7)(C)** TAKEN AT West Point CID Office, WPNY DATED 9 February 2009

CONTINUED:
STATEMENT (Continued)

[Redacted Statement Content]

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 of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of February, 2009 at West Point, New York

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

(Typed Name of Person Administering Oath)

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

(Typed Name of Person Administering Oath)

10 USC Section 936

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

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

ACLU DDII CID ROI 31911

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0050-06-CID789-78461

PAGE 1 OF 1 PAGE(S)

DETAILS

About 1700, 31 Mar 09, SA **b(6), b(7)(C)** received notification of receipt from the Afghanistan CID Office pertaining to the interview of LTC **b(6), b(7)(C)** the case RFA # is 0073-09-CID369.

About 2230, 31 Mar 09, SA **b(6), b(7)(C)** telephonically interviewed CPT **b(6), b(7)(C)** who stated that she recalls an investigation after Mr. MUHYI's death, but cannot remember who were the individuals conducting the investigation or from what unit they were. Further she stated that based on her knowledge of the event she believes that there was not any wrongdoing from any medical staff. She stated that she believes there was more likely a communication break down between personnel from the 344th FMH. CPT **b(6), b(7)(C)** stated the Commander during that time was COL **b(6), b(7)(C)**

About 1700, 3 Apr 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** Fort Carson CID, Fort Carson, Colorado, pertaining to the interview of COL **b(6), b(7)(C)**

About 1600, 15 Apr 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** pertaining to the interview of LTC **b(6), b(7)(C)**

About 2235, 16 Apr 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** Fort Knox, KY, pertaining to the interview of MAJ **b(6), b(7)(C)**

About 1700, 17 Apr 09, SA **b(6), b(7)(C)** received the AIR of SA **b(6), b(7)(C)** from the Fort Hamilton CID Office, pertaining to the interview of MAJ (Ret) **b(6), b(7)(C)** // LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

Camp Cropper CID Office, 24th/348th MP DET (CID),
10th MP BN (CID), Unit# 42232, APO AE 09342

DATE

17 Apr 09

EXHIBIT

28 34

CID FORM 94

1 FEB 77

FOR OFFICIAL USE ONLY **ACLU DDII CID ROI 31912**

AGENT'S INVESTIGATION REPORT

ROI NUMBER **0050-06-CID 789-78461**
~~0065-09-CID056~~

CID Regulation 195-1

PAGE 1 OF 1 PAGES

DETAILS

On 10 Feb 09, this office received a Request For Assistance (RFA) from the 24th/348th Military Police Detachment (CID), Camp Cropper, Iraq APO AE 09322, to locate, fully identify and interview COL **b(6), b(7)(C)** **b(6), b(7)(C)** MEDDAC, Evans Army Community Hospital (EACH), Fort Carson, CO 80913 (FCCO) regarding his involvement with a detainee death at Abu Ghraib prison.

About 1705, 17 Feb 09, SA **b(6), b(7)(C)** interviewed COL **b(6), b(7)(C)** who provided a sworn statement detailing his involvement with the detainee death at Abu Ghraib prison. (See Sworn Statement for details)///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

48th MP Det (CID)
Ft Carson, CO 80913

SIGNATURE

For

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

DATE

17 Feb 09

EXHIBIT

35

CID FORM 941

1 FEB 77

ACLU DDII CID ROI 31913

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is PMG. 050-06-CID 789-78461

PRIVACY ACT STATEMENT

0065-08-CID056

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

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

1. LOCATION Fort Carson (CID), Fort Carson, CO 80913	(b)(6), b(7)(C) (YYYYMMDD) TIME 2009/02/17 1705	4. FILE NUMBER 0065-09-CID056
5. LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	b(6), b(7)(C)	7. GRADE/STATUS O6/ AD
6. ORGANIZATION OR ADDRESS Meddac, Fort Carson		

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

I served as the Deputy Commander for Clinical Services for TF MED 344 from JUL 05 to MAY 06 at Abu Ghraib, Iraq. I have been asked to give a general overview of a case involving a detainee that was transferred from Camp Bucca to Abu Ghraib and subsequently died from probable diabetic ketoacidosis. A 15-6 investigation was completed soon after this detainees death and the contents of that investigation should have more specific details pertaining to the case. This statement is based on my best recollection of events that occurred almost four years ago. The detainee involved in this case was transferred from Camp Bucca to Abu Ghraib. This detainee was not identified as an insulin requiring diabetic prior to transfer which should have happened according to the transfer SOP. Any significant medical issues should have been identified and this information should have been communicated to the receiving medical staff. This did not occur. Detainees transferred into Abu Ghraib spend on average approximately 24 hours in the inprocessing holding area (IHA) before being moved out into the camps. From what I was told the medics identified that this detainee was a diabetic and that he had elevated blood glucose's. This information was called into the ER and the nurse on duty told the medics to push fluids and have the patient follow up in the morning. I believe that the ER made the assumption that this detainee had non-insulin requiring diabetes based on the fact that they were not identified as requiring insulin by the transfer personnel from Camp Bucca. The detainee was moved out into the camp and had several different clinical interactions, during these interaction no one identified that he required insulin for the treatment of his diabetes. I believe but am not 100% sure that he was started on an oral agent for the treatment of his diabetes. After two or three days in the camp, the detainee presented to the wire physician with the complaint of urinary retention. This was called into the ER at the hospital. Upon arrival to the ER the detainee was noted to be pulse less and breathless. In the ER the detainee was coded in accordance with advanced cardiac life support guidelines and despite optimal treatment the ER personnel were unable to save him.

