DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Camp Bucca CID Office
CAMP BUCCA CID OFFICE, 3D MILITARY POLICE GROUP (CID), Camp Bucca, Umm Qasr, Iraq, APO AE, Iraq

22 Jul 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0017-2007-CID579-24069 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:
1. 04 APR 2007, 0001 - 04 APR 2007, 0533; CARAVAN 2, COMPOUND 12B, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, APO AE 09375, IRAQ

DATE/TIME REPORTED: 09 APR 2007, 1620

INVESTIGATED BY:
SA (b)(6),(b)(7)(C),(b)(7)(F)
SA

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

VICTIM:
1. MAHMUD, KARWAN MUHAMMAD ALI (DECEASED); CIV; IRAQ; 2 OCT 1980; KIRKUK, IRAQ; MALE; ASIAN/PACIFIC ISLAND; INTERNMENT SERIAL NUMBER (b)(6), (b)(7)(C) BUILDING 2, COMPOUND 12 B, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, APO AE, IZ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

"This is an Operation Iraqi Freedom Investigation"

ACLU DDII CID ROI 25188

ACLU-RDI 5544 p.1

000001

This office was notified by SA (b)(6), (b)(7)(C) 86th Military Police Detachment (CID), Camp Cropper, Iraq, that Detainee Karwan Muhammad Ali MAHMUD, Internment Serial Number (b)(6), (b)(7)(C) who was formerly assigned to the Theater Internment Facility (TIF), Camp Bucca, Iraq (CBI), had died.

Investigation determined that on 4 Apr 07, Detainee MAHMUD was brought to the guard shack by other detainees who reported they found him unconscious and unresponsive. Detainee MAHMUD was subsequently transported to the TIF Hospital where he was stabilized and placed on a ventilator. There were no physical signs of trauma. On 7 Apr 07, Detainee MAHMUD was transferred to the International Zone Hospital to complete a compassionate release due to the belief he was expected to die from his condition.

On 8 Apr 07, medical personnel determined Detainee MAHMUD's injuries offered him little to no chance of recovery, and it was determined he would be removed from life support. At 1720, 8 Apr 07, Detainee MAHMUD was removed from life support. At 1725, 8 Apr 07, Dr. (LTC) (b)(6), (b)(7)(C) International Zone Hospital, Baghdad, pronounced Detainee MAHMUD dead.

An autopsy conducted determined the cause of death to be left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis and the manner of death to be natural causes. The results of our investigation are consistent with that opinion.

STATUTES:

Not Applicable.

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 14 May 07.
2. Personal Data Report of Detainee MAHMUD, 9 Apr 07.
3. Photographic Packet (Death Scene).

ACLU DDII CID ROI 25189

4. CD containing original images associated with Exhibit 3. (USACRC, USACIDC, and File copy only)

5. Death scene sketch, prepared by SA (b)(6), (b)(7)(C) 10 Apr 07.

6. Sworn Statement of SSGT (b)(6), (b)(7)(C) 4 Apr 07.

7. Sworn Statement of A1C (b)(6), (b)(7)(C) 4 Apr 07.

8. Sworn Statement of SSGT (b)(6), (b)(7)(C) 10 Apr 07.

9. Sworn Statement of TSGT (b)(6), (b)(7)(C) 11 Apr 07.

10. Canvass Interview Worksheet, 11 Apr 07.

11. Sworn Statement of SPC (b)(6), (b)(7)(C) 11 Apr 07.

12. Sworn Statement of SPC (b)(6), (b)(7)(C) 11 Apr 07.

13. Canvass Interview Worksheet, 16 Apr 07.

14. Canvass Interview Worksheet, 23 Apr 07.

15. Canvass Interview Worksheet, 1 May 07.

16. Hospital Report of Death, medical records, various dates, pertaining to Detainee MAHMUD.

17. Canvass Interview Worksheet, 14 May 07.

18. AIR of SA (b)(6), (b)(7)(C) International Zone CID Office, 10 Apr 07.

19. Hospital Report of Death, medical records, various dates, pertaining to Detainee MAHMUD.

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20. Photographic Packet (Detainee MAHMUD). (USACRC, USACIDC, and File copy only)

21. AIR of SA (b)(6), (b)(7)(C) Aberdeen Proving Ground Resident Agency, 17 Apr 07.

22. Photographic Packet (Autopsy). (USACRC, USACIDC, and File copy only)

23. Preliminary Autopsy Report, ME07-0425, 16 Apr 07, pertaining to Detainee MAHMUD.

24. AIR of SA (b)(6), (b)(7)(C) 11 Jul 07.

25. Final Autopsy Examination Report, #ME07-0425, 19 Jun 07, pertaining to Detainee MAHMUD.

26. Toxicology Report, #072437, 23 Apr 07, pertaining to Detainee MAHMUD

27. Certificate of Death, 21 Jun 07, pertaining to Detainee MAHMUD.

Not Attached:

None.

The original of Exhibits 1, 3 - 15, 17, 18, 20 - 22, and 24 are attached to the USACRC copy of this report. The original of Exhibit 2 is retained in the TIF Operations Center, Camp Bucca. The original of Exhibit 16 is retained in the files of the Patient Administration Division (PAD), TIF Hopsital, Camp Bucca. The original of Exhibit 19 is retained in the files of the Patient Administration Division (PAD), International Zone Hospital, Baghdad. The original of Exhibits 23, and 25 - 27 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD.

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

ACLU DDII CID ROI 25191

Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:
1-Dir, USACRC, Ft Belvoir, VA
1-Commander, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Ft Belvoir, VA 22060
1-22nd MP BN (CID)(OPERATIONS)
1-280th MP DETACHMENT (CID), ARIFJAN, KUWAIT
1-31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375
1-CDR, 3D MP GROUP (CID)(OPERATIONS)
1-COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375
1-DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375
1-Forensic Science Officer
1-CAMP BUCCA CID OFFICE, 280th MP DET (CID), UMM QASR, IRAQ, APO AE 09375
1-STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375
1-DIR AFIP AFME WASH, DC
1-AFIP DOVER OAFME
1-COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375
1-FILE

ACLU DDII CID ROI 25192

AGENT'S INVESTIGATION REPORT *CID Regulation 195-1* ***For Official Use Only-Law Enforcement Sensitive***	ROI NUMBER 0017-07-CID579-24069 PAGE 1 OF 3 PAGES

BASIS FOR INVESTIGATION: On 9 Apr 07, this office was notified by SA (b)(6), (b)(7)(C) 86th Military Police Detachment (CID), Camp Cropper, Iraq, that Detainee Karwan Muhammad Ali MAHMUD, Internment Serial Number (b)(6), (b)(7)(C) who was formerly assigned to the Theater Internment Facility (TIF), Camp Bucca, Iraq (CBI), had died.

About 1730, 9 Apr 07, SA (b)(6), (b)(7)(C) collected Biometric Automated Toolset (BATS) printout pertaining to Detainee MAHMUD from CPO (b)(6), (b)(7)(C) Military Police Investigations (MPI), TIF, CBI, APO AE 09375. (See Personal Data Report for details)

DEATH SCENE (Verification) EXAMINATION: Between 0830 and 0900, 10 Apr 07, SA (b)(6), (b)(7)(C) conducted a death scene verification examination of Building 2, Compound 12B, TIF, CBI.

CHARACTERISTICS OF THE SCENE: Building 2 is a concrete, metal, and wood type construction building located on the west side of Compound 12B and is one of two buildings located in Compound 12B. Building 2 is a one story building, approximately 20 feet wide and 60 feet long, and was used as a living area for numerous detainees. There were two main Entry/Exit ways (E/E) to the building. One E/E was centered in the east wall and one E/E was centered on the West wall of the building. Building 2 is located due east of Building 1. Compound 12B was enclosed by a chain link type cyclone fence and concertina wire.

CONDITIONS OF THE SCENE: Compound 12B appeared to be lived in. The compound had two caravans; Building 1 is located in the West portion of the compound and Building 2 in the East, with both buildings centered within the compound. There were several detainees outside the caravans either walking around or sitting in groups.

ENVIRONMENTAL CONDITIONS: At the time of the death scene examination, the outside temperature was approximately 95 degrees Fahrenheit with overcast skies.

FACTORS PERTINENT TO ENTRY/EXIT: Access to the building could be gained through the east E/E and the west E/E. Access to Compound 12B could be gained through a gate (sally port) on the north side of the compound. The entire compound was enclosed with a chain link type cyclone fence and concertina wire.

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

COLLECTION OF EVIDENCE: No evidence was collected.

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	280th MP Detachment(CID), Camp Bucca, APO AE 09375	
(b)(6), (b)(7)(C)	DATE 14 May 07	EXHIBIT

ACLU DDII CID ROI 25193

AGENT'S COMMENTS: About 0830, 10 Apr 06, SA (b)(6), (b)(7)(C) attempted to prepare a complete death scene examination of Compound 12B, TIF, Camp Bucca; however, because of a lack of security within the TIF compounds, a death scene examination was not able to be thoroughly completed. Security forces infrequently enter the compound, and much of the daily happenings rest with the detainee leadership. A security force of adequate size was not able to provide security; therefore, all documentation was completed from the entry control point (ECP) and the observation towers of Compound 12B.

About 1230, 10 Apr 07, SA (b)(6), (b)(7)(C) interviewed Dr (CPT) (b)(6), (b)(7)(C) Attending Physician, 705th Military Police Battalion, Camp Bucca, IZ. Dr. (b)(6), (b)(7)(C) stated Detainee MAHMUD came into the TIF emergency room (ER) unconscious and unresponsive with cardiopulmonary pulmonary resuscitation (CPR) being administered. Detainee MAHMUD was stabilized, placed on a ventilator, and sedated for observation. Dr. (b)(6), (b)(7)(C) stated there were no indications of physical trauma noted.

About 1000, 11 Apr 07, SA (b)(6), (b)(7)(C) collected sworn statements from CPO (b)(6), (b)(7)(C) MPI, TIF, CBI, who obtained statements from the guards at Compound 12B relating to their actions and observations when Detainee MAHMUD was brought to the front of the compound. (See Sworn Statements for details)

About 1030, 11 Apr 07, SA (b)(6), (b)(7)(C) conducted canvass interviews of the detainees in Compound 12B who related they attempted to wake Detainee MAHMUD for morning prayer time but he was unresponsive. Detainee MAHMUD was laying on his back with his forearms in a perpendicular position to the rest of his body. His hands were in tight fists and his face was distorted due to squinting of the eyes and smirking of the mouth. He was also making sounds as if he was attempting to catch his breath. These detainees lived with Detainee MAHMUD in Building 2, Compound 12A. According to the other detainees, Detainee MAHMUD was a good person and he did not have any enemies in the compound. It was also reported that they had been playing soccer during the previous evening. It was further related the detainees who carried Detainee MAHMUD to the gate also sleep in the same area of Building 2, Compound 12B. (See Canvass Interview Worksheet for details)

About 1745, 11 Apr 07, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) Medic, 21st Combat Support Hospital (CSH), TIF Hospital, CBI, who provided a sworn statement detailing his actions upon arrival at Compound 12B to render assistance to Detainee MAHMUD. (See Sworn Statement for details)

About 1940, 11 Apr 07, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) Medic, 3rd Battalion, 160th Infantry, TIF Hospital, CBI, who provided a sworn statement detailing his actions upon arrival at Compound 12B to render assistance to Detainee MAHMUD. (See Sworn Statement for details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA (b)(6),(b)(7)(C),(b)(7)(F)	280th MP Detachment(CID), Camp Bucca, APO AE 09375
(b)(6), (b)(7)(C)	DATE: 14 May 07 / EXHIBIT:

ACLU DDII CID ROI 25194

About 0900, 13 Apr 07, SA (b)(6), (b)(7)(C) interviewed SGT (b)(6), (b)(7)(C) Medic, 705th Military Police Battalion, TIF Hospital, CBI, who related he did not respond to Compound 12B, but he was part of the medical team working in the TIF Hospital Emergency Room (ER).

About 1300, 16 Apr 07, SA (b)(6), (b)(7)(C) conducted canvass interviews of detainees assigned to Compound 12B, CBI. The detainees related they did not know Detainee MAHMUD very well and they were unaware of anyone having any kind of a disagreement with him. The detainees were also unaware of any illness Detainee MAHMUD may have had. (See Canvass Interview Worksheet for details)

About 1000, 23 Apr 07, SA (b)(6), (b)(7)(C) Camp Buehring CID Office, and Mr. (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Category Two Linguist, L-3, Titan, conducted canvass interviews of detainees assigned to Compound 12B, CBI. The detainees related they did not know Detainee MAHMUD very well and they were unaware of anyone having any kind of a disagreement with him. The detainees were also unaware of any illness Detainee MAHMUD may have had. (See Canvass Interview Worksheet for details)

About 1015, 1 May 07, SA (b)(6), (b)(7)(C) and Mr (b)(6), (b)(7)(C) conducted canvass interviews of detainees assigned to Compound 12B, CBI. The detainees related they did not know Detainee MAHMUD very well and they were unaware of anyone having any kind of a disagreement with him. The detainees were unaware of any illness Detainee MAHMUD may have had. (See Canvass Interview Worksheet for details)

About 1100, 7 May 07, SA (b)(6), (b)(7)(C) obtained the medical records of Detainee MAHMUD from the Patient Administration Division (PAD), Camp Cropper Hospital. A review of the medical records revealed they contained the Hospital Report of Death, and all medical records. (See Hospital Report of Death Records for details)

About 1515, 14 May 07, SA (b)(6), (b)(7)(C) and Mr (b)(6), (b)(7)(C) conducted canvass interviews of detainees assigned to Compound 12B, CBI. The detainees related they did not know Detainee MAHMUD very well and they were unaware of anyone having any kind of a disagreement with him. The detainees were unaware of any illness Detainee MAHMUD may have had. (See Canvass Interview Worksheet for details)

//LAST ENTRY//

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA (b)(6),(b)(7)(C),(b)(7)(F)	280th MP Detachment(CID), Camp Bucca, APO AE 09375
(b)(6), (b)(7)(C)	DATE: 14 May 07 / EXHIBIT:

ACLU DDII CID ROI 25195

FOUO

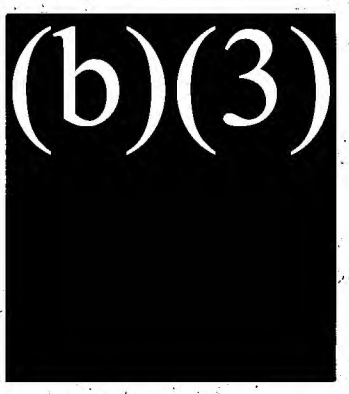
0017 07 CID 579 24069

LAW ENFORCEMENT SENSITIVE

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH



ON ALERT? YES

CAPTURE

Dossier:	{AF87CBC7-40E3-44AB-9945-828DE535668A}
Enroll Date:	10/1/2005 7:54:15 AM
Enrollment Station:	IRQ:IHA:Proccessing:Abu Ghrab
Person Type:	
Title:	MR
Name (F,M,L,T):	KARWAN MUHAMMAD ALI MAHMUD AL ALI ()
Full Name:	
Native Full Name:	
WMD Category:	
Operational Status:	
Occupation:	
National ID #:	(b)(6), (b)(7)(C)
Gender:	MALE
Race:	ASIAN
Hair Color:	BLACK
Eye Color:	BROWN
Build:	SMALL/SLENDER
Height (in):	Min: 64 Max:
Weight (lb):	Min: 119 Max:

PERSONAL DATA

Birthdate:	02OCT1980
Death Date:	
Religion:	ISLAM-SUNNI
Primary Nationality:	IRAQ
2nd Nationality:	
Ethnicity:	ARAB
Marital Status:	MARRIED
Personnel Status:	UNKNOWN

WATCH LIST

ALIASES

FOUO

0017 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

Alias (F,M,L,T): SARDAR MUHAMMED AHMAD AL-MAHMOUD

AKA Full Name:

Nickname:

Comments: BIRTH NAME, BEFORE HE CHANGED IT.

PLACE OF BIRTH

Birthplace: , KIRKUK, At Tamim, IRAQ

ID NUMBERS

ID Number Type	ID Number
CAPTURE TAG	170905-09
ISN	(b)(6), (b)(7)(C)
CAP TAG	210706-11

CAPTURE INFORMATION

Evacuation Date:
MP Number:
Capture Date: 200700ZJUL2006
Capture Unit: USSF
Place: IRAQ, Ninawa, Ninawa, Mosul, 38SLF3117122748
Documents:
Circumstances:
Weapons/Equip:

Evacuation Date:
MP Number:
Capture Date: 190900ZSEP2005
Capture Unit: TF NAMA
Place: IRAQ, BAGHDAD, BAGHDAD, BAGHDAD,
Documents:
Circumstances: MB 475 897/TERRORISM/ACF/AIF
Weapons/Equip:

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification	U.S. Relationship Status	DoD Relationship Status

PASSPORT INFORMATION

Type	Number	Issue Date	Expiration Date	Country	Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
ARABIC, MODERN STANDARD	GENERAL PROFESSIONAL PROFICIENCY	UNK

FOUO

ACLU DDII CID ROI 25197

EXHIBIT 2

FOUO

Comments: SPEAKS KURDISH AS PRIMARY LANGUAGE.

ADDRESSES

LAW ENFORCEMENT SENSITIVE

0017 07 CID579 24069

To: PRESENT

From: IRAQ
BAGHDAD , , , ,

Comments:

EMPLOYMENT HISTORY

- PRESENT; ; ; BUYS CLOTHES TO SELL ON MARKET; ; ; ; ; ; ;

MILITARY SERVICE HISTORY

- PRESENT; ; ; ; ; ; ; ; ; ; ; ;

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext.

VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate
Father	(b)(6), (b)(7)(C)				

Residence: BAGHDAD
Occupation:
Age/Descr: LABOR
Dossier #:

FOUO

ACLU DDII CID ROI 25198

EXHIBIT 2

LAW ENFORCEMENT SENSITIVE

PHOTOGRAPHIC PACKET

CASE NUMBER: 0017-07-CID579-24069

NUMBER	DESCRIPTION OF PHOTOGRAPH
1	DSCN0059 Establishing photograph depicting Compound 12 as location of scene.
2	DSCN0023 Photograph depicting Building 2, Compound 12B, taken from the North guard tower.
3	DSCN0026 Photograph depicting Sally Ports for Compounds 12A and 12B taken from the North guard tower of Compound 12.
4	DSCN0034 Photograph depicting Building 1, Compound 12B taken from the East guard tower.
5	DSCN0042 Photograph depicting Building 2, Compound 12B taken from the East guard tower.
6	DSCN0043 Photograph depicting area between Building 1 and 2 in Compound 12B taken from the East guard tower.
7	DSCN0051 Photograph depicting Building 1 and 2 in compound 12B taken from the West guard tower.

ACLU DDII CID ROI 25199

Exhibit 3

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LAW ENFORCEMENT SENSITIVE

0017 07 CID579 24069

Death Scene Photos

0017 07 CID579 24069

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EXHIBIT 3

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25200

PHOTOGRAPHIC PACKET

CASE NUMBER: 0017-07-CID579-24069

NUMBER	DESCRIPTION OF PHOTOGRAPH
1	DSCN0059 Establishing photograph depicting Compound 12 as location of scene.
2	DSCN0023 Photograph depicting Building 2, Compound 12B, taken from the North guard tower.
3	DSCN0026 Photograph depicting Sally Ports for Compounds 12A and 12B taken from the North guard tower of Compound 12.
4	DSCN0034 Photograph depicting Building 1, Compound 12B taken from the East guard tower.
5	DSCN0042 Photograph depicting Building 2, Compound 12B taken from the East guard tower.
6	DSCN0043 Photograph depicting area between Building 1 and 2 in Compound 12B taken from the East guard tower.
7	DSCN0051 Photograph depicting Building 1 and 2 in compound 12B taken from the West guard tower.

ACLU DDII CID ROI 25201

Exhibit _____

ACLU DDII CID ROI 25202

ACLU DDII CID ROI 25206

ACLU DDII CID ROI 25210

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LAW ENFORCEMENT SENSITIVE

0017 07 CID579 24059

Photos - Scene (ALL)

0017 07 CID579 24059

FOUO

EXHIBIT 4

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25211

ACLU DDII CID ROI 25212

ACLU DDII CID ROI 25213

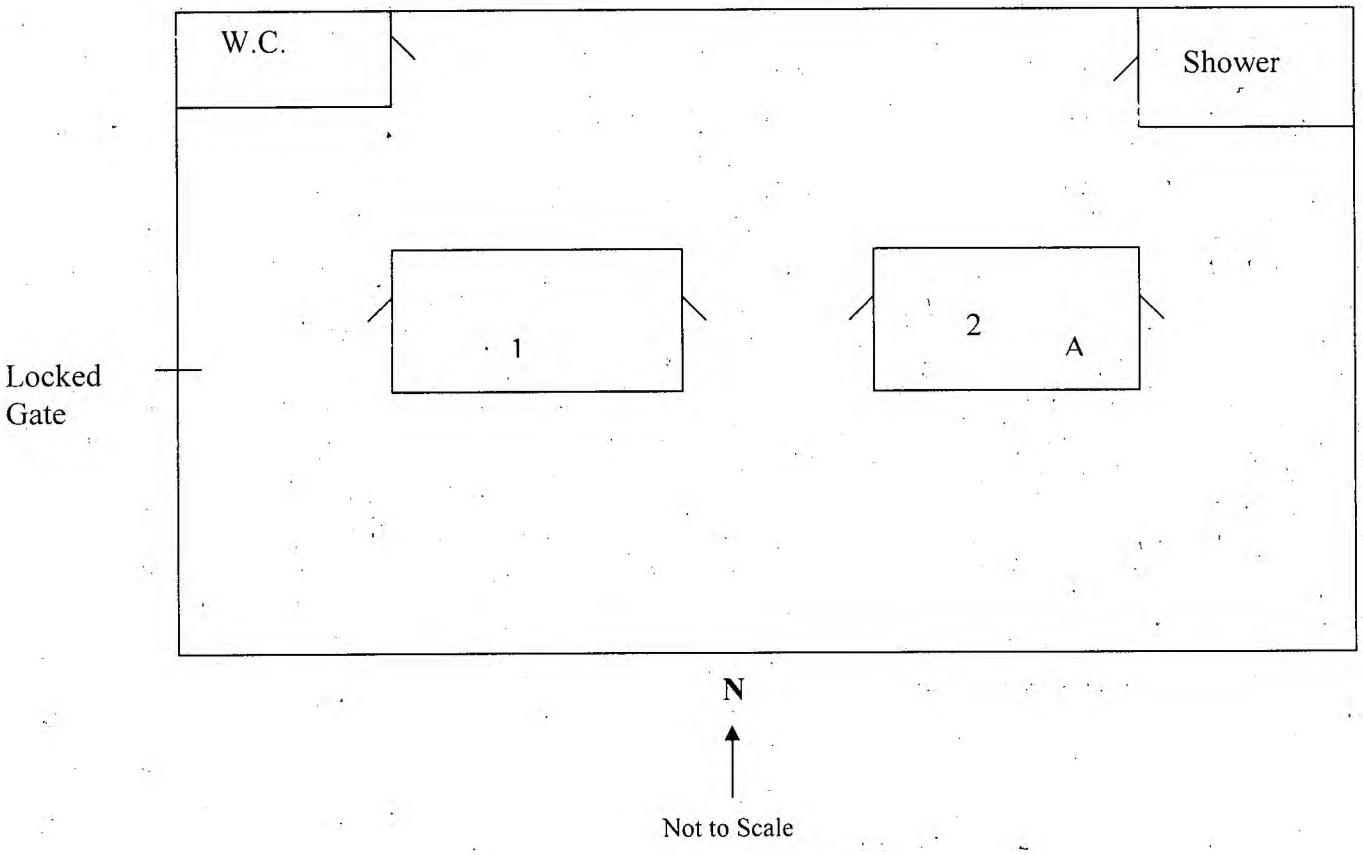
ACLU DDII CID ROI 25231

ACLU DDII CID ROI 25234

ACLU DDII CID ROI 25240

ACLU DDII CID ROI 25253

ROUGH DEATH SCENE SKETCH



LEGEND

A. Location of Incident

TITLE BLOCK

CASE NUMBER: 0017-07-CID579-24069
OFFENSE: Undetermined Death
VICTIM: Detainee Karwan M. MAHMUD
DEPICTING: Compound 12B, Theater
Internment Facility (TIF)
LOCATION: Camp Bucca, Iraq APO AE 09375
SKETCH BEGAN: 0845, 10 Apr 07
SKETCHED BY: SA (b)(6), (b)(7)(C)
VERIFIED BY: SA (b)(6), (b)(7)(C)

Exhibit S

ACLU DDII CID ROI 25254

FOUO

SWORN STATEMENT

0017 07 CID579 24069
LAW ENFORCEMENT SENSITIVE

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Compound 12	20070404	0640L	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SOCIAL SECURITY NUMBER	7. GRADE/STATUS
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	E-5/Active

8. ORGANIZATION OR ADDRESS

886 ESFS/Compound 12, Camp Bucca, APO AE 09375

9.

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

On 04 April 2007 at approximately 0530L A1C (b)(6), (b)(7)(C) Bravo Tower informed me, SSgt (b)(6), (b)(7)(C) East Lead, of a group of detainees in Bravo Quad carrying someone out of Caravan 2 on a mattress. 0531L: While responding to Bravo Quad I noticed a crowd and the Chief (b)(6), (b)(7)(C) waving me down. 0532L: Upon arriving on scene I noticed the Detainee (b)(6), (b)(7)(C) laying on a mattress with one Detainee covering his face and another at his feet. At this time I asked the Chief for his assesment on the detainee in question which he told me "he is done". I then asked the Chief if he had a pulse and or if he was breathing, which he replied "No pulse and not breathing". I immediately asked the Chief for his ISN Band and informed TSgt (b)(6), (b)(7)(C) CSL and SSgt (b)(6), (b)(7)(C) 12 Controller of the incident. CSL immediately arrived on scene and Med-1 arrived in approximately two minutes of notification. 0535L: Detainee was taken out of Bravo Quad and recieved immediate CPR from Med-1. During the CPR process, Med-1 was assisted by A1C (b)(6), (b)(7)(C) West Member and myself in moving and transporting the Detainee to the Hospital. 0546L: I escorted the Detainee and Med-1 to the hospital. 0549L: We arrived at the hospital and all pertinent information was passed on the Medics.///EOS///

Question by ITC (b)(6), (b)(7)(C) - MPI

Q: Did you notice any injury on the detainee?

A: No.

End of Stmt

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 2 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

FOUO
ACLU DDI CID ROI 25255

DA FORM 2823, DEC 1998 USAPA 9V1.010

ACLU-RDI 3544 p.26
EXHIBIT 000062
LAW ENFORCEMENT SENSITIVE

STATEMENT OF SSg [redacted] KEN AT 0640L DATED 2007/04/05

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continu[redacted] /// no statement THIS page /// [redacted]

AFFIDAVIT

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

[redacted]
(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4th day of April 2007 at Camp Bucca, Iraq

[redacted]ath)

(Typed Name of Person Administering Oath)

Art 136 b (4) UCMJ
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

FOUO

PAGE 3 OF 3 PAGES

ACLU DDII CID ROI 25256

EXHIBIT 000063

LAW ENFORCEMENT SENSITIVE

FOUO

SWORN STATEMENT

0017 07 CID 579 24069

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

LAW ENFORCEMENT SENSITIVE

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Compound 12	20070404	0910	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SOCIAL SECURITY NUMBER	7. GRADE/STATUS
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	E-3/AD

8. ORGANIZATION OR ADDRESS

886 ESFS/Compound 12, Camp Bucca, APO AE 09375

9.

I, A1C (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 04 April 2007 at approximately 0530 L, I A1C (b)(6), (b)(7)(C) Bravo Tower observed a group of detainees in Bravo Quad running out of caravan 2 while carrying a matress, I then noticed that it was a detainee on the mattress. I saw that there was no movement from the detainee so I notified SSgt (b)(6), (b)(7)(C) East Lead, who took charge of the situation. I observed from my tower as the detainee was removed from the quad. Med-1 arrived and immediatley applied CPR. I continued to monitor the detainees within my sector until the detainee was transported to the hospital. ///end of statement// (b)(6), (b)(7)(C)

Question by ITC (b)(6), (b)(7)(C) MPI

Q: Did you notice any injury on the detainee? (b)(6), (b)(7)(C)

A: NO (b)(6), (b)(7)(C)

End of Stmt

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.

FOUO

ACLU DDII CID ROI 25257

ACLU-RDI 5544 p.28

LAW ENFORCEMENT SENSITIVE

EXHIBIT 7

STATEMENT OF A1C (b)(6), (b)(7)(C) TAKEN AT 0530 DATED 04 APR 2007

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued) /// No statement /// (b)(6), (b)(7)(C)

AFFIDAVIT

I, A1C (b)(6), (b)(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 4th day of April 2007 at Camp Bucca, Iraq

(b)(6), (b)(7)(C)
(Typed Name of Person Administering Oath)

Art 136 b (4) UCMJ
(Authority To Administer Oaths)

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

FOUO

ACLU DDII CID ROI 25258

FOUO

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

LAW ENFORCEMENT SENSITIVE

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN)

PRINCIPAL PURPOSE: 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.

0017 07 CID579 24069

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Compound 12	2007/04/10	0031	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6), (b)(7)(C) [redacted]	(b)(6), (b)(7)(C) [redacted]	E5/AD

8. ORGANIZATION OR ADDRESS

886 ESFS/Echo Flight/Compound 9, Camp Bucca Iraq

9.

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

On 4 Apr 2007 at approximatly 0533 SSgt (b)(6), (b)(7)(C) [redacted] East Lead/QSL notified SSgt (b)(6), (b)(7)(C) [redacted] (myself)/Compound 12 Controller that Detainee (b)(6), (b)(7)(C) [redacted] stated he was not breathing with no pulse. Medic was notified and arrived (b)(6), (b)(7)(C) [redacted] at 0535 and assessed (b)(6), (b)(7)(C) [redacted] Detainee was given CPR by Medic and then immediately taken to TIF Hospital. Medic departed at 054[redacted] End of Statement \\\ (b)(6), (b)(7)(C) [redacted]

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATE _____

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

ACLU-RDI CID ROI 25259

DA FORM 2823, DEC 1998 DA FORM 2823, JUL 72, IS OBSOLETE. APD PE v1.01

EXHIBIT 8

LAW ENFORCEMENT SENSITIVE

FOUO

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0031 DATED 2007/04/10

9. STATEMENT (Continued) /// NO Statement this page /// (b)(6), (b)(7)(C)

LAW ENFORCEMENT SENSITIVE

0017 07 CID579 24069

AFFIDAVIT

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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11th day of April 2007 at Camp Bucca, Iraq

(b)(6), (b)(7)(C)
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

886 ESFS/Echo Flight/Compound 9

ORGANIZATION OR ADDRESS

ART 136 b (4) UCMJ
(Authority To Administer Oaths)

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

FOUO

PAGE 2 OF 2 PAGES (b)(6), (b)(7)(C)

ACLU DDII CID ROI 25260

PAGE 3, DA FORM 2823, DEC 1998

APD PE v1.01

LAW ENFORCEMENT SENSITIVE

000067

EXHIBIT 8

FOUO

SWORN STATEMENT

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

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Compound 12	20070411	1002	LAW ENFORCEMENT

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SOCIAL SECURITY NUMBER	7. GRADE/STATUS
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	E-6/Active AF

8. ORGANIZATION OR ADDRESS

886 ESFS/Compound 12

0017 07 CID579 24069

9.

