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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

02 Dec 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 1ST FINAL SUPPLEMENTAL (C)/SSI -
0029-2007-CID579-24075 - 5H1D / 5X1

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 JUL 2007, 2000 - 12 JUL 2007, 0010; COMPOUND 31, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IRAQ

DATE/TIME REPORTED: 12 JUL 2007, 0145

INVESTIGATED BY:

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

SUBJECT:

1. (b)(6), (b)(7)(C) IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US (b)(6), (b)(7)(C) COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

2. (b)(6), (b)(7)(C) IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US (b)(6), (b)(7)(C) COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

3. (b)(6), (b)(7)(C) IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US (b)(6), (b)(7)(C) COMPOUND 31A, THEATER

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INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

4. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

5. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

6. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

7. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

8. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

9. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

10. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],

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[CONSPIRACY]

11. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

12. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

13. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

14. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

15. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

16. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER;
INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER],
[CONSPIRACY]

17. **b(6), b(7)(C)** IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT
SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A, THEATER INTERNMENT
FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

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18. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

19. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

20. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

21. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

22. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

23. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

24. [b(6), b(7)(C)] IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

VICTIM:

1. ABDUL RAHIM, MOHAMMED HASHIM (DECEASED); IRAQ; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND

31, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

"This is an Operation Iraqi Freedom Investigation"

[illegible]

Further investigation determined on 30 Nov 07, this office received the results of the United States Army Criminal Investigation Laboratory (USACIL) examination of the submitted evidence. The USACIL laboratory report indicated DNA testing of the blood found on the clothes of ABDUL matched his DNA profile. Additionally, there was a partial DNA profile of an unknown individual. Coordination the Central Criminal Court of Iraq (CCCI) revealed forensic tests are not used in criminal procedures and would not aid the government's case.

Iraqi Penal Code, Paragraph 406, Murder
Iraqi Penal Code, Paragraph 55, Parties to a Crime (Conspiracy)

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EXHIBITS/SUBSTANTIATION:

Added Attached:

⁶³
~~60~~. AIR of SA [REDACTED] 30 Nov 07.

~~64~~. USACIL Laboratory Report, 2007-CID1331-1418/A, 1 Nov 07.

Added Not Attached:

None.

⁶³⁻⁶⁴
The originals of Exhibits 1-2 are forward with the USACRC copy of this report.

STATUS: This is a Final Supplemental Report. No further investigative activity is anticipated at this time. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required

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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

Commander, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Ft Belvoir, VA 22060

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

11th MP bn (CID), Ft Hood, TX

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AFIP DOVER OAFME

COMMANDER, 705TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375

CAMP BUCCA CID OFFICE, 280th MP DET (CID), UMM QASR, IRAQ, APO AE
09375

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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

21 Aug 2007

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0029-2007-CID579-24075 -
5H1D / 5X1

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 JUL 2007, 2000 - 12 JUL 2007, 0010; COMPOUND 31, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IRAQ

DATE/TIME REPORTED: 12 JUL 2007, 0145

INVESTIGATED BY:

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

SUBJECT:

1. (b)(6), b(7)(C) IRAQ; 1 JAN 1959; BAGHDAD, IRAQ;
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US (b)(6), b(7)(C) COMPOUND
31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

2. (b)(6), b(7)(C) IRAQ; 2 JAN 1980; FALLUJAH, IRAQ;
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US (b)(6), b(7)(C) COMPOUND
31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

3. (b)(6), b(7)(C) IRAQ; 2 JAN 1987; RAMADI, IRAQ;
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US (b)(6), b(7)(C) COMPOUND
31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;

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[MURDER], [CONSPIRACY]

4. **b(6), b(7)(C)** IRAQ; 1 JAN 1988; SALAH AD DIN, IRAQ; MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

5. **b(6), b(7)(C)** IRAQ; 1 JAN 1983; RAMADI, IRAQ; MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)**, COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

6. **b(6), b(7)(C)** IRAQ; 1 JAN 1983; TALAFAR, IRAQ;
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND
31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

7. **b(6), b(7)(C)** IRAQ; 1 JAN 1980; SULAYMEN, IRAQ;
MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND
31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

8. **b(6), b(7)(C)** IRAQ; 1 JAN 1966; BAGHDAD,
IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)**
COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE
09375, IZ; XZ ; [MURDER], [CONSPIRACY]

9. **b(6), b(7)(C)** IRAQ; 1 JAN 1984; MOSUL, IRAQ; MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

10. **b(6), b(7)(C)** IRAQ; 2 JAN 1977; NINAWA, IRAQ; MALE;
OTHER; INTERNMENT SERIAL NUMBER (ISN) US**b(6), b(7)(C)** COMPOUND 31A,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

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11. [b(6), b(7)(C)] IRAQ; 2 JAN 1986; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
12. [b(6), b(7)(C)] IRAQ; 1 JAN 1981; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
13. [b(6), b(7)(C)] IRAQ; 2 JAN 1987; RAMADI, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
14. [b(6), b(7)(C)] IRAQ; 2 JAN 1977; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
15. [b(6), b(7)(C)] IRAQ; 3 JAN 1972; FALLUJAH, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
16. [b(6), b(7)(C)] IRAQ; 24 SEP 1980; SANIYAH, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]
17. [b(6), b(7)(C)] IRAQ; 10 MAR 1981; RAMADI, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US [b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

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18. [b(6), b(7)(C)] IRAQ; 2 JAN 1984; RAMADI, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

19. [b(6), b(7)(C)] IRAQ; 1 JAN 1984; RAMADI, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

20. [b(6), b(7)(C)] IRAQ; 1 JAN 1983; AL ANBAR, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

21. [b(6), b(7)(C)] IRAQ; 1 JAN 1981; FALLUJAH, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

22. [b(6), b(7)(C)] IRAQ; 1 SEP 1977; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

23. [b(6), b(7)(C)] IRAQ; 1 OCT 1980; BAGHDAD, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

24. [b(6), b(7)(C)] IRAQ; 1 JAN 1986; FALLUJAH, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) US[b(6), b(7)(C)] COMPOUND 31A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

VICTIM:

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1. ABDUL RAHIM, MOHAMMED HASHIM (DECEASED); IRAQ; 27 AUG 1976; FALLUJAH, IRAQ; MALE; OTHER; INTERNMENT SERIAL NUMBER (ISN) USb(6), b(7)(C). COMPOUND 31, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ; [MURDER], [CONSPIRACY]

INVESTIGATIVE SUMMARY:

“This is an Operation Iraqi Freedom Investigation”

On 12 Jul 07, this office was notified by Dr. (CPT) b(6), b(7)(C) Attending Physician, 31st Task Force Medical, Theater Internment Facility (TIF) Hospital, Camp Bucca, that a detainee had been severely beaten in compound 31.

Investigation determined Detainee [REDACTED], Detainee [REDACTED] Detainees [REDACTED], [REDACTED]
and Detainee [REDACTED] who were judges on the Shariyat Court, a religious court set up by the
detainees for infractions of Islamic law, had sentenced Detainee ABDUL RAHIM to death for
infractions of the Islamic religion and further assigned the detainees who would carry out the
sentence. Detainees [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]
[REDACTED] b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C)
b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C)
b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C)
b(6), b(7)(C) b(6), b(7)(C) [REDACTED] and [REDACTED] then beat Detainee ABDUL
RAHIM until he died. At 0101, 12 Jul 07, Dr. [REDACTED] pronounced Detainee ABDUL RAHIM
dead.

An autopsy conducted determined the cause of death to be multiple blunt and sharp force injuries and the manner of death to be homicide. The results of our investigation are consistent with that finding.

STATUTES:

Iraqi Penal Code, Paragraph 406, Murder
Iraqi Penal Code, Paragraph 55, Parties to a Crime (Conspiracy)

EXHIBITS/SUBSTANTIATION:

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Attached:

1. Agent's Investigation Report (AIR) of SA [b(6), b(7)(C)], 19 Jul 07.
2. Photographic Packet. (Victim)
3. CD containing all original images of Exhibit 2. (USACRC, USACIDC, and file copy only)
4. Statement of TSGT [b(6), b(7)(C)] 12 Jul 07.
5. Photographic Packet. (Death Scene)
6. CD containing all original images of Exhibit 5. (USACRC, USACIDC, and file copy only)
7. Crime Scene Sketch, 12 Jul 07, prepared by SA [b(6), b(7)(C)]
8. Statement of SSGT [b(6), b(7)(C)] 12 Jul 07.
9. Statement of SPC [b(6), b(7)(C)] 12 Jul 07.
10. Statement of SPC [b(6), b(7)(C)] 12 Jul 07.
11. Daily Blotter for Compound 31, 11 Jul 07.
12. Canvass Interview Worksheet, 13 Jul 07, Compound 31A.
13. Canvass Interview Worksheet, 14 Jul 07, Compound 30.
14. Arabic Statement of Detainee [b(6), b(7)(C)] 15 Jul 07. (USACRC, USACIDC, and file copy only).
15. English translation of Detainee [b(6), b(7)(C)] statement, 15 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]

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16. Arabic Statement of Detainee [b(6), b(7)(C)] 15 Jul 07. (USACRC, USACIDC, and file copy only)
17. English translation of Detainee [b(6), b(7)(C)] statement, 15 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]
18. Hospital Report of Death, Death Certificate, and Medical Records pertaining to Detainee ABDUL RAHIM, various dates, pertaining to Detainee [b(6), b(7)(C)]
19. Arabic Statement of Detainee [b(6), b(7)(C)] 17 Jul 07. (USACRC, USACIDC, and file copy only)
20. English translation of Detainee [b(6), b(7)(C)] statement, 17 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]
21. Arabic Statement of Detainee [b(6), b(7)(C)] 19 Jul 07. (USACRC, USACIDC, and file copy only)
22. English translation of Detainee [b(6), b(7)(C)] statement, 19 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]
23. Arabic Statement of Detainee [b(6), b(7)(C)] 19 Jul 07. (USACRC, USACIDC, and file copy only)
24. English translation of Detainee [b(6), b(7)(C)] statement, 19 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]
25. Arabic Statement of Detainee [b(6), b(7)(C)] 19 Jul 07. (USACRC, USACIDC, and file copy only)
26. English translation of Detainee [b(6), b(7)(C)] statement, 19 Jul 07, translated by Linguist Mr. [b(6), b(7)(C)]
27. AIR of SA [b(6), b(7)(C)] 21 Jul 07.
28. Detainee Notification of Rights, 20 Jul 07, pertaining to Detainee [b(6), b(7)(C)]