Q. SA b(6), b(7)(C)
A. COL b(6), b(7)(C)
Q. Did you ever treat Mr. MUHYI?
A. I came in at the very end of the code and he had already been pronounced dead.
Q. Do you have any knowledge of Mr. b(6), b(7)(C) attempts to obtain permission to transport Mr. MUHYI?
A. I heard after the incident, during the 15-6 investigation.
Q. Do you know why his request was denied?
A. I assumed CPT b(6), b(7)(C) thought Mr. MUHYI did not need insulin, because he was not identified as an insulin requiring diabetic at transfer. If he was not required to take insulin than treating him with fluids would have been medically appropriate providing the glucose levels were not significantly elevated.
Q. Who was responsible for fielding calls from medics in the prison?
A. The ER Staff, I don't recall their names.
Q. What was the process for triaging detainees prior to being transported to the hospital?
b(6), b(7)(C)

10. EXHIBIT	11. INITIALS b(6), b(7)(C) NG STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING *STATEMENT OF _____ TAKEN AT _____ DATED _____

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

ACLU DDII CID ROI 31914

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STATEMENT OF **b(6), b(7)(C)** TAKEN AT Fort Carson (CID) DATED 2009/02/17

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

STATEMENT (Continued)

During normal duty hours licensed independent practitioners were out in the camps and in the IHA. They would make any required triage decisions. At night an ambulance crew would be dispatched and they would be responsible for collecting the required clinical information and communicating that information to the ER staff for a triage determination/decision.

Q. Was there a Standard Operating Procedure (SOP) in place for triaging insulin dependent detainees, and if so do you have a copy of it?

A. We had a very extensive triage SOP for the ambulance crews and it dealt with a significant number of medical issues. I can not recall whether it specifically covered the management of insulin requiring diabetics. The ER was always staffed with a board certified Emergency Medicine Physician and they were always available for consultation if there was any questions or concerns. I do not have a copy of the triage SOP's that we used during our deployment.

Q. Did you have a working relationship with CPT **b(6), b(7)(C)**

A. I know she worked in the ER, I was not directly responsible for her, she worked under the Deputy Commander for Nursing.

Q. When was the last time you had contact with CPT **b(6), b(7)(C)**

A. Towards the end of the deployment in 2006.

Q. Do you have knowledge of the 15-6 investigation?

A. Yes.

Q. What was the reason the 15-6 was initiated?

A. Because there was a detainee death, other than that I don't know.

Q. Do you have any knowledge of wrong doing by CPT **b(6), b(7)(C)** or any other medical staff assigned to the Abu Ghraib prison doing the time in question?

A. No intentional wrong doing.

Q. Can you identify any Soldiers working with or under the direction of the 344th CSH at Abu Ghraib prison?

A. COL **b(6), b(7)(C)** CDR: COL **b(6), b(7)(C)** DCN; MAJ **b(6), b(7)(C)** C, Surgery; LTC **b(6), b(7)(C)**

C Primary Care Nurse, LT **b(6), b(7)(C)** ER Nurse.

Q. Do you remember CPT **b(6), b(7)(C)** supervisor during the time of the incident?

A. Yes, LTC **b(6), b(7)(C)** and COL **b(6), b(7)(C)**

Q. Do you have anything you would like to add to this statement?

A. No//End of Statement/ **b(6), b(7)(C)**

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

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

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36

STATEMENT OF **b(6), b(7)(C)** TAKEN AT Fort Carson (CID) 5.0 DATED 2009/02/17 06-310-789-7846

9. STATEMENT (Continued)

0065-08-CID056 -

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 STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE SIGNED ALL CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17th day of Feb, 2009

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

S/ **b(6), b(7)(C)**
(Typed Name of Person Administering Oath)

10 USC 936
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

ACLU DDII CID ROI 31916

EXHIBIT

28
369

~~FOR OFFICIAL USE ONLY - Law Enforcement Sensitive~~

AGENT'S INVESTIGATION REPORT

~~0073-09-CID369~~

CID Regulation 195-1

PAGE 1 OF 1 PAGE(S)

DETAILS

BASIS FOR INVESTIGATION: Camp Cropper CID Office requested the interview of LTC (DR) **b(6), b(7)(C)** **b(6), b(7)(C)** Task Force Guardian, Bagram Airfield, in reference to a detainee death on 16 Mar 06, at Abu Ghraib Detention Facility, Iraq.

