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~~Law Enforcement Sensitive~~

DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Cropper CID Office, Baghdad, IZ APO AE 09342

05 Aug 2006

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0056-2006-CID789-78462 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 30 MAR 2006, 0500 - 30 MAR 2006, 0540; 344TH FIELD MEDICAL HOSPITAL,
BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF), ABU GHRAIB, IRAQ

DATE/TIME REPORTED: 30 MAR 2006, 0525

INVESTIGATED BY:

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

SA

SA

SUBJECT:

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

VICTIM:

1. LOHAYBI, MONDER MAHMOUD ABDULKADERAL (DECEASED) ; 1 JAN
1944; 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 30 Mar 06, this office was notified by SSG (b)(6), (b)(7)(C) 344TH Field
Medical Hospital (FMH) Abu Ghraib, Iraq (AGI) of a detainee death.

Investigation revealed LOHAYBI was transported to the emergency room after being found
unresponsive. Upon arrival at the emergency room, LOHAYBI died a natural death as a result of
Hypertrophic and Arteriosclerotic Cardiovascular Disease.

1

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ACLU DDII CID ROI 31942

STATUTES:

N/A

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 30 Mar 06, detailing the initial notification; collection of detainee records of LOHAYBI; interview of medical personnel; collection of preliminary death certificate and medical records.
2. Photographic Packet comprised of 7 photographs. (LOHAYBI)
 - a. Packet containing photographs 1-7.
3. Personal Data Report (PDR) pertaining to LOHAYBI, 4 Oct 04.
4. Medical Records and Preliminary Death Certificate pertaining to LOHAYBI, various dates.
5. AIR of SA (b)(6), (b)(7)(C) Aberdeen Proving Ground Resident Agency (CID), Aberdeen Proving Ground, MD 21005, 11 Apr 06, detailing the receipt of the Request for Assistance and attending the autopsy.
6. Compact Disc containing the images of the autopsy of LOHAYBI (USACRC and file copy only).
7. AIR of SA (b)(6), (b)(7)(C) 1 Jul 06, detailing the receipt of the death certificate and final autopsy report pertaining to LOHAYBI.
8. Death Certificate, 20 Apr 06, pertaining to LOHAYBI.
9. Autopsy Report, #ME06-0293, 26 Jun 06, pertaining to LOHAYBI.
10. Compact Disc 060056.789 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, 5 through 7 and 10 are forwarded with the USACRC copy of this report. The original of Exhibit 3 is retained in the database of Task Force 134, Camp Victory, IZ. The originals of Exhibits 8 and 9 are retained in the files of the Armed Forces Institute of Pathology, 1413 Research Blvd., Building 102, Rockville, MD. The original of Exhibit 4 is retained in the files of the Patient Administration Systems and Biostatistics Activity, 1216 Stanley Road, Suite 25, Fort Sam Houston, TX 78234.

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 [REDACTED]
Special Agent

(b)(6), (b)(7)(C)
[REDACTED]
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 - PMO, MNC-I, ATTN: COL (b)(6), (b)(7)(C) Al Faw Palace, Camp Victory, IZ 09342 (e-mail only, less exhibits)
- 1 - CDR, 96th MP BN, Camp Cropper, Iraq APO AE 09342 (e-mail only, less exhibits)
- 1 - CDR, Camp Cropper, Iraq APO AE 09342 (e-mail only, less exhibits)
- 1 - SJA, Camp Cropper, IRAQ APO AE 09342 (e-mail only, less exhibits)
- 1 - AFIP, Dover Port Mortuary, Dover AFB, DE (e-mail only, less exhibits)
- 1 - SAC, Camp Cropper CID Office, Camp Cropper, Iraq APO AE 09342
- 1 - CDR, MNF-I, TF 134, Camp Victory, IZ 09342 (e-mail only, less exhibits)
- 1 - FILE

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AGENT'S INVESTIGATIVE REPORT
CID Regulation 195-1

ROI NUMBER 0056-06-CID789-78462

Page 1 of 1 pages

BASIS FOR INVESTIGATION:

About 0525, 30 Mar 06, this office was notified by SSG (b)(6), (b)(7)(C) 344TH Field Medical Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI), that Detainee Monder Mahmoud Abdulkader Al LOHAYBI, Internment Serial Number (ISN) (b)(6), (b)(7)(C) had died at the hospital.

About 0600, 30 Mar 06, SA (b)(6), (b)(7)(C) verified and exposed photographs of the body of Detainee LOHAYBI. (See Photographic Packet for details)

About 0745, 30 Mar 06, SA (b)(6), (b)(7)(C) interviewed MAJ (DR) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 344th Field Medical Hospital, BCCF, AGI. MAJ (b)(6), (b)(7)(C) stated LOHAYBI had been admitted due to unresponsiveness after guards in the camp called trauma. MAJ (b)(6), (b)(7)(C) stated after LOHAYBI's arrival at the hospital, they began Advanced Cardiac Life Support (ACLS) consisting of Cardio Pulmonary Resuscitation (CPR), intubation, and administering medications and defibrillation. At 0540, 30 Mar 06, MAJ (b)(6), (b)(7)(C) pronounced LOHAYBI dead and related the preliminary cause of death was Cardio Pulmonary Arrest.

AGENT'S COMMENT: Although notified at 0525, 30 Mar 06, of LOHAYBI's death, he was not pronounced dead until 0540, 30 Mar 06.

About 0830, 30 Mar 06, SA (b)(6), (b)(7)(C) obtained the Personal Data Report (PDR) of LOHAYBI from the Biometrics Automated Toolset System (BATS), BCCF, AGI. (See PDR for details)

About 1400, 30 Mar 06, SA (b)(6), (b)(7)(C) coordinated with SSG (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Patient Administration Division, 344th Medical Field Hospital, BCCF, AGI, and obtained the medical records and preliminary death certificate pertaining to LOHAYBI. (See Medical Records and Death Certificate for details)/// Last Entry///

TYPED NAME SEQUENCE NUMBER
SA (b)(6), (b)(7)(C), (b)(7)(F)

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

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

DATE
30 Mar 06

EXHIBIT

2

CID FORM 94-E
(Automated)

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ACLU-RDI CID ROI 31946

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

0056-06-CID789-78462



PHOTOGRAPH PACKET



NUMBER

DESCRIPTION OF PHOTOGRAPHS

1-7

Photographs depicting head to feet views of detainee.

EXHIBIT 2

ACLU DDII CID ROI 31947

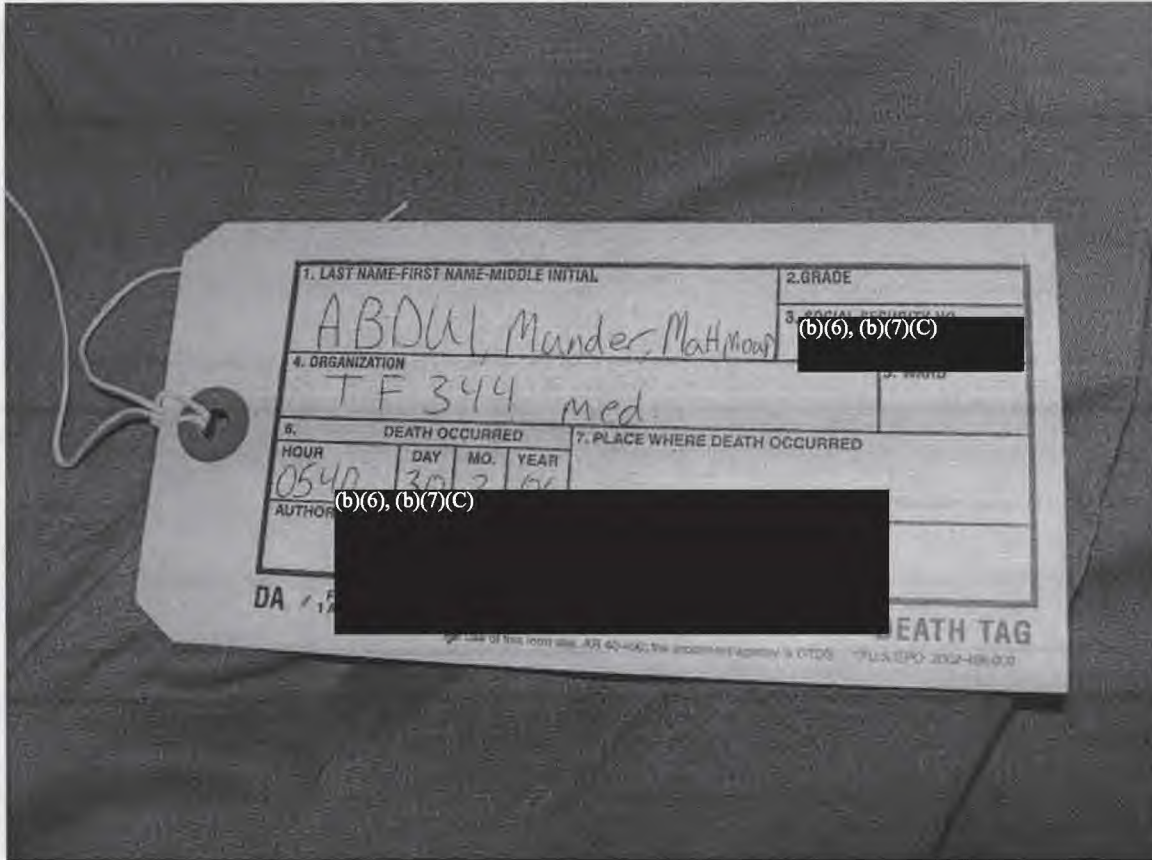


PHOTO 1

EXHIBIT 2

ACLU DDII CID ROI 31948

Law Enforcement Sensitive - For Official Use Only

0056 06 CID 789 78462

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {A9FB09FB-3B9B-4F95-8258-2FC418510258}
Enroll Date: 10/4/2004 12:02:02 PM
Enrollment Station: USA:LTO::
Person Type:
Title:
Name (F,M,L,T): MONDER MAHMOUD ABDULKADER AL LOHAYBI ()



Full Name:
WMD Category:
Operational Status:
Occupation: HOUSE DEALER
National ID #: (b)(6), (b)(7)(C)

ON ALERT? YES
ATTACK ON COALITION FORCES

Gender: MALE
Race: MIDDLE EAST
Hair Color: BLACK
Eye Color: BLACK
Build:
Height (in): Min: 70 Max:
Weight (lb): Min: 160 Max:

PERSONAL DATA

Birthdate: 01JAN1944
Death Date:
Religion: ISLAM-SUNNI
Primary Nationality: IRAQ
2nd Nationality:
Ethnicity: ARAB
Marital Status: MARRIED
Personnel Status: UNKNOWN

ALIASES

PLACE OF BIRTH

Birthplace: BAGHDAD, , , IRAQ

ID NUMBERS

ID Number Type ID Number

CAP TAG B371

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ACLU RDI CID ROI 31956

EXHIBIT 3

0056 06 CID 789 78462

CAPTURE INFORMATION

Evacuation Date: MP Number: 32831
Capture Date: 221856ZMAY2004 Capture Unit: 1 CAV
Place: IRAQ, , MANSOUR, ,
Documents: TWO IRAQI PROPAGANDA PAPERS
Circumstances: Circumstances: SUSPECTED OF FINANCING ATTACKS ON COALITION Capture Place: MB39128724 MANSOUR
Weapons/Equip: (1) 9mm PISTOL

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: SPEAKS SOME ENGLISH

ADDRESSES

To: PRESENT
From: IRAQ
BAGHDAD, BAGHDAD, BAGHDAD, AL MANSUR,
Comments:

EMPLOYMENT HISTORY

- PRESENT; SELF-EMPLOYED; REALSTATE; RENTS RESIDENCES AND BUSINESS BUILDINGS; NONE; ; IRAQ; ; ; MONSOUR, BAGHDAD;

MILITARY SERVICE HISTORY

PHONE NUMBERS

Type Intl Area Code Phone # Ext

VEHICLE INFORMATION

RELATIVES

Relation First Middle Last Maiden Birthdate
Daughter HAFSA AL LAHIBY
Residence: AL MANSUR BAGHDAD IRAQ
Occupation:
Age/Descr:
Dossier #:

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EXHIBIT 3
ACLU DDII CID ROI 31957
LAW ENFORCEMENT SENSITIVE

0056 06 CID789 78462

Father (b)(6), (b)(7)(C)
 Residence (b)(6), (b)(7)(C)
 Occupation:
 Age/Descr:
 Dossier #:

Mother (b)(6), (b)(7)(C)
 (b)(6), (b)(7)(C)
 Residence (b)(6), (b)(7)(C)
 Occupation:
 Age/Descr:
 Dossier #:

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 LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31958

EXHIBIT 3

Exhibit(s) 4

Page(s) 000017 thru 000065 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROI 31959

163353

(b)(6)

0056 06 CID789 78462

Insulin Lantus 20u 1700 - sliding scale
Reg.

NONE

As per Bucca.