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- 29. Detainee Notification of Rights, 20 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 30. Detainee Notification of Rights, 20 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 31. Detainee Notification of Rights, 20 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 32. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 33. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 34. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 35. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 36. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 37. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
[b(6), b(7)(C)]
- 38. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 39. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 40. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 41. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 42. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 43. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
[b(6), b(7)(C)]
- 44. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]
- 45. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [b(6), b(7)(C)]

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Law Enforcement Sensitive

- 46. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 47. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 48. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 49. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 50. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 51. Detainee Notification of Rights, 21 Jul 07, pertaining to Detainee [REDACTED] b(6), b(7)(C)
- 52. AIR of SA [REDACTED] b(6), b(7)(C) 6 Aug 07.
- 53. Final Autopsy Examination Report, #ME07-0884, 30 Jul 07, pertaining to Detainee ABDUL RAHIM.
- 54. Toxicology Report, #074811, 27 Jul 07, pertaining to Detainee ABDUL RAHIM.
- 55. Certificate of Death, 17 Jul 07, pertaining to Detainee ABDUL RAHIM.
- 56. AIR of SA [REDACTED] b(6), b(7)(C) Aberdeen Proving Ground Resident Agency, 1 Aug 07.
- 57. Photographic Packet. (Autopsy)(USACRC, USACIDC, and file copy only)
- 58. Forensic Laboratory Examination Request, 19 Jul 07. (USACRC, USACIDC, and file copy only)
- 59. Evidence/Property Custody Document, Document Number (DN), 0058-07. (USACRC, USACIDC, and file copy only)

Not Attached:

Retained in the evidence depository, Camp Arifjan, Kuwait:

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- 60. Vial of blood (Item #1, DN 058-07)
- 61. Envelope containing fingernail scrapings (Item #2, DN 058-07)
- 62. Envelope containing fingernail scrapings (Item #3, DN 058-07)

The original of Exhibits 1 thru 10, 12 thru 17, and 19 thru 52, 56 and 57, are attached to the USACRC copy of this report. The original of Exhibit 11 is retained in the files of Compound 31, TIF, Camp Bucca, Iraq. The original of Exhibit 18 is retained in the files of the Patient Administration Division, TIF Hospital, Camp Bucca, Iraq. The original of Exhibits 53 thru 55 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD. The original of Exhibit 58 is retained in the files of the United States Army Criminal Investigation Laboratory USACIL, Forest Park, GA. The original of Exhibit 59 is retained in the evidence depository, Camp Arifjan, Kuwait.

STATUS: This is a Final (C) Report. This investigation is being closed under the provisions of Chapter 4, Section V, paragraph 4-10 a(5), CIDR 195-1. Commander's Report of Disciplinary or Administrative Action (DA 4833) is not required. Forwarded to CCCI for consideration and actions as appropriate.

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Law Enforcement Sensitive

Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

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

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

ROI NUMBER

0029-07-CID579-24075

PAGE 1 OF 4 PAGES

BASIS FOR INVESTIGATION: About 0145, 12 Jul 07, this office was notified by Dr. (CPT) **(b)(6), b(7)(C)** attending physician, 31st Combat Support Hospital (CSH), Theater Internment Facility (TIF) Hospital, Camp Bucca, that Detainee Mohammed Hashim ABDUL RAHIM (ISN: **(b)(6), b(7)(C)**) had been beaten to death in Compound 31A, TIF, Camp Bucca.

About 0200, 12 Jul 07, SA **(b)(6), b(7)(C)** interviewed Dr. (CPT) **(b)(6), b(7)(C)** who stated he was in the Emergency Room (ER) when Detainee ABDUL RAHIM arrived. He further stated that upon arrival Detainee ABDUL RAHIM'S pupils were fixed and dilated with no pulse evident. Detainee ABDUL RAHIM suffered multiple head trauma and multiple blunt force traumas to most of his body with fractures of all of his limbs and a large laceration on his right arm at the elbow. Detainee ABDUL RAHIM was intubated and administered Epinephrine and Atropine with no return to consciousness and was monitored A Systole (no heart rhythm) with two leads. Dr. **(b)(6), b(7)(C)** stated he pronounced Detainee ABDUL RAHIM dead at 0101, 12 Jul 07.

About 0230, 12 Jul 07, SA **(b)(6), b(7)(C)** exposed digital photographs of Detainee ABDUL RAHIM, while in the ER, TIF Hospital, Camp Bucca using a Nikon Coolpix 995 digital camera. (See Photographic Packet for details)

About 0255, 12 Jul 07, SA **(b)(6), b(7)(C)** received Sworn Statements of TSGT **(b)(6), b(7)(C)** 886th ESFS, Compound 31A guard force and SSGT **(b)(6), b(7)(C)** 886th ESFS, Compound 31 guard force, from TSGT **(b)(6), b(7)(C)** which detailed their actions when Detainee ABDUL RAHIM was brought to the gate of Compound 31. (See Sworn Statements for details)

DEATH SCENE EXAMINATION: Between 0300 and 0700, 12 Jul 07, SA **(b)(6), b(7)(C)** and SA **(b)(6), b(7)(C)** this office, conducted a death scene examination of Compound 31, TIF, Camp Bucca.

CHARACTERISTICS OF THE SCENE: Compound 31 is constructed of metal and canvass type construction "Hesko" barriers, filled with sand, with concertina wire placed on the top. Enclosed inside the compound is an open area used for exercise type activities adjacent to the North wall which is enclosed with Hesko barriers which run the width of the compound. There was a line of grey, tan and white in color, plastic construction portable latrines placed against the dividing wall. In the area between the dividing wall and the South wall there was a group of green and grey in color, canvas type construction tents, measuring approximately 10 feet wide by 20 feet long, which were normally inhabited by numerous detainees. There was one main Entry/Exit way (E/E) to the compound. The E/E was located in the Northwest corner of the compound. Compound 31 is surrounded by Compound 30 to the west, an unfinished compound to the east, the main access road of that portion of the TIF to the north and the boundary of the forward operating base (FOB) to the south.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

19 Jul 07

EXHIBIT

1

CID FORM 94

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5549 p.19

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000019

10-L-0126 ACLU CID ROI 13582

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0029-07-CID579-24075

CID Regulation 195-1

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PAGE 2 OF 4 PAGES

CONDITIONS OF THE SCENE: Compound 31A appeared to be lived in. There were a total of twenty-one tents constructed within the compound, neatly arranged in three rows with seven tents in each row. The detainees were placed in the secured open exercise area while this examination was conducted.

ENVIRONMENTAL CONDITIONS: At the time of the death scene examination, the outside temperature was approximately 95 degrees, with a light wind coming from the west. The sky was dark due to nighttime hours. Ambient light was produced in the compound by way of diesel fuel powered generators with electric flood type lights attached.

FACTORS PERTINENT TO ENTRY AND/EXIT: Access to the compound could be gained through the one E/E on the north wall, in the northwest corner of the compound. Access to Compound 31 could be gained through a gate (sally port) on the north side of the compound. A corridor leading to the E/E was constructed of concertina wire in the northwest corner of the compound. The compound was enclosed by Hesco type barriers 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 photographic packet and death scene sketch for details)

COLLECTION OF EVIDENCE: No evidence was collected.

AGENT'S COMMENT: There are twenty-one tents situated inside the living area of the compound. The tents were not numbered in any specific order nor are the detainees assigned to any specific tent. There was no evidence found in the compound that would lead this office to believe that a crime had been committed within the confines of Compound 31.

About 0515, 12 Jul 07, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] Medic, 36th Area Support Medical Company (ASMC), detailing his actions beginning when he arrived at the scene and concluding when Detainee ABDUL RAHIM was transported to the TIF Hospital, Camp Bucca. (See Sworn Statement of SPC [b(6), b(7)(C)] for details)

About 0522, 12 Jul 07, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] Medic, HHC, 705th Military Police Battalion (MP BN), TIF, Camp Bucca, which detailed his actions beginning when the ER received notification and ending when he was en route to the TIF Hospital with Detainee ABDUL RAHIM. (See Sworn Statement of SPC [b(6), b(7)(C)] for details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

19 Jul 07

EXHIBIT

1

CID FORM 94

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5549 p.20

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000020

10-L-0126 ACLU CID ROI 13583

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0029-07-CID579-24075

CID Regulation 195-1

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PAGE 3 OF 4 PAGES

About 0700, 12 Jul 07, SA **(b)(6), (b)(7)(C)** received a printout of the daily journal of Compound 31 from the Compound 31 guard force pertaining to the murder of Detainee ABDUL RAHIM. (See Daily Journal printout for details)

About 1700, 13 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** Category 2 Linguist, L-3 Titan, this office, conducted canvass interviews of detainees assigned to Compound 31A for information pertaining to this incident. (See Canvass Interview Worksheet for details)

About 1500, 14 July 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** interviewed Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** who related he is assigned to Compound 31B, but had knowledge of the crime that took place in Compound 31A. Shariyat court makes decisions on killing other detainees and they gave the order to execute Detainee ABDUL RAHIM. Detainee **(b)(6), (b)(7)(C)** further related the Shariyat court killed Detainee ABDUL RAHIM because he hated the Mujahadeen.

About 2000, 14 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** conducted canvass interviews of twenty detainees who had been assigned to Compound 31A, but had been moved to Compound 30 because they were in fear for their lives due to their knowledge of this incident. (See Canvass Interview Worksheet for details)

About 1200, 15 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** interviewed Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** who gave a written statement detailing he witnessed the incident and he identified several detainees who were involved. (See English Translation of Sworn Statement of Detainee **(b)(6), (b)(7)(C)** for details)

About 1255, 15 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** interviewed Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** who gave a written statement detailing he witnessed the incident and he identified several detainees who were involved. (See English Translation of Sworn Statement of Detainee **(b)(6), (b)(7)(C)** for details.)