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

On 04 April 2007 at approximately 0530L A1C (b)(6), (b)(7)(C) Bravo Tower informed the control center SSgt (b)(6), (b)(7)(C) of a detainee being carried in a mattress from Caravan 2 of Bravo Quad. 0532L: I arrived on scene along with SSgt (b)(6), (b)(7)(C) East Lead. SSgt (b)(6), (b)(7)(C) stated the individual on the mattress was not breathing and the quad chief (b)(6), (b)(7)(C) stated "he was done". As the medics were responding I informed the chief to have the remainder of the detainees move away from the fence and have two detainees drag the detainee out of the quad on the mattress. 0535L: Detainee (b)(6), (b)(7)(C) was removed from the compound as Med-1 arrived on scene. Immediate medical attention was rendered to the detainee. As the medics began conducting CPR I spoke with the chief on the occurrences prior to this incident. The chief stated detainee (b)(6), (b)(7)(C) was fine the day before and was seen at evening prayer. After prayer the detainee ate his evening meal and went to bed. During the night he awoke and used the W/C and returned to bed. Other detainees noticed he was unresponsive while trying to wake him for morning prayer. I returned to oversee the medical aid being given to detainee (b)(6), (b)(7)(C) The detainee appeared to be in good physical condition with no external signs of injury. 0546L: Detainee was placed in the ambulance and transported to the TIF Hospital. SSgt (b)(6), (b)(7)(C) conducted escort of the detainee. I returned to the control shack to make contact with SSgt (b)(6), (b)(7)(C) and ensure all appropriate notifications were made. ///END OF STATEMENT// (b)(6), (b)(7)(C)

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

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

ACLU DDII CID ROI 25261

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1002 DATED 2007 / 04 / 0011

9. STATEMENT (Continued) ///NO STATEMENT THIS PAGE// (b)(6), (b)(7)(C) NFORCEMENT SENSITI

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11th day of Apr-07 at Camp Buca Iraq

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

Oath)

g Oath)

ART 136 b (4) UCMJ

(Authority To Administer Oaths)

INITIALS OF (b)(6), (b)(7)(C) TATEMENT

PAGE 3 OF 3 PAGES

ACLU DDF OUO RDI 25262

0017 07 CID579 24069

CANVASS INTERVIEW WORKSHEET

11 Apr 07

1030

FOLLOW UP Y/N	NAME	RANK	SSN/ID	ADDRESS	PHONE	
	(b)(6), (b)(7)(C)			Bldg 2, CP12B		
				Bldg 2, CP12B		
				Bldg 2, CP12B		
				Bldg 2, CP12B		
				Bldg 2, CP12B		Chief

ACLU DDII CID ROI 25263

EXHIBIT 10

FOUO

SWORN STATEMENT

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

LAW ENFORCEMENT SENSITIVE

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL PURPOSE: 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.

0017 07 CID 579 24069

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp Bucca, Iraq, APO AE 09375	20070411 (b)(6), (b)(7)(C)	1745 (b)(6), (b)(7)(C)	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	E-4/AD

8. ORGANIZATION OR ADDRESS
21st Combat Support Hospital (CSH), Camp Bucca, Iraq, APO AE 09375

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

About 0533, we received a call for an unresponsive patient at Compound 12B. Myself and SPC (b)(6), (b)(7)(C) responded to the call. Upon arrival, the detainees had the patient at the gate. By the time we had the vehicle turned around and in postion, the detainee was outside the carravan on the ground. My general impression of the patient was that he was unresponsive, not breathing, and cyanotic. I immediately attached the AED pads to his chest and powered the machine on to start its analysis. SPC (b)(6), (b)(7)(C) positioned himself at the patient's head as to establish an airway. During the first cycle, the AED machine instructed us to not shock the patient. I began chest compressions as SPC (b)(6), (b)(7)(C) attempted to place a Combitube inside the patients mouth. He tried for a few moments unsuccessfully until the AED machine instructed us that it needed to reanylize the patient. After the second cycle of analysis, the AED machine advised that we should shock the patient. We shocked the patient. The patient was still unresponsive and not breathing and pulseless. SPC (b)(6), (b)(7)(C) again attempted to place the Combitube as I continued chest comperessions. A few moments passed and SPC (b)(6), (b)(7)(C) was having a hard time placing the Combitube, so I suggested that we switch places. We switched places and I immediately established an airway with the combitube. I then began to bag the patient as SPC (b)(6), (b)(7)(C) continued chest compressions. I instructed the compound guards to secure the litter that was in the back of the ambulance. We placed the patient upon the litter, carried him to the back of the ambulance, put him inside the ambulance, and transported him to the hospital. Approximately 0550, we arrived at the hospital and Dr. (b)(6), (b)(7)(C) took charge. (b)(6), (b)(7)(C)

Q. (b)(6), (b)(7)(C)
A.
Q. What date did this incident occur on?
A. I don't know. (b)(6), (b)(7)(C)
Q. Did you notice any signs of head trauma on the patient?
A. No (b)(6), (b)(7)(C)
Q. DId you notice any marks on the patients neck?
A. No (b)(6), (b)(7)(C)
Q. Do you have anything additional to add to this statement?
A. No. (b)(6), (b)(7)(C)

//////////End of Statement//////////

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

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

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

FOUO
ACLU DDII CID ROI 25264

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1745 (b)(6), (b)(7)(C) DATED 20070411 (b)(6), (b)(7)(C)

9. STATEMENT *(Continued)*

LAW ENFORCEMENT SENSITIVE

AFFIDAVIT

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

(Signa ng Statement)

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11th day of April, 2004 at Camp Bucca, Iraq, APO AE 09375

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

Oath)

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

(Typed Name of Person Administering Oath)

Title 10 USC 936

(Authority To Administer Oaths)

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

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

PAGE 2 OF 2 PAGES

ACLU DDII CID ROI 25265

SWORN STATEMENT 0017 07 CID579 24069

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 PURPOSE:	To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES:	Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security number is voluntary.

1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	FILE NUMBER
TIF Hospital, Camp Bucca APO AE 09375	20070411 (b)(6), (b)(7)(C)	2005 (b)(6), (b)(7)(C)	

5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS
(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	E-4 / AD (ARNG)

8. ORGANIZATION OR ADDRESS

3/160th INF, Camp Bucca, Iraq, APO AE 09375

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

On the night of the Code of the detainee at compound 12 (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) and I were sent out to respond. Upon arriving the detainees were bringing the patient to the out side of the gate. Once we got out of our ambulance (b)(6), (b)(7)(C) and I checked the detainee for vital signs. We observed non so we immediatly obtained an airway with a combitube and placed AED pads On his bare chest. Once we accomplished those steps we proceeded with CPR while the AED was powering up. once the AED was Analizing we paused CPR. The AED Advised a shock so we cleared the patient and shocked him. The ~~patient~~ Patient ~~did~~ was not revived. we instructed ~~and~~ air force guard to sit at the head where I was giving ventilations while I took over chest compressions. Every time I finished 30 compressions I instructed the airman to ventilate the patient twice. (b)(6), (b)(7)(C) returned from the ambulance with a litter we loaded the pt on it and loaded the patient in the ambulance. I stayed in the back continuing CPR while (b)(6), (b)(7)(C) Drove us back, once we returned to the hospital we handed the care of the patient over to the Dr., Dr. (b)(6), (b)(7)(C)

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

A. [redacted]

Q. What time did the call come in?

A. 5 or 5:30 am (b)(6), (b)(7)(C)

Q. What day did the incident take place on?

A. Not sure of day or date (b)(6), (b)(7)(C)

Q. Were there any signs of head trauma?

A. NO (b)(6), (b)(7)(C)

Q. Did you notice any Marks on his neck?

10. EXHIBIT	11. 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 _____"

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

ACLU DDII CID ROI 25266

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 2005 (b)(6), (b)(7)(C) ED 20070411 (b)(6), (b)(7)(C)

9. STATEMENT *(Continued)*

A. NO, I did not notice Any. (b)(6), (b)(7)(C)

Q. Were there any noticible colors on his face?

A. His lips were blue (b)(6), (b)(7)(C)

Q. Did he regain consciousness?

A. No (b)(6), (b)(7)(C)

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

A. NO (b)(6), (b)(7)(C)

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

/// End of Statement ///

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

AFFIDAVIT

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

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11th day of April 2007

at Camp Bucca, Iraq, APO AE 09375

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

SA (b)(6), (b)(7)(C)
(Typed Name of Person Administering Oath)

Title 10 USC 936
(Authority To Administer Oaths)

INITIALS OF PERSON (b)(6), (b)(7)(C) ENT

PAGE 2 OF 2 PAGES

ACLU DDII CID ROI 25267

CANVASS INTERVIEW WORKSHEET

LAW ENFORCEMENT SENSITIVE

16 Apr 07 1300

FOLLOW UP Y/N	NAME	RANK	SSN/ID	ADDRESS	PHONE
	(b)(6), (b)(7)(C)			Compound 12B	
				Compound 12B	
				Compound 12B	

ACLU DDII CID ROI 25268

EXHIBIT 13

0017-07-CID579-24069

LAW ENFORCEMENT SENSITIVE

CANVASS INTERVIEW WORKSHEET

23APR07

FOLLOW UP Y/N	NAME	RANK	SSN/ID	ADDRESS	PHONE
	(b)(6), (b)(7)(C)			BLDG #2 CP12B	
				BLDG #2 CP12B	
				BLDG #2 CP12B	

ACLU DDII CID ROI 25269

LAW ENFORCEMENT SENSITIVE

EXHIBIT 14

1 MAY 07

LAW ENFORCEMENT SENSITIVE

0117-07-CID579-24069

CANVASS INTERVIEW WORKSHEET

FOLLOW UP Y/N	NAME	RANK	SSN/ID	ADDRESS	PHONE
	(b)(6), (b)(7)(C)			CONP. 12B	
				CONP. 12B	
				CONP 12B	
				CONP 12B	

ACLU DDII CID ROI 25270

FOUO

HOSPITAL REPORT OF DEATH

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

NAME AND LOCATION OF HOSPITAL
28th CSH, BAGHDAD, IRAQ

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

LAW ENFORCEMENT SENSITIVE

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*
(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*
(b)(6) 2007

3. MEDICAL EXAMINER/ CORONER'S CASE
☒ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED
☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)* TRANSTENTORIAL (UNCAL) HERNIATION	24 HOURS
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1) ANOXIC ENCEPHALOPATHY AND INTRACRANIAL HEMORRHAGE	72-96 HOURS
	(2) PENDING AFME	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. RESUSCITATED CARDIOPULMONARY ARREST OF UNKNOWN SOURCE	72-96 HOURS
	b.	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
(b)(6) 2007	(b)(6)	(b)(6)

SECTION B - ADMINISTRATIVE ACTION

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)* ☐ YES ☐ NO	21. AUTOPSY ORDERED BY *(Signature)*
22. PROVISIONAL PATHOLOGICAL FINDINGS	

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. USAPA V2.01

ACLU DDII CID ROI 25272

FOUO

EXHIBIT 16

LAW ENFORCEMENT SENSITIVE

FOUO

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD): 20070408 | 2. PAGE: 1 OF 1 PAGES

LAW ENFORCEMENT SENSI

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

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

0017 07 C 1579 24069

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

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6)		(b)(6)		Deceased	2007(b)(

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
28TH CSH BAGHDAD, IRAQ	2007(b)(6)	a. #1	b. #2

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
0	NOTHING FOLLOWS			

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

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

9. EFFECTS INVENTORIED ABOVE REPRESENT *(X as appropriate)*

[ ] ALL KNOWN EFFECTS [ ] ALL KNOWN EFFECTS RECOVERED FROM UNIT [ ] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
(b)(6)	(b)(6)	28TH CSH BAGHDAD, IRAQ

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)
(b)(6)	2007(b)(6)

11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

DD FORM 1076, JUL 1998 PREVIOUS EDITION MAY BE USED. USAPA V1.0C

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EXHIBIT 16

000079

LAW ENFORCEMENT SENSITIVE

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: (b)(6)
Facility: WBH7T0

Date (b)(6) 2007 1202 AST
Clinic: 21ST TF MED (BUCCA)

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

AutoCites Refreshed by (b)(6) @ (b)(6) 2007 1202 AST
Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
No Allergies Found.

Screening Written by (b)(6) @ (b)(6) 2007 1202 AST

Appointment Reason For Visit: RESPIRATORY FAILURE:

Selected Reason(s) For Visit:
RESPIRATORY FAILURE (New) Comments:

SO Note Written by (b)(6) @ (b)(6 2007 1208 AST
History of present illness
The Patient is a 21 year old male.
° Encounter Background Information: medics called to CPD 12 for patient "not breathing". Found patient unresponsive, no vitals and blue appearing. Started CPR and transported to ER. Combitube intubation enroute by medic. Patient arrived to ER in same condition and CODE started (CPR continued throughout as indicated). The following was the physical exam findings:

GEN: bluish at face, lips especially, nonresponsive, pale and cold
HEENT: NC/AT, no trauma to head, Pupils fixed and dilated. neck supple. Combitube in place, eventually replaced by ETT.
CHEST: course breath sounds but clear bilat with combitube and then with ETT.
CV: no heart beat initially, later no murmur heard
ABD: soft, nondistended. NG placement confirmed with bubble during code.
EXT: no lesions or trauma noted. Only? was left hip with possible thumb print
BACK: no lesions noted.
PELVIC: stable. Attempt at right fem central line aborted due to pulsatile blood, concern for art stick, pressure dressing placed at transfer to ICU. Left fem placed during code.
GU: minimal UOP initially, was scant, cloudy and light yellow.

Past medical/surgical history
Reported History:
Past medical history no TMIP entries, no CHCS meds.

Objective
As above

Tests
Laboratory studies see notes, CHCS and code notes

Imaging studies CXR: ETT in place

A/P Written by (b)(6) @ (b) (c) 2007 1209 AST
1. RESPIRATORY FAILURE
Comments: patient arrived in full arrest, ACLS performed. No clear etiology, bluish appearance likely due to either time down or respiratory aspect of etiology. No clear other findings at time of transfer to ICU.

Disposition Written by (b)(6) @ (b)(6) 2007 1210 AST
Admitted
Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Name:	(b)(6)	Sex:	M	Sponsor:	BUCCA, B178893
EMP/SSN:	(b)(6)	Tel H:		Rank:	
DOB:	(b)(6) 1986	Tel W:		Unit:	
PCat:		CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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

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0017 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

NSN 7540-00-634-4115

MEDICAL RECORD	NARRATIVE SUMMARY (CLINICAL RESUME)	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
(b)(6) /2007	(b)(6) 2007	3

(Sign and date at end of narrative)

(b)(6) 2007 08:25:05 UTC
21st CSH - Bucca
(b)(6)

26yo male with no prior medical problems was brought our ER o(b)(6) 07 pulseless, not breathing, unresponsive and cyanotic in asystole. He underwent a ~30min resuscitation during which he was intubated and sinus rythm was obtained. Initial UDS, trauma survey and metabolic profile did not reveal a source for his initial presentation. (b)(6) he was able to open his eyes spontaneously, but unable to track. He was able to withdraw from pain as well. Today, he has not spontaneous eye opening, has no corneal reflex on the left and minimal corneal reflex on the right. His pupils are 5mm bilateraly and briskly RLA. He no longer withdraws from pain.
VS: bp 150s/80s, hr 90s, afebrile
CPAP with FiO2 35%, PEEP 8, PS 15
LUNGS: CTA b/l CARD: rrr, nl s1,s2, no m/r/g
ABD: benign EXT: tr. edema; 2+ DP/PT/radial pulses b/l

LINES and TUBES: ETT, foley to gravity, OGT to suction, L fem TLC (day 3), L rad a-line (day3)

MEDS: Zantac 50mg iv q8, Zosyn 3.375mg iv q6, Propofol 25mg/hr

ABG: 7.38/35/82/22 wbc 13.2 (down from 19), hb 11.8, hct 36, plat 148 na 142, k 3.5, chlor 110, bic 22, bun 9, cr 0.9, ca 6.2 ast 179, alt 169

CXR: bibasilar infiltrate vs. pulm edema

A/P
NEURO: Concern for anoxic brain injury vs. ICB. Will continue supportive care and transfer to Cropper for head CT and possible referral for expedited CR. Continue Propofol for sedation.
PULM: Stable, moderately tolerating CPAP, but will switch back to SIMV if patient is persistantly tachypnic. Continue to follow closely for worsening pulm edema while we continue to hydrate.
CARD: No issues.
RENAL/FEN: AG acidosis now resolved. Some concern for rhabdomyolysis given CK>5000, sediment and blood in UA, though with stable SCr. Will continue to hydrate with D5 NS @150cc/hr.
GI: Continue GI prophylaxis with Zantac. Mild ischemic transaminitis should resolve with supportive care.
ENDO: No issues.
ID: Possible aspiration during resuscitation. Will continue empiric tx with Zosyn.
HEME: Stable cbc and coags (initially coagulopathic). Will continue to use venodynes for DVT prophylaxis given inability to tell if pt has ICB.

(b)(6) 2007 14:41:10 UTC A/E TO CAMP CROPPER
21st CSH - Bucca
BY (b)(6)

(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.
KARMAN,MUHAMMAD N/A 21st CSH - Bucca		

NARRATIVE SUMMARY (CLINICAL RESUME)
Medical Record

STANDARD FORM 502 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

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ACLU DDII CID ROI 25275
LAW ENFORCEMENT SENSITIVE
EXHIBIT 16
000081

ACLU-RDI 5544 p.45

FOUO

LAW ENFORCEMENT SENSITIVE

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
(b)(6) 2007 1202	Facility: WBH7T0 Clinic: 21ST TF MED (BUCCA) Provider: (b)(6)

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

Signed By: (b)(6) 2007 1210
(b)(6)

Name:	(b)(6)	Sex:	M	Sponsor:	(b)(6)
FMP/SSN:		Tel H:		Rank:	
DOB:	(b)(6) 1986	Tel W:		Unit:	
PCat:		CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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ACLU DDI CID ROI 25276

ACLU-RDI 5544 p.46

LAW ENFORCEMENT SENSITIVE

000082

EXHIBIT 16

FOUO

0019 07 CID579 24078

14 MAY 07

CANVASS INTERVIEW WORKSHEET

LAW ENFORCEMENT SENSITIVE

FOLLOW UP Y/N	NAME	RANK	SSN/ID	ADDRESS	PHONE
	(b)(6), (b)(7)(C)				

FOUO

ACLU DDII CID ROI 25277

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0082-07-CID899-

DETAILS

BASIS FOR INVESTIGATION: About 1412, 8 Apr 07 this office received notification from Mr. (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Operations Officer, 22nd Military Police Battalion (CID), of detainee (b)(6), (b)(7)(C) currently at 28th Combat Army Support Hospital (CASH), International Zone, Baghdad, Iraq, with unknown, possibly fatal, head wound.

About 1440, 8 Apr 07, SA (b)(6), (b)(7)(C) arrived at 28th CSH and located the victim in the intensive care ward. He had no visible wounds though his head was completely wrapped in gauze bandages. Coordinated with COL (Dr) (b)(6), (b)(7)(C) 28th CSH, who advised the detainee arrived unconscious about 2144, 7 Apr 07, from Camp Cropper, Iraq. He had minor bruising to the right and left rear sides of his head, and a brain injury consistent with lack of oxygen over a period of time. He was not able to breath on his own and was placed on a ventilator. COL (b)(6), (b)(7)(C) did not know what caused the bruising but related the medical files transferred with the detainee indicated he had been found unconscious and not breathing. The detainee was not expected to survive and a conference was scheduled at 1630 to determine the course of action.

About 1500, 8 Apr 07, SA (b)(6), (b)(7)(C) prepared DA 4254, Request for Private Medical Records and received all treatment records of the detainee from the hospital records department. (See Medical Records)

About 1630, 8 Apr 07, attended a meeting with COL (b)(6), (b)(7)(C) MAJ (DR) (b)(6), (b)(7)(C) 28th CSH, LTC (DR) (b)(6), (b)(7)(C) 28th CSH, and Dr. (b)(6), (b)(7)(C) (Iraqi physician from MNSTC-I) where they determined the detainee would be removed from the ventilator due to no probability of recovery. MAJ (b)(6), (b)(7)(C) related that there were no injuries present on the detainee other than the two bruises to his head. MAJ (b)(6), (b)(7)(C) could not say how the bruises were caused nor to what extent they injured the brain due to the brain injury from lack of oxygen that was also present. He would not offer an opinion as to whether the injury that caused the bruising could have caused the detainee to go unconscious and stop breathing. He did say that it was unlikely for a simple fall from a standing position to cause this severe an injury in a healthy adult. COL (b)(6), (b)(7)(C) removed the bandage from the detainee's head. There were no visible injuries. I was able to physically examine his head and felt two areas of swelling each approximately 2" across and ½" deep. One on the top rear of each side of his head. There was no broken skin and I could see no bruising through his hair.

About 1700, 8 Apr 07, SA (b)(6), (b)(7)(C) took digital photos of the detainee. (See photos)

About 1720, 8 Apr 07, the detainee was removed from life support. At 1725, 8 Apr 07, the detainee was pronounced dead by Dr. (b)(6), (b)(7)(C)

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	International Zone CID Office	
(b)(6), (b)(7)(C)	DATE	EXHIBIT
	10 APR 07	18

CID FORM 94
1 FEB 77

ACLU DDII CID ROI 25278

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0082-07-CID899

DETAILS

About 1810, 8 Apr 07, SA (b)(6), (b)(7)(C) received DA Form 3894, Report of Hospital Death, from Dr. (b)(6), (b)(7)(C) 28th CSH (Preliminary Death Certificate/Report of Overseas Death is no longer used). (See DA Form 3894)///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION	
SA (b)(6),(b)(7)(C),(b)(7)(F)	International Zone CID Office	
(b)(6), (b)(7)(C)	DATE	EXHIBIT
	10 APR 07	18

CID FORM 94
1 FEB 77

ACLU DDII CID ROI 25279

000085

Exhibit(s) 19 thru 20

Page(s) 86 thru 177 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

0017 07 CID57[illegible] 24076

HOSPITAL REPORT OF DEATH

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

NAME AND LOCATION OF HOSPITAL
28th CSH, BAGHDAD, IRAQ

Instructions - Medical Officer in attendance will:
Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.
Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

LAW ENFORCEMENT SENSITIVE

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA *(Patient's ward plate will be used to imprint identifying data if available)*
(b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH *(Hour-day-month-year)*
1725 (b)(6) 2007

3. MEDICAL EXAMINER/ CORONER'S CASE
☒ YES ☐ NO

4. RELIGION

5. CHAPLAIN NOTIFIED
☒ YES ☐ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

CAUSE OF DEATH

			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)*	DUE TO *(or as a consequence of)*	TRANSTENTORIAL (UNCAL) HERNIATION	24 HOURS
7b. ANTECEDENT CAUSES *(Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)*	DUE TO *(or as a consequence of)* (1)	ANOXIC ENCEPHALOPATHY AND INTRACRANIAL HEMORRHAGE	72-96 HOURS
	(2)	PENDING AFME	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	RESUSCITATED CARDIOPULMONARY ARREST OF UNKNOWN SOURCE	72-96 HOURS
	b.		

9. DATE
(b)(6) 2007

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE
(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
(b)(6)

SECTION B - ADMINISTRATIVE

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

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED *(If yes, give date and place)*
☐ YES ☐ NO

21. AUTOPSY ORDERED BY *(Signature)*

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

FOUO

DA FORM 3894, OCT 72 REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED. APAPA V2.01

LAW ENFORCEMENT SENSITIVE

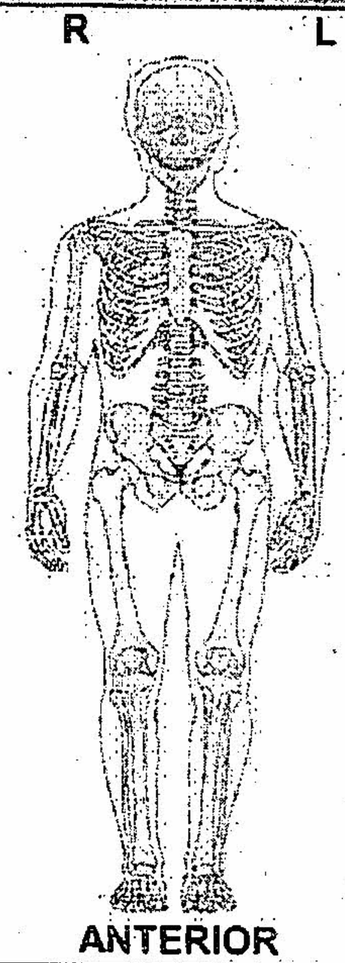
ACLU-RDI CID ROI 25281

EXHIBIT

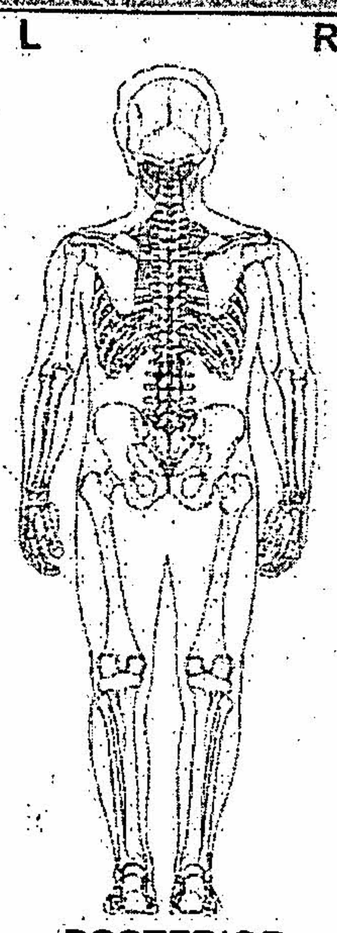
JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain
(**SS**)Seatbelt Sign
(**SW**)Stab Wound



ANTERIOR



POSTERIOR

MECHANISM OF INJURY

- ☐ Assault/Fight
- ☐ Biological
- ☐ Blast/Explosion
- ☐ Blunt Trauma
- ☐ Bomb
- ☐ Bldg Collapse
- ☐ Burn
- ☐ Chemical
- ☐ Crush
- ☐ Drowning
- ☐ Fall
- ☐ Flying Debris
- ☐ Grenade
- ☐ GSW/Bullet
- ☐ Helo Crash
- ☒ Other: MVC w/ Head Injury
- ☐ Hot Obj/Liquid
- ☐ IED
- ☐ Knife/Edge
- ☐ Landmine
- ☐ Machinery
- ☐ Mortar
- ☐ Multi-frag
- ☐ MVC
- ☐ Plane Crash
- ☐ Rad/Nuclear
- ☐ Single Frag
- ☐ UXO

Burn: ☐ 1st ☒ 2nd ☐ 3rd
%TBSA = 2 Cause

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin Bandage (Type example: Chitosan) ☐ Other

PROTECTIVE GEAR ☐ Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar /ACH /MICH/ CVC /AVN /USMC)	☐	☐	☐	☐
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic Plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla Ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS
PTA	ET Intubation 7.5 (Adnl changes in Notes)	25cm Holder Teeth ____	☒ oral ☐ nasal	PTA	☐ $ETCO_2$ Change ☒ BBS Post Int.
PTA	Gastric Tube		☒ oral ☒ nasal	PTA	☒ Verified Cxr Suction Y / N
PTA	Urinary	Amt 960 Color Yellow	☒ meatus ☐ supra.	PTA	Heme Dip + / - Results ____ cc
	Chest tube #1		L R		Air / Blood
	Chest tube #2		L R		Air / Blood
	A-line		L R		
	Thoracotomy		L R		
	Tourniquet	Type:	Site:		

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
2145	Chest		Head
	Abdom.		Chest
	C-spine		Abdom
	Pelvis		Pelvis
	Extrem.		
O2 on:	O2 off:	Nasal cannula ☐	
	0245	NRB Mask ☐	
		BVM ☐	

LABS (others in Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT	2130	HCG
	TEG	Pharm	Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
PTA	1	triple	U Triple	L neck	1,000	
					Total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) (b)(6)
Patient ID./SSN:
DOB: (ddmmyy) Age
Deployed Unit

ACLU DDII CIDOC 025282

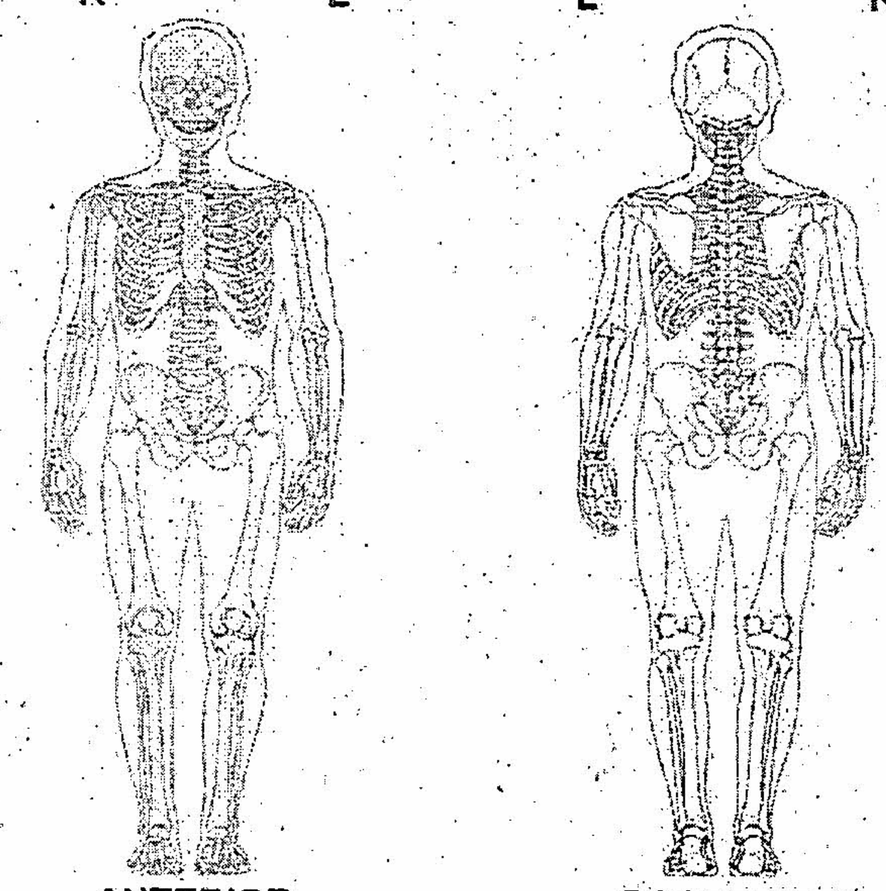
EXHIBIT 19

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain
(**SS**)Seatbelt Sign
(**SW**)Stab Wound

R L L R



ANTERIOR POSTERIOR

MECHANISM OF INJURY

- ☐ Assault/Fight
- ☐ Biological
- ☐ Blast/Explosion
- ☐ Blunt Trauma
- ☐ Bomb
- ☐ Bldg Colapse
- ☐ Burn
- ☐ Chemical
- ☐ Crush
- ☐ Drowning
- ☐ Fall
- ☐ Flying Debris
- ☐ Grenade
- ☐ GSW/Bullet
- ☐ Helo Crash
- ☒ Other: MVC-D2 ejected, no restraint
- ☐ Hot Obj/Liquid
- ☐ IED
- ☐ Knife/Edge
- ☐ Landmine
- ☐ Machinery
- ☐ Mortar
- ☐ Multi-frag
- ☐ MVC
- ☐ Plane Crash
- ☐ Rad/Nuclear
- ☐ Single Frag
- ☐ UXO

Burn ☐ 1st ☒ 2nd ☐ 3rd
%TBSA = 9 Cause → MVC

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin Bandage (Type: example: Chitosan) ☐ Other

PROTECTIVE GEAR ☐ Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic Plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS and/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla Ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS
PTA	ET Intubation 7.5 (Adnl changes in Notes)	250 Hulka Teeth ____	☒ oral ☐ nasal	PTA	☐ $ETCO_2$ Change ☒ BBS Post Int. ☒ Verified CxL Suction (Y) N
PTA	Gastric Tube		☒ oral ☒ nasal	PTA	
PTA	Urinary	Amt 960 Color Yellow	☒ meatus ☐ supra.	PTA	Heme Dip + / - Results ____ cc
	Chest tube #1		L ☐ R ☐		Air ☐ Blood ☐
	Chest tube #2		L ☐ R ☐		Air ☐ Blood ☐
	A-line		L ☐ R ☐		
	Thoracotomy		L ☐ R ☐		
	Tourniquet	Type:	Site:		

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
	Chest		Head
	Abdom.		Chest
	C-spine		Abdom
	Pelvis		Pelvis
	Extrem.		