(b)(6)

Time trauma
called
4:43

Time trauma arrived @
Remem.
4:55

Time trauma left Remem.
5:04

Time arrived @ ETR
~ 5:07

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 4
ACLU DDII CID ROI 31960

| | | | |
|----------------|--|--------------|-----------------------|
| MEDICAL RECORD | EMERGENCY CARE AND TREATMENT (Patient) | LOG NUMBER | TREATMENT FACILITY |
| | | TF 344TH MED | RECORDS MAINTAINED AT |

| | | | | |
|--|--|----------|----------------------------|------|
| PATIENT'S HOME ADDRESS OR DUTY STATION | | | ARRIVAL | |
| STREET ADDRESS ABU GHRAIB | | | DATE (Day, Month, Year) | TIME |
| CITY | | | 30 Mar 06 | 0500 |
| STATE | | ZIP CODE | TRANSPORTATION TO FACILITY | |
| | | | Trauma | |

| | | | | | | | |
|----------|------------------|--------|-------------------------------|-----|----|---------------------------|------|
| SEX M | DUTY/LOCAL PHONE | | MILITARY STATUS | | | THIRD PARTY INSURANCE | |
| | AREA CODE | NUMBER | ITEM | YES | NO | N/A | ITEM |
| 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 | |
| 64. Iantus | ITEM | YES | NO | WHEN (Date) | DATE LAST VISIT |
| | | | | | 24 HOUR RETURN |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ALLERGIES | IS THIS AN INJURY? | | | WHERE | TETANUS |
| unk. | INJURY/SAFETY FORMS | | | HOW | DATE LAST SHOT |
| | | | | | COMPLETED INITIAL SERIES |
| | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

CHIEF COMPLAINT: Vomiting / ~~HR~~ in unresponsiveness

| | | | |
|--|----------------|-------------|--|
| CATEGORY OF TREATMENT | | VITAL SIGNS | |
| <input checked="" type="checkbox"/> EMERGENT | TIME | TIME | |
| <input type="checkbox"/> URGENT | 0500 | BP | |
| <input type="checkbox"/> NON-URGENT | INITIAL (b)(6) | 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 |
| | | | | | |
| | | | | | |

| | | |
|--|--|--------------------------------|
| 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. | |
| MODIFIED DUTY UNTIL | RETURN TO DUTY | |

| | | | | |
|--|-----------------------|--|----|------|
| CONDITION UPON RELEASE | ADMIT TO UNIT/SERVICE | REFERRED | TO | WHEN |
| <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED | | | | |
| <input type="checkbox"/> DETERIORATE | TIME OF RELEASE | I have received and understand these instructions. | | |
| PATIENT'S SIGNATURE | | | | |

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

163353

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EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

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

ACLU DDII CID ROI 31961 EXHIBIT 4

| | | | | | | |
|---------------------------|------|--|--------------------|-------|------------|---|
| MEDICAL RECORD | | EMERGENCY CARE AND TREATMENT (Doctor) | | | | TIME SEEN BY PROVIDER |
| TEST RESULTS | | | | | | |
| WBC | SMAC | ABG/PULSE OX | | | RADIOLOGY | Check if read by radiologist <input type="checkbox"/> |
| H/H | | SUP O2 | PH | PO2 | RESULTS | 14/105/12 (85) |
| PLT | | PCO2 | SAT | OTHER | 3.1/25/0.8 | |
| PT | | DIP | EKG INTERPRETATION | | | 13.9 Hb 3.1 |
| APTT | BHCG | ETOH | GLU | MICRO | 13.9 | 245 |
| PROVIDER HISTORY/PHYSICAL | | | | | | |

62 yo M to ER noted to be unresponsive - CPR in progress. Airway & IV established. Meds (current) Insulin. PPH 1 DDM + Tab Hx.

Unresponsive. Pupils fixed, dilated. No HR / BP. Asystole on monitor. Glucometer 62 mg/dl upon arrival.

Intubated @ 7:55 BT - 22 on 5 BS (wagged) apical - ACLS performed. Given total 3 mg IV epi, 1 mg Atropine, 1 Amp NaHCO3, 1 Amp D50, 1 gm MgSO4. Attempted TUP response. Pt remained Asystole / PEA. At 5:23 (see RN notes for details) -> PEA vs Fine V-sib -> defib x 3 J & A.

| CONSULT WITH | TIME | ACTION | RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP |
|----------------|------|-------------------------------------|--|
| ACLS continued | | Time of expiration 05:40 pronounced | |
| | | | |
| | | | |

PROVIDER SIGNATURE AND STAMP
(b)(6)

DIAGNOSIS
Cardiovascular Arrest

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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ACLU DDII CID ROI 31962 4

INPATIENT TREATMENT RECORD COVER SHEET

CID 789 78462

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

| | | | | | | | |
|---|------------------------|--|---------------------------|--|------------------------------|-------------|-------------------|
| 1. Register Nbr 0000937 | | 2. Name ABDUL MUNDER | | | 3. Grade FGN | | Admission Remarks |
| 4. Sex M | 5. Age 62Y | 6. Race UNK | 7. Religion UNKNOWN | 8. LnthOfSvc | 9. ETS | 10. PrevAdm | |
| 11. FMP 20 | 12. SSN 600-16-3353 | 13. Organization REMEMBRANCE | | | 14. Ward ER | | |
| 15. FlyStatus | | 17. Dept / Ben K78-ENEMY PRISONER OF WA | 18. BranchCorps | 19. UIC / ZIP | 20. Type Case DIS | | |
| 21. Source of Admission Direct from ER | | | 22. Hour Of Adm: 05:00 | 23. Clinic Service AAB - CARDIOLOGY | | | |
| 24. Name/Relation of Emergency Addressee | | | 25. Type Disp CRO/ER | 26. Date of Disp 2006-03-30 | | | |
| 27a. Address of Emergency Addressee | | | 27b. Telephone No | 28. Date This Adm: 2006-03-30 | Admitting Officer: (b)(6) | | |
| 29. Reporting MTF 1381 - TF 344 MED | | | | 30. Date Init Adm | 32. Units Blood Components | | |

31. Selected Administrative Data
 Marital Status: Z DoB: 1944-01-01
 In/Out Patient: Inpatient MOS: 0000

33. Cause Of Injury:
 LoD Status:

34. Diagnosis / Operations and Special Procedures:

SAME AS ADMISSIONS

35. Total Days This Facility

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

35. Total Days This Facility

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

Signature of Attending Medical Officer

(b)(6)

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Signature of RACI or Medical Records Officer

ACLU DDII CID ROI 31963

SSG SEALES, RICHALINE

EXHIBIT 4

000020

| | | | | | |
|---|--|--|--|---|--|
| 1. Reporting MTF 1381 - TF 344 MED | | 2. MTF Location: IZ | | Admission and Coding Information <small>For use of this form, see AR 40-400; the proponent agency is OTSG</small> | |
| 3. Register Number 0000937 | Name (Last, First, MI) ABDUL, MUNDER | | 4. Pay Grade FGN | 5. Sex M | |
| 6. DoB (YYYYMMDD) 1944-01-01 | 7. Age at Admission 62Y | 8. Race UNK | 9. Ethnicity 9 | Religion UNKNOWN | |
| 10. Length of Service ETS | 11. FMP 20 | 12. Social Security Number 600-16-3353 | | | |
| Organization (Active Duty Only) REMEMBRANCE | | 13. Marital Status Z | Hour of Admission 05:00 | 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 Direct from ER | | Ward: ER | Name / Relationship of Emergency Addressee | | |
| | | | Address of Emergency Addressee | | |
| Name and Location of Medical Treatment Facility: 1381 - TF 344 MED; No Installation Provided | | Telephone Number of Emergency Addressee | | | |
| 21. Type of Disposition | 22. MTF Transferred To | 23. Date of Disposition (YYYYMMDD) | | | |
| 24. Clinic Svc - Admitting AAB - CARDIOLOGY | 25. MTF Transferred From | 26. Date this Admission (YYYYMMDD) 2006-03-30 | | | |
| 27. Location of Occurrence | 28. MTF of Initial Admission | 29. Date of Initial Admission | | | |

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: CARDIOPULMONARY ARREST

Procedure Narrative(s):

Cause of Injury Narrative:

LoD Status:

Detainee Nbr:

Admitting Officer (Signature, as required)

(b)(6)

Signature of Admitting Clerk

FOR OFFICIAL USE ONLY DDII CID ROI 31964
LAW ENFORCEMENT SENSITIVE

000021

MEDICAL RECORD-SUPPLEMENTAL MEDICAL TRAUMA

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

OTSG APPROVED (Date)

REPORT TITLE

Emergency Medical Services, 344th Med and 134th Med Co (GA) Abu Ghraib, Iraq 0056 06 CID 789 78462

Name: _____ Time called: 0448 Date: 30 Mar 06

ISN 163353 Time on site: 0448 Team: (b)(6)

Camp: Remembrance Time off site: 0504 Trauma OIC: (b)(6)

Chief Complaint: Vomiting unresponsive

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

Initial Vitals 2nd Vitals 3rd Vitals

Blood Pressure _____ Pulse 0 Respiration Rate 0 Temp _____ SPO2 _____

Past Medical History: Unknown

Allergies: Unknown

Current Medications: Unknown

Assessment: MP had started CPR on arrival. Continued CPR. Patient had no pulse. Regained pulse for 10-15 seconds en route to hospital.

Plan: Continued CPR in ambulance, transported to ETR.

Patient Outcome: Transported to ETR where Pt. died.

Treatment Rendered On Scene/Recommended from trauma OIC: CPR

Final Disposition: RTC _____ Sick call _____ ETR X

Translator Present: Yes _____ No X

MP Support: Yes X No _____

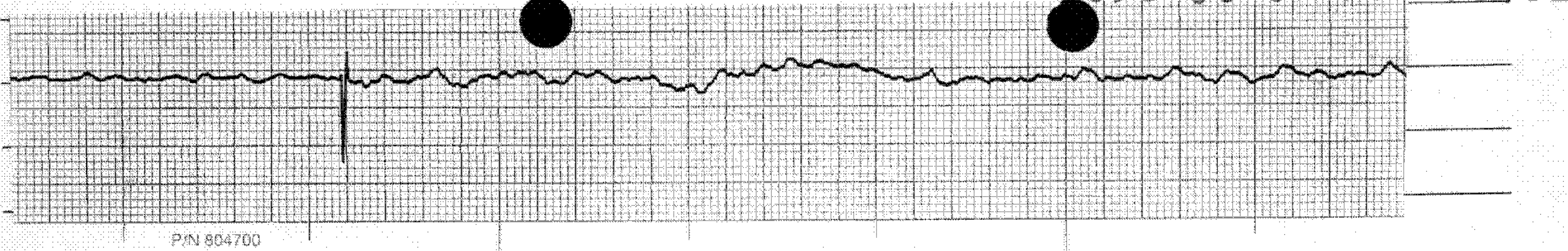
(Continue on reverse)

OPERATED BY (Signature & Title) (b)(6) DEPARTMENT/SERVICE/CLINIC Trauma DATE 30 Mar 06

typed or written entries give: Name - last, first, middle; grade; date; hospital or medical facility)

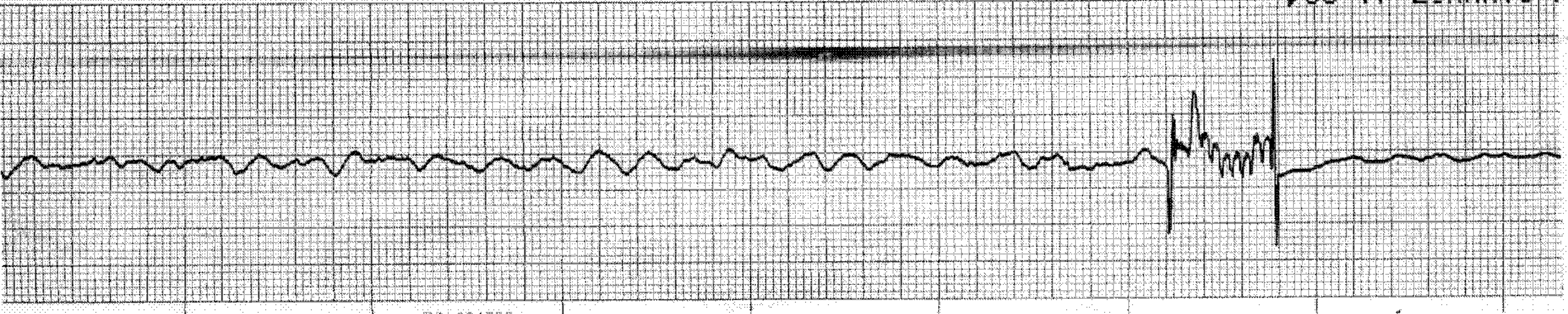
- HISTORY/PHYSICAL FLOW CHART
OTHER EXAMINATION OR EVALUATION OTHER (Specify)
DIAGNOSTIC STUDIES
TREATMENT

FOR OFFICIAL USE ONLY



P/N 804700

05:17 29MAR13

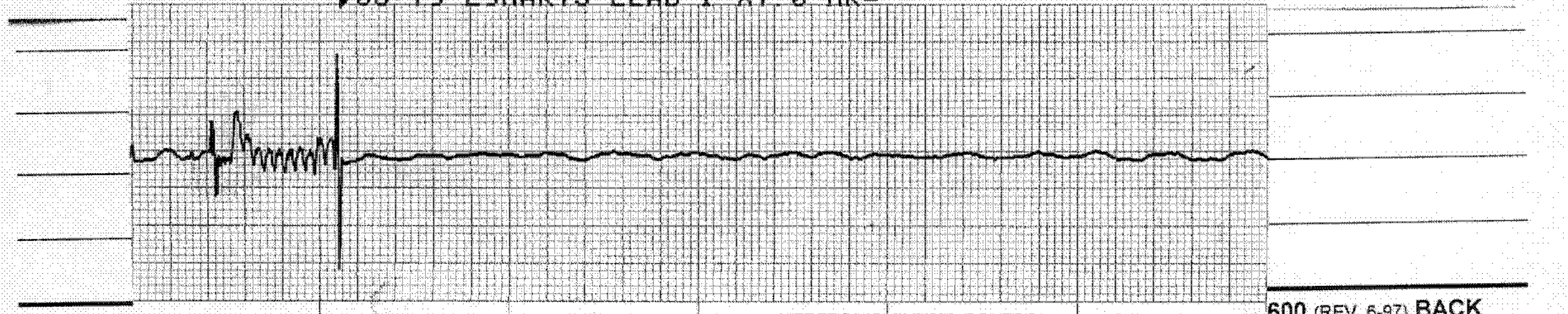


P/N 804700

05:17 29MAR13 LEAD II X1.0 HR----



05:19 29MAR13 LEAD I X1.0 HR----



MEDTRONIC PHYSIO-CONTROL

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

163353

30 MAR 06

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT USE ONLY

ACLU DDII CID ROI 31966

EXHIBIT 4

0056 06 CID 789 78462

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31967 EXHIBIT 4

EMERGENCY RESUSCITATION RECORD

0056 06 CID 789 78 62

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

PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.

1. DATE: 30 MAR 06

2. LOCATION OF RESUSCITATION: Ward: _____

3. PATIENT STATISTICS:

MICU SICU CCU NICU PICU ED PACU OR

Age: 62 Gender: M

Diagnostic/Procedure Area: _____

Height (in): _____

Outpatient Clinic: _____

Weight (lbs): _____ Weight (kg): _____

Other (Specify): _____

4. INITIAL CONDITION:

5. INITIAL RHYTHM:

CONSCIOUS? BREATHING?