About 1800, 16 Jul 07, SA **(b)(6), (b)(7)(C)** obtained the medical records pertaining to Detainee ABDUL RAHIM from the Patient Administration Division (PAD), TIF Hospital, Camp Bucca. The medical records contained the Hospital Report of Death, the Certificate of Death, and all medical records since 8 Dec 04. The Certificate of Death listed the cause of death as being due to multiple blunt and penetrating wounds with no manner of death listed. (See Hospital Report of Death, Certificate of Death, and Medical Records for details)

About 1830, 17 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** interviewed Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** who provided a written statement, in English, detailing how he witnessed the murder of Detainee ABDULRAHIM and listing all ISN'S of the detainees involved in the incident. (See Sworn Statement of Detainee **(b)(6), (b)(7)(C)** 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	EXHIBIT
		19 Jul 07	1

CID FORM 94
(Automated)

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

Protective Marking is Excluded From
Automatic Termination (Para 13, AR 34-16)

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0029-07-CID579-24075

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

PAGE 4 OF 4 PAGES

About 1045, 19 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** interviewed Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** and Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** who witnessed the incident and provided written statements detailing what they saw and identifying all detainees who were involved in the incident. The detainees were interviewed together so as to identify all detainees involved in this incident. The detainees also provided a hierarchical listing all detainees who are members of the Shariyat Court for Compound 31A. (See Sworn Statement of Detainee **b(6), b(7)(C)** and English Translations of Sworn Statements of Detainee **b(6), b(7)(C)** and Detainee **b(6), b(7)(C)** for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

19 Jul 07

EXHIBIT

1

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5549 p.22

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000022

10-L-0126 ACLU CID ROI 13585

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

CASE NUMBER: 0027-07-CID579-24075

NUMBER DESCRIPTION OF PHOTOGRAPH

- 21 DSCN0148: Photograph depicting back middle section of Detainee ABDUL RAHIM.
- 22 DSCN0149: Photograph depicting back lower section of Detainee ABDUL RAHIM.
- 23 DSCN0150: Photograph depicting head injury of Detainee ABDUL RAHIM. (Without Scale)
- 24 DSCN0151: Photograph depicting head injury of Detainee ABDUL RAHIM. (With Scale)

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Exhibit 2

FOUO

EXHIBIT

0029 07 C10579 24075

Photo Packet -

Death.

Victim

0029 07 CID579 24075

FOUO

LABOR TIME

EXHIBIT 2

FOUO

LAW ENFORCEMENT SENSITIVE

CD containing all original images of
Exhibit Z

FOUO

LAW ENFORCEMENT SENSITIVE

Exh 3

SWORN STATEMENT

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

1. LOCATION Compound 31 Camp Bucca Iraq	2. DATE (YYYYMMDD) 2007 07 12	3. TIME 0029	4. FILE NUMBER 07-01579 24075
5. LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	6. SOCIAL SECURITY NUMBER b(6), b(7)(C)	7. GRADE/STATUS E-6 / AD AF	
8. ORGANIZATION OR ADDRESS 886 th EFSF / INDIA FLIGHT			

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

WHILE CONDUCTING POST CHECKS WITH AIC PEARSON / ALPHA VEHICLE GATE ECP, A BLOCK CHIEF ISN # [REDACTED] & INTERPRETER ASKED TO SPEAK TO A GUARD. I PROCEEDED TO THE ALPHA SALLY PORT. UPON ARRIVING TO ALPHA SALLY PORT, I NOTICED SSGT b(6), b(7)(C) AND MEDIA SSG b(6), b(7)(C) GOING TOWARDS ALPHA SALLY PORT. I THEN NOTICED AN UNIDENTIFIED DETAINEE LYING ON THE GROUND OF THE ECP. SSGT b(6), b(7)(C) WENT ON TOP OF ALPHA SALLY PORT AND HAD CHIEF GO FROM HOLDING AREA TO LIVING AREA TO SHUT AND SECURE ALL GATES. ONCE SSGT b(6), b(7)(C) SECURED THE GATES SSG b(6), b(7)(C) (CAPT) DOCTOR CP31 AND I ENTERED ALPHA SALLY PORT. CAPT b(6), b(7)(C) IS THE DOCTOR. CAPT b(6), b(7)(C) STARTED CHEST COMPRESSIONS WHILE SSG b(6), b(7)(C) GRABBED OXYGEN. ONCE OXYGEN ARRIVED SSG b(6), b(7)(C) STARTED CLEANING DETAINEES AIRWAY. ACCORDING TO TRAINING AS COMBAT LIFE SAVER & CPR CERTIFIED, CPR WAS ADMINISTERED CORRECTLY. I ASSISTED BY DOING PUSHING OXYGEN BAG. WHILE CAPT b(6), b(7)(C) PROVIDED CORRECT SEAL & SSG b(6), b(7)(C) CONTINUED CHEST COMPRESSIONS. AFTER SSGT b(6), b(7)(C) & CAPT b(6), b(7)(C) SWITCHED AFTER A COUPLE MINUTES. ONCE MED / AMBULANCE ARRIVED ON SCENE CAPT b(6), b(7)(C) & I CARRIED DETAINEE OUT OF ALPHA SALLY PORT TO THE [REDACTED] STRETCHER. ONCE ON STRETCHER, CAPT b(6), b(7)(C) NOTICED DETAINEE HAD TWO BROKEN LEGS. DETAINEE'S LEFT EYE WAS DISLOCATED FROM SOCKET. I NOTICED THIS FROM FIRST GLANCE AT THE DETAINEE. SPC b(6), b(7)(C) DISCOVERED A LARGE AND DEEP LACERATION ON DETAINEE'S RIGHT ARM AFTER DETAINEE WAS ON STRETCHER. CAPT b(6), b(7)(C) PRONOUNCED DETAINEE DEAD AT 0019 ON 12 JULY 2007. I DID NOT SEE DETAINEE BEING DROPPED AT ALPHA ALL TOWERS. NO TOWERS IDENTIFIED WHO BROUGHT THE DETAINEE TO THE SALLY PORT. // END OF STATEMENT //

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] 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.

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

STATEMENT OF

TSGT

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

TAKEN AT

CP 31 INR

DATED

2007/07/12

0029 07 CID 579 24075

9. STATEMENT (Continued)

NOT USED

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

PAGE 2 OF 3 PAGES

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

STATEMENT OF TSgt **b(6), b(7)(C)** TAKEN AT Cmp 31 INDIA DATED 2007/07/12

9. STATEMENT (Continued)

7061 US80

AFFIDAVIT

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

WITNESSES:

S.A. **b(6), b(7)(C)**
886th ESFS/INDIA
CAMP BOCCA INDIA
 ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12th day of July 2006 at Compound 31 Camp BOCCA INDIA

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

SSgt **b(6), b(7)(C)**
 (Typed Name of Person Administering Oath)
Security Policeman
 (Authority To Administer Oaths)

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

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

CASE NUMBER: 0029-07-CID579-24075

NUMBER DESCRIPTION OF PHOTOGRAPH

- 1 DSCN0153: Photograph depicting exercise area adjacent the Northeast corner of Compound 31A.
- 2 DSCN0155: Photograph depicting exercise area looking toward the East wall of Compound 31A.
- 3 DSCN0157: Photograph depicting the wall which divides Compound 31A between the exercise area and the living area, facing the Southeast corner of the Compound.
- 4 DSCN0159: Photograph depicting Compound 31A looking toward the South wall.
- 5 DSCN0161: Photograph depicting the Entrance way of Compound 31A, looking toward the South wall.
- 6 DSCN0188: Photograph depicting the Southeast corner of Compound 31A, looking toward the East wall.
- 7 DSCN0189: Photograph depicting the living area of Compound 31A, looking toward the East wall.
- 8 DSCN0191: Photograph depicting the living area of Compound 31A, looking toward the East wall.
- 9 DSCN0192: Photograph depicting the living area of Compound 31A, looking toward the Northeast corner of Compound 31A.
- 10 DSCN0193: Photograph depicting the Northwest corner of Compound 31A.

