

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

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

PRIVACY ACT STATEMENT

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

1. Control Information

Thru:	USACRC Number: 0189-2007-CID259-22684-5H6
To:	MP Report Number: N/A
Referred By: SAC, CID Office, Camp Liberty CID Office (b)(6), (b)(7)(C)	Sub-Installation: AE09342DC
	Referral Date: 5/1/2010
	Suspense Date: 6/15/2010

The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.

Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.

In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section. Provost Marshals must enter the "MP Report Number" (Block-1) for all cases referred to commanders. "Sub-Installation" (Block-1) is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

2. Offender Identification

Last Name: (b)(6), (b)(7)(C)	Grade: Foreign Civilian (FRCIV)
First Name:	SSN:
Middle Name:	Date of Birth:
Cadency:	

3. Referral Information**Commander Decision Date:** 5/1/2010

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
1	Aggravated Assault [5C1N]	Foreign	12/8/2007	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Suspect Deceased
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Referral Information (continued)

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NOTE: For each offense marked NO for action taken, you must supply a reason.

If you selected "YES" for any offense, continue to "Action Taken" (Block-4). If you selected "NO" for ALL offenses, go directly to "Commander's Remarks" (Block-10), sign, date, and return the form to the agent specified in "Referred By" (Block-1).

4. Action Taken☐ **Administrative**

Non-Adverse Referrals

Adverse Personnel Actions

☐ **Non-Judicial (Article 15)**

(see details below)

☐ **Judicial**

Court Martial or Civilian Criminal Court

Non-Judicial Punishment Authority (select one):☐ Summarized☐ GCMCA Imposed☐ Company Grade☐ General Officer Imposed☐ Field Grade☐ Principal Assistant**Judicial Punishment Authority (select one):**☐ Summary Court Martial☐ General Court Martial☐ Special Court Martial☐ Civilian Criminal/Magistrate**5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome**

No.	Charged Offense	Plea	Finding Offense	Trial Finding
1	NO ACTION TAKEN -- Aggravated Assault [5C1N]			
2				
3				
4				
5				

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, TRIAL FINDING: DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome (continued)

No.	Charged Offense	Plea	Finding Offense	Trial Finding
6				
7				
8				
9				
10				

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, TRIAL FINDING: DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

6. Administrative Actions

Non-Adverse

Agency	Referred	Responded
Family Advocacy		
Drug/Alcohol Abuse		
Special Referral		
Equal Opportunity		
Legal Office		
Mental Health		
Relief Agency		

Date Imposed	Type of Action	Oral	Written	
			Local	OMPF
	Counseling/Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Censure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Admonition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adverse

Date Imposed	Description
	Withholding of Privileges
	Adverse Performance Evaluation (OER/NCOER/Academic Report)
	Relief for Cause (OER/NCOER)
	Mandatory Reassignment
	Transfer (such as rehabilitative)
	Adverse Record Entry - Flag
	Denial of Reenlistment or Continued Service
	Withholding of Promotion
	Delay of Promotion
	Promotion Revocation
	Clearance Revocation
	Control Roster (downgrade of clearance, PRP reclassification)
	Resignation
	Retirement
	Retirement at Lower Grade From: To:
	Transfer to Inactive Reserve

3

6. Administrative Actions (continued)

Date Imposed	Description
	Military Occupational Specialty Reclassification
	Debarment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Job Termination
	Job Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Leave Without Pay Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Loss of Warrant
	Voluntary Disclosure
	Restitution (to US Government) Amount :
	Restitution (to third party Non-US Government) Amount :
	Civil-Civil Action Initiation
	Other (return to states, etc.)
	Contract Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Contract Termination
	Cost Adjustment Amount :
	Bid Rejection
	Recoupment Amount :
	Denial of Continuation
	Other Contract Action

7. Details of Administrative Separation

Date Imposed	
Regulation	
Chapter	
Characterization	
Effective Date	

Proceed to Commander's Remarks (Block-10) if you chose Administrative Action

8. Non-Judicial/Judicial Sanctions

Date Adjudged	Sanction
	Fine Amount :
	Forfeiture Amount : Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Extra Duty Days:
	Restriction Days:
	Correctional Custody Days:
	Confinement Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Bad Conduct Discharge Effective Date:
	Dishonorable Discharge Effective Date:
	Reduction in Grade From: To:
	Probation Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Special Assignment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Total Forfeiture (all pay/allowance) Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Death
	Civil Recovery Amount :
	Civil Award Amount :

9. Suspended SanctionsWere Any Sanctions Suspended? ☐ Yes ☒ No

If no sanctions were suspended, proceed to "Commander's Remarks" (Block-10)

Suspended Sanction	Suspended Sanction Information	
Fine	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	Suspended Portion Time:
	Suspension Conditions:	
Extra Duty	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Restriction	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Correctional Custody	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Confinement	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Reduction in Grade	Date Suspended:	Suspension Duration:
	Suspension Conditions:	
Probation	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Special Assignment	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Total Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Recovery	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Civil Award	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	

10. Commander's Remarks

USASCRC Number: 0189-2007-CID259-22684-5H6

Sanction: X9 2010/05/01

11. Commanding Officer

Was a DNA sample collected from the offender? ☐ Yes ☒ No

Name and Grade:	(b)(6),(b)(7)(C)	Special Agent in Charge, CW2
Signature:	(b)(6),(b)(7)(C)	Signature Date: 5/1/2010
AKO e-Mail Address:	(C)	@us.army.mil

COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

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PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943
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To:	MP Report Number: N/A
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	Suspense Date: 6/15/2010

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2. Offender Identification

Last Name:	(b)(6),(b)(7)(C)	Grade:	E-6 U.S. Army (SSG)
First Name:		SSN:	(b)(6),(b)(7)(C)
Middle Name:		Date of Birth:	
Cadency:			

3. Referral Information

Commander Decision Date: 5/1/2010

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
1	Justifiable Homicide [5H6]	UCMJ	12/8/2007	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Prosecution Declined/Other
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. Referral Information (continued)

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

NOTE: For each offense marked NO for action taken, you must supply a reason.

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4. Action Taken☐ **Administrative**

Non-Adverse Referrals
Adverse Personnel Actions

☐ **Non-Judicial (Article 15)**
(see details below)☐ **Judicial**

Court Martial or Civilian Criminal Court

Non-Judicial Punishment Authority (select one):

- ☐ Summarized
☐ Company Grade
☐ Field Grade
☐ Principal Assistant

- ☐ GCMCA Imposed
☐ General Officer Imposed

Judicial Punishment Authority (select one):

- ☐ Summary Court Martial
☐ Special Court Martial
☐ General Court Martial
☐ Civilian Criminal/Magistrate

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome

No.	Charged Offense	Plea	Finding Offense	Trial Finding
1	NO ACTION TAKEN -- Justifiable Homicide [5H6]			
2				
3				
4				
5				

PLEA: G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, TRIAL FINDING: DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome (continued)

No.	Charged Offense	Plea	Finding Offense	Trial Finding
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7				
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Non-Adverse

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Drug/Alcohol Abuse		
Special Referral		
Equal Opportunity		
Legal Office		
Mental Health		
Relief Agency		

Date Imposed	Type of Action	Oral	Written	
			Local	OMPF
	Counseling/Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Censure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Admonition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Adverse

Date Imposed	Description
	Withholding of Privileges
	Adverse Performance Evaluation (OER/NCOER/Academic Report)
	Relief for Cause (OER/NCOER)
	Mandatory Reassignment
	Transfer (such as rehabilitative)
	Adverse Record Entry - Flag
	Denial of Reenlistment or Continued Service
	Withholding of Promotion
	Delay of Promotion
	Promotion Revocation
	Clearance Revocation
	Control Roster (downgrade of clearance, PRP reclassification)
	Resignation
	Retirement
	Retirement at Lower Grade From: To:
	Transfer to Inactive Reserve

6. Administrative Actions (continued)

Date Imposed	Description
	Military Occupational Specialty Reclassification
	Debarment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Job Termination
	Job Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Leave Without Pay Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Loss of Warrant
	Voluntary Disclosure
	Restitution (to US Government) Amount :
	Restitution (to third party Non-US Government) Amount :
	Civil-Civil Action Initiation
	Other (return to states, etc.)
	Contract Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Contract Termination
	Cost Adjustment Amount :
	Bid Rejection
	Recoupment Amount :
	Denial of Continuation
	Other Contract Action

7. Details of Administrative Separation

Date Imposed	
Regulation	
Chapter	
Characterization	
Effective Date	

Proceed to Commander's Remarks (Block-10) if you chose Administrative Action

8. Non-Judicial/Judicial Sanctions

Date Adjudged	Sanction
	Fine Amount :
	Forfeiture Amount : Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Extra Duty Days:
	Restriction Days:
	Correctional Custody Days:
	Confinement Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Bad Conduct Discharge Effective Date:
	Dishonorable Discharge Effective Date:
	Reduction in Grade From: To:
	Probation Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Special Assignment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Total Forfeiture (all pay/allowance) Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Death
	Civil Recovery Amount :
	Civil Award Amount :

9. Suspended SanctionsWere Any Sanctions Suspended? ☐ Yes ☒ No

If no sanctions were suspended, proceed to "Commander's Remarks" (Block-10)

Suspended Sanction	Suspended Sanction Information	
Fine	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	Suspended Portion Time:
	Suspension Conditions:	
Extra Duty	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Restriction	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Correctional Custody	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Confinement	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Reduction in Grade	Date Suspended:	Suspension Duration:
	Suspension Conditions:	
Probation	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Special Assignment	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Total Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Recovery	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Civil Award	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	

10. Commander's Remarks

No prosecution sought for justifiable homicide.

USASCRC Number: 0189-2007-CID259-22684-5H6

Sanction: F5 2010/05/01

11. Commanding Officer

Was a DNA sample collected from the offender? ☐ Yes ☒ No

Name and Grade:	(b)(6),(b)(7)(C)	Special Agent in Charge, CW2
Signature:	(b)(6),(b)(7)(C)	Signature Date: 5/1/2010
AKO e-Mail Address:	(C)	@us.army.mil

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~~Law Enforcement Sensitive~~

DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Slayer CID Office
20th/1149th Military Police Detachment (CID) (FWD), Building YB20, Camp
Slayer, Baghdad, APO AE, Iraq

23 Apr 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0189-2007-CID259-22684 -
5H6 / 5C1N / 9G2A / 9G2B / 9G2C

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 08 DEC 2007, 2320 - 08 DEC 2007, 2321; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VICTORY BASE COMPLEX, IRAQ (VBC), AE 09342

2. 08 DEC 2007, 2321 - 08 DEC 2007, 2322; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VBC, AE 09342

DATE/TIME REPORTED: 09 DEC 2007, 0146

INVESTIGATED BY:

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

SUBJECT:

1. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER;
[AGGRAVATED ASSAULT] (NFI)

2. NONE, ; [JUSTIFIABLE HOMICIDE] (NFI)

1

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VICTIM:

1 (b)(6),(b)(7)(C) SSG (b)(6),(b)(7)(C) (DOB); (POB); MALE;
WHITE; A CO, 5TH SPECIAL FORCES BN, 19TH SPECIAL FORCES GROUP, SPECIAL
OPERATIONS TASK FORCE - CENTRAL (SOTF-C), AREA IV, VBC (HOME STATION:
LOS ALAMITOS, CA), ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST
09342; SP ; [AGGRAVATED ASSAULT]

2. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER;
[JUSTIFIABLE HOMICIDE] (NFI)

INVESTIGATIVE SUMMARY:

On 9 Dec 07, SSG (b)(6),(b)(7)(C) Area Defense Operations Center
(ADOC), Headquarters and Headquarters Company (HHC), 181st Infantry Regiment (IN), 177th
Military Police (MP) Brigade (BDE), Task Force 134, Camp Cropper, Iraq, APO AE 09342
(CCIZ), reported the death of an Iraqi citizen at Area 4, VBC.

Investigation determined Mr. KHAZI committed the offense of Aggravated Assault when he
continuously struck SSG (b)(6),(b)(7)(C) on his head with a wooden board, resulting in a severe
head laceration and several minor abrasions to SSG (b)(6),(b)(7)(C) and demonstrated intent to
cause grievously bodily harm.

Investigation also determined Mr. KHAZI's death resulted from multiple gunshot wounds which
he received while he was striking SSG (b)(6),(b)(7)(C) with the wooden board and attempted to
grab SSG (b)(6),(b)(7)(C) holstered M9 pistol. SSG (b)(6),(b)(7)(C) defended himself by
grabbing his M9 pistol and firing four rounds which struck Mr. KHAZI's torso and subsequently
killed him. Mr. KHAZI's manner of death was a justifiable homicide.

STATUTES:

Article 128, UCMJ: Aggravated Assault

EXHIBITS / SUBSTANTIATION:

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Law Enforcement Sensitive

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 12 Dec 07.
2. Photographic Packet comprised of 5 photographs (SSG (b)(6),(b)(7)(C) Injuries).
3. Sworn Statement of SSG (b)(6),(b)(7)(C) 9 Dec 07.
4. Sworn Statement of SGT (b)(6),(b)(7)(C) 9 Dec 07.
5. Sworn Statement of SFC (b)(6),(b)(7)(C) 9 Dec 07.
6. Interview Sketch of SFC (b)(6),(b)(7)(C) 9 Dec 07.
7. Sworn Statement of SSG (b)(6),(b)(7)(C) 9 Dec 07.
8. Sworn Statement of SFC (b)(6),(b)(7)(C) 9 Dec 07.
9. Certificate of Death of Mr. KHAZI, 9 Dec 07.
10. Evidence Property Custody Document (EPCD), Document Number (DN) 1052-07.
11. Sworn Statement of MSG (b)(6),(b)(7)(C) 11 Dec 07.
12. Sworn Statement of SFC (b)(6),(b)(7)(C) 12 Dec 07.
13. Sworn Statement of SFC (b)(6),(b)(7)(C) 2 Dec 07.
14. Sworn Statement of SFC (b)(6),(b)(7)(C) 12 Dec 07.
15. AIR of SA (b)(6),(b)(7)(C) 9 Dec 07.
16. Scene Sketch prepared by SA (b)(6),(b)(7)(C) 9 Dec 07.
17. Scene Sketch prepared by SA (b)(6),(b)(7)(C) 9 Dec 07.

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

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

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18. Scene Sketch prepared by SA (b)(6),(b)(7)(C) 9 Dec 07.
19. Photographic Packet comprised of 27 photographs (scene).
20. EPCD, DN 1050-07.
21. AIR of SA (b)(6),(b)(7)(C) 12 Dec 07.
22. EPCD, DN 0391-08.
23. AIR of SA (b)(6),(b)(7)(C) 2 Jan 08.
24. DA Form 2062, Hand Receipt, pertaining to SSG (b)(6),(b)(7)(C) 15 Jul 07.
25. EPCD, DN 1057-07.
26. Sworn Statement of SFC (b)(6),(b)(7)(C) 15 Dec 07.
27. Chronological Record of Medical Care pertaining to SSG (b)(6),(b)(7)(C) 10 Dec 07 and 11 Dec 07.
28. Record of Inpatient Treatment pertaining to Mr. KHAZI, 28 Nov 07 through 10 Dec 07.
29. AIR of SA (b)(6),(b)(7)(C) 31 Dec 07.
30. Cross Projection Sketch prepared by SA (b)(6),(b)(7)(C) 31 Dec 07.
31. AIR of SA (b)(6),(b)(7)(C) 24 Mar 08.
32. Certificate of Death pertaining to Mr. KHAZI, 13 Dec 07.
33. Toxicology Report pertaining to Mr. KHAZI, 20 Dec 07.
34. Autopsy Examination Report pertaining to Mr. KHAZI, 7 Jan 08.
35. Operating Room Anesthesia Records pertaining to Mr. KHAZI.

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- 36. U.S. Army Criminal Investigation Laboratory (USACIL) DNA Branch Final Report, 8 Feb 08.
- 37. USACIL Latent Print Branch Final Report, 25 Feb 08.
- 38. (38-1 through 38-3) DD Form 2922, Forensic Laboratory Examination Request, 12 Dec 07, 15 Dec 07 and 15 Dec 07. (USACRC, AFIP, USACIDC, and file copies only)
- 39. Compact Disc containing original images associated with Exhibits 2, 17 and 28. (USACRC, AFIP, USACIDC, and file copies only)

NOT ATTACHED:

Retained in the evidence depository, 11th MP BN (CID), Camp Victory, Iraq, APO AE 09342 (CVIZ):

- 40. Shell Casings (Item 1, DN 1050-07).
- 41. Round (Item 2, DN 1050-07).
- 42. Handcuffs (Item 3, DN 1050-07).
- 43. Boards (Item 4, DN 1050-07).
- 44. Swab (Item 5, DN 1050-07).
- 45. Swab (Item 1, DN 1052-07).
- 46. Pistol (Item 1, DN 1057-07).
- 47. Coat (Item 1, DN 0391-08).
- 48. Pants (Item 2, DN 0391-08).
- 49. Underwear (Item 3, DN 0391-08).

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- 50. Tank Top (Item 4, DN 0391-08).
- 51. Socks (Item 5, DN 0391-08).
- 52. Vial (Item 6, DN 0391-08).
- 53. Specimen Cup (Item 7, DN 0391-08).

The originals of Exhibits 1 through 8, 11 through 19, 21, 23, 26, 29 through 31, and 39 are forwarded with the USACRC copy of this report. The originals of Exhibits 9 and 32 through 34 are retained in the files of the Office of the Armed Forces Medical Examiner, Rockville, MD. The originals of Exhibits 10, 20, 22, and 25 are retained in the files of the evidence depository, 11th MP BN (CID), CVIZ. The original of Exhibit 24 is retained in the files of the 1st BN, 5th SFG, Area 4, VBC. The originals of Exhibit 27 are retained in the records of the 447th Air Expeditionary Group, Emergency Medical Station, SABIZ. The originals of Exhibit 28 and 35 are retained in the records of the 31st CSH, CCIZ. The originals of Exhibit 36 through 38 are retained in the files of USACIL, Forest Park, GA 30297.

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

CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, 6010 6th Street, Fort Belvoir, VA (Original)

DIR, AFIP, OAFME, Washington D.C.

Commander, USACIDC, ATTN: CIOP-COP-CO, 6010 6th Street, Ft Belvoir,

CDR, 3rd MP Group, ATTN: Operations, Fort Gillem, GA 30297

11th MP BN (CID), Camp Victory, IZ

SJA, SOTF-C, RPC, IZ

OAFME, AFIP, ROCKVILLE, MD (Email only)

PMO, CAMP VICTORY, IZ 09342 (Email only)

FILE

7

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~~Law Enforcement Sensitive~~

DATE: 24 APR 2008
FROM: SAC, CAMP SLAYER CID OFFICE///CIRF-ZA-BD
TO: DIR, USACRC, 6010 6TH STREET, FORT BELVOIR, VA
DIR, AFIP, OAFME, WASHINGTON D.C.
CDR, USACIDC, ATTN: CIOP-COP-CO, FORT BELVOIR, VA
CDR, 3RD MP GROUP, FORT GILLEM, GA
11TH MP BN (CID), CAMP VICTORY, IZ
OAFME, AFIP, ROCKVILLE, MD
PMO, CAMP VICTORY, IZ 09342
SJA, SOTF-C, RPC, IZ
SUBJECT: CID REPORT OF INVESTIGATION - 1ST SUPPLEMENTAL/SSI -
0189-2007-CID259-22684 - 5H6 / 5C1N / 9G2A / 9G2B / 9G2C
DRAFTER: (b)(6),(b)(7)(C)
RELEASER:

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 08 DEC 2007, 2320 - 08 DEC 2007, 2321; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VICTORY BASE COMPLEX, IRAQ (VBC), AE 09342

2. 08 DEC 2007, 2321 - 08 DEC 2007, 2322; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VBC, AE 09342

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

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2. DATE/TIME REPORTED: 09 DEC 2007, 0146

3. INVESTIGATED BY:

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

4. SUBJECT:

1. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER;
[AGGRAVATED ASSAULT] (NFI)

2. [CHANGE] (b)(6),(b)(7)(C) SSG; (b)(6),(b)(7)(C) (DOB); (POB);
MALE; WHITE; A CO, 5TH SPECIAL FORCES BN, 19TH SPECIAL FORCES GROUP,
SPECIAL OPERATIONS TASK FORCE - CENTRAL (SOTF-C), AREA IV, VBC (HOME
STATION: LOS ALAMITOS, CA), ARMED FORCES AFRICA, CANADA, EUROPE &
MIDDLE EAST 09342; SP ; [JUSTIFIABLE HOMICIDE]

5. VICTIM:

1. (b)(6),(b)(7)(C) SSG; (b)(6),(b)(7)(C) (DOB); (POB); MALE;
WHITE; A CO, 5TH SPECIAL FORCES BN, 19TH SPECIAL FORCES GROUP, SPECIAL
OPERATIONS TASK FORCE - CENTRAL (SOTF-C), AREA IV, VBC (HOME STATION:
LOS ALAMITOS, CA), ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST
09342; SP ; [AGGRAVATED ASSAULT]

2. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER;
[JUSTIFIABLE HOMICIDE] (NFI)

6. INVESTIGATIVE SUMMARY:

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

THIS IS AN "OPERATION IRAQI FREEDOM" INVESTIGATION.

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

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1ST SUPPLEMENTAL:

THIS SUPPLEMENTAL REPORT WAS TO CHANGE THE SUBJECT FROM NONE TO SSG (b)(6),(b)(7)(C)

ON 24 APR 08, AN ADMINISTRATIVE REVIEW DETERMINED SINCE SSG (b)(6),(b)(7)(C) COMMITTED THE JUSTIFIABLE HOMICIDE, HE SHOULD HAVE BEEN IDENTIFIED AS THE SUBJECT.

THIS CASE IS PENDING THE ADMINISTRATIVE REVIEW PROCESS OF THE FINAL SUPPLEMENTAL REPORT.

FINAL REPORT:

ON 9 DEC 07, SSG (b)(6),(b)(7)(C) AREA DEFENSE OPERATIONS CENTER (ADOC), HEADQUARTERS AND HEADQUARTERS COMPANY (HHC), 181ST INFANTRY REGIMENT (IN), 177TH MILITARY POLICE (MP) BRIGADE (BDE), TASK FORCE 134, CAMP CROPPER, IRAQ, APO AE 09342 (CCIZ), REPORTED THE DEATH OF AN IRAQI CITIZEN AT AREA 4, VBC.

INVESTIGATION DETERMINED MR. KHAZI COMMITTED THE OFFENSE OF AGGRAVATED ASSAULT WHEN HE CONTINUOUSLY STRUCK SSG (b)(6),(b)(7)(C) ON HIS HEAD WITH A WOODEN BOARD, RESULTING IN A SEVERE HEAD LACERATION AND SEVERAL MINOR ABRASIONS TO SSG (b)(6),(b)(7)(C) AND DEMONSTRATED INTENT TO CAUSE GRIEVOUSLY BODILY HARM.

INVESTIGATION ALSO DETERMINED MR. KHAZI'S DEATH RESULTED FROM MULTIPLE GUNSHOT WOUNDS WHICH HE RECEIVED WHILE HE WAS STRIKING SSG (b)(6),(b)(7)(C) WITH THE WOODEN BOARD AND ATTEMPTED TO GRAB SSG (b)(6),(b)(7)(C) HOLSTERED M9 PISTOL. SSG (b)(6),(b)(7)(C) DEFENDED HIMSELF BY GRABBING HIS M9 PISTOL AND FIRING FOUR ROUNDS WHICH STRUCK MR. KHAZI'S TORSO AND SUBSEQUENTLY KILLED HIM. MR. KHAZI'S MANNER OF DEATH WAS A JUSTIFIABLE HOMICIDE.

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

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

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SUSPENSION OF SECURITY CLEARANCES OF PERSONS UNDER INVESTIGATION.

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

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Slayer CID Office
20th/1149th Military Police Detachment (CID) (FWD), Building YB20, Camp
Slayer, Baghdad, APO AE, Iraq

25 Apr 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 1ST FINAL SUPPLEMENTAL/SSI -
0189-2007-CID259-22684 - 5H6 / 5C1N / 9G2A / 9G2B / 9G2C

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 08 DEC 2007, 2320 - 08 DEC 2007, 2321; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VICTORY BASE COMPLEX, IRAQ (VBC), AE 09342

2. 08 DEC 2007, 2321 - 08 DEC 2007, 2322; TASK FORCE RAPTOR SCREENING
FACILITY, AREA IV, VBC, AE 09342

DATE/TIME REPORTED: 09 DEC 2007, 0146

INVESTIGATED BY:

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

SUBJECT:

1. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER;
[AGGRAVATED ASSAULT] (NFI)

2. (b)(6), (b)(7)(C) SSG; (b)(6), (b)(7)(C) (DOB); (POB); MALE;
WHITE; A CO, 5TH SPECIAL FORCES BN, 19TH SPECIAL FORCES GROUP, SPECIAL

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OPERATIONS TASK FORCE - CENTRAL (SOTF-C), AREA IV, VBC (HOME STATION: LOS ALAMITOS, CA), ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09342; SP ; [JUSTIFIABLE HOMICIDE]

VICTIM:
1. (b)(6),(b)(7)(C) SSG (b)(6),(b)(7)(C) (DOB); (POB); MALE; WHITE; A CO, 5TH SPECIAL FORCES BN, 19TH SPECIAL FORCES GROUP, SPECIAL OPERATIONS TASK FORCE - CENTRAL (SOTF-C), AREA IV, VBC (HOME STATION: LOS ALAMITOS, CA), ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09342; SP ; [AGGRAVATED ASSAULT]

2. KHAZI, HAMID MUHSIN (DECEASED); FRCIV; MALE; OTHER; [JUSTIFIABLE HOMICIDE] (NFI)

INVESTIGATIVE SUMMARY:

On 9 Dec 07, SSG (b)(6),(b)(7)(C) Area Defense Operations Center (ADOC), Headquarters and Headquarters Company (HHC), 181st Infantry Regiment (IN), 177th Military Police (MP) Brigade (BDE), Task Force 134, Camp Cropper, Iraq, APO AE 09342 (CCIZ), reported the death of an Iraqi citizen at Area 4, VBC.

Investigation determined Mr. KHAZI committed the offense of Aggravated Assault when he continuously struck SSG (b)(6),(b)(7)(C) on his head with a wooden board, resulting in a severe head laceration and several minor abrasions to SSG (b)(6),(b)(7)(C) and demonstrated intent to cause grievously bodily harm.

Investigation also determined Mr. KHAZI's death resulted from multiple gunshot wounds which he received while he was striking SSG (b)(6),(b)(7)(C) with the wooden board and attempted to grab SSG (b)(6),(b)(7)(C) holstered M9 pistol. SSG (b)(6),(b)(7)(C) defended himself by grabbing his M9 pistol and firing four rounds which struck Mr. KHAZI's torso and subsequently killed him. Mr. KHAZI's manner of death was a justifiable homicide.

On 24 Apr 08, an administrative review determined SSG (b)(6),(b)(7)(C) needed to be identified as a subject since he committed the justifiable homicide.

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STATUTES:

Article 128, UCMJ: Aggravated Assault

EXHIBITS / SUBSTANTIATION:

Added Attached:

None

Added Not Attached:

None

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

CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

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11th MP BN (CID), Camp Victory, IZ

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OPS, 20TH/1149TH MP DET (CID) (FWD), Camp Slayer, IZ (Email only)

PMO, Camp Victory, IZ 09342 (Email only)

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SJA, SOTF-C, RPC, IZ

FILE

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

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0189-07-CID259-22684

PAGE 1 OF 4 PAGE(S)

DETAILS

BASIS FOR INVESTIGATION: About 0147, 9 Dec 07, SSG (b)(6), (b)(7)(C) reported the death of an Iraqi Local National (ILN) citizen at Area 4, VBC.

About 0215, 9 Dec 07, SA (b)(6), (b)(7)(C) coordinated with CW3 (b)(6), (b)(7)(C) Company Operations Officer, A CO, 1st BN, 5th Special Forces Group (SFG), Area 4, VBC, who related Mr. KHAZI was injured on a targeted raid on 28 Nov 07. CW3 (b)(6), (b)(7)(C) related Mr. KHAZI was treated on target, at the 31st Combat Support Hospital (CSH), CCIZ, and at the 86th CSH, International Zone APO AE 09342 (IZIZ). CW3 (b)(6), (b)(7)(C) stated Mr. KHAZI was under the guard of SSG (b)(6), (b)(7)(C) on 9 Dec 07, when Mr. KHAZI struck SSG (b)(6), (b)(7)(C) on the top of the head with a 2" by 4" board, which caused severe injury to SSG (b)(6), (b)(7)(C). CW3 (b)(6), (b)(7)(C) related when Mr. KHAZI struck SSG (b)(6), (b)(7)(C) he (SSG (b)(6), (b)(7)(C)) engaged Mr. KHAZI with his issued pistol and killed Mr. KHAZI. CW3 (b)(6), (b)(7)(C) stated Mr. KHAZI was not assigned a Capture Tag Number or Internment Serial Number as he was treated for his injuries and then scheduled to be returned to his point of capture hours prior to his death.

About 0640, 9 Dec 07, SA (b)(6), (b)(7)(C) requested MSG (b)(6), (b)(7)(C) A CO, 5th BN, 19th SFG, Area 4, VBC, retrieve SSG (b)(6), (b)(7)(C) weapon which had been secured in his office. MSG (b)(6), (b)(7)(C) provided the weapon for inspection. SA (b)(6), (b)(7)(C) cleared the weapon, which was identified as a 9mm standard U.S Army issued Beretta pistol. SA (b)(6), (b)(7)(C) conducted a round count of the weapon and magazine which identified 10 standard NATO 9mm ball rounds in the magazine and one in the chamber of the weapon.

About 0645, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SSG (b)(6), (b)(7)(C) who stated he originally loaded the weapon with 15 rounds. SSG (b)(6), (b)(7)(C) stated he did not remember how many rounds he fired during the incident. SSG (b)(6), (b)(7)(C) stated he sustained wounds to his head. SA (b)(6), (b)(7)(C) exposed photographs of SSG (b)(6), (b)(7)(C) injuries using a Nikon, Coolpix 5900, digital camera.

Between 0655 and 0706, 9 Dec 07, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) conducted canvass interviews of the following Soldiers assigned to A CO, 1st BN, 5th SFG, Area 4, VBC:

SSG (b)(6), (b)(7)(C) A CO, 1st BN, 5th SFG, Area 4, VBC;
WO1 (b)(6), (b)(7)(C) A CO, 1st BN, 5th SFG, Area 4, VBC;
SSG (b)(6), (b)(7)(C) A CO, 1st BN, 5th SFG, Area 4, VBC;
CPT (b)(6), (b)(7)(C) A Co, 1st BN, 5th SFG, Area 4, VBC; and
MSG (b)(6), (b)(7)(C)

The aforementioned Soldiers stated they had no knowledge pertaining to SSG (b)(6), (b)(7)(C) shooting Mr. KHAZI.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

12 Dec 07

EXHIBIT

1

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12

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0189-07-CID259-22684

PAGE 2 OF 4 PAGE(S)

DETAILS

About 0658, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SSG (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated about 2330, 8 Dec 07, while he guarded Mr. KHAZI in the Task Force Raptor Screening Facility (TFRSF), Area 4, VBC, Mr. KHAZI struck him in the head with a large wooden object multiple times. SSG (b)(6), (b)(7)(C) stated in self-defense he was forced to shoot Mr. KHAZI which resulted in Mr. KHAZI'S death.

About 0802, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SGT (b)(6), (b)(7)(C), A CO, 1st BN, 5th SFG, Area 4, VBC, who provided a sworn statement wherein he stated about 2320, 8 Dec 07, he heard an individual say there was a shooting in the TFRSF, Area 4, VBC. SGT (b)(6), (b)(7)(C) stated he went to the TFRSF where he saw Mr. KHAZI was on the floor. SGT (b)(6), (b)(7)(C) further stated he checked Mr. KHAZI'S pulse but there was none. SGT (b)(6), (b)(7)(C) stated he secured the room and took photos of the incident.

About 0811, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SFC (b)(6), (b)(7)(C), A CO, 1st BN, 5th SFG, Area 4, VBC, who provided a sworn statement wherein he stated about 2300, 8 Dec 07, he went to the TFRSF, Area 4, VBC, to see what happened. SFC (b)(6), (b)(7)(C) further stated when he arrived, he observed Mr. KHAZI lying on the floor. SFC (b)(6), (b)(7)(C) stated he secured the scene and only allowed himself, SGT (b)(6), (b)(7)(C) and SFC (b)(6), (b)(7)(C), A CO, 5th BN, 19th SFG, Area 4, VBC, to enter.

About 0823, 9 Dec 07, SA (b)(6), (b)(7)(C) obtained an interview sketch from SFC (b)(6), (b)(7)(C) that depicted the area where he found Mr. KHAZI'S body after the incident.

About 0824, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SSG (b)(6), (b)(7)(C), A CO, 1st BN, 5th SFG, Area 4, VBC, who provided a sworn statement wherein he stated he went to the Area 4 Aid Station to treat SSG (b)(6), (b)(7)(C).

About 0920, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SFC (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he observed SSG (b)(6), (b)(7)(C) running towards him and bleeding profusely from his face. SFC (b)(6), (b)(7)(C) stated he stopped and SSG (b)(6), (b)(7)(C) told him that he just shot someone. SFC (b)(6), (b)(7)(C) further stated he took SSG (b)(6), (b)(7)(C) back to the TFRSF to check the condition of the person who was shot (Mr. KHAZI) who had no signs of life. SFC (b)(6), (b)(7)(C) also stated he took SSG (b)(6), (b)(7)(C) for medical attention.

About 0940, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SSG (b)(6), (b)(7)(C), A CO, 1st BN, 5th SFG, Area 4, VBC, who stated about 2330, 8 Dec 07, SSG (b)(6), (b)(7)(C) and SFC (b)(6), (b)(7)(C) came up to him at the B Team Room. SSG (b)(6), (b)(7)(C) stated he observed SSG (b)(6), (b)(7)(C) had a lot of blood pouring down his head and SFC (b)(6), (b)(7)(C) told him to stay with SSG (b)(6), (b)(7)(C). SSG (b)(6), (b)(7)(C) stated SSG (b)(6), (b)(7)(C) told him an ILN he was guarding hit him over the head and SSG (b)(6), (b)(7)(C) shot him. SSG (b)(6), (b)(7)(C) stated SSG (b)(6), (b)(7)(C) did not tell him any further details of the incident. SSG (b)(6), (b)(7)(C) stated he took SSG (b)(6), (b)(7)(C) to SSG (b)(6), (b)(7)(C) for medical treatment.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGN

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

12 Dec 07

EXHIBIT

1

CID FORM 94

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13

ACLU-RDI 1 FEB 77 5540 p.29

10-L-0126 ACLU DD II CID ROI 4834

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0189-07-CID259-22684

PAGE 3 OF 4 PAGE(S)

DETAILS

About 0940, 9 Dec 07, SA (b)(6), (b)(7)(C) interviewed SFC (b)(6), (b)(7)(C) who stated SFC (b)(6), (b)(7)(C) told him to go and secure the Screening Facility. SFC (b)(6), (b)(7)(C) further stated he secured the scene at about 2320, 9 Dec 07, and allowed only SGT (b)(6), (b)(7)(C) access to the room.

AGENT'S COMMENTS: SFC (b)(6), (b)(7)(C) appeared sleep deprived at the time of the interview and did not appear completely coherent.

About 1000, 9 Dec 07, SA (b)(6), (b)(7)(C) escorted SGT (b)(6), (b)(7)(C) and SFC (b)(6), (b)(7)(C) who transported the body of Mr. KHAZI to the morgue at 54th Quarter Master (QM) CO, Mortuary Affairs, Sather Air Base, Iraq APO AE 09342 (SABIZ).

About 1140, 9 Dec 07, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) coordinated with PFC (b)(6), (b)(7)(C) 54th QM CO, Mortuary Affairs, SABIZ, who provided DA Form 2064, Certificate of Death, which revealed Mr. KHAZI was classified as un-identified and given a temporary assignment number 971-07. A further review of the Certificate of Death showed no time of death pronounced as Mr. KHAZI'S remains were pending AFME examination.

At 2000, 11 Dec 07, SA (b)(6), (b)(7)(C) collected as evidence two buccal swabs from SSG (b)(6), (b)(7)(C) on a EPCD, DN 1052-07.

About 2015, 11 Dec 07, SA (b)(6), (b)(7)(C) re-interviewed SSG (b)(6), (b)(7)(C) who stated he did not recall if he touched the board during the incident or prior to the incident. SSG (b)(6), (b)(7)(C) stated he only remembered he flagged down SFC (b)(6), (b)(7)(C) who he showed the scene. SSG (b)(6), (b)(7)(C) stated SFC (b)(6), (b)(7)(C) rendered assistance to him by getting him medical attention.

About 2110, 11 Dec 07, SA (b)(6), (b)(7)(C) re-interviewed SGT (b)(6), (b)(7)(C) who stated he did not touch the board Mr. KHAZI used to hit SSG (b)(6), (b)(7)(C) after the incident but he may have touched it in the past as he used the cross board to hang body armor on. SGT (b)(6), (b)(7)(C) stated he did not see anyone touch the board after he arrived at the scene. SGT (b)(6), (b)(7)(C) stated he was in and out of the room several times and SFC (b)(6), (b)(7)(C) was in the room each time and SFC (b)(6), (b)(7)(C) was there at least one of the times he was present, but he did not know if anyone else entered the scene in between when he left and returned.

About 2238, 11 Dec 07, SA (b)(6), (b)(7)(C) interviewed MSG (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he arrived at the scene of the incident and touched the board in the corner of the room. MSG (b)(6), (b)(7)(C) stated he touched the top of the board with his right index finger to lean it back to see the blood spatter then he put it back in place. MSG (b)(6), (b)(7)(C) stated the board was in the chair when he arrived. MSG (b)(6), (b)(7)(C) further stated the only person he saw at the scene was SFC (b)(6), (b)(7)(C).

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		Camp Slayer CID Office, 20 th /1149 th MP DET (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342	
SIGN		DATE	EXHIBIT
		12 Dec 07	1

CID FORM 94

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14

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0189-07-CID259-22684

PAGE 4 OF 4 PAGE(S)

DETAILS

About 0011, 12 Dec 07, SA (b)(6), (b)(7)(C) re-interviewed SFC (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he previously thought SFC (b)(6), (b)(7)(C) was SFC (b)(6), (b)(7)(C). SFC (b)(6), (b)(7)(C) stated he did not touch the board or anything else at the scene. SFC (b)(6), (b)(7)(C) stated the only people he remembered he saw at the scene were SFC (b)(6), (b)(7)(C) and SGT (b)(6), (b)(7)(C). SFC (b)(6), (b)(7)(C) stated he did not see anyone else touch the board.

About 0053, 12 Dec 07, SA (b)(6), (b)(7)(C) re-interviewed SFC (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he was instructed by SFC (b)(6), (b)(7)(C) to secure the scene. SFC (b)(6), (b)(7)(C) stated SGT (b)(6), (b)(7)(C) and SGT (b)(6), (b)(7)(C) arrived to the scene. SFC (b)(6), (b)(7)(C) stated SFC (b)(6), (b)(7)(C) A CO, 5th BN, 19th SFG, Area 4, VBC, arrived at the scene after SFC (b)(6), (b)(7)(C) left for some time. SFC (b)(6), (b)(7)(C) stated SFC (b)(6), (b)(7)(C) took pictures of the scene and left. SFC (b)(6), (b)(7)(C) stated he did not touch the board or anything else. SFC (b)(6), (b)(7)(C) stated he saw SGT (b)(6), (b)(7)(C) check the body of Mr. KHAZI for a pulse. SFC (b)(6), (b)(7)(C) stated MSG (b)(6), (b)(7)(C) was at the scene and left. SFC (b)(6), (b)(7)(C) stated he did not see anyone touch anything at the scene.

About 0115, 12 Dec 07, SA (b)(6), (b)(7)(C) interviewed SFC (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he arrived at the scene around 2330, 8 Dec 07, and met with SFC (b)(6), (b)(7)(C) and SGT (b)(6), (b)(7)(C). SFC (b)(6), (b)(7)(C) stated he stayed at the scene for approximately one hour and while there he took photographs. SFC (b)(6), (b)(7)(C) stated as he left the scene MSG (b)(6), (b)(7)(C) arrived. SFC (b)(6), (b)(7)(C) stated he did not touch anything at the scene and did not observe anyone touch anything at the scene.////LAST ENTRY////

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		Camp Slayer CID Office, 20 th /1149 th MP DET (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342	
SIGN		DATE	EXHIBIT
		12 Dec 07	1

CID FORM 94

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15



PHOTOGRAPH PACKET

VICTIM

NUMBERDESCRIPTION OF PHOTOGRAPHS

- | | |
|---|---|
| 1 | DSCN1554, photo depicting wound of head after treatment. |
| 2 | DSCN1556, photo depicting wound on face after treatment. |
| 3 | DSCN1561, photo depicting wound on left arm after treatment. |
| 4 | DSCN1562, photo depicting wound on right arm after treatment. |
| 5 | DSCN1564, photo depicting wound on hands after treatment. |

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EXHIBIT 2 16

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION Area IV, BIAP, Baghdad IZ	2. DATE (YYYYMMDD) 20071209	3. TIME 6:58	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS E6/AD	
8. ORGANIZATION OR ADDRESS A CO, 5 th BN, 19 th SF GRP, Area IV, Baghdad, Iraq APO AE 09342			
(b)(6), (b)(7)(C)			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

- 071208 AT APPROXIMATELY 2330 I WAS ASSIGNED TO GUARD A LOCAL NATIONAL WHO WAS AWAITING TRANSPORT TO FOB GRIZZLY, WHERE HE WAS GOING TO BE RELEASED. HE COMMUNICATED THAT HE NEEDED TO USE THE BATHROOM SO I STOOD HIM UP AND TURNED TO GRAB A BLINDFOLD. AS I TURNED AND REACHED FOR THE BLINDFOLD, I HEARD THE INDIVIDUAL YELL AND I FELT AN IMPACT TO THE TOP OF MY HEAD. WE WERE THE ONLY TWO PEOPLE IN THE BUILDING. I FELT AN INTENSE PAIN IN MY HEAD AND MY VISION WENT WHITE. I FELT WEAKNESS IN MY LEGS AND BEGAN TO STUMBLE BACKWARDS HITTING THE TABLE. BLOOD POURED INTO MY EYES AND I HAD TROUBLE SEEING. I IMMEDIATELY PUT MY ARMS UP TO DEFEND MY HEAD AND HE CONTINUED TO HIT ME WITH A LARGE WOODEN OBJECT. ABOUT MY ARMS WHICH WERE UP NEAR MY HEAD. I FEARED FOR MY LIFE AND STUMBLER BACKWARDS AWAY FROM HIM WHILE HE CONTINUED SWINGING THE WOODEN OBJECT IN A CHOPPING MOTION WHILE SCREAMING AND YELLING. HE CONTINUED TO TRY AND HIT ME IN THE HEAD. I CONTINUED BACKWARDS TO GET AWAY FROM THE THREAT. AFTER HITTING ME ABOUT THE FACE AND ARMS WITH THE WOODEN OBJECT, HE CHARGED ME AND GRABBED MY SHIRT AROUND MY WAIST AREA TO PULL ME TOWARDS HIM. HE THEN REACHED FOR MY PISTOL WHICH WAS ON MY HOLSTER ON MY RIGHT THIGH, TOUCHING THE TOP OF THE HOLSTER AND MANIPULATING THE [NEXT PAGE]

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 4 PAGES
-------------	--	-------------------

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

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

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF SSG (b)(6), (b)(7)(C) Area IV, BIAP
TAKEN AT Baghdad, IZ DATED 9 Dec 07

9. STATEMENT (Continued)

(b)(6), (b)(7)(C) RETENSION MECHANISM. I THOUGHT HE WAS GOING TO TAKE MY WEAPON AND KILL ME WITH IT. I PIVOTED ON MY LEFT FOOT BACKWARDS AND PUSHED HIS CHEST WITH MY LEFT HAND TO PUSH HIM AWAY. WITH MY RIGHT HAND, I DREW MY PISTOL AND FIRED MY WEAPON TO ELIMINATE THE THREAT. HE FELL TO THE GROUND. AFTER HE FELL, I OBSERVED TO SEE THAT HE WASN'T MOVING. I WENT TO SEEK HELP. I FELT SCARED AND DIZZY. I WAS SCARED THAT I MIGHT PASS OUT FROM BLOOD LOSS BEFORE HELP WOULD ARRIVE. I WANDERED FROM ROOM TO ROOM TRYING TO FIND MY WAY OUT OF THE BUILDING. I FOUND MY WAY OUT OF THE BUILDING AND STUMBLED INTO THE STREET WHERE I FLAGGED DOWN SFC (b)(6), (b)(7)(C) WHO RENDERED ASSISTANCE.