Asystole Pulseless Electrical Activity Other: _____

Yes No Yes No

Bradycardia Ventricular Fibrillation

PULSE? Yes No Pulse Site: _____

Perfusing Rhythm Ventricular Tachycardia

WITNESSED ARREST? Yes No Unknown

RETURN OF SPONTANEOUS CIRCULATION (ROSC):

MONITORED AT ONSET? Yes No

Returned at: _____ Never Achieved

Unsustained ROSC: < 20 min > 20 min

TIME CPR STOPPED: _____ DUE TO: ROSC DNR Death

6. IMMEDIATE CAUSE OF ARREST/EVENT: (Check One)

7. RESUSCITATION ATTEMPTED:

8. EVENT TIMES: (The times below are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.) Time (Military)

- Hypotension/Hypovolemia
- Lethal Arrhythmias
- Metabolic
- Myocardial Infarction or Ischemia
- Respiratory Depression
- Trauma
- Unknown
- Other: _____

- YES (Check all that apply)
- Airway Management Cardiac Massage
- Chest Compressions Defibrillation
- NO (Check one)
- False Alarm/Arrest (BLS/ALS not needed)
- Do Not Resuscitate (DNR)
- Pronounced Dead Prior to Resuscitation
- Other: _____

Collapse/Arrest Onset: _____
CPR Started: 0500
1st Defibrillation: 0523
Airway Achieved: 0503
1st Dose Epinephrine: 0503
Code Team Called: Yes No ETR
Code Team Arrived: ETR

9. INTERVENTIONS: (CHECK THOSE IN PLACE AT START OF RESUSCITATION) (CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME) COMMENTS

| (CHECK THOSE IN PLACE AT START OF RESUSCITATION) | (CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME) | COMMENTS |
|--|---|----------|
| <input checked="" type="checkbox"/> IV Access Gauge: 189 Site: B ARM | <input type="checkbox"/> Time(s) / | |
| <input checked="" type="checkbox"/> Endotracheal Tube Size: 7.5 | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Mechanical Ventilation | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Arterial Line | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Central Venous Line | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Pulmonary Artery Catheter | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Nasogastric Tube | <input type="checkbox"/> Time(s) / | |
| <input checked="" type="checkbox"/> Pacing Device (Specify): TCP | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Implantable Defibrillator/Cardioverter | <input type="checkbox"/> Time(s) / | |
| <input type="checkbox"/> Other (Specify): | <input type="checkbox"/> Time(s) / | |

PATIENT DISPOSITION FOLLOWING RESUSCITATION:

PATIENT IDENTIFICATION (For typed or written entries note: Name-last, first, middle initial; grade; DOB; hospital or medical facility)
163353

10. GLASGOW COMA SCALE: (Post-resuscitation) Circle appropriate score for each parameter, then total score.
EYE OPENING
4 - Spontaneously
3 - To voice
2 - To pain
1 - No response
VERBAL RESPONSE
5 - Oriented, converses
4 - Disoriented, converses
3 - Inappropriate responses
2 - Non-comprehensible sounds
1 - No response
MOTOR RESPONSE
6 - Obeys verbal commands
5 - Localizes painful stimulus
4 - Withdraws from pain stimulus
3 - Flexion, decorticate posturing
2 - Extension, decerebrate posturing
1 - No movement
3

FOR OFFICIAL USE ONLY (ACLU DDII CID ROI 31968)

L. LABORATORY RESULTS FORM

(Subject to Privacy Act of 1974)

SSN or ISN:

16335

LAST, FIRST MI (b)(6)

Specimen Date and time:

Signs and Symptoms: CARDIAC ARREST

Physician: ETR Bed:

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

30 MACOL

Reported by: (b)(6)

Date and Time: 03/30 0615

| Chemistry (i-STAT) / Green Top / Syringe | | | | Chemistry (Piccolo)/Green or red/tiger top | | | | Hematology (Purple Top) | | | | | | | |
|--|--------------------|------------------|----------------------|--|------------------------------|----------|-----------------------------|-------------------------|---|-----------|---------------------------|-------------|---------|-----|--|
| Bld Gas | | Bld Gas w/ lytes | | Glu | Crea | Comp Pan | BMP | Hepatic Pan | Lipid Pan | Renal Pan | CBCN (no diff) | CBC | Malaria | H/H | |
| X | TEST | RESULT | REF. RANGE | X | TEST | RESULT | REF. RANGE | X | TEST | RESULT | REF. RANGE | | | | |
| | Na | | 138-146 mmol/L | | ALB | 3.1 | L 3.3-5.5 g/dL | | WBC | 8.2 | 4.8-10.8 x10(3)/uL | | | | |
| | K | | 3.5-4.9 mmol/L | | ALP | 69 | M: 53-128 U/L F: 42-141 U/L | | RBC | 4.42 | 4.2-6.1 x10(6)/uL | | | | |
| | Cl | | 98-109 mmol/L | | ALT | 36 | 10-47 U/L | | Hgb | 13.9 | 12.0-18.0 g/dL | | | | |
| | pH | | 7.35-7.45 | | AMY | | 14-110 U/L | | Hct | 41.4 | L M: 42.0-52.0% F: 37-47% | | | | |
| | PCO2 | | 35-45 mmHg | | AST | 32 | 16-55 U/L | | MCV | 93.7 | 80.0-99.0 fl | | | | |
| | PO2 | | 80-105 mmHg | | Indirect bil (Bu) | | 0-1.1 mg/dL | | MCH | 31.5 | H 27.0-31.0 pg | | | | |
| | TCO2 | | 23-27 mmol/L | | Dbil (Bc) | | 0-0.3 mg/dL | | MCHC | 33.6 | 33.0-37.0 g/dL | | | | |
| | HCO3 | | 22-26 mmol/L | | Tbil | 0.9 | 0.2-1.6 mg/dL | | Pit | 245 | 130-400 x10(3)/uL | | | | |
| | sO2 | | 95-98% | | BUN | 12 | 7-22 mg/dL | | LY% | 61.3 | H 20.0-44.0% | | | | |
| | BEecf | | (-2) - (+3) | | Ca | 9.9 | 8.0-10.3 mg/dL | | LY# | 5.0 | H 0.7-4.3 x10(3)/uL | | | | |
| | AGap | | 8-16 mmol/L | | Chol | | 100-200 mg/dL | | Differential | | | | | | |
| | iCa | | 1.12-1.32 mmol/L | | CK | | M: 39-380 U/L F: 30-190 U/L | | Segs(50-70%) | | Mono(4-10%) | | | | |
| | BUN | | 7-22 mg/dL | | Cl | 105 | 98-108 mmol/L | | Bands(1-10%) | | Eos(0-4%) | | | | |
| | Glu | | 73-118 mg/dL | | TCO2 | 25 | 18-33 mmol/L | | Lymph(20-44%) | | Baso(0-2%) | | | | |
| | Creat | | 0.6-1.3 mg/dL | | Crea | 0.8 | 0.6-1.2 mg/dL | | Atyp Ly | | Immature cells | | | | |
| | Hct | | 38.0-51.0% | | GGT | | 5-65 U/L | | RBC Abn Morph: | | | | | | |
| | Hgb | | 12.0-18.0 g/dL | | Glu | 85 | 73-118 mg/dL | | Pit Abn Morph: | | | | | | |
| | Lactate | | 0.90-1.70 mmol/L | | K | 3.1 | L 3.3-4.7 mmol/L | | WBC Abn Morph: | | | | | | |
| Urinalysis | | | | | Mg | | 1.6-2.3 mg/dL | | Malaria / Purple Top | | | | | | |
| | Color | | Straw/Yellow | | Phosphorus | | 2.2-4.4 mg/dL | | Thin | | No Plasmodium Seen | | | | |
| | Clarity | | Clear | | Tot. Protein | 6.6 | 6.4-8.1 g/dL | | Thick | | No Plasmodium Seen | | | | |
| | Glucose | | Negative | | Na | 141 | 128-145 mmol/L | | Sed Rate / Purple Top | | | | | | |
| | Bilirubin | | Negative | | HDL Chol | | 40-75 mg/dL | | Sed Rate | | 1hr = 0-20 mm | | | | |
| | Ketone | | Negative | | LDL Chol | | 50-129 mg/dL | | Coagulation (Blue Top - Sodium Citrate) | | | | | | |
| | SG | | 1.010-1.025 | | Triglycerides | | 60-149 mg/dL | | PT | 12.5 | 7.0-14.0 sec | | | | |
| | Blood | | Negative | | VLDL | | <30 mg/dL | | APTT | 1.25 | 21.0-50.0 sec | | | | |
| | pH | | 5.0-8.0 | | Chol/HDL Ratio | | ≤ 5 | | INR | 77.3 | 0.5-1.5/therap 2-3 | | | | |
| | Protein | | Negative-Trace | | Rapid Tests (SST or Red Top) | | | | | D Dimer | | Negative | | | |
| | Urobili | | 0.1-1.0 Ehrlich U/dL | | RPR | | Negative | | Cardiac Panel/Purple Top | | | | | | |
| | Nitrite | | Negative | | HCG (or urine) | | Negative | | Myoglobin | | 0-107 ng/mL | | | | |
| | Leuko | | Negative | | Rapid Tests | | | | | CK-MB | | 0-4.3 ng/mL | | | |
| Urine Microscopic | | | | | Strep A | | Negative | | Troponin | | 0.0-0.4 ng/mL | | | | |
| | WBC | | Epi | | Drug Screen (urine) | | Negative | | Hemoglobin S (sickle)/ Purple Top | | | | | | |
| | RBC | | Mucus | | Chlamydia | | Negative | | Hemoglobin S | | Negative | | | | |
| | Bacteria | | Yeast | | Flu A&B | | Negative | | Rapid Tests (Green Top) | | | | | | |
| | Casts: | | Spermatozoa | | C. difficile (stool) | | Negative | | Mono | | Negative | | | | |
| | Crystals: | | Amorph Sed | | O&P (stool) | | No Ova / Parasite | | H.pylori IgG | | Negative | | | | |
| | Other: | | | | OccBld | | Negative | | FOR OFFICIAL USE ONLY | | | | | | |
| | Other lab request: | | | | Wet Mount | | Negative | | ACLU DDII CID ROI 31969 | | | | | | |
| | | | | | KOH | | Negative | | LAW ENFORCEMENT SENSITIVE | | | | | | |

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-10-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

| | | | |
|-------------------------------|-------|-----------|-------|
| + TBILI | 0.9 | (0.2-1.6) | mg/dL |
| BILI CONJ | 0.1 | (0.0-0.3) | mg/dL |
| Interpretations: | | | |
| Performed on Piccolo analyzer | | | |
| ALBUMIN | 3.1 L | (3.3-5.5) | g/dL |
| PROTEIN TOTAL . . . | 6.6 | (6.4-8.1) | g/dL |

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

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

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 LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31970

EXHIBIT 4

000027

LABORATORY INQUIRY

ABDUL, MUNDER M

20/600-16-3353 M/62

Search by Order date

29 Mar 06 - 30 Mar 06

Display by Date

| | | | | |
|-----------|------|---|-------------|-----------|
| HCT | 41.4 | L | (42-52) | % |
| MCV | 93.7 | | (80.0-99.0) | f1 |
| MCH | 31.5 | H | (27.0-31.0) | pg |
| MCHC | 33.6 | | (33.0-37.0) | g/dL |
| PLATELETS | 245 | | (130-400) | x 10(3)/u |
| LYMPH% | 61 | H | (20.0-44.0) | % |
| LYMPH# | 5.0 | H | (0.7-4.3) | x10 3/uL |

060330 CH 2121
STAT

Co1: 30Mar06@0649
Hcp: (b)(6)

BLOOD

Req Loc: EMT

CK-MB 1.8

(0-4.3)

ng/mL

C: csm30Mar06@0658

Interpretations:

Performed on Triage Meter analyzer

MYOGLOBIN 171.0 H

(5-107)

ng/mL

TROPONIN I <0.05

(0-0.4)

ng/mL

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ACLU DDII CID ROI 31971

EXHIBIT 4

000028

LABORATORY INQUIRY

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

ABDUL, MUNDER M
Search by Order date

Military Unit: UNKNOWN

Col: 30Mar06@0649

Hcp: (b)(6)

(7.0-14.0) sec

PLASMA

Req Loc: EMT

C: csm30Mar06@0657

060330 CO 324

STAT

PT. 12.5

INR 1.2

Interpretations:

Patient not on therapy: 0.8-1.5

Patient on therapy: 2.0-3.0

APTT. 77.3

H

(21.0-50.0) sec

060330 HE 1159

STAT

WBC 8.2

RBC CNT 4.42

+ HGB 13.9

Col: 30Mar06@0649

Hcp: (b)(6)

(4.8-10.8)

(4.20-6.10)

(12.0-18.0)

x10 3/uL

x10 6/uL

g/dL

BLOOD

Req Loc: EMT

C: csm30Mar06@0656

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ACLU DDII CID ROI 31972

EXHIBIT 4

000029

ENT LABORATORY INQUIRY

20/600-16-3353 M/62

29 Mar 06 - 30 Mar 06

Display by Date

ABDUL MUNDER M
Search by Order date

+ 060330 CH 2120
STAT
HIV-1/2 AB.