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Exhibit 5

FOUO

UNCLASSIFIED SENSITIVE

0029 07 CID579 24075

Death Scene Photos

0029 07 CID579 24075

FOUO

UNCLASSIFIED SENSITIVE

EXHIBIT 5

FOUO

LAW ENFORCEMENT SENSITIVE

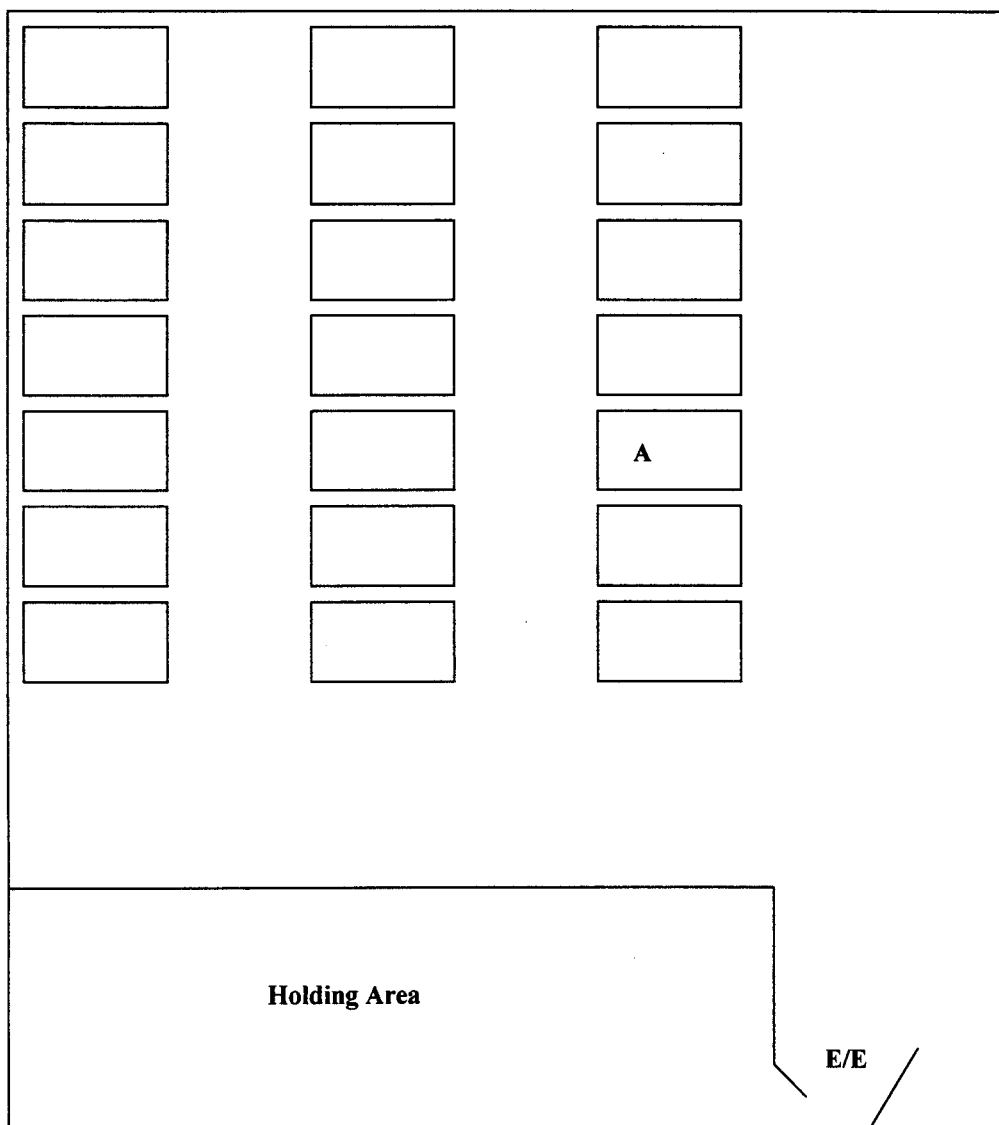
CD containing ALL original images of
Exhibit 5

FOUO

LAW ENFORCEMENT SENSITIVE

Exh 6

FOR OFFICAL USE ONLY LAW ENFORCEMENT SENSITIVE

ROUGH CRIME SCENE SKETCH**LEGEND**

A: Location of Incident



Not to Scale

TITLE BLOCK

CASE NUMBER: 0029-07-CID579-24075

OFFENSE: Murder

VICTIMS: MOHAMMED Hashim ABDULRAHIM

DEPICTING: Compound 31A

LOCATION: Camp Bucca, Umm Qasr, IZ APO AE 09375

SKETCH BEGAN: 0320/12 Jul 07

SKETCHED BY: SA **b(6), b(7)(C)**VERIFIED BY: SA **b(6), b(7)(C)**FOR OFFICAL USE ONLY / LAW
ENFORCEMENT SENSITIVEExhibit 7

SWORN STATEMENT

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

1. LOCATION <i>Compound 31, Camp Bucca, Iraq</i>	2. DATE (YYYYMMDD) <i>20070712</i>	3. TIME <i>0029 0155</i>	4. FILE NUMBER <i>9 240 75</i>
5. LAST NAME FIRST NAME MIDDLE NAME <i>b(6), b(7)(C)</i>	6. SOCIAL SECURITY NUMBER <i>b(6), b(7)(C)</i>	7. GRADE/STATUS <i>E-5/ADAF</i>	

8. ORGANIZATION OR ADDRESS
886 ESFS I Flight,

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

On 11 July 2007 I was posted as Compound Shift Leader Alpha. On 12 July 2007 at 0010 four detainees in the Alpha side brought a detainee, who was in a blanket, to the front. When they were about 20m out I saw the detainees bringing him up and I went to get the compound medic, SS6 *b(6), b(7)(C)*. At that time I couldn't see what was wrong with the detainee. After I got back over, I saw a lot of blood on the detainee's clothing and injuries to the detainee's face. The four detainees that brought up, quickly ran back to the *b(6), b(7)(C)* tent area and did not return when I yelled. ~~to two detainees walking back but~~ There were two detainees walking back and I am not sure if they were any of the detainees that carried the injured detainee up. I again yelled for the compound medic and told him ~~what was wrong~~. He got the compound doctor, Capt *b(6), b(7)(C)*. At the same time I climbed up onto the cage to look the holding area. There was about 25 detainees left inside the shower/wc area. The medics came back and started CPR, but were not successful and the detainee was pronounced dead at ~~0019~~ *b(6), b(7)(C)*. The injured detainee had blood all over his clothes and his left eye was hanging out. After the medics looked over the body finding fractures in both legs and left arm and a large gash in his right elbow on the inside of his arm. I couldn't

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>b(6), b(7)(C)</i>	PAGE 1 OF <i>3</i> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ CONTINUED"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE _____ OF _____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

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

STATEMENT OF SSgt [b(6), b(7)(C)] TAKEN AT Compound 31 DATED 07/12/2007

9. STATEMENT (Continued)

positively identify the four detainees that brought up the detainee. Immediately after the detainee was brought up he could not be identified because his ISOL badge was not with him. At the time of the incident SSgt [b(6), b(7)(C)] was at Bravo side conducting med pass. [b(6), b(7)(C)] End of statement [b(6), b(7)(C)]

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 of 3 PAGES

STATEMENT OF

Sgt

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

TAKEN AT

Compound 31

DATED

07/12/2007

9. STATEMENT (Continued)

AFFIDAVIT

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

WITNESSES:

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

Sgt 6 to ESFS, DIA

Camp Bora, 1st

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12TH day of July

at Comp 31 Camp Bora 1st 0209b(6), b(7)(C)

(Signature)

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

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 of 3 PAGES

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

SWORN STATEMENT

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

0029 07 CID579 24075

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 Emergency Room IFF, Camp Bucca, 09375	2. DATE (YYYYMMDD) 20070712	3. TIME 0515	4. FILE NUMBER
5. b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E-4/RA	

8. ORGANIZATION OR ADDRESS
3rd ASMC, Camp Bucca, APO AF 09375

9. **b(6), b(7)(C)**

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At approximately 0010 hours on 12 JUL 2007 I responded to a compound provider request for emergency service at compound 31, with SFC **b(6), b(7)(C)** as the second medic and driver. Upon arrival I observed compound provider conducting chest compressions on a detainee in the holding/gateway ports. Patient had a deep laceration to his right antecubital, severe facial trauma with left eye bulging from socket. Patient appeared unconscious and unresponsive to chest compressions. Patient was removed from holding area into open space outside as I prepared my equipment for possible airway compromise or bleeding control. Provider declared patient deceased at approximately 0019 hours from trauma sustained. Investigators photographed the patient. I contacted hospital staff for direction and passed the radio to provider when questions about care provided were asked. With assistance from guard staff, patient was placed on litter and loaded into ambulance for transport to hospital. **b(6), b(7)(C)**

Q. Who was the compound provider?

A. CPT **b(6), b(7)(C)** Not sure of spelling of name. **b(6), b(7)(C)**

Q. Is there anything you wish to add to this statement?

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

End of statement **b(6), b(7)(C)**

10. EXHIBIT	11. INITIALS OF b(6), b(7)(C) NG STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____ **EXHIBIT 9**
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF SPC b(6), b(7)(C) TAKEN AT E.R. TIF DATED 12 JUL 07

9. STATEMENT (Continued)

AFFIDAVIT

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

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of July, 2007 at E.R. TIF Hospital, Camp Peary, APO 9609375

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

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Title ID USC 936

(Authority To Administer Oaths)

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

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

0029 07 010579 24075

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 Emergency Room TIF Camp Bucca 09375	2. DATE (YYYYMMDD) 2007 07 12	TIME 0522	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E4	
8. ORGANIZATION OR ADDRESS HHC 705th MP BN (I/R), Camp Bucca, APO AG 09375			

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

At approximately 0010 of the 12th of July 2007, the ER received a call of "CPR in progress" at compound 31. SPC b(6), b(7)(C) and I arrived on scene. I was the driver while SPC b(6), b(7)(C) was the first to find the medic and P.A. of compound 31 in the middle of CPR. I dropped off our aid bag /suction & AED right outside of the sally port. I was instructed by SPC b(6), b(7)(C) to bring the FLA (Four Litter Ambulance) closer to the Sally Port so that we can load the Patient into the back. I believe it was at this same time that the PA on scene declared the Pt dead. The guards on site assisted us in loading the deceased into the ambulance. We then proceeded to the ER. b(6), b(7)(C)

Q. Do you know the name of the medic and the P.A.?

A. Not certain. b(6), b(7)(C)

Q. Is there anything you wish to add to this statement?

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

End of Statement

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

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

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

STATEMENT OF SPC b(6), b(7)(C) TAKEN AT C.R. TIF DATED 12 JUL 07

9. STATEMENT (Continued)

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 12 day of July, 2007

at C.R. TIF, Camp Bucca AR 009375b(6), b(7)(C)

Administering Oath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Title 10 USC 936

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

11JUL2007 97-Detainee Death
2028Z

LINE 1: SIZE: 1 Unknown Detainee

E-4
b(6), b(7)(C) 31H

LINE 2: ACTIVITY: Detainee Death

LINE 3: LOCATION: Compound 31 Alpha Block

LINE 4: UNIT/GROUP ID: Takfiri

LINE 5: DATE/TIME: 12JUL07/0010L

LINE 6: EQUIPMENT: N/A

LINE 7: SOURCE OF REPORT: 886 ESFS India
Flight

LINE 8: REPORTING UNIT: 384th Mp BN

LINE 9: POC AND TELEPHONE: SrA b(6), b(7)(C)
/Compound 31 Controller/VOIP: 242-5029

LINE 10: ACTION TAKEN: On 12 July 2007, at approximately 0010L, A1C b(6), b(7)(C) notified control that an unknown detainee was being carried to the sally port. Compound medic on scene is currently performing CPR and awaiting arrival of MED 1. More to follow

UPDATE: MED 1 arrived on scene 0016. Detainee was pronounced dead at 0019. Detainee will be transported to TIF hospital Via MED 1

UPDATE 2: Detainee has deep lacerations to both arms, compound fractures to both legs and an eye was removed.