About 1341, 2 Apr 09, SA **b(6), b(7)(C)** interviewed LTC **b(6), b(7)(C)** 793rd MP BN, Bagram Airfield, Afghanistan, APO AE 09354, who provided a statement detailing his knowledge of the death of Mr. MUHYI. (SEE SWORN STATEMENT)

STATUS: This investigation is being closed in the files of this office. All investigative leads have been completed and no further investigative activity is anticipated.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA b(6), b(7)(C), b(7)(F)		Bagram Airfield CID Office, USACIDC	
b(6), b(7)(C)		Bagram Airfield, Afghanistan, APO AE 09354	
		DATE	EXHIBIT
		2 APR 09	2A 37

~~FOR OFFICIAL USE ONLY - Law Enforcement Sensitive~~ **ACLU RDI CID ROI 31917**

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

0050-06-CID 789-78461

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION: Afghanistan CID Office, Bagram Airfield, Afghanistan
2. DATE (YYYYMMDD): 2009/04/02
3. TIME: 1551
4. FILE NUMBER:
5. NAME: b(6), b(7)(C)
6. GRADE/STATUS: 0-5/AD
8. ORGANIZATION OR ADDRESS: Bagram Airfield, Afghanistan, APO AE 09354

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

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

I graduated from the University of Arkansas School of Medicine in 1978. I completed a 3 year family practice residency program in 1981--John Peter Smith Hospital, Fort Worth, Texas. Moved to Paragould, Arkansas in 1981 and joined a family practice group. I have been a partner of that same group practice since then--Paragould Doctors Clinic. I have been board certified in family medicine since 1981, and recertified in December of 2006. I was assigned to the 344th CHS at Abu Ghraib for 3 months in 2006. While working my ER shift the day in question, a detainee was brought in by ambulance. He was DOA. Attempts to resuscitate him where unsuccessful. He was intubated, lab work ordered and drawn, given IV medications, along with CPR. His cause of death was thought to be due to DKA. There was an investigation into this situation afterwards, the results of which I am not aware.

Q: b(6), b(7)(C)
A: b(6), b(7)(C)
Q: Did you type the above statement?
A: Yes.
Q: Can you recall the detainee's name?
A: No, they didn't have names, they just had numbers.
Q: What was your involvement in the detainee's treatment?
A: ER management of his acute problem.
Q: Had you been notified or treated the detainee prior to his ER entry?
A: No.
Q: How long would it take a patient, experiencing symptoms similar to the detainee in question, to become unconscious and ultimately die?
A: Several hours or even a day or two. A diabetes expert would be able to answer that question better.
Q: Do you have knowledge of the circumstances surrounding the detainee being brought into the ER room?
A: All I know is they called for help. We were not made aware when the detainee was enroute that he was a diabetic. I didn't know that until the lab came back some time later.
Q: Do you have knowledge of any medic making a request to bring a detainee into the ER for diabetic symptoms?
A: No, I was sitting there and it was a quiet day and I heard the call come in over the radio.
Q: Who was responsible for fielding calls from medics in the prison?
A: I believe there was a nurses' station in the ER. Usually the head nurse for the shift would answer the calls. When someone came into the ER, the nurse and a medic would make a chart for the patient. I think they had a radio and phone there for communications.
Q: What was the process for triaging detainees prior to being brought to the hospital?
A: They would first be seen by a medic, who would call a report into the nurse in the ER. Then they would determine what treatment would be best for the detainee. There are multiple ways of triaging depending on what the chief complaint was b(6), b(7)(C)

10. EXHIBIT: 2
11. INITIALS: b(6), b(7)(C)
PAGE 1 OF 3 PAGES

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

ACLU DDII CID ROI 31918 EXHIBIT 38

0050-06-CID 789-78461

STATEMENT OF **(b)(6), (b)(7)(C)** TAKEN AT 1551 **(b)(6), (b)(7)(C)** DATED 2009/04/02 **(b)(6), (b)(7)(C)**

(b)(6), (b)(7)(C) 9. STATEMENT (Continued)

Q: What was the process for triaging a diabetic detainee prior to transport?
A: At the wire, one would check blood sugar and vital signs. One would consider starting intravenous fluids.

Q: Was there a standard operating procedure in place for treating insulin dependant detainees?
A: Yes, I think so. I can't remember what the specifics were. There were probably lab orders and tests to determine the dose of insulin administered.

Q: Do you have a copy of the standard operating procedure used at the facility?
A: No.

Q: Can you recall working with any individual by the name of CPT **(b)(6), (b)(7)(C)**?
A: I can vaguely remember working with her, but it has been three years ago. When I came to the unit, it was only for three months, and the unit had already been there for almost 9 months, so they were a well organized unit and had their system down. I'm not good with names.

Q: Can you remember anything in particular about CPT **(b)(6), (b)(7)(C)**?
A: I think she was an Registered Nurse. They would rotate their jobs. I just have only vague recollections.

Q: Can you describe CPT **(b)(6), (b)(7)(C)**?
A: No, if she walked in here I wouldn't know her.

Q: Can you describe what type of working relationship with CPT **(b)(6), (b)(7)(C)**?
A: She would assist in coordinating daily care of the detainees. She would supervise carrying out doctors orders regarding treatment during sick call. That's all I can remember. I just worked in the ER a few times, and primarily worked sick call and initial health assessments.

Q: When was the last time you had contact with CPT **(b)(6), (b)(7)(C)**?
A: When the whole unit left, sometime in May of 2006.

Q: Do you recall any wrong doing on the part of CPT **(b)(6), (b)(7)(C)** or any other member of the CSH unit while you were there?
A: CPT **(b)(6), (b)(7)(C)** no. Regarding the unit, I don't remember anything negative about their operations. It was well organized and detailed. I don't remember any inattention to detail in the operation.

Q: You mentioned some kind of investigation was completed after the detainee death. Can you recall what the outcome of the investigation was?
A: No. I think after this occurred, the CSH tried to sit down and determine what had happened. It was outside of my lane. What I was told was the detainee's medical records did not make it from Camp Bucca to Abu Ghraib.