Co1: 30Mar06@0649
Hcp: (b)(6)

BLOOD
Req Loc: EMT
C:sp30Mar06@0844

NEGATIVE FOR HIV-1 AND HIV-2 ANTIBODIES

060330 HE 1159
STAT

Co1: 30Mar06@0649
Hcp: (b)(6)

BLOOD
Req Loc: EMT
C:esm30Mar06@0656

| | | | | |
|---------------------|------|---|-------------|-----------|
| WBC | 8.2 | | (4.8-10.8) | x10 3/uL |
| RBC CNT | 4.42 | | (4.20-6.10) | x10 6/uL |
| HGB | 13.9 | | (12.0-18.0) | g/dL |
| HCT | 41.4 | L | (42-52) | % |
| MCV | 93.7 | | (80.0-99.0) | f1 |
| MCH | 31.5 | H | (27.0-31.0) | pg |
| MCHC | 33.6 | | (33.0-37.0) | g/dL |
| PLATELETS | 245 | | (130-400) | x 10(3)/u |
| + LYMPH% | 61 | H | (20.0-44.0) | % |

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31973

EXHIBIT 4

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

| | | | | | |
|------------------------------------|-------|---|-------------------|----------------------|-------------------|
| + LYMPH# | 5.0 | H | (0.7-4.3) | x10 ³ /uL | |
| 060330 CH 2121 | | | Co1: 30Mar06@0649 | | BLOOD |
| STAT | | | Hcp: (b)(6) | | Req Loc: EMT |
| CK-MB | 1.8 | | (0-4.3) | ng/mL | C:csm30Mar06@0658 |
| Interpretations: | | | | | |
| Performed on Triage Meter analyzer | | | | | |
| MYOGLOBIN | 171.0 | H | (5-107) | ng/mL | |
| TROPONIN I | <0.05 | | (0-0.4) | ng/mL | |
| 060330 CH 2122 | | | Co1: 30Mar06@0649 | | BLOOD |
| STAT | | | Hcp: (b)(6) | | Req Loc: EMT |
| NA+ | 141 | | (128-145) | mmol/L | C:csm30Mar06@0654 |
| K | 3.1 | L | (3.3-4.7) | mmol/L | |
| CO2 | 25 | | (18-33) | mmol/L | |
| + CL- | 105 | | (98-108) | mmol/L | |

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LAW ENFORCEMENT AGENCY
ACLU/DDII CID ROI 31974
EXHIBIT 4

LABORATORY INQUIRY

ABDUL MUNDER M

20/600-16-3353 M/62

Search by Order date

29 Mar 06 - 30 Mar 06

Display by Date

| | | | | |
|------------------|-----|-------------------|--------|--------------------|
| + 060330 CH 2122 | | Co1: 30Mar06@0649 | | BLOOD |
| STAT | | Hcp: (b)(6) | | Req Loc: EMT |
| NA+ | 141 | (128-145) | mmo1/L | C: csm30Mar06@0654 |
| K | 3.1 | (3.3-4.7) | mmo1/L | |
| CO2 | 25 | (18-33) | mmo1/L | |
| CL- | 105 | (98-108) | mmo1/L | |
| GLUCOSE | 85 | (73-118) | mg/dL | |
| CA | 9.9 | (8.0-10.3) | mg/dL | |
| BUN | 12 | (7-22) | mg/dL | |
| CREAT | 0.8 | (0.6-1.2) | mg/dl | |

| | | | | |
|----------------|----|-------------------|-----|--------------------|
| 060330 CH 2123 | | Co1: 30Mar06@0649 | | SERUM |
| STAT | | Hcp: (b)(6) | | Req Loc: EMT |
| ALK PHOS | 69 | (53-128) | U/L | C: csm30Mar06@0655 |
| ALT | 36 | (10-47) | U/L | |
| + AST | 32 | (16-55) | U/L | |

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 LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31975

EXHIBIT 4

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

Military Unit: UNKNOWN

060330 IMM 28
STAT
RPR

Col: 30Mar06@0649
Hcp: (b)(6)

SERUM
Req Loc: EMT
C: sp30Mar06@0844

NON-REACTIVE

060330 CO 324
STAT

Col: 30Mar06@0649
Hcp: (b)(6)

PLASMA
Req Loc: EMT
C: csm30Mar06@0657

PT. 12.5
INR 1.2

(7.0-14.0) sec

Interpretations:
Patient not on therapy: 0.8-1.5
Patient on therapy: 2.0-3.0

APTT. 77.3

H (21.0-50.0) sec

+

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LAW ENFORCEMENT AGENCY
ACLU DDII CID ROI 31976

EXHIBIT 4

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M

20/600-16-3353 M/62

Search by Order date

29 Mar 06 - 30 Mar 06

Display by Date

| | | | |
|---------------------|-----|------------|-------|
| + GLUCOSE | 85 | (73-118) | mg/dL |
| CA | 9.9 | (8.0-10.3) | mg/dL |
| BUN | 12 | (7-22) | mg/dL |
| CREAT | 0.8 | (0.6-1.2) | mg/dL |

060330 CH 2123

Col: 30Mar06@0649

SERUM

STAT

Hcp: (b)(6)

Req Loc: EMT

| | | | | |
|---------------------|-----|-----------|-------|--------------------|
| ALK PHOS. | 69 | (53-128) | U/L | C: csm30Mar06@0655 |
| ALT | 36 | (10-47) | U/L | |
| AST | 32 | (16-55) | U/L | |
| TBILI | 0.9 | (0.2-1.6) | mg/dL | |
| BILI CONJ | 0.1 | (0.0-0.3) | mg/dL | |

Interpretations:

Performed on Piccolo analyzer

| | | | | |
|---------------------------|-----|---|-----------|------|
| ALBUMIN | 3.1 | L | (3.3-5.5) | g/dL |
| + PROTEIN TOTAL | 6.6 | | (6.4-8.1) | g/dL |

newInquiry pgDn pgUp Print eXit Help
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ACLU DDII CID ROI 31977

EXHIBIT 4

LABORATORY INQUIRY

ABDUL, MUNDER M

20/600-16-3353 M/62

Search by Order date

29 Mar 06 - 30 Mar 06

Display by Date

+

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

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ACLU DDII CID ROI 31978

EXHIBIT 4

000035

LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

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

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Change criteria for a new inquiry

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ACLU DDII CID ROI 31979 EXHIBIT 4

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

| | | | | | | |
|--|-------|-------------------|-------------|--------|------|-------------------|
| + LYMPH# | 5.0 | H | (0.7-4.3) | x10 | 3/uL | |
| 060330 CH 2121 | | Col: 30Mar06@0649 | | | | BLOOD |
| STAT | | | Hcp: (b)(6) | | | Req Loc: EMT |
| CK-MB | 1.8 | | (0-4.3) | ng/mL | | C:csm30Mar06@0658 |
| Interpretations: Performed on Triage Meter analyzer | | | | | | |
| MYOGLOBIN | 171.0 | H | (5-107) | ng/mL | | |
| TROPONIN I | <0.05 | | (0-0.4) | ng/mL | | |
| 060330 CH 2122 | | Col: 30Mar06@0649 | | | | BLOOD |
| STAT | | | Hcp: (b)(6) | | | Req Loc: EMT |
| NA+ | 141 | | (128-145) | mmol/L | | C:csm30Mar06@0654 |
| K | 3.1 | L | (3.3-4.7) | mmol/L | | |
| CO2 | 25 | | (18-33) | mmol/L | | |
| + CL- | 105 | | (98-108) | mmol/L | | |

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31980

EXHIBIT 4

PATIENT LABORATORY INQUIRY
20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

ABDUL, MUNDER M
Search by Order date

Display by Date

+ 060330 CH 2120 Co1: 30Mar06@0649 BLOOD
STAT Hcp: (b)(6) Req Loc: EMT
HIV-1/2 AB. C:sp30Mar06@0844
NEGATIVE FOR HIV-1 AND HIV-2 ANTIBODIES

060330 HE 1159 Co1: 30Mar06@0649 BLOOD
STAT Hcp: (b)(6) Req Loc: EMT
WBC (4.8-10.8) x10 3/uL C:esm30Mar06@0656
RBC CNT (4.20-6.10) x10 6/uL
HGB (12.0-18.0) g/dL
HCT (42-52) %
MCV (80.0-99.0) fl
MCH (27.0-31.0) pg
MCHC (33.0-37.0) g/dL
PLATELETS (130-400) x 10(3)/u
+ LYMPH% (20.0-44.0) %
WBC 8.2
RBC CNT 4.42
HGB 13.9
HCT 41.4 L
MCV 93.7
MCH 31.5 H
MCHC 33.6
PLATELETS 245
+ LYMPH% 61 H

newInquiry pgDn pgUp Print eXit Help
Move one page down

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LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROI 31981
EXHIBIT 4
000038

PATIENT LABORATORY INQUIRY

20/600-16-3353 M/62

29 Mar 06 - 30 Mar 06

Display by Date

ABDUL, MUNDER M
Search by Order date

Military Unit: UNKNOWN

Col: 30Mar06@0649

Hcp: (b)(6)

SERUM

Req Loc: EMT

C:sp30Mar06@0844

060330 IMM 28

STAT

RPR

NON-REACTIVE

060330 CO 324

STAT

PT. 12.5

INR 1.2

Interpretations:

Patient not on therapy: 0.8-1.5

Patient on therapy: 2.0-3.0

APTT. 77.3

H

(21.0-50.0)

sec

Col: 30Mar06@0649

Hcp: (b)(6)

PLASMA

Req Loc: EMT

C:csm30Mar06@0657

newInquiry pgDn pgUp Print eXit Help
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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31982

EXHIBIT 4

000039

Search by order date

29 Mar 06 - 30 Mar 06

Display by Date

Military Unit: UNKNOWN

30 Mar 06 @ 0649 (Coll)

SERUM

STAT RPR PENDING

30 Mar 06 @ 0649 (Coll)

PLASMA

| | | | |
|------------------|------|---------------|-----|
| STAT PT. | 12.5 | (7.0-14.0) | sec |
| INR | 1.2 | | |
| APTT. | 77.3 | H (21.0-50.0) | sec |

For comments: (I), press <F9> to expand

30 Mar 06 @ 0649 (Coll)

BLOOD

STAT HIV-1/2 AB. PENDING

30 Mar 06 @ 0649 (Coll)

BLOOD

| | | | |
|---------------------|------|-------------|----------------------|
| STAT WBC | 8.2 | (4.8-10.8) | x10 ³ /uL |
| + RBC CNT | 4.42 | (4.20-6.10) | x10 ⁶ /uL |

newInquiry Expand pgDn pgUp Print eXit Help
 Move one page down

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 LAW ENFORCEMENT SENSITIVE
 ACLU DDII CID ROI 31983
 EXHIBIT 4

000040

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

| | | | | | |
|---|-----------|------|---|-------------|----------------------|
| + | HGB | 13.9 | | (12.0-18.0) | g/dL |
| | HCT | 41.4 | L | (42-52) | % |
| | MCV | 93.7 | | (80.0-99.0) | fL |
| | MCH | 31.5 | H | (27.0-31.0) | pg |
| | MCHC | 33.6 | | (33.0-37.0) | g/dL |
| | PLATELETS | 245 | | (130-400) | x 10(3)/uL |
| | LYMPH% | 61 | H | (20.0-44.0) | % |
| | LYMPH# | 5.0 | H | (0.7-4.3) | x10 ³ /uL |

30 Mar 06 @ 0649 (Co11)

| | | | | | |
|------------|-------|---|---------|-------|-------|
| STAT CK-MB | 1.8 | | (0-4.3) | ng/mL | BLOOD |
| MYOGLOBIN | 171.0 | H | (5-107) | ng/mL | |
| TROPONIN I | <0.05 | | (0-0.4) | ng/mL | |

For comments: (I), press <F9> to expand

+ 30 Mar 06 @ 0649 (Co11)

BLOOD

newInquiry Expand pgDn pgUp Print eXit Help
Move one page down

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31984

EXHIBIT 4

000041

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
 Search by Order date

20/600-16-3353 M/62
 29 Mar 06 - 30 Mar 06

Display by Date

| | | | | |
|------------|-----|---|------------|--------|
| + STAT NA+ | 141 | | (128-145) | mmo1/L |
| K | 3.1 | L | (3.3-4.7) | mmo1/L |
| CO2 | 25 | | (18-33) | mmo1/L |
| CL- | 105 | | (98-108) | mmo1/L |
| GLUCOSE | 85 | | (73-118) | mg/dL |
| CA. | 9.9 | | (8.0-10.3) | mg/dL |
| BUN | 12 | | (7-22) | mg/dL |
| CREAT | 0.8 | | (0.6-1.2) | mg/dL |

30 Mar 06 @ 0649 (Co11)

SERUM

| | | | | |
|----------------|-----|---|-----------|-------|
| STAT ALK PHOS. | 69 | | (53-128) | U/L |
| ALT | 36 | | (10-47) | U/L |
| AST | 32 | | (16-55) | U/L |
| TBILI | 0.9 | | (0.2-1.6) | mg/dL |
| BILI CONJ | 0.1 | | (0.0-0.3) | mg/dL |
| + ALBUMIN | 3.1 | L | (3.3-5.5) | g/dL |

newInquiry Expand pgDn pgUp Print eXit Help
 Move one page down

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LAW ENFORCEMENT SENSITIVE **ACLU DDII CID ROI 31985**

EXHIBIT 4

000042

PATIENT LABORATORY INQUIRY

ABDUL, MUNDER M
Search by Order date

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

+ PROTEIN TOTAL 6.6 (6.4-8.1) g/dL
For comments: (I), press <F9> to expand

30 Mar 06 @ 0649 (Co11)
STAT HBs AG. PENDING

SERUM

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

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

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ACLU DDII CID ROI 31986

EXHIBIT 4

000043

PATIENT LABORATORY INQUIRY
20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

ABDUL MUNDER M
Search by Order date

Display by Date

060330 IMM 29
STAT
HBs AG.

Military Unit: UNKNOWN
Co1: 30Mar06@0649
Hcp: (b)(6)

SERUM
Req Loc: EMT
C:mjc30Mar06@1122

NEGATIVE

Interpretations:
Performed on Mini-Vidas analyzer

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

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

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ACLU DDII CID ROI 31987
EXHIBIT 4
000044

CLIENT LABORATORY INQUIRY

20/600-16-3353 M/62
29 Mar 06 - 30 Mar 06

Display by Date

ABDUL, MUNDER M
Search by Order date

Military Unit: UNKNOWN

Col: 30Mar06@0649

Hcp: (b)(6)

SERUM

Req Loc: EMT

C:mjc30Mar06@1122

060330 IMM 29

STAT

HBs AG.
NEGATIVE

Interpretations:
Performed on Mini-Vidas analyzer

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

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

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ACLU DDII CID ROI 31988

EXHIBIT 4

000045

Appendix 1
Compound Treatment Room
Camp Bucca

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

Allergies: NKDA

ISN:
163353

Compound: 12
IZE

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

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

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

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

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

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 |
|----------|-------------------|
| | (b)(6) |
| | |
| | |
| | |
| | |
| | |

Indicate quantity dispensed in appropriate block

Date Med Complete: _____
Date Med Discontinued: _____

Annotate the following in RED:

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

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 EXHIBIT 4
 000046
 LAW ENFORCEMENT SENSITIVE

0056 06 CID 789 78462

Appendix 1
Compound Treatment Room
Camp Bucca

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

Allergies: NKDA

ISN: 163353 Compound: 12
IZE

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

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

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

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

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

- 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 |
|----------|-------------------|
| | (b)(6) |
| | |
| | |
| | |
| | |
| | |

Indicate quantity dispensed in appropriate block

Date Med Complete:
Date Med Discontinued:

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

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LAW ENFORCEMENT SENSITIVE
000047