I ONLY FIRED MY WEAPON BECAUSE I FEARED FOR MY LIFE.

END OF STATEMENT: NOTHING FOLLOWS (b)(6), (b)(7)(C)

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

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

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

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

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 4 PAGES

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6), (b)(7)(C) Area IX, BIAP
TAKEN AT Baghdad, IZ DATED 9 Dec 07

9. STATEMENT (Continued)

(b)(6), (b)(7)(C) Q: (b)(6), (b)(7)(C)
A: (b)(6), (b)(7)(C)

Q: What was the name of the local national you were assigned to guard?
A: I don't know.
Q: Can you describe the object the local national ~~use~~ struck you with?
A: Wooden.
Q: How many rounds did you fire?
A: I don't know.
Q: What type of weapon did you fire?
A: My standard issue 9 mm Beretta.
Q: How far were you from the local national when you fired?
A: I don't know.
Q: How long did the altercation last?
A: I don't know.
Q: What type of holster did you use?
A: Issued Safariland, drop leg with thumb break.
Q: Where was your arm positioned when you fired?
A: I don't know.
Q: Is there anything you would like to add to this statement?
A: No. ||| END OF STATEMENT ||| (b)(6), (b)(7)(C)

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

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 3 OF 4 PAGES

STATEMENT OF SSG (b)(6), (b)(7)(C) TAKEN AT Area IV, BIAP Baghdad, IZ DATED 9 Dec 07

9. STATEMENT (Continued)

[Large redacted area with a large 'X' across it]

AFFIDAVIT

I, (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 4. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 9th day of December, 2007 at Area IV, Baghdad, Iraq APO AE 09342

ORGANIZATION OR ADDRESS

(b)(6), (b)(7)(C)
(Signature of Person Administering Oath)

SA (b)(6), (b)(7)(C), (b)(7)(F)
(Typed Name of Person Administering Oath)
10 USC 936
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 4 OF 4 PAGES

SWORN STATEMENT

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

LOCATION AREA 4, BIAP	DATE (b)(6), (b)(7)(C) 09 DEC 07	TIME (b)(6), (b)(7)(C) 0802 HLT	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)		SOCIAL SECURITY NUMBER (b)(6), (b)(7)(C)	GRADE/STATUS E-5

ORGANIZATION OR ADDRESS

FDB (CENTRAL (AREA 4)) APO, AE 09342

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

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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

At approximately 2320 HLT on 08DEC07, I overheard an individual say that there was a shooting at the screening facility. At the time I heard the comment, I was in the foyer of Building 25 of Area 4, BIAP. As soon as I heard about the incident, I went to the screening facility. Once I arrived at the screening facility at approximately 2322 HLT. Once in the screening facility I went to the room where Hamid Muhsin Khazi was being guarded. When I entered the room I saw Khazi on the ground not moving. I also noticed that the floor was covered with blood. I immediately put medical gloves on and checked Khazi's pulse. When I checked, I was unable to feel a pulse. I also pinched his arm to see if he would react, but he didn't. At that point I attempted to secure the room as much as I could and began taking pictures. I took 33 pictures in the room of the incident along with pictures of the blood trail leading out the screening facility entrance. Once I was done taking pictures I awaited CID (b)(6), (b)(7)(C)

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT Area 4, BIAP DATED 09 DEC 07

STATEMENT (Continued)

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

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

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

Q: When did Mr KHAZI come into US custody?

A: Approximately 28 NOV 07.

Q: Do you why Mr KHAZI came into US custody?

A: He was injured on a raid.

Q: Was Mr KHAZI given medical treatment for his injuries?

A: Yes. On target, at the 31st CSH and 86th CSH.

Q: Who was assigned to guard Mr KHAZI when you were notified of the altercation?

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

Q: Was SSG (b)(6), (b)(7)(C) injured after the altercation?

A: Yes.

Q: Explain.

A: SSG (b)(6), (b)(7)(C) had a large laceration (b)(6), (b)(7)(C) to the top of his head, multiple small lacerations and contusions to his forehead, medium size sized abrasion to his left forearm and a small laceration to his right bicep.

Q: Was SSG (b)(6), (b)(7)(C) bleeding?

A: SSG (b)(6), (b)(7)(C) was bleeding profusely from the top of his head, blood dripping down his face and onto his t-shirt.

Q: Did Mr KHAZI have a capture tag or ISN?

A: No.

Q: (b)(6), (b)(7)(C) Is there anything you would like to add to this statement?

A: No. /// END OF STATEMENT /// (b)(6), (b)(7)(C)

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

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

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

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

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

PAGE 2 OF 3 PAGES

STATEMENT (Continued)

~~(For Official Use Only - Law Enforcement Sensitive)~~

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

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

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

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 9th day of December, 2007
At Area IV, BIAP, Iraq APO AE 09342

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

(Administering Oath)

ORGANIZATION OR ADDRESS

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

SA

(Typed Name of Person Administering Oath)

10 NSC 938

Art 136 UCMJ

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

28

SWORN STATEMENT

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

LOCATION Area 4, Iraq TF Raptor Screening Facility	APD AE 09342	DATE 9 DEC 07	TIME 0811	FILE NUMBER
LAST NAME (b)(6), (b)(7)(C)	FIRST NAME (b)(6), (b)(7)(C)	MIDDLE NAME (b)(6), (b)(7)(C)	GRADE/STATUS E-7/AD	
ORGANIZATION OR ADDRESS AC 1st BN, 5th SPECIAL Forces Group Airborne, Area 4 (b)(6), (b)(7)(C)				
WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:				
ON 8 DEC 07 AROUND 2300 I WAS AT BLDG 26 AND SAW SSG (b)(6), (b)(7)(C) WITH BLOOD ALL OVER HIS FACE AND SHIRT AND HAD (b)(6), (b)(7)(C) ESCORTING HIM TO THE MEDICAL ROOM. I WONDERED WHAT WAS GOING ON BECAUSE (b)(6), (b)(7)(C) WAS SUPPOSED TO BE GUARDING MR. KAZE. I LEFT BLDG 26 WENT THROUGH BLDG 25 AND HEADED OVER TO THE TF RAPTOR SCREENING FACILITY TO SEE WHAT WAS HAPPENING. WHEN I ENTERED THE FACILITY AND HEADED BACK TO THE PUC HOLDING AREA I SAW A NEW GUARD (b)(6), (b)(7)(C) SFC) AND MR. KAZE LAYING ON THE FLOOR. I SECURED THE SCENE ALLOWING ONLY MYSELF, SGT (b)(6), (b)(7)(C) AND SFC (b)(6), (b)(7)(C) ENTER. (b)(6), (b)(7)(C)				
Q Who is Mr KAZE?				
A (b)(6), (b)(7)(C) AN IRAQI NATIONAL WHO WAS AWAITING TRANSPORTATION AFTER BEING CAPTURED DURING A US RAID ON 27 NOV 07. DURING THE RAID HE RECEIVED MEDICAL WOUNDS TO HIS PENIS & RIGHT LEG WHICH RESULTED FROM A GUNSHOT FROM THE RAID.				
Q WAS MR KAZE A PRISONER?				
A. NO HE WAS JUST DETAINED TO RECEIVE THE MEDICAL TREATMENT AND BE RELEASED BACK TO HIS TOWN WHEN HE HAD RECOVERED. HE HAD NO CAPTURE TAG OR IDENTIFICATION ASSIGNED TO HIM				
Q Who is (b)(6), (b)(7)(C) (b)(6), (b)(7)(C)				
EXHIBIT	INITIAL	MAKING STATEMENT		PAGE 1 OF 3 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT (b)(6), (b)(7)(C) DATED (b)(6), (b)(7)(C) CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE (b)(6), (b)(7)(C) OF (b)(6), (b)(7)(C) PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.				

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

0107-01-015207 2200

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"Statement of (b)(6), (b)(7)(C), taken at TASK FORCE RAPTOR SCREENING FACILITY,
dated 9 DEC 07 continued." AREA

(b)(6), (b)(7)(C) HE IS THE COMPANY B TEAM MEDIC 18D (SPECIAL FORCES MEDICAL SERGEANT)

Q. Who is SSG (b)(6), (b)(7)(C)?

A. HE WAS THE NCO ASSIGNED TO GUARD MR KAZE ATTACHED TO OUR UNIT.

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

A. HE WAS THE FIRST PERSON ON THE SCENE ATTACHED TO OUR UNIT.

Q. WAS ANYTHING AT THE SCENE NEAR MR KAZE TOUCHED OR MOVED?

A. NOT THAT I SAW

Q. DID ANYONE TELL YOU WHAT HAPPEND WITH MR KAZE LYING ON THE FLOOR?

A. No

Q. WHAT DID YOU NOTICE WHEN YOU SAW MR KAZE ON THE FLOOR?

A. SHELL CASINGS ON THE FLOOR, BLOOD ON THE FLOOR AND LEADING OUT OF THE ROOM AND LOTS OF ITEMS LYING ON THE FLOOR

Q. DID YOU INSPECT MR KAZE'S BODY?

A. No

Q. DID ANYONE TOUCH MR KAZE?

A. NOT THAT I SAW, BUT SGT (b)(6), (b)(7)(C) SAID HE CHECKED HIS PULSE

Q. WHAT ROOM OF THE TASK FORCE RAPTOR SCREENING FACILITY DID YOU FIND MR KAZE?

A. HOLDING ROOM IN THE SE CORNER OF THE BUILDING

Q. DO YOU HAVE ANYTHING ELSE TO ADD TO THIS STATEMENT?

A. No /// END OF STATEMENT/// (b)(6), (b)(7)(C)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES.

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Exhibit

STATEMENT (Continued)

~~(For Official Use Only - Law Enforcement Sensitive)~~

NOT USED

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 9th day of DECEMBER, 2007 at TE RAPTOR SCREENING FACILITY AREA APD (b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

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

SA

(Typed Name of Person Administering Oath)

10 USC 936

Att 136 UCMJ

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

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

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

PAGE 3 OF 3 PAGES

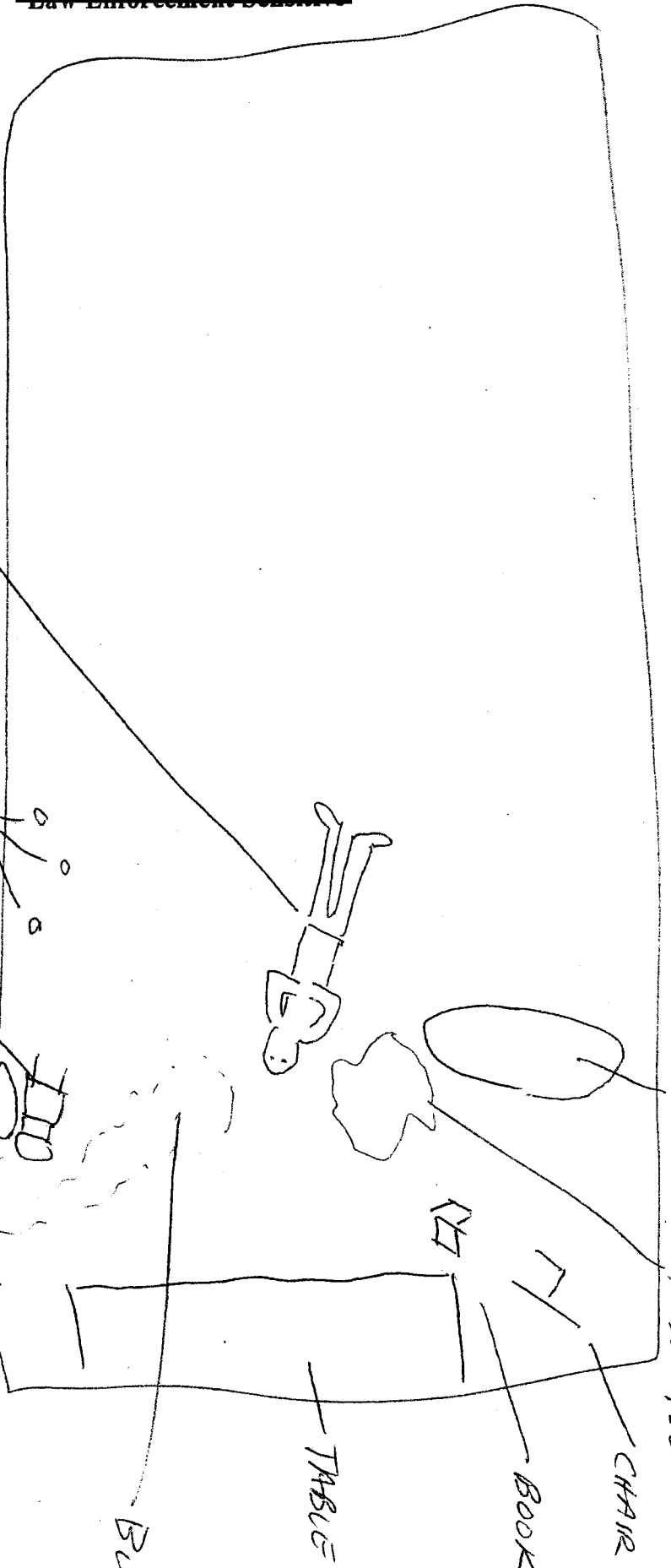
31

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SKETCH OF HOLDING ROOM THE RAPTOR SCREENING FACILITY AREA 4
AP04E09342

MR. KAZE
THIS WHERE I FOUND ME, KAZE

SHELL
CASINOS
CHAIR
BOOK
BAG
THIS WHERE WE
ENTERED ROOM



Sketched By: (b)(6), (b)(7)(C)
Print Name: [REDACTED] SEC
Sign: [REDACTED]
Date: 2-3

Witnessed By: (b)(6), (b)(7)(C)
Print Name: SA [REDACTED]
Signature: [REDACTED]
Date/Time: 4/25/07 10:00 AM

~~For Official Use Only~~
~~Law Enforcement Sensitive~~

EXHIBIT

SWORN STATEMENT

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

LOCATION	DATE (b)(6), (b)(7)(C) 9 DEC 07	TIME (b)(6), (b)(7)(C) 0824	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME (b)(6), (b)(7)(C)	SOCIAL SECURITY NUMBER (b)(6), (b)(7)(C)		GRADE/STATUS SSG / Active Duty
ORGANIZATION OR ADDRESS A ^{CO} 1 st BN 5 th SFG (A)			
(b)(6), (b)(7)(C)			

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At around 2330 I WAS CALLED TO THE JTF BRIEFING ROOM. UPON ARRIVAL TO ROOM I SAW (b)(6), (b)(7)(C) BLOODIED AND HOLDING A BANDAGE TO HIS HEAD. (b)(6), (b)(7)(C) HAD A GOOD AMOUNT OF BLOOD COMING FROM THE UPPER RIGHT SIDE OF HIS HEAD THAT RAN DOWN TO HIS RIGHT OF FACE AND SHOULDER. I TOOK (b)(6), (b)(7)(C) UPSTAIRS TO THE AID STATION. UPON ARRIVAL I INSPECTED (b)(6), (b)(7)(C) TO FIND ABOUT A 4" LACERATION. I THEN ASKED (b)(6), (b)(7)(C) WHAT HAPPENED. (b)(6), (b)(7)(C) TOLD ME HE WAS GUARDING A PUC AWAITING TRANSPORT. PUC ASKED TO PISS (b)(6), (b)(7)(C) STOOD UP PUT HIS BACK TO PUC PUC HIT HIM WITH A PIECE OF WOOD AND TRIED FOR HIS GUN. (b)(6), (b)(7)(C) FOUGHT HIM OFF AND RECOVERED PUC. (b)(6), (b)(7)(C) THEN CAME TO FIND MEDICAL HELP NUMBER & CLEANED HEAD LACERATION AND EMPLOYED ABOUT 13 STAPLES IN (b)(6), (b)(7)(C) UPPER RIGHT ASPECT OF SCALP. AFTER PROCEDURE NO COMPLICATION WERE SEEN. (b)(6), (b)(7)(C) ALSO HAD A SUPERFICIAL LACERATION TO LEFT FOREARM WITH NO COMPLICATIONS AND NO FURTHER MEDICAL TREATMENT NEEDED. (b)(6), (b)(7)(C) ALSO APPEARED TO HAVE NO SIGNS OR SYMPTOMS OF A CONCUSSION OR ALTERED MENTAL STATUS. UPON COMPLETION OF MEDICAL TREATMENT (b)(6), (b)(7)(C) WAS RELEASED FROM MY CARE WITH INSTRUCTIONS TO FOLLOW UP WITH ME AS NEEDED.

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

A SSG (b)(6), (b)(7)(C)

Q Did SSG (b)(6), (b)(7)(C) have any other injuries?

A Just to his Right forearm which need a band aid.

Q Did SSG (b)(6), (b)(7)(C) need and medications?

A No I did not give him any (b)(6), (b)(7)(C)

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

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

~~For Official Use Only - Law Enforcement Sensitive~~

"Statement of (b)(6), (b)(7)(C), taken at Area IV, dated 09 Dec 07 continued."

Q Did SSG (b)(6), (b)(7)(C) have any special instruction given to him?

A. Just to come talk to me if he started feeling "woozy".

Q. Do you have any thing to add to this statement?

A. No. End of Statement Last Item ///

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

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

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 2 OF 3 PAGES.

~~For Official Use Only - Law Enforcement Sensitive~~

Exhibit

STATEMENT (Continued)

~~(For Official Use Only - Law Enforcement Sensitive)~~

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

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

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

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 9th day of Dec, 07
 At Fort Belvoir, Reg APOAE 09342

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

ORGANIZATION OR ADDRESS

Administering Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

10 USC 936

Art 136 UCMJ

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

35

SWORN STATEMENT

For use of this form, see AR 190-45; the privacy policy is ODCSOPS

LOCATION TERRAPTOR SCREENING FACILITY AREA 4, Iraq APO AE 09342	DATE 9 DEC 07	TIME 0920	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME (b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)		GRADE/STATUS E-7 / SFC
ORGANIZATION OR ADDRESS A CO, 1ST BN 25th SPECIAL FORCES GROUP AIRBORNE, AREA 4, Iraq APO AE 09342			

_____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON SATURDAY AT AROUND 2300 HRS ON DECEMBER 08, 2007 I WAS DRIVING ON THE ROAD PASSING THE OPEN BUILDING. I COULD SEE A WHITE MALE RUNNING TOWARDS ME IN MY HEADLIGHTS WAVING HIS ARMS. I COULD SEE THAT IT WAS (b)(6), (b)(7)(C) BLEEDING PROFOUNDLY FROM HIS FACE, HE HAD BLOOD ON HIS FACE, AND ON HIS BROWN T-SHIRT. (b)(6), (b)(7)(C) TOLD ME THAT HE JUST SHOT SOMEONE AT THE RAPTOR BASE TEMPORARY HOLDING FACILITY. I ASKED (b)(6), (b)(7)(C) IF THAT PERSON WAS ALIVE, HE STATED THAT HE DIDN'T KNOW. (b)(6), (b)(7)(C) GOT INTO MY VEHICLE AND I DROVE FOR APPROXIMATELY 30 SECONDS AND PULLED INTO THE PARKING LOT OF THE THF. AS I ENTERED THE THF, I COULD SEE A FRESH BLOOD TRAIL ON THE GROUND. I FOLLOWED THE TRAIL TO A ROOM WHERE I COULD SEE IN PLAIN VIEW A IRAQI MALE WEARING A BLACK LEATHER JACKET LYING ON HIS BACK. AS I GOT CLOSER, I COULD SEE THAT HIS HANDS WERE HANDCUFFED TO HIS FRONT WITH BLACK HAND CUFFS. I COULD SEE THAT BLOOD WAS POOLING AROUND HIS BODY. I CHECKED HIS VITALS BY CHECKING HIS CAROTID ARTERY AND CONDUCTED A THUMB CHECK TO HIS EYE WITH NEGATIVE RESULTS. (b)(6), (b)(7)(C) AND I LEFT THE SCENE AND DROVE APPROXIMATELY (b)(6), (b)(7)(C)

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 3 PAGES
---------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

~~For Official Use Only - Law Enforcement Sensitive~~
 "Statement of (b)(6), (b)(7)(C), taken at Task Force Raptor Screening Facility Area 4
 dated 12/9/07 continued. Iraq APO AE 09342

45 SECONDS BACK TO MY TEAM ROOM. I GRABBED (b)(6), (b)(7)(C)
 (b)(6), (b)(7)(C) AND TOLD HIM TO GRAB HIS WEAPON, I TOLD (b)(6), (b)(7)(C)
 (b)(6), (b)(7)(C) TO START FIRST AID ON (b)(6), (b)(7)(C) I DROVE BACK
 WITH (b)(6), (b)(7)(C) TO THE THF, WHERE HE REMAINED ON
 GUARD, I RETURNED TO THE OPEN, WHERE THE NIGHT BATTLE
 CAPTAIN, CW (b)(6), (b)(7)(C) WAS NOTIFIED OF THIS INCIDENT.

Q (b)(6), (b)(7)(C)
 A (b)(6), (b)(7)(C)

Q. DO YOU KNOW WHO THE IRAQI MALE WAS?

A. NO

Q. WAS ANYONE ELSE WITH YOU AND PAUL AT THE
 SCENE WHERE THE IRAQI MALE WAS?

A. NO

Q. DID YOU MOVE ANYTHING IN THE ROOM WHERE YOU SAW THE
 IRAQI MALE?

A. NO, I JUST CHECKED FOR SIGNS OF LIFE.

Q. WHO IS (b)(6), (b)(7)(C)?

A. HE IS A MEMBER OF MY TEAM WHO I LEFT (b)(6), (b)(7)(C) WITH
 TO RENDER 1ST AID.

Q. DO YOU HAVE ANYTHING ELSE TO ADD TO THIS STATEMENT?

A. NO /// END OF STATEMENT /// (b)(6), (b)(7)(C)

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 2 OF 3 PAGES.

~~For Official Use Only - Law Enforcement Sensitive~~

Exhibit 37

STATEMENT (Continued)

~~(U.S. Official Use Only - Law Enforcement Sensitive)~~

NOT USED

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 9th day of DECEMBER, 2007
At TE RADAR SCREENING FACILITY, AREA 4, IRAQ

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

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oaths)

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

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

PAGE 3 OF 7 PAGES

38

ROI 07-CID259-22684-5H6

Exhibit(s): 9

Page(s): 39

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

0189-07-010259-22684

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) <i>Unidentified</i> (b)(6)		GRADE Grade <i>N/A</i>		BRANCH OF SERVICE <i>N/A</i>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <i>N/A</i>
NATION (e.g., United States) Pays <i>Iraqi</i>		DATE OF BIRTH Date de naissance		SEX Sexe <input type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race <i>CAUCASOID Caucasiqne</i>		MARITAL STATUS Etat Civil <i>SINGLE Célibataire</i>		RELIGION Conf <i>PROTESTANT Protestant</i>	
<i>NEGROID Négride</i>		<i>MARRIED Marié</i>		<i>CATHOLIC Catholique</i>	
<i>OTHER (Specify) Autre (Spécifier) Mongoloid</i>		<i>WIDOWED Veuf</i>		<i>JEWISH Juif</i>	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le survivant			
STREET ADDRESS Domicile (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)			
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort					<i>PENDING AFME</i>
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, s'il y a lieu, menant à la cause primaire	UNKNOWN			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives					
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures		
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie				
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste				
SUICIDE Suicide	SIGNATURE Signature		DATE Date		
HOMICIDE Homicide	DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès		AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
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 le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER (b)(6)		TITLE OR DEGREE Titre ou diplôme (b)(6)			
INSTALLATION OR ADDRESS Installation ou adresse (b)(6)		447 EMEDS SATHER AB, BIAP, IRAQ			
DATE Date 9 DEC 07		SIGNATURE (b)(6)			
<p>¹State disease, injury or complication which contributed to the death, but not related to the disease or condition causing death.</p> <p>²State conditions contributing to the death, but not related to the disease or condition causing death.</p> <p>¹Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc.</p> <p>²Préciser 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.</p>					

DD FORM 2064

REPLACES AF FORM 716, MAR 69, WHICH IS OBSOLETE.

ROI 07-CID259-22684-5H6

Exhibit(s): 24

Page(s): 96 thru 100

Referred to:

**FOIA Officer
91 Michigan Avenue
Fort Campbell, Kentucky 42223**

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0189-07-CID259-22684	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER	
RECEIVING ACTIVITY Camp Slayer CID Office		LOCATION Camp Slayer, IZ APO AE 09342	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER (b)(6), (b)(7)(C) SSG <input type="checkbox"/> OTHER		ADDRESS (Include Zip Code) A CO, 1ST BN, 5TH Special Forces Group, Area IV, Victory Base Complex, IZ, APO AE 09342	
LOCATION FROM WHERE OBTAINED Inside the mouth of SSG (b)(6), (b)(7)(C) while in Bldg 5 Area 4, Victory Base Complex, APO AE 09342		REASON OBTAINED Evidence	TIME/DATE OBTAINED 2000/11 Dec 07
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)	
1	2	Swab, Buccal, utilized to collect buccal cells from the inside the mouth of SSG (b)(6), (b)(7)(C) the swabs were air dried then placed inside a manilla envelop and sealed with red evidence tape. The envelope was MFID with 2000, 11 Dec 07 (b)(6), (b)(7)(C) (From the mouth of SSG (b)(6), (b)(7)(C) (Bio-Hazard)) -----Last Item-----	
CHAIN OF CUSTODY			
ITEM NO.	DATE	RELEASED BY (b)(6), (b)(7)(C)	RECEIVED BY (b)(6), (b)(7)(C)
1	11 Dec 07	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
	1 DEC 12 2	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
		SIGNATURE	SIGNATURE
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE
		SIGNATURE	SIGNATURE
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE
		SIGNATURE	SIGNATURE
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE
		PURPOSE OF CHANGE OF CUSTODY Evaluation as Evidence SCRCNI RECEIVED BY EVIDENCE CUSTODIAN	

DA FORM 4137, 1 JUL 1976

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

APD PE v1.00

ACLU-RDI 5540 p.53

For Official Use Only
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DOCUMENT NUMBER 1052 040

EXHIBIT 10
26 ACLU DD CID ROI 4863(b)(6),
(b)(7)
(C)

SWORN STATEMENT

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

LOCATION Bldg 25, Area 4, Victory Base Complex	DATE 11 DEC 01	TIME 22:38	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	SOCIAL SECURITY NUMBER (b)(6), (b)(7)(C)		GRADE/STATUS E-8
ORGANIZATION OR ADDRESS A CO 5TH BN, 195FG Attached A CO 1ST BN, 5th SFG, AREA 4, PBC, APO AE 09342			

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

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

ON 09 DEC AT APPROX 0100, I WAS NOTIFIED OF AN INCIDENT AT AREA 4 SCREENING FACILITY INVOLVING SSG (b)(6), (b)(7)(C). I WALKED TO THE SCREENING FACILITY AND MET WITH SFC (b)(6), (b)(7)(C) WHO WAS GUARDING THE SCENE. I TOUCHED THE END OF THE 4X4 BOARD TO BETTER OBSERVE THE BLOOD SPLATTER ON IT. I RETURNED TO TASK FORCE RAPTOR OPS CEN AND MET WITH SSG (b)(6), (b)(7)(C) WHO HAD RETURNED FROM MEDICAL TREATMENT FOR HIS INJURIES AT SATHER E-MEDS. I SAT WITH SSG (b)(6), (b)(7)(C) UNTIL CID'S ARRIVAL. I ACCOMPANIED SSG (b)(6), (b)(7)(C) BACK TO THE TASK FORCE RAPTOR SCREENING FACILITY WHERE HE GAVE A STATEMENT TO CID.

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

A MSG (b)(6), (b)(7)(C)

Q. Did you see anyone else at the scene?

A. No No one else but SFC (b)(6), (b)(7)(C)

Q. What did you touch at the scene?

A. JUST THE END OF THE BOARD. NOTHING ELSE.

Q. How did you touch the end of the 4x4 board?

A. I USED MY RIGHT INDEX FINGER TO TOUCH THE TOP END OF THE BOARD SITTING IN THE CHAIR, TO LEAN IT BACK A LITTLE BIT TO SEE THE BLOOD SPLATTER THEN I.

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

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

"Statement of

dated 11 DEC 2001

, taken at

Bldg 25, AREA 4 VBC APD AE 09342,

LEAVED IT BACK AGAINST THE WALL IN ITS ORIGINAL POSITION.

Q. WAS THE BOARD IN THE CHAIR WHEN YOU ARRIVED?

A. YES.

Q. DID YOU SEE ANYONE ELSE TOUCH THE BOARD?

A. NO.

Q. HOW LONG WERE YOU AT THE SCENE FOR?

A. FIVE MINUTES.

Q. DID SSG (b)(6), (b)(7)(C) TELL YOU WHAT HAPPEND DURING THE INCIDENT?

A. HE BEGAN TO, BUT I ADVISED HIM NOT TO TALK TO ANYONE ABOUT IT UNIL INVESTIGATIVE AUTHORITY ARRIVED.

Q. WHAT DID YOU OBSERVE IN THE SCREENING FACILITY?

A. I OBSD AN IRAQI MALE LYING ON THE FLOOR. THERE WAS BLOOD ON THE FLOOR. I OBSERVED THE 4X4 BOARD WITH BLOOD ON IT.

Q. DID YOU TOUCH THE IRAQI MALE OR ANYTHING ELSE IN THE ROOM?

A. NO, JUST THE BOARD.

Q. WHO WAS SSG (b)(6), (b)(7)(C) WITH WHEN YOU INITIALLY SAW THEM?

A. (b)(6), (b)(7)(C)

Q. HOW MANY TIMES DID YOU TOUCH THE BOARD?

A. JUST ONCE.

Q. DO YOU HAVE ANYTHING ELSE YOU WANT TO ADD TO THIS STATEMENT?

A. NO//END OF STATEMENT// (b)(6), (b)(7)(C)

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

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

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES.

~~For Official Use Only - Law Enforcement Sensitive~~

Exhibit

42

STATEMENT (Continued)

~~Official Use Only - Law Enforcement Sensitive~~

Not Used

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

AFFIDAVIT

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

_____ HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 11th day of DECEMBER, 2007
At Blg 24, Area 4 VBC APOAE 09342

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

ORGANIZATION OR ADDRESS

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

SA

(Typed Name) _____ (Administering Oath)

10 USC 936

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

43

SWORN STATEMENT

For use of this form, see AR 190-45; the pro (b)(6), (b)(7)(C) cy is ODCSO (b)(6), (b)(7)(C)

LOCATION BLDG 25, AREA 4, VBC APO AE 09342	DATE 12 DEC 07	TIME 0011	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)		GRADE/STATUS E-7/RA	
ORGANIZATION OR ADDRESS AC 1 ST BN 5 TH SFG(A)			

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

IN CONTINUATION OF MY PREVIOUS STATEMENT, I WANT TO CLARIFY WHO DID THE SCENE SECURITY. I HAD IT WAS PREVIOUSLY STATED THAT IT WAS SFC (b)(6), (b)(7)(C) THAT WAS PULLING SCENE SECURITY WHEN IT WAS ACTUALLY SFC (b)(6), (b)(7)(C). I WAS UNAWARE OF THE PERSONS NAME WAS AND ASKED SOMEONE WHO THE INDIVIDUAL WAS THAT WAS THERE AND THEY STATED "SGT (b)(6), (b)(7)(C)", BUT THEY PROBABLY DIDN'T KNOW WHICH PERSON I WAS INQUIRING ABOUT, WHETHER I WAS ASKING ABOUT FIRST ON SCENE OR WHO I ENCOUNTERED THAT WAS PULLING SCENE SECURITY. I HAD NOT ENCOUNTERED SFC (b)(6), (b)(7)(C) OR SFC (b)(6), (b)(7)(C) BEFORE BECAUSE WE DON'T WORK TOGETHER USUALLY.

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

A. SFC (b)(6), (b)(7)(C)

Q. WHEN DID SFC (b)(6), (b)(7)(C) ARRIVE TO THE SCENE?

A. I DON'T KNOW, HE WAS THERE WHEN I SHOWED UP

Q. WHAT DOES SFC (b)(6), (b)(7)(C) LOOK LIKE?

A. WHITE MALE, MUSTACHE, BLACK HAIR

Q. WHAT DOES SFC (b)(6), (b)(7)(C) LOOK LIKE

A. WHITE MALE, ASIAN, NO MUSTACHE, BLACK HAIR

Q. DID YOU TOUCH THE BOARD AT THE SCENE?

A. No

Q. DID YOU SEE ANYONE TOUCH THE BOARD?

A. No

Q. WAS THERE ANYONE ELSE PRESENT AT THE SCENE WHILE (b)(6), (b)(7)(C)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

STATEMENT (Continued)

~~(Official Use Only - Law Enforcement Sensitive)~~

WERE THERE?

A. SGT (b)(6), (b)(7)(C) SFC (b)(6), (b)(7)(C) AND SFC (b)(6), (b)(7)(C) IS ALL I CAN

RECALL

Q. WHAT TIME DID YOU LEAVE THE SCENE?

A. I CAME AND WENT SEVERAL TIMES AND RETURNED SEVERAL TIMES UNTIL CID SHOWED UP

Q. DO YOU REMEMBER WHAT TIMES EACH INDIVIDUAL ARRIVED ON THE SCENE?

A. SGT (b)(6), (b)(7)(C) A FEW MINUTES AFTER MYSELF, SFC (b)(6), (b)(7)(C) WAS THERE PRIOR TO MY ARRIVAL, I DON'T KNOW ABOUT ANYONE ELSE.

Q. DO YOU WANT TO ADD ANYTHING ELSE TO THIS STATEMENT?

A. NO /// END OF STATEMENT ///

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

AFFIDAVIT

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to
 administer oaths, this 12 day of DECEMBER, 2007
 At BLDG 25, AREA 4, VBC APO AE 09342

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

SA

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

(Typed Name)

10 USC 936

(Authority to Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

LOCATION

Bldg 25, Area 4, Victory Base Complex, APOAE

DATE

12 Dec 67

TIME

0653

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

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

SOCIAL SECURITY NUMBER

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

GRADE/STATUS

E-7 NG

ORGANIZATION OR ADDRESS

ACo 5th BN 19th Special Forces Group

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 8 DEC 2007, ABOUT 2315HRS, I WAS INSTRUCTED TO CONTAIN A ROOM ~~ENTER~~ AT TASK FORCE RAPTOR SCREENING FACILITY BY SFC ~~ENTER~~ WHILE AT THE FACILITY A SGT ~~ENTER~~ AND SFC ~~ENTER~~ CAME OVER. SGT ~~ENTER~~ CHECKED THE BODY FOR A PULSE AND THEN TOOK SOME PICTURES OF THE AREA. THEY BOTH LEFT, A SFC ~~ENTER~~ CAME OVER AND TOOK SOME PICTURES AND LEFT. THEN MSG ~~ENTER~~ CAME OVER TO CHECK OUT THE SCENE. AFTER MSG ~~ENTER~~ LEFT, SFC ~~ENTER~~ CAME BACK AND WE WAITED TOGETHER UNTIL CID ARRIVED. I LEFT SHORTLY AFTER CID'S ARRIVAL.

Q: SA ~~ENTER~~A: SFC ~~ENTER~~Q: Did you touch the board, 4" x 4" that Mr KHAZI used to hit SSG ~~ENTER~~?A: NO ~~ENTER~~

Q: Did you see anyone touch the 4" x 4"?

A: No ~~ENTER~~

Q: Did any one else, not mentioned in your statement enter the room where Mr KHAZI was?

A: No ~~ENTER~~

Q: When you got to the room who was in the room?

A: SFC ~~ENTER~~ Was in there ~~ENTER~~Q: Did SFC ~~ENTER~~ touch the 4" x 4" in the room?

EXHIBIT

INITIALS ~~ENTER~~ MAKING STATEMENT

PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ~~ENTER~~ TAKEN AT ~~ENTER~~ DATED ~~ENTER~~ CONTINUED."

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ~~ENTER~~ OF ~~ENTER~~ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

~~For Official Use Only - Law Enforcement Sensitive~~
 "Statement of (b)(6), (b)(7)(C), taken at Bldg 25, Area 4, Victory Base Complex APO AE 0934

dated 12 Dec 07 continued."

A: Not that I know of (b)(6), (b)(7)(C)

Q: Did SGT (b)(6), (b)(7)(C) touch the 4" x 4" in the room?

A: Not that I know of (b)(6), (b)(7)(C)

Q: Did SFC (b)(6), (b)(7)(C) touch the 4" x 4" in the room?

A: Not that I know of (b)(6), (b)(7)(C)

Q: Did SFC (b)(6), (b)(7)(C) touch the 4" x 4" in the room?

A: Not that I know of (b)(6), (b)(7)(C)

Q: Did MSG (b)(6), (b)(7)(C) touch the 4" x 4" in the room?

A: Not that I know of (b)(6), (b)(7)(C)

Q: Where was the 4" x 4" in the room when you got there?

A: In the corner on the chair straight state across from the Door to the right (b)(6), (b)(7)(C)

Q: Do you have anything else to add to your statement?

A: No /// End of Statement /// (b)(6), (b)(7)(C)

Not used

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 1 OF 3 PAGES.

~~For Official Use Only - Law Enforcement Sensitive~~

Exhibit

STATEMENT (Continued)

~~(Official Use Only - Law Enforcement Sensitive)~~

NOT USED

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

AFFIDAVIT

I, (b)(6), (b)(7)(C) HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT (b)(6), (b)(7)(C) PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE,

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths this 12 day of Dec, 2007
(b)(6), (b)(7)(C) Base Complex, APO AE 09342.

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

SA (b)(6), (b)(7)(C)
 (Typed Name of Person Administering Oath)
10USC 936 Art 136 UCMJ
 (Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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

LOCATION

BLDG 25, AREA 4, VBC, AMHE 09342

DATE

12 DEC 07 0115

E NUMBER

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

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

GRADE/STATUS

E-7/ NG

ORGANIZATION OR ADDRESS

A CO 5 BN 19 SFG(A)

939 VALOTA RD, REDWOOD CITY, CA, 94069

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

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

, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 8 DEC 2007 I WAS IN THE OPEN OR RAPTOR POSE, AREA 4 WALKING IN THE HALL. I WAS ASKED BY (b)(6), (b)(7)(C) WITH A WAS GOING ON WITH MY GUY, REFERRING TO (b)(6), (b)(7)(C) I TOLD HIM HE WAS GUARDING SOMEONE IN THE THF. (b)(6), (b)(7)(C) TOLD ME HE SAW (b)(6), (b)(7)(C) BLEEDING FROM THE HEAD. I WALKED OUT OF THE BUILDING LOOKING FOR (b)(6), (b)(7)(C) I FOUND HIM ON THE SECOND FLOOR OF THE CHOW HALL, HOLDING HIS HEAD GOING TO GET IT LOOKED AT BY MEDICAL PERSONNEL. I PICKED UP A CAMERA FROM THE TEAM ROOM AND HEADED TO THE THF TO TAKE PHOTOS. I GOT TO THE THF AROUND 23:30 8 DEC 07. I MET SFC (b)(6), (b)(7)(C) AND (b)(6), (b)(7)(C) WHO WERE ALREADY THERE. I STARTED TAKING PHOTOS OF THE AREA AND ROOMS. I STAYED FOR ABOUT 1 HR AND WENT TO LOOK FOR OUR TEAM SGT. MSG (b)(6), (b)(7)(C) WITH, CAME OVER AND THEN I LEFT.

Q

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

A

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

Q. HOW LONG WERE YOU AT THE SCENE FOR?

A. I WAS IN THE ROOM FOR ABOUT 20 MINUTES AND DID NOT REENTER THE ROOM AFTER THAT.

Q. WHAT DID YOU NOTICE AT THE SCENE?

A. FIRST I NOTICED A DEAD BODY LAYING SOMEWHAT PERPENDICULAR TO THE ENTRANCE APPROXIMATELY 10 FT FROM THE ENTRANCE. HEAD CLOSER TO THE WALL. I THEN NOTICED A TABLE AND A CHAIR IN THE CORNER OPPOSITE THE ENTRANCE. ON THE CHAIR WAS PIECES OF WOOD LEANING AGAINST THE WALL OPPOSITE THE ENTRANCE.

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

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 1 OF 3 PAGES

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

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDED DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

"Statement of (b)(6), (b)(7)(C) Use Only - Law Enforcement Sensitive
dated 12 DEC 07 continued." taken at Bldg 25, AREA 4

(b)(6), (b)(7)(C) I ALSO NOTICED SEVERAL CHAIRS TURNED ON IT'S SIDES.

Q. Did you touch the pieces of wood in the chair.

A. NO.

Q. Did you touch anything in the room/scene?

X. NO.

Q. Did you see anyone touch the pieces of wood?

A. NO.

Q. Did you see anyone touch anything in the room/scene?

A. NO.

Q. What is (b)(6), (b)(7)(C) full name?

A. (b)(6), (b)(7)(C)

Q. How long did you see MSG (b)(6), (b)(7)(C) for in the building?

A. For about 10 minutes, and then I left

Q. Did you see anyone else arrive as you were leaving the building?

A. NO.

Q. What building did the incident take place at?

A. THE.

Q. How many pictures did you take of the scene?

A. NOT SURE, BUT THEY WERE DIGITAL AND THEY WERE THE ROOM FROM DIFFERENT ANGLES, AS WELL AS OF THE BODY FROM DIFFERENT ANGLES.

Q. What did the body look like

X. IRAQI NATIONAL, ON IT'S BACK, HANDS ACROSS MID SECTION CUFFED.

Q. Do you have anything to add to this statement?

A. NO. /// END OF STATEMENT /// (b)(6), (b)(7)(C)

NOT USED

INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C) PAGE 2 OF 3 PAGES.

~~For Official Use Only - Law Enforcement Sensitive~~

Exhibit

STATEMENT (Continued)

~~Official Use Only - Law Enforcement Sensitive~~

Not Used

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

AFFIDAVIT

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

_____ HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 15th day of DECEMBER, 2007
At BLDG 15, AREA 4, VBC APO AE 09348

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

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

SA

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

10 USC 936

Art 136 UCMJ

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

AGENT'S INVESTIGATION REPORT

ROI NUMBER

00189-07-CID259-22684

CID Regulation 195-1

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

PAGE 1 OF 5 PAGE

DETAILS

Scene Examination: About 0445, 9 Dec 07, SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) coordinated with CPT (b)(6), (b)(7)(C) who related the scene, the TFRSF, was a government building therefore search authorization was not required.

N=North, S=South, W=West, E=East, T=Top, B=Base, C=Corner, L=Length WH=Width, H=Height, D=Depth, TH=Thick.

Characteristics of the Scene: The scene was holding room within the TSRSF building located on Area 4, VBCIZ. The TFRSF was a large storage building used to screen detainee prisoners. The TFRSF was beige and brown in color and constructed of mortar, metal and wood. There were two Entrance and Exits (E/E) to the TFRSF. The main E/E was situated in the S exterior wall of the TFRSF, approximately centered between the in the approximate center of the S exterior wall of the building. The main E/E consisted of one metal door which opened inward and had a properly functioning locking mechanism. The main E/E led to a large open area Conference Room. The Conference Room had an E/E without a door in the S wall of the Conference Room which led to a Center Access Room. The Center Access Room had an E/E without a door in the W wall of the Center Access Room which led to the Screening Room. The Screening Room had an E/E situated in the S wall that led to the Holding Room which was the primary scene. This E/E was also the main E/E to the Holding Room and was situated in the N wall of the Screening Room approximately 1'10" from the NWC of the room. The floor was constructed of concrete slab and the ceiling was drop down composite tiles. The door to the E/E was wood type construction with no locking mechanism. The door was swung W to E towards the inside of the room and was opened and hung flush against the N wall. The door was approximately 6' 8" in H. The Holding Room was approximately 12' 1" in H throughout from floor to ceiling. The Holding Room was approximately 31' 11" X 15' 8 1/2". Located in the W section of the room fixed to the W wall was a wood type table. Situated in the W wall adjacent the SW corner of the room was an E/E with a wood type door which swung outward and was hinged on the S side of the E/E. The door was shut and latched with a wood type board utilized as a locking mechanism. In the SWC of the room was a rolling type office chair. Located E of the chair was a plastic type construction table. Located S and flush against the door was a metal type construction folding chair lying on its side.

All measurements are approximate.

Room: Holding Room was 31' 11" x 15' 8 1/2" x 12' 1".