Q: Do you know why the investigation was initiated?
A: I think anytime they had a detainee death they would do one. I think that was the only death they had while I was there.

Q: Can you identify the names of any Soliders working with or under the direction of the 344th CSH at Abu Ghraib that may have been involved in the detainees care?
A: No, not a single name. I didn't really mix with anyone after duty hours. They were mostly enlisted.

Q: Can you recall who CPT **(b)(6), (b)(7)(C)** supervisors would have been?
A: No.

Q: If you were made aware of a detainee with a blood sugar level of 400, what would be your initial reaction?
A: I would want to know his history, if he was a Type I or Type II diabetic. I would want to know his level of consciousness. Vital signs and that sort of thing. Any history of recent illness. A history of his water and food intake and urine output over the last 24 hours. A blood sugar of 400 is not an absolute cause for alarm. The other pieces of the puzzle that I just described are equally as important.

Q: If a patient had a blood sugar level of 400, and within a 48hr period it went to 200, what would be your initial reaction?
A: I would closely monitor his blood sugar on a regular basis. Maybe three or four times a day check his blood sugar. Ensure also he drank plenty of water. It would also be important to again determine his medical history. He might require treatment with various kinds of medication.

Q: Are there any treatments a medic could provide at the scene for someone with elevated blood sugar levels?
A: Not really, the detainee would need to be brought in eventually to be properly treated.

Q: What does DKA stand for?
A: Diabetic Ketoacidosis.

Q: Did you ever view the results of the lab work?
A: Yes, but I don't remember the details.

Q: Is there anything else you'd like to add to your statement?
A: **(b)(6), (b)(7)(C)**

A: **NO !!! End of Statement !!!** **(b)(6), (b)(7)(C)**

INITIALS OF PERSON MAKING STATEMENT **(b)(6), (b)(7)(C)** PAGE 2 OF 3 PAGES

STATEMENT OF **b(6), b(7)(C)** TAKEN AT 1551 **b(6), b(7)(C)** DATED 2009/04/02 **b(6), b(7)(C)**

9. STATEMENT (Continued)

Nothing follows **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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2nd day of April, 2009 at Afghanistan CID Office, Bagram Airfield, Afghanistan

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

(Signature of Person Administering Oath)

s. **b(6), b(7)(C)**

(Typed Name of Person Administering Oath)

10 USC, § 936

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS **b(6), b(7)(C)**

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

PAGE 3 OF 3 PAGES

AGENT'S INVESTIGATION REPORT <small>CID Regulation 195-1</small>	ROI NUMBER: 0054-09-CID032
	PAGE 1 OF 1 PAGES

DETAILS

Basis for Investigation: About 0900, 9 Feb 09, this office received a Request For Assistance from SA **b(6), b(7)(C)** **b(6), b(7)(C)** Camp Cropper, Iraq APO AE 09322, to locate, identify and conduct interview MAJ **b(6), b(7)(C)** **b(6), b(7)(C)** in regards to the level of involvement in Mr. MUHYI's care.

About 1145, 19 Mar 09, SA **b(6), b(7)(C)** interviewed MAJ **b(6), b(7)(C)** **b(6), b(7)(C)** who provided a sworn statement wherein he stated he was not present in the Emergency Room on the day Mr. MUHYI was brought in. He stated he was not part of the conversations that occurred between the medics when they requested to have Mr. MUHYI brought in. MAJ **b(6), b(7)(C)** did state he heard about the incident and was aware of the 15-6 investigation that followed.

No further investigative activity is needed from this office at this time.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER: SA b(6), b(7)(C), b(7)(F)	ORGANIZATION: 280 th Military Police Detachment (CID), 1000 th MP BN, Fort Knox, KY 40121
SIGNATURE: b(6), b(7)(C)	DATE: 19 Mar 09 EXHIBIT: 39

ACLU DDII CID ROI 31921

SWORN STATEMENT

For use of this form, see AR 190-45; the proponent agency is Office of The Deputy Chief of Staff for Personnel.

LOCATION b(6), b(7)(C)	DATE 19 Mar 09	TIME 1245	FILE NUMBER 0050-06-CID 789-784 61
b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)		GRADE/STATUS MAJ / AR
b(6), b(7)(C)			

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

I SERVED AS THE CHIEF OF SURGICAL SERVICES AT ABU GHRAIB, IRAQ, WITH THE 344th CSB, FROM APPROXIMATELY JUNE 2005 THROUGH MAY 2006. I RETURNED FROM LEAVE IN EARLY MAY 2006. AS FAR AS MR. MUHYI'S DEATH AT ABU GHRAIB, I HAD NO DIRECT INVOLVEMENT WITH HIS CASE, HOWEVER, I WAS AWARE OF HIS DEATH DUE TO DIABETIC RETINOPATHY. I WAS AWARE THAT AN INVESTIGATION FOLLOWED. I WAS NOT INVOLVED WITH THE INVESTIGATION.