EMERGENCY RESUSCITATION RECORD - PART 2

| | | | | |
|------------------|---|----------------|------|------|
| TIME (Military): | | 0500 | | |
| VITALS | BLOOD PRESSURE | 0/0 | | |
| | HEART RATE | Q | | |
| | PULSE PALPABLE (Y/N) | N | | |
| | COMPRESSION (* = CPR) | Y | | |
| | RHYTHM | Asystole | | |
| | DEFIBRILLATION (Joules: 200, 300, 360) | 200 | 300 | 360 |
| | CARDIOVERSION (Joules: 50, 100, 200, 300, 360) | 0523 | 0523 | 0523 |
| | PACING PERFORMED (✓) | ✓ 0510 | | |
| | RESPIRATIONS | Q | | |
| | TEMPERATURE | | | |
| AIRWAY | VALVE MASK w/100% O ₂ | (✓) | BVM | |
| | INTUBATED | (✓) | ✓ | |
| | MASK (Specify) | | | |
| | % OXYGEN (O ₂) | | | |
| | PULSE O _x / O ₂ SATS | NOT picking up | | |
| MEDICATIONS | Note dose and route | | | |
| | AMIODARONE | | | |
| | ATROPINE | | | |
| | DOPAMINE | | | |
| | EPINEPHRINE | 1mg | 1mg | 1mg |
| | LIDOCAINE | | | |
| | PROCAINAMIDE | | | |
| | VASOPRESSIN | | | |
| LABS | POTASSIUM (K) | ✓ | | |
| | GLUCOSE | ✓ | | |
| | CALCIUM (Ca) | ✓ | | |
| | MAGNESIUM (Mg) | ✓ | | |
| ABGS | PH | | | |
| | pCO ₂ | | | |
| | pO ₂ | | | |
| | HCO ₃ | | | |

COMMENTS: Arrived to ERIC via Trauma Team unresponsive, apneic & not breathing. CPR initiated. (b)(6)
 - 50% FVP @ 0506, NaHCO₃ 1mg FVP @ 0530 | MgSO₄ 1g @ 0533. (b)(6)

PHYSICIAN (Signature & Title)
 (b)(6)

NURSE (Signature & Title)
 (b)(6)

FOR
LAW

T 4

DIABETIC INSULIN RECORD

ISN: 103353

| DATE | TIME | SUGAR | INSULIN | LAST MEAL | COMMENTS |
|---------------------------|------|-------|-----------------|-----------|---------------------------------------|
| 27 Feb | 0700 | 195 | 2R | | |
| 26 Feb | 1600 | | | | |
| 27 Feb | 1600 | 559 | 20L 10R | | |
| 28 Feb | 700 | 121 | 20L 10R | | |
| " | 1400 | 286 | 20L 4R | | |
| 1 MAR | 700 | 115 | 2R | | |
| 2 MAR | 0700 | 94 | 20L 10R | | |
| 2 MAR | 1600 | 294 | 20L 6R | | |
| 3 MAR | 0700 | 161 | 20L 2R | | |
| 4 MAR | 0700 | NS | 6R | | |
| 4 MAR | 1600 | 259 | 14NPH 4R | | |
| 5 MAR | 0700 | 228 | 2R | | |
| 5 MAR | 1600 | 194 | 14NPH 2R | | |
| 6 MAR | 0700 | 170 | 14NPH 4R | | |
| " | 1600 | 204 | 14NPH 10R | | |
| 7 MAR | 0700 | 368 | 6nph 4R | | |
| 7 MAR | 1600 | 213 | 14nph 8R | | |
| 8 MAR | 0700 | 338 | 14nph 6R | | |
| 8 MAR | 1600 | 278 | 14nph 6R | | |
| 9 MAR | 0700 | 271 | 6nph 6R | | |
| 9 MAR | 1600 | 267 | 14nph 6R | | |
| 10 MAR | 0700 | 265 | 6nph 6R | | |
| 10 MAR | 1600 | 299 | 6nph 4R | | |
| 11 MAR | 1600 | 265 | 14nph 2R | | |
| 12 MAR | 0700 | 181 | 6nph 10R | | |
| 12 MAR | 1600 | 378 | 14nph 4R | | |
| 13 MAR | 0700 | 209 | 6nph 8R | | |
| 13 MAR | 1600 | 345 | 14nph 2R | | |
| 14 MAR | 0700 | 168 | 6nph 10R | | |
| 14 MAR | 1600 | 364 | 14nph 2R | | |
| 15 MAR | 0700 | 167 | 6NPH 14R (b)(6) | | |
| 15 MAR | 1600 | 505 | 14nph 6R (b)(6) | | |
| 16 MAR | 0700 | 273 | 6nph 4R (b)(6) | | |
| 16 MAR | 1600 | 247 | 14nph 2R | | |
| 17 MAR | 0700 | 162 | 6NPH 6R (b)(6) | | |
| 17 MAR | 1700 | 288 | 14nph 6R | | Copied from Diabetic Book (b)(6) |
| 18 MAR | 0700 | 272 | 6nph 8R (b)(6) | | |
| 18 MAR | 1700 | 374 | 14NPH 2R | | |
| 19 MAR | 0700 | 240 | 6nph 4R | | |
| 19 MAR | 1700 | 251 | 14nph 2R | | |
| 20 MAR | 0700 | 247 | 6nph 4R | | |
| 20 MAR | 1900 | 291 | 14nph 4R | | |
| 21 MAR | 0700 | 284 | 6nph 6R | | |
| 21 MAR | 1700 | 319 | 16L 6R | | |
| Change From Nph to Lantus | | | | | |
| 22 MAR | 0700 | 322 | 16L 6R | | |
| 22 MAR | 1700 | 362 | 8R | | Transcribed from Diabetic Book (b)(6) |
| 23 MAR | 0700 | 297 | 16L 4R | | |
| 23 MAR | 1700 | 335 | 6R | | |
| 24 MAR | 0700 | 221 | 16L 6L | | |
| 24 MAR | 1700 | 263 | 16L 4R | | |
| 25 MAR | 0700 | 233 | 16L 2R | | |
| 25 MAR | 1700 | 272 | 4R | | |
| 26 MAR | 0700 | 211 | 16L 2R | | |
| 26 MAR | 1700 | 240 | 2R | | |
| 27 MAR | 0700 | 279 | 16L 4R | | |
| 27 MAR | 1700 | 262 | 4R | | |
| 28 MAR | 0700 | 183 | 16L 6R | | |
| 28 MAR | 1445 | 359 | 8R | | |

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ACLU DDJ CID ROI 31992

EXHIBIT 4

163353

DIABETIC INSULIN RECORD

ISN:

| DATE | TIME | SUGAR | INSULIN | LAST MEAL | COMMENTS |
|--------|------|--------------------|---------------------|-----------|----------|
| 25 JAN | 0700 | 428 | 20L 12R | | |
| 26 JAN | 0700 | NS | | | |
| 26 JAN | 1600 | 422 | 12R | | |
| 27 JAN | 0700 | NS | NS | | |
| 27 JAN | 1600 | 447 | 12R | | |
| 28 JAN | 0700 | no show | no show | | |
| 28 JAN | 1600 | 353 445 | 12R | | |
| 29 JAN | 0700 | | | | |
| 29 JAN | 1600 | 471 | 14R | | |
| 30 JAN | 0700 | NS | NS | | |
| 31 JAN | 1600 | 547 | 14R | | |
| 31 JAN | 0700 | NS | NS | | |
| 1 FEB | 0700 | NS | NS | | |
| 2 FEB | 0700 | NS | NS | | |
| 1 FEB | 1600 | 302 | 12R + 2R | | |
| 2 FEB | 1600 | 467 | 12R | | |
| 3 FEB | 0700 | N/S | 0 | | |
| 3 FEB | 1600 | N/S | 0 | | |
| 4 FEB | 0700 | N/S | 0 | | |
| 5 FEB | 0700 | N/S | 0 | | |
| 6 FEB | 0700 | N/S | 0 | | |
| 7 FEB | 0700 | N/S | 0 | | |
| 8 FEB | 0700 | N/S | 0 | | |

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EXHIBIT 4

163353

DIABETIC INSULIN RECORD

ISN:

| DATE | TIME | SUGAR | INSULIN | LAST MEAL | COMMENTS |
|--------|------|-------|----------|-----------|----------|
| 31 Dec | 0700 | 294 | 20L + 6R | | |
| | 1100 | NS | | | |
| 31 Dec | 1600 | NS | | | |
| | 2000 | NS | | | |
| 2 JAN | 0700 | NS | | | |
| | 1100 | 270 | 6R | | |
| 2 Jan | 1600 | NS | | | |
| | 2000 | NS | | | |
| 3 JAN | | | | | |
| 4 JAN | 0800 | NS | | | |
| | 1100 | 264 | Refused | | |
| | 1500 | NS | | | |
| 4 JAN | 2000 | NS | | | |
| 5 JAN | 0700 | 430 | 20L 12R | | |
| | 1600 | NS | | | |
| 5 JAN | 2000 | NS | | | |
| 6 JAN | 0700 | 290 | 20L 6R | | |
| | 1100 | NS | | | |
| 6 JAN | 2000 | NS | | | |
| 7 JAN | 0700 | 205 | 20L + 4R | | |
| | 1100 | NS | | | |
| 7 JAN | 1600 | NS | | | |
| | 2000 | NS | | | |
| 8 JAN | 0700 | NS | | | |
| | 1100 | NS | | | |
| 8 JAN | 1600 | NS | | | |
| | 2000 | NS | | | |
| 9 JAN | 0700 | 177 | 20L 2R | | |
| | 1600 | NS | | | |
| 9 JAN | 2000 | NS | | | |
| 10 JAN | 0700 | NS | | | |
| | 1100 | 274 | 6R | | |
| 10 JAN | 1600 | NS | | | |
| | 2000 | NS | | | |
| 11 JAN | 0700 | NS | | | |
| | 2000 | NS | | | |
| 12 JAN | 0700 | 448 | 12R | | |
| | 1600 | NS | | | |
| 13 JAN | 0700 | NS | | | |
| 13 JAN | 1600 | NS | | | |
| 14 JAN | 0700 | NS | | | |
| 14 JAN | 1600 | NS | | | |
| 15 JAN | 0700 | NS | | | |
| 15 JAN | 1600 | NS | | | |
| 16 JAN | 0700 | 176 | Fasting | | |
| 16 JAN | 1600 | NS | | | |
| 17 JAN | 0700 | NS | | | |
| 17 JAN | 1600 | NS | | | |
| 18 JAN | 0700 | NS | | | |
| 18 JAN | 1600 | 468 | 14R | | |
| 19 JAN | 0700 | 448 | 14R | | |
| | 1600 | 476 | 14R | | |
| 20 JAN | 0700 | NS | | | |
| 20 JAN | 1600 | 506 | 14R | | |
| 21 JAN | 0700 | NS | | | |
| 21 JAN | 1600 | 291 | 6R | | |
| 22 JAN | 1600 | 454 | 14R | | |
| 23 JAN | 1600 | 470 | 14R | | |
| 24 JAN | 0700 | NS | | | |
| 24 JAN | 1600 | 411 | 14R | | |

ACLU DDII CID ROI 31994

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EXHIBIT 4
000051

163353

DAILY GLUCOSE FINGERSTICK CHECKS AND INSULIN RECORD

| DATE | READING@AM | DOSE | DOSE | READING@PM | DOSE | DOSE |
|-------------|------------|-----------|-----------|------------|------|------|
| 25 NOV/2005 | 94 | @0815 | 20L | | | |
| 26 NOV | 79 | @0745 | 20L | | | |
| 27 NOV | 113 | @0810 | 20L | | | |
| 28 NOV | 122 | @0820 | 20L | | | |
| 29 NOV | 156 | @0835 | 20L | | | |
| 30 NOV | 143 | @0950 | 20L | | | |
| 1 Dec | 98 | @0815 | 20L | | | |
| 2 Dec | 90 | @0800 | 20L | | | |
| 3 Dec | 78 | @0745 | 20L | | | |
| 4 Dec | 113 | @0735 | 20L | | | |
| 5 Dec | 87 | @0735 | 20L | | | |
| 6 Dec | 112 | @0755 | 20L | | | |
| 7 Dec | 110 | @1720 | 20L | | | |
| 8 Dec | 100 | @0745 | 20L | | | |
| 9 Dec | 123 | @0750 | 20L | | | |
| 10 Dec | 105 | @0730 | 20L | | | |
| 11 Dec | 102 | @0735 | 20L | | | |
| 12 Dec | 81 | @0630 | 20L | | | |
| 13 Dec | 90 | @0720 | 20L | | | |
| 14 Dec | 127 | @0750 | 20L | | | |
| 15 Dec | 99 | @0715 | 20L | | | |
| 16 Dec | 168 | @0737 | 20L | | | |
| 17 Dec | 129 | @0756 | 20L | | | |
| 18 Dec | 105 | @0710 | 20L | | | |
| 19 Dec | Vanilla | | 20L-? | | | |
| 20 Dec | 216 | @0755 | 20L | | | |
| 21 Dec | 179 | @0740 | 20L | | | |
| 22 Dec | 209 | @0820 | 20L | | | |
| 23 Dec | 190 | @0940 | 20L | | | |
| 24 Dec | 190 = 144 | | | | | |
| 25 Dec | 323 | 1100 | 12Lis | | | |
| 25 Dec | 164 | 1600 | 3Lis | | | |
| 26 Dec | 197 | 0700 | 20L, 3Lis | | | |
| 26 Dec | 252 | 1600 | 6R | | | |
| 26 Dec | 265 | 2000 | 6R | | | |
| 27 Dec | 129 | 0700 | 20L | | | |
| 27 Dec | --- | 1100 | --- | | | |
| 28 Dec | 211 | 0700 | 20L | | | |
| 29 Dec | NS | 0700 | | | | |
| 29 Dec | NS | 1600/2000 | | | | |

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 ACLU DDII CID ROI 31995
 EXHIBIT 4
 000052

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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 |
|-------------|---------------------|------|---|---------------------|------|
| Nov 5/2005 | 260 @ 0800 | 20L | / | @ | |
| Nov 6/2005 | 169 @ 0830 | 20L | / | @ | |
| Nov 7/2005 | 204 @ 0830 | 20L | / | @ | |
| Nov 8/2005 | 174 @ 0800 | 20L | / | @ | |
| Nov 9/2005 | 159 @ 0720 | 20L | / | @ | |
| Nov 10/2005 | 111 @ 0725 | 20L | / | @ | |
| Nov 11/2005 | 176 @ 0750 | 20L | / | @ | |
| Nov 12/2005 | 106 @ 0830 | 20L | / | @ | |
| Nov 13/2005 | 167 @ 0745 | 20L | / | @ | |
| Nov 14/2005 | 203 @ 0820 | 20L | / | @ | |
| Nov 15/2005 | 116 @ 0900 | 20L | / | @ | |
| Nov 16/2005 | Visit @ | | / | 105 @ 1800 | 20L |
| Nov 17/2005 | 85 @ 0840 | 20L | / | @ | |
| Nov 18/2005 | 118 @ 0821 | 20L | / | @ | |
| Nov 19/2005 | 94 @ 0800 | 20L | / | @ | |
| Nov 20/2005 | 109 @ 0745 | 20L | / | @ | |
| Nov 21/2005 | 114 @ 0815 | 20L | / | @ | |
| Nov 22/2005 | 101 @ 0818 | 20L | / | @ | |
| Nov 23/2005 | 178 @ 0830 | 20L | / | @ | |
| Nov 24/2005 | 114 @ 0830 | 20L | / | @ | |

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

FOR OFFICIAL USE ONLY

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of birth; Race; Grade; L; REGISTER NO. MEDICAL NO.)