O2 on:	O2 off:	
	10am	Nasal cannula ☐
		NRB Mask ☐
		BVM ☐

LABS (others in Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ____
	Chemistry		UA
	PT/PTT	2130	HCG
	TEG	(Trauma)	Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
PTA	1	triple	IJ Triple L neck		1,000	
					Total:	

PATIENT IDENTIFICATION

Name: (Last/First/Rank) (b)(6)
Patient ID./SSN:
DOB: (ddmmyy) Age
Deployed Unit

ACLU DDII CID ROI 25283

EXHIBIT 19

000088

LAW ENFORCEMENT SENSITIV

ACLU-RDI 5544 p.53

LAW ENFORCEMENT SENSITIVE

JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS

TIME	FLUID	RATE	START	STOP	VOLUME
2130	NS	TKO	1000ml		

BLOOD PRODUCTS

UNIT #	TYPE	START	STOP	INITIAL	VOLUME
		N/A			

MEDICATIONS

DRUG	DOSE	ROUTE	TIME	INITIAL
Versed	2mg	IVP	2136	

VITAL SIGNS

TIME	SBP	DBP	HR	RR	TEMP	SAO2	RHYTHM
2140	155	83	111	30	/	99%	Tachy
2150	154	82	109	32	/	98	ST
2205	157	87	108	26	/	100%	ST

NOTES

2144 ◊Apr07: Pt presents via air ambulance from Bucca. Pt originally presented to Bucca unresponsive to pulse & breathing. Pt is currently intubated & ventilated. (b)(6)
2200 pt stable on vent. RR 30-40 versed for sedation. moved to ICU. Report to (b)(6)

INTUBATION/MECH/VENT

TIME:	PTA	(Put adnl
FiO2:	100	changes
PEEP:	5	in Notes)
MODE:	A/C	
RATE	15 bp	
TV:	550	

DEATH INFORMATION

Time of Death: _____
Mortuary Affairs Notified?
☐ Yes ☐ No
Time to Morgue: _____
Rmks: _____

DISPOSITION

ADMIT: OR ICU ICW TIME: _____
RTD: FULL QUARTER PROFILE 2210
AIR EVACUATION TO: _____
TIME DISPOSITION: _____ LITTER W/C AMBULATORY

VALUABLES

WLS	None found
	Secured by PAD
	Given to Patient

Time: _____

PATIENT IDENTIFICATION

Name: _____ SSN: _____
Trauma No: (b)(6)
Nurse Name: (b)(6)
Signature: _____

ACLU DPIL CID ROI 25284
FOUO EXHIBIT 000089
ACLU-RDI 5544 p.54
LAW ENFORCEMENT SENSITIVE

FOUO

NSN 7540-01-165-7294

0017 07 CID579 24 6960

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

LAW ENFORCEMENT SENSITIVE

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
PCXR 1				ICU	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

S/P ET repositioning

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
APR 04 2007		

RADIOLOGIC REPORT

No Report in Medweb

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

FOUO
ACLU DDII CID ROI 25285

RADIOLOGIC CONSULTATION REQUEST/REPORT

LAW ENFORCEMENT SENSITIVE

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

EXHIBIT 19

NSN 7540-01-165-7294

FOUO

0017 07 CID579 24069 519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

LAW ENFORCEMENT SENSITIVE

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
PCXR			(b)(6)	ICU BED 1.	
	FILM NO.				PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

INTUBATION

0500 hrs

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
05 APR 07		

RADIOLOGIC REPORT

APR 05 2007

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

FOUO

SIGNATURE ACLU DDII CID ROI 25286

LAW ENFORCEMENT SENSITIVE

000091

RADIOLOGIC CONSULTATION

EXHIBIT 19

STANDARD FORM 519-B (8-83)

NSN 7540-01-165-7294

FOUO

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

DD17 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

EXAMINATION(S) REQUESTED

PCXR (D)

AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
	M	LAW ENFORCEMENT SENSITIVE	ETR	

FILM NO.

PREGNANT ☐ YES ☐ NO

REQUESTED BY *(Print)* (b)(6)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

TRAUMA PT.

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
APR 04 2007		

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

TRAUMA 2

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

FOUO

SIGNATURE

ACLU DDII CID ROI 25287

LAW ENFORCEMENT SENSITIVE

RADIOLOGIC CONSULTATION REQUEST/REPORT
2 — PHYSICIAN

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ACMR
FPMR (41 CFR) 101-11.806-8

EXHIBIT 19

NSN 7540-01-165-7294

FOUO

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

0017 07 CID579 2406

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
Portable CXR 0500 hrs		m	(b)(6)	ICU	
	FILM NO.			PREGNANT ☐ YES ☐ NO	
	REQUESTED BY (Print) (b)(6)			TELEPHONE/PAGE NO. 1427	
	SIGNATURE OF REQUESTOR (b)(6)			DATE REQUESTED 6 Apr 07	

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

s/p Intubation; vented patient

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
6 Apr 07		

RADIOLOGIC REPORT

APR 06 2007

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

(b)(6)

#1

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE (b)(6)

FOUO

ID ROI 25288

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RADIOLOGIC CONSULTATION REQUEST/REPORT

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR

EXHIBIT 19

ACLU-RDI 5544 p.58

NSN 7540-01-165-7294

0017 07 CID579 24069

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

FOUO

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED	AGE	SEX	SSN *(Sponsor)*	WARD/CLINIC	REGISTER NO.
PCXR - (1)				ETR	
	FILM NO.			LAW ENFORCEMENT SENSITIV	PREGNANT ☐ YES ☐ NO
	REQUESTED BY *(Print)* (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

SPECIFIC REASON(S) FOR REQUEST *(Complaints and findings)*

TRAUMA PT -

DATE OF EXAMINATION *(Month, day, year)*	DATE OF REPORT *(Month, day, year)*	DATE OF TRANSCRIPTION *(Month, day, year)*
APR 04 2007		

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name — last, first, middle, Medical Facility)*

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

FOUO

SIGNATURE

ACLU DDII CID ROI 25289

LAW ENFORCEMENT SENSITIVE

RADIOLOGIC CONSULTATION REQUEST/REPORT
3 — RADIOLOGY

STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.806-8

00084

EXHIBIT 19

FOUO

0017 07 CID 579 24JUL06

LAW ENFORCEMENT SENSITIVE

Detainee Mental Health Screen

ISN (b)(6)

DATE 24JUL06

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

Current Concerns

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

Past Concerns

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

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

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

OBSERVATION

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

DISPOSITION

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

SCREENER (b)(6) / (PRINT/SIGN) (b)(6)

FOUO

ACLU DDII CID ROI 25290

LAW ENFORCEMENT SENSITIVE

EXHIBIT 19

ACLU-RDI 5544 p.60

LAW ENFORCEMENT SENSITIVE

MILITARY OPERATIONS
RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD)	2. PAGE
20070408	1 OF 1 PAGES

FOUO

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

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

LAW ENFORCEMENT SENSITIVE

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

3. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATION	e. STATUS	f. DATE OF STATUS (YYYYMMDD)
(b)(6)		(b)(6)		Deceased	2007(b)(

4. PLACE OF RECOVERY (Include grid coordinates)	5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS	
		a. #1	b. #2
28TH CSH BAGHDAD, IRAQ	2007(b)(6		

7. INVENTORY OF EFFECTS

a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION
0	NOTHING FOLLOWS			

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

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

9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)

[ ] ALL KNOWN EFFECTS [ ] ALL KNOWN EFFECTS RECOVERED FROM UNIT [ ] ALL KNOWN EFFECTS RECOVERED FROM REMAINS

10. PREPARING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION
(b)(6)	(b)	28TH CSH BAGHDAD, IRAQ

d. SIG (b)(6)	e. DATE SIGNED (YYYYMMDD)
	2007(b)(6)

11. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

FOUO

12. RECEIVING OFFICIAL

a. NAME (Last, First, Middle Initial)	b. GRADE	c. ORGANIZATION

d. SIGNATURE	e. DATE SIGNED (YYYYMMDD)

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25291

ACLU DDII CID ROI 25291

EXHIBIT 9,922

FOUO 0017 07 CID 579 24069

HEALTH RECORD | **CHRONOLOGICAL RECORD OF MEDICAL CARE**

LAW ENFORCEMENT SENSITIVE
FOUO

Patient: (b)(6)
Facility: **WBH7T0**

Date: **04 Apr 2007 1202 AST**
Clinic: **21ST TF MED (BUCCA)**

Appt Type: **ROUTN**
Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 04 Apr 2007 1202 AST

LAW ENFORCEMENT SENSITIVE

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

Screening Written by (b)(6) @ 04 Apr 2007 1202 AST

Appointment Reason For Visit: RESPIRATORY FAILURE:

Selected Reason(s) For Visit:
RESPIRATORY FAILURE (New) Comments:

SO Note Written by (b)(6) @ 04 Apr 2007 1208 AST

History of present illness

The Patient is a 21 year old male.

° Encounter Background Information: medics called to CPD 12 for patient "not breathing". Found patient unresponsive, no vitals and blue appearing. Started CPR and transported to ER. Combitube intubation enroute by medic. Patient arrived to ER in same condition and CODE started (CPR continued throughout as indicated). The following was the physical exam findings:

GEN: bluish at face, lips especially, nonresponsive, pale and cold
HEENT: NC/AT, no trauma to head, Pupils fixed and dilated. neck supple. Combitube in place, eventually replaced by ETT.
CHEST: course breath sounds but clear bilat with combitube and then with ETT.
CV: no heart beat iniitally, later no murmur heard
ABD: soft, nondistended. NG placement confirmed with bubble during code.
EXT: no lesions or trauma noted. Only? was left hip with possible thumb print
BACK: no lesions noted.
PELVIC: stable. Attempt at right fem central line aborted due to pulsatile blood, concern for art stick, pressure dressing placed at transfer to ICU. Left fem placed during code.
GU: minimal UOP initially, was scant, cloudy and light yellow.

Past medical/surgical history
Reported History:
Past medical history no TMIP entries, no CHCS meds.

Objective
As above

Tests
Laboratory studies see notes, CHCS and code notes

Imaging studies CXR: ETT in place

A/P Written by (b)(6) @ 04 Apr 2007 1209 AST
1. RESPIRATORY FAILURE
Comments: patient arrived in full arrest, ACLS performed. No clear etiology, bluish appearance likely due to either time down or respiratory aspect of etiology. No clear other findings at time of transfer to ICU.

Disposition Written by (b)(6) @ 04 Apr 2007 1210 AST
Admitted
Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness

Name:	(b)(6)	Sex:	M	Sponsor:	(b)(6)
FMP/SSN:		Tel H:		Rank:	
DOB:	(b)(6) 1986	Tel W:		Unit:	
PCat:		CS:		Outpt Rec Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

FOUO
LAW ENFORCEMENT SENSITIVE
ACLUDDII CID ROI 25292

EXHIBIT
000097
ACLU-RDI 5544 p.62
THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

0017 07 CID579 24068

FOUO

NSN 7540-00-834-4115

MEDICAL RECORD	NARRATIVE SUMMARY (CLINICAL RESUME)	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
4/4/2007	4/6/2007	3

LAW ENFORCEMENT SENSITIVE

(Sign and date at end of narrative)

4/06/2007 08:25:05 UTC
21st CSH - Bucca
BY (b)(6)

26yo male with no prior medical problems was brought our ER on 04APR07 pulseless, not breathing, unresponsive and cyanotic in asystole. He underwent a ~30min resuscitation during which he was intubated and sinus rythm was obtained. Initial UDS, trauma survey and metabolic profile did not reveal a source for his initial presentation. On 05APR, he was able to open his eyes spontaneously, but unable to track. He was able to withdraw from pain as well. Today, he has not spontaneous eye opening, has no corneal reflex on the left and minimal corneal reflex on the right. His pupils are 5mm bilateraly and briskly RLA. He no longer withdraws from pain.
VS: bp 150s/80s, hr 90s, afebrile
CPAP with FiO2 35%, PEEP 8, PS 15
LUNGS: CTA b/l CARD: rrr, nl s1,s2, no m/r/g
ABD: benign EXT: tr. edema, 2+ DP/PT/radial pulses b/l

LINES and TUBES: ETT, foley to gravity, OGT to suction, L fem TLC (day 3), L rad a-line (day3)

MEDS: Zantac 50mg iv q8, Zosyn 3.375mg iv q6, Propofol 25mg/hr

ABG: 7.38/35/82/22 wbc 13.2 (down from 19), hb 11.8, hct 36, plat 148 na 142, k 3.5, chlor 110, bic 22, bun 9, cr 0.9, ca 6.2 ast 179, alt 169

CXR: bibasilar infiltrate vs. pulm edema

A/P
NEURO: Concern for anoxic brain injury vs. ICB. Will continue supportive care and transfer to Cropper for head CT and possible referral for expedited CR. Continue Propofol for sedation.
PULM: Stable, moderately tolerating CPAP, but will switch back to SIMV if patient is persistantly tachypnic. Continue to follow closely for worsening pulm edema while we continue to hydrate.
CARD: No issues.
RENAL/FEN: AG acidosis now resolved. Some concern for rhabdomyolysis given CK>5000, sediment and blood in UA, though with stable SCr. Will continue to hydrate with D5 NS @150cc/hr.
GI: Continue GI prophylaxis with Zantac. Mild ischemic transaminitis should resolve with supportive care.
ENDO: No issues.
ID: Possible aspiration during resuscitation. Will continue empiric tx with Zosyn.
HEME: Stable cbc and coags (initially coagulopathic). Will continue to use venodynes for DVT prophylaxis given inability to tell if pt has ICB.

4/06/2007 14:41:10 UTC A/E TO CAMP CROPPER
21st CSH - Bucca
BY (b)(6)

(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.
(b) (6) N/A 21st CSH - Bucca		

LAW ENFORCEMENT SENSITIVE

NARRATIVE SUMMARY (CLINICAL RESUME)
Medical Record

ACLU DDII CID ROI 25293

STANDARD FORM 502 (REV. 7-91)
Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

ACLU-RDI 5544 p.63

000098
EXHIBIT 19

0017 07 C10579 24069

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE	
04 Apr 2007 1202	Facility: WBH7T0 Clinic: 21ST TF MED (BUCCA)	Provider: (b)(6)

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

FOUO

Signed By @ 04 Apr 2007 1210
(b)(6)
WBH7T0

LAW ENFORCEMENT SENSITIVE

FOUO

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

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25294

ACLU-RDI 5544 p.64

EXHIBIT

000099

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TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED

6 9 2

FOUO

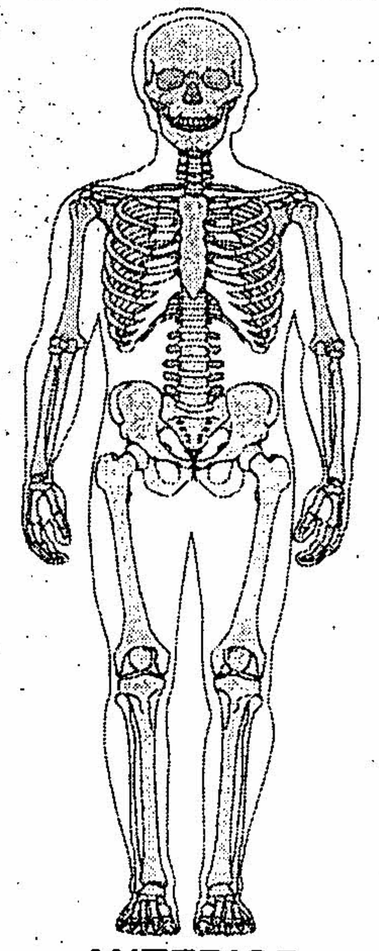
0017 07 CID579 240769

JOINT THEATER TRAUMA NURSING RECORD

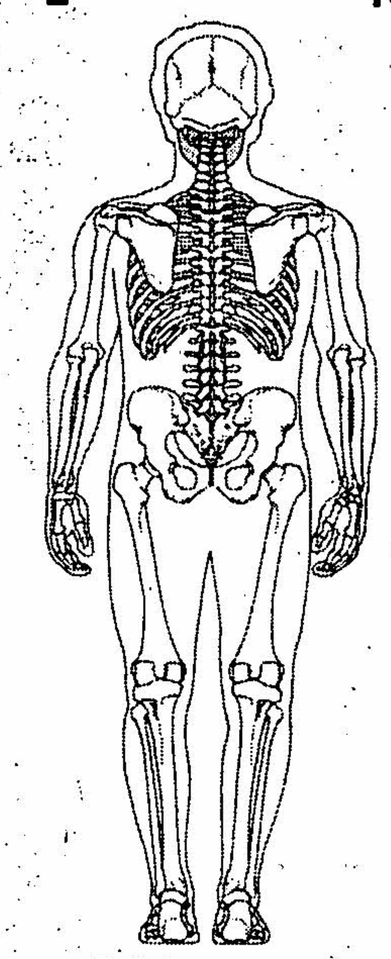
SECONDARY SURVEY

LAW ENFORCEMENT SENSITIVE

(**AB**)rasion
(**AMP**)utation
(**AV**)ulsion
(**BL**)eeding
(**B**)urn
(**C**)repitus
(**D**)eformity
(**DG**)Degloving
(**E**)cchymosis
(**FX**)Fracture
(**F**)oreign Body
(**GSW**)Gun Shot Wound
(**H**)ematoma
(**LAC**)eration
(**PW**)Puncture Wound
(**P**)ain
(**SS**)Seatbelt Sign
(**SW**)Stab Wound


ANTERIOR

L R


POSTERIOR

MECHANISM OF INJURY

- ☐ Assault/Fight
- ☐ Biological
- ☐ Blast/Explosion
- ☐ Blunt Trauma
- ☐ Bomb
- ☐ Bldg Colapse
- ☐ Burn
- ☐ Chemical
- ☐ Crush
- ☐ Drowning
- ☐ Fall
- ☐ Flying Debris
- ☐ Grenade
- ☐ GSW/Bullet
- ☐ Helo Crash
- ☒ Other: Found 7Apr05 non-responsive
- ☐ Hot Obj/Liquid
- ☐ IED
- ☐ Knife/Edge
- ☐ Landmine
- ☐ Machinery
- ☐ Mortar
- ☐ Multi-frag
- ☐ MVC
- ☐ Plane Crash
- ☐ Rad/Nuclear
- ☐ Single Frag
- ☐ UXO

Burn: ☐ 1st ☐ 2nd ☐ 3rd
%TBSA = Cause =

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin Bandage (Type: example: Chitosan) ☐ Other:

PROTECTIVE GEAR ☐ Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic Plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS land/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla Ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS
PTA	ET Intubation 7.5 (Adnl changes in Notes)	25@ Holder Teeth	☒ oral ☐ nasal	PTA	☐ $ETCO_2$ Change ☒ BBS Post Int.
PTA	Gastric Tube		☐ oral ☒ nasal	PTA	☒ Verified CxR Suction Y N
PTA	Urinary	Amt 960 Color Yellow	☒ meatus ☐ supra.	PTA	Heme Dip +/- Results ____ cc
	Chest tube #1		L R		Air Bood
	Chest tube #2		L R		Air Blood
	A-line		L R		
	Thoracotomy		L R		
	Tourniquet	Type:	Site:		

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
2145	Chest		Head
	Abdom.		Chest
	C-spine		Abdom
	Pelvis		Pelvis
	Extrem.		

O2 on:	O2 off:	
	0900	Nasal cannula ☐
		NRB Mask ☐
		BVM ☐

LABS (others In Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ___
	Chemistry		UA LAW ENFORCEMENT SENSITIVE
	PT/PTT	2130	HCG=PAV
	TEG	Trauma	Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
PTA	1	triple	1/ Triple	L neck	1,000	
					Total:	

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25295

PATIENT IDENTIFICATION

Name: (Last/First/Rank) (b)(6) DOB: (ddmmyy) 0001 Age
Patient ID /SSN: Deployed Unit

ACLU-RDI 1934 p.65

EXHIBIT 19

0017 07 CID579 240[illegible]

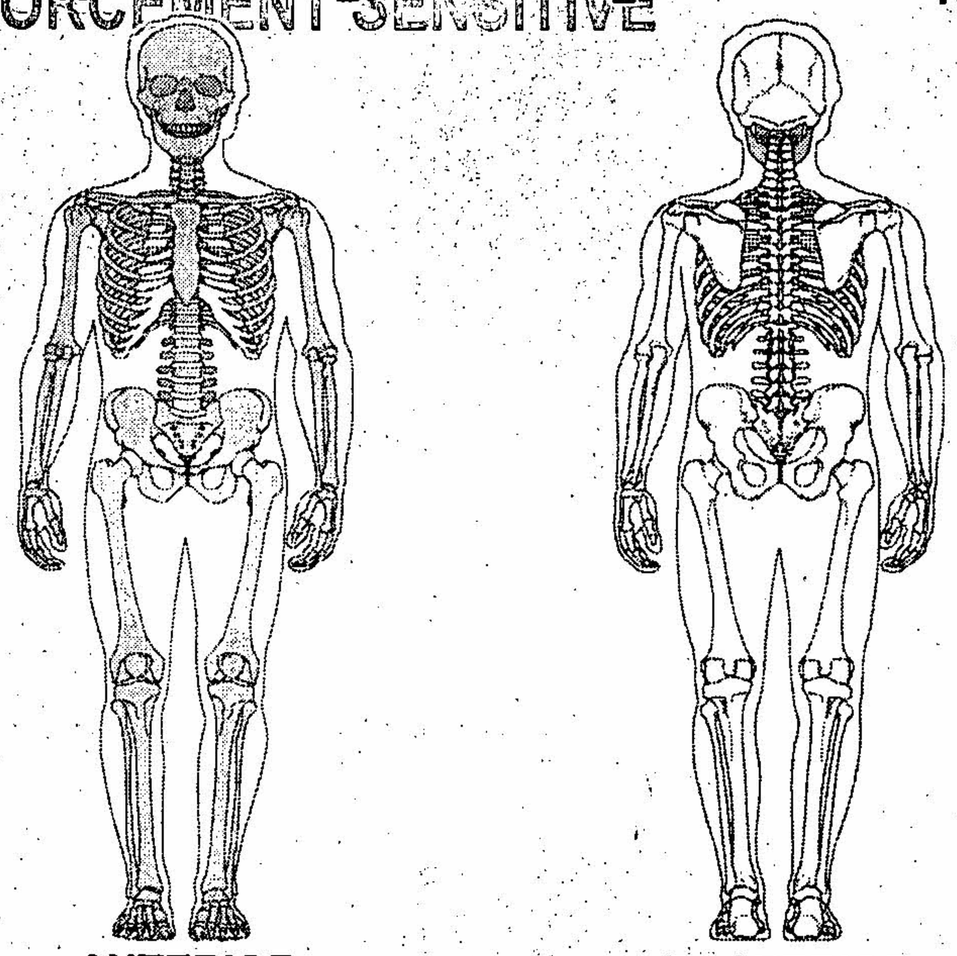
FOUO

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

LAW ENFORCEMENT SENSITIVE

(AB)rasion
(AMP)utation
(AV)ulsion
(BL)eeding
(B)urn
(C)repitus
(D)eformity
(DG)Degloving
(E)cchymosis
(FX)Fracture
(F)oreign Body
(GSW)Gun Shot Wound
(H)ematoma
(LAC)eration
(PW)Puncture Wound
(P)ain
(SS)Seatbelt Sign
(SW)Stab Wound



ANTERIOR POSTERIOR

MECHANISM OF INJURY

- ☐ Assault/Fight
- ☐ Biological
- ☐ Blast/Explosion
- ☐ Blunt Trauma
- ☐ Bomb
- ☐ Bldg Colapse
- ☐ Burn
- ☐ Chemical
- ☐ Crush
- ☐ Drowning
- ☐ Fall
- ☐ Flying Debris
- ☐ Grenade
- ☐ GSW/Bullet
- ☐ Helo Crash
- ☒ Other: Blast penetrating
- ☐ Hot Obj/Liquid
- ☐ IED
- ☐ Knife/Edge
- ☐ Landmine
- ☐ Machinery
- ☐ Mortar
- ☐ Multi-frag
- ☐ MVC
- ☐ Plane Crash
- ☐ Rad/Nuclear
- ☐ Single Frag
- ☐ UXO

Burn: ☐ 1st ☒ 2nd ☐ 3rd
%TBSA = Cause =

PRE-HOSPITAL HEMOSTATIC DEVICES:

☐ Unknown ☐ None ☐ Direct Pressure ☐ Field Dressing
☐ Quick Clot ☐ Fibrin Bandage (Type: example: Chitosan) ☐ Other:

PROTECTIVE GEAR ☐ Unknown	Worn	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH /MICH / CVC / AVN / USMC)	☐	☐	☐	☐
Flak Vest/IBA (circle XSM/S/M/L/XL/XXL/XXXL/XXXXL)	☐	☐	☐	☐
Ceramic Plate (circle XSM / S / M / L / XL)	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐	F ☐ B ☐
Eyewear (SPECS/SG-1/BLPS/UVEX XC/ESS Iand/ESS NVG/SWDG)	☐	☐	☐	☐
Deltoid/Axilla Ext (left/ right)	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐	L ☐ R ☐
Neck Protector (collar/ throat)	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐	C ☐ T ☐
Groin/leg ext	G ☐ L ☐	☐ ☐	G ☐ L ☐	G ☐ L ☐

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS
PTA	ET Intubation 7.5 (Adnl changes in Notes)	25@ Teeth Holder	☒ oral ☐ nasal	PTA	☐ $ETCO_2$ Change ☒ BBS Post Int.
PTA	Gastric Tube		☐ oral ☒ nasal	PTA	☒ Verified CxL Suction Y N
PTA	Urinary	Amt 960 Color Yellow	☒ meatus ☐ supra.	PTA	Heme Dip +/- Results cc
	Chest tube #1		L R		Air Blood
	Chest tube #2		L R		Air Blood
	A-line		L R		
	Thoracotomy		L R		
	Tourniquet	Type:	Site:		

X-RAY TIME	X-RAY TYPE	CT TIME	CT TYPE
2145	Chest		Head
	Abdom.		Chest
	C-spine		Abdom
	Pelvis		Pelvis
	Extrem.		