- Q: SA b(6), b(7)(C)
A: MAJ b(6), b(7)(C)
- Q: DO YOU KNOW THE MEDICS THAT TREATED MR. MUHYI?
A: I DO NOT RECOGNIZE THEM BY NAME, BUT I MAY RECOGNIZE THEM BY FACE.
- Q: DID YOU EVER TREAT MR. MUHYI, EITHER AT THE TIME OF HIS DEATH OR PRIOR TO IT?
A: NO, BUT IT IS POSSIBLE THAT I MAY HAVE SEEN HIM DURING DIABETIC SCREENINGS FOR POTENTIAL FOOT PROBLEMS.
- Q: WERE YOU PRESENT IN THE ER WHEN MR. MUHYI WAS TREATED?
A: NO
- Q: WHO WERE THE OFFICERS IN CHARGE OF THE 344th DURING YOUR TIME THERE?
A: COMMANDER WAS COL b(6), b(7)(C) RETIRED NOW
DEPUTY COMMANDER WAS COL b(6), b(7)(C) FT. CARSON, COLORADO NOW
- Q: WHO WAS IN CHARGE OF FIELDING CALLS FROM THE MEDICS?
A: THE EMERGENCY DEPARTMENT
- Q: WERE THE DETAINEES REQUIRING INSULIN / DIABETES TRACKED AT THE HOSPITAL?
A: YES
- Q: HOW WERE THEY TRACKED?
A: I KNOW THAT LIST WERE KEPT
- Q: DO YOU CURRENTLY POSSESS A COPY OF THE SOP USED AT THE HOSPITAL?
A: NO, NOT TO MY KNOWLEDGE

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

Q: Did you ever work with CPT b(6), b(7)(C)?

A: NOT DIRECTLY, SHE WAS ASSIGNED TO THE 344th NURSING STAFF

Q: When was the last time you spoke with CPT b(6), b(7)(C)?

A: I SAID "HELLO" TO HER IN JANUARY 2009 WHILE PASSING HER AT THE FUNERAL OF MAJOR b(6), b(7)(C) IN PHILADELPHIA

Q: Were you aware of the medical attempts to have Mr. Muhi transported to the hospital?

A: I DID HEAR ABOUT THEIR ATTEMPTS AFTER THE INCIDENT, BUT NOT FROM ANYONE DIRECTLY INVOLVED, THAT I AM AWARE

Q: What was the process for triaging detainees prior to being transported to the hospital?

A: I DO NOT KNOW

Q: Was there an SOP in place for treating insulin dependent detainees, and if so what was it?

A: I FEEL CERTAIN THAT AN SOP WAS IN PLACE, HOWEVER, I DO NOT KNOW OF IT I KNOW THAT ALL PATIENTS AND THEIR DIAGNOSES WERE TRACKED

Q: Do you know the reason why an investigation was initiated on Mr. Muhi's death?

A: ONE REASON WAS BECAUSE HE DIED. THE OTHER REASON WAS TO TRY TO DISCOVER WHY HE DID NOT RECEIVE INSULIN. THIS IS WHAT I WAS TOLD

Q: Do you have any knowledge of any wrongdoing by CPT b(6), b(7)(C) or other medical staff during the treatment of Mr. Muhi?

A: NOT TO MY KNOWLEDGE

Q: Do you know the names of any of the medical staff that was on duty or treated Mr. Muhi at the time of his death?

A: I DO NOT KNOW WHO WAS PRESENT AT THE TIME

Q: Do you have anything else you wish to add to this statement?

A: NO /// END OF STATEMENT /// b(6), b(7)(C)

STATEMENT OF TAKEN AT **b(6), b(7)(C)**

0050-06-CID 789-78461
DATED 19 Mar 07 CONTINUED:

NOT

USED

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

I, **b(6), b(7)(C)** DAVIT

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 day of 19 Mar 07

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

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

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

10 USC 936

(Authority To Administer Oaths)

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

PAGE 3 OF 3 PAGES

ACLU DDII CID ROI 31924

29
40

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0011-09-CID352

PAGE 1 OF 2 PAGES

On 9 Feb 09, this office received a Request For Assistance from the Camp Cropper CID Office, Camp Cropper, Iraq, requesting this office locate and interview Ms. (MAJ (RET.)) **b(6), b(7)(C)** **b(6), b(7)(C)** Stony Brooke University Hospital, Long Island, NY, in reference to her knowledge of the death of Mr. Talib Umar MUHYI, who died while in custody at the Abu Ghraib Central Confinement Facility.

About 1100, 10 Mar 09, SA **b(6), b(7)(C)** interviewed Ms. **b(6), b(7)(C)** who stated she was one of the Army nurses working in Abu Grahb with CPT **b(6), b(7)(C)** and described CPT **b(6), b(7)(C)** as an excellent nurse with great experience and excellent medical skills. Ms. **b(6), b(7)(C)** remembered working on the day shift and attempting to resuscitate the person in question Mr. MUHYI. Mr. MUHYI, she believed was a new prisoner out of Camp BUCCA, Mr. MUHYI, came into the Emergency Room already dead and the Cardiopulmonary (CPR) protocol was started on Mr. MUHYI in an attempt to resuscitate. Ms. **b(6), b(7)(C)** also remembered the Doctors continued the CPR Protocol, which was longer than usual, ordered the intravenous medications, which were administered and met with negative results. Mr. MUHYI was pronounced dead by the doctor in-charge.