UPDATE 3: SSgt b(6), b(7)(C) Escort 1 and b(6), b(7)(C) CI is trying to get the detainees to accomplish ISN count at this time.

11JUL2007 07-Perimeter
1959Z Checks

A1C b(6), b(7)(C) A1C b(6), b(7)(C) conducted an exterior perimeter check of Compound 31.

E-3
b(6), b(7)(C) 31H

11JUL2007 07-Perimeter
1939Z Checks

A1C b(6), b(7)(C) and A1C b(6), b(7)(C) conducted and exterior rove around compound 31. AIO

E-3
b(6), b(7)(C) 31H

11JUL2007 05-Current
1918Z Quad/Cmp Count

Compound 31
692/A 689/P.
A-Block 374/A 374/P.
B-Block 318/A 315/P.

E-3
b(6), b(7)(C) 31H

11JUL2007 51-Med Appointment
1917Z

ISN# b(6), b(7)(C) ISN# b(6), b(7)(C) ISN# b(6), b(7)(C) departed for Med appt.

E-3
b(6), b(7)(C) 31H

11JUL2007 07-Perimeter
1844Z Checks

A1C b(6), b(7)(C) and A1C b(6), b(7)(C) conducted and exterior rove around compound 31. AIO

E-3
b(6), b(7)(C) 31H

11JUL2007 06-Spot Report
1752Z

LINE 1: SIZE: 1 Unknown Detainee

E-3
b(6), b(7)(C) 31H

LINE 2: ACTIVITY: Non Lethal Use Of Force

LINE 3: LOCATION: Compound 31 Bravo Block

LINE 4: UNIT/GROUP ID: Takfiri

LINE 5: DATE/TIME: 11JUL07/2154L

LINE 6: EQUIPMENT: (1) Shotgun Point Round

LINE 7: SOURCE OF REPORT: 886 ESFS India
Flight

LINE 8: REPORTING UNIT: 384th Mp BN

LINE 9: POC AND TELEPHONE: SrA [REDACTED] b(6), b(7)(C)
[REDACTED] b(6), b(7)(C) Compound 31 Controller/VOIP: 242-5029

LINE 10: ACTION TAKEN: On 11 July 2007, at approximately 2154L, A1C [REDACTED] b(6), b(7)(C) Bravo Gate fired (1) Shotgun Point Round at an unknown detainee that was on top of the water tank inside Bravo holding area. The unknown detainee was given verbal warning to get off the water tank numerous times but the detainee did not follow orders from the guard. [REDACTED] b(6), b(7)(C) stated the detainee ducked and he did not hit him.
///End of Statement///

11JUL2007 07-Perimeter
1658Z Checks

A1C [REDACTED] b(6), b(7)(C) and A1C [REDACTED] b(6), b(7)(C) conducted and exterior rove around compound 31. AIO

E-3 [REDACTED] b(6), b(7)(C) 31H

11JUL2007 05-Current
1656Z Quad/Cmp Count

Compound 31
692/A 692/P.
A-Block 374/A 374/P.
B-Block 318/A 318/P.

E-3 [REDACTED] b(6), b(7)(C) 31H

11JUL2007 12-CID / MI / JIDC
1648Z

ISN# [REDACTED] b(6), b(7)(C) returned to Bravo from JDIC Appt

E-3 [REDACTED] b(6), b(7)(C) 31H

11JUL2007 22-Compound
1545Z Search/Walkthrough

Date/Time: 11 Jul 07/1945L
Location: Compound 31 A&B-Blocks
Summary: A scheduled search was conducted on Compound 31. The Compound was cleared and secured prior to entering by 14 CCT members. 1945L: 10 CCT members initiated the scheduled search. 2045L: Search terminated and all personnel and equipment was accounted for.

E-3 [REDACTED] b(6), b(7)(C) 31H

0029 07 017
13 Jul 07 / 1700

FOUO

Canvass Interview Worksheet

LAURENCE

1350107/1700

[illegible]

1000

Canvass Interview Worksheet 0029 07 CID579 24075
14 Jul 07 / 2000

0029 07 CID579 24075
14 Jul 07 12000

FOUO

0029 07 CID579 24075

STATEMENT
LAW
954 EO 9

ACTIVE

9. _____

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

CAT II
Code# b(6), b(7)(C)

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

AKEN AT ~~FOUO~~

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

002907 01 577 24075

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 Camp Bucca APO AE 09375	2. DATE (YYYYMMDD) 2007/07/15	3. TIME 1200	4. FILE NUMBER ISN # b(6), b(7)(C)
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN	7. GRADE/STATUS	
8. ORGANIZATION OR ADDRESS			

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

This statement under oath. I am b(6), b(7)(C) while I was in tent # 3. Masked detainee came with the victim and they where in larg numbers in to tent # 3, and when the beating started I ran to the bathrooms. At the same time I recognized some of them. they are b(6), b(7)(C) ISN # b(6), b(7)(C) the 2nd one was b(6), b(7)(C) ISN# b(6), b(7)(C) and another one his name is b(6), b(7)(C) ISN# b(6), b(7)(C) and when I came out of the bath room. I recognized two more, and they are b(6), b(7)(C) and his real name is b(6), b(7)(C) ISN# b(6), b(7)(C) I saw the 2nd guy his name is b(6), b(7)(C) known as b(6), b(7)(C) his ISN # b(6), b(7)(C) This is every thing I know , and these are the guys that I was able to recognize only.

Translated By:

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

CAT II

CODE # b(6), b(7)(C)

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

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

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400; THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL.		31st CSH Camp Bucca, Iraq APO AE 09375			
Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.		Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.			
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) MOHAMMED HASHIM ABDUL RAHIM AL KRAKHOLY (b)(6)		2. TIME OF DEATH (Hour-day-month-year) (b)(6) 2007			
		3. MEDICAL EXAMINER/CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
		4. RELIGION ISLAM-SUNNI			
		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH					
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number					
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) MULTIPLE BLUNT AND PENETRATING WOUNDS			
7b. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause, stating the underlying condition last)		DUE TO (or as a consequence of) (1)			
		(2)			
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.			
		b.			
9. DATE 12 JULY 07	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2.01

STATEMENT OF IDENTIFICATION

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

NAME OF DECEASED (Last, First, MI)	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
MOHAMMED, HASHIM ABDUL		(b)(6)	0029 07 DETAINEE	CID 579 24075 (b)(6) 07
ORGANIZATION AND BASE DETAINEE			PLACE OF DEATH/INCIDENT CAMP BUCCA	

CONDITION OF REMAINS (Describe briefly in Narrative below)

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

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

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

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	<input checked="" type="checkbox"/> DD Form 2064
SF 601	Photo	<input checked="" type="checkbox"/> SF 600	<input checked="" type="checkbox"/> DD FORM 3894

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

IDENTIFIED THROUGH D.M.S., IRIS SCAN AND PHOTOGRAPH.

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

US91Z-166540CL

0029 07 010579 24075

FROM:

TF 31st CAMP BUCCA, IRAQ APO AE 09375

TO:

NAME (Last, first, MI) (b)(6)		GRADE N/A	SERVICE NUMBER (b)(6)
NATIONALITY IRAQ	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH FALLUJA, IRAQ		DATE OF BIRTH (b)(6)	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN		FIRST NAME OF FATHER	
PLACE OF DEATH CAMP BUCCA, IRAQ	DATE OF DEATH (b)(6)	CAUSE OF DEATH Multiple Blunt and Penetrating Wounds	
PLACE OF BURIAL		DATE OF BURIAL	
IDENTIFICATION OF GRAVE			

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

— RETAINED BY DETAINING POWER

— FORWARDED WITH DEATH
CERTIFICATE TO (Specify)

— FORWARDED SEPARATELY TO
(Specify)

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

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE (b)(6)	SIGNATURE OF MEDICAL OFFICER (b)(6)
	(b)(6)	
	WITNESSES	
	SIGNATURE (b)(6)	ADDRESS TF 31st CAMP BUCCA IRAQ APO AE 09375
	SIGNATURE	ADDRESS TF 31st CAMP BUCCA IRAQ APO AE 09375

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

Patient: (b)(6) Admissions
FMP/SSN: (b)(6) DOB: (b)(6) PAT: (b)(6) Sex: (b)
Reg No: (b)(6) Adm D/T: 12Ju107 0101 Source: CRO Ward: ICU 1

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

Adm Date: 12 Jul 2007@0101

Source of Adm: CRO

Adm Ward: ICU 1

Room-Bed:

MEPRS/Service: XXXA (CARDED FOR RECORD) Meal Card Req:

Admitting Phy: (b)(6) Provider Taxonomy:

Attending Phy: (b)(6) Provider Taxonomy:

Adm Diagnosis: 827.0

Diagnosis Text: mulitple blunt and penetrating wounds whole body

Sched Proced(1):

~~Sched Proced(2):~~

Adm Comment: time of death (b)(6) .07@0101

Type Case: INJ

Geo Location: IRAQ

Register Number: (b)(6)

File/exit Abort Edit
File changes and exit.

Patient: (b)(6)
Facility: WBKXB1

Date: 12 Jul 2007 0247 AST
Clinic: 31ST TF MED (BUCCA)

0029 07 CID 579 24075

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

AutoCites Refreshed by (b)(6) @ 12 Jul 2007 0617 AST

Problems

CLOSED FRACTURE OF HUMERUS DISTAL END
ANXIETY DISORDER NOS

Active Medications

No Active Medications Found.

Allergies

No Allergies Found.

Vitals

Vitals Written by (b)(6) @ 12 Jul 2007 0247 AST

HR: 0, RR: 0,

Comments: PATIENT VICTIM OF ASSAULT & BATTERY c SUBSEQUENT CARDIAC ARREST

SO Note Written by (b)(6) @ 12 Jul 2007 0621 AST

Chief complaint

The Chief Complaint is: Unable to state chief complaint. pt in extremis.