Floor: The floor appeared level and covered the bottom of the room meeting all four walls. It was gray in color, concrete type construction. The floor appeared dusty, scuffed and in used condition.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID), 11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

9 Dec 07

EXHIBIT

15

CID FORM 1

~~OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

52

AGENT'S INVESTIGATION REPORT CID Regulation 195-1 FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE	ROI NUMBER 00189-07-CID259-22684
	PAGE 2 OF 5 PAGE

DETAILS

Walls: The room had four walls, which extended from the floor to the ceiling. They were all tan, blue and brown in color concrete, metal and wood type construction with E/E's situated in the N and W walls. Located in the E portion of the S wall was a bullet hole which contained a round.

Ceiling: The ceiling covered the T of the room, extended to the walls and appeared level. It was white in color, fiberboard type drop ceiling. The center tiles were 2'x 2' and the others were cut to fit the ceiling. There were four light fixtures centered N to S on the ceiling, separated by three ceiling tile. The ceiling appeared to be dirty and dusty condition.

Entrance/Exit: The E/E situated in the N wall was 1' 10" from the NWBC of the room was brown in color, wood type construction and 3' by 6' 8". The door was hinged to the E side of the E/E with three yellow in color, metal type hinges. The door was brown in color, wood type construction and appeared to fit the E/E. The door was fully open and rested against the N wall. The door handle appears to have been removed from the door and the locking device appears damaged. The E/E situated in the W wall was of standard size and made of plywood. It was natural wood grain in color and wood type construction. The E/E appeared to be hinged on the S side of the door and it was not known what direction the door opened and closed.

Lights: There were four fluorescent light fixtures in the approximately center of the ceiling, situated N to S and approximately 2' in length. The lights were white in color, aluminum type construction, set into the drop ceiling; three had a translucent clear of color plastic type construction cover that appeared to fit flush with the ceiling. The lights were separated by three section of drop ceiling. Additionally, there were four fluorescent light fixtures mounted on the walls; one on the E wall, two on the S wall and one on the W wall. These fixtures were approximately 4' by 6" in size. The lights were white in color aluminum type construction, surface mounted and approximately 10' above the floor. The lights were on at the time of the examination.

There was a table with its back flush and attached to the W wall, 3' 3" from the NWBC of the room. It was brown in color, wood type construction 8' x 2' x 3' 2". The table stood on four square legs and sat upright.

There was a table with one C of the table flush with the S wall 9' from the SWBC of the room. It was white in color plastic type construction 5' by 3' by 2' 8". The table sat on four square legs and sat upright.

There was a rolling chair in the SWC C of the room with the right edge of its back flush with the W wall and the right edge of its seat flush with the S wall. It was black in color, plastic, metal and cloth type construction. The chair was sitting upright. Sitting on the T of the seat portion of the chair was a 4" by 4" piece of lumber. The chair was used, scratched and dirty condition.

TYPED AGENT'S NAME AND SEQUENCE NUMBER (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION Camp Slayer CID Office, 20 th /1149 th MP DET (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342
DATE 9 Dec 07	EXHIBIT 15

AGENT'S INVESTIGATION REPORT

ROI NUMBER

00189-07-CID259-22684

CID Regulation 195-1

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

PAGE 3 OF 5 PAGE

DETAILS

There was a 4" by 4" approximately 2' in L piece of lumber, tan in color, wood type construction with a 2" x 4" approximately 1' 6" in L piece of lumber, wood type construction attached near one end forming what appeared to be a cross. The lumber was used, scratched and dirty condition.

There was a folding chair with one C of the chair flush against the open door of the E/E. It was tan in color, metal type construction, lying face down. The chair was used, scratched and dirty condition.

Condition of the Scene: There were no unusual odors detected in the room where the body was located. The door to the Holding Room was opened fully and flushed with the N wall. The lights in the room were on. The room was dirty and in a cluttered state. The floor was dirty and dusty with a trail of blood spots leading from the area around the body to the main E/E of the Holding Room extending out to the main E/E of the Building. Located N of the plastic table lying face up on the floor was a body of an ILN male, identified as Mr. KHAZI, no identification number, detainee of 1st BN, 5th SFG, Area 4, VBC. Located SW of the body was a puddle of reddish-brown fluid suspected to be blood. Located between the body and the E/E was a large pattern of reddish-brown fluid suspected to be blood splatter on the floor. All surfaces of the furniture were dusty, worn and scratched in condition, and all objects were placed in a disarray manner on T of the furniture. Located on T of the chair was a 4"x 4", approximately 2' in L piece of lumber, wood type construction with a 2" x 4" approximately 1' 6" in L lumber, wood type construction attached near one end forming what appeared to be a cross. Located in the W of the table located within the S wall was bullet hole, which contained a round. Located under the chair was a 9mm shell casing. Located approximately centered along the N wall were three 9mm shell casings.

Condition of the Body: About 0545, 9 Dec 07, SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) examined the remains of Mr. KHAZI. There were no apparent signs of life. The body was cool to the touch. There was Rigor Mortis in all body joints, there was a distinct film on the eye balls, and there was no respiration present. There was Liver Mortis present on the decedent's back. The decedent was wearing tan socks with rubber grips on the soles, blue pants with gray strips and a matching zippered jacket over a white tank T stile shirt. The jacket had suspected blood stains located on the front and back. The decedent had a set of handcuffs placed on both his wrists located in front of his chest. There were what appeared to be four bullet entrance wounds in the chest area of the deceased. One was located on the right side of the chest area and there were three located in the left side of the chest area. There was one entrance and exit wound in the left forearm. There were three exit wounds on the back of the decedent. There appeared to be one projectile just under the skin located in the center left back of the body. Mr. KHAZI was identified by the following personnel of the A Company (CO), 1st BN, 5th SFG: SSG (b)(6), (b)(7)(C) SGT (b)(6), (b)(7)(C) and SFC (b)(6), (b)(7)(C)

Environmental Conditions: The inside temperature of the room was approximately 55 degrees Fahrenheit. The outside temperature was approximately 50 degrees Fahrenheit. There was no noticeable precipitation

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		Camp Slayer CID Office, 20 th /1149 th MP DET (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342	
SIG		DATE	EXHIBIT
		9 Dec 07	15

CID FORM 31

~~FOR OFFICIAL USE ONLY~~

54

~~LAW ENFORCEMENT SENSITIVE~~

AGENT'S INVESTIGATION REPORT

ROI NUMBER

00189-07-CID259-22684

CID Regulation 195-1

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

PAGE 4 OF 5 PAGE

DETAILS

present.

Flat Projection Sketch of the Holding Room:

Holding Room:

L: 31' 11" from the SEBC to SWBC of the room

WH: 15" 8 1/2" from the NEBC to the SEBC of the room

H: 12" 1" from the NWBC to the NWTC of the room

Entrance/Exit:

L: 6' 8" from the NWBC to the NWTC of the E/E

WH: 3" from the NEBC to the NWBC of the E/E

Fixing measurement: From the SWBC of the E/E to the NWC of the room is 1' 10".

Table:

L: 8' from the NETC to the SETC of the table

WH: 2' from the SETC to the SWTC of the table

H: 3' 2" from the SEBC to the SETC of the table

Fixing measurement: From the NWBC of the table to the NWC of the room is 3' 3".

Metal Chair:

H: 2' 6"

WH: 1' 6"

D: 1' 6 1/2"

Triangulation of Evidence:

Body:

From the N most tip of the decedent's left elbow to the NWC of the room is 10' 5". From the N most tip of the decedent's left elbow to the NEC of the room is 26' 6".

From the E most tip of the decedent's right big toe to the SWC of the room is 9' 2". From the E most tip of the decedent's right big toe to the SEC of the room is 23' 7".

Table:

From the SWBC of the table to the SWBC of the room is 6'. From the SWBC of the table is 15' 10".

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		Camp Slayer CID Office, 20 th /1149 th MP DET (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342	
SIG		DATE	EXHIBIT
		9 Dec 07	15

CID FORM 94

~~FOR OFFICIAL USE ONLY~~

55

AGENT'S INVESTIGATION REPORT

ROI NUMBER

00189-07-CID259-22684

CID Regulation 195-1

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PAGE 5 OF 5 PAGE

DETAILS

From the NEBC of the table to the NEBC of the room is 26' 6". From the NEBC of the table to the SEBC of the room is 23' 8".

Factors Pertinent to the Entry/Exit: Access to the room was gained through the main E/E located on the N side of the room or through the window located immediately E of the E/E.

Scene Documentation: SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) prepared sketches of the scene. SA (b)(6), (b)(7)(C) recorded digital images of the crime scene, undisturbed, with a Nikon, Coolpix 5900, digital camera.

Collection of Evidence: Between 0520 and 0652, 9 Dec 07, SA (b)(6), (b)(7)(C) collected as evidence four shell casings, from the floor Near the N wall, one round from the S wall, one set of handcuffs from Mr. KHAZI'S wrist, two boards nailed together, and one Swab, Buccal from Mr. KHAZI'S mouth, on Evidence/Property Custody Document (EPCD), Document Number (DN) 1050-07.

Search for Latent Prints: A search for latent prints was not conducted due to the fact the complainant stated he was in the room with the deceased during the incident.

Search Beyond the Scene: SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) conducted a search of all rooms, for any items of evidentiary value, to include remnants of bleeding. A search of the exterior of TFRSF revealed nothing of evidentiary value. A secondary search of the holding room revealed finding a round in the S wall, the round was collected as annotated above.

Negative Evidence: Examination of all areas within the Holding Room provided negative results for further identification of expended rounds or blood splatter on the walls within the Holding Room or any other areas thereof.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

9 Dec 07

EXHIBIT

15

CID FORM 51

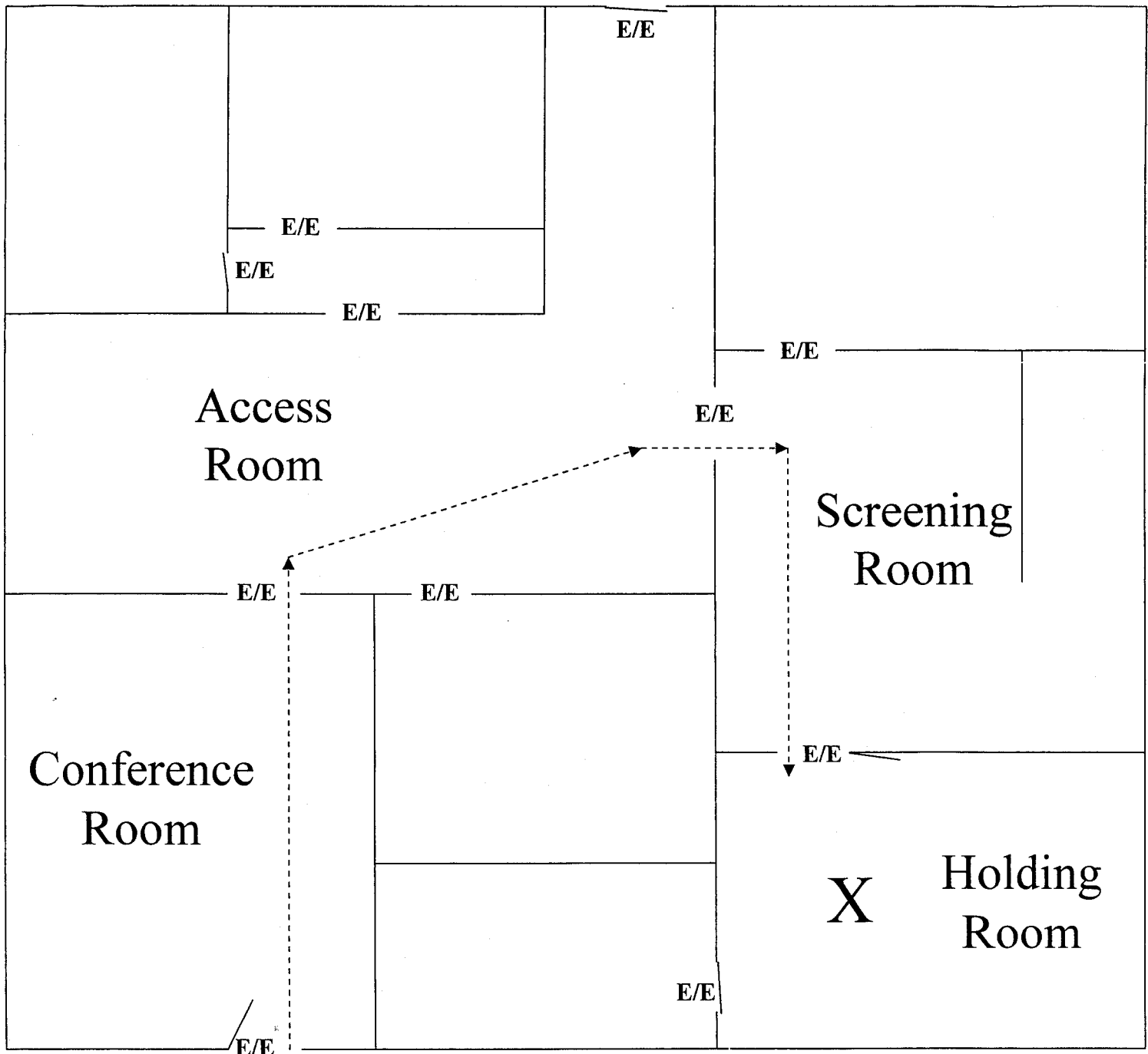
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~~LAW ENFORCEMENT SENSITIVE~~

56

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

Rough Sketch of Scene

**LEGEND**

E/E = Entry/Exit

X-Location of Death Scene

----(line)= Path Taken to Death Scene

**NOT TO SCALE****TITLE BLOCK**

CASE NUMBER: 0189-07-CID259-22684

OFFENSE: Justifiable Homicide/Aggravated Assault

SCENE PORTRAYED: Overview of Task Force Raptor Screening Facility, leading to Holding Room.

LOCATION: Area 4, Victory Base Complex APO AE 09342

VICTIM: SSC (b)(6), (b)(7)(C) Mr. Hamid M. KHAZI

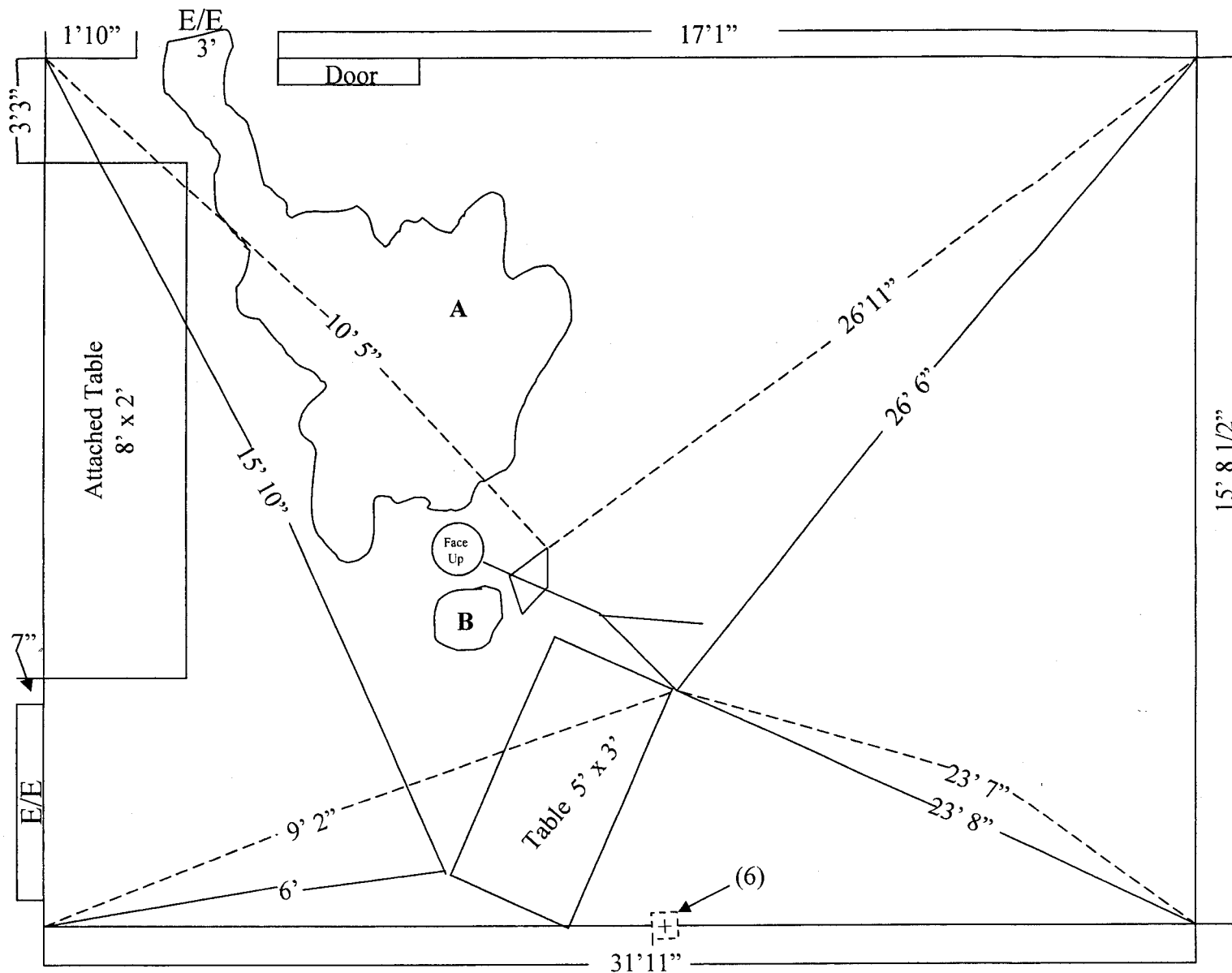
TIME/DATE BEGAN: 0505 / 9 Dec 07

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

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

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

Rough Sketch of Scene Triangulation



LEGEND

1. Shell Casing
2. Shell Casing
3. Shell Casing
4. Shell Casing
5. Wood 4" x 4"
6. Round
- A. Blood Splatter
- B. Blood Pool



NOT TO SCALE

TITLE BLOCK

CASE NUMBER: 0189-07-CID259-22684

OFFENSE: Justifiable Homicide/Aggravated Assault

SCENE PORTRAYED: Holding Room, Task Force Raptor Screening Facility.

LOCATION: Area 4, Victory Base Complex APO AE 09342

VICTIM: SSG (b)(6), (b)(7)(C) / Mr. Hamid M. KHAZI

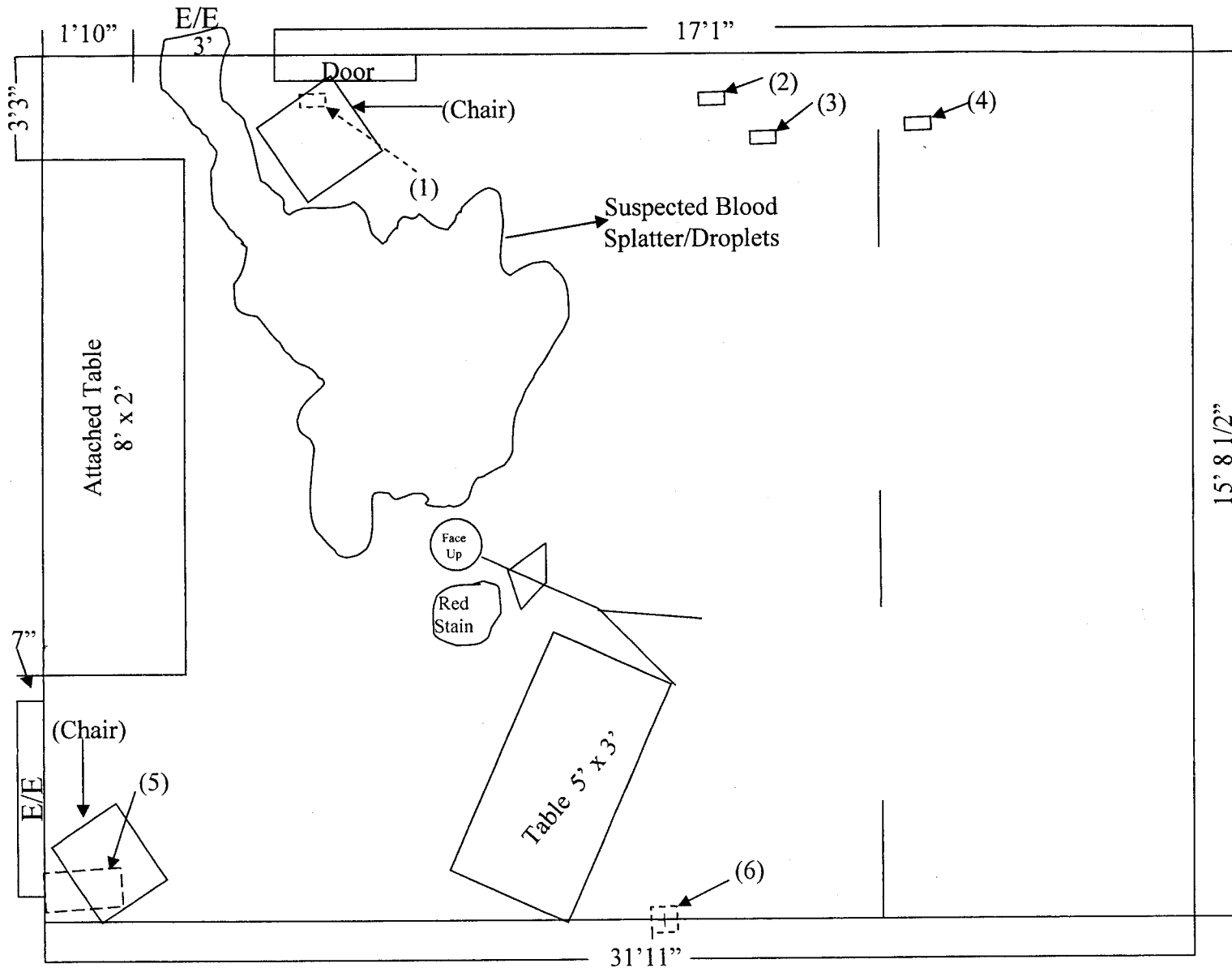
TIME/DATE BEGAN: 0505 / 9 Dec 07

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

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

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

Rough Sketch of Scene with Evidence



LEGEND

- (1) Shell Casing
- (2) Shell Casing
- (3) Shell Casing
- (4) Shell Casing
- (5) Wood 4" x 4"
- (6) Round



NOT TO SCALE

TITLE BLOCK

CASE NUMBER: 0189-07-CID259-22684

OFFENSE: Justifiable Homicide/Aggravated Assault

SCENE PORTRAYED: Holding Room, Task Force Raptor Screening Facility.

LOCATION: Area 4, Victory Base Complex APO AE 09342

VICTIM: SSG (b)(6), (b)(7)(C) / Mr. Hamid M. KHAZI

TIME/DATE BEGAN: 0505 / 9 Dec 07

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

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



PHOTOGRAPH PACKET



NUMBER

DESCRIPTION OF PHOTOGRAPHS

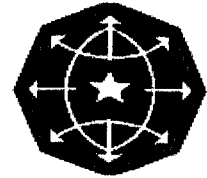
- | | |
|----|---|
| 1 | DSCN1440, photo depicting E/E of the TFRSF |
| 2 | DSCN1445, photo depicting Holding Room E/E from the Screening Room. |
| 3 | DSCN1462, photo depicting SEC of scene. |
| 4 | DSCN1554, photo depicting E wall of scene. |
| 5 | DSCN1466, photo depicting W wall of scene. |
| 6 | DSCN1468, photo depicting NWC of scene. |
| 7 | DSCN1476, photo depicting shell casing, Evidence Marker (EM)1. |
| 8 | DSCN1494, photo depicting shell casing, EM 1. |
| 9 | DSCN1477, photo depicting shell casing, EMs 2, 3 and 4. |
| 10 | DSCN1500, photo depicting shell casing with scale, EM 2. |
| 11 | DSCN1503, photo depicting shell casing with scale, EM 3. |
| 12 | DSCN1506, photo depicting shell casing with scale, EM 4. |
| 13 | DSCN1475, photo depicting wood board, EM 4. |
| 14 | DSCN1509, photo depicting expended round in wall, Item 2, DN 1050-07. |
| 15 | DSCN1527, photo depicting recovered expended round, with scale, Item 2, DN 1050-07. |
| 16 | DSCN1478, photo depicting view of the body of Mr. KHAZI. |
| 17 | DSCN1529, photo depicting view of bullet holes in jacket. |

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~~Law Enforcement Sensitive~~

EXHIBIT 19 60



PHOTOGRAPH PACKET



- 18 DSCN1531, photo depicting bullet hole in torso of jacket, with scale.
- 19 DSCN1532, photo depicting bullet holes in left arm of jacket, with scale.
- 20 DSCN1534, photo depicting bullet hole in torso of jacket, with scale.
- 21 DSCN1581, photo depicting torso wounds unclothed.
- 22 DSCN1586, photo depicting left arm wounds.
- 23 DSCN1593, photo depicting back of torso wounds unclothed.
- 24 DSCN1597, photo depicting back of torso wounds unclothed, with scale.
- 25 DSCN1598, photo depicting back of torso wounds unclothed, with scale.
- 26 DSCN1537, photo depicting medical identification tag on right wrist.
- 27 DSCN1570, photo depicting blood droplets inside of E/E.

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EXHIBIT 19 61









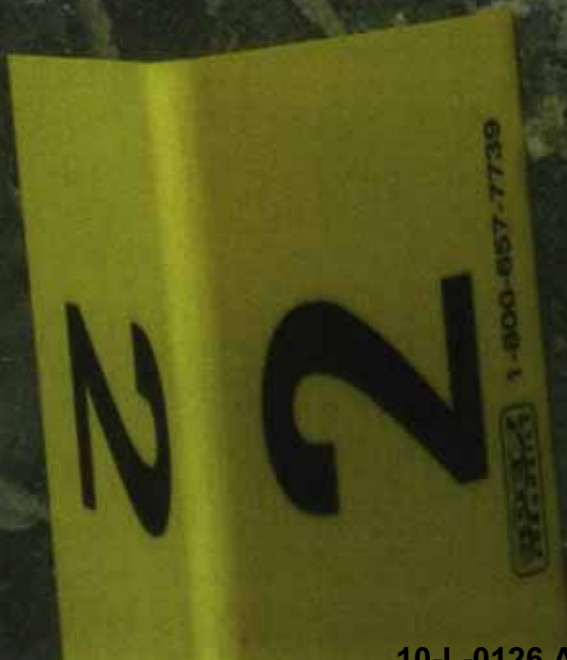




4

2

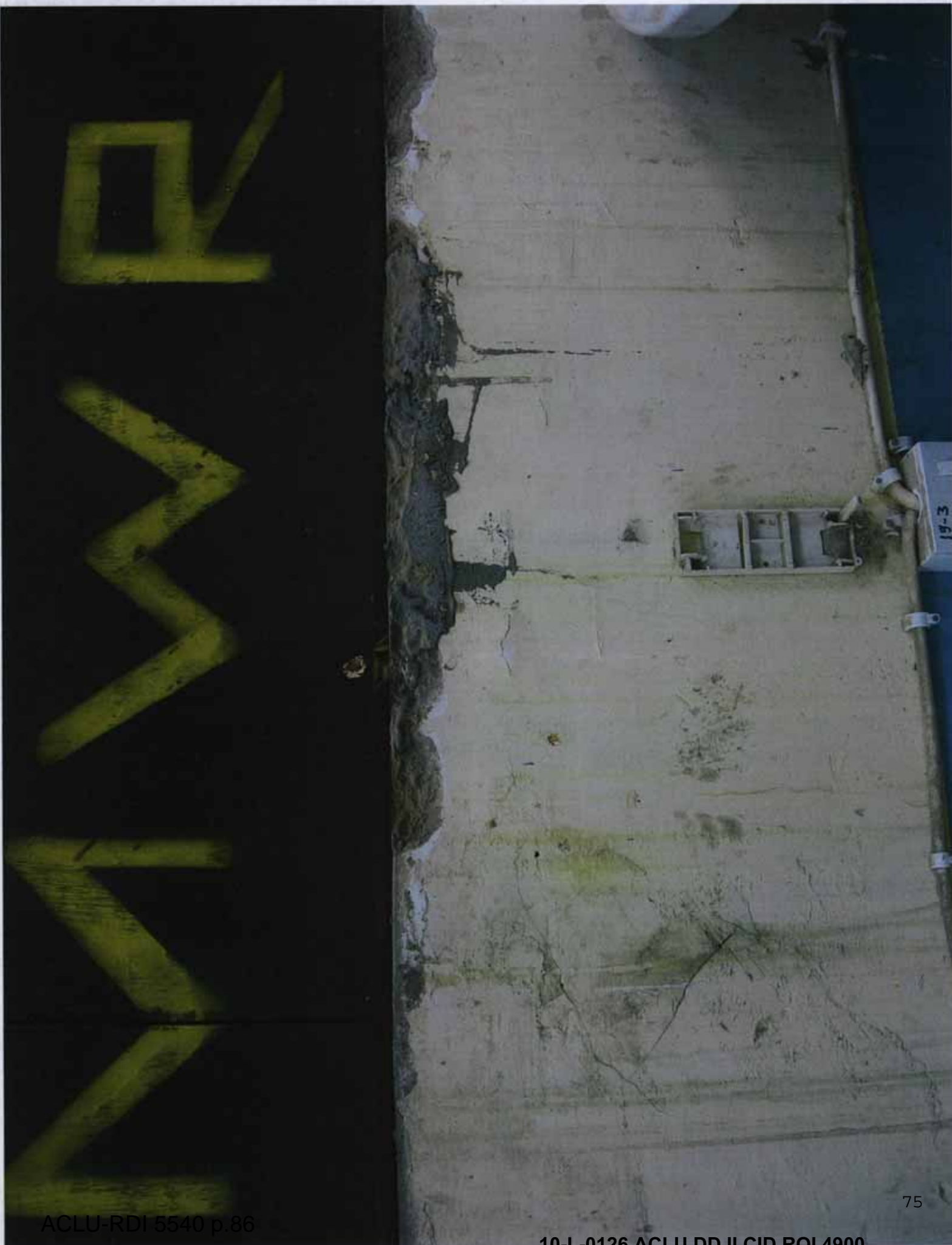
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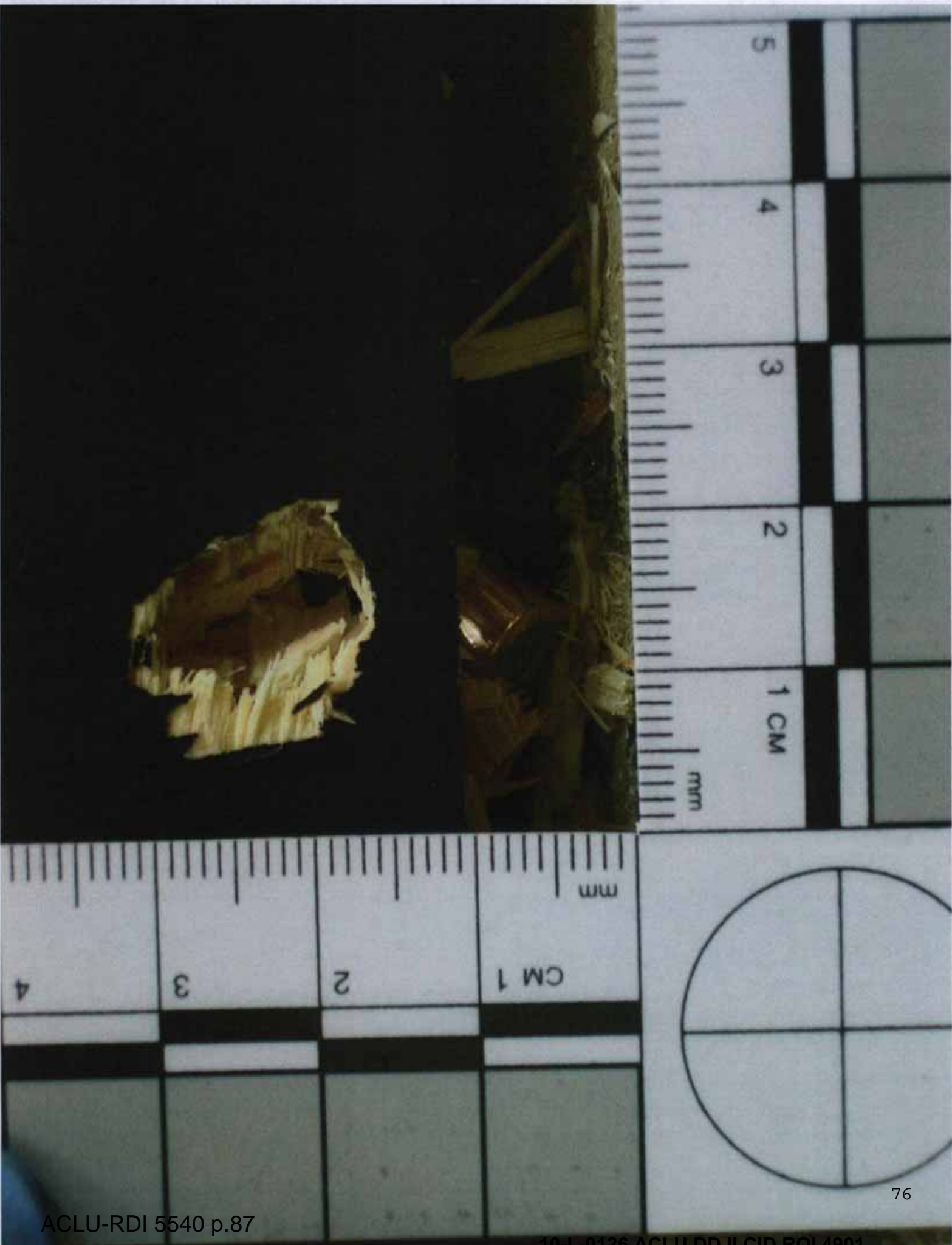












EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0189-07-CID259	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CID REPORT/CID ROI NUMBER	
RECEIVING ACTIVITY Camp Cropper CID Office		LOCATION Camp Cropper, IZ APO AE 09342	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER Death Scene <input checked="" type="checkbox"/> OTHER		ADDRESS (Include Zip Code) Task Force Raptor Screening Facility, Area IV, Victory Base Complex, IZ APO AE 09342	
LOCATION FROM WHERE OBTAINED From various locations while in Task Force Raptor Screening Facility, Area IV, Victory Base Complex, IZ APO AE 09342		REASON OBTAINED Evidence	TIME/DATE OBTAINED 0520-0652 9 Dec 07
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)	
1	4	SHELL CASINGS, yellow and red in color, metal type construction, cylindrical in shape, approximately 1" L x 1/4" DIA. There were manufacturer markings on the head stamps with "WCC 05" with a manufacturer symbol of a circle with a cross in the middle. There were firing pin indentations on the primers. The casings were in expended condition. The casings were placed inside a clean brown paper bag and the bag was MFID with 0520 (b)(6), (b)(7)(C) 9 Dec 07, the bag was then sealed and MFID with a seal time of 1129 (b)(6), (b)(7)(C) 0 Dec 07, so as to appear on bag and tape. (From the floor near the North wall).	
2	1	ROUND, yellow and black in color, metal type construction, cone shape, approximately 1 1/2 cm L x 3/4 cm DIA. The round was scraped on all sides with black in color marks around the outside. The bottom of the round was hollowed out and filled with what appeared to be lead. The round was in used and scratched condition. The round was placed inside a clean brown paper bag and the bag was MFID with 054 (b)(6), (b)(7)(C) 0 Dec 07, the bag was then sealed and MFID with a seal time of 1133 (b)(6), (b)(7)(C) 0 Dec 07, so as to appear on bag and tape. (From the South wall). BIO-HAZARD	
3	1	HANDCUFFS, black in color, metal type construction, standard military police issue. There were manufacturer markings on each handcuff with, "Trade Mark REG US PAT OFF", with a manufacture symbol in the center. The markings were located in the lower portion of each handcuff adjacent the key hole and double locked slot. The handcuffs had standard locking wrist bars. The handcuffs were attached together with a black in color, metal type construction 2 link chain. The handcuffs were placed inside a clean brown paper bag and the bag was MFID with 0558 (b)(6), (b)(7)(C) 9 Dec 07, the bag was then sealed and MFID with a seal time of 1138 (b)(6), (b)(7)(C) 0 Dec 07, so as to appear on bag and tape. (From the wrist of the Mr. KHAZI). BIO-HAZARD	
4	2	BOARDS, yellow in color, wood type construction. The boards are 2 pieces nailed together to form a cross, approximately 24" L x 15" W. The long board appears to be a 4" x 4" and the cross board appears to be 2" x 4". There is a small amount of red in color liquid substance, believed to be blood, on the end of the cross board.	
CHAIN OF CUSTODY (Continued on Page 2)			
ITEM NO.	DATE	RELEASED BY	PURPOSE OF CHANGE OF CUSTODY
1-5	9 Dec 07	SIGNATURE (b)(6), (b)(7)(C)	Evaluation as Evidence
		NAME, GRADE OR TITLE Crime Scene	
1-5	DEC 10	SIGNATURE (b)(6), (b)(7)(C)	RECEIVED BY EVIDENCE CUSTODIAN SCREEN
		NAME, GRADE OR TITLE	
		SIGNATURE	
		NAME, GRADE OR TITLE	
		SIGNATURE	
		NAME, GRADE OR TITLE	
		SIGNATURE	
		NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-R Privacy Act Statement
26 Sep 75 Which are Obsolete.

LOCATION

DOCUMENT NUMBER 1050 89 07

ACLU-RDI 5540 p.88

For Official Use Only
Law Enforcement 10-10126 ACLU DD II CID ROI 4915

EXHIBIT 20

Continuation of Description of Articles received from Task Force Raptor Screening Building, Area IV, VBC,
APO AE 09342:

ITEM #	QUANTITY	DESCRIPTION OF ARTICLES
5	1	<p>The boards are held together by what appears to be 2-3 unknown length nails. The boards were placed into 2 clean, brown paper bags. The bags were MFID with 0610 (b)(6), (b)(7)(C) Dec 07. The bags were in turn wrapped with brown packing paper, and sealed with paper packing tape, and MFID with a seal time of 1147 (b)(6), (b)(7)(C) Dec 07, so as to appear on tape and paper. (From the chair in the South West corner). BIO-HAZARD Swab, Buccal, utilized to collect buccal cells from the inside of the mouth of the Mr. KHAZI. The swab were air dried then placed back inside a white envelope and sealed with red evidence tape. The envelope was MFID with 0652 (b)(6), (b)(7)(C) Dec 07. (From the mouth of Mr. KHAZI)</p> <p>-----Last Item-----</p>

Page 2 of 2 Pages

Document
Number _____

EXHIBIT

1X20

90

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AGENT'S INVESTIGATION REPORT

0263-07-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: About 0600, 10 Dec 07, this office received a Request for Assistance (RFA) from SA ^{(b)(6), (b)(7)(C)} Camp Slayer CID Office, 20th Military Police Detachment (CID), Camp Slayer, Iraq, APO AE 09342, to attend the autopsy of Mr. Hamid Muhsin KHAZI, (NFI).

About 0930, 12 Dec 07, SA ^{(b)(6), (b)(7)(C)} attended the autopsy of Mr. KHAZI (ME # 07-1348), which was conducted by Dr. (CPT) ^{(b)(6), (b)(7)(C)} USA, Associate Medical Examiner, Office of Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP) 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause of death was opined as multiple gunshot wounds and manner of death as homicide. 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 for details).

About 1020, 12 Dec 07, SA ^{(b)(6), (b)(7)(C)} collected clothing, metal fragments, and DNA as evidence on DA Form 4137, Evidence/Property Custody Document (EPCD). (See EPCD 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)

APG Resident Agency (CID)

APG, MD 21005

Date:
12 Dec 07

Exhibit:

18-21

CID FORM 94

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

EVIDENCE/PROPERTY CUSTODY DOCUMENT				MPR/CID SEQUENCE NUMBER 0263-07-CID-112	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command				CRD REPORT/CID ROI NUMBER 0189-07-CID-259-22684	
RECEIVING ACTIVITY Aberdeen Proving Ground Resident Agency (CID)			LOCATION Dover Air Force Base, Dover, DE		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER N/A <input type="checkbox"/> OTHER			ADDRESS (Include Zip Code) N/A		
LOCATION FROM WHERE OBTAINED From the remains of Detainee Hamid Muhsin KHAZI, ME # 07-1348, while inside the Charles C. CARSON Mortuary Center, Building 116, Dover Air Force Base, Dover, DE.			REASON OBTAINED EVIDENCE		TIME/DATE OBTAINED 1020-1203 12 Dec 07
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)			
1	1	Coat. Blue and grey in color, cloth type construction, size 54, in used, soiled, and stained condition, brand name "GAMMA", placed in a clean brown paper bag, which was sealed with paper packaging tape, and marked for ID with 1020, 12 Dec 07 (b)(6), (b)(7)(C) as to appear on tape and bag. (Remains of Mr. KHAZI)			
2	1	Pants. Blue and grey in color, cloth type construction, size 54, in used, soiled, and stained condition, brand name "GAMMA", placed in a clean brown paper bag, which was sealed with paper packaging tape, and marked for ID with 1021, 12 Dec 07 (b)(6), (b)(7)(C) as to appear on tape and bag. (Remains of Mr. KHAZI)			
3	1	Underwear boxer type, white in color, cloth type construction, with elastic waist band, in used, soiled and stained condition. Placed in a clean brown paper bag which was sealed with brown paper packaging tape and marked for ID with 1025, 12 Dec 07 (b)(6), (b)(7)(C) as to appear on tape and bag. (Remains of Mr. KHAZI)			
4	1	Tank Top. White in color, cloth type construction, size 110 CM, brand named "AL TAYER", in used, soiled and stained condition. Placed in a clean brown paper bag, which was sealed with paper packaging tape, and marked for ID with 1025, 12 Dec 07 (b)(6), (b)(7)(C) as to appear on tape and bag. (Remains of Mr. KHAZI)			
5	2	Socks. Brown in color, cloth type construction, calf length, brand name "MediChoice." Placed in a clean brown paper bag, which was sealed with paper packaging tape, and marked for ID with 1025, 12 Dec 07, (b)(6), (b)(7)(C) as to appear on tape and bag. (Remains of Mr. KHAZI)			
6	1	Vial. Clear of color, glass type construction, with cap, orange in color, plastic type construction, manufacturer's sticker on vial with marking "BD Vacutainer Serum", green in color handwriting bearing, "OAFME07-1348 is written on the manufactured label on the vial. Green in color writing "BLOOD" also on label. Vial contains blood sample from the remains of Mr. KHAZI. (Continued on Pg 2)			
CHAIN OF CUSTODY					
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY	
1-7	12 Dec 07	SIGNATURE N/A	(b)(6), (b)(7)(C)	Evaluation of Evidence	
		NAME, GRADE OR TITLE (b)(6), (b)(7)(C)			
1 thru 13	13 Dec 07	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	RELEASED TO EVIDENCE CUSTODIAN S.C. R. C. N. I.	
1 thru 7	18 Dec 07	(b)(6), (b)(7)(C)	SIGNATURE RA895399242 US	FWD TO USACILS CITE LAB FOR EXAMINATION	
1 thru 7	29 Jan 08	SIGNATURE RA895399242 US	(b)(6), (b)(7)(C)	SEROLOGY/DNA	
		NAME, GRADE OR TITLE Registered mail			
1-7	28 Mar 08	SIGNATURE (b)(6), (b)(7)(C)	SIGNATURE RE 330 431 930 US	RETURN TO SUBMITTER	
		NAME, GRADE OR TITLE FORENSIC DNA EXAMINER			

DA FORM 4137
1 Jul 76

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

LOCATION

1-5, 7 =
6 = Fudge

DOCUMENT
NUMBER

0391 08

FOR OFFICIAL USE ONLY

ACLU-RDI 5540 p.91

LAW ENFORCEMENT SENSITIVE

EXHIBIT

92

104-0126 ACLU DD II CID ROI 4918

07-2465

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Evidence/Property Custody Document Continuation Sheet, Page: 2

ITEM NO	QUANTITY	DESCRIPTION
7	1	Vial was placed in a clean, clear of color plastic bag which was sealed and marked for ID with 1046, 12 Dec 07 (b)(6), (b)(7)(C) (Remains of Mr. KHAZI) Specimen Cup, white and clear of color, plastic type construction, cup contains approximately (10) pieces of brass and silver in color, metal type construction fragments. Specimen cup was sealed and marked for I.D. with 1203, 12 Dec 07 (b)(6), (b)(7)(C) (Remains of Mr. KHAZI)

--- Last Item ---

"contamination suspected"

Document Number 0391 08

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

00189-07-CID259-22684

PAGE 1 OF 2 PAGE(S)

DETAILS

About 0050, 15 Dec 07, SA (b)(6), (b)(7)(C) coordinated with SFC (b)(6), (b)(7)(C) who provided a copy of a DA Form 2062, Hand Receipt, which revealed the issued weapon of SSG (b)(6), (b)(7)(C) was 9mm Pistol, Serial Number 1352086.