O2 on:	O2 off:	
	0900	Nasal cannula ☐
		NRB Mask ☐
		BVM ☐

LABS (others in Notes)

Time	Test	Time	Test
	CBC		T & S
	ABG		T & C x ___
	Chemistry		UA
	PT/PTT	2130	HCG
	TEG	Trauma	Other

Intravenous Access

Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
PTA	1	[illegible]	Triple	L neck	1,000	
					Total:	

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25296

PATIENT IDENTIFICATION

Name (Last/First/Mid/Rank): (b)(6)
Patient ID./SSN: DOB: (ddmmyy) Age
Deployed Unit

0001

EXHIBIT 19

ACLU-RDI 5544 pg 66

FOUO

0017 07 CID579 240ZJUL

JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS

TIME	FLUID	RATE	START	STOP	VOLUME
2130	NS	TKO	1000ml		

BLOOD PRODUCTS

UNIT #	TYPE	START	STOP	INITIAL	VOLUME
		N/A			

MEDICATIONS

DRUG	DOSE	ROUTE	TIME	INITIAL
Versed	2mg	IVP	2136	

VITAL SIGNS

TIME	SBP	DBP	HR	RR	TEMP	SAO2	RHYTHM
2140	155	83	111	30		99%	Tachy
2150	156	83	109	32		98	ST
2205	157	89	108	46		100%	ST

FOUO

NOTES

2149 Apr 07: Pt presents via air ambulance from Bucca. Pt originally presented to Bucca unresponsive & pulse & breathing. Pt is currently intubated & ventilated. (b)(6)
2200 pt stable on vent, RR 30-40 versed for sedation, moved to ICU. Report to (b)(6)

INTUBATION MECH/VENT

TIME: PTA (Put adnl changes in Notes)
FiO2: 100
PEEP: 5
MODE: A/C
RATE 15 bp
TV: 550

DEATH INFORMATION

Time of Death:
Mortuary Affairs Notified? ☐ Yes ☐ No N/A
Time to Morgue:
Rmks:

DISPOSITION

ADMIT: OR ICU ICW TIME:
RTD: FULL QUARTER PROFILE 2210
AIR EVACUATION TO:
TIME DISPOSITION: LITTER W/C AMBULATORY

VALUABLES

NKDA	None found
	Secured by PAD
	Given to Patient

Time:

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25297

PATIENT IDENTIFICATION

Name: (b)(6) SSN
Trauma No.
Nurse Name: (b)(6)
Signature:

ACLU-RDI 3544 p.67

EXHIBIT 19

0017 07 CID 579 24069

FOUO

AEROMEDICAL EVACUATION PATIENT RECORD

LAW ENFORCEMENT SENSITIVE

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE (U / P / R)	5. GRADE
Mahmud, Karwan Muhammad	(b)(6)	Detainee		P	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
26	✓ Male / Female			AMBULATORY / ✓ LITTER	(b)(6)	

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS	
	Camp Bucca	Camp Cropper	16a. MEDICAL: 1	16b. NON MED:
	14b. ORIGINATING FACILITY PHONE NUMBER	15b. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

Cardiopulmonary arrest
? Anoxic brain injury

18. ☐ BATTLE CASUALTY ✓ DISEASE ☐ NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		✓	HYPERTENSION	f.		✓	EMOTION SICKNESS	k.		✓	AMBULATORY
b.	✓		CARDIAC HX	g.		✓	VISION IMPAIRED	l.		✓	AMBULATORY AID
c.		✓	DIABETES	h.	✓		VOIDING PROBLEMS	m.		✓	SELF-MEDS
d.	✓		RESPIRATORY	i.	✓		BOWEL PROBLEMS	n.	✓		ADEQUATE SUPPLY OF MEDS
e.		✓	EMERGENCY	j.		✓	SELF-CARE	o.		✓	OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
06APR07	1144	NKDA

20d. DIET: NPRED ☐ 2GM NA ☐ CARDIAC ☐ DIABETIC ___ CALS

☐ RENAL ___ Gm prot ___ Gm Na ___ Meq K ___ mg PO4

☐ TUBE ___ TYPE ___ conc, 1/2, 3/4, FULL STRENGTH

☐ PEDIATRIC: AGE ___ ☐ OTHER (Specify) ___

☐ TPN: Change to D10 at ___ conc for max of ___ days

☐ TUBE FEEDING ___ at ___ strength at ___ cc/hr

20e. IV/BLOOD: ✓ D5 NS @ 150 cc/h

20f. SPECIAL EQUIPMENT					
✓ SUCTION	✓ IV PUMP	☐ CHEST TUBE/HEIMLICH			
✓ NG TUBE	☐ TRACH	☐ RESTRAINTS			
☐ STRYKER FRAME	✓ MONITOR	✓ OTHER (Explain in 23)			
☐ INCUBATOR	✓ FOLEY				

O2: ☐ LITERS: ROUTE:

☐ VENTILATOR SETTINGS: SIMV, TV 500, Rate 16, PEEP 8, FS 10

20g. ALTITUDE RESTRICTION: None FiO2 35%

20h. RECORDS TO ACCOMPANY PATIENT

☐	OUTPATIENT RECORDS	☐	X-RAYS	☐	FINANCIAL
☐	INPATIENT RECORDS	☐	OB RECORDS	✓	OTHER (Specify)
✓	NARRATIVE SUMMARY	☐	DENTAL RECORDS		~~pneumatic compression~~ device

20i. MEDICATIONS/TREATMENTS

Zantac 50mg IV Q8°
Zosyn 3.375mg IV Q6°
Propofol 10-75mg/hr titrate to MARS 2-3

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
06APR07/1143				

22. BRIEF NARRATIVE

26yo male s/p cardiopulmonary arrest of unknown etiology s/p prolonged resuscitation, now failing to respond & neg corneal reflex, no withdrawal from pain, no spontaneous movement or eye opening. Transfer to Cropper for CT head and to expedite CR.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	Pneumatic compression devices if available

Ready Date:
Birthdate:
Patient Name:

FOUO

ACLU DDII CID ROI 25298

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN
(b)(6)

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

LAW ENFORCEMENT SENSITIVE

000103

EXHIBIT 19

ACLU-RDI 5544 p.68

0017-07-CIDSTA-24069

RADIOLOGY REPORT

FOUO

LAW ENFORCEMENT SENSITIVE

PATIENT NAME	(b)(6)
DATE OF BIRTH	
PATIENT NUMBER	(b)(6)
REFERRING PHYSICIAN	(b)(6)
MODALITY TYPE	CT
INSTITUTION NAME	TF 21 Med
EXAM DATE	20070407
EXAM TYPE	CT HEAD

STUDY COMMENTS

HISTORY

FINDINGS

CONCLUSION

Massive subarachnoid hemorrhage and cerebral edema. Bilateral uncal herniation. Mild hydrocephalus. Acute ethmoid and sphenoid sinus effusions. No mass or infarct. Normal osseous structures.

2007-04-7 05:13, (b)(6)

(b)(6)

DIGITAL SIGNATURE

Signer name: (b)(6)

Organization: Cropper Medweb 1

Contact e-mail: (b)(6)

Signed: 2007/04/07.05:25:23

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CV ROI 25299

Close Case

ACLU-RDI 5544 p.69

000104

EXHIBIT 19

0017 07 CID579 24069

FOUO

MEDICAL RECORD - PROVIDER ORDERS
For use of this form, see MEDCOM Circular 40-5

ONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders ed 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.

ENFORCEMENT SENSITIVE

E/ IE

ORDERS

(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).

LABS: CBC CHEM7 Trauma PT INR PTT VBG/ABG

CHEM10 CHEM20 LFT LIPASE

CK CKMB TRPN LDH MYOGLOBIN DDIMER

OTHER_____

PLAIN FILM RADIOLOGY: CXR Supine CXR Upright Cspine Ant/Lat Pelvis

LLE RLE LUE RUE

Other plain film:_____

CT: HEAD CSPINE ABD/PELVIS CHEST

Other CT:_____

Other radiology: _____

MEDICATIONS (DOSE):

FENTANYL 50-250 micrograms PRN for pain

MORPHINE _____ milligrams

ETOMIDATE _____ milligrams

SUCCINYLCHOLINE _____ milligrams

KETAMINE _____ milligrams

VECURONIUM _____ milligrams (.1 mg/ kg)

VERSED 1-5 milligrams PRN for pain and sedation

ANCEF 1 2 grams (circle one)

GENTAMYCIN _____ milligrams

UNASYN 3.0 grams

ROCEPHIN ____ grams

TETANUS: .5 mL

Other _____

Blood products ____ Code Red (number ordered) Platelets:___ 6 pack

(b)(6)

NT IDENTIFICATION *(For typed or written entries note: Name - last, iddle initial; grade; DOB; hospital or medical facility)*

FOUO

ENFORCEMENT SENSITIVE

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.

ACLU DDI CID ROI 25300

ACLU-RDI 5544 p.70

000105

EXHIBIT

DA FORM 3881, DEC 1998 PREVIOUS EDITIONS ARE OBSOLETE. APD PE v2.00

0017 07 CID579 240769

STAT EGG+

: (b)(6)

Name:_____

U_____121 mg/dL
N_____6 mg/dL
_____156 mmol/L
_____2.8 mmol/L
_____119 mmol/L
:02_____29 mmol/L
:Gap_____13 mmol/L
:t_____34 %PCV
:t_____11.6 g/dL
*via Hct
H_____7.493
:02_____35.8 mmHg
:O3_____27.5 mmol/L
Ecf_____4 mmol/L

mple Type_:

07APR07 20:29

per:

hysician:_____

er# (b)(6)

er:

28TH CSH
TRAUMA LAB REQ/RESULTS

(b)(6)

		Doctor			
		Date			
DOB		Initials		Time(Hour)	
DW	Normal	HEME-Purple		Normal	
	135-125 mmol/L	WBC		4.5-10.5 x10	
	3.6-5.1mmol/L	RBC		4.00-6.00 x1	
	80-105mmol/L	Hemoglobin		12.0-16.0gm/d	
	22-30mmol/L	Hematocrit		37-50 %	
	65-105 mmol/L	MCV		80-99 fL	
	25-10 mEqL M	MCH		27-33(0.53	
	7.6-1 mg/dL F	MCHC		33(0.31.0gm/	
	6-20 mEqL M	Platelet		150-450x10	
	0.7-2mg/dL F	Lymphs		20.5-51 %	
	0.6-1.2mg/dL M	Lymphs		1.2-3.4 x10	
	6.4-10.2 gm/dL		SSAGS-Blue		
	2.5-4.5mg/dL	PT		9-12 sec	
	16-26mg/dL	INR		1.1 unit	
	3.6-5.2 g/dL	PTT		25-43 secs	
	0.2-1.5mg/dL	Crossmatch		Ir26ampsmlAG	
	5.0-6.5 U/L		BloodGas	GreenTop	
	11.0-28.0 U/L	pH		7.35-7.45	
	95-120 U/L	PCO2		35-45mm Hg	
	9.5-12 g/dL	PO2		80-105mmHg	
	0.0-.1 mg/dL	Hco3		22-26 mmol/	
	0.0-.3 mg/L	B Exc		-2to-3 mm/L	
	2.5 U/L	sO2		95-98 %	
	0-110 U/L				
	24-30 U/L				
CARDIAC					
	0.0-.16 ng/mL				
	30-135 U/L F				
	55-170 U/L M				
	<5.0 ng/mL BAS				
	<5.0 ng/mL BNP				
	<100 pg/mL NT				

TRAUMA PANEL TUBES
CBC-Purple 1
Comps-Blue 1
Chem-Green 1
Blood Gas 1

USE FOR TRAUMA LAB REQUESTS ONLY

UO

MENT SENSITIVE

ID: (b)(6)

WB				21:2
				Patient
				Limits
WBC	21.1 H	x10^3/uL	4.5	10.
RBC	4.02	x10^6/uL	4.00	6.0
Hgb	12.0	g/dL	11.0	18.0
Hct	38.0	%	35.0	60.0
MCV	94.5	fL	80.0	99.
MCH	29.9	pg	27.0	31.0
MCHC	31.7 L	g/dL	33.0	37.0
Plt	274.	x10^3/uL	150.	450.
LYM	3.8	#L %	20.5	51.
LYM	0.8	# x10^3/uL	1.2	3.

FOUO

ENFORCEMENT

ACLU-RDI 5544 p 71

FOUO

ENFORCEMENT

STAT EC8+

: (b)(6)

Name:_____

u_____121 mg/dL
N_____6 mg/dL
_____156 mmol/L
_____2.8 mmol/L
_____119 mmol/L
02_____29 mmol/L
iGap_____13 mmol/L
:t_____34 %PCV
i*_____11.6 g/dL
*via Hct
i_____7.493
:02_____35.8 mmHg
:03_____27.5 mmol/L
:ecf_____4 mmol/L

imple Type_:

07APR07 20:29

per:

ysician:_____

er# (b)(6)
er:

28TH CSH
TRAUMA LAB REQ/RESULTS

0017 07 CID579 24038

FOUO

ORCEMENT SENSITIVE

(b)(6)

Doctor:
Date:
DOB: Initials: Time In/out:

ow	Normal	HEME-Purple		Normal
	135-145 mmol/L	WBC		4.5 - 10.5 *10
	3.5-4.3 mmol/L	RBC		4.00 - 6.00 *10
	98-107 mmol/L	Hemoglobin		11.0 - 18.0 g/d
	22-30 mmol/L	Hematocrit		35 - 60 %
	65-105 mg/dL F 75-110 mg/dL M	MCV		80 - 99.9 fL
		MCH		27.0 - 31.0 pg
	7.0-17 mg/dL F 9-20 mg/dL M	MCHC		33.0 - 37.0 g/dL
		Platelets		150 - 450 *10
	0.7-1.2 mg/dL F 0.8-1.5 mg/dL M	Lymph%		20.5 - 51.1 %
		Lymph#		1.2 - 3.4 *10/u
	8.4-10.2 mg/dL	COAGS-Blue		
	2.5-4.5 mg/dL	PT	10	9-12 sec
	1.6-2.3 mg/dL	INR	1	1 B unit
	3.5-5.5 0 g/dL	PTT		25-33.0 sec
	0.2-1.3 mg/dL	D-Dimer		< 250 ng/ml/neg
	15.0-46.0 U/L	Blood Gas - Green Top		
	11.0-66.0 U/L	pH		7.35 - 7.45
	38-126 U/L	PCO2		35-45 mm Hg
	6.3-8.2 g/dL	PO2		80-105 mm Hg
	0.0 -1.1 mg/dL	HCO3		22-26 mmol/L
	0.0-0.3 mg/dL	BEecf		-2 to -3 mmol/L
	12-58 U/L	sO2		95-98 %
	30-110 U/L			
	23-300 U/L			
CARDIAC				
	313-618 U/L			
	30-135 U/L F 55-170 U/L M			
	<5.0 ng/mL/neg			
TRP N	<0.6 ng/mL/neg			
MYO CB	<110 ng/mL/neg			

TRAUMA PANEL TUBES
- CBC-Purple 2
- Coags-Blue 1
- Chem-Green 1
- Blood Gas 1

USE FOR TRAUMA LAB REQUESTS ONLY

LAW ENF

ACLU DDII CID ROI 25302

ACLU-RDI 5544 p.72

000107
EXHIBIT 19

07 CID579 24089

FOUO

RCEMENT SENSITIVE

STAT EC8+

: (b)(6)

Name:_____

u_____121 mg/dL
N_____6 mg/dL
_____156 mmol/L
_____2.8 mmol/L
_____119 mmol/L
O2_____29 mmol/L
Gap_____13 mmol/L
:t_____34 %PCV
*_____11.6 g/dL
*via Hct
1_____7.493
:O2_____35.8 mmHg
:O3_____27.5 mmol/L
Ecf_____4 mmol/L

mple Type_:

07APR07 20:29

per:

ysician:_____

er# (b)(6)
er:

28TH CSH
TRAUMA LAB REQ/RESULTS

QO 17

(b)(6)

Doctor:
Date:
DOB: Initials: Time In/out:

ow	Normal	HEME-Purple		Normal
	135-145 mmol/L	WBC		4.5 - 10.5 *10
	3.5-4.3 mmol/L	RBC		4.00 - 6.00 *10
	98-107 mmol/L	Hemoglobin		11.0 - 18.0 g/dl
	22-30 mmol/L	Hematocrit		35 - 60 %
	65-105 mg/dL F 75-110 mg/dL M	MCV		80 - 99.9 fL
		MCH		27.0 - 31.0 pg
	7.0-17 mg/dL F 9-20 mg/dL M	MCHC		33.0 - 37.0 g/dL
		Platelets		150 - 450 *10
	0.7-1.2 mg/dL F 0.8-1.5 mg/dL M	Lymph%		20.5 - 51.1 %
		Lymph#		1.2 - 3.4 *10/u
	8.4-10.2 mg/dL	COAGS-Blue		
	2.5-4.5 mg/dL	PT		9-12 sec
	1.6-2.3 mg/dL	INR		1 B unit
	3.5-5.5.0 g/dL	PTT		25-33.0 sec
	0.2-1.3 mg/dL	D-Dimer		< 250 ng/ml/neg
	15.0-46.0 U/L	Blood Gas - Green Top		
	11.0-66.0 U/L	pH		7.35 - 7.45
	38-126 U/L	PCO2		35-45 mm Hg
	6.3-8.2 g/dL	PO2		80-105 mm Hg
	0.0 -1.1 mg/dL	HCO3		22-26 mmol/L
	0.0-0.3 mg/dL	BEecf		-2 to -3 mmol/L
	12-58 U/L	sO2		95-98 %
	30-110 U/L			
	23-300 U/L			
CARDIAC				
	313-618 U/L			
	30-135 U/L F 55-170 U/L M			
	<5.0 ng/mL/neg			
	<0.6 ng/mL/neg			
	<110 ng/mL/neg			

TRAUMA PANEL TUBES
CBC-Purple 2
Coags-Blue 1
Chem-Green 1
Blood Gas 1

USE FOR TRAUMA LAB REQUESTS ONLY

FOR

AW ENFORCE

ACLU DDII CID ROI 25303

ACLU-RDI 5544 p.73

000108

EXHIBIT 19

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER

DATE	NOTES
(b)(6) 07@ 1600 cont	CT scan for head. R/O hemorrhage herniation. Pt hypersalivating. A-line D/cd & correlating c NIBP a manual. Manual and NIBP correlates. Will continue to assess and monitor —— (b)(6)
1900	Assumed care of patient. Physical assessme completed. VSS Awaiting tk to 28th csh. (b)(6)

ACLU DDII OID ROI 25304

EXHIBIT 19

ACLU-RDI 5544 p.74

FOUO

*****End of report*****

NSN 7540-00-834-4115

LAW ENFORCEMENT SENSITIVE

NARRATIVE SUMMARY (CLINICAL RESUME)

DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
(b)(6) /2007		

(Sign and date at end of narrative)

(b)(6) 2007 08:25:05 UTC
(b)(6)

26yo male with no prior medical problems was brought our ER on (b)(6) 07 pulseless, not breathing, unresponsive and cyanotic in asystole. He underwent a ~30min resuscitation during which he was intubated and sinus rythm was obtained. Initial UDS, trauma survey and metabolic profile did not reveal a source for his initial presentation. On (b)(6) he was able to open his eyes spontaneously, but unable to track. He was able to withdraw from pain as well. Today, he has not spontaneous eye opening, has no corneal reflex on the left and minimal corneal reflex on the right. His pupils are 5mm bilateraly and briskly RLA. He no longer withdraws from pain.
VS: bp 150s/80s, hr 90s, afebrile
CPAP with FiO2 35%, PEEP 8, PS 15
LUNGS: CTA b/l CARD: rrr, nl s1,s2, no m/r/g
ABD: benign EXT: tr. edema, 2+ DP/PT/radial pulses b/l

LINES and TUBES: ETT, foley to gravity, OGT to suction, L fem TLC (day 3), L rad a-line (day3)

MEDS: Zantac 50mg iv q8, Zosyn 3.375mg iv q6, Propofol 25mg/hr

ABG: 7.38/35/82/22 wbc 13.2 (down from 19), hb 11.8, hct 36, plat 148 na 142, k 3.5, chlor 110, bic 22, bun 9, cr 0.9, ca 6.2 ast 179, alt 169

CXR: bibasilar infiltrate vs. pulm edema

A/P
NEURO: Concern for anoxic brain injury vs. ICB. Will continue supportive care and transfer to Cropper for head CT and possible referral for expedited CR. Continue Propofol for sedation.
PULM: Stable, moderately tolerating CPAP, but will switch back to SIMV if patient is persistantly tachypnic. Continue to follow closely for worsening pulm edema while we continue to hydrate.
CARD: No issues.
RENAL/FEN: AG acidosis now resolved. Some concern for rhabdomyolysis given CK>5000, sediment and blood in UA, though with stable SCr. Will continue to hydrate with D5 NS @150cc/hr.
GI: Continue GI prophylaxis with Zantac. Mild ischemic transaminitis should resolve with supportive care.
ENDO: No issues.
ID: Possible aspiration during resuscitation. Will continue empiric tx with Zosyn.
HEME: Stable cbc and coags (initially coagulopathic). Will continue to use venodynes for DVT prophylaxis given inability to tell if pt has ICB.

(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.
(b)(6) N/A		

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25305

ACLU-RDI 5544 p.75

EXHIBIT 19

LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD - PROVIDER ORDERS
For use of this form, see MEDCOM Circular 40-5

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).
1		Admit to: ICU ICW Dr. (b)(6) Service: Medicine
2		DX: Anoxic Brain Injury Allergies: unknown
3		Condition: Stable Critical Guarded
		( ) Vitals Per ICW Routine (X) Vitals and Hemodynamic monitoring per ICU Routine
		Activity: Ad Lib BR BR with BRP
		Diet: NPO Regular
		(X) Call MD for SBP 160> <90, DBP 100> <50, Map <60, HR 120> <50, Temp 100.4, RR 22> <10
		(X) SP02 <95%, UOP <30cc/hr and Critical Labs
		LABS: CBC CMP BMP Metlyte 8 Coags UA ABG in AM Cardiac Enzymes Q6hrsx2
		(X) EKG: In the AM and with CP
		(X) CXR: In AM
		(X) Foley to Gravity
		(X) NGT/OGT to LIWS Continuous Clamped
12		( ) Wound Vac to Continuous Suction 125mmHg
13		( ) CT toWall Suction 20mmHg
14		Dsg Changes to wounds BID: Telfa with Silvadene Cream and Kerlix to burns Wet to Dry Guaze Dry Guaze
15		IVF: NS to run @ 120 ml/hr ( ) saline lock if on regular diet
16		( ) 02 to keep SP02 >95%
17		Medications:
18		( ) Follow ICW SOP for pain, nausea, fevers, ISS and insomnia.
19		( ) Follow ICU SOP for ISS with REGULAR insulin
20		( ) Follow ICU SOP for Versed gtt (100mg/ml) start @ 1mg/hr, titrate to m
21		( ) Follow ICU SOP for Fentanyl gtt (2000mcg/100ml) start at 30mcg/hr titrate to moderate sedation
22		( ) Zosyn 3.375mg IV Q6Hrs (Give first dose now if not given in EMT)
23		DVT Prophylaxis: (For non-ambulatory patien ck one, if not please explain):
24		( ) Lovenox 30mg SQ Q12Hrs
25		( ) SCD's to B/ remities
26		**********PLEASE APPLY ONLY THE CHECKED NURSING ORDERS**********

Pt is intubated on sedation

D5 1/2 NS @ 150cc/hr

Protonix 40mg IV QD

Pt propofol gtt

EBL (AM) Q12 (AM Wean/Extub)

Lyc Zantac

PCXR x1 now

Coags x1 now

0950

(b)(6)

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

(b)(6)

LAW ENFORCEMENT SENSITIVE

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

Diagnosis:

Height: Weight (lbs): Diet:

Allergies:

Nursing Unit	Room No.	Bed No.	Page No.
		000111	

ACLU DDII CID ROI 25306

ACLU-RDI 5544 p.76

EXHIBIT 19

FOUO

LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD - PROVIDER ORDERS

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

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 fo

DATE/ TIME	ORDERS (SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAM
27	GI Prophylaxis:(If NPO Please check below, if not pleae explain):
28	(X) Zantac 50mg IV Q12Hrs
29	Pain Medications (for ICU patients only)
30	( ) Morphine 1-8mg IV Q1Hr Prn Severe Pain
31	Ventilator Settings:(For all intubated patients)
32	~~Mode: SIMV~~ Rate: ~~14~~ 16 Peep: ~~5~~ 8 PSV: 10 Tidal Volume (10cc/Kg) 500 Fi02 ~~100%~~
33	~~ABG with every ventilator change~~ 1 Hour after
34	Estimated Patient Weight (Kg):
	**********PLEASE APPLY ONLY THE CHECKED NURSING ORDERS**********
	**********The above are EMT holding orders and expire in 24 hours from time written**********
	*****Admitting Providers Please add orders that were requested in transfer summaries (ie: antibiotics and sto
	dates, PT/OT request, Diet request)*****
	Propofol gtt titrate to sedation per ICU prot
	ABG 1 hour p admission to ICU.

(b)(6)

FOUO

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

LAW ENFORCEMENT SENSITIVE

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

Diagnosis:

Height: Weight (lbs): Diet:

Allergies:

Nursing Unit	Room No.	Bed No.	Page No

ACLU DDII CID ROI 25307

000112

EXHIBIT 19

ACLU-RDI 5544 p.77

FOUO

0017 07 CID579 24089

CLINICAL RECORD - DOCTOR'S ORDERS

LAW ENFORCEMENT SENSITIVE 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

(b)(6)

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 2

DATE OF ORDER: (b)(6) 07 | TIME OF ORDER: 0130 HOURS | LIST TIME ORDER NOTED AND SIGN

- CPK now
- Cardiac enzymes q6°
- Lopressor 5mg IV q15' x 3 doses, hold HR <60's SBP <90
- Cycle EKG's & CXR
- Please do EKG & CXR in am 0700,

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: (b)(6) 07 | TIME OF ORDER: 0600 HOURS

- NS @ 200 cc/hr

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: (b)(6) 07 | TIME OF ORDER: 0845 HOURS

- Urine dipstick
- Lopressor 5mg IV Q6°
- D5 ½ NS @ 150 cc/hr

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT | ROOM NO. | BED NO.

DATE OF ORDER: (b)(6) 07 | TIME OF ORDER: 0950 HOURS

- Protonix 40mg IV QD
- Hold Propofol for CBC, CMP Q12 (AM labs @ 0700)
- Dc Zantac
- PCXR x 1 now
- Coag x 1 now

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO.: | BED NO.: 2

- Fentanyl gtt, start @ 25mcg/hr, titrate to effect

FOUO

DA FORM 1 APR 79 4256 REPLACES EDITION OF 1 JUL 57 WHICH MAY BE USED

ACLU DDII CID RO

☆ U.S. GOVERNMENT PRINTING OFFICE: 2003-300-391

EXHIBIT 19

"USE BALL POINT PEN—PRESS FIRMLY I NO CARBON PAPER REQUIRED"

0017 07 CID579 240CT

FOUO

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.

LAW ENFORCEMENT SENSITIVE

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			(b)(6) 07	1630 HOURS	
			Hydralazine 10mg IV Q8° PRN SBP ≥ 140		
NURSING UNIT: ICU	ROOM NO.:	BED NO.: 2			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			(b)(6) 07	1825 HOURS	
			1. Lopressor 5mg IV x1 now		
			2. Lopressor 5mg IV Q6° x 2 doses		
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 1 APR 79 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED.

FOUO

ACLU DDII CID ROI 25309

LAW ENFORCEMENT SENSITIVE 0014

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EXHIBIT 19

FOUO

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD — **CHRONOLOGICAL RECORD OF MEDICAL CARE**

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
(b)(6) 07 0755	R.T. Note: Pt. on vent, now on CPAP trial. Did vent check & recorded settings values. Pt doing well on CPAP, will keep watch on him. (b)(6)
(b)(6) 07 @ 0930	IM Prog Note
	Pt. now poorly responsive while off all sedatives/analgesics. Eyes open, but no tracking and c minimal corneal reflex on (R) and absent on (L). Now not withdrawing from pain in any extremity
MEDS Propofol (held) Zantac Zosyn.	VS: BP 120-130's/60's, HR 90's, T 98.2, 100% on 35% FiO2, RR 25 on PSIMV Pulm: CTA B/L Cardi: Tachy, reg, no M/R/G Eyes: Pupils 4mm, briskly reactive to light + accomodation.
Lines/Tubes ETT OGT Foley (R) fem 3L c (day 3) (L) rad a-line (day 3)	Ext: tr. edema, ø c/c CK 75,000 — 13.2/36/148 — 7.38/35/85/22 — UA - mod blood, (+) — 96% on 35% FiO2 — 142/3.5/110/22/107/0.9 — 9 — 6.2 AST ALT
	Neuro: Exam deteriorating. Will discuss transfer for head CT for prognostic information c DCCs. May restart propofol if pt. becomes agitated.
	Pulm: CXR - worsening bibasilar infiltrates vs p/m edema. ABG: WNL on CPAP PS 15, PEEP 8, FiO2 35% though at times he bucks the vent and has a RR steady at 25. We may need to re-sedate + switch back to SIMV to assist c improve ventilation.
	Cardi: ø issues
	Renal/FEN: UOP dropped off overnight to 30-40 cc/hrs which responded to 1 L NS bolus c subsequent 150 cc/hr output. Urine sediment also c casts and blood c/w mild rhabdomyolysis. (CK 75K)
	Cont. volume replacement.

(CONT →)

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

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

REGISTER NO. | WARD NO.

FOUO

(b)(6)

LAW ENFORCEMENT SENSITIVE

ICU/1

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

ACLU DDII CID ROI 25310

EXHIBIT 19

FOUO

0017 07 CID579 240769

AUTHORIZED FOR LOCAL REPRODUCTI

MEDICAL RECORD | **PROGRESS NOTES**

LAW ENFORCEMENT SENSITIVE

DATE	NOTES
(b)(6) 07	Admit Note H+P (cont) GI: NPO. On protonix for GI prophylaxis. Mi transaminitis. Ø stools. Trend LFTs, likely re to cardiopulmonary arrest. Renal: ↑ in Na, will Δ to D5½NS to replace free water as is fluid replete (edema). Other ly fine. Nl renal fxn currently, continue aggre hydration as ↑ CK too high to quantify/measu UA clear. Heme: H/H stable. Plt stable/normal. On SC Unsure intracranial status. Will start lovenox if Head CT neg for bleed. ID: WBC mildly elevated, b'ing. Ø fever. Wi cont to trend, do cultures if fevers. Ø obvio source of infection. Dispo: to be sent to 28th tonight as CR approved.
(b)(6) @1600	Pt received @ 0700 per (b)(6) report. Pt int sedated see ICU flowsheet for assessment. Thought day ⊕ Δ in assessment @ ~1200 was informed of h compassionate release approval. Just returned

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBEF (SSN or Other)
	LAST	FIRST	MI	

DEPART./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.
(b)(6)		

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25311

ACLU-RDI 5544 p.81

EXHIBIT

0017 07 CID 579 240 68

FOUO

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE U / P / R	5. GRADE
(b)(6)	(b)(6)	Detainee		P	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-6F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
26	✓ Male / Female			AMBULATORY / ✓ LITTER	(b)(6)	

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS	
	Camp Bucca	Camp Cropper	16a. MEDICAL: 1	16b. NON MED:
	14b. ORIGINATING FACILITY PHONE NUMBER	15b. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

Cardiopulmonary arrest
? Anoxic brain injury

18. ☐ BATTLE CASUALTY ☑ DISEASE ☐ NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		✓	HYPERTENSION	f.		✓	LIMITED MOTION	k.		✓	AMBULATORY
b.	✓		CARDIAC HX	g.		✓	VISION IMPAIRED	L		✓	AMBULATORY AID
c.		✓	DIABETES	h.	✓		VOIDING PROBLEMS	m.		✓	SELF-MEDS
d.	✓		RESPIRATORY	i.	✓		BOWEL PROBLEMS	n.		✓	ADEQUATE SUPPLY OF MEDS
e.		✓	EMERGENCY	j.		✓	SELF-CARE	o.		✓	OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
(b)(6) 07	1144	NKDA

20d. DIET: NPO ☐ 2GM NA ☐ CARDIAC ☐ DIABETIC ____ CALS

☐ RENAL ____ Gm prot ____ Gm Na ____ Meq K ____ mg PO4

☐ TUBE ____ TYPE ____ cc/hr, 1/2, 3/4, FULL STRENGTH

☐ PEDIATRIC: AGE ____ ☐ OTHER (Specify) ____

☐ TPN: Change to D10 at ____ cc/hr for max of ____ days

☐ TUBE FEEDING ____ at ____ strength at ____ cc/hr

20e. IV/BLOOD: ✓ D5 NS @ 150 cc/hr

20f. SPECIAL EQUIPMENT					
✓ SUCTION	✓ IV PUMP	☐ CHEST TUBE/HEIMLICH	✓ NG TUBE	☐ TRACH	☐ RESTRAINTS
☐ STRYKER FRAME	✓ MONITOR	✓ OTHER (Explain in 23)	☐ INCUBATOR	✓ FOLEY	

O2: ☐ LITERS: ROUTE:

☐ VENTILATOR SETTINGS: SIMV, TV 500, Rate 16, PEEP 8, PS 10

20g. ALTITUDE RESTRICTION: None F:O2 35%.