NAME: ACLU-RDI 5530483353 FGN
 TSN #

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record

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 |
| 16 Oct 2005 | 192 | @ | 0315 | 20 Lantus | | @ |
| 17 Oct 2005 | 235 | @ | 0400 | 20 Lantus | | @ |
| 18 Oct 2005 | 106 | @ | 0400 | 20 Lantus | | @ |
| 19 Oct 2005 | 155 | @ | 0340 | 20 Lantus | | @ |
| 20 Oct 2005 | 115 | @ | 0320 | 20 Lantus | | @ |
| 21 Oct 2005 | 143 | @ | 0320 | 20 Lantus | | @ |
| 22 Oct 2005 | 170 | @ | 0308 | 20 Lantus | | @ |
| 23 Oct 2005 | 150 | @ | 0325 | 20 Lantus | | @ |
| 24 Oct 2005 | 91 | @ | 0330 | 20 Lantus | | @ |
| 25 Oct 2005 | 177 | @ | 0400 | 20 Lantus | | @ |
| 26 Oct 2005 | 201 | @ | 0400 | 20 Lantus | | @ |
| 27 Oct 2005 | 111 | @ | 0400 | 20 Lantus | | @ |
| 28 Oct 2005 | 145 | @ | 0400 | 20 Lantus | | @ |
| 29 Oct 2005 | 168 | @ | 0400 | 20 Lantus | | @ |
| 30 Oct 2005 | 269 | @ | 0350 | 20 Lantus | | @ |
| 31 Oct 2005 | 233 | @ | 0355 | 20 Lantus | | @ |
| NOV 1 2005 | 168 | @ | 0405 | 20 Lantus | | @ |
| 2 NOV 2005 | 274 | @ | 0330 | 20L | | @ |
| 3 NOV 2005 | 132 | @ | 0800 | 20L | | @ |
| 4 NOV 2005 | 123 | @ | 0800 | 20L | | @ |

| | | | |
|------------------------------|------------|-------------------------|-----------------------|
| 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. |
|--------------|----------|

NAME: **W3353** FGN
 ISN #
 DOB:

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FPMR (41 CFR) 101-11.6
 USAFA V2.00

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 LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROI 31997
EXHIBIT 4
 000054

ACLU-RDI 5530 p. 49 AMP ()

AUTHORIZED FOR LOCAL REPRODUCTION

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 |
| 26 Sept 2005 | 175 | @ | 0752 | 20 Lantus | / | 77 @ 1715 ϕ |
| 27 Sept 2005 | 122 | @ | 0747 | 20 Lantus | / | 232 @ 1715 ϕ |
| 28 Sept 2005 | 165 | @ | 0740 | 20 Lantus | / | NIS @ — |
| 29 Sept 2005 | 211 | @ | 0725 | 20 Lantus | / | 221 @ 1650 ϕ |
| 30 Sept 2005 | 242 | @ | 0745 | 20 Lantus | / | NS @ — |
| 1 Oct 2005 | 137 | @ | 0814 | 20 Lantus | / | @ — |
| 2 Oct 2005 | 204 | @ | 0810 | 20 Lantus | / | @ — |
| 3 Oct 2005 | 126 | @ | 0800 | 20 Lantus | / | @ — |
| 4 Oct 2005 | 61 | @ | 0300 | 20 Lantus | / | 174 @ 1830 ϕ |
| 5 Oct 2005 | 133 | @ | 0240 | 20L | / | 180 @ 1720 ϕ |
| 6 Oct 2005 | 110 | @ | 0310 | 20L | / | @ — |
| 7 Oct 2005 | 151 | @ | 0320 | 20L | / | @ — |
| 8 Oct 2005 | | @ | 0340 | | / | 240 @ 1503 — |
| 9 Oct 2005 | 190 | @ | 1503 | 40L | / | @ — |
| 9 Oct 2005 | 190 | @ | 0333 | 40L | / | @ — |
| 10 Oct 2005 | 308 | @ | 0330 | 20L | / | @ — |
| 11 Oct 2005 | 109 | @ | 340 | 20L | / | @ — |
| 12 Oct 2005 | 180 | @ | 330 | 20L | / | @ — |
| 13 Oct 2005 | 152 | @ | 0351 | 20 Lantus | / | 142 @ — |
| 14 Oct 2005 | 181 | @ | 0340 | 20L | / | @ — |

(b) (6)
 ✓ 1ed dose
 Sept 28
 correct
 (b)(6)

HOSPITAL OR MEDICAL FACILITY: 150th 250 0350 STATUS: DEPART./SERVICE: RECORDS MAINTAINED AT: 10-9-05 ACGATE (8-5)

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.:

NAME:
 SSN# 163353 FGN
 IOB:

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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 LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 31998
 EXHIBIT 4
 000055

AUTHORIZED FOR LOCAL REPRODUCTION

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 |
|--------------|---------------------|------------|---|---------------------|------|
| 3 Sept 2005 | 137 @ 0736 | Lantus 15u | / | @ | |
| 4 Sept 2005 | 237 @ 0742 | Lantus 15u | / | @ | |
| 5 Sept 2005 | 201 @ 0734 | Lantus 15u | / | @ | |
| 6 Sept 2005 | 181 @ 0737 | Lantus 20u | / | @ | |
| 7 Sept 2005 | 336 @ 0800 | Lantus 20u | / | @ | |
| 8 Sept 2005 | 150 @ 0730 | Lantus 20u | / | @ | |
| 9 Sept 2005 | 85 @ 0753 | Lantus 20u | / | @ | |
| 10 Sept 2005 | 171 @ 0748 | Lantus 20u | / | @ | |
| 11 Sept 2005 | 158 @ 0754 | Lantus 20u | / | @ | |
| 12 Sept 2005 | 101 @ 0756 | Lantus 20u | / | @ | |
| 13 Sept 2005 | 195 @ 0817 | Lantus 20u | / | @ | |
| 14 Sept 2005 | 130 @ 0758 | Lantus 20u | / | @ | |
| 15 Sept 2005 | 11 @ 0745 | Lantus 20u | / | @ | |
| 16 Sept 2005 | 143 @ 0740 | Lantus 20u | / | @ | |
| 17 Sept 2005 | 160 @ 0750 | Lantus 20u | / | @ | |
| 18 Sept 2005 | 153 @ 0730 | Lantus 20u | / | @ | |
| 19 Sept 2005 | 89 @ 0739 | Lantus 20u | / | @ | |
| 20 Sept 2005 | 148 @ 0745 | Lantus 20 | / | @ | |
| 21 Sept 2005 | 253 @ 0736 | Lantus 20u | / | @ | |
| 22 Sept 2005 | @ Caust | | / | 82 @ 1805 | |

5 Sept 05
Lantus 20u SC9
(b)(6)

16 Sept 05
(b)(6)

HOSPITAL OR MEDICAL FACILITY: USIT 0800 STATUS: DEPART./SERVICE: RECORDS MAINTAINED AT:

SPONSOR'S NAME: 273 6801 SSN/ID NO.: Lantus 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.:

IME: 146 @ 0657 Lantus 20u

SN# 1103353 FGN

OB:

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

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EXHIBIT 4

AUTHORIZED FOR LOCAL REPRODUCTION

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

| | | | | |
|-------------|-------------------|-----------|-------|----------|
| Aug 2005 | 128 @ 0722 | 10 lantus | | |
| Aug 2005 | Potassium @ Court | | 155 @ | 1745 20R |
| Aug 2005 | 167 @ 0800 | 10 lantus | | |
| Aug 2005 | 222 @ 0704 | 10 lantus | | |
| Aug 2005 | 152 @ 0706 | 10 lantus | | |
| Aug 2005 | 240 @ 0706 | 10 lantus | | |
| Aug 2005 | 157 @ 0730 | 10 lantus | | |
| Aug 2005 | 240 @ 0745 | 10 lantus | | |
| Aug 2005 | 153 @ 0745 | 10 lantus | | |
| Aug 2005 | 261 @ 0742 | 10 lantus | | |
| Aug 2005 | 198 @ 0745 | 10 lantus | | |
| Aug 2005 | 268 @ 0705 | 10 lantus | | |
| Aug 2005 | 227 @ 0745 | 10 lantus | | |
| Aug 2005 | 221 @ 0745 | 10 lantus | 236 @ | 1605 |
| 8 Aug 2005 | 316 @ 0905 | 10 lantus | | |
| 9 Aug 2005 | 201 @ 0733 | 10 lantus | 309 @ | 1700 8UR |
| 10 Aug 2005 | 124 @ 0750 | 15 lantus | 319 @ | 1612 8UR |
| 11 Aug 2005 | 265 @ 0821 | 15 lantus | 269 @ | 1610 6UR |
| Aug 2005 | 180 @ 0738 | 15 lantus | | |
| Sept 2005 | 253 @ 0745 | 15 lantus | | |

(b)(6)

29 Aug 05
Lantus 15u SCAD
(b)(6)

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

OR'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.: _____

1E: 163353 FGN
N#
B:

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

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

ACLU-RDI 5530 CAMP

000057

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

| DATE | SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i> | | | | | |
|------------------------------------|--|-----------|---------------|---|-----------|----------------|
| DAILY GLUCOSE CHECKS FOR DIABETICS | | | | | | |
| | Reading @ | A.M. Time | Dose | / | Reading @ | P.M. Time Dose |
| 28 Jul 2005 | 203 | @ 0724 | 10 LANTUS | / | — | — |
| 29 Jul 2005 | 121 | @ 0645 | 10 LANTUS | / | — | — |
| 30 Jul 2005 | 124 | @ 0728 | 10 LANTUS | / | — | — |
| 31 July 2005 | 138 | @ 0640 | 10 LANTUS | / | — | — |
| 1 Aug 2005 | 124 | @ 0720 | 10 LANTUS | / | — | — |
| 2 Aug 2005 | 116 | @ 0728 | 10 LANTUS | / | — | — |
| 3 Aug 2005 | 174 | @ 0716 | 10 LANTUS | / | — | — |
| 4 Aug 2005 | 95 | @ 0758 | 10 LANTUS | / | — | — |
| 5 Aug 2005 | 123 | @ 0930 | 10 LANTUS | / | — | — |
| 6 Aug 2005 | 243 | @ 0935 | 10 LANTUS | / | — | — |
| 7 Aug 2005 | 253 | @ 0830 | 10 LANTUS | / | — | — |
| 8 Aug 2005 | 165 | @ 0910 | 10 LANTUS | / | — | — |
| 10 Aug 2005 | 419 | @ 1230 | 10 LANTUS | / | — | — |
| 10 AUG 2005 | 138 | @ 0645 | 10 LANTUS | / | — | — |
| 10 AUG 2005 | 241 | @ 1500 | 8 NOVOLIN (R) | / | — | — |
| 11 AUG 2005 | 162 | @ 0620 | 15 LANTUS | / | — | — |
| 11 AUG 2005 | 136 | @ 1530 | — | / | — | — |
| 12 Aug 2005 | 67 (Juice) | @ 0700 | 10 LANTUS | / | — | — |
| 13 Aug 2005 | 225 | @ 0732 | 10 LANTUS | / | — | — |
| 14 Aug 2005 | 173 | @ 0706 | 10 LANTUS | / | — | — |

12 AUG 2005
10 LANTUS
as per
(b)(6)

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

NAME:
 ION# 163353 FGN
 DOB:

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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ACLU DDII CID ROI 32001

EXHIBIT 4

ACLU-RDI 5530 p.53 CAMP ()

000058

115th Field Hospital
Baghdad Central Detent Facility Hospital

LABORATORY RESULTS FORM
Subject to Privacy Act of 1974

LAST, FIRST MI
Abdul Muneer Mahmood
Physician: (b)(6)
Drawn by: *U.B.O.*

Male Female
SSN or ISN: *163 353*
STAT Routine
Specimen Date and Time: *8 July 2016 20*

Signs and Symptoms: *PA 09 July 16*
Reported by: *PA*
Date and Time: *09 July 16*

Hemoglobin A1c / Purple Top

| TEST | RESULT | REF. RANGE |
|---------|--------|------------|
| Hgb A1c | | 3.5-6.0 % |

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.

| TEST | RESULT | REF. RANGE |
|-----------------|--------|--------------|
| Albumin | | ≤10 mg/L |
| Creatinine | | 10-300 mg/dL |
| Alb/Creat Ratio | | <30 mg/g |

C Reactive Protein / Red Top

Note: Quantitative Screen performed on serum. If result is positive, titrations will be performed for a semi-quantitative result.

| TEST | RESULT | REF. RANGE |
|------|--------|------------|
| CRP | | <6 mg/L |

CSF Glucose - Sterile Tube

| TEST | RESULT | REF. RANGE |
|-------------|--------|---------------|
| CSF Glucose | | 40-70 mg/dL |
| CSF Protein | | 12 - 60 mg/dL |

Special Chemistries / Urine Cup

| TEST | RESULT | REF. RANGE |
|---------|--------|------------|
| Glucose | | <30 mg/dL |
| Protein | | <12 mg/dL |

Additional Tests

For the tests below, coordinate with lab OIC or NCOIC

| TEST | RESULT | REF. RANGE |
|---------|--------|------------------|
| Ammonia | | 9 - 30 umol/L |
| Lactate | | 0.7 - 2.1 mmol/L |