About 0105, 15 Dec 07, SA (b)(6), (b)(7)(C) collected as evidence one standard government issue 9mm Beretta Pistol, Serial Number 1352086, from MSG (b)(6), (b)(7)(C) on EPCD, DN 1057-07. SA (b)(6), (b)(7)(C) exposed photographs of the pistol using a Nikon, Coolpix 5900, digital camera.

About 0122, 15 Dec 07, SA (b)(6), (b)(7)(C) re-interviewed SFC (b)(6), (b)(7)(C) who provided a sworn statement wherein he stated he left the scene unsecured for approximately two minutes while he transported SSG (b)(6), (b)(7)(C) to get first aid. SFC (b)(6), (b)(7)(C) stated he did not touch the board at the scene or anything else. SFC (b)(6), (b)(7)(C) further stated he brought SFC (b)(6), (b)(7)(C) back to the scene to secure the scene and SFC (b)(6), (b)(7)(C) was the only other person he saw at the scene upon leaving.

About 1100, 15 Dec 07, SA (b)(6), (b)(7)(C) interviewed MAJ (b)(6), (b)(7)(C) Medical Doctor (MD), XXX-447th Air Expeditionary Group, Emergency Medical Station (b)(6), (b)(7)(C) who stated he was the MD who provided care for SSG (b)(6), (b)(7)(C) on 8 and 9 Dec 07. MAJ (b)(6), (b)(7)(C) stated the injuries he treated for SSG (b)(6), (b)(7)(C) consisted of a large 6 cm laceration to the center area of SSG (b)(6), (b)(7)(C) scalp and smaller abrasions on his left forearm and right upper arm. MAJ (b)(6), (b)(7)(C) stated the laceration on SSG (b)(6), (b)(7)(C) head was consistent with a blunt object hitting the top of his head with significant force that would have to have been from someone hitting him or an item dropped from a high elevation onto SSG (b)(6), (b)(7)(C) head. MAJ (b)(6), (b)(7)(C) stated the smaller abrasions on SSG (b)(6), (b)(7)(C) left forearm and right upper arm were consistent with defensive wounds. MAJ (b)(6), (b)(7)(C) provided the Chronological Record of Medical Care report pertaining to SSG (b)(6), (b)(7)(C). MAJ (b)(6), (b)(7)(C) stated the report for SSG (b)(6), (b)(7)(C) was recorded on 10 Dec 07, and only annotated the laceration to SSG (b)(6), (b)(7)(C) head. MAJ (b)(6), (b)(7)(C) stated SSG (b)(6), (b)(7)(C) received staples to his head wound and pain medication for treatment.

About 1745, 18 Dec 07, SA (b)(6), (b)(7)(C) coordinated with SSG (b)(6), (b)(7)(C) Patient Administration Division, 31st CSH, CCIZ, who provided all medical records that pertained to the treatment of Mr. KHAZI from 28 Nov 07 to 8 Dec 07.

About 0930, 2 Jan 08, SA (b)(6), (b)(7)(C) reviewed the medical history records pertaining to Mr. KHAZI which revealed he was only identified on the report as CROP, (b)(6), (b)(7)(C) prisoner of war detainee who was treated for a gunshot wounds to his right thigh and penis on 28 Nov 07.

LAW ENFORCEMENT RECORDS CHECK: A check of the files maintained by this office and the Defense Clearance Investigations Index (DCII) revealed no derogatory information pertaining to Mr. KHAZI. DCII revealed SSG (b)(6), (b)(7)(C) was the (b)(6), (b)(7)(C)

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA (b)(6), (b)(7)(C), (b)(7)(F)		Camp Slayer CID Office, 20 th /1149 th MP DET (CID),	
SIG		11 th MP BN (CID), Unit# 42232, APO AE 09342	
		DATE	EXHIBIT
		2 Jan 08	27 23

INTERNAL USE ONLY

94

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

00189-07-CID259-22684

PAGE 2 OF 2 PAGE(S)

DETAILS

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

///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

2 Jan 08

EXHIBIT

2223

CID FORM 94

~~FOR OFFICIAL USE ONLY~~

95

ACLU-RDI 5540 p.94

10-L-0126 ACLU DD II CID ROI 4921

ACLU-RDI 5540 p 95

EXHIBIT

10-L-0126 ACLU DD II CID ROI 4923

HAND RECEIPT/ANNEX NUMBER For use of this form, see DA PAM 710-2-1. The proponent agency is ODCSLOG		FROM: COMMANDER, SFODA 974 (b) (6)		TO: (b) (6)		HAND RECEIPT NUMBER	
FOR ANNEX/CR ONLY		END ITEM STOCK NUMBER		END ITEM DESCRIPTION		PUBLICATION DATE	
STOCK NUMBER a.		ITEM DESCRIPTION b.		SEC d.		QTY AUTH f.	
PERSONAL EQUIPMENT		PERSONAL EQUIPMENT		SEC d.		QTY AUTH f.	
STOCK NUMBER a.		ITEM DESCRIPTION b.		SEC d.		QTY AUTH f.	
90209N/70210N	LAPTOP COMPUTER W/ POWER CORD SN:	EA	1				
	DOCKING STATION	EA	1				
	MONITOR W/ POWER CORD SN:	EA	1				
	CASE CARRYING (BLACK) SN:	EA	1				
81193N	CASE PELICAN (RIFLE)	EA	1				
1095-01-C00-8342	CASE PELICAN (PERSONAL GEAR)	EA	1				
	CONTICO (PERSONAL GEAR) ⁴⁹	EA	2				
A20044	ADAPTER RAIL 5.56MM	SET	X				
1005-01-452-3527	RAS UPPER	EA	1				
	RAS LOWER	EA	1				
	FORWARD PISTOL GRIP	EA	1				
	RAIL COVER 6 INCH	EA	4				
	RAIL COVER 4 INCH	EA	2				
	RAIL COVER 3 INCH	EA	1				
	RAIL COVER 1.5 INCH	EA	2				
	RAIL COVER ASSEMBLY BAG	EA	1				

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WHEN USED AS A:

HAND RECEIPT, enter Hand Receipt Annex Number
 HAND RECEIPT FOR QUARTERS FURNITURE, enter Condition Code
 HAND RECEIPT ANNEX/COMPONENTS RECEIPT, enter Accounting Requirements Code (ARC).

DA FORM 2062
JAN 82

PAGE 1 OF 6 PAGES

EDITION OF JAN 58 IS OBSOLETE

STOCK NUMBER a.	ITEM DESCRIPTION b.	SEC c.	UI d.	QTY AUTH e.	QUANTITY				
					A	B	C	D	E
349004 5895-01-227-1739 BS0001	BAYONET MULTI SYS M9 W/ SHEATH		EA	1					
PC06935 9005-01-382-0953	BACK UP SIGHTS 300M		EA	1					
	CARBINE 5.56MM M4A1 SN: 6322409		EA	1					
	SLING NYLON (BLACK)		EA	1					
	MAGAZINE M4A1 30 ROUND		EA	7					
	CARRYING HANDLE		EA	1					
	TECHNICAL MANUAL (TM 9-1005-319-10)		EA	1					
J03261 5855-01-447-8992	ILLUMINATOR INFRARED AN/PEQ-2A SN: 24678		EA	1					
	RAIL GRABBER MOUNTING BRACKET		EA	1					
	CASE CARRYING (BLACK)		EA	1					
	CABLE SWITCH 12 INCH MEMBRANE		EA	1					
	STRAP VELCRO W/ BUCKLE		EA	2					
	SAFETY BLOCK ASSY BLACK/BLUE		EA	1					
	M4/M16A2 BRACKET ASSY		EA	1					
	TRAINING EXTENDER		EA	1					
	CABLE SWITCH 20 INCH REMOTE BUTTON		EA	1					
	BRACKET ADAPTER		EA	1					
	TECHNICAL MANUAL (TM 11-5855-308-12&P)		EA	1					
EXHIBIT 46007 010-01-434-9028	LAUNCHER GRENADE 40MM M203A1 SN:		EA	1					
4240-01-3703-3821/3822/3823	MASK CHEM-BIO M40A1 W/ FILTER		SET	X					
	FACEFORM (WHITE)		EA	1					

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0189-07-00259-2268

EXHIBIT

9724
28

STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	* <i>c.</i>	SEC <i>d.</i>	UI <i>e.</i>	QTY AUTH <i>f.</i>	QUANTITY <i>g.</i>					
						A	B	C	D	E	F
	CARRIER NYLON (GREEN)			EA	1						
	FACEPIECE (BLACK) SIZE: 4			EA	1						
	SECOND SKIN (GREEN) SIZE: 4			EA	1						
	OUTSERT EYE PIECE (NEUTRAL GRAY)			PR	1						
	BAG WATERPROOF (CLEAR)			EA	1						
	PMCS CHECKLIST 10 PAGE LAMINATED			EA	1						
	TECHNICAL MANUAL (TM 3-4240-339-10)			EA	1						
	MONOCULAR NIGHT VISION AN/PVS-14 SN:			EA	1						
	CASE SHIPPING (METAL)			EA	1						
	CASE CARRYING (GREEN)			EA	1						
	HEADMOUNT ASSEMBLY			EA	1						
	SMALL ARMS MOUNTING ADAPTER			EA	1						
	HEADMOUNT/HELMET MOUNT ADAPTER			EA	1						
	HELMET MOUNT ASSEMBLY			EA	1						
	LIGHT INTERFERENCE FILTER			EA	1						
	SACRIFICIAL WINDOW			EA	1						
	DEMIST SHIELD			EA	1						
	COMPASS ASSEMBLY			EA	1						
	LENS PAPER			PKG	1						
	TECHNICAL MANUAL (TM 11-5855-306-10)			EA	1						
	NIGHT VISION AN/PVS-7B/D SN: 164159			EA	1						

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STOCK NUMBER <i>a.</i>	ITEM DESCRIPTION <i>b.</i>	* <i>c.</i>	SEC <i>d.</i>	UI <i>e.</i>	QTY AUTH <i>f.</i>	QUANTITY <i>g.</i>					
						A	B	C	D	E	F
	CASE SHIPPING (METAL)			EA	1						
	CASE CARRYING (NYLON)			EA	1						
	HEADMOUNT ASSEMBLY			EA	1						
	HELMET MOUNT ASSEMBLY			EA	1						
	LIGHT INTERFERENCE FILTER			EA	1						
	SACRIFICIAL WINDOW			EA	1						
	DEMIST SHIELD			EA	1						
	COMPASS ASSEMBLY			EA	1						
	LENS PAPER			EA	1						
	TECHNICAL MANUAL (TM 11-5855-262-10-2)			EA	1						
P98152	PISTOL 9MM AUTOMATIC			EA	1						
1005-01-118-2640	SN: 1352086			EA	1						
	PISTOL DUTY BELT (BLACK)			EA	1						
	POUCH 3 MAGAZINE (BLACK)			EA	1						
	HOLSTER DROP (BLACK)			EA	1						
	HOLSTER CONCEALED (BLACK)			EA	1						
	MAGAZINE M9 15 ROUND			EA	4						
	M6 TACTICAL LASER ILLUMINATOR			EA	1						
	SN: N/19			EA	1						
	ADAPTER RAIL M6 LASER TO M9 PISTOL			EA	1						
	KEY HEX			EA	1						
	RADIO AN/PRC-148 (MBITR)			EA	1						
RR1605	SN: 17083			EA	1						
15811-01-463-5543	POUCH LARGE (BLACK)			EA	1						

EXHIBIT

9924
28

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STOCK NUMBER a.	ITEM DESCRIPTION b.	* c.	SEC d.	UI e.	QTY AUTH f.	QUANTITY g.					
						A	B	C	D	E	F
	BATTERY CASE BP-194 (AA)			EA	1						
	ANTENNA SHORT			EA	1						
	HEADSET SPEAKER / MIC WITH PTT			EA	1						
	MICH SYSTEM COMMO COMPLETE			SET	X						
	HEADSET HIGH-NOISE			EA	1						
	HEADSET LOW-NOISE (HEADBAND)			EA	1						
	HEADSET URBAN SINGLE EAR PIECE WITH PTT			EA	1						
	MATCHING BOX SN: 4828			EA	1						
	CABLE SINGLE COMM WITH PTT			EA	1						
	CABLE WITH RING FINGER PTT			EA	1						
	CABLE COILED (RADIO TO MATCHING BOX)			EA	1						
	LIGHT TACTICAL SUREFIRE			EA	1						
	BRACKET MOUNTING ASSY			EA	1						
	CAP WITH CABLE SWITCH MEMBRANE			EA	1						
	CAP WITH SWITCH PUSH ON / OFF			EA	1						
	HEADSET TACTICAL PELTOR SN: 30015996			EA	1						
	GPS GARMIN E-TREX VISTA SN: 79947390			EA	1						
	POUCH W/ LANYARD			EA	1						
	TECHNICAL MANUAL / QUICK START GUIDE			EA	1						
	STOVE COLEMAN			EA	1						

(b) (6)

100
24
28

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0189-07-CID259-22684	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER	
RECEIVING ACTIVITY Camp Slayer CID Office		LOCATION Camp Slayer I2 APOAE 09342	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED OWNER <input type="checkbox"/> (b)(6), (b)(7)(C) MSG		ADDRESS (Include Zip Code) ACo. 5th BN 19th Special Forces Group Area IV Victory Base Complex I2 APOAE 09342	
OTHER <input checked="" type="checkbox"/>			
LOCATION FROM WHERE OBTAINED From the hand of MSG (b)(6), (b)(7)(C) While in Play 25, Area 4, VBC APD AE 09342		REASON OBTAINED Evidence	TIME/DATE OBTAINED 0105 15 Dec 07
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>	
1	1	Pistol, Black in color, metal and plastic type construction, no magazine unloaded and on safe. There were manufacturer markings on the left side "U.S. 9mm M9-P. BERETTA-65490" Serial Number "1352086". On the Right side "ASSY 9346497-65490 U.S. 9mm M9-P. BERETTA-65490". The pistol was marked with "46" on the right side hand grip. The Pistol was placed in a clean Pistol Evidence cardboard box and the box was sealed with red evidence tape. The box was MFID with 0105, 15 Dec 07 (b)(6), (b)(7)(C) as to appear on both the box and tape. (From the hand of MSG (b)(6), (b)(7)(C)) Last Item	
CHAIN OF CUSTODY			
ITEM NO.	DATE	RELEASED BY	RECEIVED BY
1	15 Dec 07	(b)(6), (b)(7)(C) SG	(b)(6), (b)(7)(C)
1	15 DEC 07	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
1	DEC 17 20	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)
		SIGNATURE	SIGNATURE
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE
		SIGNATURE	SIGNATURE
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE
			PURPOSE OF CHANGE OF CUSTODY
			Evaluation as Evidence
			EVALUATION AS EVIDENCE SCREEN
			RECEIVED BY EVIDENCE CUSTODIAN

DA FORM 4137
1 Jul 76

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

LOCATION _____

DOCUMENT NUMBER **1057 07**

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

ACLU-RDI 5540 p.100

10-L-0126 ACLU DD II CID ROI 4928

EXHIBIT **2135** 101

SWORN STATEMENT

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

LOCATION Bldg 25, Area 4, VBC, APO AE 09342	DATE 15 DEC 07	TIME 0122	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	SOCIAL SECURITY NUMBER (b)(6), (b)(7)(C)	GRADE/STATUS E-7 / NO	

ORGANIZATION OR ADDRESS
ACO, 5th BN, 19th SFG, Area 4, Victory Base Complex,

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

ON 9 DEC 07, IN REGARDS TO MY STATEMENT, I WANT TO CLARIFY MY ACTIONS IN THE TEMPORARY HOLDING FACILITY. (b)(6), (b)(7)(C) AND I WERE THE ONLY PEOPLE INSIDE THE ROOM AND INSIDE THE THF. (b)(6), (b)(7)(C) AND I WERE IN THE ROOM FOR A FEW SECONDS AND DID NOT TOUCH ANY OBJECTS OR MOVE ANY OBJECTS. THE ONLY PERSON I TOUCHED WAS THE DECEASED IRAQI FOR SIGNS OF LIFE. DUE TO THE FACT THAT (b)(6), (b)(7)(C) REQUIRED FIRST AID, (b)(6), (b)(7)(C) AND I LEFT THE SCENE UNSECURED FOR A FEW MINUTES IN ORDER FOR ME TO FIND A AMERICAN (CSEC (b)(6), (b)(7)(C)) TO SECURE THE SCENE.

Q. (b)(6), (b)(7)(C)?
A. (b)(6), (b)(7)(C)

Q. Did you notice what were your observations at the scene?

A. I OBSERVED A IRAQI MALE, POOLS OF BLOOD. I CHECKED FOR SIGNS OF LIFE AND LEFT THE SCENE SINCE MY CONCERN WAS FOR MEDICAL ATTENTION OF (b)(6), (b)(7)(C) (b)(6), (b)(7)(C)

Q. Did you notice a cross piece of wood at the scene?

A. NO

Q. WAS THERE ANYONE ELSE AT THE SCENE? (b)(6), (b)(7)(C)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED."
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

STATEMENT (Continued)

~~(For Official Use Only - Law Enforcement Sensitive)~~

A. (b)(6), (b)(7)(C) AND I WERE THE ONLY TWO PEOPLE TO ENTER THE SCENE. TO ASCERTAIN THE STATUS OF THE IRAQI MALE. SFC (b)(6), (b)(7)(C) WAS THE THIRD PERSON TO ENTER AND REMAIN AT THE SCENE UNTIL HE WAS RELIEVED.

Q. Did you touch (b)(6), (b)(7)(C) A board at the scene?

A. NO.

Q. How long was the scene left unsecured?

A. LONG ENOUGH FOR ME TO FIND SFC (b)(6), (b)(7)(C) AND TO DROP HIM OFF AT THE TAF. IT WAS A FEW MINUTES. FROM ME LEAVING THE SCENE AND ESCORTING SFC (b)(6), (b)(7)(C) TO THE SCENE.

Q. Do you have anything else you want to add to this statement?

A. NO. /// END OF STATEMENT /// (b)(6), (b)(7)(C)

AFFIDAVIT

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this 15th day of DECEMBER, 2007
At Bldg 25, AREA 4, VBC, APO AE 09342

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0189-08-CID259-22684

PAGE 1 OF 1 PAGE(S)

DETAILS

About 2000, 31 Dec 07, SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) this office, conducted a re-examination of the scene. SA (b)(6), (b)(7)(C) SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) created a Cross Projection Sketch of the S wall and triangulated the bullet hole in the S wall. SA (b)(6), (b)(7)(C) recorded digital images of the scene with a Nikon, Coolpix 5900, digital camera.

Cross Projection Sketch:

S Wall:

L: 31' 11" from the SWC to the SEC of the wall

WH: 12' 1" from the NEC to the SEC of the wall

Plywood Covered Window:

L: 12' 8" from the SWC to the SEC of the window

WH: 4' 10 1/8" from the SEC to the NEC of the window

Concrete Beam: From the NWC of the wall to the NWC of the Beam is 15' 6 3/4".

Reference Points (RP):

RP #1 is a point on the N edge of the wall 1' 6 1/2" from the NWC of the wall

RP #2 is a point on the N edge of the wall 9' 4 1/2" from the NWC of the wall

RP #3 is a point on the N edge of the wall 1' 4 1/2" from the NWC of the Concrete Beam

Triangulation:

Plywood Covered Window:

From the NWC of the window to RP # 1 is 2' 11 1/4". From the NWC of the window to the NWC of the wall is 3' 3 1/2". From the NEC of the window to RP #3 is 2' 11 1/4". From the NEC of the window to the NWC of the Concrete Beam is 3' 2 1/4".

Bullet Hole:

Size: 1/2" in diameter

From the approximant center of the hole to RP # 2 is 3' 1/4". From the approximant center of the hole to the SEC of the window is 6' 9 3/8". From the approximant center of the hole to the SWC of the window is 9' 2 3/8".

Negative Evidence: Examination of the ceiling area within the Holding Room provided negative results for further identification of any cast off blood or blood splatter.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP DET (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

31 Dec 07

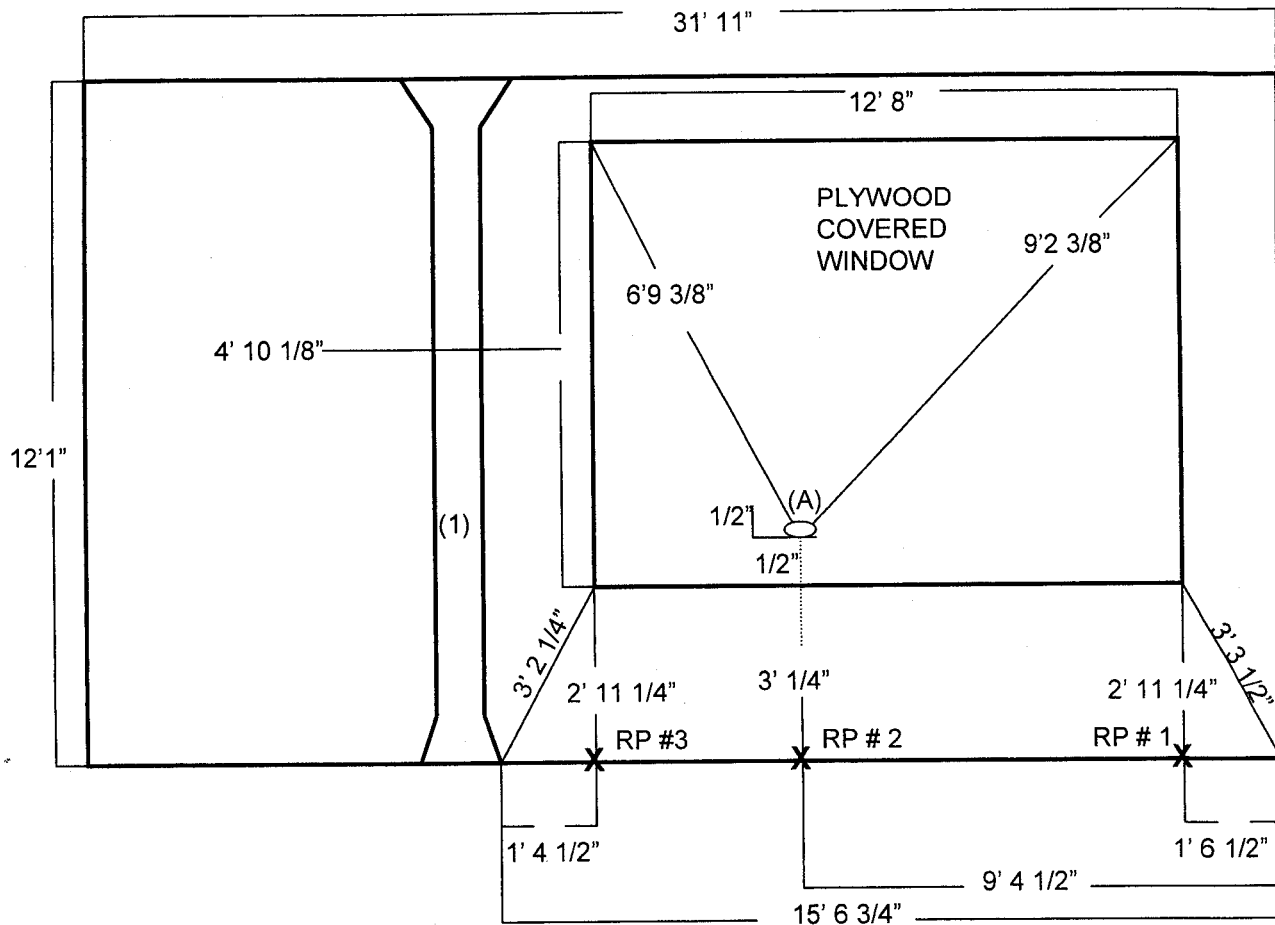
EXHIBIT

29

OFFICIAL USE ONLY

149

CROSS PROJECTION SKETCH INSIDE SURFACE OF SOUTH WALL



LEGEND

- (A) Bullet Hole
(1) Concrete Pillar
RP Reference Point

N

NOT TO SCALE

TITLE BLOCK

CASE NO: 0189-07-CID259-22684

OFFENSE: Justifiable Homicide/ Aggravated Assault
SCENE PORTRAYED: Overview of TFRSF, leading to Holding Room.

LOCATION: Area 4, VBCIZ.

VICTIM: SSG (b)(6), (b)(7)(C) / Mr Hamid M. KHAZI

TIME & DATE BEGAN: 2030 / 31 Dec 07

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

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

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AGENT'S INVESTIGATION REPORT

ROI NUMBER

00189-07-CID259-22684

CID Regulation 195-1

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PAGE 1 OF 2 PAGE

DETAILS

About 1700, 4 Feb 08, SA (b)(6), (b)(7)(C) received the Certificate of Death, 13 Dec 07, Toxicology Report, 20 Dec 07, and Final Autopsy Report Number ME07-1348, 7 Jan 08, pertaining to Mr. KHAZI. The cause of death was listed as multiple gunshot wounds and the manner of death was listed as homicide. Further review of the report showed traces of ketamine and ephedrine were present in Mr. KHAZI'S blood at time of toxicology.

About 1100, 5 Feb 08, SA (b)(6), (b)(7)(C) reviewed the medical records of Mr. KHAZI which revealed no record of ketamine or ephedrine was recorded as administered to Mr. KHAZI.

About 1330, 7 Feb 08, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) coordinated with COI (b)(6), (b)(7)(C) Task Force (TF), 31st CSH, CCIZ, who provided a copy of the Operating Room (OR) records for Mr. KHAZI. Mr. KHAZI'S OR records revealed he was administered ketamine on 7 Nov 07 and 29 Nov 07, as an anesthetic for surgery.

About 1025, 15 Feb 08, SA (b)(6), (b)(7)(C) interviewed MAJ (b)(6), (b)(7)(C) Anesthesiologist, TF, 31st CSH, CCIZ, who stated he was one of two Anesthesiologists who administered anesthetic dosages to Mr. KHAZI on different occasions. MAJ (b)(6), (b)(7)(C) stated he did remember providing ketamine to Mr. KHAZI but he did not remember whether or not he provided Mr. KHAZI Ephedrine. MAJ (b)(6), (b)(7)(C) stated ephedrine could have been given to Mr. KHAZI without being documented because it was not considered a controlled substance in theater. MAJ (b)(6), (b)(7)(C) stated the other physician who administered anesthetic dosages to Mr. KHAZI was CPT (b)(6), (b)(7)(C) Anesthesiologist, 31st CSH, CCIZ.

About 1118, 18 Feb 08, SA (b)(6), (b)(7)(C) coordinated with MAJ (b)(6), (b)(7)(C) who related a review of Mr. KHAZI'S medical records revealed no documentation that Mr. KHAZI was prescribed or administered ephedrine. MAJ (b)(6), (b)(7)(C) related Ephedrine was a medication which would not cause anger or erratic behavior.

About 1035, 20 Feb 08, SA (b)(6), (b)(7)(C) interviewed CPT (b)(6), (b)(7)(C) who stated he was the Anesthesiologist who administered anesthesia to Mr. KHAZI on 7 Dec 07. CPT (b)(6), (b)(7)(C) stated he administered ketamine to Mr. KHAZI but did not provide him with ephedrine. CPT (b)(6), (b)(7)(C) stated Mr. KHAZI could have been provided ephedrine without being documented, but he did not know of anyone in his unit who provided Mr. KHAZI the ephedrine. CPT (b)(6), (b)(7)(C) related ephedrine was a drug used to increase blood pressure before a patient was put under anesthetic. CPT (b)(6), (b)(7)(C) stated ketamine and ephedrine would not have any effect on someone's behavior after a 12 hour period but would remain in their system. CPT (b)(6), (b)(7)(C) stated, according to Mr. KHAZI'S medical records, CPT (b)(6), (b)(7)(C) administered anesthetic to Mr. KHAZI at about 0830, 7 Jan 08.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIG

ORGANIZATION

Camp Slayer CID Office, 20th/1149th MP Det (CID),
11th MP BN (CID), Unit# 42232, APO AE 09342

DATE

24 Mar 08

EXHIBIT

31

CID

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151

ACLU

10-L-0126 ACLU DD II CID ROI 4979

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i> FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE	ROI NUMBER 00189-07-CID259-22684
	PAGE 2 OF 2 PAGE

DETAILS

AGENT'S COMMENT: Mr. KHAZI was administered ketamine about 0830, 7 Jan 08 according to his OR records, which meant 13 hours prior to the incident.

About 1520, 27 Feb 08, SA (b)(6), (b)(7)(C) received the U.S. Army Criminal Investigation Laboratory (USACIL), DNA Branch Final Report number 2007-CID131-2465/A1/A2, which revealed DNA identified on the round found in the wall of the scene was determined to be consistent with Mr. KHAZI'S DNA profile. The report further revealed the DNA identified on the board from the scene was determined to match SSG (b)(6), (b)(7)(C) DNA profile.

About 1330, 18 Mar 08, SA (b)(6), (b)(7)(C) received the LP Branch, USACIL Final Report, 2007-CID131-2465/A1, 25 Feb 08, which revealed no suitable latent prints were identified on any of the evidence.

About 1625, 24 Mar 08, SA (b)(6), (b)(7)(C) coordinated with CPT (b)(6), (b)(7)(C) who opined probable cause existed to believe Mr. KHAZI committed the offense of Aggravated Assault when he struck SSG (b)(6), (b)(7)(C) several times with a board with the intent to cause severe injury. CPT (b)(6), (b)(7)(C) further opined probable cause existed to believe SSG (b)(6), (b)(7)(C) committed Justifiable Homicide when he shot and killed Mr. KHAZI when Mr. KHAZI struck him with the board.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		ORGANIZATION Camp Slayer CID Office, 20 th /1149 th MP Det (CID), 11 th MP BN (CID), Unit# 42232, APO AE 09342	
SIG [Redacted Signature]	DATE 24 Mar 08	EXHIBIT 31	

CID FORM 94

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152



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DEPARTMENT OF THE ARMY
US ARMY CRIMINAL INVESTIGATION LABORATORY
4930 N 31ST STREET
FOREST PARK, GA 30297-5205

CILA-DNA

8 February 2008

MEMORANDUM FOR SPECIAL AGENT IN CHARGE, CAMP SLAYER CID OFFICE,
20TH MILITARY POLICE DETACHMENT (CID), APO AE 09342

SUBJECT: DNA Branch - Final Report
USACIL Case Number 2007-CID131-2465/A1/A2
Submitter Case Number 0189-07-CID259-22684

EXHIBITS:

- 1 - Coat of KHAZI (Item 1, Doc 0104-07).
- 2 - Pants of KHAZI (Item 2, Doc 0104-07).
- 3 - Underwear of KHAZI (Item 3, Doc 0104-07).
- 4 - Shirt of KHAZI (Item 4, Doc 0104-07).
- 5 - Socks of KHAZI (Item 5, Doc 0104-07).
- 6 - Blood sample of KHAZI (Item 6, Doc 0104-07).
- 10 - Boards from scene (Item 4, Doc 1050-07).
- 11 - Buccal swab of KHAZI (Item 5, Doc 1050-07).
- 12 - Buccal swab of (b)(6), (b)(7)(C) (Item 1, Doc 1052-07).
- 21 - Round from wall (Item 2, Doc 1050-07).

FINDINGS:

1. Blood was identified on the boards.
2. No blood was detected on the round.
3. No examinations were performed on Exhibits 1-6.

AN ASCLD/LAB ACCREDITED LABORATORY (SINCE 1985)

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1 of 3

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT

36 162

CILA-DNA

SUBJECT: DNA Branch - Final Report

USACIL Case Number 2007-CID131-2465/A1/A2

Submitter Case Number 0189-07-CID259-22684

4. DNA (deoxyribonucleic acid) was extracted from the following samples: boards, round and buccal swabs from KHAZI and (b)(6), (b)(7)(C)

5. DNA profiles were obtained using PCR (polymerase chain reaction) technology on the fifteen STR (short tandem repeat) loci D8S1179, D21S11, D7S820, CSF1PO, D3S1358, TH01, D13S317, D16S539, D2S1338, D19S433, vWA, TPOX, D18S51, D5S818, FGA and the gender identification locus Amelogenin.

6. The DNA profile obtained from the boards matches the DNA profile obtained from (b)(6), (b)(7)(C). The frequency of occurrence of this profile among unrelated individuals selected at random from the U.S. population is estimated to be:

Caucasian	1 in 240 quadrillion
Black	1 in 15 quintillion
Hispanic	1 in 500 quadrillion.

7. The partial DNA profile obtained from the round is consistent with the DNA profile obtained from KHAZI. The frequency of occurrence of this profile among unrelated individuals selected at random from the U.S. population is estimated to be:

Caucasian	1 in 73 thousand
Black	1 in 310 thousand
Hispanic	1 in 100 thousand.

8. The above listed exhibits will be returned to the submitting agency upon the completion of laboratory testing. Retain the swabs from the boards and the round, prepared during analysis with the evidence.


9. Two original reports have been produced. These reports were completed at or near the time of the forensic examination(s) and prepared in the ordinary course of business by the undersigned.

CILA-DNA

SUBJECT: DNA Branch - Final Report
USACIL Case Number 2007-CID131-2465/A1/A2
Submitter Case Number 0189-07-CID259-22684

These reports were made by the regularly conducted activity as a regular practice of the United States Army Criminal Investigation Laboratory. Point of contact is the Evidence Processing Branch, DSN 797-7082/7109/7110/4612/4613/4614, Commercial (404) 469-7082/7109/7110/4612/4613/4614, Fax DSN 797-4615, or Email: usacil@conus.army.mil.

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



Forensic DNA Examiner

15 February 2008

INTERIM LABORATORY EXHIBIT LISTING

SUBJECT: USACIL Case Number 2007-CID131-2465/A1/A2
Submitter Case Number 0189-07-CID259-22684

EXHIBITS:

- 1 - Coat of KHAZI (Item 1, Doc 0104-07).
- 2 - Pants of KHAZI (Item 2, Doc 0104-07).
- 3 - Underwear of KHAZI (Item 3, Doc 0104-07).
- 4 - Shirt of KHAZI (Item 4, Doc 0104-07).
- 5 - Socks of KHAZI (Item 5, Doc 0104-07).
- 6 - Blood sample of KHAZI (Item 6, Doc 0104-07).
- 7 - Fragments (Item 7, Doc 0104-07).
- 8 - Cartridge cases (Item 1, Doc 1050-07).
- 9 - Handcuffs (Item 3, Doc 1050-07).
- 10 - Boards (Item 4, Doc 1050-07).
- 11 - Buccal swab of KHAZI (Item 5, Doc 1050-07).
- 12 - Buccal swab of (b)(6), (b)(7)(C) (Item 1, Doc 1052-07).
- 13 - Post mortem prints of KHAZI.
- 14 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 15 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 16 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 17 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 18 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 19 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 20 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 21 - Round (Item 2, Doc 1050-07).
- 22 - Pistol (Item 1, Doc 1057-07).



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DEPARTMENT OF THE ARMY
US ARMY CRIMINAL INVESTIGATION LABORATORY
4930 N 31ST STREET
FOREST PARK, GA 30297-5205

0189-07-CID 259-22684

CILA-LP

25 February 2008

MEMORANDUM FOR SPECIAL AGENT IN CHARGE, CAMP SLAYER CID OFFICE,
20TH MILITARY POLICE DETACHMENT (CID), APO AE 09342

SUBJECT: Latent Print Branch - Final Report
USACIL Case Number 2007-CID131-2465-A1
Submitter Case Number 0189-07-CID259-22684

EXHIBITS:

- 8 - Four cartridge cases (Item 1, Doc 1050-07).
- 9 - Handcuffs (Item 3, Doc 1050-07).
- 10 - Boards (Item 4, Doc 1050-07).
- 13 - Post-mortem record finger and palm prints of KHAZI.
- 14-20 - Record finger and palm prints of (b)(6), (b)(7)(C)

FINDINGS:

1. No latent prints suitable for identification were present or developed on Exhibits 8 through 10.
2. Two original reports have been produced. These reports were completed at or near the time of the forensic examination(s) and prepared in the ordinary course of business by the undersigned. These reports were made by the regularly conducted activity as a regular practice of the United States Army Criminal Investigation Laboratory. Point of contact is the Evidence



AN ASCLD/LAB ACCREDITED LABORATORY (SINCE 1985)

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1 of 2

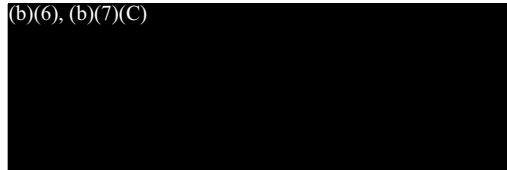
0189-07-CID 259-22684

CILA-LP

SUBJECT: Latent Print Branch - Final Report
USACIL Case Number 2007-CID131-2465-A1
Submitter Case Number 0189-07-CID259-22684

Processing Branch, DSN 797-7082/7109/7110/4612/4613/4614,
Commercial (404) 469-7082/7109/7110/4612/4613/4614, Fax DSN 797-
4615, or Email: usacil@conus.army.mil.

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



Latent Print Examiner

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25 February 2008

INTERIM LABORATORY EXHIBIT LISTING

SUBJECT: USACIL Case Number 2007-CID131-2465/A1/A2
Submitter Case Number 0189-07-CID259-22684

EXHIBITS:

- 1 - Coat of KHAZI (Item 1, Doc 0104-07).
- 2 - Pants of KHAZI (Item 2, Doc 0104-07).
- 3 - Underwear of KHAZI (Item 3, Doc 0104-07).
- 4 - Shirt of KHAZI (Item 4, Doc 0104-07).
- 5 - Socks of KHAZI (Item 5, Doc 0104-07).
- 6 - Blood sample of KHAZI (Item 6, Doc 0104-07).
- 7 - Fragments (Item 7, Doc 0104-07).
- 8 - Cartridge cases (Item 1, Doc 1050-07).
- 9 - Handcuffs (Item 3, Doc 1050-07).
- 10 - Boards (Item 4, Doc 1050-07).
- 11 - Buccal swab of KHAZI (Item 5, Doc 1050-07).
- 12 - Buccal swab of (b)(6), (b)(7)(C) (Item 1, Doc 1052-07).
- 13 - Post-mortem record finger and palm prints of KHAZI.
- 14 - Record finger and palm prints of (b)(6), (b)(7)(C)
- 15 - Record finger and palm prints of
- 16 - Record finger and palm prints of
- 17 - Record finger and palm prints of
- 18 - Record finger and palm prints of
- 19 - Record finger and palm prints of
- 20 - Record finger and palm prints of
- 21 - Round (Item 2, Doc 1050-07).
- 22 - Pistol (Item 1, Doc 1057-07).

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1 of 1 168

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> USACIL 4930 N. 31 st Street Forest Park, GA 30297-5205 <input type="checkbox"/> Other (Specify):		2. FROM: Special Agent-in-Charge Camp Slayer CID Office 20 th MP Det (CID) 11 th MP BN (CID) APO AE 09342 3. RETURN EVIDENCE TO: Evidence Custodian 20 th MP Det (CID) 11 MP BN (CID) APO AE 09342		4. EXAM PRIORITY: <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> EXPEDITE <input type="checkbox"/> Trial/Article 32/39A* <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist* <input type="checkbox"/> Other (Specify in Block 13) *Date:		5. LAB USE ONLY a. LAB CASE # b. METHOD OF RECEIPT c. RECEIVED BY/DATE	
6. SUBMITTING AGENCY CASE NUMBER 0189-07-CID259-22684				7. TYPE OF OFFENSE Undetermined Death / Aggravated Assault			
8. PREVIOUS EVIDENCE SUBMITTED DATE: NONE MAIL METHOD: LAB CASE #: SUSPECT(S):							
9. SUSPECT(S) [Last, First and Middle Name(s)] Mr KHAZI, Hamid M. Unknown				9. VICTIM(S) [Last, First and Middle Name(s)] SSG (b)(6), (b)(7)(C) Mr KHAZI, Hamid M.			
11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (i.e., Summary of investigation, crime scene sketches/photographs, statements) Mr KHAZI struck SSG (b)(6), (b)(7)(C) in the head with a large wooden object multiple times; and in the arms as he was trying to protect himself. SSG (b)(6), (b)(7)(C) stated in self-defense he was forced to shoot Mr KHAZI which resulted in Mr KHAZI's death. See Initial Report.							
12. EVIDENCE SUBMITTED							
a. EXHIBIT		b. DESCRIPTION OF EXHIBIT					
1		Shell Casings. (Item #1, Doc 1050-07)					
2		Handcuffs. (Item #3, Doc 1050-07)					
3		Boards, 4"x4"x24" and 2"x4"x15". (Item #4, Doc 1050-07)					
4		Swab, Buccal of Mr KHAZI. (Item #5, Doc 1050-07)					
5		Swab, Buccal of SSG (b)(6), (b)(7)(C) (Item #1 Doc)					
6		Major Case Prints (Post Mortum) of Mr Hamid M. KHAZI.					
7		Major Case Prints of SSG (b)(6), (b)(7)(C)					
8		Major Case Prints of SFC					
9		Major Case Prints of SGT					
10		Major Case Prints of SFC					

DEC 12 2007

RA 853 74977805

Registered Mail

12. EVIDENCE SUBMITTED (Continued)	
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT
11	Major Case Prints of SFC (b)(6), (b)(7)(C)
12	Major Case Prints of MSG
13	Major Case Prints of SFC
-----LAST ITEM-----	

13. EXAMINATION(S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)

BACKGROUND: See Initial Report.

Latent Print Branch: Please examine Exhibits 1, 2 and 3 for the identification and development of latent prints and compare identified prints with Exhibits 6 to 13 and hold any identified prints on file.

Serology/DNA Branch: Please examine Exhibits 3, 4 and 5 to determine the DNA profiles and compare the profiles of Exhibits 3 and 4 to Exhibit 5 and hold any identified DNA profile on file.