20h. RECORDS TO ACCOMPANY PATIENT

☐ OUTPATIENT RECORDS	☐ X-RAYS	☐ FINANCIAL	✓ NARRATIVE SUMMARY	☐ DENTAL RECORDS	~~pneumatic compression~~ device (b) (6)
☐ INPATIENT RECORDS	☐ OB RECORDS	✓ OTHER (Specify)			

20i. MEDICATIONS/TREATMENTS

Zantac 50mg IV Q8°
Zofran 3.375mg IV Q6°
Propofol 10-75mg/hr titrate to MAAS 2-3

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
(b)(6) 07/1143				

22. BRIEF NARRATIVE

26yo male s/p cardiopulmonary arrest of unknown etiology s/p prolonged resuscitation, now failing to respond c neg corneal reflex, no withdrawal from pain, no spontaneous movement or eye opening. Transfer to Cropper for CT head and to expedite CR.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	Pneumatic compression devices if available

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN (b)(6)

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

FOUO

LAW ENFORCEMENT SENSITIVE
Ready Date:
Birthdate:
Point of Contact:

ACLU DDII CID ROI 25312

ACLU-RDI 5544 p.82

000117

EXHIBIT 19

0017 07 CID 579 24069

FOUO

AEROMEDICAL EVACUATION PATIENT RECORD

PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial)	2. SSN	3a. STATUS	3b. SERVICE	4. PRECEDENCE	5. GRADE
(b)(6)		Detainee		U / P ✓ / R	

6. AGE	7. SEX	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-6F)	11. ACCEPTING PHYSICIAN	12. CITE/AUTHORITY NO.
26	✓ Male / Female			AMBULATORY / ✓ LITTER	(b)(6)	

13. APPT/SURG DATE	14a. ORIGINATING FACILITY	15a. DESTINATION FACILITY	16. NUMBER OF ATTENDANTS	
	Camp Bucca	Camp Cropper	16a. MEDICAL: 1	16b. NON MED:
	14b. ORIGINATING FACILITY PHONE NUMBER	15b. DESTINATION FACILITY PHONE NUMBER		

17. DIAGNOSIS

Cardiopulmonary arrest
? Anoxic brain injury

18. ☐ BATTLE CASUALTY ✓ DISEASE ☐ NON-BATTLE INJURY

19. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE		YES	NO	ISSUE		YES	NO	ISSUE
a.		✓	HYPERTENSION	f.		✓	MOTION SICKNESS	k.		✓	AMBULATORY
b.	✓		CARDIAC HX	g.		✓	VISION IMPAIRED	L		✓	AMBULATORY AID
c.		✓	DIABETES	h.	✓		VOIDING PROBLEMS	m.		✓	SELF-MEDS
d.	✓		RESPIRATORY	i.	✓		BOWEL PROBLEMS	n.	✓		ADEQUATE SUPPLY OF MEDS
e.		✓	EVACUATION	j.		✓	SELF-CARE	o.		✓	OTHER

20. PHYSICIANS ORDERS

20a. DATE	20b. TIME	20c. ALLERGIES
(b)(6) 07	1144	NKDA

20d. DIET: NPRED ☐ NGM NA ☐ CARDIAC ☐ DIABETIC ___ CALS

☐ RENAL ___ Gm prot ___ Gm Na ___ Meq K ___ mg PO4

☐ TUBE ___ TYPE ___ conc, 1/2, 3/4, FULL STRENGTH

☐ PEDIATRIC: AGE ___ ☐ OTHER (Specify) ___

☐ TPN: Change to D10 at ___ conc for max of ___ days

☐ TUBE FEEDING ___ at ___ strength at ___ conc

20e. IV/BLOOD: ✓ D5 NS @ 150 cc/h

20f. SPECIAL EQUIPMENT					
✓ SUCTION	✓ IV PUMP	☐ CHEST TUBE/HEIMLICH
✓ NG TUBE	☐ TRACH	☐ RESTRAINTS
☐ STRYKER FRAME	✓ MONITOR	✓ OTHER (Explain in 23)
☐ INCUBATOR	✓ FOLEY	

O2: ☐ LITERS: ROUTE:

☐ VENTILATOR SETTINGS SIMV, TV 500 Rate 16, PEEP 8, FS 10

20g. ALTITUDE RESTRICTION: None F:O2 35%

20h. RECORDS TO ACCOMPANY PATIENT

☐	OUTPATIENT RECORDS	☐	X-RAYS	☐	FINANCIAL
☐	INPATIENT RECORDS	☐	OB RECORDS	✓	OTHER (Specify)
✓	NARRATIVE SUMMARY	☐	DENTAL RECORDS		~~pneumatic compression~~ device

20i. MEDICATIONS/TREATMENTS

Zantac 50 mg IV Q8°
Zofran 3.375 mg IV Q6°
Propofol 10-75 mcg/kg/hr titrate to MAAS 2-3

21. PRE-FLIGHT VITALS

21a. DATE/TIME	21b. TEMP	21c. PULSE	21d. RESP	21e. BP
(b)(6) /1143				

22. BRIEF NARRATIVE

26yo male s/p cardiopulmonary arrest of unknown etiology s/p prolonged resuscitation, now failing to respond to neg corneal reflex, no withdrawal from pain, no spontaneous movement or eye opening. Transfer to Cropper for CT head and to expedite CR.

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	Pneumatic compression devices if available

FOUO

LAW ENFORCEMENT SENSITIVE

Ready Date:
Birthdate:
Point of Contact:

ACLU DDII CID ROI 25313

21. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN

(b) (6) [redacted]

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

000118

EXHIBIT 19

ACLU-RDI 5644 p.22

FOUO

0017 07 CIE579 24069

LAW ENFORCEMENT SENSITIVE

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

TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED *(Date)* *(YYYYMMDD)*

Critical Care Unit
21st Combat Support Hospital
Camp Bucca

LENGTH OF STAY DATA	
DOA	(b)(6) 07
Hospital Day #	DOA
POD	
Last Surgery Day	N/A

INTAKE/OUTPUT	
Admit Weight	unable to stand
Today's Weight	
Yesterday's Weight	
24 Hour Intake	7525
24 Hour Output	3500
24 Hour Balance	~~4128~~ 4025
Yesterday's Balance	
LAST BM	

(b)(6) Nurse's Signature	Initials
(b)(6)	(b)(6)

Safety Checks	D	E	N
BVM at Bedside	✓		✓
Monitor Alarms On	✓		✓
ID Bracelet On			Chan
Allergy Bracelet On			?
Side Rails Up			✓
Bed In Low Position			✓

PREPARED BY (Signature & Title)

(b)(6)

LAW ENFORCEMENT SENSITIVE

DEPARTMENT/SERVICE/CLINIC

Intensive Care Unit, Camp Bucca

(Continue on reverse)

DATE (YYYYMMD

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

ACLU DDIL CID ROI 25314

☐ HISTORY/PHYSICAL ☒ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

000119

EXHIBIT 19

ACLU-RDI 5544 p. 84

FOUO

0017 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

			TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R			2											2											
		L			X											2											
	DORSALIS PEDIS	R			2											2											
		L			2											2											
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundice (8) Normal (9) Pale					1											1											
					3											3											
					8											8											
EDEMA																											
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					✓											✓											
HEART RHYTHM (Normal, Sinus, No Ectopy)					✓											✓											
					ST											ST											
SWAN GANZ (Zeroed and Calibrated)																											
ARTERIAL LINE (Zeroed and Calibrated)					✓											✓											
HYGIENE	Bed Bath				✓											✓											
	Foley Care				✓											✓											
	Oral Care															✓											
MOBILITY	Bed Rest																										
	BSC																										
	Chair																										
	Ambulate																										
POSITIONING	Right																										
	Left																										
	Supine				✓											BS											
	HOB 30 Degrees				✓											✓											
FALLS PROTOCOL INITIATED																✓											
PROTECTIVE DEVICES																											
PAIN	PAIN FREE				X																						
	PAIN SCALE (0-10)															X											
ABDOMEN (2) Soft & Flat (1)Distended (3)Rounded					2											2											
BOWEL SOUNDS (Active in All Quads)																											
NG/Dobhoff Placement Verified					✓											✓											
Residual Assessed																											
PH																											
Foley Catheter					✓											✓											
Voiding C/Y Urine, Quantity Sufficient					✓											✓											
SKIN INTEGRITY	No Breakdown																										
	Surgical Wound/s																										
	Rash/LAC, Etc.																										
DRESSINGS (Dry/Intact-Specify Location)																											
#1																											
#2																											
#3																											
INITIALS					(b) (6)																						

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25315

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION	D	N
Peg	(R) AC	(b)(6)	c\o\I	BA	
TL Cent Line	(L) Femoral				

ACLU-RDI 5544 p.85

000120

EXHIBIT 19

FOUO

DATE	LAW ENFORCEMENT SENSITIVE							OUTPUT							ISN
TIME	IVF	IVPB	ORAL	INTAKE Propofol			TOTAL	URINE					BM	TOTAL	Commen
0700	2000	(b) (6)		50											
0800	1000			50				1600							
0900	/			50											
1000	120			30											
1100	120			25				200							
1200	120			50											
1300	120			40											
1400	120			40				200							
1500	120			40											
1600	1000			30											
1700	120			30				200							
1800	120			/											
12 HR TOTAL	4960			435				2200							+ 3195
1900	150			30				250							
2000	150			30											
2100	150			30				100							
2200	150	50		30											
2300	150			30				200							
2400	150	100		30											
0100	150			25				200							
0200	150			25											
0300	150			25				150							
0400	150			25											
0500	150			25											
0600	150			25				100					0012		
12 HR TOTAL	1800			330											

FOUO

ACLU DDII CID ROI 2531

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.86

EXHIBIT

0017 07 CID579 240[illegible]

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: TASK FORCE 21 MEDICAL - INTENSIVE CARE UNIT FLOWSHEET

OTSG APPROVED (Date) (YYYYMMDD)

FOUO

LAW ENFORCEMENT SENSITIVE

Critical Care Unit
21st Combat Support Hospital
Camp Bucca

LENGTH OF STAY DATA		
DOA	(b)(6)	07
Hospital Day #	2	
POD	–	
Last Surgery Day		

INTAKE/OUTPUT	
Admit Weight	
Today's Weight	
Yesterday's Weight	
24 Hour Intake	4823
24 Hour Output	~~300~~ 2020
24 Hour Balance	+ 2803
Yesterday's Balance	+21025
LAST BM	

Nurse's Signature	Initials
(b)(6)	

Safety Checks	D	E	
BVM at Bedside	✓		
Monitor Alarms On	✓		
ID Bracelet On			
Allergy Bracelet On	/		–
Side Rails Up	✓		
Bed In Low Position	✓		

FOUO

(Continue on rev

PREPARED BY (Signature & Title)
(b)(6)

DEPARTMENT/SERVICE/CLINIC
Intensive Care Unit, Camp Bucca

DATE (YYYYM
(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)
(b)(6)

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25317

☐ HISTORY/PHYSICAL ☒ FLOW CHAF
☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER (Spec
☐ DIAGNOSTIC STUDIES

000122

EXHIBIT 19

ACLU-RDI 5544 p.87

0017 07 CID579 24068

FOUO

			TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
PULSES (4) Bounding (3) Full (2) Normal (1) Faint (0) Absent	RADIAL	R			2																						
		L			2													2									
	DORSALIS PEDIS	R			2													2									
		L			2													2									
SKIN (1) Dry (2) Clammy (3) Warm (4) Cool (5) Flushed (6) Cyanotic (7) Jaundice (8) Normal (9) Pale					1													1									
					3													3									
EDEMA					8													8									
					+																						
HEART SOUNDS (Clear, Regular, No Rubs, No Murmurs)					C													✓									
					R																						
HEART RHYTHM (Normal, Sinus, No Ectopy)					N													✓									
					S																						
SWAN GANZ (Zeroed and Calibrated)																											
ARTERIAL LINE (Zeroed and Calibrated)					✓													✓									
					✓													✓									
HYGIENE	Bed Bath				✓													✓									
	Foley Care				✓													✓									
	Oral Care																	✓									
MOBILITY	Bed Rest				✓																						
	BSC																	✓									
	Chair																										
	Ambulate																										
SITIONING	Right																										
	Left																										
	Supine				✓																						
	HOB 30 Degrees																	✓									
FALLS PROTOCOL INITIATED					✓																						
PROTECTIVE DEVICES																		✓									
PAIN	PAIN FREE				✓																						
	PAIN SCALE (0-10)																	✓									
ABDOMEN (2) Soft & Flat (1) Distended (3) Rounded					2													2									
BOWEL SOUNDS (Active in All Quads)					✓													✓									
NG/Dobhoff Placement Verified					✓													✓									
Residual Assessed																											
PH																											
Foley Catheter					✓																						
Voiding C/Y Urine, Quantity Sufficient					✓													✓									
																		✓									
SKIN INTEGRITY	No Breakdown				✓																						
	Surgical Wound/s																	✓									
	Rash/LAC, Etc.																										
DRESSINGS (Dry/Intact-Specify Location)					-																						
#1																											
#2																											
#3																											
INITIALS					(b) (6)																						

INVASIVE LINES	SITE	DATE INSERTED	DESCRIPTION	D	N
18g Peripheral line	(R) AC	(b)(6)	C D I	BA	
(L) Radial A-line	(L) Femoral		C D I	BA	
	(L) Radial art.				

Hypo x4

FOUO

LAW ENFORCEMENT SENSITIVE

(b) (6)

ACLU DDII CID ROI 25318

EXHIBIT 19

0001123

ACLU-RDI 5544 p.88

FOUO

LAW ENFORCEMENT SENSITIVE

0017 07 CID579 240[illegible]

DATE	INTAKE							OUTPUT							ISN
TIME	IVF	IVPB	ORAL	KCL/40	Propofol		TOTAL	URINE	NG TUBE				BM	TOTAL	Commer
0700	150							/							
0800	150			25				/							
0900	150			25				300							
1000	150			25				250							
1100	150			25				200							
1200	150	100		35	25										
1300	150			35	25			180							
1400	150			35	25										
1500	150			35	25										
1600	150			35	25										
1700	150				25										
1800	150				25			200	100						
12 HR TOTAL	1800			275	175		2250	1130	100					1230	+102
1900	150				25										
2000	150				25			50							
2100	150				25			30							
2200	150	50			25			30							
2300	150				25			20							
2400	150	150			25			30							
0100	150				25			40							
0200	150				25			40							
0300	150				25			30							
0400	150				25			40							
0500	150	150			12			40							
0600	150	150			/			40	400						
12 HR TOTAL	1650	300			237		2513	390	400					790	280
24 HR															

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 253

EXHIBIT 19

ACLU-RDI 5449 p 89

000124

FOUO

MEDICAL RECORD			NURSING NOTES (Sign All Notes)
DATE	HOUR A.M.	HOUR P.M.	OBSERVATIONS Include medication and treatment when indicated
(b)(6)	0750		Patient stable, afebrile, vss c noted transient tachycardia -
			neuro: opens eyes spontaneously, pupils = & reactive (sluggish) to 4 m
			unable to follow commands, minimal reaction to painful stimuli - no
			spontaneous movement of extremities. Current Vent settings V_T = 500
			FiO_2 = 35, Rate = 16, PEEP = 10, PS = 10; ET tube @ 22 (lips)
			7.5 secured via commercial holder. Lungs CTA, NG tube to suction (LI
			c scant brown/red drainage; placement confirmed via auscultation. Abd. s
			ND c hypo BS x 4 quads. 2 small bowel movements last evening - soft
			formed. Foley to gravity draining cloudy amber urine - OP WNL. (+)
			pulses to all extremities c mild non-pitting edema to BIL feet and
			hands. Initial assessment completed - Will continue to monitor and
			follow plan of care (b)(6)
(b)(6)	~~1200~~	1800	Pt stable, @ 1200 he was back to Propofol. Vitals
			remains in normal limits. Will continue
			to monitor and follow plan care (b)(6)
(b)(6)	0630		Pt. stable, afebrile. without s/s distress noted. Propofol
			stoped @ 05:30; urine amount 40 ml/hr, wound
			coulers. Will continue to monitor and follow
			plan of care. (b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25320

EXHIBIT 19

ACLU-RDI 5544 p.90

FOUO

LAW ENFORCEMENT SENSITIVE

VITAL SIGNS

Time	T	P	R	BP	SAT	MAP	A-Line	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	Comments
0700																	
	98.0	101	26	134/58	99	88	140/78										
0800																	
	98.1	102	29	140/62	94	96	154/82										
0900																	
1000		98	16/28	151/83	97%												
1100	98.7	97	23	153/78	97%		137/71										
1200																	
1300	98.4	96	16	119/63	99	85	123/66										
1400																	
1500		94	16	110/54	91	76	122/64										
1600																	
1700																	
1800																	
1900																	
X 2000	97.6	89	16	111/65	100	75	122/66										
2100																	
X 2200	97.8	87	16	115/45	100	76	103/60										
2300																	
X 2400		88	16	116/44	100	72	125/62										
0100																	
X 0200		91	16	122/45	100	74	131/64										
0300																	
X 0400		92	16	127/49	100	78	139/66										
0500																	

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDI CID ROI 25321

ACLU-RDI 5544 p.91

EXHIBIT 19

FOUO

0017 07 CID579 240[illegible]

LAW ENFORCEMENT SENSITIVE

PUPIL SIZE
1mm
2mm
3mm
4mm
5mm

PUPILS
= Equal
R Reactive
NR NonReactive
L>R Left Greater
R>L Right Greater

MOTOR FUNCTION
0= No Movement
1= Slight Flicker/Trace of Contraction
2= Active (Gravity Eliminated)
3= Active, but not against resistance
4= Active, but not full strength
5= Full strength against resistance

CHART CODES
Present: ✓
Not Applicable/Absent (Blank)
Refer to Nursing Notes X
No Change-prior assessment ---

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (3) To Voice (2) Opens to Pain (1) No Response		1												1										
B. BEST VERBAL RESPONSE (5) Oriented (4) Confused (3) Inappropriate Verbal Response (2) Garbled (1) No Response		1T				(								1										
C. BEST MOTOR RESPONSE (6) Obeys Commands (5) Localizes to Pain (4) Withdraw to Pain (3) Flexion to Pain (2) Extension to Pain (1) No Response		1												1										
GLASCOW COMA SCALE (A+B+C)		3												3										
PUPIL RESPONSE Size(mm), React to Light(+) No Response(-) R		+3												+										
L		+3												+										
MOVEMENT (See Motor Functions Chart at Top of Page) RUE		0												Ø										
LUE		0												Ø										
RLE		0												Ø										
LLE		0												Ø										
GRIP (S) Strong (W) Weak (A) Absent R		A												A										
L		A												A										
RESPIRATIONS Regular		✓												✓										
Irregular																								
Unlabored		✓												✓										
Labored																								
Shallow																								
Retractions																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished RUL		5												5										
LUL		5												5										
RLL		5												5										
LLL		5												5										
BOTH BASES		5												5										
COUGH None		✓												✓										
Spontaneous																								
Productive																								
NonProductive																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear		-																						
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin		-																						
VENTILATOR Vt		✓500												✓500										
FiO2		35												35										
RATE		16												16										
PEEP/CPAP		10												10										
Pressure Support		10												10										
OXYGEN DELIVERY DEVICE NC (L/Min)																								
FM (L/Min)																								
NRBM (L/Min)																								
ETT____ cm @ gums ETT-SIZE:____																								
ETT CARE/POSITION CHANGE																								
ET/TT SUCTIONING		✓																						
INCENTIVE SPIROMETRY																								
COUGH/DEEP BREATH		-																						

ACLU DDII CID RO 25322

EXHIBIT 19

ACLU-RDI 5544 p.92

FOUO

0017 07 CID579 240[illegible]

LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD			NURSING NOTES (Sign All Notes)
DATE	HOUR A.M	HOUR P.M	OBSERVATIONS Include medication and treatment when indicated
(b)(6)	0800		Patient transfer to icu via stretcher from ER, stable @ transfer accompanied c ER nurse. Initial vital signs = HR (103) Resp (per Bag @ approx 15 resp/min) B/P = 108/62 Temp 97.2. Respiratory therapy and physician @ bedside - Vent started immediately upon arrival @ SIMV, R=16, PEEP OF 5, PS of 10, Tidal volume = 500. lungs c generalized rhonchi throughout, Abd s/ND c ↓ hypo Bowel sounds x4. Foley to gravity; patent c dark amber urine. ⊕ pulses x all extremities. Initial assessment completed, will continue to closely monitor and follow plan of care —— (b)(6)
(b)(6) 07		0615	Initial assessment completed, pt. stable, afebrile; during night, VS continue to remain stable, BP between 117/68 - 127/71; resp. on vent 16 resp/min; urine sufficient; NG tube/suction, dark coffee ground; suction mouth and lead dark red. (b)(6) ——
(b)(6) 07	0620		agreed c above assessment. Initial Shared Care liquid BM x 2 this am. (b)(6)

FOUO

ACLUDDII CID ROI 25323

EXHIBIT

000128

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.93

FOUO

VITAL SIGNS

Time	T	P	AR	BP	SAT	MAP	A-Line	PA	RA	PCW	CO	CI	PVR	SVR	ICP	CPP	Comments
0700																	
0800		103	18	110/62	100												
0900	97.9	98	20	112/67	100												
1000		104	16	111/74	100												
1100		106	16	111/56	100												
1200	99.7	118	16	99/57	100												
1300		119	16	104/60	100												
1400		121	16	108/69	99												
1500	100.0	118	16	99/54	98												
1600		109	16	123/68	99												
1700		110	16	130/74	99												
1800																	
1900	98.2	106	16	117/68	98												
2000																	
2100	98.8	102	16	124/70	99												
2200																	
2300	98.1	102	16	126/69	99												
2400																	
0100	98.4	101	16	124/69	98												
0200																	
0300	98.6	100	16	127/71	98												
0400																	
0500	98.5	99	16	140/73	99												

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25324

ACLU-RDI 5544 p.84

0017 07 CID579 240CT09

EXHIBIT

FOUO

0017 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

PUPIL SIZE
1mm
2mm
3mm
4mm
5mm

PUPILS
= Equal
R Reactive
NR NonReactive
L>R Left Greater
R>L Right Greater

MOTOR FUNCTION
0= No Movement
1= Slight Flicker/Trace of Contraction
2= Active (Gravity Eliminated)
3= Active, but not against resistance
4= Active, but not full strength
5= Full strength against resistance

CHART CODES
Present: ✓
Not Applicable/Absent (Blank)
Refer to Nursing Notes X
No Change-prior assessment ---

TIME	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	01	02	03	04	05	06
A. BEST EYE-OPENING RESPONSE (4) Opens Spontaneously (2) Opens to Pain (3) To Voice (1) No Response		t											1											
B. BEST VERBAL RESPONSE (5) Oriented (2) Garbled (4) Confused (1) No Response (3) Inappropriate Verbal Response		IT											1											
C. BEST MOTOR RESPONSE (6) Obeys Commands (3) Flexion to Pain (5) Localizes to Pain (2) Extension to Pain (4) Withdraw to Pain (1) No Response		3											1											
GLASCOW COMA SCALE (A+B+C)		ST																						
PUPIL RESPONSE Size(mm), React to Light(+) No Response(-) — R		+3											+3											
PUPIL RESPONSE Size(mm), React to Light(+) No Response(-) — L		+3											+3											
MOVEMENT (See Motor Functions Chart at Top of Page) — RUE		1											Ø											
MOVEMENT (See Motor Functions Chart at Top of Page) — LUE		1											Ø											
MOVEMENT (See Motor Functions Chart at Top of Page) — RLE		1											Ø											
MOVEMENT (See Motor Functions Chart at Top of Page) — LLE		1											Ø											
GRIP (S) Strong (W) Weak (A) Absent — R		A											A											
GRIP (S) Strong (W) Weak (A) Absent — L		A											A											
RESPIRATIONS — Regular		✓											✓											
RESPIRATIONS — Irregular																								
RESPIRATIONS — Unlabored																								
RESPIRATIONS — Labored																								
RESPIRATIONS — Shallow																								
RESPIRATIONS — Retractions																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished — RUL																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished — LUL																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished — RLL																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished — LLL																								
BREATH SOUNDS (5) Clear (4) Crackles (3) Rhonchi (2) Weezing (1) Diminished — BOTH BASES																								
COUGH — None																								
COUGH — Spontaneous																								
COUGH — Productive																								
COUGH — NonProductive																								
SPUTUM COLOR (5) Tan (4) Green (3) Pink (2) Yellow (1) Clear																								
SPUTUM CONSISTENCY (3) Thick (2) Frothy (1) Thin																								
VENTILATOR — Vt		500											500											
VENTILATOR — FiO2		50											45											
VENTILATOR — RATE		16											16											
VENTILATOR — PEEP/CPAP		5																						
VENTILATOR — Pressure Support		10											10											
OXYGEN DELIVERY DEVICE — NC (L/Min)																								
OXYGEN DELIVERY DEVICE — FM (L/Min)																								
OXYGEN DELIVERY DEVICE — NRBM (L/Min)																								
OXYGEN DELIVERY DEVICE — ETT-SIZE: ETT 22 cm @ gums																								
ETT CARE/POSITION CHANGE		22																						
ET/NT SUCTIONING																								
INCENTIVE SPIROMETRY																								
COUGH/DEEP BREATH																								

FOUO

ACLU DDII CID ROI 25325

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.95

000130

EXHIBIT 49

FOUO

0017 07 CID579 240769

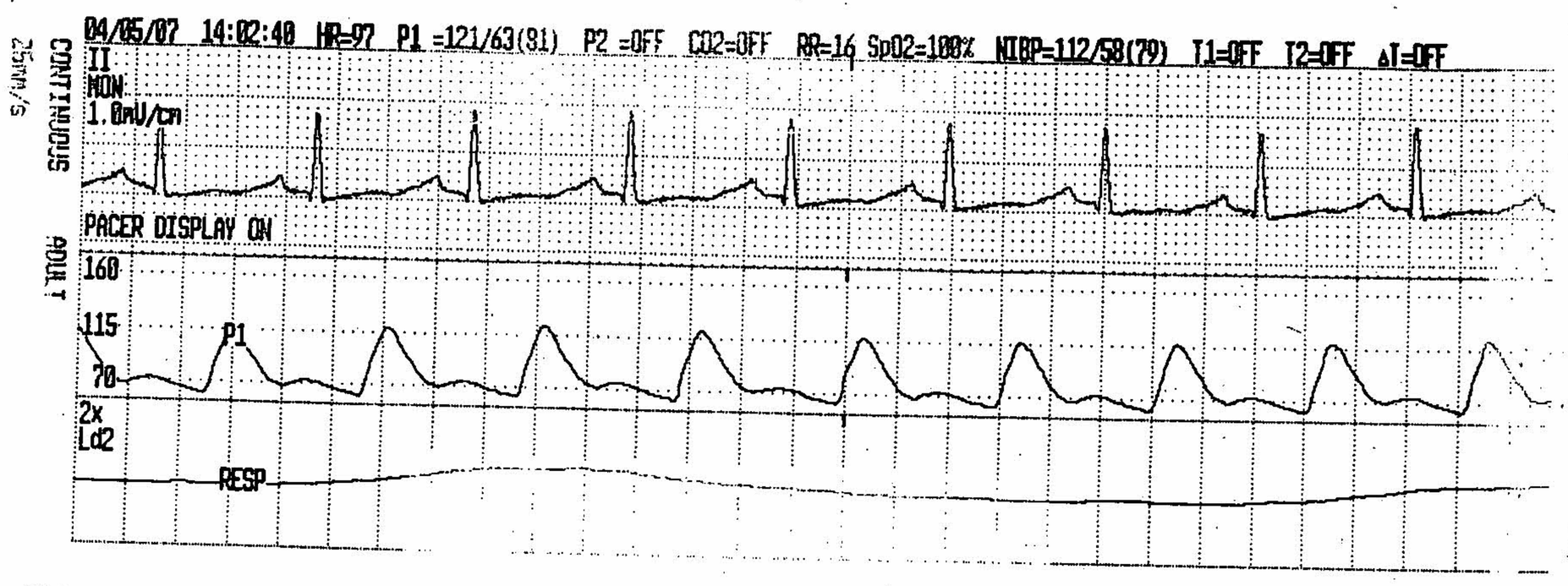
MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

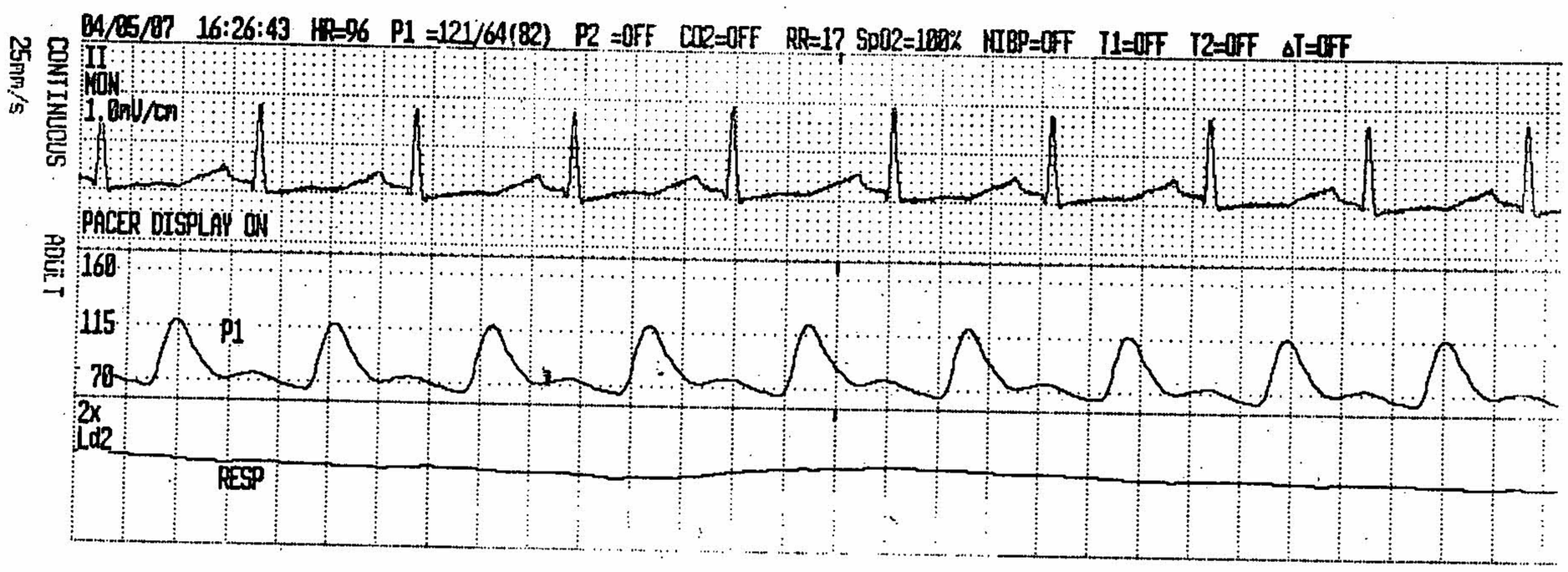
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

REPORT TITLE
LAW ENFORCEMENT SENSITIVE
INTENSIVE CARE UNIT, TELEMETRY STRIPS

OTSG APPROVED *(Date)* *(YYYYMMDD)* 2007

(b)(6)





PREPARED BY *(Signature & Title)*
(b)(6)

(Continue on reverse)

DEPARTMENT/SERVICE/CLINIC
ICU

DATE *(YYYYMMDD)*
2007

(b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)*
(b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDI CID ROI 25326

- ☐ HISTORY/PHYSICAL
- ☐ FLOW CHART
- ☐ OTHER EXAMINATION
- ☐ OTHER *(Specify)*
- ☐ DIAGNOSTIC STUDIES
- ☐ TREATMENT

ACLU-RDI 5544 p.96

000131

EXHIBIT 19

FOUO

0017 07 CID579 240669

MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

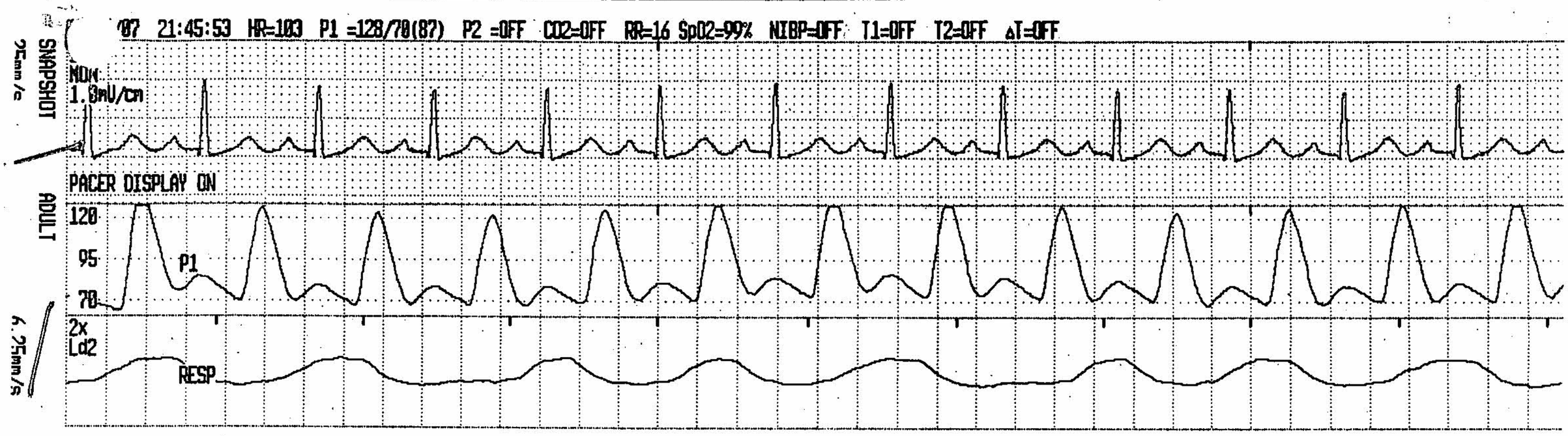
For use of this form, see AR 40-66; the proponent agency is the Office of The Surgeon General.