History of present illness

The Patient is a 30 year old male.

° Encounter Background Information: 30yo male physically assaulted at compound brought in cardiac arrest.

Past medical/surgical history**Reported History:**

Past medical history unknown

Personal history

Social history unknown

Family history

Family medical history unknown

Review of systems

Systemic symptoms: Systemic symptoms cannot obtain ROS

Physical findings**Vital signs:**

° Current vital signs reviewed.

Standard Measurements:

° Normal.

General appearance:

• General appearance: not breathing, no pulse, multiple blunt trauma

Head:

• Head: left eye avulsion/enucleation, multiple head contusions.

Eyes:

General/bilateral:

• Eyes: right pupil fixed/dilated. left pupil enucleated, avulsed.

Ears, Nose, Throat:

• Ears, Nose, Throat: fecal matter and vomitus in posterior pharynx

Neck:

• Neck: no trauma

Name: (b)(6)
FMP/SSN:
DOB:
PCat: K78 FOREIGN
NATIONAL-POW/INTERNEE
MC Status:
Insurance: No

Sex: (b)
Tel H:
Tel W:
CS:
WS:

Sponsor: (b)(6)
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505

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.

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
12 Jul 2007 0247	Facility: WBR	Clinic: 31ST TF MED (BUCCA)	Provider: (b)(6)

Lungs:

- Lungs: no spontaneous breathing

0029 07 CID579 24075

Cardiovascular system:

- Cardiovascular system: no pulse

Back:

- Normal.

Abdomen:

- Normal.

Genitalia:

- Normal.

Musculoskeletal system:

- General/bilateral: • Musculoskeletal system: multiple blunt traumas to upper/lower ext. right ac fossa: slash wound with brachial anatomy exposed.

Neurological:

- System: gcs-3, no further neuro eval. possible

A/P Written by (b)(6) @ 12 Jul 2007 0623 AST

1. CARDIAC ARREST

Comments: traumatic. no vital signs on scene. pt without pulse approx 30-40 minutes pta. given one round of epi, atropine here after intubation. no pulse noted, asystole on the monitor. given length of arrest in the field, pt pronounced at 01:01.

Disposition Written by (b)(6) @ 12 Jul 2007 0623 AST

Released Without Limitations

Follow up: as needed.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

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

Appointment Class: Outpatient

E&M Code: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

Signed By @ 12 Jul 2007 0625

(b)(6)

Name:	(b)(6)	Sex:	(b)	Sponsor:	(b)(6)
FMP/SSN:		Tel H:		Rank:	
DOB:		Tel W:		Unit:	
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	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
FIRM (41 CFR) 201-45.505

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.

EDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE 00234 07 CID 579 24075

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
2007 (b)(6)	Examination Note
08/10	<p>Unknown age male brought in to ER after being assaulted. Upon arrival BCS 3, multiple blunt and penetrating wounds to head and extremities. No pulse, CPR initiated. Pt. intubated with 8.0 ETT, Bilat BS with bagging continued. Asystole on monitor. Central line placed immediately. Prior to central line. 2mg epi, 2mg Atropine given via ETT. No return of spontaneous circulation. Pt. had compressions for 30 minutes prior to arrival with no return of pulse. Pupils on Right - fixed/dilated. Left pupil constricted. Pt. pronounced @ 01:01. Estimated time patient without pulse or breathing 740 minutes.</p>
	(b)(6)

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

(b)(6)

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

REPORT TITLE OPTOMETRY: OCULAR HEALTH EXAMINATION RECORD

CHIEF COMPLAINT: 36 yo B referred for LVA / NVA

0029 07 C10579 24075

HPI

Pain: 0/10

POHx:

Onset:

Vision:

PMHx:

Discharge:

Watery:

FOHx:

Itchy:

Photophobia:

MEDS:

Redness:

Burning:

Foreign body sensation:

Allergies:

Flashes or Floaters:

REVIEW OF SYSTEMS - Do you have a problem with ...

Eyes	N	Y		N	Y	Allergic / Immunologic	N	Y	Endocrine	N	Y
Blindness						Hay Fever			*Diabetes		
Loss of Vision						Medicine Allergies			*Thyroid Problems		
Blurred / Distorted						Constitutional Symptoms			Respiratory		
Vision						Fever			Asthma		
Double Vision						Unexplained Weight Loss			Emphysema		
Cataracts						Cardiovascular			Neurological / Other		
Flashes or Floaters						*High Blood Pressure			Headaches / Migraines		
Dry or Watery eyes						Vascular disease			Rheumatoid Arthritis / Fibromyalgia		
Burning / Itching											
*Glaucoma											
*Eye Surgery											
Chronic Eye Infections											
Halos											
Retinal Detachment											
Glare / Light Sensitivity											
Tired Eyes											

UNAIDED VA's	Habitual Spectacle Correction	AIDED VA's	P.H.
OD 20/25		20/	20/
OS 20/25		20/	20/

AUTO-REFRACTION: * PD 65
 OD: -1.25 R1 R2 AX
 OS: -1.50 -1.00 x 076 R1 R2 AX

SUBJECTIVE REFRACTION: VA:
 OD: (b)(6) ADD 20/
 OS: + 20/

WET AUTO-REFRACTION
 OD: +0.75
 OS: +1.25

FINAL RX ☐ Subjective ☐ OD: +1.25
☐ SVD ☐ SVN ☐ HE ☐ BF OS: +1.25

Tonometry (mmHg) TA OD: 14 OS: 19 Time: AM / PM
 Tech. Initials (b)(6)

BIOMICROSCOPY

ADNEXA
 LIDS
 LASHES
 PALPEBRAL CONJ
 BULBAR CONJ
 CORNEA
 ANT CHAMBER
 IRIS
 LENS
 VITREOUS
 VH ANGLES
 OTHER NOTES:

OU	OD	OS
normal		
clean		
normal		
normal		
white		
+ Ping		
clean		
deep and quiet		
flat		
clear / NS		
clear		
+1 +2 +3 (+4)		

Pupils: 4+ PERRLA OU
 APD OU EOM's: (+) Full (+) Restriction

DEPARTMENT / SERVICE / CLINIC
 CAMP BUCCA, IRAQ (OPTOMETRY) DATE: 20 June 07

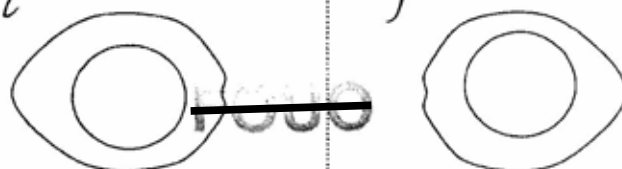
IDENTIFICATION

SSN or ISN: (b)(6)

UNIT or COMPOUND: (b)(6)

NAME:

DATE OF CONSULTATION REQUEST: 30 May 07

OD ☒ Normal Anterior SegOS ☒ Normal Anterior Seg

Dilation Meds

Time: _____

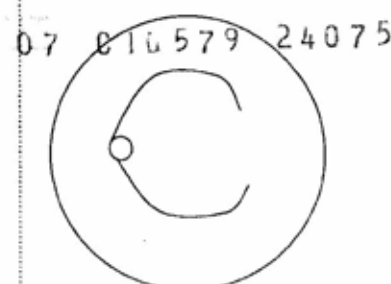
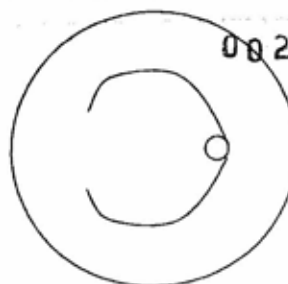
Tech Notes: _____

- ☐ 1 gtt x OU x
1.0% Tropicamide
☐ 1 gtt x OU x
2.5% Phenylephrine
☐ 1 gtt x OU x
0.5% Proparacaine

- ☒ 90D
☐ BIO 20D
☐ Superpupil Lens
☐ 78D
☐ 4-Mirror
☐ 3-Mirror

OD POSTERIOR SEGMENT

OS POSTERIOR SEGMENT



OPHTHALMOSCOPY ☐ Undilated ☒ Dilated

OD

C/D: .28

- ☒ Distinct
☐ Healthy
☐ 2/3 A/V
☐ Present
☐ FLT/CL
☐ (-) CLR
☐ (-) H/T/RD

CUP/DISC (H/V)

ONH MARGINS

ONH RIM

VESSEL

FOVEAL REFLEX

MACULA

VITREOUS

PERIPHERY

OTHER

OS

C/D: .28

- ☐ Distinct
☐ Healthy
☐ 2/3 A/V
☐ Present
☐ FLT/CL
☐ (-) CLR
☐ (-) H/T/RD

OD NOTES:



OS NOTES:



☒ No Retinopathy

☒ No Retinopathy

- A: ☒ Hyperopia ☐ Astigmatism ☐ Presbyopia ☐ Myopia ☐ Emmetropia
☐ Pinguecula ☐ Pterygium
☒ Ocular health normal in both eyes, no retinopathy or ocular pathology noted

- 1). _____
2). _____
3). _____

- P: ☒ Reading glasses ☐ Distance glasses ☐ Bifocals glasses ☐ No Glasses
☐ Artificial Tears for ocular irritation and itch QID OU x _____ weeks; No Rx needed, DISPENSE AT WIRE PRN
☐ Rx Ocular medication/s (below) ☐ Rx Oral medication (below) ☐ Other therapy (below)
☐ Medication dispensed to patient in clinic ☐ Medication will be dispensed through pharmacy

- 1). _____
2). _____
3). _____

RTC: (PRN) _____ day / _____ week / _____ month or 1 year / 2 years / for general eye exam

(b)(6)

Date

20 June 2007

PREPARED BY (Signature & Title)

DEPARTMENT / SERVICE / CLINIC
CAMP BUCCA, IRAQ (OPTOMETRY)

DATE

IDENTIFICATION

SSN:

UNIT:

NAME:

Are Past Records Available: Yes / No

Were Past Records Reviewed Before Exam: Yes / No

Next Expected Follow-Up

DA 4700

CAMP BUCCA OPT. 04 May 2007

ACLU-RDI 5549 p.57

10-L-0126 ACLU CID ROI 13809

EXHIBIT

18

REPORT TITLE OPTOMETRY: OCULAR HEALTH EXAMINATION RECORD

CHIEF COMPLAINT: 30 yo ♂ referred for L DVA / RIVA

0029 07 CID 579 24075

HPI

Pain: 0/10

Onset:

Vision:

Discharge:

Watery:

Itchy:

Photophobia:

Redness:

Burning:

Foreign body sensation:

Flashes or Floaters:

POHx:

PMHx:

FOHx:

MEDS:

Allergies:

REVIEW OF SYSTEMS - Do you have a problem with ...