Ms. **b(6), b(7)(C)** remembered that CPT **b(6), b(7)(C)** worked during the night shift but their respective shift hours did not overlapped. Ms. **b(6), b(7)(C)** stated she did not know what happened to Mr. MUHYI before she admitted him to the ER. Ms. **b(6), b(7)(C)** also stated she never heard that CPT **b(6), b(7)(C)** denied his transfer to the ER three times and never read any medical documents showing there was medical malpractice on behalf of CPT **b(6), b(7)(C)**. As far as she knows she didn't see or read any wrong doing by CPT **b(6), b(7)(C)** or any other medical personnel. Ms. **b(6), b(7)(C)** stated there was a protocol or Standard Operating of Procedures (SOP) for transferring patients out of the detention facility (The Wire) and she believed they were followed. Ms. **b(6), b(7)(C)** also stated she didn't remember their names but there was a Medical staff permanently assigned to the Wire or Detention Facility. These medical personnel never rotated to her ER. Ms. **b(6), b(7)(C)** stated she never heard about an AR 15-6 Investigation and didn't remember being interviewed by CID or any other investigative entity. Ms. **b(6), b(7)(C)** stated the regulation stated all deaths, including enemy combatants or prisoners, had to be reported to the immediate CID Office. Ms. **b(6), b(7)(C)** stated the Commander COL **b(6), b(7)(C)** and the Chief of Nurses LTC **b(6), b(7)(C)** by US Army regulation, were responsible for all reports to CID and/or any other investigations. Ms. **b(6), b(7)(C)** also recommended looking for the rosters located inside the ER and the wire. Ms. **b(6), b(7)(C)** didn't remember by name the personnel that worked that day, she remembered there was an anesthesiologist, doctors, various nurses, medics and US Navy corpsmen.

Ms. **b(6), b(7)(C)** further stated their medics were highly trained and with experience, capable of making life and death decisions. In this case it was the transferring of the detained Mr MUHYI, especially if he had a life threatening condition. Ms. **b(6), b(7)(C)** never heard about the allegation that CPT **b(6), b(7)(C)** denied the transfer of Mr. MUHYI nor that she did not follow their medical protocol. Ms. **b(6), b(7)(C)** personal and professional believe was, the medical personal assigned to the Wire had the authority to transfer, if their medical staff thought it was life threatening their duty was to

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA b(6), b(7)(C)		Ft Hamilton CID Office, Ft Hamilton, NY 11252	
SIGN b(6), b(7)(C)		DATE	EXHIBIT
		10 Mar 09	30 41

CID FORM 94-E

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Law Enforcement Sensitive

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0011-09-CID352

PAGE 2 OF 2 PAGES

transfer the patient and with no need of authorization from CPT **b(6), b(7)(C)** it happened all the time; the medical staff constantly made decisions especially when saving lives. Ms **b(6), b(7)(C)** couldn't provide further names or details. Ms **b(6), b(7)(C)** further stated she worked that day like every other day in Iraq and never saw or knew something was done wrong to any of their patients. Ms **b(6), b(7)(C)** also stated it was very hard to believe CPT **b(6), b(7)(C)** denied treatment to a patient. She treated all patients the same, including enemy combatants and detainees. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA b(6), b(7)(C)		Ft Hamilton CID Office, Ft Hamilton, NY 11252	
SIGN b(6), b(7)(C)		DATE	EXHIBIT
		10 Mar 09	38 41

CID FORM 94-E

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 Information Security

AGENT'S INVESTIGATION REPORT ROI NUMBER 0050-06-CID789-78461

CID Regulation 195-1 PAGE 1 OF 1 PAGE

DETAILS

About 1400, 7 Jan 10, SA **b(6), b(7)(C)** received the Armed Forces Medical Examiner Consultation Report from the Armed Forces Institute of Pathology, Washington, DC. The report reflected the Medical Examiner confirmed the submitted cause and manner of death in that Mr. MUHYI's cause of death was diabetes mellitus and the manner of death was natural. (See Report) ///LAST ENTRY///

b(6), b(7)(C), b(7)(F) FREQUENCY NUMBER ORGANIZATION
Special Agent **b(6), b(7)(C)** 315th Military Police Detachment (CID)
Camp Liberty, Iraq, APO AE 09342

SIGNATURE DATE EXHIBIT
b(6), b(7)(C) 7 Jan 10 31

ACLU DDII CID ROI 31927

Exhibit(s) 32

Pages 000214 thru 000215 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31928



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

REPLY TO
ATTENTION OF

Office of the Armed Forces
Medical Examiner

3009628 - 03

Muhyi, Talib
NO SSN

Department of the Army
Camp Cropper CID Office
24th/348th MP Detachment
APO AE 09342

(b)(6)
12/18/2009

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
CID Report 0050-2006-CID789-78461

1. Materials reviewed: CID Report of Investigation that includes witness statements, medical records, an Overseas Certificate of Death, a toxicology report by the AFIP Division of Forensic Toxicology, and an autopsy report by the Office of the Armed Forces Medical Examiner.

2. Submitted diagnosis: Complications of Diabetes Mellitus (Diabetic Ketoacidosis), Natural.

3. Circumstances: This 24 year-old Iraqi detainee at Abu Ghraib prison was transported to the Emergency Trauma Room (ETR), 344th Field Medical Hospital after having no urine output for two days. He was unresponsive on arrival. Resuscitation was attempted, but he was pronounced dead after resuscitation efforts were unsuccessful.

His past medical history was significant for Type I insulin dependent diabetes mellitus. The witness statements forwarded with the Report of Investigation indicate that attempts were made to transport him on two occasions on the days before his death after he developed an elevated blood glucose. On both occasions, the nursing supervisor reportedly denied permission for the detainee to be transported.