14.a. INVESTIGATOR AND ALTERNATE POC (Typed or Printed) (REQUIRED)	b. TELEPHONE (Primary/Alt): N/A
SA (b)(6), (b)(7)(C)	c. DSN (Primary/Alt): 318-835-1455/ 302-243-4703
SA (b)(6), (b)(7)(C)	d. Fax:
	e. E-Mail: (b)(6), (b)(7)(C) @iraq.centcom.mil

15. I CERTIFY EVIDENCE HAD NOT BEEN SUBMITTED TO ANOTHER LABORATORY FOR THE SAME EXAMINATION

a. DATE 12/12/07	b. TYPED/PRINTED NAME OF REQUESTOR SA (b)(6), (b)(7)(C)	d. TELEPHONE (Primary/Alt):
	c. S (b)(6), (b)(7)(C)	e. DSN (Primary/Alt): 318-835-1161
		f. Fax:
		g. E-Mail: (b)(6), (b)(7)(C) @iraq.centom.mil
		16. Lab Use Only
		Lab Case #

12. EVIDENCE SUBMITTED (Continued)			
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT		
<p>13. EXAMINATION(S) REQUESTED <i>(Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)</i></p> <p>BACKGROUND: See Initial Report previously submitted.</p> <p>Serology/DNA Branch: Please examine Exhibit 14 to determine if DNA is present. If so, analyze and obtain profile. Compare the profile of Exhibits 14 to Exhibit 4 and hold any identified DNA profile on file.</p> <p>Firearms and Toolmarks: Please examine Exhibit 15 to determine if it is fully operational and compare Exhibit 1 to determine if it was marked by Exhibit 15 during operation. Further request you compare Exhibit 15 with Exhibit 14 to determine if Exhibits 14 was fired from Exhibit 15.</p>			
<p>14.a. INVESTIGATOR AND ALTERNATE POC (Typed or Printed) (REQUIRED)</p> <p>SA (b)(6), (b)(7)(C) [REDACTED]</p> <p>SA (b)(6), (b)(7)(C) [REDACTED]</p>	<p>b. TELEPHONE (Primary/Alt): <u>N/A</u></p> <p>c. DSN (Primary/Alt): <u>318-835-1455/ 302-243-4703</u></p> <p>d. Fax: _____</p> <p>e. E-Mail: (b)(6), (b)(7)(C) [REDACTED]@iraq.centcom.mil</p>		
<p>15. I CERTIFY EVIDENCE HAD NOT BEEN SUBMITTED TO ANOTHER LABORATORY FOR THE SAME EXAMINATION</p>			
<p>a. DATE 12/15/07</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>b. TYPED/PRINTED NAME OF REQUESTOR</p> <p>SA (b)(6), (b)(7)(C) [REDACTED]</p> <p>c. (b)(6), (b)(7)(C) [REDACTED]</p> </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <p>d. TELEPHONE (Primary/Alt): _____</p> <p>e. DSN (Primary/Alt): <u>318-835-1161</u></p> <p>f. Fax: _____</p> <p>g. E-Mail: (b)(6), (b)(7)(C) [REDACTED]@iraq.centom.mil</p> </td> </tr> </table>	<p>b. TYPED/PRINTED NAME OF REQUESTOR</p> <p>SA (b)(6), (b)(7)(C) [REDACTED]</p> <p>c. (b)(6), (b)(7)(C) [REDACTED]</p>	<p>d. TELEPHONE (Primary/Alt): _____</p> <p>e. DSN (Primary/Alt): <u>318-835-1161</u></p> <p>f. Fax: _____</p> <p>g. E-Mail: (b)(6), (b)(7)(C) [REDACTED]@iraq.centom.mil</p>
<p>b. TYPED/PRINTED NAME OF REQUESTOR</p> <p>SA (b)(6), (b)(7)(C) [REDACTED]</p> <p>c. (b)(6), (b)(7)(C) [REDACTED]</p>	<p>d. TELEPHONE (Primary/Alt): _____</p> <p>e. DSN (Primary/Alt): <u>318-835-1161</u></p> <p>f. Fax: _____</p> <p>g. E-Mail: (b)(6), (b)(7)(C) [REDACTED]@iraq.centom.mil</p>		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%; text-align: center; padding: 5px;"> <p>16. Lab Use Only</p> <p>Lab Case #</p> </td> </tr> </table>			<p>16. Lab Use Only</p> <p>Lab Case #</p>
	<p>16. Lab Use Only</p> <p>Lab Case #</p>		

0189-07-CID259-22684

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: <input checked="" type="checkbox"/> Director <input checked="" type="checkbox"/> USACIL 4930 N. 31 st Street Forest Park, GA 30297-5205 <input type="checkbox"/> Other (Specify):		2. FROM: Special Agent-in-Charge Camp Slayer CID Office 20 th MP Det (CID) 11 th MP BN (CID) APO AE 09342 3. RETURN EVIDENCE TO: Evidence Custodian 20 th MP Det (CID) 11 MP BN (CID) APO AE 09342		4. EXAM PRIORITY: <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> EXPEDITE <input type="checkbox"/> Trial/Article 32/39A* <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist* <input type="checkbox"/> Other (Specify in Block 13) *Date:		5. LAB USE ONLY a. LAB CASE # b. METHOD OF RECEIPT c. RECEIVED BY/DATE	
6. SUBMITTING AGENCY CASE NUMBER 0189-07-CID259-22684				7. TYPE OF OFFENSE Undetermined Death / Aggravated Assault			
8. PREVIOUS EVIDENCE SUBMITTED DATE: 12 Dec 07 15 Dec 07 MAIL METHOD: Registered Mail RA 853749778 US Registered Mail RA 853749897 US				LAB CASE #: Not yet assigned Not yet assigned		SUSPECT(S): Mr KHAZI Unknown	
9. SUSPECT(S) [Last, First and Middle Name(s)] Mr KHAZI, Hamid M. Unknown				9. VICTIM(S) [Last, First and Middle Name(s)] SSG (b)(6), (b)(7)(C) Mr KHAZI, Hamid M.			
11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (i.e., Summary of investigation, crime scene sketches/photographs, statements) Mr KHAZI struck SSG (b)(6), (b)(7)(C) in the head with a large wooden object multiple times; and in the arms as he was trying to protect himself. SSG (b)(6), (b)(7)(C) stated in self-defense he was forced to shoot Mr KHAZI which resulted in Mr KHAZI's death. See Initial Report.							
12. EVIDENCE SUBMITTED							
a. EXHIBIT		b. DESCRIPTION OF EXHIBIT					
16		Coat. Item #1, Voucher Number (VN) 0104-07					
17		Pants. Item #2, VN 0104-07					
18		Underwear. Item #3, VN 0104-107					
19		Tank Top. Item #4, VN 0104-07					
20		Socks. Item #5, VN 0104-07					
21		Vial. Item #6, VN 0104-07					
22		Specimen Cup. Item #7, VN 0104-07					
		-----LAST ITEM-----					
		18 Dec 07 FWD TO USACIL'S OFFICE LAB FOR EXAMINATION REGISTERED MAIL RA89539944US					

REPLACES DA FORM 3655, AF FORM 1880, AND
NCIS FORM 5580/29, WHICH ARE OBSOLETE.

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT

13. EXAMINATION(S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)

BACKGROUND: See Initial Report previously submitted.

Serology/DNA Branch: Please examine Exhibit 16 through Exhibit 20 to determine if DNA is present. If so, analyze and obtain profile. Compare the profile of Exhibits 4, 14 and 16 through 20 to Exhibit 21 and determine a match.

Firearms and Toolmarks: Please examine Exhibit 22 to determine if it was fired from Exhibit 15.

14.a. INVESTIGATOR AND ALTERNATE POC
(Typed or Printed) (REQUIRED)

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

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

b. TELEPHONE (Primary/Alt): N/A

c. DSN (Primary/Alt): 318-835-1455/ 302-243-4703

d. Fax:

e. E-Mail: (b)(6), (b)(7)(C)@iraq.centcom.mil

15. I CERTIFY EVIDENCE HAD NOT BEEN SUBMITTED TO ANOTHER LABORATORY FOR THE SAME EXAMINATION

a. DATE
12/15/07

b. TYPED/PRINTED NAME OF REQUESTOR

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

c. S

d. TELEPHONE (Primary/Alt):

e. DSN (Primary/Alt): 318-835-1161

f. Fax:

g. E-Mail: (b)(6), (b)(7)(C)@iraq.centom.mil

16. Lab Use Only

Lab Case #

0189-07-CID 259-22684

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



This Disc Added to Disc CONTAINING
ALL IMAGES

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

EXHIBIT Notes
only



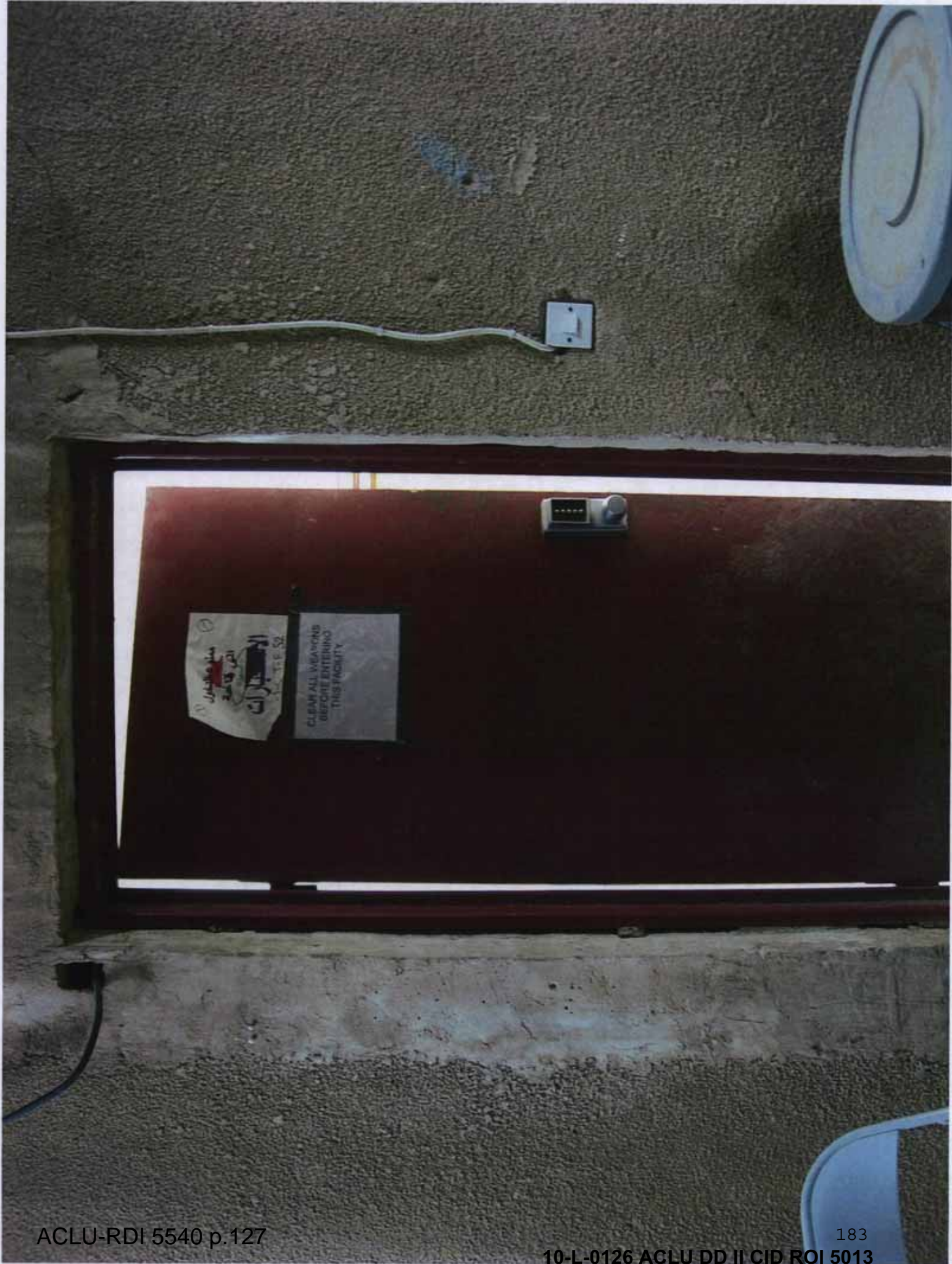




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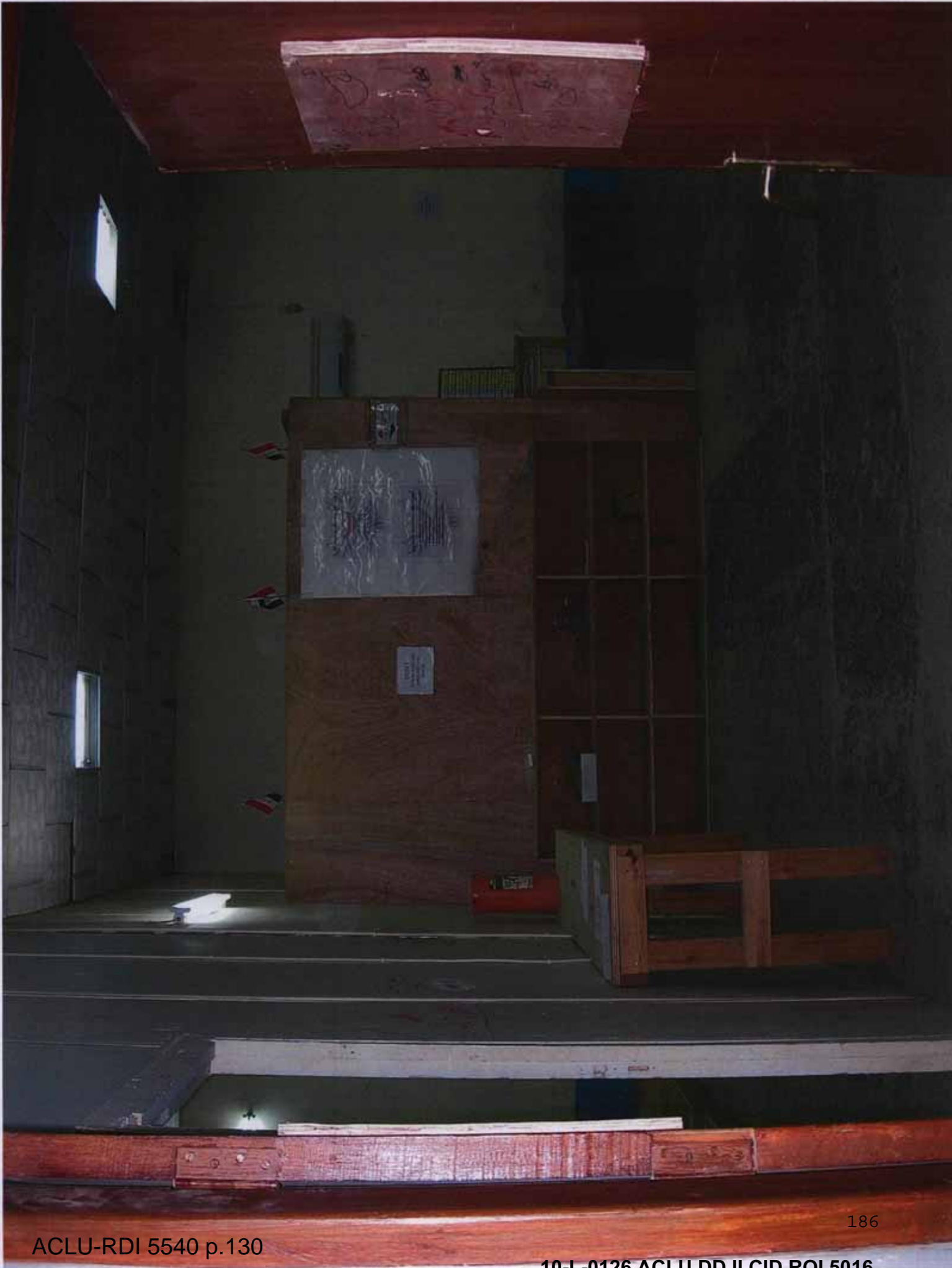
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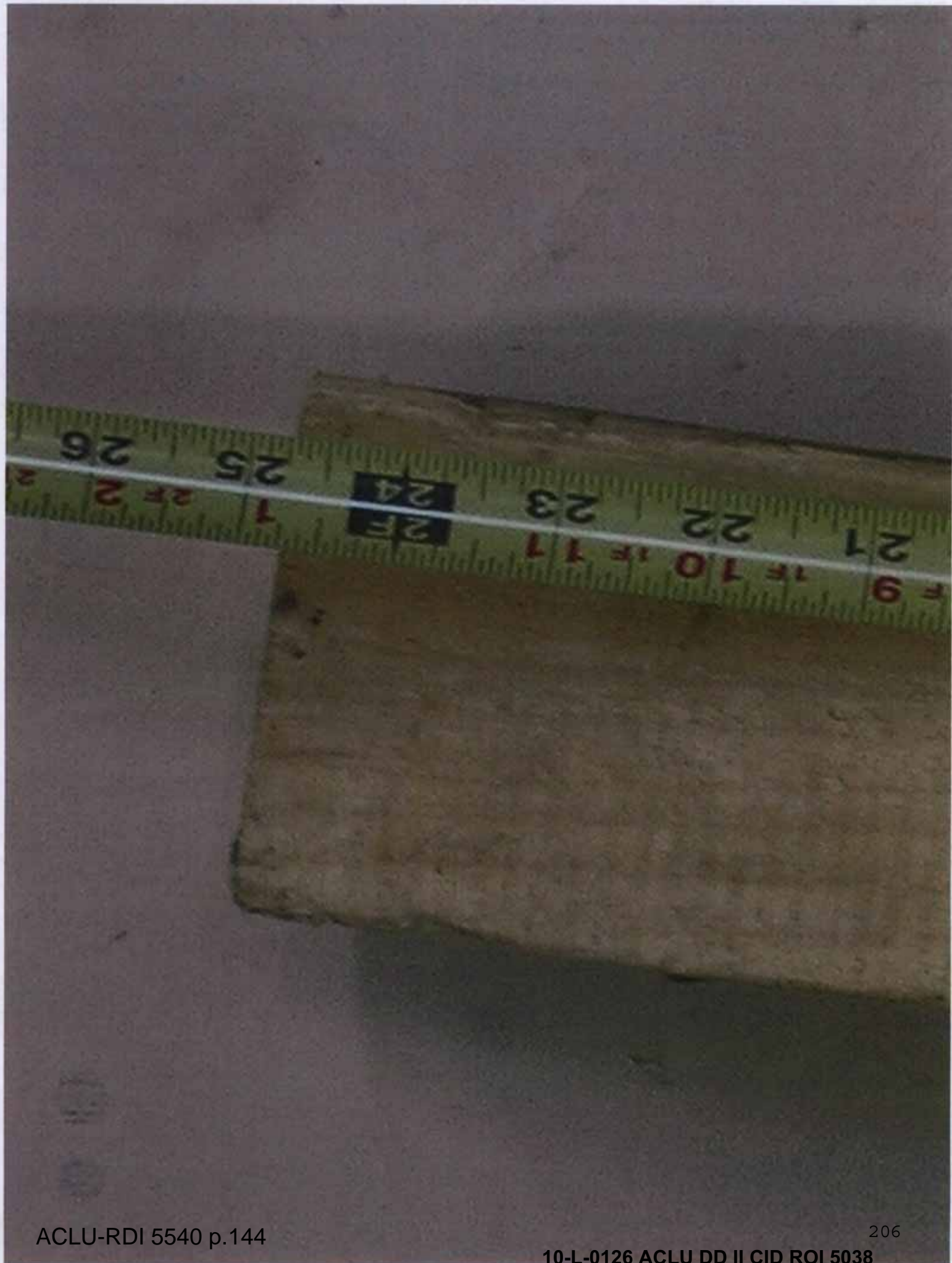


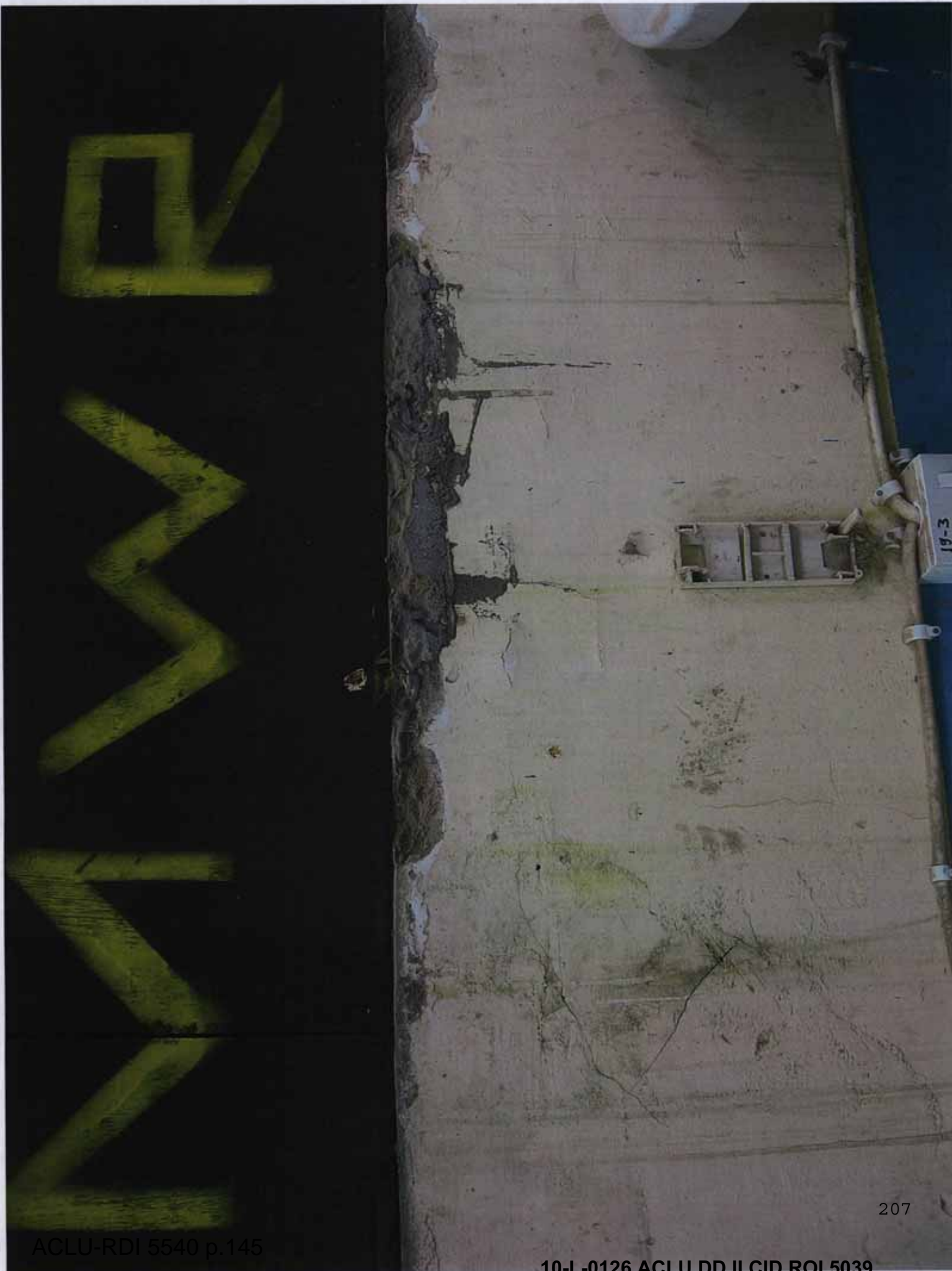




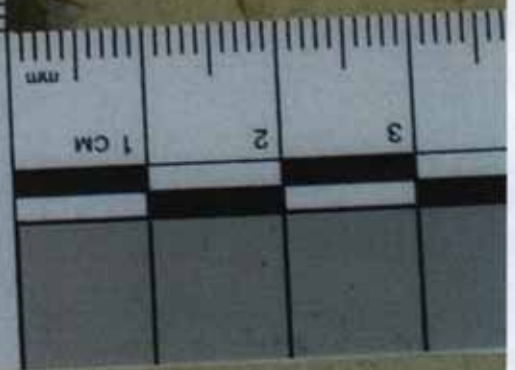
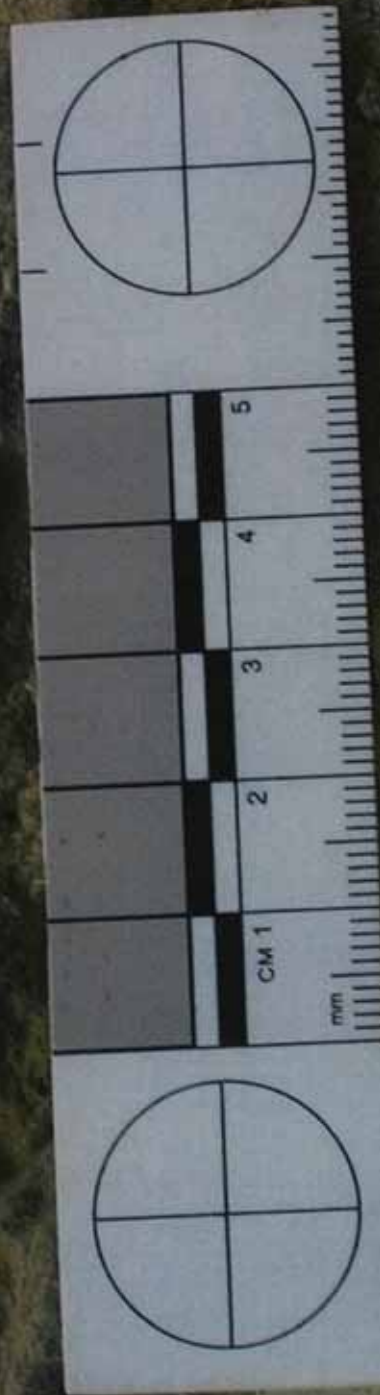


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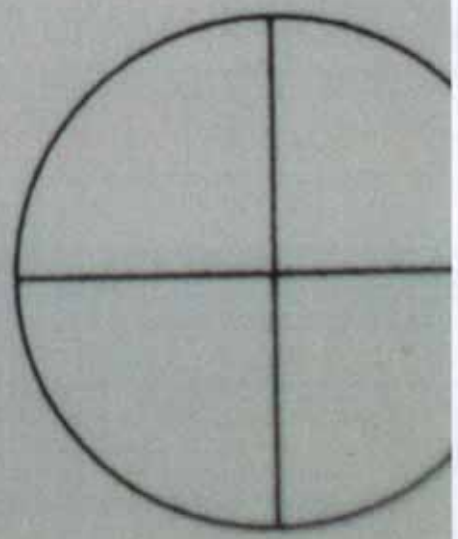
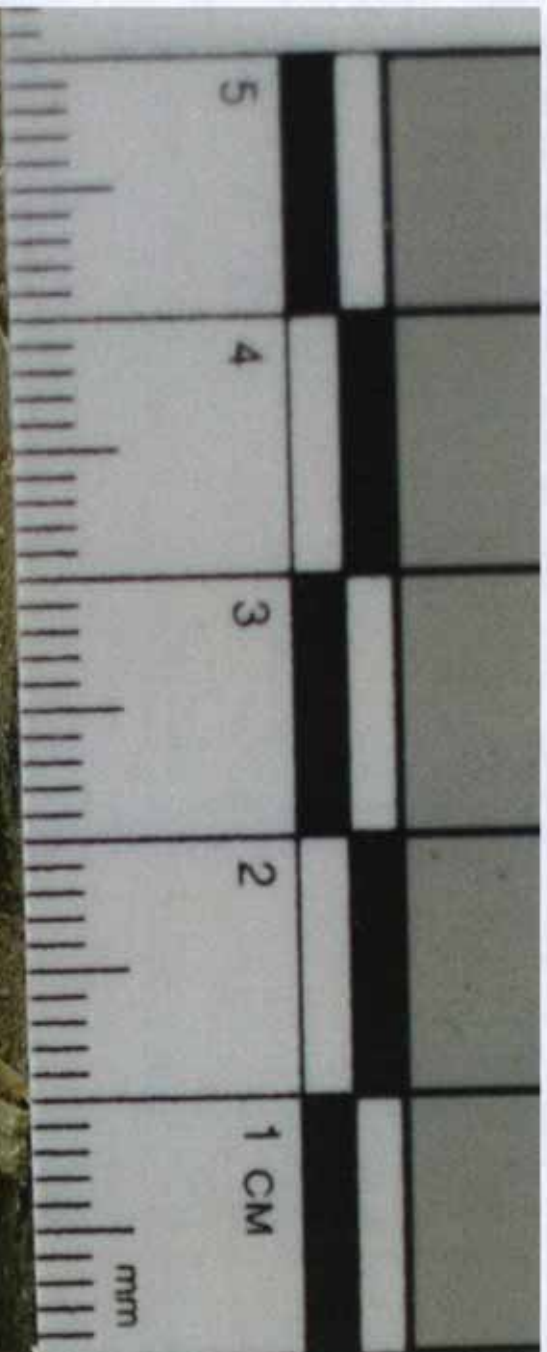
