Eyes	N	Y		N	Y	Allergic / Immunologic	N	Y	Endocrine	N	Y
Blindness	<input type="checkbox"/>	<input type="checkbox"/>	Burning / Itching	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	*Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Loss of Vision	<input type="checkbox"/>	<input type="checkbox"/>	*Glaucoma	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Medicine Allergies	<input type="checkbox"/>	<input type="checkbox"/>	*Thyroid Problems	<input type="checkbox"/>	<input type="checkbox"/>
Blurred / Distorted	<input type="checkbox"/>	<input type="checkbox"/>	*Eye Surgery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Constitutional Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>
Vision	<input type="checkbox"/>	<input type="checkbox"/>	Chronic Eye Infections	<input type="checkbox"/>	<input type="checkbox"/>	Fever	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Double Vision	<input type="checkbox"/>	<input type="checkbox"/>	Halos	<input type="checkbox"/>	<input type="checkbox"/>	Unexplained Weight Loss	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Cataracts	<input type="checkbox"/>	<input type="checkbox"/>	Retinal Detachment	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/>	Neurological / Other	<input type="checkbox"/>	<input type="checkbox"/>
Flashes or Floaters	<input type="checkbox"/>	<input type="checkbox"/>	Glare / Light Sensitivity	<input type="checkbox"/>	<input type="checkbox"/>	*High Blood Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Headaches / Migraines	<input type="checkbox"/>	<input type="checkbox"/>
Dry or Watery eyes	<input type="checkbox"/>	<input type="checkbox"/>	Tired Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatoid Arthritis / Fibromyalgia	<input type="checkbox"/>	<input type="checkbox"/>

UNAIDED VA's	Habitual Spectacle Correction	AIDED VA's	P.H.
OD 20/25		20/	20/
OS 20/25		20/	20/

AUTO-REFRACTION: * PD 65
 OD: -1.25 R1 R2 AX
 OS: -1.50 -1.00 x 076 R1 R2 AX

SUBJECTIVE REFRACTION: VA:
 OD: ADD 20/
 OS: + 20/

WET AUTO-REFRACTION

OD: +0.75
 OS: +1.25

FINAL RX ☐ Subjective ☐ OD:
☐ SVD ☐ SVN ☒ HE ☐ BF OS:

Tonometry (mmHg) TA OD: 14 OS: 19 ☒ 1 gtt Fluox OU
 Time: AM / PM

Tech. Initials: (b)(6)

Pupils: 4+ PERRLA OU
 6- APD OU EOM's: 6- Full (+) Restriction

DEPARTMENT / SERVICE / CLINIC
 CAMP BUCCA, IRAQ (OPTOMETRY) DATE: 20 June 07

IDENTIFICATION

SSN or ISN: (b)(6)

UNIT or COMPOUND: (b)(6)

NAME:

DATE OF CONSULTATION REQUEST: 30 May 07

BIOMICROSCOPY

ADNEXA
 LIDS
 LASHES
 PALPEBRAL CONJ
 BULBAR CONJ

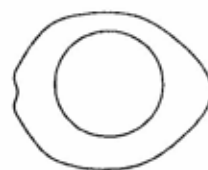
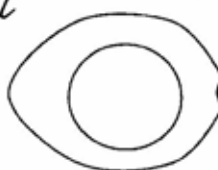
CORNEA
 ANT CHAMBER
 IRIS
 LENS
 VITREOUS
 VH ANGLES

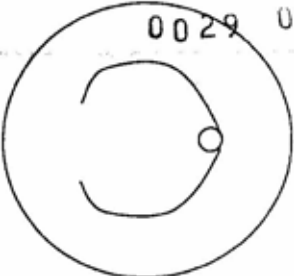
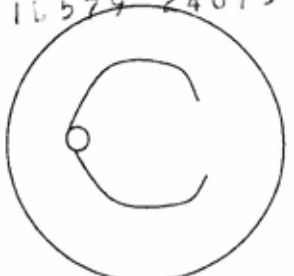


OTHER NOTES:

OU	OD	OS
normal		
clear		
normal		
normal		
white		
+ Ping		
clear		
deep and quiet		
flat		
clear / NS		
clear		
+1 +2 +3 6+		

OD ☒ Normal Anterior Seg

OS ☒ Normal Anterior Seg



Dilation Meds Time: _____ Tech Notes: _____	<input checked="" type="checkbox"/> 1 gtt x OU 1.0% Tropicamide <input type="checkbox"/> 1 gtt x OU x 2.5% Phenylephrine <input type="checkbox"/> 1 gtt x OU x 0.5% Proparacaine	<input checked="" type="checkbox"/> 90D <input checked="" type="checkbox"/> BIO 20D <input type="checkbox"/> Superpupil Lens <input type="checkbox"/> 78D <input type="checkbox"/> 4-Mirror <input type="checkbox"/> 3-Mirror	OD POSTERIOR SEGMENT 0029 07 	OS POSTERIOR SEGMENT 016579 24075 
OPHTHALMOSCOPY <input type="checkbox"/> Undilated <input checked="" type="checkbox"/> Dilated			OD C/D: .48 <input type="checkbox"/> Distinct _____ <input type="checkbox"/> Healthy _____ <input type="checkbox"/> 2/3 A/V _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> FLT/CL _____ <input type="checkbox"/> (-) CLR _____ <input type="checkbox"/> (-) H/T/RD _____	OS C/D: .48 <input type="checkbox"/> Distinct _____ <input type="checkbox"/> Healthy _____ <input type="checkbox"/> 2/3 A/V _____ <input type="checkbox"/> Present _____ <input type="checkbox"/> FLT/CL _____ <input type="checkbox"/> (-) CLR _____ <input type="checkbox"/> (-) H/T/RD _____
CUP/DISC (H/V) ONH MARGINS ONH RIM VESSEL FOVEAL REFLEX MACULA VITREOUS PERIPHERY <u>OTHER</u>			OD NOTES: 	OS NOTES: 
			<input checked="" type="checkbox"/> No Retinopathy	<input checked="" type="checkbox"/> No Retinopathy

A: ☒ Hyperopia ☐ Astigmatism ☐ Presbyopia ☐ Myopia ☐ Emmetropia
☐ Pinguecula ☐ Pterygium
☒ Ocular health normal in both eyes, no retinopathy or ocular pathology noted

1). _____
 2). _____
 3). _____

P: ☒ Reading glasses ☐ Distance glasses ☐ Bifocals glasses ☐ No Glasses
☐ Artificial Tears for ocular irritation and itch QID OU x _____ weeks; No Rx needed, DISPENSE AT WIRE PRN
☐ Rx Ocular medication/s (below) ☐ Rx Oral medication (below) ☐ Other therapy (below)
☐ Medication dispensed to patient in clinic ☐ Medication will be dispensed through pharmacy

1). _____
 2). _____
 3). _____

RTC: (PRN) _____ day / _____ week / _____ month or 1 year / 2 years / for general eye exam

(b)(6) _____ Date 20 June 2007

PREPARED BY (Signature & Title)	DEPARTMENT / SERVICE / CLINIC CAMP BUCCA, IRAQ (OPTOMETRY)	DATE
IDENTIFICATION SSN: _____ UNIT: _____ NAME: _____		Are Past Records Available: Yes / No Were Past Records Reviewed Before Exam: Yes / No Next Expected Follow-Up

DA 4700

CAMP BUCCA OPT. 04 May 2007

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

0029 07 CID 579 24075

Patient: (b)(6)
Facility: [REDACTED]Date: 05 Jan 2007 1139 AST
Clinic: MENTAL HEALTHAppt Type: ROUTN
Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 05 Jan 2007 1139 AST

Problems
CLOSED FRACTURE OF HUMERUS DISTAL END
ANXIETY DISORDER NOSAllergies
No Allergies Found.

Screening Written by (b)(6) @ 05 Jan 2007 1139 AST

Appointment Reason For Visit: ANXIETY DISORDER NOS:

Selected Reason(s) For Visit:
ANXIETY DISORDER NOS (Follow-Up) Comments:

SO Note Written by (b)(6) @ 05 Jan 2007 1153 AST

History of present illness

The Patient is a 30 year old male.
* Encounter Background Information: Chart reviewed. Detainee seen in the compound for f/u, interview conducted with assistance from an interpreter. Detainee reports stopping medication on own, verified by compound medics. Detainee stated that he stopped taking the medication because it only makes him feel a little relax, worried about the side effects, thinks that since starting the medication has been having problem sleeping, sleeps from 2100-0100, wakes up and goes back to sleep at 0400-0530, eats breakfast then goes back to sleep at 0830-1100. He wants to be able to sleep straight thru 2100-0530. Discussed medication management and sleep hygiene, receptive but still hesitant to take medication, he went on to talk about peer who c/o about the side-effects of medication, worried that it might happen to him. He informed staff that he is at the present calm and comfortable in the compound since he had received good news from his family, asked him what happens if he does not get any good news anymore, replied then will call the doctor for medication. Tried to encourage him to go back on meds, does not want to go back as of the present and does not feel that he needs mental health f/u right now. Informed him that we will be closing the case and if he needs any mental follow up in the future to notify his compound provider, agreed. Detainee denies SI/HI, no acute safety issue, denies any form of perceptual disturbances.