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ACLU DDII CID ROI 21029 32

Muhyi, Talib

3009628 - 03

4. Autopsy findings: Congestion of internal organs; bilateral mild serous effusions of chest cavities; mild serous ascites; focal small abrasion, left face; no significant trauma; and microscopic changes of the kidneys consistent with diabetic glomerulosclerosis.

5. Toxicology: Negative for ethanol and screened drugs of abuse and medications.

Blood acetone - 29 mg/dL; blood 2-propanol - 17 mg/dL; vitreous acetone 42 mg/dL and vitreous 2-propanol - trace.

6. Other studies/pertinent information: This case is also identified as Office of the Armed Forces Medical Examiner case

(b)(6)

The postmortem HgBA1C was 10.4%.

Conclusion: Based on the information available, the Office of the Armed Forces Medical Examiner confirms the submitted cause of death as diabetes mellitus, and confirms the manner of death as natural. The death of this individual was entirely due to a natural disease, diabetes mellitus. The classification of manner of death by medical examiners is a medical classification. Although his death may have been preventable, and there may have been negligence in failing to prevent the death, the classification of the manner of death is unchanged.

(b)(6)

(b)(6)

Medical Examiner

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ACLU DDII CID ROI 31930 ^{Exhibit 32}

AGENTS INVESTIGATIVE REPORT CID Regulation 195-1	ROI NUMBER 0050-06-CID789-78461
	PAGE 1 OF 1 PAGES

DETAILS:

On 24 Nov 09, a copy of all investigative documentation pertaining to this matter was provided to Dr. **b(6), b(7)(C)** Deputy Medical Examiner, Armed Forces Institute of Pathology (AFIP), Washington, DC 20306, for a consultation to determine if the additional information would have any impact on the previous AFIP findings on the cause and manner of Mr. MUHYI's death.

On 6 Jan 10, this Headquarters received the Consultation Report on Contributor Material from AFIP pertaining to this matter, in which Dr. **b(6), b(7)(C)** confirmed the previous AFIP findings on the cause of Mr. MUHYI's death being diabetes mellitus, and the manner of death being natural (See Consultation Report).

On 7 Jan 10, a copy of all documentation pertaining to this matter was provided to LTC **b(6), b(7)(C)** **b(6), b(7)(C)** SJA, HQUSACIDC, 60110 6th Street, Fort Belvoir, VA 22060, for a legal opinion pertaining to possible Negligence by CPT **b(6), b(7)(C)**

On 26 Jan 10, LTC **b(6), b(7)(C)** provided a legal opinion pertaining to this matter, in which she opined CPT **b(6), b(7)(C)** had not committed the offense of Negligent Homicide as alleged in the DoDIG Hotline Complaint (See Legal Opine of LTC **b(6), b(7)(C)**)

On 29 Jan 10, CW5 **b(6), b(7)(C)** Chief, Current Operations, directed ROI 0050-06-CID789-78461 be re-opened and the manner of death be reflected as Natural.

//////////////////////////////////**LAST ENTRY**//////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA b(6), b(7)(C), b(7)(F)		ORGANIZATION G-3, HQUSACIDC FORT BELVOIR, VA 22060	
SIGNATURE b(6), b(7)(C)	DATE 2 Feb 10	EXHIBIT 33	

CID FO

Exhibit(s) 32

Pages 000217 thru 000218 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31932



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

REPLY TO
ATTENTION OF

Office of the Armed Forces
Medical Examiner

3009628 - 03

Muhyi, Talib
NO SSN

Department of the Army
Camp Cropper CID Office
24th/348th MP Detachment
APO AE 09342

(b)(6)

12/18/2009

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
CID Report 0050-2006-CID789-78461

1. Materials reviewed: CID Report of Investigation that includes witness statements, medical records, an Overseas Certificate of Death, a toxicology report by the AFIP Division of Forensic Toxicology, and an autopsy report by the Office of the Armed Forces Medical Examiner.

2. Submitted diagnosis: Complications of Diabetes Mellitus (Diabetic Ketoacidosis), Natural.

3. Circumstances: This 24 year-old Iraqi detainee at Abu Ghraib prison was transported to the Emergency Trauma Room (ETR), 344th Field Medical Hospital after having no urine output for two days. He was unresponsive on arrival. Resuscitation was attempted, but he was pronounced dead after resuscitation efforts were unsuccessful.

His past medical history was significant for Type I insulin dependent diabetes mellitus. The witness statements forwarded with the Report of Investigation indicate that attempts were made to transport him on two occasions on the days before his death after he developed an elevated blood glucose. On both occasions, the nursing supervisor reportedly denied permission for the detainee to be transported.

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ACLU/DDII CID ROI 31933

Exhibit 32
000217

Muhyi, Talib

3009628 - 03

4. Autopsy findings: Congestion of internal organs; bilateral mild serous effusions of chest cavities; mild serous ascites; focal small abrasion, left face; no significant trauma; and microscopic changes of the kidneys consistent with diabetic glomerulosclerosis.

5. Toxicology: Negative for ethanol and screened drugs of abuse and medications.

Blood acetone - 29 mg/dL; blood 2-propanol - 17 mg/dL; vitreous acetone 42 mg/dL and vitreous 2-propanol - trace.

6. Other studies/pertinent information: This case is also identified as Office of the Armed Forces Medical Examiner case ME06-0246

The postmortem HgBA1C was 10.4%.