LAW ENFORCEMENT SENSITIVE

REPORT TITLE

INTENSIVE CARE UNIT, TELEMETRY STRIPS

OTSG APPROVED *(Date)* *(YYYYMMDD)*



(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	*DATE (YYYYMMDD)*

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

(b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25327

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

ACLU-RDI 5544 p.97

000132

EXHIBIT 19

FOUO

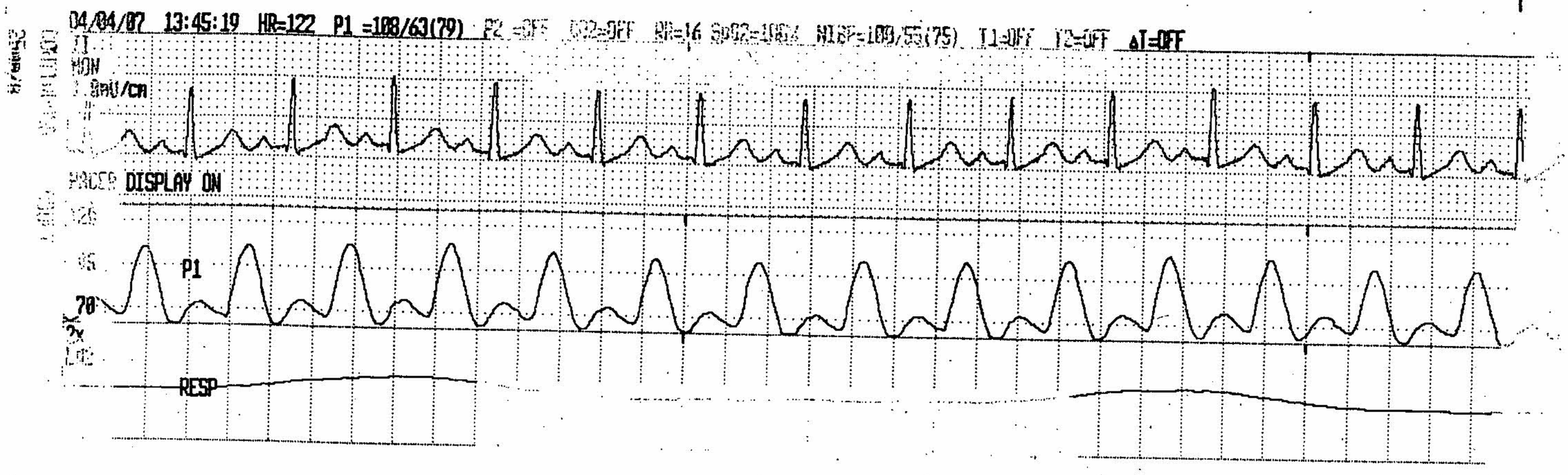
0017 07 CID579 240768

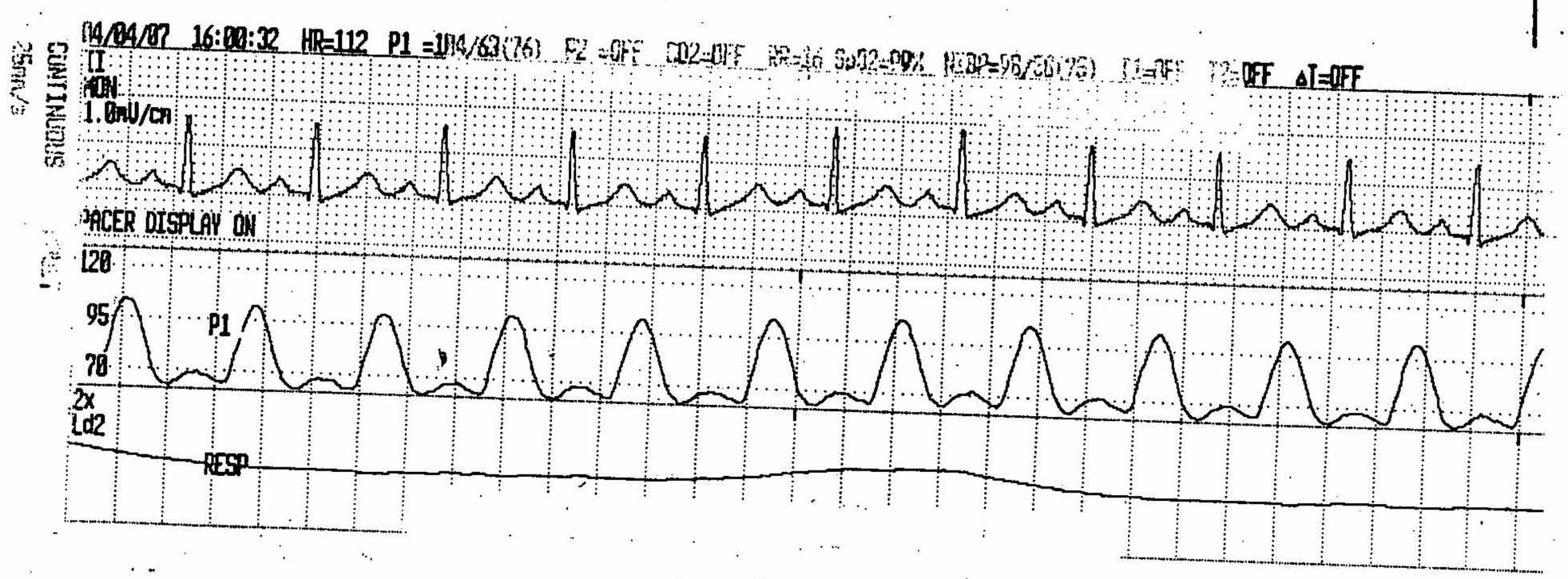
MEDICAL RECORD-SUPPLEMENTAL MEDICAL DATA

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

REPORT TITLE: ENFORCEMENT SENSITIVE
INTENSIVE CARE UNIT, TELEMETRY STRIPS

OTSG APPROVED *(Date)* *(YYYYMMDD)*





PREPARED BY *(Signature & Title)*
(b)(6)

DEPARTMENT/SERVICE/CLINIC
ICU

(Continue on reverse)
DATE *(YYYYMMDD)*
2007 (b)(6)

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name – last, first, middle; grade; date; hospital or medical facility)*
(b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DOD CID ROI 25328

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

000133

EXHIBIT 19

ACLU-RDI 5544 p.98

DA FORM 4700, FEB 2003 EDITION OF MAY 78 IS OBSOLETE USAPA V1.00

ATE — Med Note — NOTES 0017 07 CID579 240[illegible]

(b) 07 Patient is not following commands but does withdraw to pain
11 1D And has reactive pupils (b). Patient also (+) gag & has copious (b)(6)
upper airway secretions, although gag present, requiring
a lot of suctioning. Unsure if could protect airway
will restart sedation & reattempt tomorrow

(b)(6)

07
6 R.T. Note: Did initial vent check, just got on shift. Recorded all settings & values.
Rechecked cables. Pt is stable c Ø noticable Δ in status. (b)(6)
(b)(6) 07
8 R.T. Note: Vent check done. Ø Δ at this time. ØΔ in status.
(b)(6) 07
12 R.T. Note: Δ flow sensor on vent. Put broken flow sensor on this vent to use the
good one on another pt for the time. (b)(6)

(b) (6) 07 57 IMPN

~~time~~ Pt. did not tolerate taking him off sedation and a trial of
~~time(dmy2)~~ CPAP this morning (bucking the vent). He opens eyes
~~3 hr(dmy2)~~ spontaneously, withdraws from pain, but has no purposeful
~~SAV(dmy2)~~ movement. VS: BP 110/60's, HR 90's, Tm 98.7, Tc 98.4, RR 16, 99% 35% FiO2
Neuro: GCS 6T, will cont. sedation overnight & reassess in
~~(dmy2)~~ am off sedation.

CONT →

NSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | (b)(6) | SPONSOR'S ID NUMBER (or Other)
SERVICE | HOSPITAL OR MEDICAL FACILITY | RECORDS M
IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade) | REGISTER NO. | WARD NO.

(b)(6)

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

FOUO
LAW ENFORCEMENT SENSITIVE
ACLU DDII CID ROI 25329

FOUO

LAW ENFORCEMENT SENSITIVE 0017 07 C I F 79 24069

AUTHORIZED FOR LOCAL REPRODUC

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
(b)(6) 07 @ 1639	IM PN Pt. admitted this AM for acute cardiopulm. arrest, undergo prolonged code in the ER. Exact etiology of his event is unclear. He has remained hemodynamically stable and ventilated all day.
Mec a tubes +H)rad a-line)fen 3&C UGT	VS: BP 99/54, HR 118, RR 16 98% on FiO2 40% UOP - 2L x 10 hrs Gen: sedated, intubated HEENT: Pupils 4-5mm minimally reactive to light Pulm: CTA Cardi: Tachy, reg, nl S1, S2. no M/R/G. Abd: soft, NABS @ 1645 7.37/38/85/23 BD 4 @ 1200 20.6 \ 17.3 / 295 / 51.3 149/104/71 4.1/22/1.1 +3 g. A/P Neuro: Will hold propofol and attempt to assess if pt will tolerate extubation. Cardi: Stable. Mild Tachy is responding to ↑ volume. Will cont. to hydrate while monitoring clinically for pulm edema Pulm: Mild B/L pl/im infiltrates and mod. persistent CXR-improved hypoxia c P:F = 188 concerning for ALI ?aspiration Will likely require further oxygenation support. Renal/FEN: Preserved renal function c good UOP. Cont fluid hydration +AG Acidosis - likely lactic acidosis, well compensated c relatively stable pH. Cont. hydration. GI: Start Zantac 150mg po BID for prophylaxis. Cont. NGT to

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME: LAST | FIRST | MI | SPONSOR'S ID NUMBER (SSN or Other)

DEPART./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)

(b)(6)

REGISTER NO. | WARD NO.

FOUO

ACLU DDII CID ROI 25330

LAW ENFORCEMENT SENSITIVE

FOUO

0017 07 CID579 24089

LAW ENFORCEMENT SENSITIVE

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 RECOR SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO.: (b)(6) | BED NO.:

DATE OF ORDER: (b)(6) TIME OF ORDER: 07 @ 0632 HOURS | LIST OR NOTE SI

1. Calcium gluconate 2gm IV
2. KCl 40 meq IV over 4 hrs
3. Elevate HOB to 30-45°

(b)(6)

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO.: (b)(6) | BED NO.:

DATE OF ORDER: (b)(6) TIME OF ORDER: 07 @ 08:05 10:45 HOURS

1. D/C Bear Hugger
2. Restart Propofol 25mg/hr IV

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO.: (b)(6) | BED NO.:

DATE OF ORDER: (b)(6) TIME OF ORDER: 07 @ 1155 HOURS

1. ABG now

(b)(6)

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT: ICU | ROOM NO.: (b)(6) | BED NO.:

DATE OF ORDER | TIME OF ORDER | HOURS

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.101

ACLU-RDI GID PROD 25331

000136

EXHIBIT 19

DA FORM 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USE

FOUO

0017 07 CID579 24089

LAW ENFORCEMENT SENSITIVE

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 RECOR SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

IENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		(b)(6)

DATE OF ORDER (b)(6) TIME OF ORDER 07 @ 1100 HOURS

LIST OR NOTE SI

1. Ativan 1mg IV
2. Rekestart propofol per previous order

(b)(6)

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		(b)(6)

DATE OF ORDER (b)(6) TIME OF ORDE 07 @ 1447 HOURS

1. ABG
2. CMP, troponin
3. ECG

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.
ICU		(b)(6)

DATE OF ORDER (b)(6) TIME OF ORDER 07 @ 1716 HOURS

1. QAM CXR,
2. Hold sedation 0530 tomorrow

V24 hrs (b)(6) 07 @

(b)(6)

PATIENT IDENTIFICATION

FOUO

LAW ENF (b)(6) SENSITIVE

NURSING UNIT	ROOM NO.	BED NO.
ICU		(b)(6)

DATE OF ORDER (b)(6) TIME OF ORDER 07 0555 HOURS

1. 0 prem
2. ABG @ 0645
3. CPAP, PS 15, PEEP 8, FiO2 35

(b)(6)

(b)(6)

ACLU DDII CID ROI 2

EXHIBIT 19

ACLU-RDI 5544 p.102

DA FORM 4256 REPLACES EDITION OF 1 JUL 77 WHICH MAY BE USED

FOUO

0017 07 CID579 24069

LAW ENFORCEMENT SENSITIVE

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 RECOR SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER (b)(6) TIME OF ORDER 07 @ 1654 HOURS — LIST OR NOTE S

1. Zantac 50 mg IV ~~BID~~ Q8°
2. ↑ PEEP to 10
3. ↑ IVF to 150 cc/° of D5NS
4. QAM CBC, CMP, CPK, ABG, coags
5. Zosyn 3.375 mg IV Q6° (b)(6)
6. BMP now - done
7. Venodyne

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER (b)(6) TIME OF ORDER

~~IV 24 hrs~~ (b)(6) 07 @ 0730 ~~HOURS~~

(b)(6) 07 @ 0611

1. dolol propofol

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER (b)(6) TIME OF ORDER

07 @ 0614 HOURS

1. ~~IVKCl~~ 40 meq IV over 4 hrs.
2. ↓ FiO_2 35%

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

FOUO

LAW ENFORCEMENT SENSITIVE

NURSING UNIT	ROOM NO.	BED NO.

DATE OF ORDER (b)(6) TIME OF ORDER

07 @ 0736 HOURS

1. ABG now
2. Ativan 1mg IVx1

(b)(6)

(b)(6) 07 @ 0845

ACLU DDII CID/ROI 25333

(b)(6)

(b)(6)

ACLU-RDI 5544 p.103

FOUO

0017 07 CID 579 240[illegible]

LAW ENFORCEMENT SENSITIVE

CLINICAL RECORD - DOCTOR'S ORDERS

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

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

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

(b)(6)

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION

NURSING UNIT	ROOM NO.	BED NO.
	FOUO	

PATIENT IDENTIFICATION

(b)(6)

↓	DATE OF ORDER	TIME OF ORDER / HOURS	LIST TIME ORDER NOTED AND SIGN
	(b)(6)	07 @ 0900	
	1. Admit: ICU		
	2. Dx: Cardiopulmonary arrest ✓		
	3. Conditions guarded		
	4. Physician: Kenny		
✓	5. VS: per protocol - use a-line for invasive monitoring ✓		
	6. ALL: unknown		
✓	7. Activity: BR ✓		
	DATE OF ORDER	TIME OF ORDER / HOURS	
✓	8. Diet: NPO		
✓	9. IVF: NS + 20 meq KCl @ 120cc/hr ✓		
	10. MEDS: Propofol 75 mg/hr may titrate to MAPS		
✓	11. Labs: ABG @ 0930 ✓		
	ABG, CBC, CMP @ noon ✓		
✓	12. CXR post now and in AM ✓		
	13. Vent: SIMV, rate 16, PEEP 5, PS 10, T 500, FiO2 50% ✓		
	DATE OF ORDER	TIME OF ORDER / HOURS	
✓	14. NGT for suction ✓		
✓	15. Bear hugger ✓		
	16.		

Not Being 4 h

(b)(6)

DATE OF ORDER (b)(6) TIME OF ORDER 07 @ 1545 HOURS

1. [illegible]

2. ABG (b)(6)

Noted

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25334

ACLU-RDI 5544 p.104

0001[illegible]

EXHIBIT

(b)(6)

FOUO

0017 07 CID579 240[illegible]

LAW ENFORCEMENT SENSITIVE

CLINICAL RECORD

THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)
For use of this form, see AR 40-407; the proponent agency is the Office of The Surgeon General

Mo 04 Yr [illegible]

VERIFY BY INITIALING

ORDER DATE	CLERK/ NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED 4	5	6
(b)(6)		NPO: Foley - to gravity	07	(b)(6)		(b)(6)
			19		(b)(6)	
		CXR QAM	05	/	/	(b)(6)
		Vent Settings: CPAP, PS 15, PEEP 8, FiO2 35%	07	/	/	(b)(6)
			19	/	/	
		Elevate HOB to 30-45°	07	/	/	(b)(6)
			19	/	/	

ALLERGIES: ☐ YES ☐ NO

PRIMARY DIAGNOSIS: Cardiopulmonary Arrest

ADDITIONAL PAGES IN USE: ☑ YES ☐ NO

PAGE NO: 2

PATIENT IDENTIFICATION:

(b)(6)

ACLU DDII CID ROI 2[illegible]

EXHIBIT 19

ACTION TIMES

LAW ENFORCEMENT SENSITIVE CIRCLE ACTION TIMES

D 8 9 10 11 12 13 14 15

Camp Bucca Internment Facility SASH, Iraq — **LABORATORY FORM** (Suoject to Privacy Act of 1974)

, FIRST, MI. (Or Hospital ID #)		ale	SSN or ISN: (b)(6)	s and Symptoms:
		Female	(b)(6)	
cian:	Ward: ICU	STAT	Specimen Collection Date & Time: 0017	Lab Use Only
n by:	Bed:	Routine		Initials: (b)(6) D&T: (b)(6)

istry (i-STAT): Heparanized Syringe — **Chemistry (Piccolo Analyzer): Green Top** — **Hematology (Coulter): Purple Top**

ld Gas - Bld Gas w/Lact-Glu-Crea — Chem 12/13 Met8 BMP Liver CMP Renal Lipid — **CBC Manual Differential**

ST	RESULT	REF. RANGE
	7.377	7.35-7.45
2	31.1	35-45 mmHg
	355	80-100 mmHg
2	19	18-33 mmol/L
3	18.3	22-26 mmol/L
	100	95-99%
f	-7	(-2) - (+3)

Urinalysis

r		Straw/Yellow
ty		Clear
ose		Negative
bin		Negative
ne		Negative
		1.010-1.025
d		Negative
		5.0-8.0
ein		Negative-Trace
bili		0.1-1.0 Ehrlich U/dL
e		Negative
co		Negative

Urine Microscopic

s:	EPI:
s:	Mucus:
eria:	Yeast:
ts:	Crystals:
er:	

Special Chemistries / Marble : Red

l		0.25 - 5 ulU/ml
		9 - 20 pmol/L
		4.0 - 8.3 pmol/L
		60 - 120 nmol/L
		0.92 - 2.33 nmol/L
		Negative
		0.0 - 4.0ng/ml
Ag		Negative
Ab		Negative
/		Negative

cial ChemTested on Mon/Wed/Fri Night

TEST	RESULT	REF. RANGE
ALB		3.5-5.0 g/dL
ALP		38-126 U/L
ALT		11-66 U/L
AMY		30-110 U/L
AST		15-46 U/L
Tbil		0.2-1.3 mg/dL
BUN		M: 9-20 mg/dL
Ca		8.4-10.2 mg/dL
Phos		2.5-4.5 mg/dL
CK		M: 55-170 U/L
URIC		M: 3.5-8.5 mg/dL
CL		98-107 mmol/L
ECO2		22-30 mmol/L
Creat		0.8-1.5 mg/dL
GGT		12-58 U/L
Glu		75-110 mg/dL
K		3.6-5.0 mmol/L
TProtein		6.3-8.2 g/dL
Na		137-145 mmol/L
Chol		100-200 mg/dL
HDL Chol		30-75 mg/dL
LDL Chol		50-130 mg/dL
TG		60-160 mg/dL
VLDL		≤30 mg/dL
C/HDL RAT		≤4.5

Miscellaneous / Rapid Tests (Tube Color)

Mono(Green)		Negative
RPR (Red)		Negative
HCG (Red)		Negative
H. Pylori(G)		Negative
HgB A1C(P)		< 10.0%

HgB A1C Tested Wednesdays Night Shift

Urine Test (MUST Coordinate to QC tests)

Protein(Vitro)		Ramdom: <12 mg/dl
		24 Hr: 42-225 mg/day
K (Vitro)		24 Hr:25-125 mmol/day
Na (Vitro)		Ramdom: 30-90 mmol/L
		24 Hr: 40-220 mmol/day
Creat(Vitro)		24Hr: 800-2800 mg/day
Microalb (DCA)		24 Hr: 0-30 mg/L
Drug Screen		Negative

CBC	RESULT	REF. RANGE
WBC		4.8-10.8 x10(3)/uL
RBC		4.2-6.1 x10(6)/uL
Hgb		12.0-18.0 g/dL
Hct		M: 42.0-52.0%
		F: 37-47%
MCV		80.0-99.0 fl
MCH		27.0-31.0 pg
MCHC		33.0-37.0 g/dL
Plt		130-400 x10(3)/uL
LY%		20.0-44.0%
LY#		0.7-4.3 x10(3)/uL

Differential

Segs(50-70%)	Mono(4-10%)
Bands(1-10%)	Eos(0-4%)
Lymph(20-44%)	Baso(0-2%)
Atyp Ly	Immature cells

RBC Abn Morph:

Plt Abn Morph:

WBC Abn Morph:

Malaria Smear / Purple Top

Thin		No Plasmodium Seen
Thick		No Plasmodium Seen

Sed Rate / Purple Top

Sed Rate		0-20 mm at 1 hour

Hemoglobin S / Purple Top

Hb S		Negative

Coagulation / Blue Top (3.2%)

PT		7.0-14.0 sec
APTT		21.0-50.0 sec
INR		0.5-1.5/therap 2-3
D-Dimer		Negative

Cardiac Panel / Purple Top

Myoglobin		NEG / 0-107 ng/mL
CK-MB		NEG / 0-4.3 ng/mL
Troponin		NEG / 0.0-0.4 ng/mL

Body Fluid / Sterile Container

Fluid Panel Includes: Gram stain, WBC & RBC count, WBC differential, and Meningitis Panel (CSF only)

ACLU DDII CID ROI 25336
ACLU-RDI 5544 p.106
LAW ENFORCEMENT SENSITIVE
000141
EXHIBIT 19

GEMS IT MAC1200 ST

(b)(6)

CP#106 HR 106 bpm

07 @ 0619

Measurement Results:

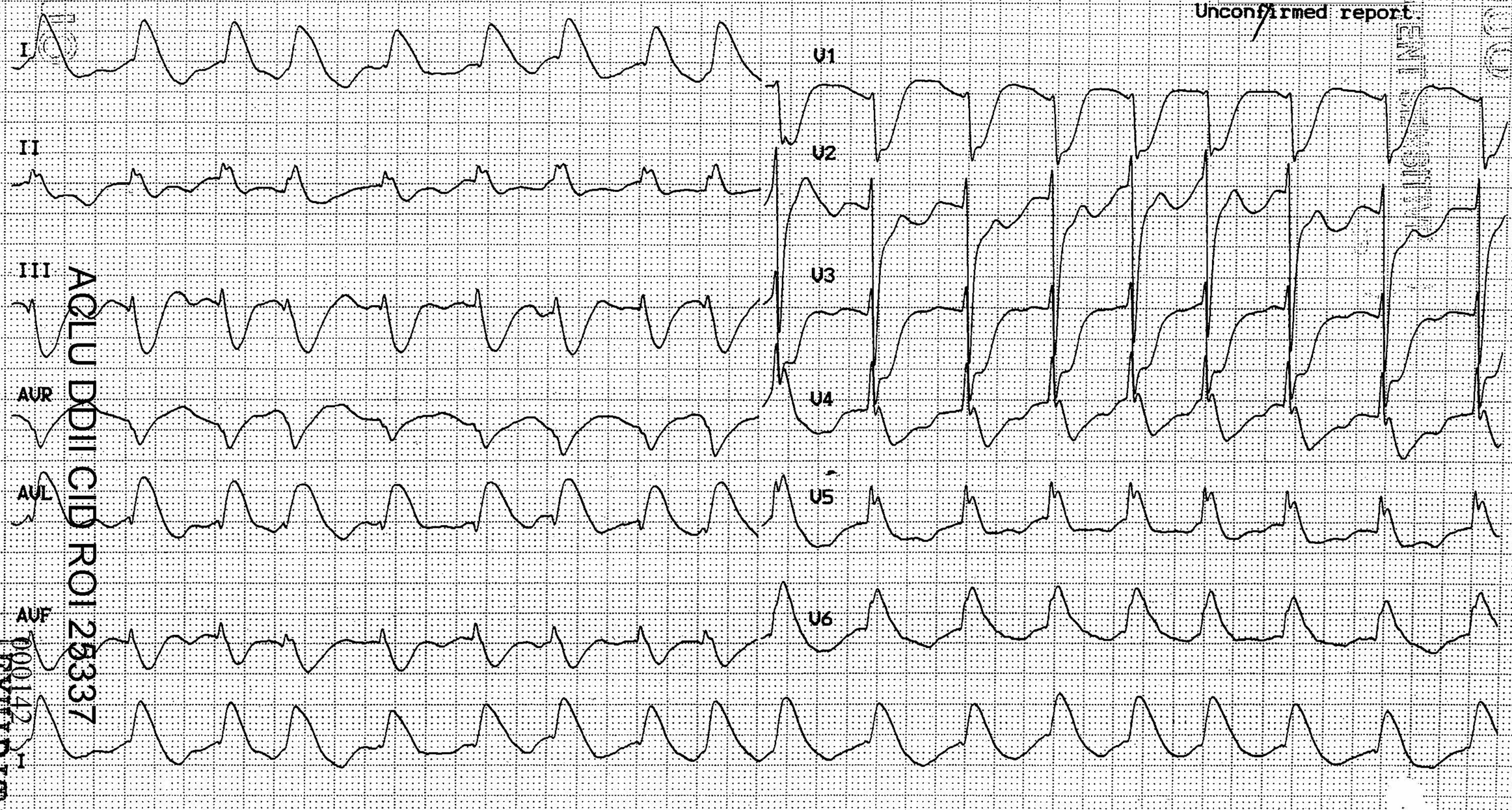
QRS	:	ms
QT/QTcB	: /	ms
PR	:	ms
P	:	ms
RR/PP	: /	ms
P/QRS/T	: / /	degrees
QTD/QTcBD	: ms	
Sokolow	:	mV
NK	:	

Interpretation:

LBBB

(b)(6)

Unconfirmed report.