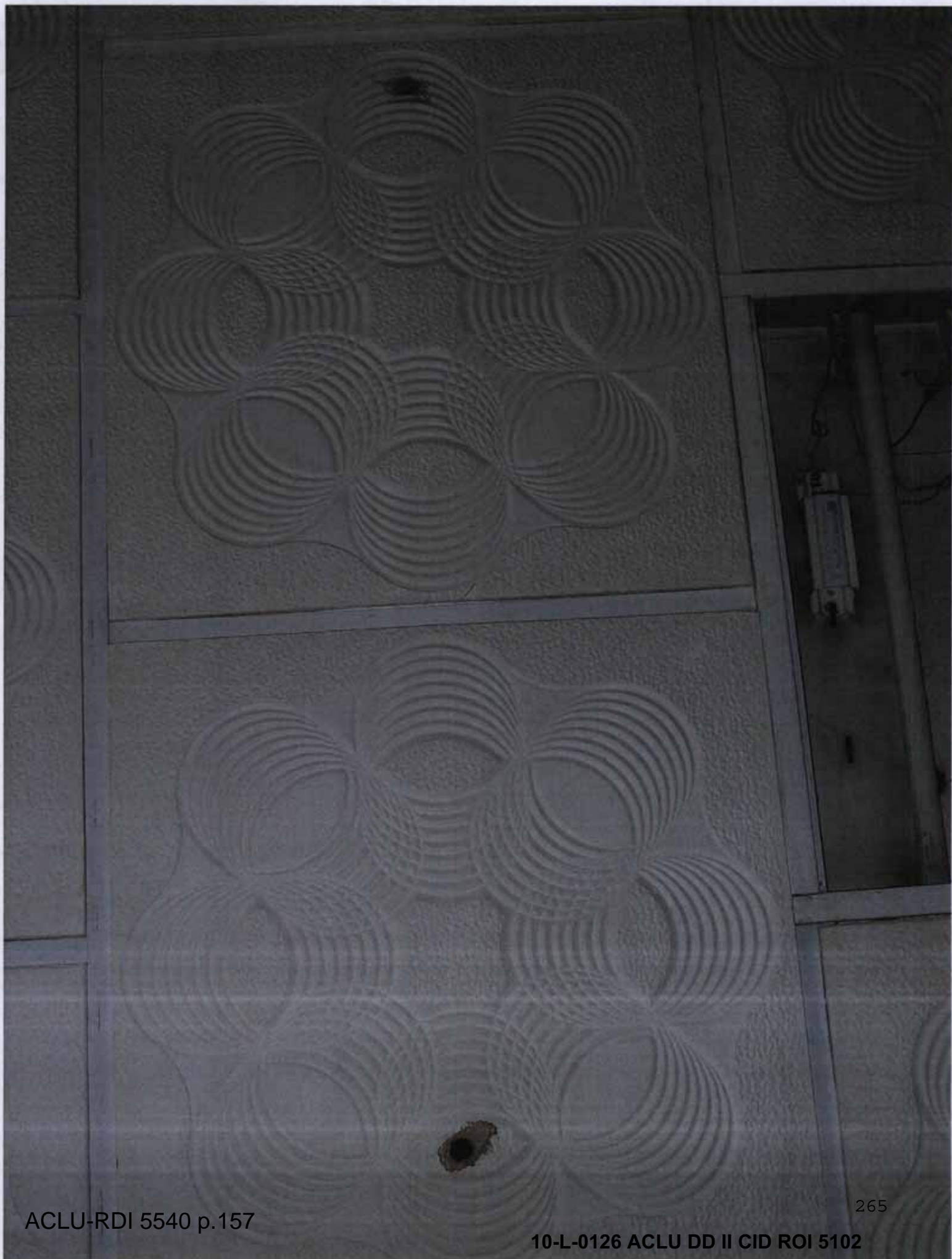




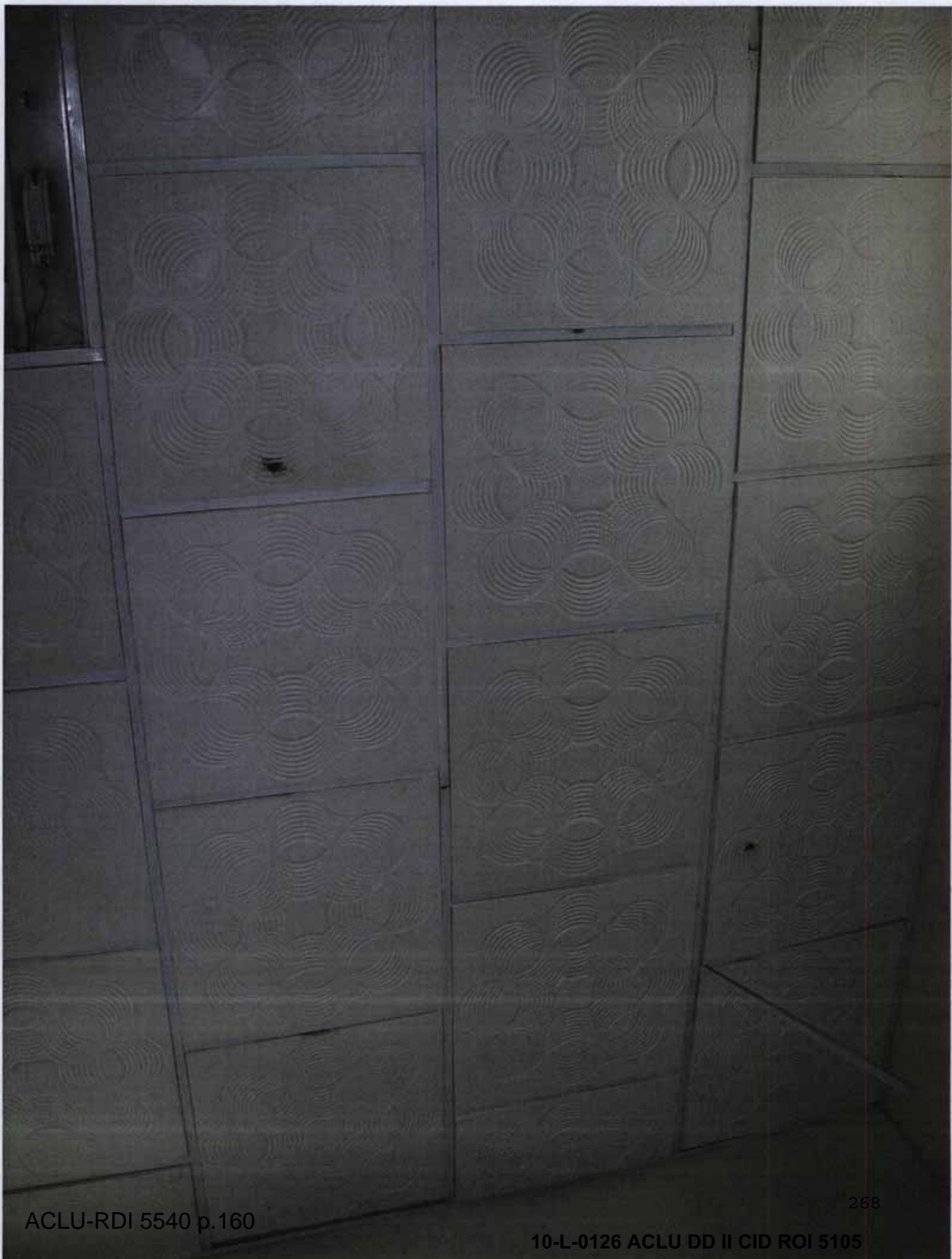


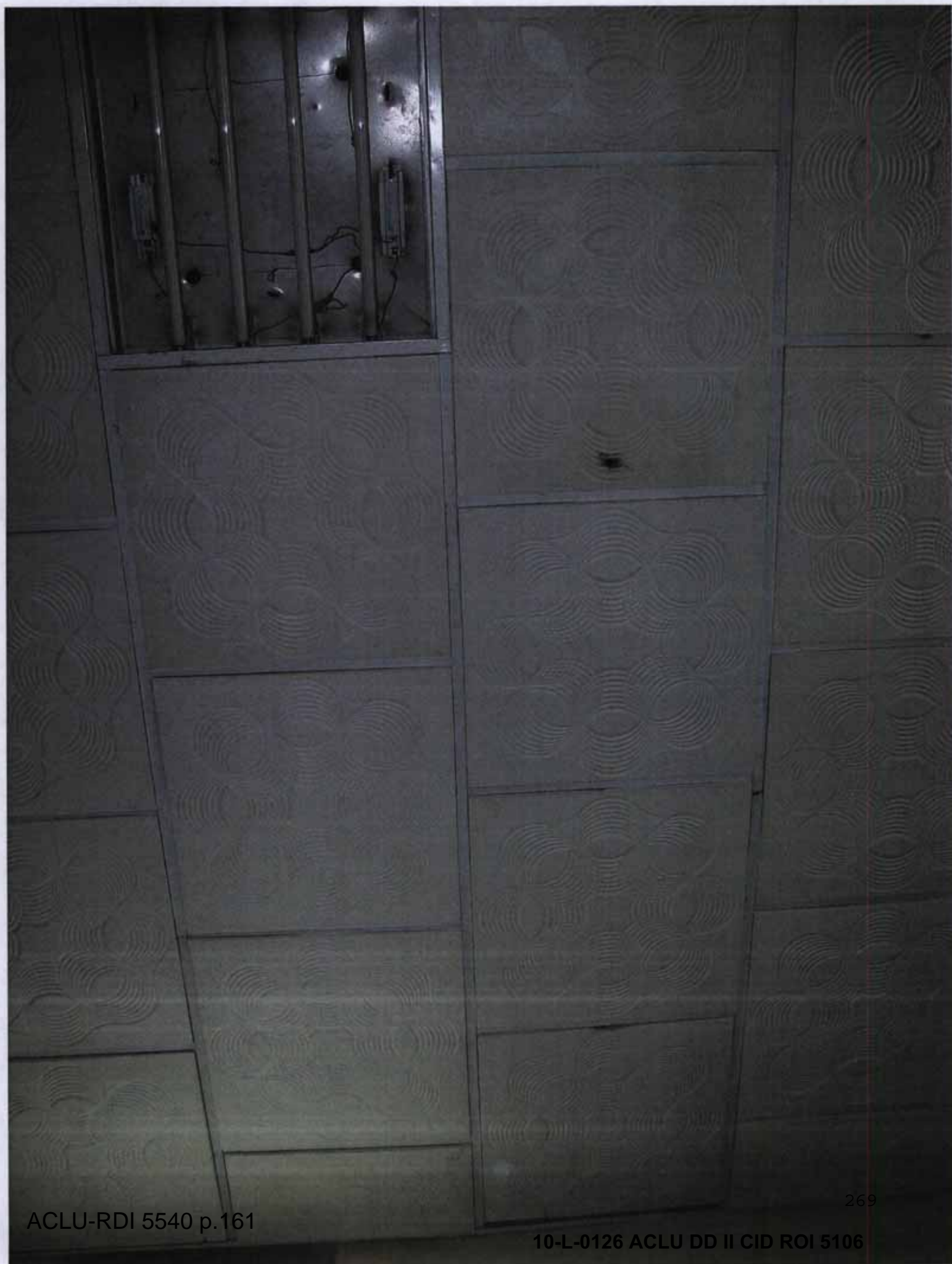




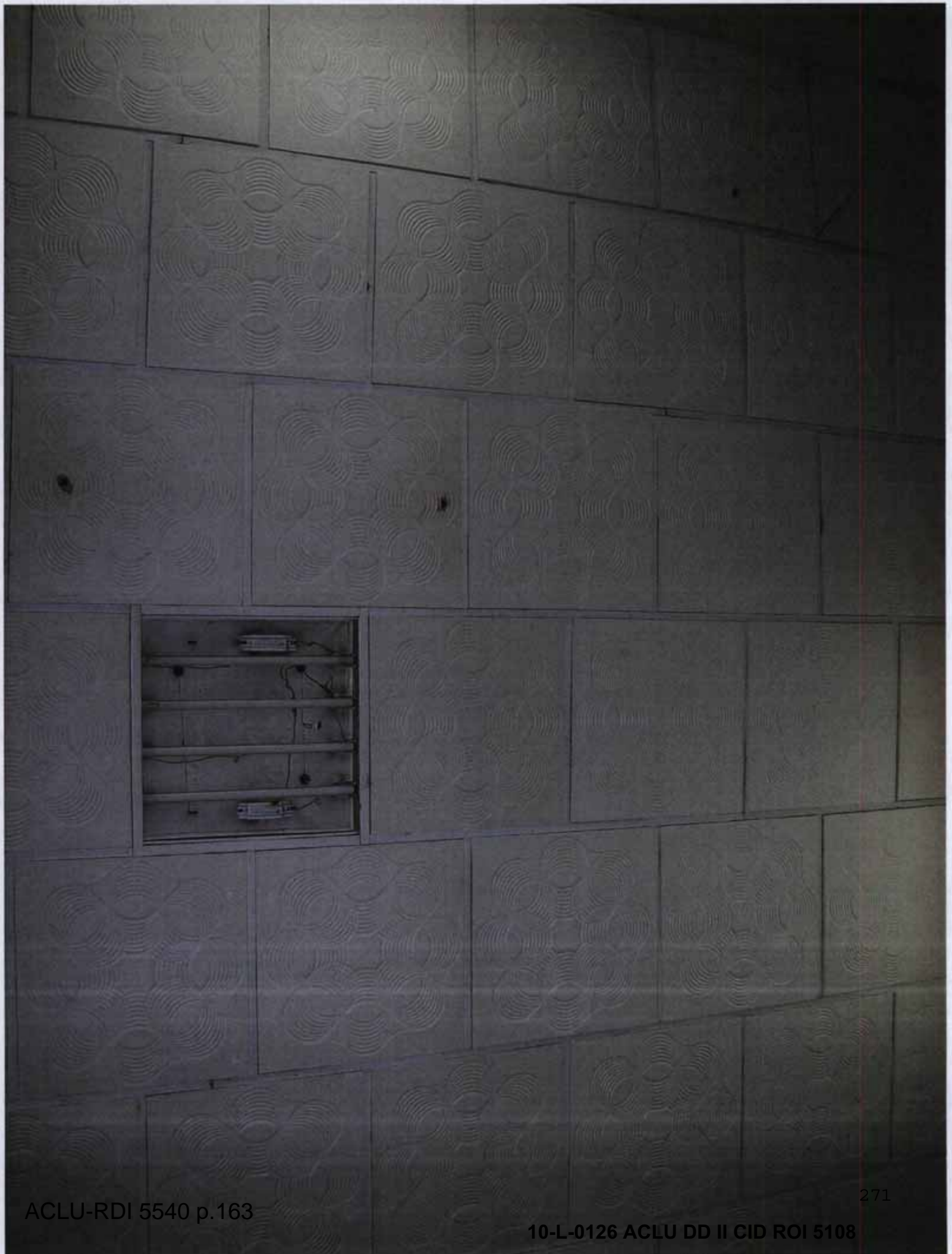








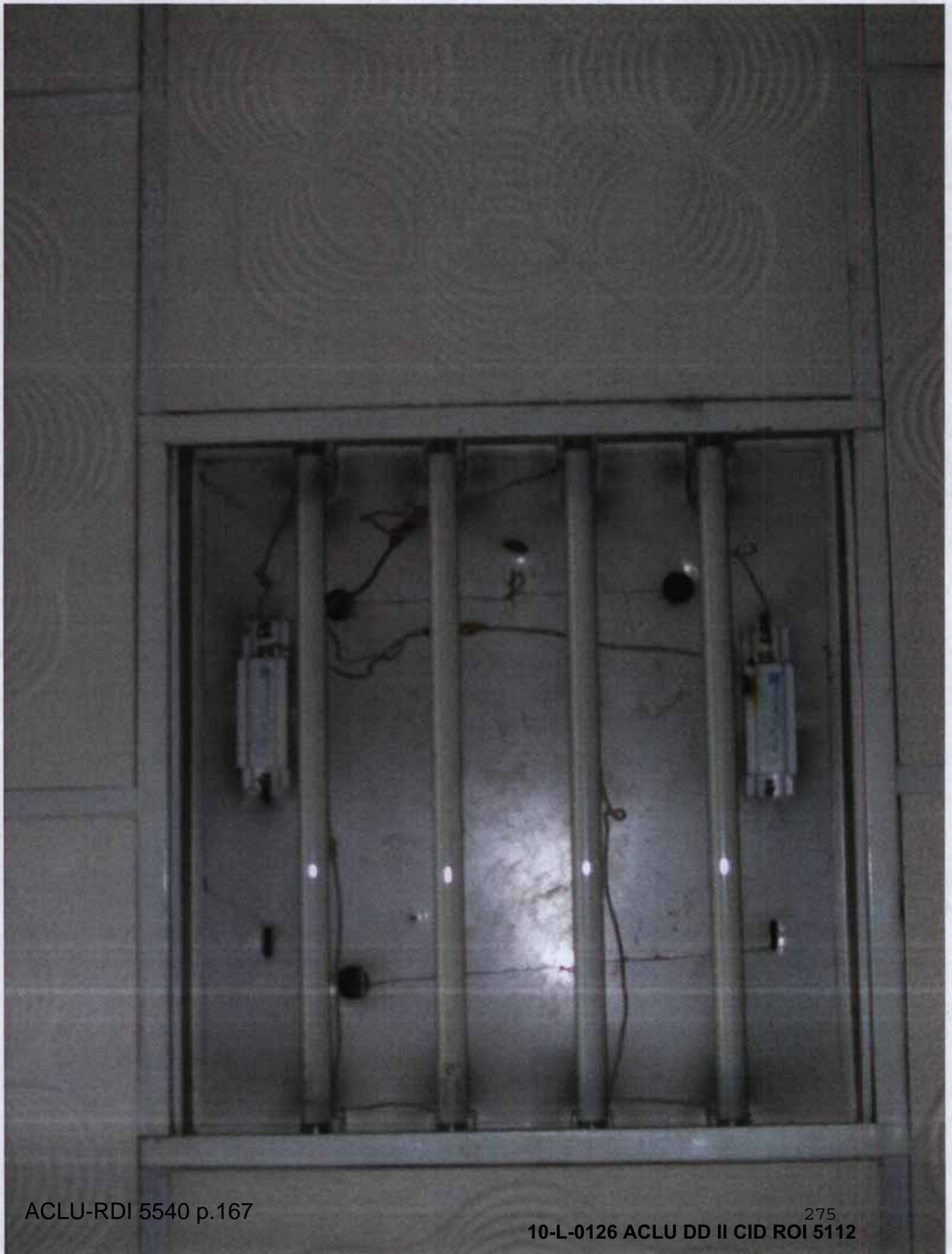


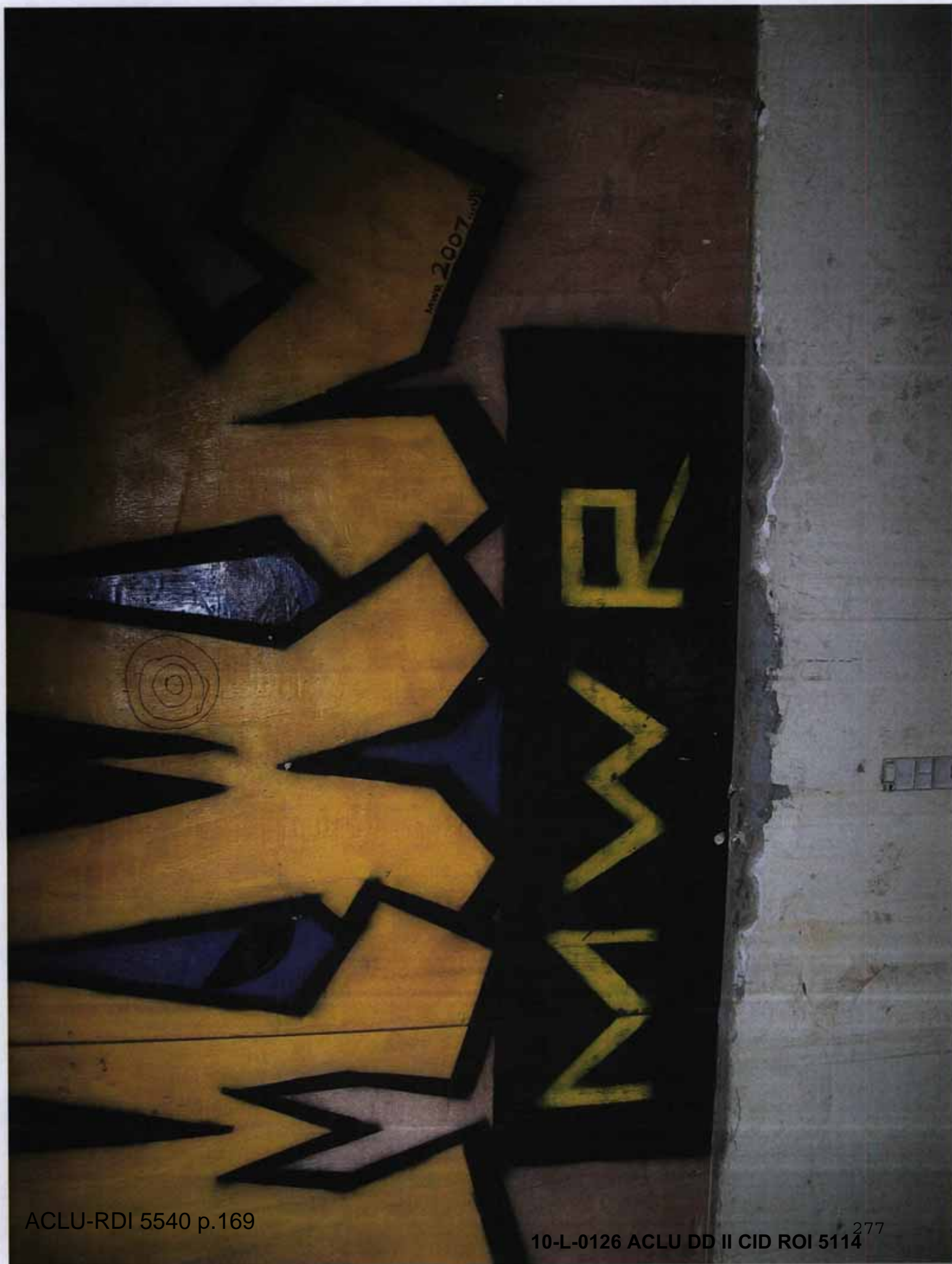


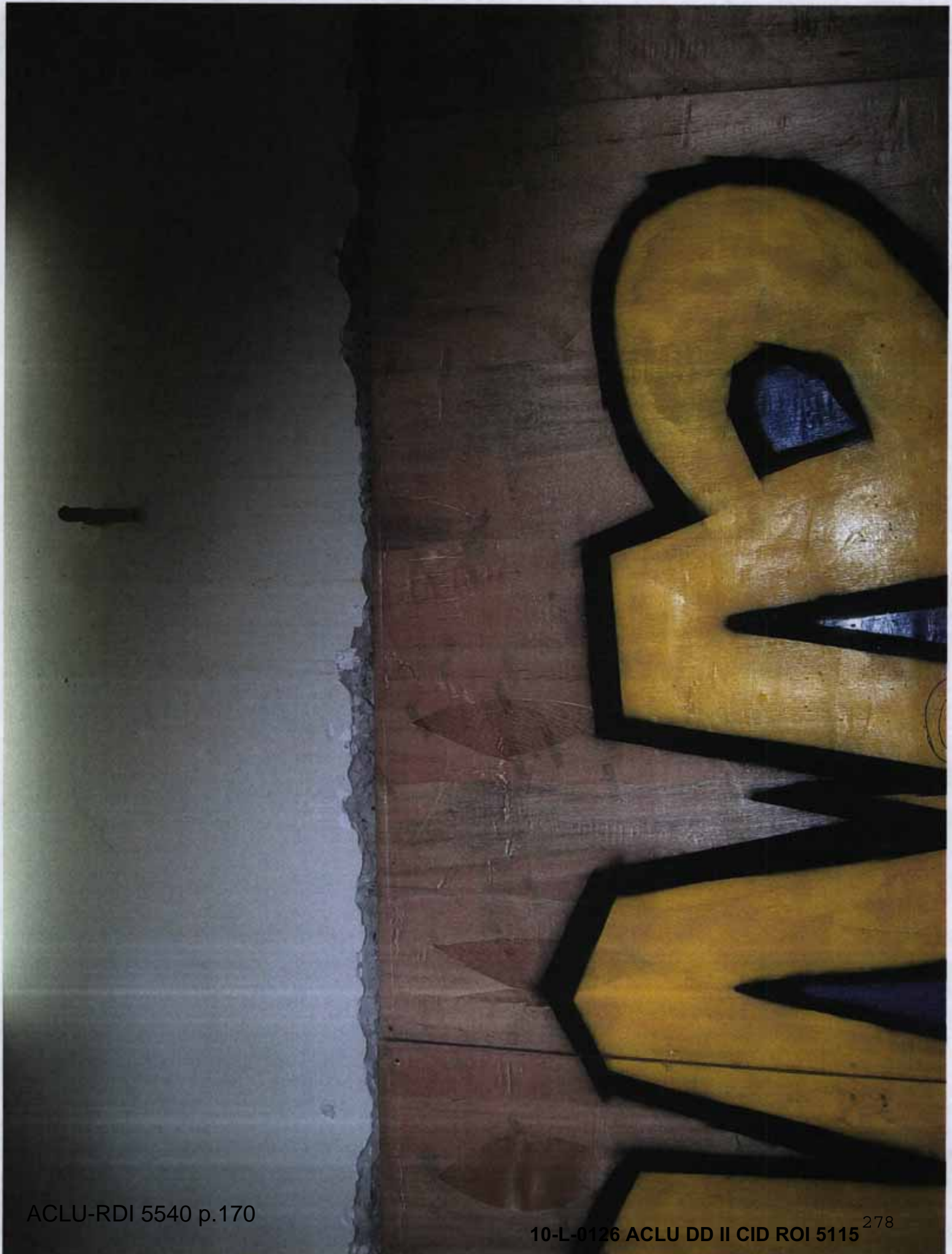


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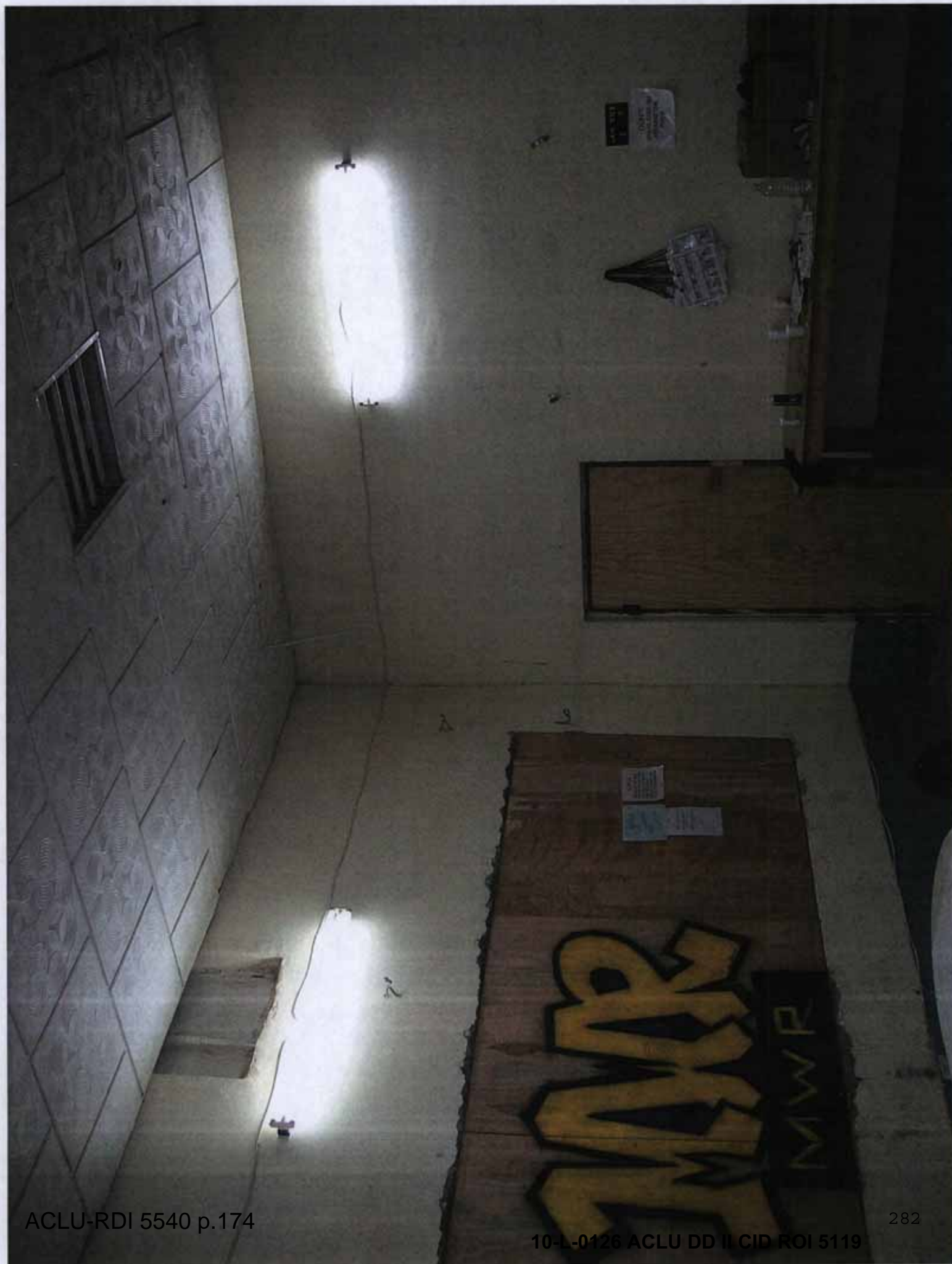


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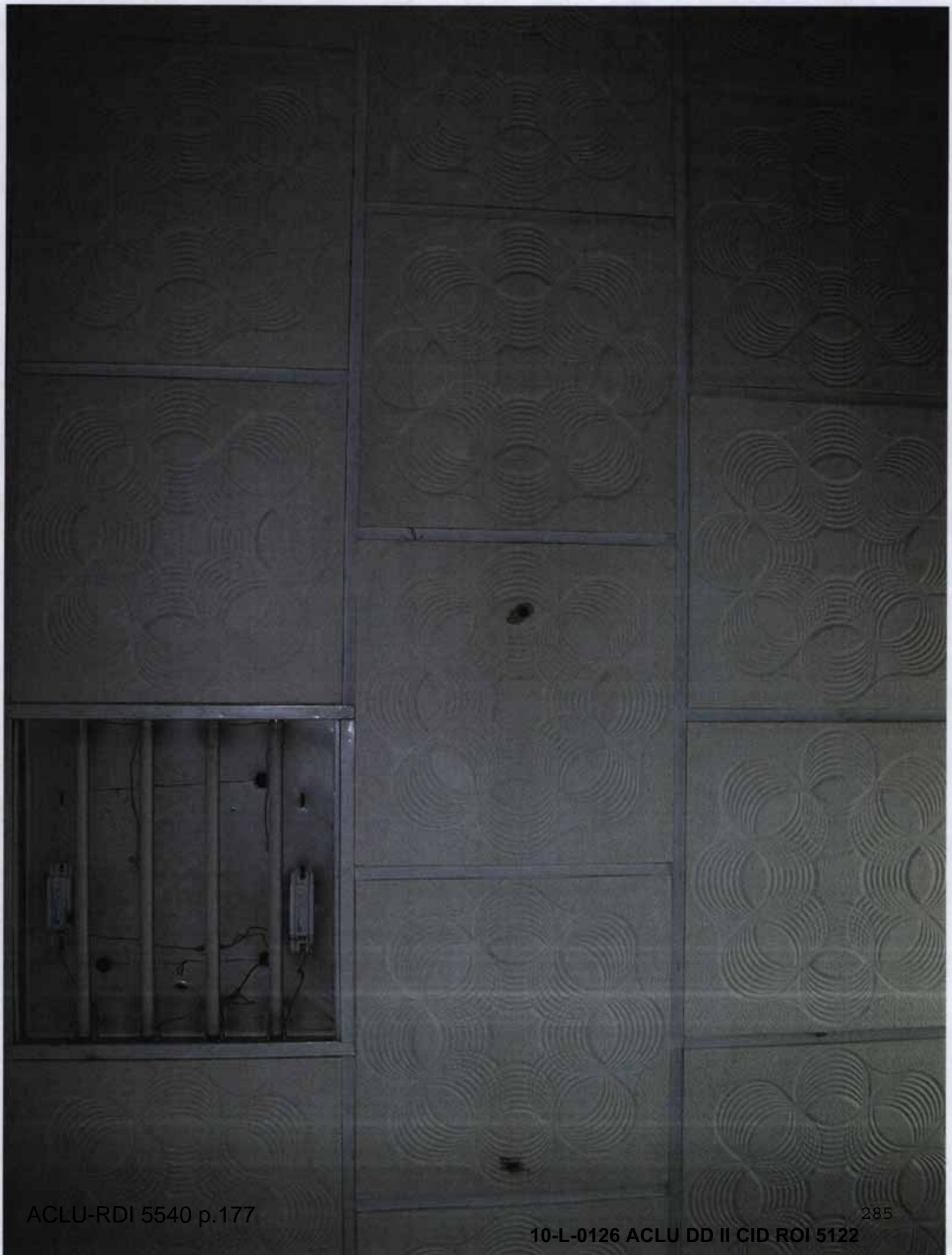


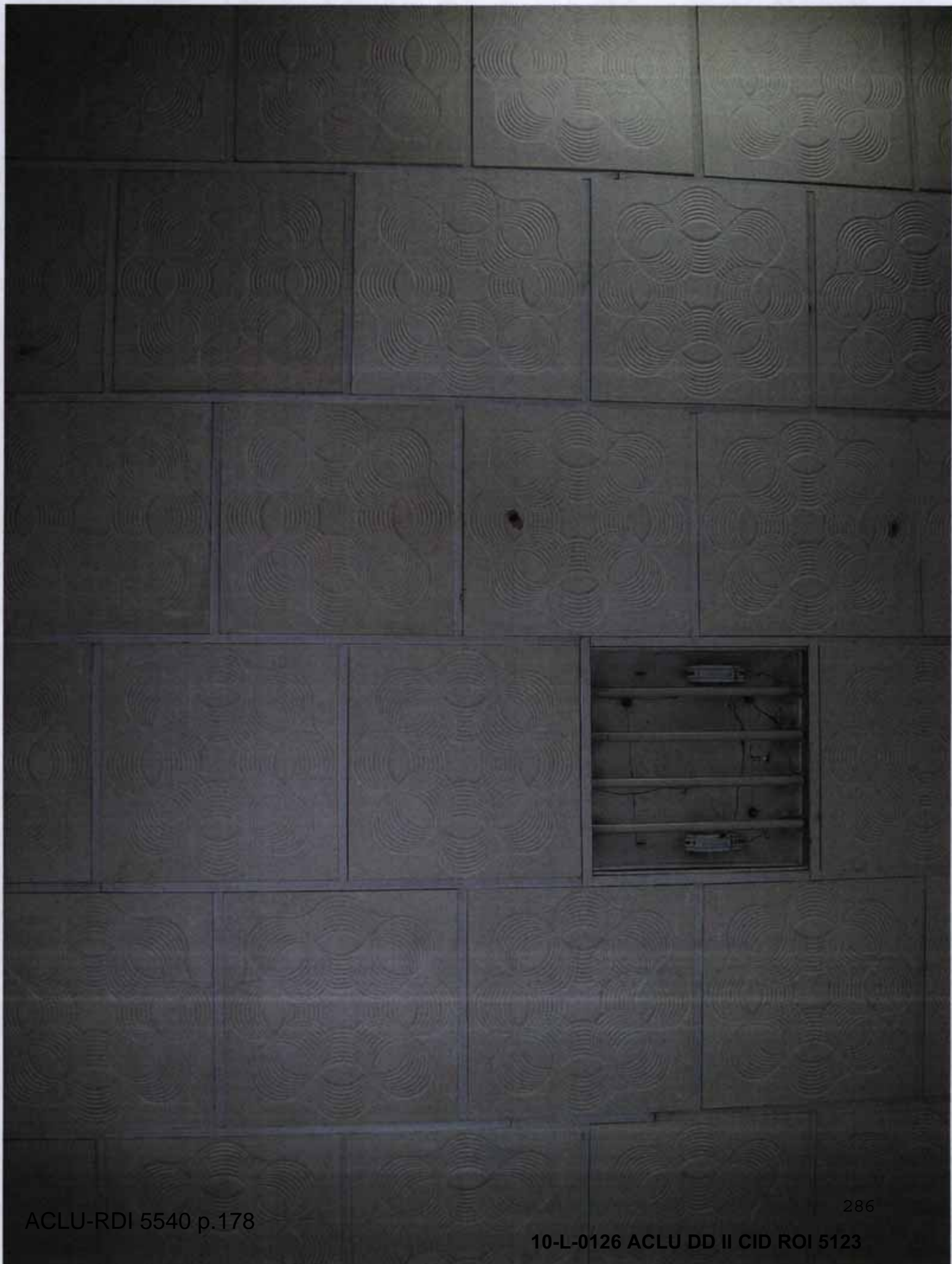
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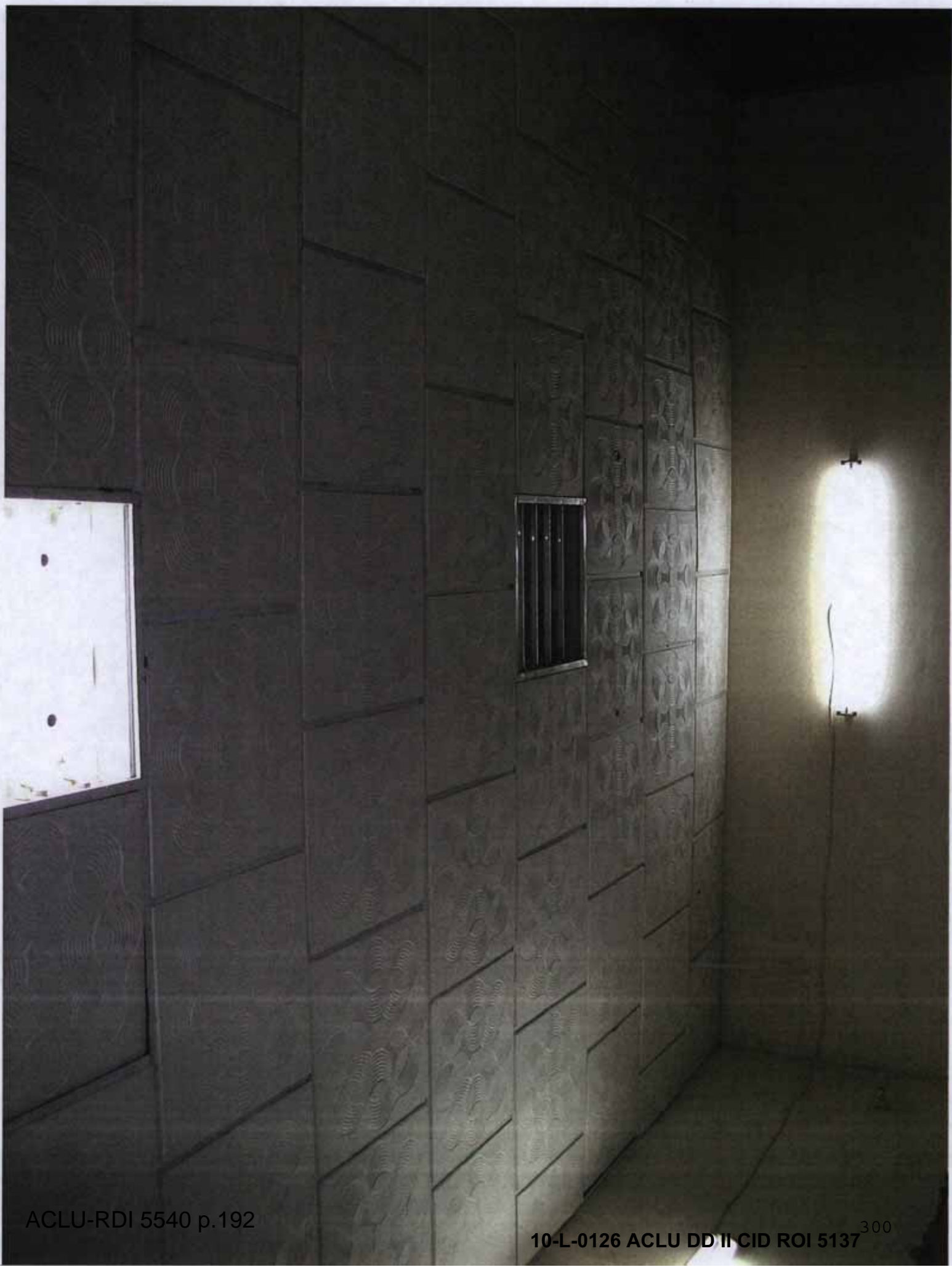


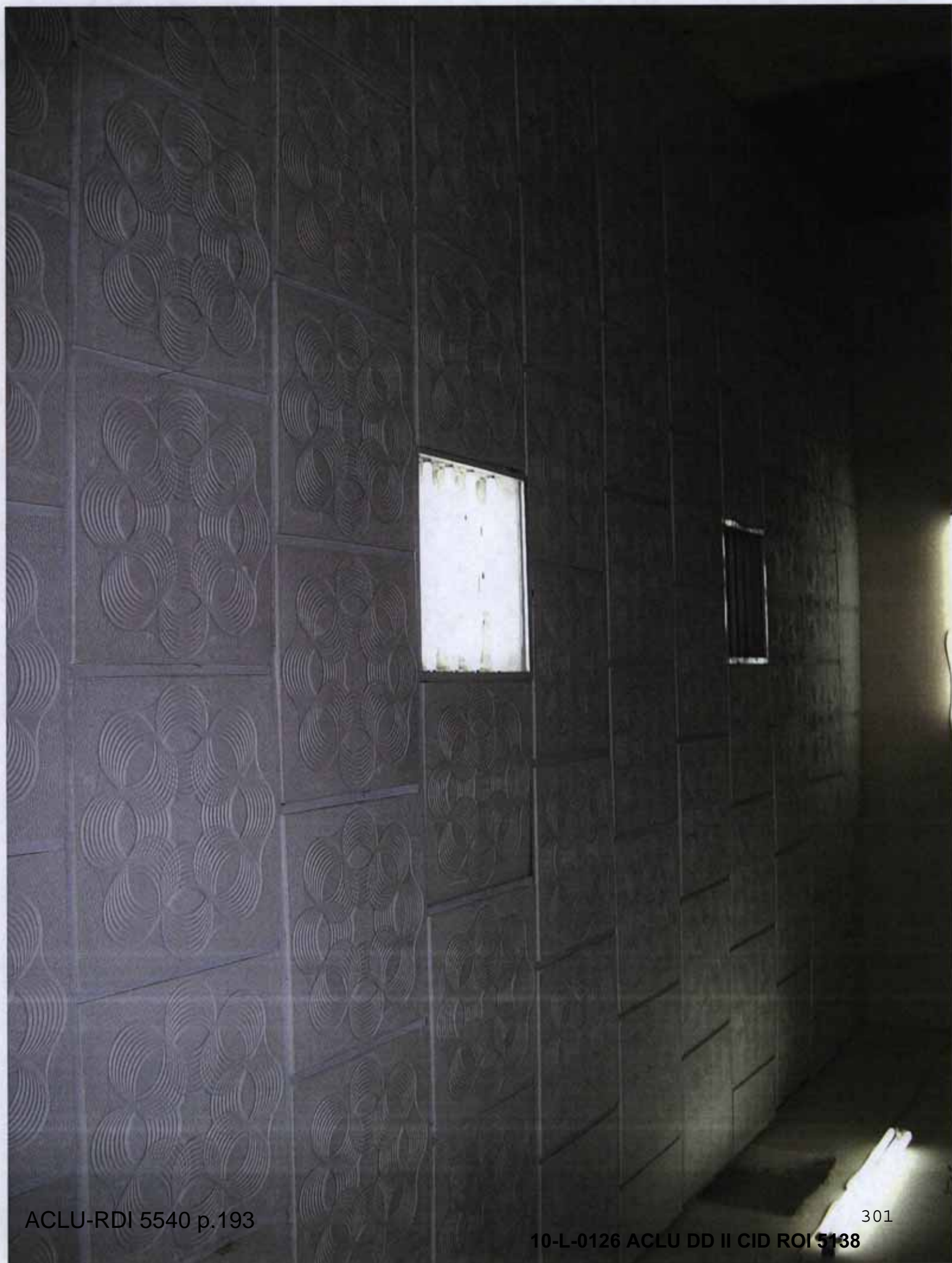




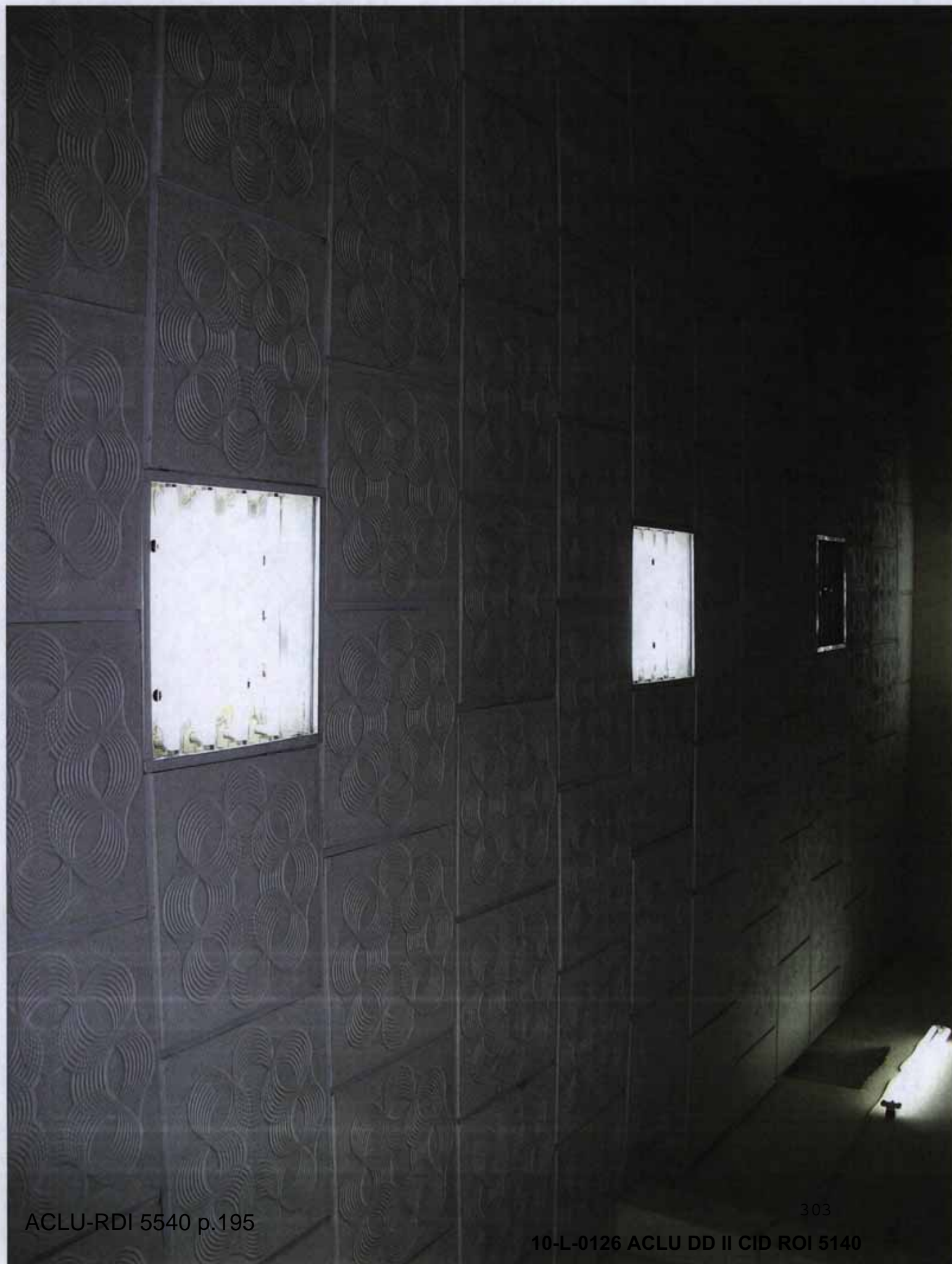


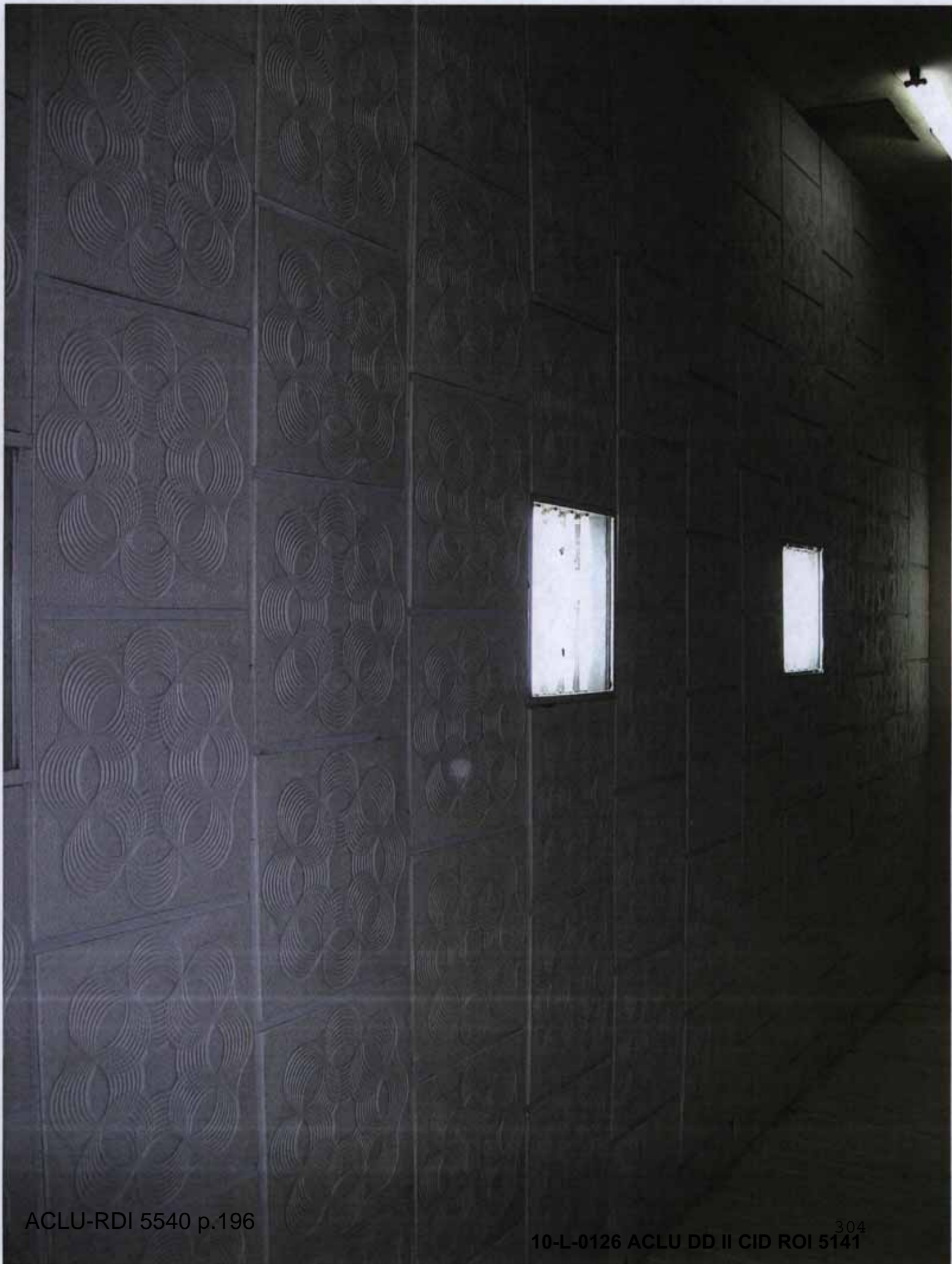








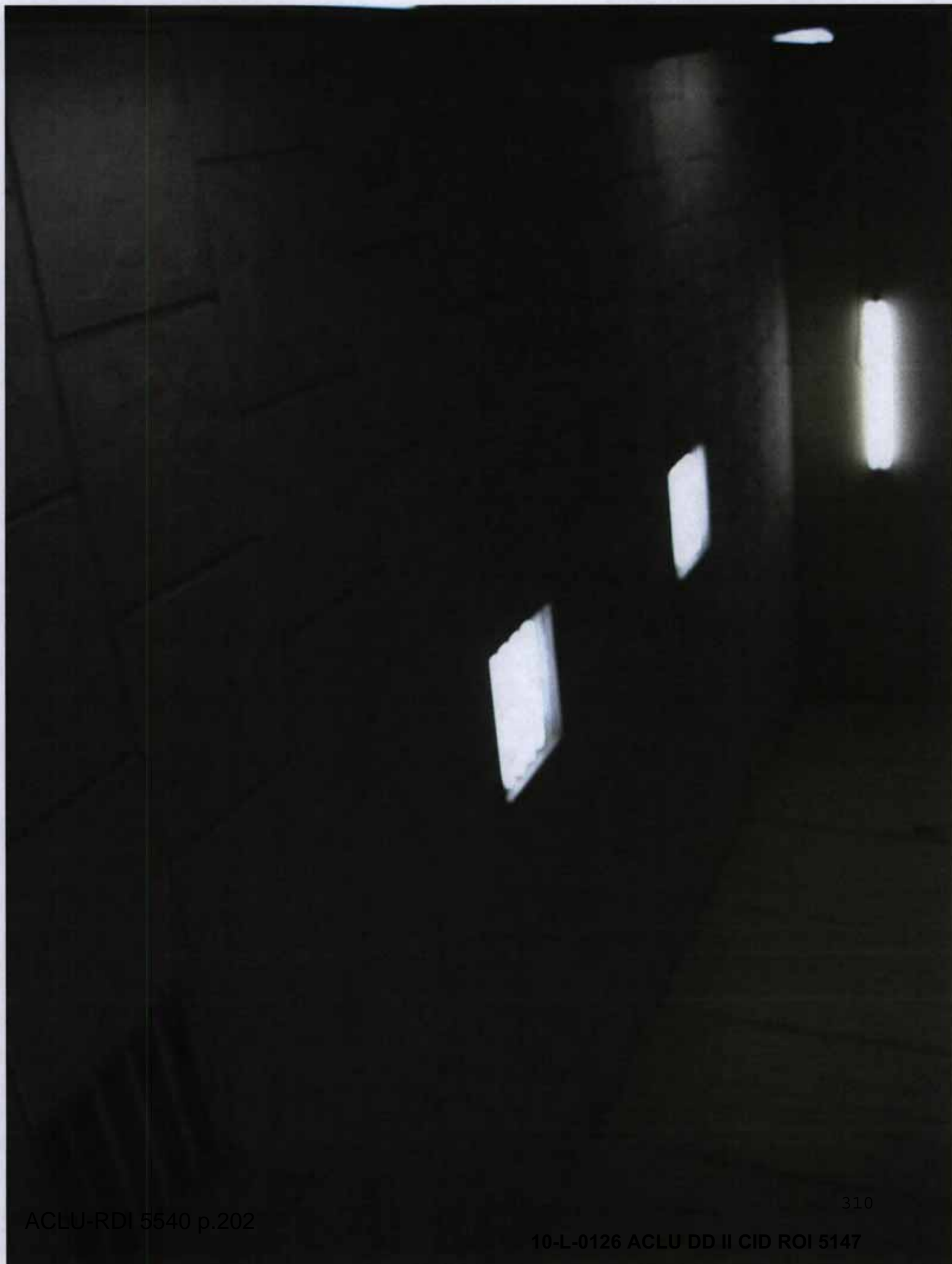














ROI 07-CID259-22684-5H6

Exhibit(s): 27

Page(s): 104 thru 148

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

~~CAMP CROPPER~~

Personal Data - Privacy Act of 1974 (PL 93-579)

* * * ADMISSION COVER WORKSHEET * * *

Reg No: 0004142 Name: CROP, (b)(6) FMP/SSN: (b)(6)

Date/Time: 28 Nov 2007@2016
Sex: MALE
ADMISSION
Source: ERA
Age: 37MEPRS: ABAA
DOB: (b)(6) 1970 Ward: ICW1Patient Category: FRGN NAT POW/INTERNEE
Marital Status: UNKNOWN
Duty Zip:
Sponsor Name: CROP, (b)(6)Pay Grade: Fly Status:
Race: UNKNOWN
Ethnic: OTHER
Religion: OTHERMTF Trans from:
MTF of Initial Adm:
Disposition Date: 08 Dec 2007@2104Init Adm Date:
Type of Disposition: HOMESponsor Name: CROP (b)(6)
Adm Physician: (b)(6)
Adm Diagnosis: OPEN WND KNEE/LEG/ANKLE (891.0)
Adm Proc1:
Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

Patient has a Living Will/Advance Directive on file at MTF. Yes ___ No ___

Signature Attending Medical Officer
*** End of Report ***

For Official Use Only
Law Enforcement Sensitive

MTF: CAMP CROPPER

10 Dec 2007@1013 Page 1

PERSONAL DATA - PRIVACY ACT OF 1974

REGISTER: (b)(6) RECORD OF INPATIENT TREATMENT
NAME: CROP, (b)(6)

FMP/SSN: (b)(6)

A D M I S S I O N

DATE/TIME: 28 Nov 2007@2016 SOURCE: ERA CLIN SVC: GEN SUR/ABAA
SEX: M DOB: (b)(6) 1970@0001

D I S P O S I T I O N

DATE/TIME: 08 Dec 2007@2104 TYPE: HOME CLIN SVC: GEN SUR/ABAA
AGE : 37

D I A G N O S E S

DX 1. Principal DX: 8910
OPEN WOUND OF KNEE, LEG [EXCEPT THIGH], AND ANKLE, WITHOUT
MENTION OF COMPLICATION

P R O C E D U R E S

PR 1. Principal PR: NO PROCEDURES ON FILE

I CERTIFY THAT THE IDENTIFICATION OF THE PRINCIPAL AND SECONDARY DIAGNOSES
AND PROCEDURES PERFORMED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ATTENDING PROVIDER (b)(6)

Provider Taxonomy: (b)(6)
PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/SURGERY

DRG: RECORD NOT GROUPED

MDC:

S E L E C T E D A D M I N I S T R A T I V E I A T A

ADMISSION:

PATIENT CATEGORY: FRGN NAT POW/INTERNEE
MARITAL STATUS: UNKNOWN
DUTY ZIP:
MTF TRANS FROM:
MTF OF INITIAL ADM:PAY GRADE:
RACE: UNKNOWN
ETHNIC: OTHER
RELIGION: OTHER
INIT ADM DATE:

* * * * *

REGISTER: (b)(6) NAME: CROP (b)(6) FMP/SSN: (b)(6)

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

*** CONTINUED ON PAGE 2 ***

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EXHIBIT

20 107

0189-07-CID 259-22684

MTF: CAMP CROPPER 10 Dec 2007 1013 Page 2
PERSONAL DATA - PRIVACY ACT OF 1974

REGISTER: (b)(6) RECORD OF INPATIENT TREATMENT NAME: CROP, (b)(6) FMP/SSN: (b)(6)

DISPOSITION:

MTF TRANS TO:
ICU CLINICAL SVC:
BED DAYS OTHER FEDERAL FACILITIES:
BED DAYS CIVILIAN HOSPITALS:
BED DAYS THIS MTF: 10
TOTAL SICK DAYS THIS MTF: 10
CONVALESCENT LEAVE TAKEN: 0

AUTOPSY:
ICU DAYS SPENT: 0
MEDICAL HOLD DAYS:
COOPERATIVE CARE DAYS: 0
SUPPLEMENTAL CARE DAYS: 0

RECOMMENDED: 0

* * * * *

OTHER:

SPONSOR NAME: CROP, (b)(6)
DUTY ADDRESS:

MATERNAL/NEWBORN REGISTER:

EMERGENCY ADDRESSEE:
RELATIONSHIP:
NAME:
ADDRESS:

PATIENT ADDRESS:
\\ \\ \\

PHONE:

BLOOD USED (Y/N): N
BLOOD PRODUCTS:
TRAUMA CODE:
CAUSE OF INJURY:

PREV ADMISSION THIS MTF: N
UNITS:

INJURY REMARKS:

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:

Medical Record Approved by

Date

REGISTER: (b)(6) NAME: CROP, (b)(6) FMP/SSN: (b)(6)

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

*** End of Report ***

CAMP CROPPER

Personal Data - Privacy Act of 1974 (PL 93-579)
Progress Notes

Report requested by: (b)(6)

07 Dec 2007 0925 INPT Register # (b)(6) PHYSICIAN

DISCHARGE NOTE

Admit: 11/29/07

Dis: 12/07/07

Procedures: 29 NOV, 01, 04, 07 DEC 07 Wound washouts/VAC changes

Course: PT was admitted for a GSW to the rt thigh without vascular or nerve injury. He was debrided and then underwent multiple WO with wound vac changes in the OR. On his last trip, he had a healthy bed of granulation tissue and the cavity was closing down well. He has a suture line on the anterior medial aspect of his thigh that was healing well.

F/U: Will need moist to dry dressing within the cavity of the thigh twice a day. The sutures on the thigh can be removed in 1-2 weeks.