Special Chemistries / Tiger Top (SST)

| TEST | RESULT | REF. RANGE |
|-----------------------|--------|---|
| Alcohol | | <10 mg/dL Negative .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 |
| Lipase | | 23-300 U/L |
| Phosphorous | | 2.2-4.5 mg/dL |
| Magnesium | | 1.6-2.3 mg/dL |
| Uric Acid | | M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL |
| Lactate Dehydrogenase | | 313-618 U/L |
| HIV | | Negative |
| PSA Tot | | Age Range (ng/ml) 40-49 0.0-2.5 ng/ml 50-59 0.0-3.5 ng/ml 60-69 0.0-4.5 ng/ml 70-79 0.0-6.5 ng/ml |
| HCG Quant | | M: <3mIU/ mL Cyclic F: <4 mIU/ mL MenoP F: <13 mIU/ mL Preg F: >20 mIU/ mL |
| Bu | | 0.0 - 1.1 mg/dl |
| Bc | | 0.0 - 0.3 mg/dl |

Add Thyroid Tests / Red or Tiger Top

| TEST | RESULT | REF. RANGE |
|----------|--------|--|
| TSH | | 0.25 - 5 uIU/ml Hyperthy: <0.15 uIU/l Hypoathy: >7 uIU/l |
| FT4 | | 9 - 20 pmol/L |
| FT3 | | 4.0 - 8.3 pmol/L |
| T4 Total | | 60 - 120 nmol/L |
| T3 Total | | 0.92 - 2.33 nmol/L |

Hepatitis B / Red or Tiger Top

| TEST | RESULT | REF. RANGE |
|----------------|--------|-----------------------------------|
| HBsAG | | Negative Positive |
| Anti-HBc Total | | Positive Equivocal Negative |

Therap. Drug Monitoring

| | |
|---------------|---|
| 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 |

FOR OFFICIAL USE ONLY

ACLU DDII CID ROI 32002

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4

000059

SSN or ISN: 163353

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

344 MED

Physician: (b)(6)

Nard: CID

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

Specimen Date and time:

Signs and Symptoms:

Reported by: (b)(6) Date and Time: 09 Oct 09 09:00

| Hemoglobin A1c / Purple Top | | | Special Chem / Red or Tiger Top (SST) | | | Thyroid Panel / Red or Tiger Top | | | | | | | |
|---|----------------|---------------|---------------------------------------|--------------------------------|--|----------------------------------|---|---|---------|------------------------|--------------------|--|--|
| TEST | RESULT | REF. RANGE | X | TEST | RESULT | REF. RANGE | X | TEST | RESULT | REF. RANGE | | | |
| Hgb A1c | 8.5 (H) | 5.5-6.0 % | | Alcohol | <10 mg/dL Negative | | | TSH | | 0.25 - 5 uIU/mL | | | |
| Urine Microalbumin/Creatinine Urine Cup Note: Will not be run on urine samples with a protein value of 30 mg/dl or higher or on visibly bloody specimens | | | | | 50-400 mg/dL Toxic | | | | | Hyperthy: <0.15 uIU/mL | | | |
| | | | | | >400 mg/dl Poss. Fatal | | | | | | Hypothy: >7 uIU/mL | | |
| | | | | Cholinesterase | M: 5.90-12.22 U/mL F: 4.65-10.44 U/mL | | | FT4 | | 9 - 20 pmol/L | | | |
| | | | | Iron | M: 49-181 ug/dL F: 37-170 ug/dL | | | FT3 | | 4.0 - 8.3 pmol/L | | | |
| | | | | Ketones | Negative | | | Add. Thyroid Tests / Red or Tiger Top | | | | | |
| Albumin | | ≤10 mg/L | | Lipase | 23-300 U/L | | | T4 Total | | 60 - 120 nmol/L | | | |
| Creatinine | | 10-300 mg/dL | | | | | | T3 Total | | 0.92 - 2.33 nmol/L | | | |
| Alb/Creat Ratio | | <30 mg/g | | Uric Acid | M: 3.5-8.5 mg/dL F: 2.5-6.2 mg/dL | | | Hepatitis B / Red or Tiger Top | | | | | |
| | | | | Lactate Dehydrogenase (LDH) | 313-618 U/L | | | HBsAG | | Negative | | | |
| | | | | HIV | Negative | | | | | Positive | | | |
| C Reactive Protein / Red Top | | | | PSA, Total | Age Range (ng/ml) | | | Anti-HBc Total | | Positive | | | |
| CRP | | <10 mg/L | | | 40-49 0.0-2.5 ng/ml 50-59 0.0-3.5 ng/ml 60-69 0.0-4.5 ng/ml 70-79 0.0-6.5 ng/ml | | | | | Equivocal | | | |
| CSF Chemistry - Sterile Tube | | | | HCG Quant | M: <3mIU/ mL | | | BNP / Purple Top | | | | | |
| CSF Glucose | | 40-70 mg/dL | | | Cyclic F: <4 mIU/ mL | | | BNP | | ≤ 100 pg/mL | | | |
| CSF Protein | | 12 - 60 mg/dL | | | MenoP F: <13 mIU/ mL Preg F: >20 mIU/ mL | | | Additional Tests | | | | | |
| Urine Chemistries / Urine Cup | | | | | | | | For the tests below, coordinate with lab OIC or NCOIC | | | | | |
| Glucose | | <30 mg/dL | | | | | | X | TEST | RESULT | REF. RANGE | | |
| Protein | | <12 mg/dL | | | | | | | Ammonia | | 9 - 30 umol/L | | |
| Amylase | | 32-641 U/L | | | | | | | Lactate | | 0.7 - 2.1 mmol/L | | |
| Sodium | | 30-90 mmol/L | | | | | | | | | | | |
| Body Fluid Panel/ Sterile container | | | | Therap. Drug Monitoring | | | | | | | | | |
| Panel includes: Culture, Gram Stain, Cell count, WBC differential, Meningitis test (CSF only) | | | | 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 | | | | | | | | |
| Source | # of specimens | | | | | | | | | | | | |

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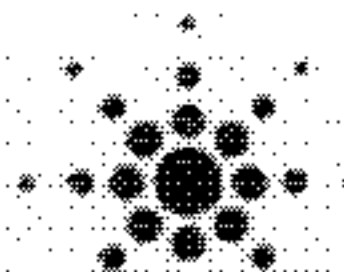
ACLU DDII CID ROI 32003

Detainee 163353 - No current Med

Aspirin 81y 2xaday AUG 05
 Glyburide 5y 2xady MAY 05
 Metformin 500y 3@bedtime July 05
 Paxil 20y 3@bedtime April 05
 TRAZODONE 50y 2xady Aug 05

→ All old meds -

No Meds in 2006


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142055

Analgesic Balm 4 Apr 05

Aspirin 81mg BID 26 Aug 05

Glyburide 5mg BID 19 May 05

Metformin 500mg 3 QHS 15 Sep 05

Neosporin Ophthalmic oint 22 Apr 05

Paracetamol 20mg 3 QHS 20 Apr 05

Trazodone 50mg BID 29 Jul 05

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EXHIBIT 4

CERTIFICATE OF DEATH (OVERSEAS)
Acte de décès (D'Outre-Mer)

0056 06 CID/89 784 2

| | | | | |
|---|----------------------|---|-----------------------------------|--|
| NAME OF DECEASED (Last, First, Middle) / Nom du décédé (Nom et prénoms) <i>Abdul, Munder</i> | | GRADE / Grade | BRANCH OF SERVICE / Arme | SOCIAL SECURITY NUMBER / Numéro de l'Assurance Sociale <i>ISN# 600163353</i> |
| ORGANIZATION / Organisation <i>Abu Ghraib Hospital</i> | | NATION (e.g., United States) / Pays | DATE OF BIRTH / Date de naissance | SEX / Sexe <input checked="" type="checkbox"/> MALE / Masculin <input type="checkbox"/> FEMALE / Féminin |
| RACE / Race | | MARITAL STATUS / État Civil | | RELIGION / Culte |
| CAUCASOID / Caucasique | SINGLE / Célibataire | DIVORCED / Divorcé | PROTESTANT / Protestant | |
| NEGROID / Nègre | MARRIED / Marié | SEPARATED / Séparé | CATHOLIC / Catholique | |
| OTHER (Specify) / Autre (Spécifier) | WIDOWED / Veuf | | JEWISH / Juif | |
| NAME OF NEXT OF KIN / Nom du plus proche parent | | RELATIONSHIP TO DECEASED / Parenté du décédé avec le susdit | | |
| STREET ADDRESS / Domicile à (Rue) | | CITY OF TOWN AND STATE (Include ZIP Code) / Ville (Code postal compris) | | |

| MEDICAL STATEMENT / Déclaration médicale | |
|--|--|
| CAUSE OF DEATH (Enter only one cause per line) / Cause du décès (N'indiquer qu'une cause par ligne) | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ / Maladie ou condition directement responsable de la mort ¹ | <i>Cardio pulmonary Arrest</i> |
| INTERVAL BETWEEN ONSET AND DEATH / Intervalle entre (attaque et le décès) | <i>55 min.</i> |
| ANTECEDENT CAUSES / Symptômes précurseurs de la mort | MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE / Condition morbide, s'il y a lieu, menant à la cause primaire |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE / Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire |
| OTHER SIGNIFICANT CONDITIONS ² / Autres conditions significatives ² | <i>Diabetes Mellitus Smoking history</i> |

| | | |
|------------------------------------|---|--|
| MODE OF DEATH / Condition de décès | AUTOPSY PERFORMED / Autopsie effectuée <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES / Circonstances de la mort suscitées par des causes extérieures |
| NATURAL / Mort naturelle | MAJOR FINDINGS OF AUTOPSY / Conclusions principales de l'autopsie | |
| ACCIDENT / Mort accidentelle | | |
| SUICIDE / Suicide | NAME OF PATHOLOGIST / Nom du pathologiste | |
| HOMICIDE / Homicide | SIGNATURE / Signature | DATE / Date |
| | | AVIATION ACCIDENT / Accident à Avion <input type="checkbox"/> YES / Oui <input type="checkbox"/> NO / Non |

DATE OF DEATH (Hour, day, month, year) / Date de décès (l'heure, le jour, le mois, l'année)
PLACE OF DEATH / Lieu de décès

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

| | |
|---|--|
| NAME OF MEDICAL OFFICER / Nom du médecin militaire ou du médecin capitaine <i>(b)(6)</i> | TITLE OR DEGREE / Titre ou diplôme <i>MD</i> |
| GRADE / Grade <i>(b)(6)</i> | INSTALLATION OR ADDRESS / Installation ou adresse <i>Abu Ghraib</i> |
| DATE / Date <i>30 MAR 2006</i> | SIGNATURE / Signature <i>(b)(6)</i> |

¹ State disease, injury or complication which caused death
² State conditions contributing to the death, but not the cause of death
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la cause de la mort
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort

TAB

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

600163353

FROM:

TR Med 344, Abu Ghraib Hospital

TO:

NAME (Last, first, MI)

Abdul Munder

GRADE

NA

SERVICE NUMBER

NA

ISN # 600163353

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 Hospital

30 MAR 2006

Cardiopulmonary Arrest

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).

Patient brought to ETR unresponsive, CPR in progress. ACLS performed. Patient pronounced dead at 0540.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY

DATE

30 MAR 2006

SIGNATURE OF COMMANDING OFFICER

SIGNATURE OF MEDICAL OFFICER

(b)(6)

WITNESSES

SIGNATURE

ADDRESS

SIGNATURE

ADDRESS

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL **056 06 CID, 89 78462**

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

Instructions - Medical Officer in attendance will: 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 ward plate will be used to imprint identifying data if available) Abdul, Murder ISSN 600163353 | 2. TIME OF DEATH (hour-day-month-year) 05:40 AM (local time) 30 MAR 2000 | 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 Ward Number

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

| | | |
|---|--|-----------------|
| 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death) | DUE TO (or as a consequence of) Cardiopulmonary Arrest | one hour |
| 7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last) | DUE TO (or as a consequence of) (1) (2) | |
| 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT | a. | |
| | b. | |

| | | |
|-----------------------------|---|---|
| 9. DATE 30 MAR 00 | 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 ACT

| 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 |
|----------|---------------------------------------|----------------------------|

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 67, WHICH WILL BE USED.

USAPA V2.01

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EXHIBIT 4

0056-06-220789-78462

AGENT'S INVESTIGATION REPORT

0066-06-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: On 3 Apr 06, this office received a Request for Assistance (RFA) (0056-06-CID9789-78462), from the 76th Military Police Detachment, 10th Military Police Battalion, APO AE 09342. The request required this office to attend the autopsy of Detainee LOHAYBI MONDER MAHMOUD ABDULKADERAL, Internment Serial Number (ISN) (b)(6), (b)(7)(C) who died while in US Custody.

About 0800 11 Apr 06, SA (b)(6), (b)(7)(C) attended the autopsy of Detainee LOHAYBI, ISN (b)(6), (b)(7)(C) which was conducted by CPT (Dr) (b)(6), (b)(7)(C) Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was opined as Hyperthophic Atherosclerotic Cardiovascular Disease. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD and fingerprints for details)

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

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

SA

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

APG Resident Agency (CID)
APG, MD 21005

Date:
11 Apr 06

Exhibit:

5

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AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER

0056-06-CID789-78462

Page 1 of 1 pages

BASIS FOR INVESTIGATION:

About 0600, 1 Jul 06, this office received the final Death Certificate and Autopsy Report # ME06-0293, 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 Hypertrophic and Arteriosclerotic Cardiovascular Disease and the manner of death as natural. (See Death Certificate and Autopsy Report for details)///Last Entry///

TYPED NAME, SEQUENCE NUMBER
SA (b)(6), (b)(7)(C), (b)(7)(F)

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

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

DATE
1 July 06

EXHIBIT
7

CID FORM 94-E

(Automated)

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

ACLU DDII CID ROI 32061

Exhibit(s) 8 and 9

Page(s) 000118 thru 000127 referred to:

CDR U.S. Army Medical Command
Freedom of Information/Privacy Act Office
ATTN: MCFP Bldg 126 Stop 76
1216 Stanley Road 2nd Floor
Fort Sam Houston, TX 78234-5049

ACLU DDII CID ROI 32062

0056-06-ezo789-78462

| CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer) | | | |
|--|---|---|---|
| NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) BTB Lohaybi, Monder Mahmoud, Abdulkar | | GRADE Grade | BRANCH OF SERVICE Arme Civilian |
| ORGANIZATION Organisation | | NATION (e.g. United States) Pays Iraq | SOCIAL SECURITY NUMBER Numéro de l'Assurance Social US91Z163353CI |
| RACE Race | | MARITAL STATUS Etat Civil | RELIGION Culte |
| CAUCASOID Caucasique | SINGLE Célibataire | DIVORCED Divorcé | PROTESTANT Protestant |
| NEGROID Négre | MARRIED Marié | SEPARATED Séparé | CATHOLIC Catholique |
| X OTHER (Specify) Autre (Spécifier) | WIDOWED Veuf | | JEWISH Juif |
| NAME OF NEXT OF KIN Nom du plus proche parent | | RELATIONSHIP TO DECEASED Parenté du décédé avec le sus | |
| STREET ADDRESS Domicile à (Rue) | | CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris) | |
| MEDICAL STATEMENT Déclaration médicale | | | |
| CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) | | | INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort | | Hypertrophic Arteriosclerotic Cardiovascular Disease | |
| ANTECEDENT CAUSES Symptômes précurseurs de la mort | MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu menant à la cause primaire | | History of Diabetes Mellitus and smoking |
| | UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu menant à la cause primaire | | |
| OTHER SIGNIFICANT CONDITIONS Autres conditions significatives | | | |
| MODE OF DEATH Condition de décès | AUTOPSY PERFORMED Autopsie effectuée | | CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures |
| X NATURAL Mort naturelle | X YES Ou <input type="checkbox"/> NO Non | | |
| ACCIDENT Mort accidentelle | CONCLUSIONS OF AUTOPSY Conclusions principales de l'autopsie | | |
| SUICIDE Suicide | NAME OF PATHOLOGIST Nom du pathologiste | | |
| HOMICIDE Homicide | SIGNATURE / Signature | | AVIATION ACCIDENT Accident à Avion |
| | (b)(6) | | <input type="checkbox"/> YES Ou <input checked="" type="checkbox"/> NO Non |
| DATE OF DEATH Date de décès (le jour, le mois, l'année) | Jeu de décès | | |
| 30 March 2006 | Iraq | | |
| I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus | | | |
| NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire | | TITLE OR DEGREE Titre ou diplôme | |
| (b)(6) | | Associate Medical Examiner | |
| GRADE Grade | INSTALLATION OR ADDRESS Installation ou adresse | | |
| (b)(6) | Dover AFB, Dover DE | | |
| DATE Date | Signature | | |
| 20 | (b)(6) | | |

DD FORM 1 APR 77 2006 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-RIPAS, 25 SEP 75, WHICH ARE OBSOLETE.