ACLU DDII CID ROI 25337

EXHIBIT

000142

0017 07 010579 24038

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

rt requested by: (b)(6) 0017 07 CID579 240749

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0646 (Coll) BLOOD

MCV	89.7		(80.0-99.9)	fl
MCH	30.1		(27.0-31.0)	pg
MCHC	33.6		(33.0-37.0)	g/dL
PLATELETS	234		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	65.8			
LYMPH#	7.80	H	(0.7-4.3)	x10 3/uL

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

LAWEN

ACLU DDI ECID ROI 25338

EXHIBIT 19

FS [redacted] 0017 [redacted] CIC 579 240[redacted]
(b)(6) 2007@1641 Page 1
Personal Data Privacy Act of 1974 (PL 93-579)
INPATIENT LAB INQUIRY
For: (b)(6) 07 - (b)(6) 07
Rc requested by: (b)(6)

(b)(6) (b)(6) M/27 Req #: (b)(6)
Military Unit: UNKNOWN

(b)(6)
Pt 07 @ 1614 (Coll) SERUM
PH BG 7.368
PCO2 . . . . . 37.5
PO2 88
TCO2 . . . . . 23 (22-30) mmol/L
HCO3 BOC 21.8
BASE EXCESS . . . . . -4
O2 SAT % 96

Pt 07 @ 1200 (Coll) SERUM
PH BG 7.332
PCO2 . . . . . 38.8
PO2 56
TCO2 . . . . . 22 (22-30) mmol/L
HCO3 BOC 20.5
BASE EXCESS . . . . . -5
O2 SAT % 91

Pt 07 @ 1200 (Coll) BLOOD
WBC . . . . . 20.6 H (4.8-10.8) x10 3/uL
RBC CNT 5.67 (4.7-6.1) x10 6/uL
HGB . . . . . 15.3 (14-18) g/dL
HCT . . . . . 47.3 (42-52) %
MCV . . . . . 83.4 (80.0-99.0) fl
MCH . . . . . 27.0 (27.0-31.0) pg
MCHC . . . . . 32.4 (32.0-37.0) g/dL
PLATELETS 205 (150-400) x10 3/uL
LYMPHS/100 WBC 5
LYMPH# . . . . . 1.06 L (0.7-4.3) x10 3/uL
BANDS/100 WBC 4
HS/1 . . . . . DUPLICATE
MONO/100 WBC 13
EOS/100 WBC . . . . . 0.0 (0-4) %
BASO/100 WBC 0
PLT EST . . . . . ADEQUATE
NEUT/100 WBC 77
RBC MORPH . . . . . .
NORMAL CYTIC/NORMAL CHROMIC
WBC . . . . . .
NORMAL CYTIC

Pt 07 @ 1200 (Coll) PLASMA
NA+ 149
K 4.1
CL- 104
CO2 22
GLUCOSE 71
BUN 13
CREAT 1.1
==========
B=Lo H=Hi *=Critical R=Resist S=Sens MS=Mod Sus I=Intermed
Uncert ?/A=Amended Comments= (O)rder, (I)nterpretations, (R)esult
==========

[redacted]

ACLU DDII CID ROI 25339

LAW ENFORCEMENT SENSITIVE

EXHIBIT 19

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

PATIENT - (b)(6)

Fcs: (b)(6) 07 - (b)(6) 07

rt requested by: (b)(6) 0017 07 C1r579 240Z9

(b)(6) Loc: 20/E00-2 Bed/Cot: 20/E00-2 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 1206 (COL)

EA..... 7.6 PLASMA

pr 07 @ 1005 (EST)

PH,BC..... 7.240

PCO2..... 37

PO2..... 65

TCO2..... 22 (22-30) mmol/L

HCO3 POCT..... 20.6

BASE EXCESS..... -6

O2 SAT %..... 97

pr 07 @ 0933 (CST)

PH BC..... 7.377 SERUM

1L Comment: test was completed at 0735

PCO2..... 31.1

PO2..... 355

TCO2..... 19 (22-30) mmol/L

HCO3 POCT..... 18.2

BASE EXCESS..... -7

O2 SAT %..... 100

pr 07 @ 0924 (CST)

COLOR..... YELLOW URINE

SG..... 1.025 (1.003-1.025)

PH..... 5.0 (5.0-8.0)

PROTEIN..... NEGATIVE mg/dL

1L Comment: Specimen specimen.

KETONES..... NEGATIVE

GLUCOSE..... NEGATIVE (0-50) mg/dL

BILIRUBIN..... NEGATIVE

BLOOD..... SMALL H

1L Comment: 4 RBCs FHPF

NITRITE..... NEGATIVE

UROBILINOGEN..... 0.2 (0.2-1.0) EU/DL

LEUKO EST..... NEG

CLARITY..... CLOUDY

EPITHL CEL..... 0-5

MUCUS..... NEGATIVE

AMORPHOUS SEDIM..... NEGATIVE

CRYSTALS..... NEGATIVE

YEAST..... NEGATIVE

CASTS..... NEGATIVE

BACTERIA..... NEGATIVE

RBC UA..... 0-5

WBC UA..... 5-10

L=Lo H=Hi *=Critical R=Reslet S=Susc MS=Mod Susc I=Intermed
=Uncert A=Amended Comments= (C)ider, (I)nterpretations, (R)esult

FOUO

ACLU DDII CID ROI 25340

LAW ENFORCEMENT SENSITIVE

EXHIBIT

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

PATIENT LAB INQUIRY

For (b)(6) 07 - (b)(6) 07

0017 07 C1579 24039

rt requested by: (b)(6)

(b)(6)

(b)(6)

M/27 Req #: (b)(6)

Military Time: UNKNOWN

(b)(6) 07.2.0624 (CDT)

WBC	10				
RBC	5				
HGB	17				
GLUCOSE	11	H			
BUN	10				
CREAT	1.2				
NA	142				
PROTEIN, TOTAL	6.2	L			
ALBUMIN	4.2				
ALK PHOS	62				
AST	146	H			
ALT	152	H			
TBILI	0.8				
TCO2	27				
PH BG	7.073				
PCO2	82.9				
PO2	12				
TCO2	27				
HCO3 (BG)	24.2				
BASE EXCESS	-6				
O2 SAT	10				
TROPONIN I	<.05		(0.0-0.4)	ng/mL	
DEFICIENCIES:					
ANTIFREEZE					
MYOGLOBIN	104		(0-107)	ng/mL	
CK-MB	1.2		(0-4.3)	ng/mL	
SPECIALTIES:					
INITIATIVE					

Spr 07.2.0646 (coll) PLASMA

PT	20.6	H	(7.0-14.0)	
PTT	142.4	H	(21.0-50.0)	
INR	2.1	H	(0.5-1.5)	

Spr 07.2.0646 (Coll) BLOOD

WBC	11.8	H	(4.8-10.8)	x10 3/uL
RBC CNT	4.96		(4.0-6.0)	x10 6/uL
HGB	14.6		(12-18)	g/dL
HCT	43.5		(42-52)	%
MCV	87.7		(80.0-99.9)	fl
MCH	30.1		(27.0-31.0)	pg
MCHC	33.6		(32.0-37.0)	g/dL
PLATELETS	224		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	65.8			
LYMPH #	7.80	H	(0.7-4.3)	x10 3/uL

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

-DUO-

ACLU DDII CID ROI 25341

LAW ENFORCEMENT SENSITIVE

FS (b)(6) 2007@0620 Page 1

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07 0017 07 CIN 579 240769

rt requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0523 (Coll) SERUM

NA+	148	H	(137-145)	mmol/L
K	3.2	L	(3.6-5.0)	mmol/L
CL-	107		(98-107)	mmol/L
GLUCOSE	146	H	(75-110)	mg/dl
BUN	13		(9-20)	mg/dL
CREAT	1.3		(0.8-1.5)	mg/dL
CA	7.1	L	(8.4-10.2)	mg/dL
PROTEIN TOTAL	5.2	L	(6.3-8.2)	g/dL
ALBUMIN	2.5	L	(3.5-5.0)	g/dL
ALK PHOS	76		(38?-126)	U/L
AST	291	H	(15-46)	U/L
ALT	298	H	(11-66)	U/L
TBILI	1.0		(.2-1.3)	mg/dL
TCO2	24		(22-30)	mmol/L
PHOSPHORUS	2.3			mg/dL
CK	>5000	H	(55-170)	U/L

lt Comment:

lue outside instruments linearity/given to LT Whiteside/ICU @ 0555

PH BG	7.395			
PCO2	37.1			
PO2	109			
TCO2	24		(22-30)	mmol/L
HCO3 POCT	22.8			
BASE EXCESS	-2			
O2 SAT %	98			

pr 07 @ 0523 (Coll) PLASMA

PT	7.8		(7.0-14.0)	
APTT	51.5	H	(21.0-50.0)	
INR	0.8		(0.5-1.5)	

pr 07 @ 0523 (Coll) BLOOD

CBC UNCERTIFIED

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

FOUO

ACLU DDII CID ROI 25342

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.112

000147

EXHIBIT 19

FOUO

FS (b)(6) 2007@1752 Page 1

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07 0017 07 PL 579 240 69

rt requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 1716 (Coll) SERUM

NA+	151	H	(137-145)	mmol/L
K	5.0		(3.6-5.0)	mmol/L
CL-	109	H	(98-107)	mmol/L
GLUCOSE	83		(75-110)	mg/dl
BUN	16		(9-20)	mg/dL
CREAT	1.2		(0.8-1.5)	mg/dL
CA	6.8	L	(8.4-10.2)	mg/dL
TCO2	26		(22-30)	mmol/L

pr 07 @ 1614 (Coll) SERUM

PH BG	7.368			
PCO2	37.9			
PO2	85			
TCO2	23		(22-30)	mmol/L
HCO3 POCT	21.8			
BASE EXCESS	-4			
O2 SAT %	96			

pr 07 @ 1200 (Coll) SERUM

PH BG	7.332			
PCO2	38.8			
PO2	66			
TCO2	22		(22-30)	mmol/L
HCO3 POCT	20.5			
BASE EXCESS	-5			
O2 SAT %	91			

pr 07 @ 1200 (Coll) BLOOD

WBC	20.6	H	(4.8-10.8)	x10 3/uL
RBC CNT	5.67		(4.0-6.0)	x10 6/uL
HGB	17.3		(12-18)	g/dL
HCT	51.3		(42-52)	%
MCV	90.5		(80.0-99.9)	fl
MCH	30.5		(27.0-31.0)	pg
MCHC	33.7		(33.0-37.0)	g/dL
PLATELETS	295		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	77			
LYMPH#	15.86	H	(0.7-4.3)	x10 3/uL
BANDS/100 WBC	4			
HS/1	DUPLICATE			
MONO/100 WBC	13			
EOS/100 WBC	0.0		(0-4)	%
BASO/100 WBC	0			
PLT EST	ADEQUATE			
NEUT/100 WBC	77			
RBC MORPH				
	NORMAL CYTIC/NORMAL CHROMIC			
WBC				

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

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FOUO

ACLU DDI CID ROI 25343

ACLU-RDI 5544 p.113

LAW ENFORCEMENT SENSITIVE 000148

EXHIBIT 19

Personal Data - Privacy Act of 1974 (PL 93-579)
PATIENT LAB INQUIRY
For: (b)(6) 07 - (b)(6) 07 2017 07 CID579 240099
rt requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg # (b)(6)
Military Unit: UNKNOWN

(b)(6) 07 @ 1200 (Coll) BLOOD
NORMAL CYTIC

pr 07 @ 1200 (Coll) PLASMA

NA+	149			
K	4.1			
CL-	104			
CO2	22			
GLUCOSE	71			
BUN	13			
CREAT	1.1			
CA	7.6			

pr 07 @ 1008 (Coll) SERUM

PH BG	7.340			
PCO2	37.1			
PO2	91			
TCO2	21	L	(22-30)	mmol/L
HCO3 POCT	20.0			
BASE EXCESS	-6			
O2 SAT %	97			

pr 07 @ 0933 (Coll) SERUM

PH BG	7.377			

lt Comment: test was completed at 0735

PCO2	31.1			
PO2	355			
TCO2	19	L	(22-30)	mmol/L
HCO3 POCT	18.3			
BASE EXCESS	-7			
O2 SAT %	100			

pr 07 @ 0724 (Coll) URINE

COLOR	YELLOW			
SG	1.025		(1.010-1.025)	
PH	5.0		(5.00-8.00)	
PROTEIN	NEGATIVE			mg/dL

lt Comment: moderate spermatazoa

KETONES	NEGATIVE			
GLUCOSE	NEGATIVE		(0-50)	mg/dL
BILIRUBIN	NEGATIVE			
BLOOD	SMALL	H		

lt Comment: 4 RBCs PHPF

NITRITE	NEGATIVE			
UROBILINOGEN	0.2		(0.2-1.0)	EU/DL
LEUKO EST	NEG			
CLARITY	CLOUDY			
EPITHL CEL	0-5			
MUCUS	NEGATIVE			

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

LAW ENFORCEMENT SENSITIVE
ACLU DISCLOSURE

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

0017 07 CID 579 240 89

rt requested by: (b)(6)

(b)(6) (b)(6)

M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0724 (Coll) URINE

AMORPHOUS SEDIM	NEGATIVE			
CRYSTALS	NEGATIVE			
YEAST	NEGATIVE			
CASTS	NEGATIVE			
BACTERIA	NEGATIVE			
RBC UA	0-5			
WBC UA	5-10			

pr 07 @ 0646 (Coll) SERUM

NA+	143		(137-145)	mmol/L
K	4.1		(3.6-5.0)	mmol/L
CL-	97	L	(98-107)	mmol/L
GLUCOSE	117	H	(75-110)	mg/dl
BUN	10		(9-20)	mg/dL
CREAT	1.2		(0.8-1.5)	mg/dL
CA	9		(8.4-10.2)	mg/dL
PROTEIN TOTAL	6.2	L	(6.3-8.2)	g/dL
ALBUMIN	4.2		(3.5-5.0)	g/dL
ALK PHOS	62		(38?-126)	U/L
AST	146	H	(15-46)	U/L
ALT	152	H	(11-66)	U/L
TBILI	0.8		(.2-1.3)	mg/dL
TCO2	27		(22-30)	mmol/L
PH BG	7.073			
PCO2	82.9			
PO2	14			
TCO2	27		(22-30)	mmol/L
HCO3 POCT	24.2			
BASE EXCESS	-6			
O2 SAT %	10			
TROPONIN I	<.05		(0.0-0.4)	ng/mL

rpretations:
ANTITATIVE

MYOGLOBIN	104		(0-107)	ng/mL
CK-MB	1.1		(0-4.3)	ng/mL

rpretations:
ALITATIVE

pr 07 @ 0646 (Coll) PLASMA

PT	20.8	H	(7.0-14.0)	
APTT	142.4	H	(21.0-50.0)	
INR	2.1	H	(0.5-1.5)	

pr 07 @ 0646 (Coll) BLOOD

WBC	11.9	H	(4.8-10.8)	x10 3/uL
RBC CNT	4.86		(4.0-6.0)	x10 6/uL
HGB	14.6		(12-18)	g/dL
HCT	43.6		(42-52)	%

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

FOUO

ACLU DDII CID ROI 25345

ACLU-RDI 5544 p.115

LAW ENFORCEMENT SENSITIVE

000150

EXHIBIT 19 encl

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

PATIENT LAB INQUIRY 0017 07 CID579 240869

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0845 (Coll) SERUM

PH BG	7.348			
PCO2	36.9			
PO2	55			
TCO2	21	L	(22-30)	mmol/L
HCO3 POCT	20.3			
BASE EXCESS	-5			
O2 SAT %	87			

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

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FOUO

ACLU DDII CID ROI 25346

LAW ENFORCEMENT SENSITIVE

EXHIBIT 19

'FS (b)(6) 2007@1715 Page 1

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

FOUO

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

'rt requested by: (b)(6)

0017 07 CID579 24069

(b)(6) LAW ENFORCEMENT SENSITIVE (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0523 (Coll)

				BLOOD
WBC	19.2	H	(4.8-10.8)	x10 3/uL
lt Comment: man diff/segs 84,bands 7,lymp 4,atyp lym 2,monos 3,plts adeq				
RBC CNT	4.48		(4.0-6.0)	x10 6/uL
HGB	13.4		(12-18)	g/dL
HCT	40.5	L	(42-52)	%
MCV	90.5		(80.0-99.9)	fl
MCH	29.9		(27.0-31.0)	pg
MCHC	33.0		(33.0-37.0)	g/dL
PLATELETS	205		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	5.5			
LYMPH#	1.10		(0.7-4.3)	x10 3/uL

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

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FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDI CID RCI 25347

ACLU-RDI 5544 p.117

EXHIBIT 19

FOUO

(b)(6) 2007@1236 Page

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 070017 07 CID579 24089

LAW ENFORCEMENT SENSITIVE

rt requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg #: (b)(6)

h: Military Unit: UNKNOWN

(b)(6) 07 @ 1225 (Coll) SERUM

TAT PH BG	7.422		
PCO2	32.2		
PO2	70		
TCO2	22	(22-30)	mmol/L
HCO3 POCT	21.0		
BASE EXCESS	-3		
O2 SAT %	94		

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

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FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDU OID ROI 25348

ACLU-RDI 5544 p.118

000153

EXHIBIT 19

FOUO

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07 0017 07 CID 579 24089

Report requested by: (b)(6)

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0508 (Coll) BLOOD

WBC	13.2	H	(4.8-10.8)	x10 3/uL
Result Comment: man diff/segs 83,bands 5,lymp 6,aty lym 3,monos 3,plts adeq				
RBC CNT	3.94	L	(4.0-6.0)	x10 6/uL
HGB	11.8	L	(12-18)	g/dL
HCT	36.0	L	(42-52)	%
MCV	91.2		(80.0-99.9)	fl
MCH	29.9		(27.0-31.0)	pg
MCHC	32.8	L	(33.0-37.0)	g/dL
PLATELETS	148		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	8.0			
LYMPH#	1.10		(0.7-4.3)	x10 3/uL

(b)(6)

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

FOUO

ACLU DDII CID ROI 25349

LAW ENFORCEMENT SENSITIVE

FOUO

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 0017 07 CID579 24079

ort requested by: (b)(6)

LAW ENFORCEMENT SENSITIVE

(b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0657 (Coll) SERUM

PH BG	7.381			
PCO2	35.2			
PO2	82			
TCO2	22		(22-30)	mmol/L
HCO3 POCT	20.9			
BASE EXCESS	-4			
O2 SAT %	96			

(b)(6) 07 @ 0603 (Coll) URINE

COLOR	YELLOW			
SG	1.030	H	(1.010-1.025)	
PH	5		(5.00-8.00)	
PROTEIN	TRACE			mg/dL

ult Comment: SSA/Trace

KETONES	TRACE			

ult Comment: Acetest/Small

GLUCOSE	NEGATIVE		(0-50)	mg/dL
BILIRUBIN	NEGATIVE			
BLOOD	MODERATE			

ılt Comment:
icro/wbc neg,rbc 5-10,bact neg,casts neg,uric acid abund,amorphous
rates mod,epi 2-5,mucus trace

NITRITE	NEGATIVE			
UROBILINOGEN	0.2		(0.2-1.0)	EU/DL
LEUKO EST	NEG			
CLARITY	HAZY			

Shown to (b)(6)

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

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FOUO

ACLU DDII CID ROI 25350

LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5544 p.120

000144

EXHIBIT 19

FOUO

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

ort requested by: (b)(6)

0017 07 C 0579 24069

(b)(6)

(b)(6)

M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6)

07 @ 0508 (Coll)

NA+	142			SERUM
K	3.5	L	(137-145)	mmol/L
CL-	110	H	(3.6-5.0)	mmol/L
GLUCOSE	107		(98-107)	mmol/L
BUN	9		(75-110)	mg/dl
CREAT	0.9		(9-20)	mg/dL
CA	6.2	L	(0.8-1.5)	mg/dL
lt Comment: critical value given to (b)(6)			(8.4-10.2) /ICU @ 0550	mg/dL
PROTEIN TOTAL	4.3	L	(6.3-8.2)	g/dL
ALBUMIN	2.3	L	(3.5-5.0)	g/dL
ALK PHOS	58		(38?-126)	U/L
AST	179	H	(15-46)	U/L
ALT	169	H	(11-66)	U/L
TBILI	0.8		(.2-1.3)	mg/dL
TCO2	22		(22-30)	mmol/L
CK	>5000	H	(55-170)	U/L
lt Comment: critical value given to (b)(6)			ICU @ 0550	
PH BG	7.445			
PCO2	31.3			
PO2	125			
TCO2	22		(22-30)	mmol/L
HCO3 POCT	21.5			
BASE EXCESS	-3			
O2 SAT %	99			

(b)(6)

07 @ 0508 (Coll)

PT	7.0	(7.0-14.0)	PLASMA
APTT	38.7	(21.0-50.0)	
INR	<0.8	(0.5-1.5)	

==========

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

==========

FOUO

ACLU DDII CID ROI 25351

LAW ENFORCEMENT SENSITIVE

EXHIBIT

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

ort requested by: (b)(6)

0017 07 0 0579 2407

LAW ENFORCEMENT SENSITIVE

(b)(6) (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 0508 (Coll) SERUM

NA+	PENDING		
K	PENDING		
CL-	PENDING		
GLUCOSE	PENDING		
BUN	PENDING		
CREAT	PENDING		
CA	PENDING		
PROTEIN TOTAL	PENDING		
ALBUMIN	PENDING		
ALK PHOS	PENDING		
AST	PENDING		
ALT	PENDING		
TBILI	PENDING		
TCO2	22	(22-30)	mmol/L
CK	PENDING		
PH BG	7.445		
PCO2	31.3		
PO2	125		
TCO2	22	(22-30)	mmol/L
HCO3 POCT	21.5		
BASE EXCESS	-3		
O2 SAT %	99		

(b)(6) 07 @ 0508 (Coll) PLASMA

PT	7.0	(7.0-14.0)
APTT	38.7	(21.0-50.0)
INR	<0.8	(0.5-1.5)

(b)(6) 07 @ 0508 (Coll) BLOOD

CBC	UNCERTIFIED

==========

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

==========

FOUO
ACLU DDII CID ROI 25352
LAW ENFORCEMENT SENSITIVE

EXHIBIT 19

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

FOUO

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07 0017 07 CID579 24069

ort requested by: (b)(6)

(b)(6) LAW ENFORCEMENT SE (b)(6) M/27 Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6) 07 @ 1548 (Coll) SERUM

NA+	140		(137-145)	mmol/L
K	3.9		(3.6-5.0)	mmol/L
CL-	108	H	(98-107)	mmol/L
GLUCOSE	164	H	(75-110)	mg/dl
BUN	10		(9-20)	mg/dL
CREAT	1.1		(0.8-1.5)	mg/dL
CA	6.5	L	(8.4-10.2)	mg/dL
PROTEIN TOTAL	5.2	L	(6.3-8.2)	g/dL
ALBUMIN	2.3	L	(3.5-5.0)	g/dL
ALK PHOS	71		(38?-126)	U/L
AST	235	H	(15-46)	U/L
ALT	248	H	(11-66)	U/L
TBILI	0.8		(.2-1.3)	mg/dL
TCO2	23		(22-30)	mmol/L
TROPONIN I	1.31	H	(0.0-0.4)	ng/mL

erpretations:
JANTITATIVE

MYOGLOBIN	>500	H	(0-107)	ng/mL
CK-MB	19.3	H	(0-4.3)	ng/mL

erpretations:
JALITATIVE

(b)(6) 07 @ 1529 (Coll) SERUM

PH BG	7.353			
PCO2	37.6			
PO2	95			
TCO2	22		(22-30)	mmol/L
HCO3 POCT	20.9			
BASE EXCESS	-5			
O2 SAT %	97			

==========

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

==========

FOUO

ACLU DDII CID ROI 25353

LAW ENFORCEMENT SENSITIVE

EXHIBIT 19

GEMS IT MAC1200 ST

(b)(6) 2007@15:15

HR 95bpm

Measurement Results:

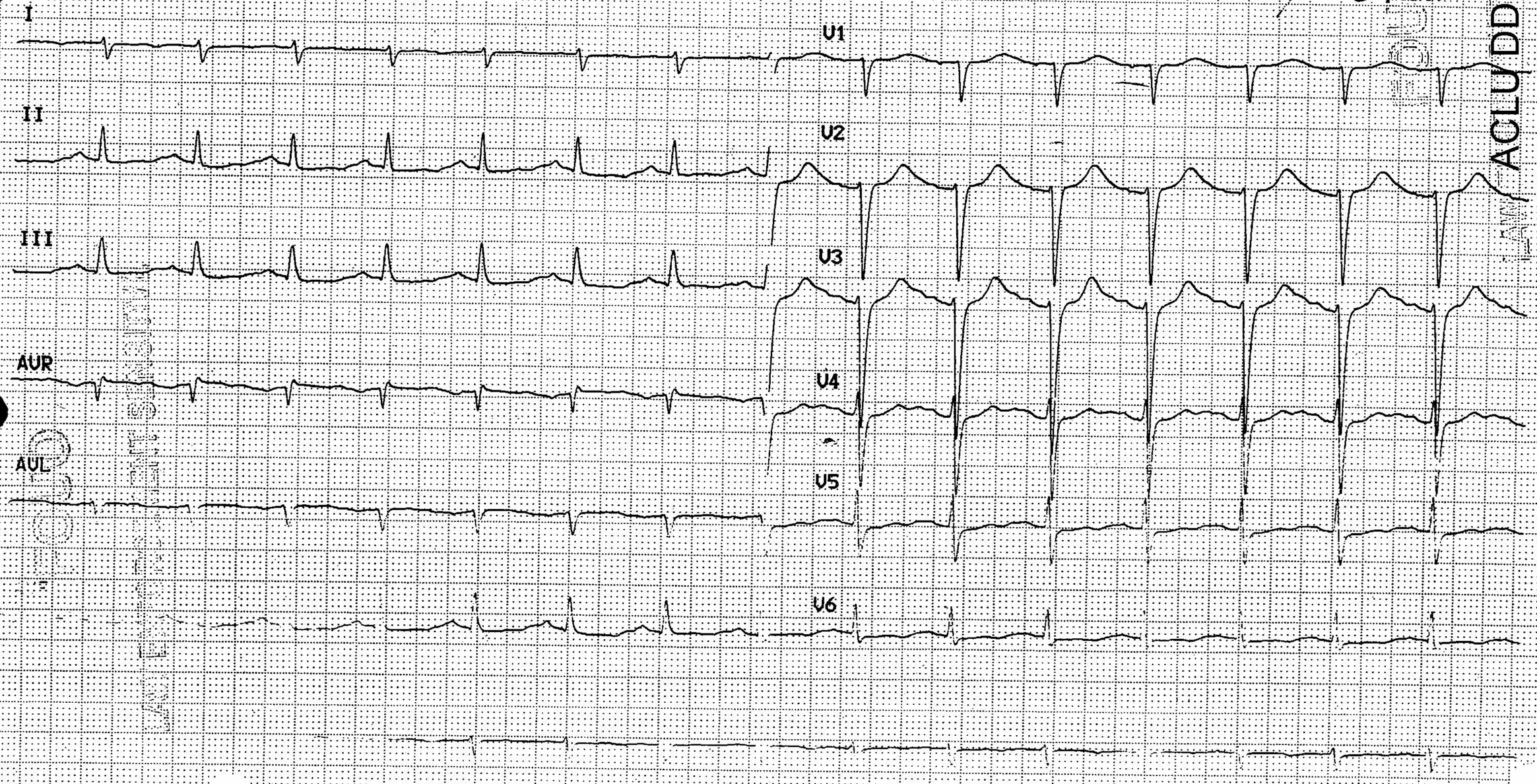
QRS	:	ms
QT/QTcB	: /	ms
PR	:	ms
P	:	ms
RR/PP	: /	ms
P/QRS/T	: / /	degrees
QTD/QTcBD	: ms	
Sokolow	:	mV
NK	:	

Interpretation:

NSR, nl intervals, poor R-wave progression, no ST/T Δ's

(b)(6)

Unconfirmed report.



ACLU DDII CID ROI 25354
EXHIBIT 19
000159
0017 07 CID579 240 69

HR 97 bpm

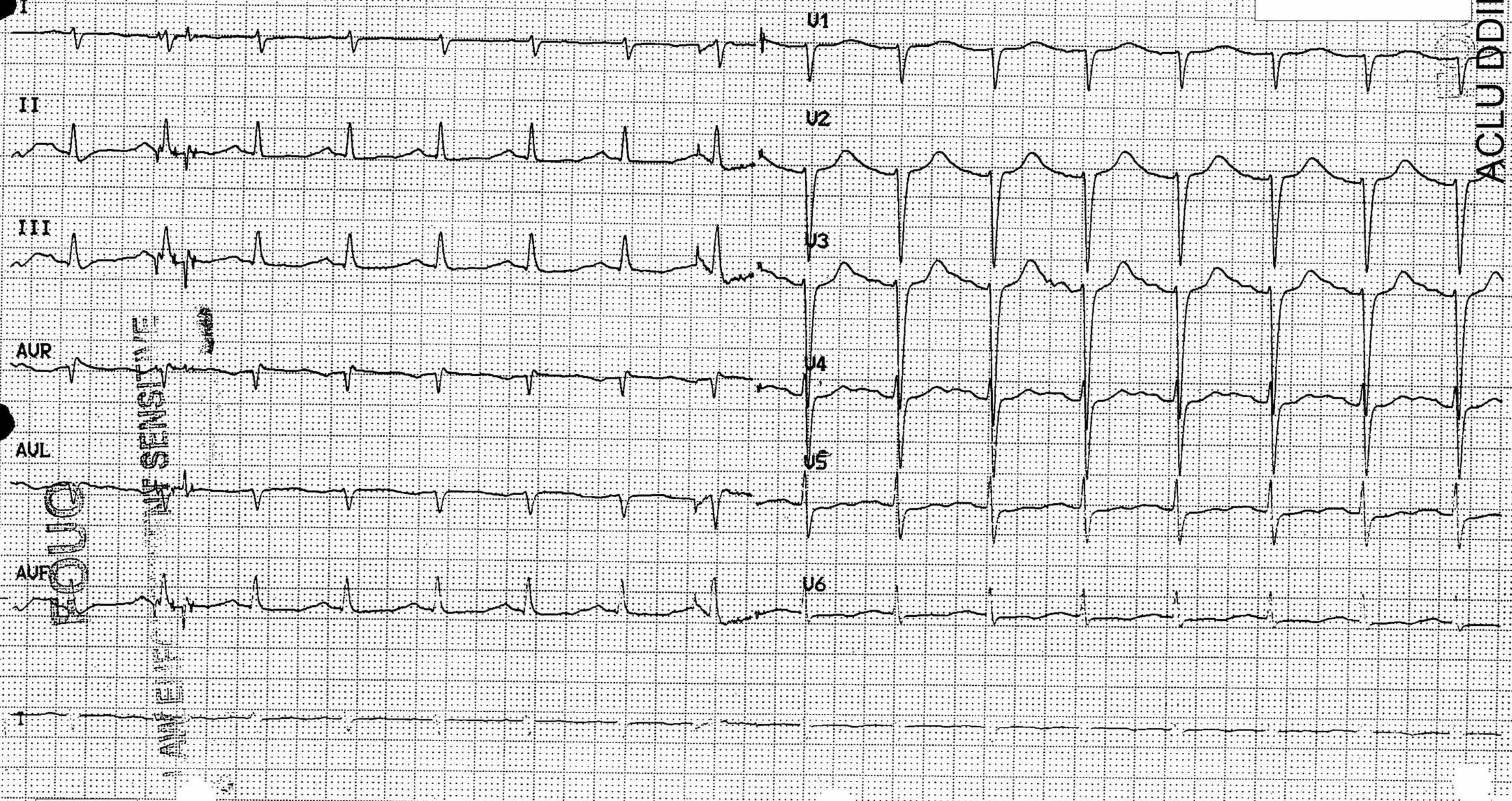
Measurement Results:

QRS	:	ms
QT/QTcB	: /	ms
PR	:	ms
P	:	ms
RR/PP	: /	ms
P/QRS/T	: / /	degrees
QTD/QTcBD	: ms	
Sokolow	:	mU
NK	:	

Interpretation: (b)(6) 2007 @ 15:15

(b)(6)

Uncon



ACLU DDII CID ROI 25355

LAW ENFORCE

EXHIBIT 19

0017 07 CID 579 24060

FOUO

LAW ENFORCEMENT SENSITIVE

(b)(6) 1974 13:32:30 25mm/s 10mm/mU ADS 50Hz 0.08 - 20Hz 6 F1 R Automatic U5 21

CLINICAL RECORD — THERAPEUTIC DOCUMENTATION CARE PLAN NONMEDICATION

PERFORMING

ORDER DATE	CLERK / NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE OF ORDER: 5 6 7 — DATE COMPLETED
(b)(6)	(b)(6)	Vitals per ICU protocol	07	(b)(6) (b)(6)
			19	(b)(6)
		Use A-line for invasive monitoring		
		Activity: BR	07	(b)(6) (b)(6)
			19	(b)(6)
		Diet: NPO	07	(b)(6) (b)(6)
			19	(b)(6)
		NGT to suction	07	(b)(6) (b)(6)
			19	(b)(6)
		Foley Hygiene	07	(b)(6)
			19	(b)(6)
		Vent Settings	07	(b)(
		SIMV	19	(b)(6)
		RR 16		
		PEEP 5 10		
		PS 19		
		TV 500		
		F_iO_2 ~~50%~~ 35%		
		Q AM CBC, CMP, CPK	06	(b)(6) (b)(6)
		COAGS, ABG		

ALLERGIES ☐ YES ☐ NO PRIMARY DIAGNOSIS: Cardiopulmonary arrest

ADDITIONAL PAGES IN USE: ☐ YES ☐ NO PAGE NO.