Meds: Motrin 400 mg po q6h prn pain

Signed: (b)(6)

(b)(6)

CROP (b)(6)

(b)(6) 1970 / Male

Reg #: (b)(6)

Loc: ICW 1

Spon: CROP (b)(6)

Unit:

Automated version of SP509

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Law Enforcement Sensitive**EXHIBIT**28
109

ICW Discharge Note

Date: 07 DEC

		Initials
Discharge order written by MD		(b)(6)
D/C prescriptions to pharmacy <input checked="" type="checkbox"/>	in CHCS	Pharmacy must be notified.
Pharmacy notified of discharge		
D/C meds received from pharmacy		
Detainees: Manilla Copy Physician's Order to MP <input checked="" type="checkbox"/>		US/Coalition/Contractors: Unit Called _____ Transportation Arranged _____ 2 Copies Discharge Summary to patient _____
D/C'd from ICW Admissions/Discharges Book		
D/C'd from CHCS		
D/C'd off patient status board		
Discharge Summary to future consults as needed		
Wire Medical Team e-mailed (MAJ Sanders, MAJ Lindner, CPT Escano, & SSG Hiser) cc MAJ H.		
Transferred to another facility: <input checked="" type="checkbox"/>		
Physician's Transfer Summary on chart _____ A/E Handoff Communication on Chart _____		
Report to receiving unit called _____ e-mailed _____		
D/C meds: <u>MOTRIN 400mg x 50</u> handed to patient		
Medication and d/c teaching completed <input checked="" type="checkbox"/> With _____ Without _____ Translator _____		
Verbalized understanding: <input checked="" type="checkbox"/> (Yes) No _____ Unable to verbalize _____		
All lines and drains d/c'd unless instructed otherwise.		
IV. Location <u>R FA</u> Size: <u>18G</u> Time d/c'd: <u>1358</u> Condition of catheter tip: <u>in place</u>		
Foley _____ Time d/c'd: _____ Time Due to Void: _____		
JP #1: _____ Time d/c'd: _____ JP #2: _____ Time d/c'd: _____		
Wound Vac: _____ Time d/c'd: _____ Wet-Dry Dsg applied. Yes No (location)		
Dressings: Location <u>R posterior thigh</u> Type <u>moist to dry</u> Last Changed <u>07 DEC</u>		
Location _____ Type _____ Last Changed _____		
Location _____ Type _____ Last Changed _____		
Location _____ Type _____ Last Changed _____		
Last Set of VS: T <u>77.4</u> P <u>77</u> R <u>14</u> BP <u>110/72</u> SpO ₂ <u>100%</u> (b)(6)		
Time Departed ICW: <u>2105</u>		
Method of transportation: Wheel Chair <u>Ambulatory</u> W/Crutches		
Accompanied by: <u>GUARD S</u>		
Additional note: <u>T 96.5 P 86 R 24 BP 131/72 SpO₂ 99% RA</u> (b)(6)		
(b)(6)		
Patient Information (b)(6)		

NSN 7540-00-804-4115

MEDICAL RECORD	NARRATIVE SUMMARY (CLINICAL RESUME)	
DATE OF ADMISSION 11/28/2007	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

11/28/2007 08:15:54 UTC
86th CSH Ibn Sina(Baghdad)
(b)(6)

37 y/o iraqi male suffered gsw to thigh and penis. stable in the EMT with HR 73, bp 158/89, hct 35.8. Plain films without fracture to right leg. ct abd/pelvis negative for intraabdominal process. pt taken to the OR, his right leg wound was washed out, hemostasis easily obtained, muscle debrided and then it was packed. Performed a circumcising incision at distal penis. dissected down to wounds. had small (5 mm in diameter) through and through wound involving distal corporal body. area irrigated and corporal body closed dorsally and ventrally with 4-0 vicryl. Hemostasis obtained with this step. wound then reapproximated with interrupted vicryl on the dartos and interrupted chromic on the skin. pt tolerated this procedure well. he was extubated in the OR and taken to the PACU in good condition. He is ready for evacuation back to Cropper. Penile wound needs to keep bacitracin on it, small amount to keep from sticking to dressing. would leave foley in for 2 days. Daily dressing changes on right thigh.

11/28/2007 08:16:52 UTC
86th CSH Ibn Sina(Baghdad)
(b)(6)

PROCEDURE HX - Pt with through and through gsw to medial right thigh. Pulses strongly palpable distally. Foot neurologically intact. No associated femur fracture. Pt taken to OR for debridement and irrigation of wound. Small muscular arterial bleeders cauterized. Wound irrigated, debrided and packed with kerlix. Penial wound addressed by Urology.

(Use additional sheets of this form (Standard Form 502) if more space is needed)

PAGE 1 OF 1

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO	ORGANIZATION
PATIENTS IDENTIFICATION (For typed or written entries give Name - last first middle grade rank rate hospital or medical facility)		REGISTER NO	WARD NO

MUHCEN, HAMED SI
86th CSH Ibn Sina(Baghdad)

NARRATIVE SUMMARY (CLINICAL RESUME)
Medical Record

(b)(6)

STANDARD FORM 502 (REV 7-91)
Prescribed by GSAMCMR FORM (41 CFR) 201-9.202-1

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Law Enforcement Sensitive

EXHIBIT

111

[illegible]

29112

EXHIBIT

ACLU-RDI 5540 p.211

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Law Enforcement Sensitive **EXHIBIT**

MEDICAL RECORD		PROGRESS NOTES	
DATE		NOTES	
05 Dec 07	(b)(6)		
0924		AFUSS UAC in place 70 on Friday	
		(b)(6)	
06 Dec 07	(b)(6)		
0600		AFUSS UAC in place wounds look okay	
		(b)(6)	
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME	
		LAST	FIRST MI
DEPT /SERVICE		HOSPITAL OR MEDICAL FACILITY	
		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION (For typed or written entries, give Name - last, first, middle, ID No or SSN, Sex, Date of Birth, Rank/Grade)		REGISTER NO	WARD NO

114

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID # (SSN or Other)
	LAST	FIRST	MI	
DEPT / SERVICE	HOSPITAL OR MEDICAL FACILITY		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION (For typed or written entries, give Name, last, first, middle initials, SSN, Sex, Date of Birth, Rank/Grade)			REGISTER NO	WARD NO

Page 2 of 2

MEDICAL RECORD		PROGRESS NOTES	
DATE		NOTES	
02 Apr 07	(b)(6)		
0945		O events last evening AFULS VAC in place Cant connect	
		(b)(6)	
3 Apr 07	(b)(6)		
1000		low grade temp closed wound & cellulitis with a VAC Tension.	
		(b)(6)	
1000		PT returned via PACU VSS B7 12/74 P 9.2 R 15.2 S 7.0 9.9 RA. P 7 hrs WV 0 - (R) 1 hr 10 min 7.1 hr 10 min ID (b)(6)	
RELATIONSHIP TO SPONSOR		SPONSOR'S NAME	
		LAST FIRST MI	
DEPT / SERVICE		HOSPITAL OR MEDICAL FACILITY	
		RECORDS MAINTAINED AT	
PATIENT'S IDENTIFICATION: (For typed or written entries give Name - last, first, middle; ID No. or SSN, Sex, Date of Birth, Rank/Grade)		REGISTER NO.	
		WARD NO	

LCW #10

Prescribed by GSA/ICMP FORM 4-10 (FBI) 101 11 2

EX

116

10-L-0126 ACLU DD II CID ROI 4944

EXHIBIT

AUTHORIZED FOR LOCAL REPRODUCTION

(b)(6)

USAPA V3

2118

PROPERTY OF CIA - FRODO

(b)(6)

ICW #10

STANDARD FORM 509-60-5
GSA GEN. REG. NO. 27

EXHIBIT

110

REPORT TITLE

NU. IG REASSESSMENT

DTSG APPROVED (Date)
(YYYYMMDD) NA

Date: 10 Dec 7

Time: 10:00

Initials: (b)(6)

Time: 10:00

Initials: (b)(6)

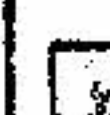
1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs



2. CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.



3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.



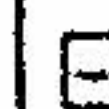
4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.



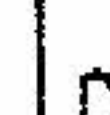
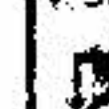
5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.



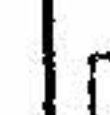
6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia



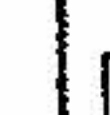
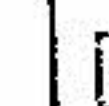
7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.



8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.



9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment



(Continue on reverse)

PREPARED BY (Signature & Title)

Intermediate Care Ward

DEPARTMENT/SERVICE/CLINIC

Department of Nursing

DATE (YYYYMMDD)

NA

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

PSEUDO ISN:

(b)(6)

ISN:

ICW Bed # 10

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

DA FORM 4700, FEB 2003

EDITION OF MAY 78 IS OBSOLETE

APD PE V1 00

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EXHIBIT

120

10-L-0126 ACLU DD II CID ROI 4948

REPORT TITLE
NUR. G REASSESSMENT

Date: 24 Dec 07 Time: 12:00 Initials: (b)(6) Time: Initials: (b)(6)

1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no NV/D, constipation or rectal bleeding. No change in appetite of difficulty chewing or swallowing.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

PREPARED BY (Signature & Title) Intermediate Care Ward DEPARTMENT/SERVICE/CLINIC Department of Nursing DATE (YYYYMMDD) NA

PATIENT'S IDENTIFICATION (For typed or written entries give Name -last, first, middle, grade, date, hospital or medical facility) PSEUDO ISN: (b)(6) ISN: ICW Bed # 10	<input type="checkbox"/> HISTORY/PHYSICAL <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT <input checked="" type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER (Specify)
---	--

NSN 7540-01-075-3786

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)			LOG NUMBER TREATMENT FACILITY <i>EIT</i> RECORDS MAINTAINED AT		
PATIENT'S HOME ADDRESS OR DUTY STATION					ARRIVAL		
STREET ADDRESS					DATE (Day, Month, Year) <i>23 NOV 07</i> TIME <i>1945</i>		
CITY					TRANSPORTATION TO FACILITY <i>VG Ae</i>		
SEX <i>M</i>	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
	AREA CODE	NUMBER	ITEM	YES	NO		N/A
AGE <i>37</i>	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE	
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM				
CURRENT MEDICATIONS <i>Hx Kidney stones</i>			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
ALLERGIES <i>NKA</i>			ITEM	YES	NO		DATE LAST VISIT
CHIEF COMPLAINT <i>s/p GSW R thigh & penis</i>			IS THIS AN INJURY?			24 HOUR RETURN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
			INJURY/SAFETY FORMS			TETANUS	
HOW			DATE LAST SHOT <i>7</i>			COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CATEGORY OF TREATMENT							
<input type="checkbox"/> EMERGENCY		TIME <i>1945</i>		INITIALS <i>(b)(6)</i>			
<input type="checkbox"/> URGENT		BP <i>110/70</i>		PULSE <i>95</i>			
<input checked="" type="checkbox"/> NON-URGENT		RESP <i>16</i>		TEMP <i>99.5</i>			
WT <i>160</i>		VITAL SIGNS		TIME <i>1945</i>			
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF		ABG		PAP/PTT		
	<input type="checkbox"/> URINE C&S		UA MSCO/CATH		BHC/G/URINE/BLOOD/QUANT		
	<input type="checkbox"/> BLOOD C&S X		<input type="checkbox"/> CHEM		CXR PA & LAT/PORTABLE		
					C-SPINE		
X-RAY ORDERS					ACUTE ABDOMEN		
					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"/> 72 HRS		<i>Admit to Icu</i>			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED <input checked="" type="checkbox"/> TO			
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED		<i>Icu</i>		WHEN			
<input type="checkbox"/> DETERIORATED		TIME OF RELEASE <i>2015</i>		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION		(For typed or written entries, give: Name - last, first, middle, ID no (SSN or other); hospital or medical facility)		PATIENT'S SIGNATURE			

(b)(6)

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

Icu #10

EXHIBIT

122

NSN 7540-01-075-3786

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Doctor)				TIME SEEN BY PROVIDER	
TEST RESULTS							
WBC 10.9 CBC H/H 10/33 PLT 166 PT 47.0 APTT 220.0		SMAG 136 4.8 99 13 22 0.7		ABG/PULSE OX SUP O2 PH PO2 PCO2 SAT OTHER DIP MICRO		RADIOLOGY Check if read by radologist <input type="checkbox"/> RESULTS EKG INTERPRETATION	

PROVIDER HISTORY/PHYSICAL

CH
 Inley
 Jones
 +
 leg
 vs
 injuries
 1KST
 ocid
 10N

5: Pt is a 37 y.o. M transferred back from 86th CSH s/p GSW to
 Penes and to medial right thigh. No fx to @ leg. CT abd/pelvis
 negative for intracranial process. GSW to @ thigh. wound
 washed out and packed c Kerlix.

VS noted
 Gen: NAD
 Head: RRR, BM 1A/C
 Lungs: C/TAB
 Abd: soft, NT, NO, (+) BS
 Ext: (R) thigh: Entrance wound medially and exit wound on hamstr.
 Wound packed c Kerlix.
 (R) Femoral, (R) AP, (R) PT. It pulses. Foot neurologically i
 A/p s/p GSW to (R) thigh i penes
 Admit to ICU

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP (b)(6)
GSW to (R) Thigh, Penes			

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

(b)(6)

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

ICW #100

EXHIBIT 123

MEDICAL RECORD		CHIEF COMPLAINT: <u>slp GSW R thigh & penis</u>	
DATE: <u>28 NOV 07</u>		TIME: <u>1945</u>	
Initial V.S.		CHIEF COMPLAINT: <u>slp GSW R thigh & penis</u>	
BR <u>163/94</u>	PRE-HOSPITAL CARE: <u>surgery at 864 CSH - urology consult</u>		
P <u>95</u>			
R <u>16</u>	INITIAL ASSESSMENT: <u>AAOx3, NAD, no active bleeding, pulse</u>		
T <u>99.5</u>	<u>intact.</u>		
SAO2 <u>99%</u>			
MED ALLERGIES			
<u>NKA</u>		INTERVENTIONS:	
		O2 <u>room air</u> MONITOR <u>NSR</u> EKG: <u>Y/N</u> IV ACCESS <u>18g L arm</u>	
		LABS: <u>CBC CMP Coag</u> T/S XMATCH FOLEY <u>Y/N</u> NG: <u>Y/N</u>	
		CHEST TUBE: <u>X</u> XRAYs: <u>X</u> CT: <u>X</u>	
MED HX		DRSG's <u>2 High Wb Dry</u> DRAINS <u>X</u> HARDWARE <u>X</u>	
<u>KIDNEY STONES</u>		MEDICATIONS GIVEN	
		1.) @ hrs by 4.) @ hrs by	
OTHER		2.) @ hrs by 5.) @ hrs by	
<u>NONE</u>		3.) @ hrs by 6.) @ hrs by	
HOSPITAL OR MEDICAL FACILITY TF-31 / Camp Cropper / <u>EMT</u>		STATUS Admit <u>ICW</u> ICU OR	
SPONSOR'S NAME (b)(6) AN Signature		SSN/ID NO. Delivery @ hrs	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		RELATIONSHIP Transported Mode: <u>Amb / WC / Gurney</u>	
		REGISTER NO	

(b)(6)

EXHIBIT MEDICAL RECORD OF MED
124rd
STANDARD FORM 100 (REV. 6-9)
Prescribed by GSA/ICMR

IV FLUIDS

1.) ☒ @ _____ Hrs _____ Rate _____ Infused

2.) _____ @ _____ Hrs _____ Rate _____ Infused

3.) _____ @ _____ Hrs _____ Rate _____ Infused

4.) _____ @ _____ Hrs _____ Rate _____ Infused

VITALS

Time BP P R T SAO2

* 1045 163/94 95 16 99.5 990/2

TOTAL INTAKE

TOTAL OUTPUT

IVF ☒

UA Foley 400

CT ☒PO ☒NG ☒DRAINS ☒

NARRATIVE

146 AAOx3, NAD. IV access patent, labs drawn and sent, VS as noted. Dressing to @ thigh changed wet to dry and reinforced with Kerlix & Ace. Dressing to penis intact. Foley patent, draining clear yellow urine. Pt resting comfortably, denies pain at this time. Plan to be admitted to ICU for possible surgery in am. Will continue to monitor.

(b)(6)

(b)(6)

EXHIBIT

28

125

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10-L-0126 ACLU DD II CID ROI 4953

500-108

126

RECORD - PROVIDER OR RS

DIRECTIONS The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE. PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)
	Admit to: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> ICU <input type="checkbox"/> Outpatient Border Physician: (b)(6)
07:00 AM	DX: <input checked="" type="checkbox"/> High wound Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Guarded
09:05	Vitals: <input checked="" type="checkbox"/> ICW protocols <input type="checkbox"/> ICU Vital Signs ALLERGIES: <input checked="" type="checkbox"/> NKDA
	ACTIVITY: <input checked="" type="checkbox"/> Ambulate Weight Bearing Status:
(b)(6)	DIET: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Clear Liquid <input type="checkbox"/> NPO start at midnight before surgery
	<input type="checkbox"/> Dressing change: POD (1) (2) (3) (4) (5) (Daily) (BID) (Dakins) (Wet-Dry) (Xeroform-Dry)
	<input type="checkbox"/> Wound Vac: <input type="checkbox"/> 75mmHG <input type="checkbox"/> 125mmHG
	<input type="checkbox"/> Record drain output every shift <input type="checkbox"/> NGT to LIS <input type="checkbox"/> CT to WS / Suction <input type="checkbox"/> Foley
	<input type="checkbox"/> Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (In AM) (qAM) (qAM for 3 days)
	<input type="checkbox"/> X-rays:
	MEDICATIONS: (Order only the checked medications)
	IV Fluids: <input checked="" type="checkbox"/> Saline Lock <input type="checkbox"/> KVO - 30ml/hr NS <input type="checkbox"/> D5 1/2 NS +20K@ _____ cc/hr <input type="checkbox"/> NS or LR@ _____ cc/hr
	<input checked="" type="checkbox"/> Lovenox 30 mg SQ BID <input type="checkbox"/> Lovenox _____ mg (wt based) SQ BID <input type="checkbox"/> Hold PM dose the night before
	<input type="checkbox"/> Zosyn 3.37gm IV q6hrs <input type="checkbox"/> Unasyn 3gm IV q6hrs <input type="checkbox"/> Ancef 1gm IV q8hrs
	<input type="checkbox"/> Levofloxacin 500mg PO / IV qDay <input type="checkbox"/> Cefoxitin 1gm IV q8hrs
	<input type="checkbox"/> MS Contin _____ mg q12hrs pain
	<input type="checkbox"/> Zantac <input type="checkbox"/> 150mg PO BID <input type="checkbox"/> 50mg IV q8hrs
	<input type="checkbox"/> Colace 200mg PO BID <input type="checkbox"/> Dulcolax 10mg supp PR QAM BID or
	PRN MEDICATIONS (Order only the checked medications)
(b)(6)	<input checked="" type="checkbox"/> Percocet (1-2) tabs PRN pain q6hrs <input checked="" type="checkbox"/> Morphine (2-8mg) IV q 1hr PRN severe pain or while NPO
	<input type="checkbox"/> Tylenol (650mg) PRN q4hrs pain, headache, fever <input type="checkbox"/> Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	<input type="checkbox"/> Benadryl (25-50mg) PO / IV / IM <input type="checkbox"/> q4hrs <input type="checkbox"/> q8hrs PRN Itch or Insomnia
	<input type="checkbox"/> Zofran (4mg) IV q4hrs PRN nausea <input type="checkbox"/> Reglan 10mg IV / PO q8hrs PRN nausea
	Anticipate P/c Today (b)(6)
	(b)(6) noted

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

(b)(6)

ICW #10

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages: 7/26/07 E102

Diagnosis

Height: _____ Weight (lbs) _____ Diet: _____

Allergies

Nursing Unit

Room No

Bed No

Page No

09/07

MEDCOM FORM 688-R (TEST) (MCHO) JUN 03

PREVIOUS EDITIONS ARE OBSOLETE

For Official Use Only

EXHIBIT

127 V2.00

RECORD - PROVIDER OR PS

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE. PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)
(b)(6) 040507	Admit to: <input checked="" type="checkbox"/> ICW <input type="checkbox"/> ICU <input type="checkbox"/> Outpatient Border Physician (b)(6)
1040	DX: <input checked="" type="checkbox"/> 7th rib injury Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Guarded
	Vitals: <input checked="" type="checkbox"/> ICW protocols <input type="checkbox"/> ICU Vital Signs ALLERGIES: <input checked="" type="checkbox"/> NKDA
	ACTIVITY: <input checked="" type="checkbox"/> amb/Amb Weight Bearing Status:
	DIET: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Clear Liquid <input checked="" type="checkbox"/> NPO start at midnight before surgery: Pos = 070507
	<input type="checkbox"/> Dressing change: POD (1) (2) (3) (4) (5) (Daily) (BID) (Dakins) (Wet-Dry) (Xeroform-Dry)
	<input checked="" type="checkbox"/> Wound Vac <input type="checkbox"/> 75mmHG <input checked="" type="checkbox"/> 125mmHG
	<input type="checkbox"/> Record drain output every shift <input type="checkbox"/> NGT to LIS <input type="checkbox"/> CT to WS / Suction <input type="checkbox"/> Foley
	<input type="checkbox"/> Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (in AM) (qAM) (qAM for 3 days)
	<input type="checkbox"/> X-rays.
	Pt: + needed for Ambulation Assist
	MEDICATIONS: (Order only the checked medications)
	IV Fluids: <input checked="" type="checkbox"/> Saline Lock <input type="checkbox"/> KVO - 30ml/hr NS <input type="checkbox"/> D5 1/2 NS + 20K@ _____ cc/hr <input type="checkbox"/> NS or LR@ _____ cc/hr
	<input checked="" type="checkbox"/> Levenox 30 mg SQ BID <input type="checkbox"/> Levenox _____ mg (wt based) SQ BID <input type="checkbox"/> Hold PM dose the night before
	<input type="checkbox"/> Zosyn 3.37gm IV q6hrs <input checked="" type="checkbox"/> Unasyn 3gm IV q6hrs <input type="checkbox"/> Ancef 1gm IV q8hrs
	<input type="checkbox"/> Levofloxacin 500mg PO / IV qDay <input type="checkbox"/> Cefoxitin 1gm IV q8hrs
	<input type="checkbox"/> MS Contin _____ mg q12hrs pain
	<input type="checkbox"/> Zantac <input type="checkbox"/> 150mg PO BID <input type="checkbox"/> 50mg IV q8hrs
	<input checked="" type="checkbox"/> Colace 100mg PO BID <input type="checkbox"/> Dulcolax 10mg supp PR QAM BID or
	PRN MEDICATIONS (Order only the checked medications)
	<input checked="" type="checkbox"/> Percocet (1-2) tabs PRN pain q6hrs <input checked="" type="checkbox"/> Morphine (2-8mg) IV q 1hr PRN severe pain or while NPO
	<input type="checkbox"/> Tylenol (650mg) PRN q4hrs pain, headache, fever <input type="checkbox"/> Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	<input checked="" type="checkbox"/> Benadryl (25-30mg) PO / IV / IM <input checked="" type="checkbox"/> q4hrs <input type="checkbox"/> q8hrs PRN Itch or Insomnia
	<input checked="" type="checkbox"/> Zofran (4mg) IV q4hrs PRN nausea <input type="checkbox"/> Reglan 10mg IV / PO q8hrs PRN nausea
	Signatures (b)(6)

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

(b)(6)

ICW # 10

Complete the following information on page 1 of provided orders only
Note any changes on subsequent pages

Diagnosis _____

Height _____ Weight (lbs) _____ Diet _____

Allergies _____

Nursing Unit _____

Room No _____

Bed No _____

Page No _____

09/07

MEDCOM FORM 688-R (TEST) (MCHQ) JUN 07 PREVIOUS EDITIONS ARE OBSOLETE

128 v2.00

RECORD - PROVIDER OR RS

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS
	(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE. PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)
0109107	Admit to <u>ICW</u> () ICU () Outpatient Border Physician: (b)(6)
1030	DX: <u>(R) High wound</u> Condition: <u>Stable</u> () Critical () Guarded
	Vitals: <u>ICW protocols</u> () ICU Vital Signs ALLERGIES: <u>(NKDA)</u>
(b)(6)	ACTIVITY: <u>DL 1C6</u> Weight Bearing Status:
	DIET: <u>Regular</u> () Soft () Clear Liquid <u>NPO start at midnight before surgery</u> <u>POs: 04 PSE</u>
	() Dressing change: POD (1) (2) (3) (4) (5) <u>(Daily)</u> () BID () Dakins () Wet-Dry () Xeroform-Dry
	<u>ound Vac</u> () 75mmHG <u>125mmHG</u> <u>Pon's + Bacitracin</u>
	() Record drain output every shift () NGT to LIS () CT to WS / Suction <u>Foley</u>
	() Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (in AM) (qAM) (qAM for 3 days)
	() X-rays:
	MEDICATIONS: (Order only the checked medications)
	IV Fluids: <u>Saline Lock</u> () KVO - 30ml/hr NS () D5 1/2 NS +20K @ _____ cc/hr () NS or LR @ _____ cc/hr
	<u>Lovenox 30 mg SQ BID</u> () Lovenox _____ mg (wt based) SQ BID () Hold PM dose the night before
(b)(6)	() Zosyn 3.37gm IV q6hrs () Unasyn 3gm IV q6hrs <u>Cefazolin 1gm IV q8hrs</u>
	() Levofloxacin 500mg PO / IV qDay () Cefoxitin 1gm IV q8hrs
	() MS Contin _____ mg q12hrs pain <u>A Noron Foley Tominon</u>
	() Zantac () 150mg PO BID () 50mg IV q8hrs <u>Am.</u>
	<u>Colace 200mg PO BID</u> () Dulcolax 10mg supp PR QAM BID or:
	PRN MEDICATIONS (Order only the checked medications)
	<u>Percocet (1-2) tabs PRN pain q6hrs</u> <u>Morphine (2-8mg) IV q 1hr PRN severe pain or while NPO</u>
	() Tylenol (650mg) PRN q4hrs pain, headache, fever () Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	() Benadryl (25-50mg) PO / IV / IM () q4hrs () q8hrs PRN Itch or Insomnia
	() Zofran (4mg) IV q4hrs PRN nausea () Reglan 10mg IV / PO q8hrs PRN nausea
	<u>Sign / witness</u> (b)(6)

24 hr chart / 1 DEC 07 @ 1935

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

(b)(6)

ICW #10

09/07

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis _____			
Height _____		Weight (lbs) _____	
Allergies _____		Diet _____	
Nursing Unit	Room No	Bed No	Page No

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be marked off adjacent to the order and do not require a signature on other TR forms.

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)
29 Nov 07 1100	Admit to: <input checked="" type="checkbox"/> ICW <input type="checkbox"/> ICU <input type="checkbox"/> Outpatient Border Physician: (b)(6)
	DX: <input checked="" type="checkbox"/> High Wound Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Guarded
	Vitals: <input checked="" type="checkbox"/> ICW protocols <input type="checkbox"/> ICU Vital Signs ALLERGIES: (NKDA)
	ACTIVITY: <input checked="" type="checkbox"/> Ab <input type="checkbox"/> Weight Bearing Status:
	DIET: <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Clear Liquid <input checked="" type="checkbox"/> NPO start at midnight before surgery. DOS: 01 OSC
	<input type="checkbox"/> Dressing change: POD (1) (2) (3) (4) (5) <input checked="" type="checkbox"/> (Daily) <input type="checkbox"/> (BID) <input type="checkbox"/> (Dakins) <input type="checkbox"/> (Wet-Dry) <input type="checkbox"/> (Xeroform-Dry)
	<input checked="" type="checkbox"/> Wound Vac: <input type="checkbox"/> 75mmHG <input checked="" type="checkbox"/> 125mmHG <input checked="" type="checkbox"/> Penicillin
	<input type="checkbox"/> Record drain output every shift <input type="checkbox"/> NGT to LIS <input type="checkbox"/> CT to WS / Suction <input checked="" type="checkbox"/> Foley
	<input type="checkbox"/> Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (in AM) (qAM) (qAM for 3 days)
	<input type="checkbox"/> X-rays
	MEDICATIONS: (Order only the checked medications)
	IV Fluids: <input checked="" type="checkbox"/> Saline Lock <input type="checkbox"/> KVO - 30ml/hr NS <input type="checkbox"/> D5 1/2 NS +20K@ _____ cc/hr <input type="checkbox"/> NS or LR@ _____ cc/hr
	<input checked="" type="checkbox"/> Lovenox 30 mg SQ BID <input type="checkbox"/> Lovenox _____ mg (wt based) SQ BID <input type="checkbox"/> Hold PM dose the night before
	<input type="checkbox"/> Zosyn 3.37gm IV q6hrs <input type="checkbox"/> Unasyn 3gm IV q6hrs <input checked="" type="checkbox"/> Ancef 1gm IV q8hrs
	<input type="checkbox"/> Levofloxacin 500mg PO / IV qDay <input type="checkbox"/> Cefoxitin 1gm IV q8hrs
	<input type="checkbox"/> MS Contin _____ mg q12hrs pain
	<input type="checkbox"/> Zantac <input type="checkbox"/> 150mg PO BID <input type="checkbox"/> 50mg IV q8hrs
	<input checked="" type="checkbox"/> Colace 200mg PO BID <input type="checkbox"/> Dulcolax 10mg supp PR QAM BID or:
	<i>BACITRACIN Ointment to wounds on heels QDay</i>
	PRN MEDICATIONS (Order only the checked medications)
	<input checked="" type="checkbox"/> Percocet (1-2) tabs PRN pain q6hrs <input checked="" type="checkbox"/> Morphine (2-8mg) IV q 1hr PRN severe pain or while NPO
	<input type="checkbox"/> Tylenol (650mg) PRN q4hrs pain, headache, fever <input type="checkbox"/> Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	<input type="checkbox"/> Benadryl (25-50mg) PO / IV / IM <input type="checkbox"/> q4hrs <input type="checkbox"/> q8hrs PRN Itch or Insomnia
	<input type="checkbox"/> Zofran (4mg) IV q4hrs PRN nausea <input type="checkbox"/> Reglan 10mg IV / PO q8hrs PRN nausea
	(b)(6) Signature: _____
	(b)(6)

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

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis _____
Height: _____ Weight (lbs) _____ Diet _____
Allergies _____

Nursing Unit _____ Room No _____ Bed No _____ Page No _____

MEDICAL RECORD - PROVIDER ORDERS	
For use of this form see MEDCOM Circular 40-3	
DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.	
DATE/TIME	ORDERS
(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE. PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)	
28 Nov 07	Admit to: <input checked="" type="checkbox"/> ICW <input type="checkbox"/> ICU <input type="checkbox"/> Outpatient Border Physician: (b)(6)
	DX: <i>G-Su to High 2 Penis</i> Condition: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Critical <input type="checkbox"/> Guarded
	Vitals: <input checked="" type="checkbox"/> ICW protocols <input type="checkbox"/> ICU Vital Signs ALLERGIES: <u>(NKDA)</u>
	ACTIVITY: <i>Ad 1/4</i> Weight Bearing Status:
	DIET: <input type="checkbox"/> Regular <input type="checkbox"/> Soft <input type="checkbox"/> Clear Liquid <input checked="" type="checkbox"/> NPO start at midnight before surgery:
	<input type="checkbox"/> Dressing change: POD (1) (2) (3) (4) (5) <u>(Daily)</u> (BID) (Dakins) <u>(Vet-Dry)</u> (Xeroform-Dry)
	<input type="checkbox"/> Wound Vac. <input type="checkbox"/> 75mmHG <input type="checkbox"/> 125mmHG
	<input type="checkbox"/> Record drain output every shift <input type="checkbox"/> NGT to LIS <input type="checkbox"/> CT to WS / Suction <input type="checkbox"/> Foley
	<input type="checkbox"/> Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (in AM) (qAM) (qAM for 3 d
	<input type="checkbox"/> X-rays:
	MEDICATIONS: (Order only the checked medications)
	IV Fluids: <input type="checkbox"/> Saline Lock <input type="checkbox"/> KVO - 30ml/hr NS <input type="checkbox"/> D5 1/2 NS +20K@ _____ cc/hr <input checked="" type="checkbox"/> NS or LR@ <u>125</u> cc/hr
	<input type="checkbox"/> Lovenox 30 mg SQ BID <input type="checkbox"/> Lovenox _____ mg (wt based) SQ BID <input type="checkbox"/> Hold PM dose the night before
	<input type="checkbox"/> Zosyn 3.37gm IV q6hrs <input type="checkbox"/> Unasyn 3gm IV q6hrs <input checked="" type="checkbox"/> Ancef 1gm IV q8hrs
	<input type="checkbox"/> Levofloxacin 500mg PO / IV qDay <input type="checkbox"/> Cefoxitin 1gm IV q8hrs
	<input type="checkbox"/> MS Contin _____ mg q12hrs pain
	<input checked="" type="checkbox"/> Zantac <input checked="" type="checkbox"/> 150mg PO BID <input type="checkbox"/> 50mg IV q8hrs
	<input type="checkbox"/> Colace 200mg PO BID <input type="checkbox"/> Dulcolax 10mg supp PR QAM BID or:
	PRN MEDICATIONS (Order only the checked medications)
	<input checked="" type="checkbox"/> Percocet (1-2) tabs PRN pain q6hrs <input checked="" type="checkbox"/> Morphine (2-8mg) IV q 1hr PRN severe pain or while
	<input checked="" type="checkbox"/> Tylenol (650mg) PRN q4hrs pain, headache, fever <input checked="" type="checkbox"/> Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	<input checked="" type="checkbox"/> Benadryl (25/50mg) PO / IV / IM <input checked="" type="checkbox"/> q4hrs <input type="checkbox"/> q8hrs PRN Itch or Insomnia
	<input checked="" type="checkbox"/> Zofran (4mg) IV q4hrs PRN nausea <input type="checkbox"/> Reglan 10mg IV / PO q8hrs PRN nausea
	<i>Bacitracin to penis & every wound dressing.</i>
	(b)(6)
	<i>11/28/07 @ 2135</i>
PATIENT IDENTIFICATION	Complete the following information on page 1 of provided orders. Note any changes on subsequent pages.
first, middle initial, gr	Diagnosis _____
(b)(6)	Height _____ Weight (lbs) _____ Diet _____
	Allergies: _____
	Nursing Unit _____ Room No. _____ Bed No. _____ Page No. _____

(b)(6)

Verified

CLINICAL RECORD - DOCTOR'S ORDERS

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

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			07 DEC 07	0930 HOURS	
<i>transcribed</i> (b)(6) 7 DEC 07 1000			D/c pt to guards		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			
FCW		10			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

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Law Enforcement Sensitive
EXHIBIT

10-L-0126 ACLU DD II CID ROI 4960

20132

ICW Pre-op Note

Task	Circle Status	Nurse's Initials
Consent Signed by Physician	Y N N/A	(b)(6)
Consent Signed by Patient	X N N/A	
Consent Witnessed by Nurse	Y N N/A	
White Medication Sheet in Chart	Y N N/A	
Vital Signs in Chart	Y N N/A	
Pre-Op Labs in Chart: (circle as ordered) CBC CMP BMP Type & Cross	Y N N/A	
ID Band On and Verified	Y N N/A	
Allergy Band On and Legible	Y N N/A	
Shower/AM Care Complete	Y N N/A	
NPO since: <u>Mid Night</u>	Y N N/A	
Voided @ _____ Due to Void @ _____ OR Catheter in place _____ Emptied Amt: _____	Y N N/A	
Bowel Prep Completed (as ordered) Order: _____	Y N N/A	
Pre-Op Medication Given _____ OR Pre-Op Medication on Chart _____	Y N N/A	

T: 97.6 P: 77 R: 17 BP: 134/86 SpO₂: 100% Wt: _____

Allergies: _____

Nursing Note: pt released to OR staff in stable condition
pt moved self from bed to stretcher. Escorted by
guard.

IV Access: 18G R FA Ins. Date: 05 DEC IVF or Last Flushed: _____

Released to: (b)(6) on 07 DEC @ 0828 L15
OR Personnel Signature Date Time

by (b)(6)
ICW Personnel Signature

Allergies: NKDA

Patient Identification:

Pseudo ISN: (b)(6)

ISN: _____

ICW Bed # 10

20 133

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EXHIBIT

10-L-0126 ACLU DD II CID ROI 4961

31st Combat Support Hospital
ICW Vital Sign Record[illegible]

Bed #

~~For Official Use Only~~

ISN

9134

Law Enforcement Sensitive

EXHIBIT

10-L-0126 ACLU DD II CID ROI 4962

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA <small>For use of this form see AR 40-86 the proponent agency is the Office of The Surgeon General</small>			
REPORT TITLE NURSING REASSESSMENT		OTSG APPROVED (Date) (YYYYMMDD) NA	
Date: 6 Dec	Time: 0745	Initials: (b)(6)	Time: 1115
1 NEUROLOGICAL Alert and oriented to time, place, self and situation Respond appropriately. PEARL Communicates adequately to express needs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2 CARDIOVASCULAR Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3 PULMONARY Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4 GI Abdomen soft NT/ND, + BS x 4 quads, no NV/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5 GU / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Inc to penis 2 suture Dsg to Penis COT
6 MUSCULOSKELETAL Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7 SKIN Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	WV to posterior @ thigh Inc to Anterior @ thigh Inc around penis 2 dry dsg. WV to post thigh @ drawing secondary discharge Inc to Ant of medial appen 2 suture - 25 per 10 infection
8 PSYCHOSOCIAL Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Pain Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<small>(Continue on reverse)</small>			
PREPARED BY (Signature & Title) Intermediate Care Ward		DEPARTMENT/SERVICE/CLINIC Department of Nursing	DATE (YYYYMMDD) NA
PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility) PSEUDO ISN: (b)(6) ISN: ICW Bed # 10		<input type="checkbox"/> HISTORY/PHYSICAL <input checked="" type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	

EXHIBIT

135

APD RE v1.00

REPORT TITLE

NUR: J REASSESSMENT

TSG APPROVED (Date)

(YYYYMMDD)

NA

Date: 05 Dec 07

Time: 0730

Initial: (b)(6)

Time: 4:30

Initials:

(b)(6)

1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.



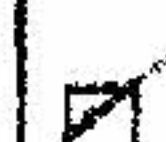
2. CARDIOVASCULAR. Pulse RRR and WNL for age. no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.



3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil. with symmetrical chest movement.



4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.



5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.



6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.



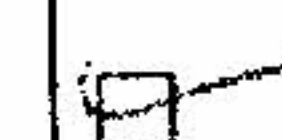
7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.



8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.



9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.



(Continue on reverse)

PREPARED BY (Signature & Title)

Intermediate Care Ward

DEPARTMENT/SERVICE/CLINIC

Department of Nursing

DATE (YYYYMMDD)

NA

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

PSEUDO ISN:

(b)(6)

ISN:

ICW Bed # 10

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

DA FORM 4700, FEB 2003

EDITION OF MAY 78 IS OBSOLETE.

APD PE v1.00

For Official Use Only
Law Enforcement Sensitive

EXHIBIT

136

10-L-0126 ACLU DD II CID ROI 4964

REPORT TITLE

NUR. 3 REASSESSMENT

TSG APPROVED (Date)

YYMMDD

NA

Date:

11 Dec 01

Time: 0730

Initials (b)(6)

Time: 1945

Initials (b)(6)

1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.

☒☒

2. CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.

☒☒

3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil. with symmetrical chest movement.

☒☒

4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.

☒☒

5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.

☒☒

6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.

☒☒

7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.

☒☒

8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.

☒☒

9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.

☒☒

(Continue on reverse)

PREPARED BY (Signature & Title)

Intermediate Care Ward

DEPARTMENT/SERVICE/CLINIC

Department of Nursing

DATE (YYMMDD)

NA

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

PSEUDO ISN

(b)(6)

ISN:

ICW Bed # 10

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

DA FORM 4700, FEB 2003

EDITION OF MAY 78 IS OBSOLETE

APG PE v1.00

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EXHIBIT

29 137

10-L-0126 ACLU DD II CID ROI 4965

ICW Pre-op Note

Task	Circle Status	Nurse's Initials
Consent Signed by Physician	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	(b)(6)
Consent Signed by Patient	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Consent Witnessed by Nurse	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
White Medication Sheet in Chart	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Vital Signs in Chart	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Pre-Op Labs in Chart: (circle as ordered)	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A	
CBC CMP BMP Type & Cross		
ID Band On and Verified <i>(R) must</i>	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Allergy Band On and Legible	<input checked="" type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A	
Shower AM Care Complete	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
NPO since: <i>MRV 12/4/07</i>	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Voided @ <i>0400</i> Due to Void @ _____ OR Catheter in place _____ Emptied Amt: _____	<input checked="" type="radio"/> Y <input type="radio"/> N <input type="radio"/> N/A	
Bowel Prep Completed (as ordered) Order: _____	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A	
Pre-Op Medication Given _____ OR Pre-Op Medication on Chart _____	<input type="radio"/> Y <input type="radio"/> N <input checked="" type="radio"/> N/A	

T: *97°* P: *46* R: *13* BP: *147/58* SpO₂: *100* Wt: _____

Allergies: *NKAHA*

Nursing Note: _____

IV Access: *15g (WFA)* Ins. Date: *2 Dec 07* IVF or Last Flushed: *0430*

Released to: *(b)(6)* on *2007/12/07* @ *10:00*

by *(b)(6)* *(b)(6)* ICW Personnel Signature

Allergies: *NKAHA*

Patient Identification:

Pseudo ISN: *(b)(6)*

ISN:

ICW Bed # *10*

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EXHIBIT

20 138

REPORT TITLE

NUR. G REASSESSMENT

TSG APPROVED (Date)

NA

Date:

03 Dec 07

Time: 0800

Initials:

(b)(6)

Time: 1930

Initials:

(b)(6)

1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.



2. CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.



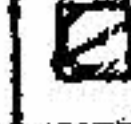
3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.



4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite of difficulty chewing or swallowing.



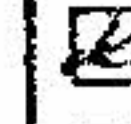
5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.



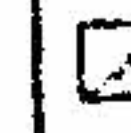
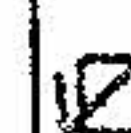
6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.



7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.



8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.



9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.



(Continue on reverse)

PREPARED BY (Signature & Title)

Intermediate Care Ward

DEPARTMENT/SERVICE/CLINIC

Department of Nursing

DATE (YYYYMMDD)

NA

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

PSEUDO ISN

(b)(6)

ISN:

ICW Bed #

10

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

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA <small>For use of this form, see AR 40-66. The proponent agency is the Office of The Surgeon General.</small>			
REPORT TITLE <div style="text-align: center; font-weight: bold;">NURSING REASSESSMENT</div>			OTSG APPROVED (Date) <small>(YYYYMMDD)</small> <div style="text-align: right;">NA</div>
Date: 2 Dec 07		Time: 0751	Initials: (b)(6)
Date: 2 Dec 07		Time: 1400	Initials: (b)(6)
1 NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2 CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3 PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil. with symmetrical chest movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4 G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5 G.U / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
6 MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
7 SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8 PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9 Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<small>(Continue on reverse)</small>			
PREPARED BY (Signature & Title) <div style="text-align: center;">Intermediate Care Ward</div>		DEPARTMENT/SERVICE/CLINIC <div style="text-align: center;">Department of Nursing</div>	
DATE (YYYYMMDD) <div style="text-align: center;">NA</div>			
PATIENT'S IDENTIFICATION (For typed or written entries give first, middle, grade, date, hospital or medical facility)		NAME - last,	
PSEUDO ISN: (b)(6)		<input type="checkbox"/> HISTORY/PHYSICAL	
ISN:		<input checked="" type="checkbox"/> FLOW CHART	
ICW Bed # 10		<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION	
		<input type="checkbox"/> OTHER (Specify):	
		<input type="checkbox"/> DIAGNOSTIC STUDIES	
		<input type="checkbox"/> TREATMENT	

EXHIBIT

20140

APD PE 1100

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA		
For use of this form, see AR 40-66, the proponent agency is the Office of The Surgeon General		
REPORT TITLE	OTSG APPROVED (Date (YYYYMMDD)) NA	
NURSING REASSESSMENT		
Date: 1 DEC 07	Time: 0800	Initials: (b)(6)
	Time: 2030	Initial: (b)(6)
1 NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately PEARL. Communicates adequately to express needs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2 CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema, nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4 G.I. Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5 G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6 MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8 PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9 Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
(Continue on reverse)		
PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE (YYYYMMDD)
Intermediate Care Ward	Department of Nursing	NA
PATIENT'S IDENTIFICATION (For typed or written entries give Name -last, first, middle, grade, date, hospital or medical facility)		
PSEUDO ISN: (b)(6)		
ISN:		
ICW Bed # 10		
<input type="checkbox"/> HISTORY/PHYSICAL		<input checked="" type="checkbox"/> FLOW CHART
<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION		<input type="checkbox"/> OTHER (Specify)
<input type="checkbox"/> DIAGNOSTIC STUDIES		
<input type="checkbox"/> TREATMENT		

ICW Pre-op Note

Task	Circle Status	Nurse's Initials
Consent Signed by Physician	(Y) N N/A	(b)(6)
Consent Signed by Patient	(Y) N N/A	
Consent Witnessed by Nurse	(Y) N N/A	
White Medication Sheet in Chart	(Y) N N/A	
Vital Signs in Chart	(Y) N N/A	
Pre-Op Labs in Chart: (circle as ordered) CBC CMP BMP Type & Cross	Y N (N/A)	
ID Band On and Verified	(Y) N N/A	
Allergy Band On and Legible	Y N (N/A)	
Shower/AM Care Complete	(Y) N (N/A)	
NPO since: 5:00 AM @ 0001	(Y) N N/A	
Voided @ _____ Due to Void @ _____ OR	(Y) N N/A	
Catheter in place <u>idc</u> Emptied Amt: <u>625 cc @ 0930</u>		
Bowel Prep Completed (as ordered) Order: _____	Y N (N/A)	
Pre-Op Medication Given _____ OR Pre-Op Medication on Chart _____	Y N (N/A)	

T: 98.3 P: 77 R: 18 BP: 144/82 SpO₂: 100 Wt: _____

Allergies: NKA

Nursing Note: PT in bed & continuous suction (w/12s R. sputum 16-18).