Conclusion: Based on the information available, the Office of the Armed Forces Medical Examiner confirms the submitted cause of death as diabetes mellitus, and confirms the manner of death as natural. The death of this individual was entirely due to a natural disease, diabetes mellitus. The classification of manner of death by medical examiners is a medical classification. Although his death may have been preventable, and there may have been negligence in failing to prevent the death, the classification of the manner of death is unchanged.

(b)(6)

(b)(6)

Medical Examiner

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ACLU DDII CID ROI 31934

EXHIBIT 32

000218

AGENTS INVESTIGATIVE REPORT CID Regulation 195-1	ROI NUMBER 0050-06-CID789-78461
	PAGE 1 OF 1 PAGES

DETAILS:

On 24 Nov 09, a copy of all investigative documentation pertaining to this matter was provided to Dr. **(b)(6), b(7)(C)** Deputy Medical Examiner, Armed Forces Institute of Pathology (AFIP), Washington, DC 20306, for a consultation to determine if the additional information would have any impact on the previous AFIP findings on the cause and manner of Mr. MUHYI's death.

On 6 Jan 10, this Headquarters received the Consultation Report on Contributor Material from AFIP pertaining to this matter, in which Dr. **(b)(6), b(7)(C)** confirmed the previous AFIP findings on the cause of Mr. MUHYI's death being diabetes mellitus, and the manner of death being natural (See Consultation Report).

On 7 Jan 10, a copy of all documentation pertaining to this matter was provided to LTC **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** SJA, HQUSACIDC, 60110 6th Street, Fort Belvoir, VA 22060, for a legal opinion pertaining to possible Negligence by CPT **(b)(6), b(7)(C)**.

On 26 Jan 10, LTC **(b)(6), b(7)(C)** provided a legal opinion pertaining to this matter, in which she opined CPT **(b)(6), b(7)(C)** had not committed the offense of Negligent Homicide as alleged in the DoDIG Hotline Complaint (See Legal Opine of LTC **(b)(6), b(7)(C)**).

On 29 Jan 10, CW5 **(b)(6), b(7)(C)** Chief, Current Operations, directed ROI 0050-06-CID789-78461 be re-opened and the manner of death be reflected as Natural.

//////////////////////////////////////**LAST ENTRY**//////////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), b(7)(C), b(7)(F)		ORGANIZATION G-3, HQUSACIDC FORT BELVOIR, VA 22060	
SIGNATURE (b)(6), b(7)(C)	DATE 2 Feb 10	EXHIBIT 33	

CID FOR

Exhibit(s) 34

Pages 000220 thru 000221 referred to:

COMMANDER
USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY ROAD, 2ND FLOOR
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 31936



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

REPLY TO
ATTENTION OF

Office of the Armed Forces
Medical Examiner

3009628 - 03

Muhyi, Talib
NO SSN

Department of the Army
Camp Cropper CID Office
24th/348th MP Detachment
APO AE 09342

(b)(6)

12/18/2009

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL
CID Report 0050-2006-CID789-78461

1. Materials reviewed: CID Report of Investigation that includes witness statements, medical records, an Overseas Certificate of Death, a toxicology report by the AFIP Division of Forensic Toxicology, and an autopsy report by the Office of the Armed Forces Medical Examiner.

2. Submitted diagnosis: Complications of Diabetes Mellitus (Diabetic Ketoacidosis), Natural.

3. Circumstances: This 24 year-old Iraqi detainee at Abu Ghraib prison was transported to the Emergency Trauma Room (ETR), 344th Field Medical Hospital after having no urine output for two days. He was unresponsive on arrival. Resuscitation was attempted, but he was pronounced dead after resuscitation efforts were unsuccessful.

His past medical history was significant for Type I insulin dependent diabetes mellitus. The witness statements forwarded with the Report of Investigation indicate that attempts were made to transport him on two occasions on the days before his death after he developed an elevated blood glucose. On both occasions, the nursing supervisor reportedly denied permission for the detainee to be transported.

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ACLU DDII CID ROI 31937

EXHIBIT 34

000220

Muhyi, Talib

3009628 - 03

4. Autopsy findings: Congestion of internal organs; bilateral mild serous effusions of chest cavities; mild serous ascites; focal small abrasion, left face; no significant trauma; and microscopic changes of the kidneys consistent with diabetic glomerulosclerosis.

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6. Other studies/pertinent information: This case is also identified as Office of the Armed Forces Medical Examiner case ME06-0246

The postmortem HgBA1C was 10.4%.

Conclusion: Based on the information available, the Office of the Armed Forces Medical Examiner confirms the submitted cause of death as diabetes mellitus, and confirms the manner of death as natural. The death of this individual was entirely due to a natural disease, diabetes mellitus. The classification of manner of death by medical examiners is a medical classification. Although his death may have been preventable, and there may have been negligence in failing to prevent the death, the classification of the manner of death is unchanged.

(b)(6)

(b)(6) Medical Examiner

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ACLU DDII CID ROI 31938

Exhibit 35

Page(s) 000222 and 000223 referred to:

Office of the Judge Advocate General
ATTN: DAJA-ZX
Pentagon Room 2B514
2200 Army Pentagon
Washington, DC 20310-2200

ACLU DDII CID ROI 31939

(b) (5)

22 January 2010

(b) (5)



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ACLU DDII CID ROI 31940

EXHIBIT 35

(b) (5)



(b) (6)



LTC. JA
Staff Judge Advocate