PATIENT IDENTIFICATION: (b)(6)

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIME

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

DA FORM 4677, 1 OCT 78 EDITION OBSOLETE

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25356

EXHIBIT 19

DD17 07 CID579 24089

FOUO

THERAPEUTIC DOCUMENTATION CARE PLAN
(MEDICATIONS)

Mo. (b)(6) Yr. 07

Verify by Initialing		SINGLE ORDER: PRE-OPERATIVES	Date to be Given	Time to be Given	Time Given	Initials
Order Date	Clerk/ Nurse					
(b)(6)		LAW ENFORCEMENT SENSITIVE	(b)(6)			(b)(6)
		Hold Propofol		—	0610	
		KCL 40mEq IV over 4 hrs			0900	
		ABG NOW ERROR (BA)				
		Ativan 1mg IV NOW X 1		0730	0730	
		Hold Propofol @ 0530 Tomorrow		0530	0530	
		1L NS bolus now		0556	0600	
		Calcium gluconate 2gm IV		Now	0900	
		KCl 40 mEq IV over 4 hrs		now	0900	

Order/ Expir Date	Clerk/ Nurse	PRN MEDICATION, DOSE, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION — TIME/DATE DISPENSED

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 25357

000162

ACLU-RDI 5544 p.127

EXHIBIT 19

FOUO

0017 07 CI-579 240389

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

Mo (b)(6) Yr 07

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
(b)(6)		ABG @ 0930	(b)(6)	0930	0930	(b)(6)
		ABG, CBC, CMP @ NOON		1200	1200	
		CXR portable NOW		NOW	1000	
		PCXR in AM		0600	0650	
		BMP NOW		1700	1700	
		Admit: ICU, Condition guarded (b)(6)		0900	0900	
		ABG NOW		0800	0800	
		ABG, CBC, TROPONIN		1500	1500	
		ECG		1500	NOW	
		ABG @ 0645		0645	0650	
		ABG NOW		NOW	1200	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED

FOUO

ACLU DDII GID ROI 25358

ACLU-RDI 5544 p.128

EXHIBIT 000163 19

USAPA V1.0

ASA:_____

ural catheter Yes/ No

rmation

lines	Site	Fluid	Rate
ın			
e			

ffect | Initials

ation

se		
Ped	Comments	Initials

TIME		2255	2400										
RESPIRATORY													
AIRWAY: NT-nasalpharyngeal [ ]R nare [ ]L nare Oralpharyngeal Tracheostomy Size____ ETT 23cm @ lip [✓]R [ ]L side of mouth Size 7.5 ___ cm @ nare[ ]R [ ]L nare Size____		ETT	ETT										
RESPIRATIONS: Ventilated Regular Irregular		√	√										
EFFORT: Unlabored Labored SOB Tachypneic Dyspneic Accessory muscle use		U	U										
BREATH SOUNDS: Equal Unequal		E	E										
Clear Diminished Crackles Wheezing Rhonchi Stridor Absent * = Clears with suction/cough	RUL	Cr	C										
	RML	Cr	C										
	RLL	Cr	C										
	LUL	Cr	C										
	LLL	Cr	R										
COUGH: Productive Nonproductive		ϕ	ϕ										
SECRETIONS : Oral Nasal ETT Amount: Small Med Large		ϕ	O										
Color: Clear White Yellow Green Brown Tan Bloody Pink Cloudy Oral Nasal ETT		—	O-C										
Consistency: Thick Thin Oral Nasal ETT		—	Th										
Pulmonary Toileting: IS-Incentive spirometry CPT-Chest PT Cough DB-Deep breath Suctioned		S	S										
Trach Care: Dsg Δ Inner cannula cleaned Trach ties Δ		—	—										
CHEST TUBE #1: Location													
Suction ____cm H2O Water Seal													
Air leak: +/-													
Drainage: Serous Sanguineous SeroSang Purulent													
Subcutaneous emphysema: +/- Site:													
CHEST TUBE#2 Location													
Suction ____cm H2O Water Seal													
Air leak: +/-													
Drainage: Serous Sanguineous SeroSang Purulent													
Subcutaneous emphysema: +/- Site:													
GASTROINTESTINAL													
ABDOMEN: Soft Firm Flat Round Distended Obese Tender Nontender Ascites		S, Fl	S, Fl										
BOWEL SOUNDS: Active Hyper Hypo Absent	RUQ	Hyp	Hyp	Hyp	Hyp								
	LUQ	Hyp	Hyp	Hyp	Hyp								
	RLQ	Hyp	Hyp	Hyp	Hyp								
	LLQ	Hyp	Hyp	Hyp	Hyp								
TUBE: NG OG Dobhoff Peg		NG	NG										
Tube location: Oral Nare[ ]R [✓]L Other _____		N	N										
Position checked Patent Feeding infusing Clamped LCS-low continous suction Gravity LIS- low intermittent suction Irrigated		—	LIS										
RESIDUAL check _____ml		—	—										
Complains of Nausea Vomiting		ϕ	ϕ										

EXHIBIT 08-1-19 MAG DUFFY RDR CR 25359

ACLU-RDI 5544 p.129

0017 0 CJC579 24038

Cardiac Rhythm/Ectopy	ST	ST	ST
Circulation RUE / LUE	3+ / 3+	3+ / 3+	3+ / 3+
RLE / LLE	3+ / 3+	3+ / 3+	3+ / 3+
Responsiveness	U	U	U
Best eye opening	1	1	1
Best verbal response	1	1	1
Best motor response	1	1	1
R/L Pupil Size & Reaction	7F / 7F	7F / 7F	7F / 7F
RESPIRATORY			
Mode	CMV	CMV	~~A~~ SIMV
Rate	16	16	16
Tidal Volume	600	600	600
FiO2	50	60	50
Pressure Support/ PEEP	5	5	5
INTAKE			
½NS Ventilator Day	~~BPG~~ 15	125 ~~100~~	150
Fentanyl		~~3.8~~	
Foley Day			
Admission Wt			
Today's Wt			
Yesterday's Wt (total intake)	15	125 / 140	150 / 290
OUTPUT			
Difference +/-		140	180
Total Input			
Total Output			
Difference +/- (total output)		140	180 / 320
Nurse's Initials	BPG	BPG	BPG

I 290
O 320
30

BI-Bigemeny
TRI-Trigemeny
Sleeping
Ectopy
P-PVC
PA-PAC
M-Multifocal
N-None
F-Frequent >10/min
O-Occasional
R-Rare
Circulation
1+Faint
2+Weak
3+Normal
4+Bounding
A-Absent
D-Doppler
Responsiveness
A-Alert
O-Oriented
D-Disoriented
L-Lethargic
P-To pain only
PR-Paralyzed
S-Sedated
U-Unresponsive
SL-Sleeping
Best Eye Opening
4-Spontaneous
3-To speech
2 -To pain
1-None
Best Verbal Response
5-Oriented
4-Confused
3-Inappropriate
2-Incomprehensible
1-None, ETT, Trach
Best Motor Response
6-Obeys commands
5-Localized to pain
4-Withdrawl to pain
3-Flexion to pain
2-Extension to pain
1-None
Reaction
Brisk
Sluggish 2 3 4 5
Fixed
6 7 8
Mode
V-Vent
TC-Trach collar
NC-Nasal Cannula
SM-Simple mask
VM-Venti mask
NRB-Non-rebreather mask
FT-Face tent

Cardiac Rhythm/ Ectopy		
Circulation	RUE	LUE
	RLE	LLE
CNS	Responsiveness	
	Best eye opening	
	Best verbal response	
	Best motor response	
	Pupil Size & Reaction	
RESPIRATORY		
Mode		
Rate		
Tidal Volume		
FiO2		
Pressure Support/ PEEP		
INTAKE		
TOTAL INTAKE		
OUTPUT		
Urine		
Stool		
TOTAL OUTPUT		
Nurse's Initials		

ACLU DDII RO 025360
000165
EXHIBIT 17

FOUO

0017 07 CI-579 24089

THERAPEUTIC DOCUMENTATION CARE PLAN
(NON-MEDICATION)

(b)(6) 07

Verify by Initialing: Order Date	Clerk Nurse	SINGLE ACTIONS	Date to be Done	Time to be Done	Time Done	Initials
(b)(6)		ABG @ 0930	(b)(6)	0930	0930	(b)(6)
		ABG, CBC, CMP @ NOON		1200	1200	
		CXR portable NOW		NOW	1000	
		PCXR in AM		0600	0650	
		BMP NOW		1700	1700	
		Admit: ICU, Condition: guarded (b)(6)		0900	0900	
		ABG NOW		0800	0800	
		ABG, CMP, TROPONIN		1500	1500	
		ECG		1500	NOW	
		ABG @ 1645		0645	0650	
		ABG NOW		NOW	1200	

Order/ Expir Date	Clerk/ Nurse	PRN ACTION, FREQUENCY	INITIAL PROPER COLUMN FOLLOWING COMPLETION TIME/DATE COMPLETED

(b)(6)

LAW ENFO

ACLU DDI CID ROI 25361

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

PRELIMINARY AUTOPSY REPORT

Name: Mahmud, Karwan Muhammad Ali
(b)(6)
Date of Birth: (b)(6) 1980
Date of Death: (b)(6) 2007
Date of Autopsy: 13 Apr 2007 @ 1200
Date of Report: 16 Apr 2007

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

Circumstances of Death: This 26 year-old Iraqi detainee was reportedly found unresponsive by other detainees and taken to the hospital. Despite medical intervention, he was subsequently removed from life support.

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

Identification: Presumptive identification is established by a wrist identification band. Post-mortem fingerprints and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Pending**

MANNER OF DEATH: **Pending**

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

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ACLU DDII CID ROI 25418

AGENT'S INVESTIGATION REPORT ROI NUMBER 0083-07-CID112

CID Regulation 195-1 Page 1 of ___ Page(s)

DETAILS:

BASIS FOR INVESTIGATION: On 13 Apr 07, this office was notified by SA (b)(6), (b)(7)(C) Investigative Operations, Operational Investigation, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Boulevard (Blvd), Building (Bldg) 102, Rockville, MD 20850, that the remains of Detainee Karwan Muhammad Ali MAHMUD, Internment Serial Number (ISN) (b)(6), (b)(7)(C) Theater Internment Facility (TIF), Camp Bucca, APO AE, IZ, were located at Port Mortuary, Dover Air Force Base, DE 19902 (DAFB), and the autopsy would be conducted later in the day.

About 1300, 13 Apr 07, SA (b)(6), (b)(7)(C) attended the autopsy of Detainee MAHMUD which was conducted by Dr. (LCDR) (b)(6), (b)(7)(C) United Stated Navy (USN), OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. Dr (b)(6), (b)(7)(C) preliminary opine was that Detainee's MAHMUD cause of death and manner of death will remain pending awaiting further examination of preserved organs. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. The Federal Bureau of Investigation (FBI) obtained fingerprints from the remains. A copy of the CD containing all images was obtained. (See Fingerprints and CD for details)

About 1734, 17 Apr 07, SA (b)(6), (b)(7)(C) received the Preliminary Autopsy Report of Detainee MAHMUD, which reported the cause and manner death to remain pending. (See Preliminary Autopsy Report)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION
Aberdeen Resident Agency (CID)
2201 Aberdeen Boulevard
APG, MD 21005

SIGNATURE (b)(6), (b)(7)(C) DATE 17APR07 EXHIBIT 21

PROTECTIVE MARKING IS EXCLUDED FROM AUTOMATIC TERMINATION UNDER THE PROVISIONS OF AR 340-16

ACLU DDI CID ROI 25373

AUTOPSY REPORT (b)(6)
Mahmud, Karwan Muhammad Ali

0083-07-CID112

PRELIMINARY AUTOPSY DIAGNOSES:

I: No evidence of significant recent injury

II. Evidence of Natural Disease:
- **A. Cardiomegaly, 440 grams**
- **B. Bilateral pulmonary congestion (1010 grams right, 830 grams left)**
- **C. Bilateral pleural effusion (100 ml right, 50 ml left)**
- **D. Pericardial effusion (50 ml)**
- **E. Peritoneal effusion (50 ml)**

III. Evidence of Medical Intervention:
- **A. Nasogastric tube, orogastric tube, endotracheal tube, large-bore intravenous catheter left neck, Foley catheter, multiple needle puncture sites upper and lower extremities with associated contusions, EKG leads (3) on torso, defibrillator pad outlines (2) on chest, and two separate bags of intravenous fluids (one of normal saline and one of morphine sulfate)**

IV. Identifying marks or tattoos
- **A. Scars of the right hand, right forearm and right foot**

V. Toxicology pending

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: spleen, liver, blood, brain, bile, urine, gastric contents, vitreous, psoas muscle, adipose tissue, lung and kidney
- The heart and brain are submitted for further evaluation
- The remaining dissected organs are forwarded with body.
- Selected portions of organs are retained in formalin, without preparation of histological slides
- Personal effects are released to the appropriate mortuary operations representatives

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

ACLU DDII CID ROI 25419

ACLU-RDI 5544 p.134

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

ROI NUMBER
0017-07-CID579-24069

About 1500, 11 Jul 07, this office received the Final Autopsy Examination Report, report number ME 07-0425, Certificate of Death, and the toxicology report from the Armed Forces Institute of Pathology (AFIP), Rockville, MD pertaining to Detainee MAHMUD. The Final Autopsy Report and the Certificate of Death indicated the cause of death to be left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis and the manner of death to be by natural causes. (See Final Autopsy Report, Certificate of Death, and Toxicology Report for details)

//LAST ENTRY//

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
SA (b)(6),(b)(7)(C),(b)(7)(F)	280th MP Detachment(CID), Camp Bucca, APO AE 09375
SIGNATURE (b)(6), (b)(7)(C)	DATE: 11 Jul 07 / EXHIBIT: 24

ACLU DDII CID ROI 25420

Exhibit(s) 25 thru 27

Page(s) 225 thru 235 referred to:

CDR USAMEDCOM
ATTN: FOIA Office, STOP 76
1216 Stanley RD 2D FL
FT. Sam Houston, TX 78234-5049

D017-07-GD579-24069

FOUO

LAW ENFORCEMENT SENSITIVE

ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
1413 Research Blvd., Bldg. 102
Rockville, MD 20850
(b)(6)

FINAL AUTOPSY REPORT

Name: BTB Mahmud, Karwan Muhammad Ali
ISN: (b)(6)
Date of Birth: (b)(6) 1980
Date of Death (b)(6) 2007
Date of Autopsy: 13 Apr 2007 @ 1200
Date of Report: 19 June 2007

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

Circumstances of Death: This 26 year-old Iraqi detainee was found unresponsive by other detainees and subsequently removed from life-support 4 days later after medical intervention.

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

Identification: Presumptive identification is established by a wrist identification band. Post-mortem fingerprints, dental examination, and a specimen suitable for DNA analysis are obtained.

CAUSE OF DEATH: **Left Ventricular Hypertrophy with Focal Subendocardial Interstitial and Replacement Fibrosis**

MANNER OF DEATH: **Natural**

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ACLU DOD CID ROI 25422

ACLU-RDI 5544 p.137

LAW ENFORCEMENT SENSITIVE

Exh 25

0017-07-CID579-24069

FOUO

LAW ENFORCEMENT SENSITIVE

FINAL AUTOPSY DIAGNOSES:

I. No evidence of significant recent injury

II. Evidence of natural disease:
- **A. Diffuse neuronal hypoxic/ischemic changes in the cerebrum and cerebellum**
- **B. Cardiomegaly, 440 grams**
- **C. Subendocardial coagulative necrosis and multifocal single cell contraction band necrosis, left ventricle**
- **D. Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis**
- **E. Bronchopneumonia with bilateral pulmonary congestion (1010 grams right, 830 grams left)**
- **F. Bilateral pleural effusion (100 ml right, 50 ml left)**
- **G. Pericardial effusion (50 ml)**
- **H. Peritoneal effusion (50 ml)**

III. Evidence of medical intervention:
- **A. Nasogastric tube, orogastric tube, endotracheal tube, large-bore intravenous catheter left neck, Foley catheter, multiple needle puncture sites upper and lower extremities with associated contusions, EKG leads (3) on torso, defibrillator pad outlines (2) on chest, and two separate bags of intravenous fluids (one of normal saline and one containing morphine sulfate)**

IV. Identifying marks or tattoos: Scars of the right hand, right forearm, and right foot

V. Toxicology (AFIP):
- **A. Volatiles: No ethanol is detected in the blood and vitreous fluid**
- **B. Drugs: Lorazepam and 1-Hydroxymidazolam are detected in the urine but not in the blood. Morphine is detected in the urine and quantitated in the liver at 0.43 mg/kg**
- **C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood is 1%[1]**
- **D. Cyanide: No cyanide is detected in the blood**

[1] Carboxyhemoglobin saturations of 0-3% are expected for non-smokers.

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 66 inch tall, 140 pound Middle Eastern male whose appearance is consistent with the reported age of 26 years. Lividity is on the posterior ears and neck, posterior torso and posterior lower extremities and fixed. Rigor is passing, and the temperature is that of the refrigeration unit.

The scalp is covered with 2-inch long straight black hair in a normal distribution. Facial hair consists of a goatee and moustache. The irides are brown, the corneae are cloudy, the conjunctivae are pale, the sclerae are white and the pupils are round and equal in diameter. The external auditory canals are clear. The ears are not pierced. The nares are patent. The nose and maxillae are palpably stable. The teeth appear natural and in good condition. There is a 0.5 cm abrasion on the lower gingival.

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

The upper extremities are diffusely edematous. The fingernails are intact. The lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body at the time of autopsy:

- Blue long-sleeve T-shirt
- White T-shirt
- Black sweatpants
- Green scrub pants
- White socks (2)
- Green towel

MEDICAL INTERVENTION

- Nasogastric tube
- Orogastric tube
- Endotracheal tube
- Large-bore intravenous catheter left neck with associated underlying soft tissue hemorrhage
- Foley catheter
- Multiple needle puncture sites upper and lower extremities with associated contusions
- EKG leads (3) on torso
- Defibrillator pad outlines (2) on chest
- One bag of intravenous normal saline
- One bag of intravenous fluid with morphine sulfate

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RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no fractures and no internal metal fragments

INTERNAL EXAMINATION

HEAD:
The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1350 gm brain (fresh weight). Please see Neuropathology Addendum. There are no skull fractures.

NECK:
Layer-wise dissection of the anterior and posterior neck structures reveals no injury. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is free of bite marks, hemorrhage, or other injuries.

BODY CAVITIES:
The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are bilateral pleural effusions (100 ml right, 50 ml left). There is a pericardial effusion (50 ml). There is a peritoneal effusion (50 ml). The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:
The right and left lungs weigh 1010 and 830 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is severely congested and edematous. Focal areas of consolidation are present.

CARDIOVASCULAR SYSTEM:
The 440 gm heart is contained in an intact pericardial sac. Please see Cardiovascular Pathology Addendum. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:
The 1800 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 20 ml of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:
The 360 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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

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AUTOPSY REPORT (b)(6)
Mahmud, Karwan Muhammad Ali

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

GENITOURINARY SYSTEM:
The right and left kidneys weigh 140 and 170 gm, respectively. The external surfaces of the kidneys are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Gray-pink bladder mucosa overlies an intact bladder wall. The bladder contains 100 ml of yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities

GASTROINTESTINAL TRACT:
The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 5 ml of brown liquid. The gastric wall is intact. The duodenum, loops of small bowel and colon are unremarkable. The appendix is present.

MUSCULOSKELETAL SYSTEM:
There are no bone or joint abnormalities. Skeletal muscle development is normal. Cut downs of the upper and lower extremities and back are unremarkable.

MICROSCOPIC EXAMINATION

- Lung: One section of lung demonstrates bronchopneumonia; another section of lung demonstrates pulmonary edema
- Liver: No significant microscopic abnormalities
- Kidney: No significant microscopic abnormalities

ADDITIONAL PROCEDURES

- Documentary photographs are taken by OAFME staff photographers
- Full body radiographs are obtained
- Specimens retained for toxicological testing and/or DNA identification are: spleen, liver, blood, bile, urine, gastric contents, vitreous fluid, psoas muscle, adipose tissue, lung and kidney
- The dissected organs are forwarded with body.
- Selected portions of organs are retained in formalin, with preparation of histological slides of the lungs, liver and kidney
- Personal effects are released to the appropriate mortuary operations representatives
- The heart and brain are submitted for further examination by cardiovascular pathology and neuropathology, respectively
- Re-association of the heart ((b)(6)) and the brain ((b)(6))

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AUTOPSY REPORT (b)(6)
Mahmud, Karwan Muhammad Ali LAW ENFORCEMENT SENSITIVE

OPINION

This 26 year-old Iraqi detainee died of left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis. There was no evidence of recent significant injury or bruising on the head. Per investigative reports, there were conflicting reports of possible head trauma when the deceased was examined at two different medical treatment facilities in Iraq. A head CT scan at one facility reportedly demonstrated "severe anoxic brain injury with herniation, cephalohematoma in scalp right occipital and left parietal". Hypoxic changes in the brain can result in herniation, however there was no evidence of blunt force trauma or herniation at the time of autopsy. The heart demonstrated enlargement of the left ventricle, which has been associated with fatal arrhythmias. The brain demonstrated changes consistent with a decrease in blood flow, which could occur as a result of a cardiac arrhythmia. Microscopic sections of one of the lungs demonstrated focal bronchopneumonia, which most likely developed while the deceased was hospitalized for 4 days. Sections of the liver and kidney were unremarkable. Toxicological testing was negative for ethanol and cyanide. The carboxyhemoglobin saturation in the blood was 1%. Two drugs associated with resuscitation, lorazepam and 1-Hydroxymidazolam, were detected in the urine. A third drug associated with resuscitation, morphine, was detected in the urine and quantitated in the liver at a concentration consistent with therapeutic dosing. The manner of death is natural.

(b)(6)

(b)(6) **Medical Examiner**

(b)(6)

(b)(6) **Medical Examine**

(b)(6)

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AUTOPSY REPORT (b)(6)
Mahmud, Karwan Muhammad Ali

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NEUROPATHOLOGY ADDENDUM

(b)(6)

BRAIN, AUTOPSY: DIFFUSE HYPOXIC/ISCHEMIC CHANGES

We examined the approximately 1380-gram formalin-fixed brain submitted in reference to this case.

The dura is unremarkable without hemorrhages or masses. The leptomeninges are translucent without hemorrhages. The cerebral hemispheres are symmetrical. The gyral pattern is normal. The circle of Willis has a normal adult configuration without aneurysms, significant atherosclerosis, or sites of occlusion. The cranial nerves, cerebellum, and brainstem are unremarkable. The optic chiasm is gray and soft. There is no evidence of uncal, tonsillar, or subfalcine herniation. Serial coronal sections of the cerebrum show a cortical ribbon of normal thickness, well demarcated from subjacent white matter. Myelination is normal. The ventricular system is of normal size and shape. The basal ganglia, hippocampi, thalami, and hypothalamus are unremarkable. Serial sectioning of the cerebellum shows some dusky discoloration. The left cerebellar tonsil is more prominent than the right. The brainstem is unremarkable. The substantia nigra and locus ceruleus are normally pigmented for age. The aqueduct is patent. The spinal cord is not submitted, but the uppermost cervical cord and cervicomedullary junction are unremarkable.

Summary of microscopic sections: 1. left middle frontal gyrus. 2. left cingulate gyrus. 3. left superior/middle temporal gyri. 4. mamillary bodies. 5. left basal ganglia. 6. optic chiasm. 7. right thalamus. 8. left parietal lobule. 9. left hippocampus. 10. vermis. 11. right hippocampus. 12. left cerebellar dentate nucleus.13. left cerebellar tonsil.14. right cerebellar tonsil. 15. dusky right cerebellum 16. dusky left cerebellum. 17. occipital lobe. 18. substantia nigra. 19. pons. 20. medulla.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with GMS and PAS.

Microscopic sections demonstrate diffuse neuronal hypoxic/ischemic changes in the cerebrum and cerebellum. Purkinje cell loss is noted with developed Bergmann gliosis. Neutrophils are present in the optic chiasm. The left thalamus has focal intravascular branching structures that are PAS positive and GMS negative. This may represent fibrin. The underlying cause of the diffuse hypoxic/ischemic changes is undetermined.

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AUTOPSY REPORT (b)(6)
Mahmud, Karwan Muhammad Ali

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CARDIOVASCULAR PATHOLOGY ADDENDUM

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6)

1. **Subendocardial coagulative necrosis and multifocal single cell contraction band necrosis, left ventricle**
2. **Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis**

History: 26 year old Iraqi detainee found unresponsive by other detainees, resuscitated and later removed from life support

Heart: 440 grams, per contributor; normal epicardial fat; probe patent foramen ovale; concentric left ventricular hypertrophy: left ventricular cavity diameter 30 mm, left ventricular free wall thickness 17 mm, ventricular septum thickness 18 mm; right ventricular dilatation: right ventricle thickness 5 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; subendocardial hemorrhage, ventricular septum and posteromedial papillary muscle; histologic sections show left ventricular myocyte hypertrophy with focal subendocardial interstitial and replacement fibrosis, posterior and septal left ventricle; coagulative necrosis, posteromedial papillary muscle and posterior septum; multifocal single cell contraction band necrosis (brain death lesions)

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

Comment: The subendocardial necrosis and multifocal single cell contraction band necrosis are secondary to anoxic brain injury and catecholamine release following a period of hypoperfusion. The cause of the initial cardiac arrest is uncertain, but may be due to arrhythmia associated with left ventricular hypertrophy and subendocardial fibrosis.

(b)(6)

Cardiovascular Pathologist

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

REPLY TO ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

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

Name
MAHMUD, KARWAN MUHAMN

SSAN: **Autopsy:** (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: (b)(6) 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS **REPORT OF TOXICOLOGICAL EXAMINATION**

Condition of Specimens: GOOD
Date of Incident: **Date Received** (b)(6) /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 amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs were detected:

Positive Benzodiazepine: Lorazepam was detected in the urine by gas chromatography/mass spectrometry. No lorazepam was detected in the blood at a limit of quantitation of 0.025 mg/L using gas chromatography/mass spectrometry.

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

REPLY TO
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REPORT OF TOXICOLOGICAL EXAMINATION (CONT – MAHMUD, KARWAN MUHAMN):

Positive Benzodiazepine: 1-Hydroxymidazolam was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. No 1-hydroxymidazolam was detected in the blood at a limit of quantitation of 0.025 mg/L using gas chromatography/mass spectrometry.

Positive Opiate: Morphine was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. The liver contained 0.43 mg/kg of morphine as quantitated by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

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CERTIFICATE OF DEATH *(OVERSEAS)*

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Acte de décès (D'Outre-Mer)

NAME OF DECEASED *(Last, First, Middle)* Nom du décédé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
Mahmud, BTB Karwan, Muhammad Ali		Civilian	(b)(6)

ORGANIZATION Organisation	NATION *(e.g, United States)* Pays	DATE OF BIRTH Date de naissance	SEX Sexe
Iraqi Detainee	Iraq	(b)(6) 1980	[X] MALE [ ] FEMALE

RACE Race		MARITAL STATUS État Civil				RELIGION Culte			
X	CAUCASOID Caucasique		SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant		OTHER (Specify) Autre (Spécifier)
	NEGROID Negriode		MARRIED Marié		SEPARATED Séparé		CATHOLIC Catholique	X	
	OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf				JEWISH Juif		

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décéde avec le sus
STREET ADDRESS Domicilé à (Rue)	**CITY OR TOWN OR STATE** *(Include ZIP Code)* Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

	CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITON DIRECTLY LEADING TO DEATH [1] Maladie ou condition directement responsable de la mort. [1]	Left ventricular hypertrophy with focal subendocardial interstitial and replacement fibrosis	
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		
ANTECEDENT CAUSES — UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu. menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS [2] Autres conditions significatives [2]		

MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée [X] YES Oui [ ] NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
X NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
ACCIDENT Mort accidentelle		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
HOMICIDE Homicide	DATE Date (b)(6) 2007	AVIATION ACCIDENT Accident á Avion [ ] YES Oui [X] NO Non

DATE OF DEATH *(day, month, year)* Date de décès (le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès
8 April 2007	Camp Bucca 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 dé funtet je conclus que le décès est survenu à l'heure indiquée et à, la suite des causes énumérées ci-dessus.

NAME OF MEDICAL OFFICER Nom du médicin militaire ou du médicin sanitaire	TITLE OR DEGREE Titre ou diplômé
(b)(6)	Associate Medical Examiner

GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse
(b)(6)	Dover AFB, Dover DE
DATE Date (b)(6) /2007	SIGNATURE (b)(6)

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

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DD FORM 1 APR 77 2064 REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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