IV Access: 18G (R) AC Ins. Date: 2-2-10 IVF or Last Flushed: 0510

Released to: (b)(6) on 2007/2/21 @ 1000
OR Personnel Signature Date Time

by (b)(6)
ICW Personnel Signature

Allergies: NKA

Patient Identification:

Pseudo ISN: (b)(6)

ISN:

ICW Bed # 10

EXHIBIT

142

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA			
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General			
REPORT TITLE NURSING REASSESSMENT		OTSG APPROVED (Date) (YYYYMMDD) NA	
Date: <u>0800 30 JUN</u>		Time: <u>1200</u>	Initials: <u>(b)(6)</u>
1. NEUROLOGICAL. Alert and oriented to time, place, self and situation. Responds appropriately. PEARL. Communicates adequately to express needs.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
2. CARDIOVASCULAR. Pulse RRR and WNL for age, no dependent edema. nailbeds pink, cap refill < 3 sec. No calf tenderness or chest discomfort.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
3. PULMONARY. Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
4. G.I. Abdomen soft NT/ND, + BS x 4 quads, no NV/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
5. G.U. / REPRODUCTIVE. No S/S of no dysuria, retention, urgency frequency nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input checked="" type="checkbox"/>	Foley in place suture to Penis @ 2 inflammation Foley to penis & clear yellow line output	
6. MUSCULOSKELETAL. Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	↓ strength to @ CE unsteady gait & walker mild weakness to @ CE	
7. SKIN. Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	Suture around penis Sutures to medial @ thigh Wb to posterior @ thigh Dressing to penis and @ medial thigh both CD ±	
8. PSYCHOSOCIAL. Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Pain. Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
(Continue on reverse)			
PREPARED BY (Signature & Title) Intermediate Care Ward		DEPARTMENT/SERVICE/CLINIC Department of Nursing	DATE (YYYYMMDD) NA
PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, grade, date, hospital or medical facility) PSEUDO ISN: <u>(b)(6)</u> ISN: _____ ICW Bed # <u>10</u>		<input type="checkbox"/> HISTORY/PHYSICAL <input checked="" type="checkbox"/> FLOW CHART <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> DIAGNOSTIC STUDIES <input type="checkbox"/> TREATMENT	

EXHIBIT

143

For Official Use Only

EDITION OF MAY 78 IS OBSOLETE.

Law Enforcement Sensitive

10-L-0126 ACLU DD II CID ROI 4971

Date: 29 Nov 07		Time: 0730	(b)(6)	2/00	(b)(6)
1. NEUROLOGICAL: Alert and oriented. No focal deficits. No seizures. No abnormal reflexes. No Babinski. Communicates adequately to express needs.	<input checked="" type="checkbox"/>				
2. CARDIOVASCULAR: Pulse BRR and normal for age, no dependent edema, capillary refill < 3 sec. No calf tenderness or chest discomfort.	<input checked="" type="checkbox"/>	+PPP @ feet		⊕ distal pedal Pulse BLE.	
3. PULMONARY: Respirations within normal rate for age group, quiet and regular. Depth is regular, no cough, lungs CTA Bil with symmetrical chest movement.	<input checked="" type="checkbox"/>	Slight crackles, CTQ upper and lower lobes bilaterally			
4. GI: Abdomen soft NT/ND, + BS x 4 quads, no N/V/D, constipation or rectal bleeding. No change in appetite or difficulty chewing or swallowing.	<input type="checkbox"/>	LBM 27 Nov 07		Reg Diet LBM - 29 Nov 07	
5. GU / REPRODUCTIVE: No S/S of no dysuria, retention, urgency frequency, nocturia, urine clear yellow/amber. No unusual vaginal/penile/breast discharge.	<input checked="" type="checkbox"/>	Foley draining dark yellow urine Sx to penis		Foley to gravity dark yellow urine S/P GSW to Penis	
6. MUSCULOSKELETAL: Normal muscle development and mass for age, no deformities, no assistive devices needed. Normal ROM without pain, no joint swelling, tenderness, weakness or paresthesia.	<input checked="" type="checkbox"/>	Weakness @ leg		↓ Rom / ↓ Strength 4/5 @ thigh	
7. SKIN: Warm, dry, intact, turgor good, no rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences, mucus membranes moist and intact.	<input checked="" type="checkbox"/>	Verby face wrap a drainage @ thigh Bulky dressing penis		WV @ 125 - @ thigh DS6 to Penis intact Sutures to Penis intact	
8. PSYCHOSOCIAL: Behavior is appropriate to the situation, anxiety is controlled or mild and appropriate. Interacts appropriately with others.	<input checked="" type="checkbox"/>				
9. Pain: Location, intensity on a scale of 0 - 10, description of pain, to include what makes it better and what makes it worse. If medication required, document intervention and reassessment.	<input checked="" type="checkbox"/>	0/0 pain to movement of @ leg		0/0 pain @ this time	

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE (YYYYMMDD)
Intermediate Care Ward	Department of Nursing	NA

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, grade, date, hospital or medical facility)	
PSEUDO ISN (b)(6)	<input type="checkbox"/> HISTORY/PHYSICAL <input checked="" type="checkbox"/> FLOW CHART
ISN	<input type="checkbox"/> OTHER EXAMINATION OR EVALUATION <input type="checkbox"/> OTHER (Specify)
	<input type="checkbox"/> DIAGNOSTIC STUDIES
	<input type="checkbox"/> TREATMENT

For Official Use Only
Law Enforcement Sensitive

ICW Bed # 10

EXHIBIT 144

ICW Pre-op Note

Task	Circle Status	Nurse's Initials
Consent Signed by Physician	Y N N/A	(b)(6)
Consent Signed by Patient	Y N N/A	
Consent Witnessed by Nurse	Y N N/A	
White Medication Sheet in Chart	Y N N/A	
Vital Signs in Chart	Y N N/A	
Pre-Op Labs in Chart: (circle as ordered)	Y N N/A	
CBC CMP BMP Type & Cross		
ID Band On and Verified <u>R. L. WIST</u>	Y N N/A	
Allergy Band On and Legible	Y N N/A	
Shower/AM Care Complete	Y N N/A	
NPO since: <u>10:00 AM - 12:00 PM</u>	Y N N/A	
Voided @ _____ Due to Void @ _____	Y N N/A	
OR Catheter in place <u>NO</u> Emptied Amt: <u>200</u>		
Bowel Prep Completed (as ordered)	Y N N/A	
Order: _____		
Pre-Op Medication Given _____	Y N N/A	
OR Pre-Op Medication on Chart _____		

T: 98° P: 81 R: 19 BP: 122/78 SpO₂: 100% Wt: _____

Allergies:

Nursing Note: R. L. WIST wound dressing removed from
leg (b)(6) large exit wound to same
leg still in place & bloody drainage

IV Access: 18G RAC HC Ins. Date: 28NOV07 IVF or Last

Flushed: _____ (b)(6)

Released to: _____ on 29/11/07 @ 10:35

by (b)(6)

Allergies: NRDA

Patient Identification:

Pseudo ISN: (b)(6)

ISN:

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EXHIBIT

28
145

SECTION V REVIEW OF SYSTEMS

Directions: A check (✓) in the small box indicates stated description reflects all physical findings. An asterisk (*) in the box indicates that a variance exists. A brief description of abnormal findings is required. Or you may circle the appropriate descriptive terms.

1. NEUROLOGICAL. Alert and oriented to time, place, person, and situation. Responds appropriately. Speech is clear and adequate to express needs. Pupils equal bilaterally and reactive to light. Facial symmetry is intact. Upper/lower extremities strong/bilaterally equal.	Lethargic Unresponsive Comatose Agitated Disoriented Resistant Unresponsive to: Verbal Light tactile Deep tactile stimulation Pupils: (R) _____ cm; (L) _____ cm; Reaction to light: Sluggish Non-reactive Facial Symmetry: (L) droop, (R) droop Speech: Garbled Slurred Aphasic
2. CARDIOVASCULAR. Pulse regular rate within normal range for age. No dependent edema. Nailbeds and mucous membranes pink. No nail tenderness. No clubbing. No chest discomfort. Capillary refill is < 3 seconds.	Arrhythmia _____ Tachycardia Bradycardia Cyanosis Heart sounds: Irregular Distant Murmur Pacemaker (Type) _____ Pulses: Bounding Weak Absent (Location) _____ Capillary Refill > 3 sec
3. PULMONARY. Respirations quiet and regular, rate within normal range for age. Depth is regular. No cough or shortness of breath. Lungs clear to auscultation all lobes. Chest movement is symmetrical.	Cough: Productive/non-productive Hemoptysis Orthopnea Dyspnea Accessory muscle use _____ Sputum: White Yellow Green Wheezing _____ Rales/rhonchi (Location) _____ Night sweats
4. G.I. Oral mucosa moist; no lesions or bleeding gums noted. Dental hygiene adequate. Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies diarrhea, constipation, or rectal bleeding. Denies recurrent laxative use. No change in appetite.	Abdomen: Flat Round Distended Firm/hard Tympanic Halitosis Nausea Vomiting Incontinence Diarrhea Constipation Hemorrhoids Rectal bleeding Heartburn Distension Flatus Last BM: <u>11/11</u> Color: _____ Consistency: _____ Frequency: _____ <u>NPO</u>
5. G.U./REPRODUCTIVE. Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/penile/breast discharge. No genital lesions. No breast/testicular lumps. No history (hx) of STD exposure/disease.	Retention Urgency Frequency Burning/pain Incontinence Nocturia Catheter: <u>Foley</u> /External/Supra-pubic Hx of UTI/calculi Urine: Concentrated Cloudy Foul smelling Hematuria Pregnant: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain LMP: <u>10/18</u>
6. MUSCULOSKELETAL. Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal ROM without pain. No joint stiffness, swelling/tenderness, weakness, or paresthesia. No hx of DVT or (+) Homan's sign. Sensation intact; gait steady.	Motor deficit: RUE LUE RLE LLE Homan's sign (L) / (R) leg Amputation: _____ Assistive devices: _____ Weakness/paralysis: <u>Strength 3/5 R thigh</u>
7. SKIN. Warm, dry, intact. Normal turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist and intact.	Cool Cold Diaphoretic Flushed Pale Jaundiced Poor turgor Mottled Cyanotic <u>Discoloration R thigh, Hx of CCB - 18E LAC & RAC 25 Nov 07</u>

8. **PAIN.** No current complaint of pain/discomfort. No ongoing (chronic) pain problems.

VS - BP 125/70 R 21 P 76 T: 99.2 PO 100% ✓

PAIN ASSESSMENT. For location, reference by number (figure 1) the anatomical site/area of the

Intensity of Pain Scale: (0 = No pain; 10 = Worst pain)

Location(s): R thigh

Intensity Description: _____

Onset/Duration: _____

Exacerbated by _____

Alleviated by _____

Impact of Pain Scale: (0 = Does not interfere; 10 = Completely interferes)

Activity _____ /10; Ability to walk _____ /10; Interactions with others _____ /10;

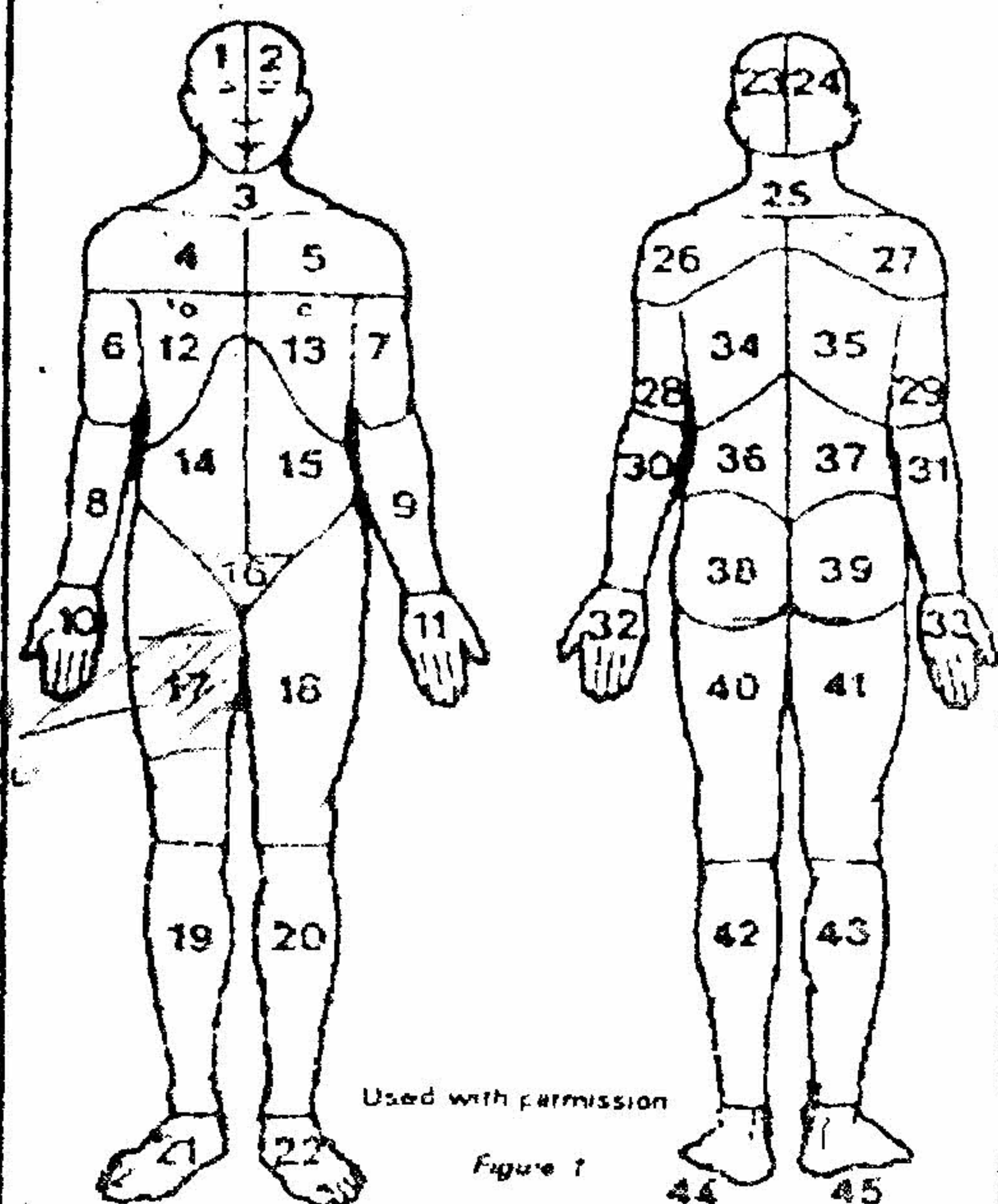
Personal care _____ /10; Emotions _____ /10; Sleep _____ /10; Work _____ /10

Current & past pain therapy _____

Patient's goal for pain relief: _____ /10; Functional goal: _____

SKIN CODES: Abrasion - A Decubitus - D Nodule - N Rash - R Scar - SC
Bruise - B Laceration - L Pustule - P Scab - S Ulcer - U

NOTE SKIN CONDITION (USE SKIN CODES) AND PAIN (USE "X") BY MARKING THE FIGURES BELOW



Used with permission

Figure 1

MEDCOM FORM 685 R (TEST) (MCHO) JUN 03

Page 2 of 6 pages

(b)(6)

(b)(6)

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Law Enforcement Sensitive

146

28 Nov 2007@2022 Page
Act of 1974 (PL 93-579)
AB INQUIRY
07 - 28 Nov 07

-00 (b)(6) M/37 Reg #: (b)(6)
Military Unit: UNKNOWN

07@2003 PLASMA
(b)(6) Req Loc: EMT
.0-14.0) sec C:LJ28Nov07@2021

.0-50.0) sec

07@2003 BLOOD
(b)(6) Req Loc: EMT
.8-10.8) x10 3/uL C:LJ28Nov07@2015
20-6.10) x10 6/uL
.0-18.0) g/dL
42-52) %
.0-99.0) fl
.0-31.0) pg
.0-37.0) g/dL
30-400) x 10(3)/u
.0-44.0) %
.7-4.3) x10 3/uL

07@2003 SERUM
(b)(6) Req Loc: EMT
.28-145) mmol/L C:LJ28Nov07@2016
3.3-4.7) mmol/L
(18-33) mmol/L
(98-108) mmol/L
(73-118) mg/dl

ZER
3.0-10.3) mg/dL
(7-22) mg/dL
0.6-1.2) mg/dL

S=Susc MS=Mod Susc I=Intermed
rder, (I)nterpretations, (R)esult

Only
AGU RDI 5540 p.246
EXHIBIT
20

CLINICAL RECORD		OTHER	EDUC DOCI
VERIFY BY INITIALING		(b)(6)	
ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	
12/07/07	(b)(6)	DIET Regular	
12/07/07	(b)(6)	NIO Change IV site Q96hrs	
12/07/07	(b)(6)	Vital Signs Q Shift	
12/07/07	(b)(6)	ACTIVITY AD LIB Weightbearing status	
12/07/07	(b)(6)	NIO Check Restraints Q2hrs	
ALLERGIES		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	PRIMARY DIAGNOSIS
			R thigh Wound
			(b)(6)
PATIENT IDENTIFICATION			
		(b)(6)	
		ICW #10	

CAMP CROPPER

28 Nov 2007@2022

Page :

Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY

For: 27 Nov 07 - 28 Nov 07

Report requested by: (b)(6)

CROP, (b)(6)

(b)(6)

M/37

Reg #: (b)(6)

Ph:

Military Unit: UNKNOWN

071128 CH 13915

Col: 28Nov07@2003

STAT

Hcp: (b)(6)

SERUM

Req Loc: EMT

ALK PHOS. 70

(26-184)

U/L

Interpretations:

PERFORMED ON PICCOLO CHEMISTRY ANALYZER

ALT 27

(10-47)

U/L

AST 45

(16-55)

U/L

TBILI 0.5

(0.2-1.6)

mg/dL

ALBUMIN 3.9

(3.3-5.5)

g/dL

PROTEIN TOTAL . . . 6.5

(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

=====

ROI 07-CID259-22684-5H6

Exhibit(s): 32 thru 35

Page(s): 153 thru 161

Referred to:

**Commander
U.S. Army Medical Command
Attn: FOIA Office, Stop 76
1216 Stanley Road 2D FL
Fort Sam Houston, Texas 78234-5049**

(b)(6)

DOVER PORT MORTUARY

MSD

(b)(6)

PAGE 02/05

Page 870

0189-07-CID259-22684

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)							
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom)			GRADE Grade		BRANCH OF SERVICE Arme		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
BTB Khazi, Hamid, Muhsin					Civilian		(b)(6)
ORGANIZATION Organisation			NATION (e.g. United States) Pays		DATE OF BIRTH Date de naissance		SEX Sexe
			Iraq				<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État civil		RELIGION Culte			
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> DIVORCED Divorcé		<input type="checkbox"/> PROTESTANT Protestant	
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> SEPARATED Séparé		<input checked="" type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif		<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	
NAME OF NEXT OF KIN Nom du plus proche parent				RELATIONSHIP TO DECEASED Rapport du décès 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 (Indiquer qu'une cause par ligne)						INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort						Multiple gunshot wounds	
ANTECEDENT CAUSES Symptômes précurseurs de la mort		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire					
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire					
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives							
MODE OF DEATH Cause du décès		AUTOPSY PERFORMED Autopsie effectuée				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort entourées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Non					
<input type="checkbox"/> ACCIDENT Mort accidentelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie					
<input type="checkbox"/> SUICIDE Suicide		NAME OF PATHOLOGIST Nom du médecin légiste					
<input checked="" type="checkbox"/> HOMICIDE Homicide		(b)(6)				DATE Date	
		(b)(6)				12 December 2007	
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année)				PLACE OF DEATH Lieu du décès			
(b)(6) 2007				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 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						Medical Examiner	
(b)(6)							
INSTALLATION OR ADDRESS Installation ou adresse							
Dover AFB, Dover DE							
DATE Date							
12/13/2007							
SIGNATURE Signature							
(b)(6)							

DD FORM 2064

REPLACES DA FORM 2064, 1 JAN 72 AND DA FORM 2064-ROPS, 26 SEP 78, WHICH ARE OBSOLETE.

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EXHIBIT

153



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

0189-07-CID259-22684

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence
(b)(6) 00

Name

BTB KHAZI, HAMID MUHSIN

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: December 20, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 12/8/2007

Date Received: 12/17/2007

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.

VOLATILES: 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:

Positive Ketamine: Ketamine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

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FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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EXHIBIT

37
154



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

0189-07-CID 259-22684

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONTINUED) ^{(b)(6)} **BTB**
KHAZI:

Positive Sympathomimetic amine: Ephedrine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. No ephedrine was detected in the blood at a limit of quantitation of 0.05 mg/L using gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

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EXHIBIT 33
155



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Khazi, Hamid Muhsin

ID#: (b)(6)

Date of Birth: (b)(6)

Date of Death: (b)(6) 2007

Date/Time of Autopsy: 12 DEC 2007@0900

Date of Report: 07 JAN 2008

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This detainee was reportedly mortally wounded by small arms fire after attacking a United States Army Soldier with a wooden board and attempting to grab the soldier's pistol.

Authorization for Autopsy: Armed Forces Medical Examiner, per 10 U.S. Code 1471

Identification: Presumptive identification is established by examining accompanying paper work.

CAUSE OF DEATH: Multiple gunshot wounds

MANNER OF DEATH: Homicide

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EXHIBIT

34

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and 156 DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

AUTOPSY REPORT (b)(6)
KHAZI, Hamid Muhsin

0189-07-CID259-22684

OPINION

This 30 to 40-year-old male, Hamid Muhsin Khazi, died of multiple gunshot wounds. There were four gunshot wounds of the torso and two gunshot wounds of the left forearm. No evidence of close range discharge of a firearm was identified on the clothing or skin surrounding any of the entrance wounds. It is my opinion that three of the four exit wounds on the back of the torso appear to be shored. The recovered evidence was turned over to Special Agent (b)(6) CID. The toxicology screen is positive for ketamine and ephedrine. Ketamine and ephedrine are commonly used medications and their detection is unrelated to the cause and manner of death. The manner of death is homicide.

(b)(6)

(b)(6)

MEDICAL EXAMINER

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 34 157-

FOR OFFICIAL USE ONLY

AUTHORIZED FOR LOCAL REPR

MEDICAL RECORD-ANESTHESIA				PROCEDURE		ITEM	START		
				(R) T ₁ L ₁ I & D		Anesthesia	0835		
DATE	OR NO.	PAGE OF	SURGEON(S)	(b)(6)		Procedure	0855		
07 DEC 2007	1	1							
PRE-PROCEDURE		MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUES		AIRWAY MANAGEMENT			
<input checked="" type="checkbox"/> Identified <input checked="" type="checkbox"/> ID Band <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Chart Review <input checked="" type="checkbox"/> NPO Since <u>MM</u> <input checked="" type="checkbox"/> Patient Signed Pre-anesthetic State: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Awake <input type="checkbox"/> Apprehensive <input type="checkbox"/> Uncooperative <input type="checkbox"/> Asleep <input type="checkbox"/> Confused <input type="checkbox"/> Unresponsive		<input type="checkbox"/> Steth <input type="checkbox"/> ECG <input type="checkbox"/> Pre-ECG <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive BP <input type="checkbox"/> Nerve Stimulator <input type="checkbox"/> Continuous EKG <input type="checkbox"/> V-Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Analyzer <input type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Resp Gas Analyzer <input type="checkbox"/> Temp <u>Avgil</u> <input type="checkbox"/> EEG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> Foley Catheter <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Art Line <input type="checkbox"/> CVP <input type="checkbox"/> PA Line <input type="checkbox"/> IV(s)		Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Brachial <input type="checkbox"/> Bier Block <input type="checkbox"/> Axile Bk <input type="checkbox"/> M.A.C. General: <input checked="" type="checkbox"/> Iso-O ₂ <input type="checkbox"/> LTA <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Position <input type="checkbox"/> Local <input type="checkbox"/> P ₁ <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Attempts: <input type="checkbox"/> Dose <input type="checkbox"/> Site <input type="checkbox"/> Catheter <input type="checkbox"/> See Remarks		<input type="checkbox"/> Intubation <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct Vision <input type="checkbox"/> Videolary <input type="checkbox"/> Blind <input type="checkbox"/> Diff. sed. Arms <input type="checkbox"/> Fiber Opt <input type="checkbox"/> Stent <input type="checkbox"/> Attempts: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> Tube size <input type="checkbox"/> Endotracheal <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> NS <input type="checkbox"/> Uncuffed, leaks at <input type="checkbox"/> cm H ₂ O <input type="checkbox"/> Secured at <input type="checkbox"/> CO ₂ Present <input type="checkbox"/> Breath Sounds <input type="checkbox"/> Circuity <input type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O ₂ Mask		Time: <u>0835</u> <u>0900</u> <u>0930</u> <u>1000</u> <u>1030</u> <input type="checkbox"/> Awake <input type="checkbox"/> Spont. Resp. <input type="checkbox"/> Ventilator <input type="checkbox"/> Stable <input type="checkbox"/> Emubated <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated CONTROLLED DRUG Drug Used Dose	
PATIENT SAFETY									
<input checked="" type="checkbox"/> Anes. Machine <input checked="" type="checkbox"/> Checked <input checked="" type="checkbox"/> Safety Belt On <input checked="" type="checkbox"/> Axillary Roll <input checked="" type="checkbox"/> Arm Restraints <input type="checkbox"/> Arms Tucked <input checked="" type="checkbox"/> Pressure points checked and padded <input checked="" type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles									
TIME:									
AGENTS									
<input type="checkbox"/> Hal <input type="checkbox"/> Ent <input type="checkbox"/> Iso (%) <input type="checkbox"/> N ₂ O <input type="checkbox"/> Air (L/min) Oxygen (L/min) <u>7-24-1-7</u> Ketamine (mg) <u>50</u> Propofol (mg) <u><200></u> Fentanyl (mcg) <u><100></u> () N ₂ (ml/min) <u>30-40</u>									
FLUIDS									
Urine (ml) <u>NO</u> EBL (ml) <u>MIN</u>									
MONITORS									
EKG <u>SR SR SR</u> % O ₂ Inspired (FiO ₂) <u>1.0 1.0 1.0</u> O ₂ Saturation (SaO ₂) <u>100 100 100</u> End Tidal CO ₂ <u>56 54 51</u> Temp: <input type="checkbox"/> C <input type="checkbox"/> F <u>Avgil</u>									
VITAL SIGNS									
Baseline Values 153 / 87 BP 85 P 20 R									
VERB									
Tidal Vol. (ml) <u>320 420 420</u> Resp. Rate <u>20 16 14</u> Peak Pres. (cm H ₂ O) <u>- - -</u> PEEP (cm H ₂ O) <u>3 3 3</u> Symbols for Remarks <u>0 0 0</u> Position <u>(u) / (d) / (b)</u>									
ANESTHESIA PROVIDER(S) (b)(6)				REMARKS					
PATIENT'S IDENTIFICATION (For typed or written entries give: Name-last, first, middle; ID No. (SSN or other); hospital or medical facility.)									

(b)(6)

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (1)
Prescribed by GSA/ICMR
FPMR 158(R) 101-11.2

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EXHIBIT 35

LAW ENFORCEMENT SENSITIVE

ACLU DD II CID ROI 4987

MEDICAL RECORD-ANESTHESIA				PROCEDURE		ITEM	START	END																
				(R) Thyh JLD, WVA.		Anesthesia	11:00																	
DATE	OR NO.	PAGE OF	SURGEON(S)	(b)(6)		Procedure	1514	1:021																
20071204	1	1				#4 LMA																		
PRE-PROCEDURE		MONITORS AND EQUIPMENT		ANESTHETIC TECHNIQUES		AIRWAY MANAGEMENT		RECOVERY ROOM																
<input checked="" type="checkbox"/> Identified <input type="checkbox"/> ID Band <input type="checkbox"/> Outwashing <input checked="" type="checkbox"/> Chart Review <input type="checkbox"/> Patient Signed <input checked="" type="checkbox"/> NPO Since _____ Pre-anesthetic State: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Asleep <input type="checkbox"/> Apprehensive <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input type="checkbox"/> Unresponsive		<input type="checkbox"/> Spleth <input type="checkbox"/> Esoph <input type="checkbox"/> Pre-oxd <input type="checkbox"/> Other <input type="checkbox"/> Non-Invasive B/P <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> Continuous EKG <input type="checkbox"/> V-Lead EKG <input checked="" type="checkbox"/> Pulse Oximeter <input checked="" type="checkbox"/> Oxygen Analyzer <input type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Resp Gas Analyzer <input type="checkbox"/> Temp _____ <input type="checkbox"/> EEG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> _____ <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter		Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudoth <input type="checkbox"/> Brachial <input type="checkbox"/> Bier Block <input type="checkbox"/> Arterial Blk <input type="checkbox"/> M.A.C. General: <input checked="" type="checkbox"/> Pre-O ₂ <input type="checkbox"/> E.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Position <input type="checkbox"/> Prep _____ <input type="checkbox"/> Local <input type="checkbox"/> Needle _____ <input type="checkbox"/> Drug(s) _____ <input type="checkbox"/> Dose _____ <input type="checkbox"/> Attempts: _____ <input type="checkbox"/> Site _____ <input type="checkbox"/> Level _____ <input type="checkbox"/> Catheter _____ <input type="checkbox"/> See Remarks		<input type="checkbox"/> Intubation <input checked="" type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct Vision <input type="checkbox"/> Magill's <input type="checkbox"/> Blind <input type="checkbox"/> Oil sea Arms <input type="checkbox"/> Fiber Op <input type="checkbox"/> Sigmoid <input type="checkbox"/> Abdom x _____ <input type="checkbox"/> Glaze <input type="checkbox"/> Tube size _____ <input type="checkbox"/> Endotracheal <input type="checkbox"/> Regular <input checked="" type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input checked="" type="checkbox"/> Cuffed <input checked="" type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> N ₂ <input type="checkbox"/> Uncuffed, leaks at _____ cm H ₂ O <input type="checkbox"/> Secured at _____ <input checked="" type="checkbox"/> ET CO ₂ Present <input type="checkbox"/> Breath Sounds _____ <input checked="" type="checkbox"/> Circuit <input checked="" type="checkbox"/> Circle <input checked="" type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O ₂ Mask		Time: 18:70 <input type="checkbox"/> BP _____ <input checked="" type="checkbox"/> PACU 128 <input type="checkbox"/> 119 <input type="checkbox"/> 95 <input checked="" type="checkbox"/> ICU/LSD <input checked="" type="checkbox"/> Awake <input checked="" type="checkbox"/> Spont Resp <input type="checkbox"/> Oral Airway <input type="checkbox"/> Asleep <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasal Air <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Embricated <input type="checkbox"/> Face Shield <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated <input type="checkbox"/> T-Piece C																
PATIENT SAFETY								CONTROLLED DRUGS																
<input checked="" type="checkbox"/> Anes. Machine: _____ Checked <input checked="" type="checkbox"/> Safety Belt On <input type="checkbox"/> Auxiliary Roll <input checked="" type="checkbox"/> Arm Restraints <input type="checkbox"/> Arms Tucked <input checked="" type="checkbox"/> Pressure points checked and padded <input checked="" type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles								<table border="1"> <thead> <tr> <th>Drug</th> <th>Used</th> <th>Destroyed</th> <th>Rem.</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Drug	Used	Destroyed	Rem.												
Drug	Used	Destroyed	Rem.																					
								Provider _____ Witness _____																

TIME:		10 ⁰⁰		10 ³⁰		TOTALS
AGENTS	<input type="checkbox"/> Hal <input type="checkbox"/> Ent <input type="checkbox"/> Iso (%)	8-2+1.5%				
	<input type="checkbox"/> N ₂ O <input type="checkbox"/> S ₂ O ₆ (L/min)					
	Oxygen (L/min)	3-1-0.8				
	()					
FLUIDS	Fentanyl (mg)	50				F 50
	Morphine (mg)	9				M 9
	Widomax (ml)	50				P 200
	Ropivacaine (ml)	200				
THERMISTORS	LR (mm)	✓ ✓ 500				
	Urine (ml)					
	EBL (ml)					
	EKG	NS NS				
MONITORS	% O ₂ Inspired (FIO ₂)	10				
	O ₂ Saturation (SaO ₂)	100 100 100				
	End Tidal CO ₂	42				
	Temp: <input type="checkbox"/> °C <input type="checkbox"/> °F					
VITAL SIGNS	Baseline Values					
	B/P	140/90 120/70 110/60				
	P	80 70 60				
	R	20 20 20				
VENT	Tidal Vol. (ml)	340 350				
	Resp. Rate	20 20				
	Peak Pres. (cm H ₂ O)	— —				
	PEEP (cm H ₂ O)	— —				
Symbols for Remarks						
Position						

ANESTHESIA PROVIDER(S) (b)(6)

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

REMARKS	#42nd yr east
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INFORM

ANESTHESIA
Medical Record
OPTIONAL FORM 517 (7-95)
Prescribed by GSA/ICMR,
FPMR (41 CFR) 101-11.203(b)(1)

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 35 159

10-L-0126 ACLU DD II CID ROI 4988

MEDICAL RECORD-ANESTHESIA

PROCEDURE

② LE IAD, WVA.

DATE 2007/12/31 OR NO. 1 PAGE 1 OF 1 SURGEON(S) (b)(6)

ITEM	START	STOP
Anesthesia	10:30	10:45
Procedure	10:14	10:22

PRE-PROCEDURE	MONITORS AND EQUIPMENT	ANESTHETIC TECHNIQUES	AIRWAY MANAGEMENT	RECOVERY ROOM
<input checked="" type="checkbox"/> Identified <input type="checkbox"/> ID Band <input type="checkbox"/> Questioning <input checked="" type="checkbox"/> Chart Review <input type="checkbox"/> Patient Signed <input checked="" type="checkbox"/> NPO Since <u>MN</u> Pre-anesthetic State: <input checked="" type="checkbox"/> Calm <input type="checkbox"/> Anxious <input type="checkbox"/> Awake <input type="checkbox"/> Asleep <input type="checkbox"/> Apprehensive <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input type="checkbox"/> Unresponsive	<input type="checkbox"/> Steth <input type="checkbox"/> Esoph <input type="checkbox"/> Precord <input type="checkbox"/> Other <input type="checkbox"/> Non-invasive B/P <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Analyzer <input checked="" type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Resp Gas Analyzer <input type="checkbox"/> Temp <input type="checkbox"/> EEG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter	Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Brachial <input type="checkbox"/> Bier Block <input type="checkbox"/> Axile Bk <input type="checkbox"/> M.A.C. General: <input checked="" type="checkbox"/> Pre-O ₂ <input type="checkbox"/> L.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input checked="" type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Position <input type="checkbox"/> Local <input type="checkbox"/> Prep <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Attempts: <u>1</u> <input type="checkbox"/> Dose <input type="checkbox"/> Level <input type="checkbox"/> Syringe <input type="checkbox"/> Catheter <input type="checkbox"/> See Remarks	<input type="checkbox"/> Intubation <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct Vision <input type="checkbox"/> Magill's <input type="checkbox"/> Blind <input type="checkbox"/> Oil, see Pines <input type="checkbox"/> Fiber Opt <input type="checkbox"/> Sengst <input type="checkbox"/> Attempts: <u>1</u> <input type="checkbox"/> Blade <input type="checkbox"/> Tube size <input type="checkbox"/> Endotracheal <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input checked="" type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> NS <input type="checkbox"/> Uncuffed, leaks at <u>cm</u> H ₂ O <input type="checkbox"/> Secured at <input type="checkbox"/> ET CO ₂ Present <input type="checkbox"/> Breath Sounds <input checked="" type="checkbox"/> Circuit: <input checked="" type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway: <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O ₂ Mask	Time: <u>10:30</u> <u>10:32</u> <u>11:30</u> <input type="checkbox"/> ACU <input type="checkbox"/> LSO <u>68</u> <u>U</u> <u>9</u> <input type="checkbox"/> Awake <input type="checkbox"/> Spont Resp <input type="checkbox"/> Oral Air <input type="checkbox"/> Asleep <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasal Air <input type="checkbox"/> Stable <input type="checkbox"/> Extubated <input type="checkbox"/> Face Sh <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated <input type="checkbox"/> T-Place

AGENTS	FLUIDS	LABORERS	VITAL SIGNS	VENT	TOTALS	SYMBOLS	
Ent (mg) <u>3-15</u> <u>1.5</u> O ₂ (Umin) <u>8-1</u> <u>0.8</u> Ent (mg) <u>50</u> <u>50</u> <u>25</u> Lidocaine (mg) <u>50</u> Propofol (mg) <u>200</u> Morphine (mg) <u>4</u>	CR - <u>200</u>	Urine (ml) EBL (ml)	EKG <u>NC</u> <u>NC</u> <u>NS</u> % O ₂ Inspired (FiO ₂) <u>1.0</u> <u>1.00</u> <u>1.00</u> O ₂ Saturation (SaO ₂) <u>100</u> <u>100</u> <u>100</u> End Tidal CO ₂ <u>50</u> <u>51</u> <u>48</u> Temp: <input type="checkbox"/> °C <input type="checkbox"/> °F	Baseline Values B/P P R	Tidal Vol. (ml) <u>260</u> <u>270</u> <u>400</u> Resp. Rate <u>20</u> <u>19</u> <u>15</u> Peak Pres. (cm H ₂ O) <u>-</u> <u>-</u> <u>-</u> PEEP (cm H ₂ O) <u>-</u> <u>-</u> <u>-</u>	Symbols for Remarks Position <u>Supine Left</u>	X ANESTHESIA O OPERATION V B/P/CUFF PRESSURE T ARTERIAL LINE PRESSURE Δ MEAN ARTERIAL PRESSURE ● PULSE O SPONTANEOUS RESP ⊕ ASSISTED RESP ⊗ CONTROLLED RESP T TOURNET

ANESTHESIA PROVIDER(S) (b)(6)

REMARKS 15 LMA. W/ ease

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

(b)(6)

WVA.

ANESTHESIA

Medical Record

OPTIONAL FORM 517 (7-95)

Prescribed by GSA/ICMR.

FPMR (41 CFR) 101-11.203(b)(1)

FOR OFFICIAL USE ONLY

EXHIBIT 35160

LAW ENFORCEMENT SENSITIVE

10-L-0126 ACLU DD-II CID ROI 4989

MEDICAL RECORD-ANESTHESIA

PROCEDURE

② Thigh I & O WV placed

DATE 2007/11/29 OR NO. 1 PAGE 1 OF 1 SURGEON(S) (b)(6)

ITEM Anesthesia 1033 1118
Procedure 1048 1105

PRE-PROCEDURE <input checked="" type="checkbox"/> Identified <input type="checkbox"/> ID Band <input type="checkbox"/> Outlining <input checked="" type="checkbox"/> Chart Review <input type="checkbox"/> Patient Signed <input checked="" type="checkbox"/> NPO Since 1200 Pre-anesthetic State: <input checked="" type="checkbox"/> Awake <input type="checkbox"/> Asleep <input type="checkbox"/> Apprehensive <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input type="checkbox"/> Unresponsive	MONITORS AND EQUIPMENT <input checked="" type="checkbox"/> Steth <input type="checkbox"/> Esoph <input type="checkbox"/> Precord <input type="checkbox"/> Othor <input checked="" type="checkbox"/> Non-Invasive B/P <input type="checkbox"/> Nerve Stimulator <input checked="" type="checkbox"/> Continuous EKG <input type="checkbox"/> V Lead EKG <input checked="" type="checkbox"/> Pulse Oximeter <input type="checkbox"/> Oxygen Analyzer <input checked="" type="checkbox"/> End Tidal CO ₂ <input type="checkbox"/> Resp Gas Analyzer <input type="checkbox"/> Temp <input type="checkbox"/> EEG <input type="checkbox"/> Warming Blanket <input type="checkbox"/> Fluid Warmer <input type="checkbox"/> Airway Humidifier <input type="checkbox"/> NG/OG Tube <input type="checkbox"/> Foley Catheter <input type="checkbox"/> Art Line <input type="checkbox"/> CVP <input type="checkbox"/> PA Line <input type="checkbox"/> IV(s) P/E	ANESTHETIC TECHNIQUES Method: <input checked="" type="checkbox"/> General <input type="checkbox"/> Spinal <input type="checkbox"/> Epidural <input type="checkbox"/> Caudal <input type="checkbox"/> Brachial <input type="checkbox"/> Bier Block <input type="checkbox"/> Ankle Blk <input type="checkbox"/> M.A.C. General: <input checked="" type="checkbox"/> Pre-O ₂ <input type="checkbox"/> L.T.A. <input type="checkbox"/> Rapid Sequence <input type="checkbox"/> Cricoid Pressure <input type="checkbox"/> Intravenous <input type="checkbox"/> Inhalation <input type="checkbox"/> Intramuscular <input type="checkbox"/> Rectal Regional: <input type="checkbox"/> Position <input type="checkbox"/> Prep <input type="checkbox"/> Local <input type="checkbox"/> Needle <input type="checkbox"/> Drug(s) <input type="checkbox"/> Dose <input type="checkbox"/> Attempt(s) <input type="checkbox"/> Site <input type="checkbox"/> Level <input type="checkbox"/> Catheter <input type="checkbox"/> See Remarks	AIRWAY MANAGEMENT <input type="checkbox"/> Intubation <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Direct Vision <input type="checkbox"/> Magill's <input type="checkbox"/> Blind <input type="checkbox"/> OIL seal Press <input type="checkbox"/> Fiber Op <input type="checkbox"/> Stylet <input type="checkbox"/> Attempts: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Tube size <input type="checkbox"/> Endotracheal <input type="checkbox"/> Regular <input type="checkbox"/> RAE <input type="checkbox"/> Armored <input type="checkbox"/> Laser <input checked="" type="checkbox"/> Cuffed <input type="checkbox"/> Min. occ. pres. <input type="checkbox"/> Air <input type="checkbox"/> NS <input type="checkbox"/> Uncuffed, leaks at <input type="checkbox"/> cm H ₂ O <input type="checkbox"/> Secured at <input type="checkbox"/> ET CO ₂ Present <input type="checkbox"/> Breath Sounds <input checked="" type="checkbox"/> Circuit: <input checked="" type="checkbox"/> Circle <input type="checkbox"/> Non-rebreathing <input type="checkbox"/> Airway <input type="checkbox"/> Oral <input type="checkbox"/> Nasal <input type="checkbox"/> Natural <input type="checkbox"/> Mask Case <input type="checkbox"/> Via Tracheostomy <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Simple O ₂ Mask	RECOVERY ROOM 1008 153/92 O ₂ Sat 100% PACU 89 13 98.1 ICU <input type="checkbox"/> L&D <input type="checkbox"/> <input checked="" type="checkbox"/> Awake <input type="checkbox"/> Spont Resp <input type="checkbox"/> Oral Airway <input type="checkbox"/> Asleep <input type="checkbox"/> Ventilator <input type="checkbox"/> Nasal Airway <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Extubated <input type="checkbox"/> Face Shield O ₂ <input type="checkbox"/> Unstable <input type="checkbox"/> Intubated <input type="checkbox"/> T-Piece O ₂
PATIENT SAFETY <input checked="" type="checkbox"/> Anes. Machine # <input type="checkbox"/> Checked <input checked="" type="checkbox"/> Safety Belt On <input type="checkbox"/> Axillary Roll <input checked="" type="checkbox"/> Arm Restraints <input type="checkbox"/> Arms Tucked <input checked="" type="checkbox"/> Pressure points checked and padded <input checked="" type="checkbox"/> Eye Care: <input type="checkbox"/> Ointment <input type="checkbox"/> Saline <input checked="" type="checkbox"/> Taped <input type="checkbox"/> Pads <input type="checkbox"/> Goggles				
CONTROLLED DRUGS Drug Used Destroyed Returned Provider Witness				

TIME: ISO 1030 1130 1130

AGENTS	Endo-Temp (°C)	38.1	38.1	38.1																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																											
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