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ACLU-RDI 5530 p.64

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EXHIBIT 8
000118

0056-06-070 789-78462

(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 | | DATE OF DISPOSITION | |
| REGISTRATION OF VITAL STATISTICS | | | |
| REGISTRY (Town and County) | DATE REGISTERED | FILE NUMBER | |
| | | STATE | OTHER |
| NAME OF FUNERAL DIRECTOR | ADDRESS | | |
| SIGNATURE OF AUTHORIZED INDIVIDUAL | | | |

DD FORM 2064, APR 64 (BACK)

USAPA V1 00

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EXHIBIT 8
000119



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 Lohaybi, Monder Mahmoud
Abdulkaderal
ISN: US91Z-163353-CI
Date of Birth: 01 JAN 1944
Date of Death: 30 MAR 2006
Date/Time of Autopsy: 11 APR 2006
@ 1100 hrs
Date of Report: 26 JUN 2006

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilain
Place of Death: Iraq
Place of Autopsy: Port Mortuary, Dover
AFB, DE

Circumstances of Death: This 62 year-old detainee was found unresponsive and brought to the 344th Field Medical Hospital. Despite treatment the detainee expired. The deceased is reported as having a past medical history significant for smoking and diabetes mellitus.

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

Identification: Presumptive identification from examination of accompanying paperwork and wrist identification bracelet. Post-mortem fingerprints, dental charting and DNA obtained.

CAUSE OF DEATH: Hypertrophic and Arteriosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

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EXHIBIT 9
000120

AUTOPSY REPORT

(b)(6)

0056-06-020789-78462
2

BTB Lohaybi, Monder Mahmoud Abdulkaderal (ISN: US91Z-163353-CI)

FINAL AUTOPSY DIAGNOSIS

- I. Cardiovascular System:
 - A. Cardiomegaly: Heart weight 770-grams (predicted normal heart weight for a male with a body weight of 164-pounds is 295-grams with a lower 95% confidence limit of 202-grams and an upper 95% confidence limit of 432-grams)
 - B. Atherosclerotic Coronary Artery Disease:
 - 1. 90% stenosis of the left anterior descending coronary artery by atherosclerotic plaque
 - 2. 75% stenosis of the left circumflex coronary artery by atherosclerotic plaque
 - 3. 75% stenosis of the right coronary artery by atherosclerotic plaque
 - C. Remote Myocardial Infarction: 2.5-centimeter scar in the anterior wall of the left ventricle that extends to the apex
- II. Pulmonary System: Pulmonary edema and congestion (Lung weights: right 780-grams; left 720-grams)
- III. Genitourinary System: Benign Nephrosclerosis
- IV. Hepatobilliary System: Status post cholecystectomy
- V. No significant injuries identified
- VI. Minor Injuries: Abrasions (4) of the left side of the face ranging in greatest dimension from 1/4-inch to 1 3/4-inches
- VII. Post-mortem changes:
 - A. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure
 - B. Rigor has passed
 - C. Moderate decomposition of the internal organs
 - D. Skin slippage on the left ankle
- VIII. Toxicology (AFIP):
 - A. CARBON MONOXIDE: The carboxyhemoglobin hemoglobin saturation is 1%.
 - B. VOLATILES: There is no ethanol detected in the blood and vitreous fluid.
 - C. CYANIDE: There is no cyanide detected in the blood.
 - D. DRUGS: No screened drugs of abuse or medications are detected in the urine.

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EX-1000121

9

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 72-inch tall, 164-pounds male whose appearance is consistent with the reported age of 61-years. Lividity is present on the posterior surface of the body except in areas exposed to pressure. Rigor has passed.

The scalp is covered with short gray and black hair with male pattern blading. The irides are dark and the cornea are opacified. The external auditory canals and ears are unremarkable. The nares are patent and the lips are atraumatic. There is red-brown purge fluid in the nares. The nose and maxillae are palpably stable. The mouth is edentulous. There is post-mortem skin slippage on the left side of the face.

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 anus is unremarkable. There are areas of gray/brown discoloration without underlying hemorrhage on the left and right buttocks.

There is green discoloration on the chest and abdomen. There is a 5-inch vertical surgical scar on the center of the upper abdomen and a 4-inch oblique incision on the right side of the abdomen.

The upper and lower extremities are symmetric and without clubbing or edema. There is a 1/8-inch scar on the right elbow. There is postmortem skin slippage on the left ankle. There is an orange/yellow post-mortem abrasion on the right hand.

CLOTHING AND PERSONAL EFFECTS

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

- A yellow jump-suit
- Two pairs of white briefs
- One white sock
- Wrapped in a green sheet

MEDICAL INTERVENTION

- Endotracheal Intubation
- Intravenous access (right forearm)

RADIOGRAPHS

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

- Calcified coronary arteries
- Calcified external iliac and femoral arteries
- Internal fixation plate (right tibia)

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EVIDENCE OF INJURY

No significant injuries are identified.

INTERNAL EXAMINATIONHEAD:

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 1500-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. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

The right and left lungs weigh 780 and 720-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 770-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with moderate fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. There is a 2.5-centimeter trans-mural tan-white fibrous scar in the anterior wall of the left ventricle that extends to the apex. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 0.9 and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels and exhibits mild atherosclerosis. The renal and mesenteric vessels are unremarkable.

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AUTOPSY REPORT (b)(6)

BTB Lohaybi, Monder Mahmoud Abdulkaderal (ISN: US91Z-163353-CI)

LIVER & BILIARY SYSTEM:

The 1800-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 is not identified and is replaced by numerous adhesions. The extrahepatic biliary tree is patent.

SPLEEN:

The 240-gram spleen is encased with numerous adhesions. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

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

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 200 and 180-grams, respectively. The external surfaces are granular. 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 30-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 scant brown fluid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is not identified.

MICROSCOPIC EXAMINATION

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

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AUTOPSY REPORT (b)(6)

BTB Lamybi, Monder Mahmoud Abdulkaderal (ISN: US91Z-163353-CI)

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained. No blunt force or penetrating injuries are identified. No metallic foreign objects are identified.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, urine, liver, spleen, brain, lung, kidney, muscle and adipose.
4. The dissected organs are forwarded with the body.
5. Personal effects are released to the appropriate mortuary operations representatives.
6. Identifying marks include: Two surgical scars on the abdomen.

OPINION

This 62 year-old male died of hypertrophic and arteriosclerotic cardiovascular disease. The heart weighed 770-grams. There was evidence of a remote myocardial infraction in the anterior wall of the left ventricle, significant pulmonary congestion and edema and benign prostatic hyperplasia. Cross sectioning of the coronary arteries exhibited 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. The abrasions of the left side of the face are consistent with injuries sustained during a terminal collapse. The toxicology screen is negative. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

(b)(6)

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AUTOPSY REPORT

(b)(6)

BTB Lohaybi, Monder Mahmoud Abdukaderal (ISN: US91Z-163353-CI)

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
2. Full body radiographs are obtained and demonstrate the injuries as described.
3. Specimens retained for toxicology testing and/or DNA identification are: blood, vitreous fluid, urine, liver, spleen, brain, lung, kidney, muscle and adipose
4. The dissected organs are forwarded with the body.
5. Selected portions of organs are retained in formalin, without preparation of histological slides.
6. Personal effects are released to the appropriate mortuary operations representatives
7. Identifying marks include: None

OPINION

This 67 year-old male died of hypertrophic and arteriosclerotic cardiovascular disease. There was evidence of a remote myocardial infraction in the anterior wall of the left ventricle. Significant pulmonary congestion and edema and benign nephrosclerosis. Cross sectioning of the coronary arteries exhibited 90% stenosis of the left anterior descending coronary artery, 75% stenosis of the left circumflex coronary artery and 75% stenosis of the right coronary artery by calcified atherosclerotic plaques. The toxicology screen is negative. The manner of death is natural.

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Medical Examiner

(b)(6)

Medical Examiner

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

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

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

Name
LOHAYBI, MONDER MAHMOUD

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)

Date Report Generated: April 19, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 3/30/2006

Date Received: 4/13/2006

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was 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.

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

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

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

None were found.

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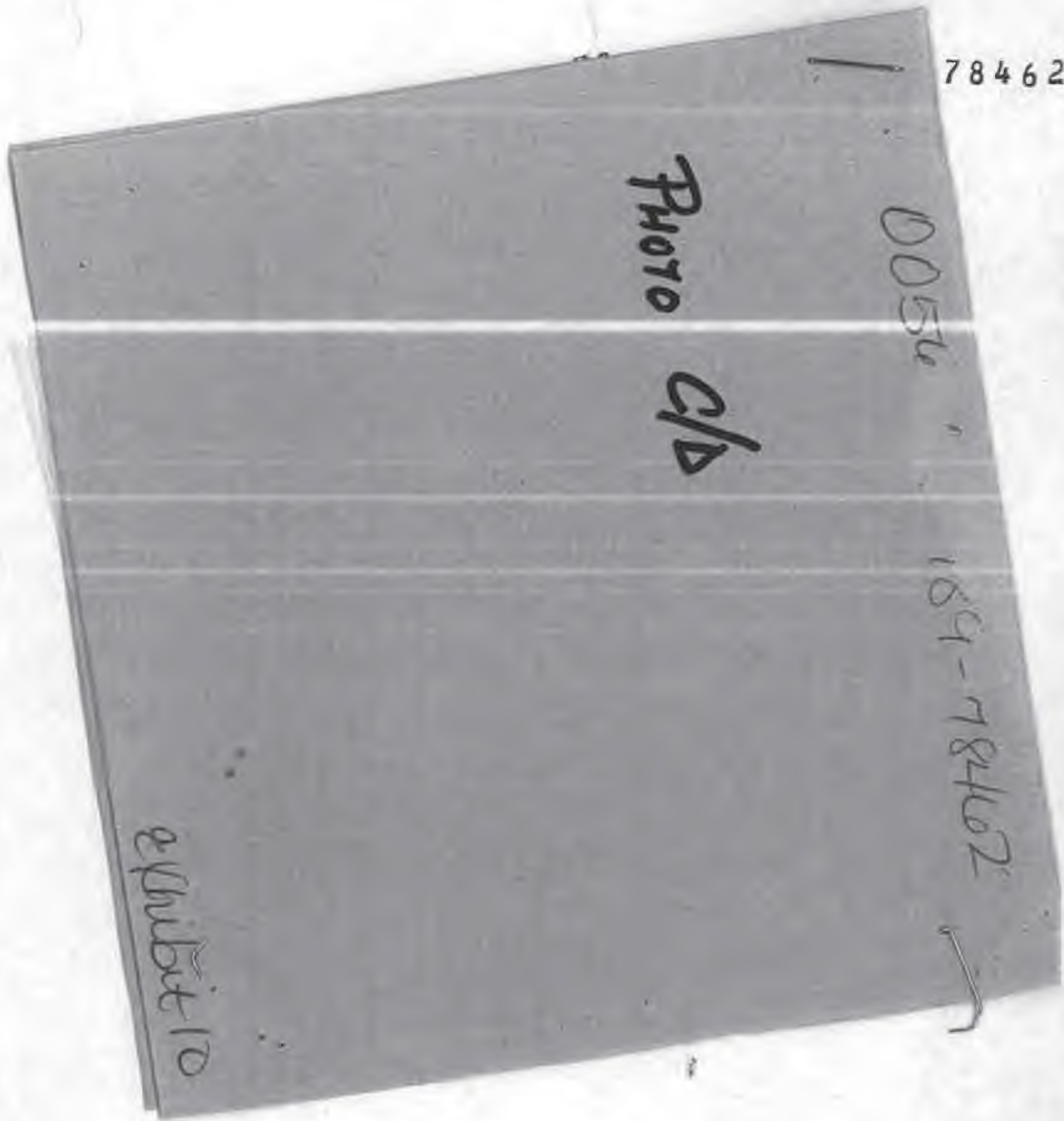


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DA / FIA
1A

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

1. LAST NAME-FIRST NAME-MIDDLE INITIAL

ABDUL Mander Mathman

2. GRADE

3. SOCIAL SECURITY NO.

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

4. ORGANIZATION

TF 344

med.

6. DEATH OCCURRED

| | | | |
|------|-----|-----|------|
| HOUR | DAY | MO. | YEAR |
| 0540 | 30 | 3 | 06 |

7. PLACE WHERE DEATH OCCURRED

DEATH TAG

U.S. GPO: 2002-486-002

ACLU DDII CID ROI 32074