A/P Written by (b)(6) @ 05 Jan 2007 1153 AST

1. ANXIETY DISORDER NOS

Comments: I. ANXIETY D/O NOS

II. DEFER

III. NONE

IV. DETAINEMENT, SEPARATION FROM FAMILY SUPPORT SYSTEM.

V. 60

PLAN:

1. CASE CLOSE

2. RECONSULT FOR ANY FUTURE MENTAL HEALTH ISSUES.

Procedure(s): -Psychiatric Therapy Individual Approximately 20-30 Minutes

Disposition Written by (b)(6) @ 05 Jan 2007 1154 AST

Released Without Limitations

Follow up: in the case closed clinic.

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

Injury & Illness: Not Work Related; Not Battle Related; Category: Psychiatric, Mental Disorders Cause: Non-Battle Illness

Appointment Class: Outpatient

E&M Code: 99215 - Estab Outpatient Comprehensive H&P - High Complex Decisions

40 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Name: (b)(6)
FMP/SSN: [REDACTED]
DOB: [REDACTED]
PCat: K66 INTERNEES/RETAINED
PERSONNEL
MC Status:
Insurance: NoSex: (b)
Tel H:
Tel W:
CS:
WS:Sponsor: (b)(6)
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRM (41 CFR) 201-45.505THIS 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.

EXHIBIT 18

Page 1 of 2

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
05 Jan 2007 1139	Facility: WBH710	Clinic: MENTAL HEALTH	Provider: (b)(6)

Signed By @ 05 Jan 2007 1154

(b)(6)

0029 07 010579 24075

Name:	(b)(6)	Sex:	(b)	Sponsor:	(b)(6)
FMP/SSN:		Tel H:		Rank:	
DOB:		Tel W:		Unit:	
PCat:	K66 INTERNEES/RETAINED PERSONNEL	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
FIRM (41 CFR) 201-45.505

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EXHIBIT 18

Page 2 of 2

Patient: (b)(6)
Facility: [REDACTED]Date: 09 Dec 2006 1142 AST
Clinic: 21ST TF MED (BUCCA)Appt Type: ROUTN
Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 09 Dec 2006 1511 AST

Problems

CLOSED FRACTURE OF HUMERUS DISTAL END

Active Medications

No Active Medications Found.

Allergies

No Allergies Found.

Screening Written by (b)(6) @ 09 Dec 2006 1142 AST

Appointment Reason For Visit: visit for: screening mental / developmental disorders: .**Selected Reason(s) For Visit:**

visit for: screening mental / developmental disorders (New) Comments:

SO Note Written by (b)(6) @ 09 Dec 2006 1524 AST

Chief complaint

The Chief Complaint is: I get nervous and my chest hurts, my leg shakes. I have a lot of irritability and I feel like punching people sometimes.

Reason for Visit

Visit for: assessment of anxiety. He self referred.

History of present illness

The Patient is a 30 year old male. Source of patient information was patient. * Encounter Background Information: 30 yo married male w 2 children from Fallujah. He was a taxi driver before he was detained. He reveals his mood sx have been present for 4 years. He's been detained for 1 yr and 3 months. He states his sx did not interfere with his work as a taxi driver but are now becoming more and more severe. He gets 6 hrs of sleep per night, his appetite is intact, his concentration is fair, he reports marked problems with anhedonia, that he looks forward to hardly anything anymore and is very worried about his mood. No thoughts of self harm.

Past medical/surgical history**Reported History:**

Recent events: Recent events his anxiety has caused him to think about violence towards others. Increased irritability. He denies chronic medical problems. NKDA. PSH- appendectomy 5 yrs ago

Physical findings**Neurological:**

Mental Status Findings: * Mood was irritable. * Affect was anhedonic. * Affect showed irritability. * Estimated intelligence was average. * Impaired insight. * A preoccupation with violent thoughts was observed. * Appearance was normal. * Grooming was normal he had just come from the shower. * Behavior demonstrated no psychomotor abnormalities. * Attitude was cooperative. * Voice quality was normal. * Speech volume was normal. * Speech was fluent. * Thought processes were not impaired. * No perceptual disturbances were noted. * No delusions. * No suicidal tendency. * No homicidal tendencies.

A/P Written by (b)(6) @ 09 Dec 2006 1530 AST

1. ANXIETY DISORDER NOS**Comments:**

Imp: 30 yo married male detainee with over 1 yr detainment, 5 yr hx of anxiety and irritability, recently worsened, he feels he can not look forward to anything, is irritable most of the day, thinks about hitting other detainee over minor issues (has not acted on this), and has anhedonia. Desires medication to assist with mood.

Name: (b)(6)	Sex: <input type="checkbox"/>	Sponsor: (b)(6)
FMP/SSN: [REDACTED]	Tel H: [REDACTED]	Rank: [REDACTED]
DOB: [REDACTED]	Tel W: [REDACTED]	Unit: [REDACTED]
PCat: K66 INTERNEES/RETAINED PERSONNEL	CS: [REDACTED]	Outpt Rec. Rm: [REDACTED]
MC Status: [REDACTED]	WS: [REDACTED]	PCM: [REDACTED]
Insurance: No		Tel. PCM: [REDACTED]

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45.505

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.

EXHIBIT 18

Page 1 of 2

Note- he wants to take medications only as needed, it was explained to him in detail that this is not possible at the wire, but that an SSRI should cover his chronic irritability and anxiety. Importance was stressed that he must take it every day and it would not work at its best for 4 weeks. Discussed SE profile, compliance, efficacy and tolerability of Paroxetine. He has agreed to take it daily for a month and will follow up.

Axis I Anxiety Disorder Not otherwise specified
 Axis II Defer
 Axis III non contributory
 Axis IV incarcerated, separation from primary support system
 Axis V GAF 55

Plan

- 1) Follow monthly for now
- 2) Start Paxil 20 mg po QHS as close to hour of sleep as is convenient for medics. See above note about medication teaching.
- 3) Wire provider please call us if his condition deteriorates, he becomes violent or has increased anxiety.

Disposition Written by (b)(6) **@ 09 Dec 2006 1530 AST**

Released Without Limitations

Follow up: 1 month(s) or sooner if there are problems.

Injury & Illness: Not Work Related; Not Battle Related; Category: Psychiatric, Mental Disorders Cause: Non-Battle Illness

Appointment Class: Outpatient

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

Signed By @ 09 Dec 2006 1531

(b)(6)

Name: (b)(6)	Sex: (b)(6)	Sponsor: (b)(6)
FMP/SSN:	Tel H:	Rank:
DOB:	Tel W:	Unit:
PCat: K66 INTERNEES/RETAINED PERSONNEL	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
 FIRM (41 CFR) 201-45.505

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EXHIBIT 18

Page 2 of 2

MEDICAL RECORD	CONSULTATION SHEET
----------------	--------------------

REQUEST

TO: <u>Mental health</u>	FROM: (Requesting physician or active) <u>14 B</u>	DATE OF REQUEST <u>4029 07 C</u> <u>22 Nov 06</u>
--------------------------	--	--

REASON FOR REQUEST (Complaints and findings)

30yo detainee requesting MH eval. Pt states he used to see Psych. He has smoked tobacco and used ETOH in the past. He has been interned for 3 yrs. He denies SI. He has had outbursts & other detainees in the past that has led to abuse/fights. He states he is scared of his past actions. Please eval for possible medical management

PROVISIONAL DIAGNOSIS

Anxiety NOS

DOCTOR'S SIGNATURE
(b)(6)

APPROVED

PLACE OF CONSULTATION

☒ at compound
☐ BEDSIDE ☐ ON CALL

☐ ROUTINE
☐ 72 HOURS

☐ TODAY
☐ EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED ☒ YES ☐ NOPATIENT EXAMINED ☒ YES ☐ NOTELEMEDICINE ☐ YES ☐ NO

RECEIVED 23 NOV 06

see TMIP and hand copy chart +H

SIGNATURE (b)(6)	Continue on reverse side)		DATE <u>9 Dec 06</u>
HOSPITAL	MAINTAINED AT	DEPARTMENT/SERVICE OF PATIENT	
RELATION TO SPONSOR	SPONSOR'S NAME (Last, first, middle)	SPONSOR'S ID NUMBER (SSN or Other)	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex, Date of Birth; Rank/Grade)		REGISTER NO.	WARD NO.

(b)(6)

CONSULTATION SHEET
Medical Record

STANDARD FORM 513 (REV. 4-98)
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

CHRONOLOGICAL RECORD OF MEDICAL CARE

0029 07 CID 579 24075

MEDICAL RECORD SOAP NOTE	
Date / Time 30 Aug 06 2147	S: 32 y/o male with primary c/o, hemorrhoids, times 1 hours, days, weeks, months, years. Stated that his condition is: getting; worse, unchanged, improved, since health issue began. Patient reports having no pain / pain rated at /10, located at, Pain with / without radiation from the
Allergies: NKDA	to the Secondary complaints include: HA, dizziness, eye pain, blurred vision, itchy / watery eyes, seasonal allergies, ear ache, sinus congestion / drainage / pressure, sore throat that hurts to talk / swallow, cervical LAD, chest pain, SOB, wheezing, non-productive cough, irregular heart beat, palpitations, fever, loss of appetite, nausea,
Vital Signs	vomiting, diarrhea, constipation, rectal bleeding, blood in stool / urine, pain with urination.
T:	MS / joint pain located at with / without radiation to
P:	Past medical history of: asthma, HTN, DM, CAD, seizures, N/A.
R:	Pt says he has difficulty defecating.
B/P:	Pt says he has no blood / p/w matter. Pt says he drinks 3 large bottles of water
O2 Sat: %	O: Patient is AOx, serves as his own informant. Interpreter not / present for translation. Patient is / not in ARD. Looks healthy / ill. Well / poor nourished. Well / poor hydrated. Appears to be his / older than stated age. Under / average / over weight. Ambulating with / without assistance; using cane / crutches.
Smoker: Yes / No	No gross abnormalities
Meds & dose: MED log	A: 1. 2.
1. ϕ	
2.	P: 1. Patient education, instructed on medication use and possible side-effects. 2. Encouraged increase in PO hydration.
3.	3. Medications: Dibucaine 1% PRN Pt. advised to use until condition improves / worsens.
4.	Suppositories PRN F/u c medic
5.	4. Consults to:
6.	5. Follow as needed, instructed to return for re-evaluation if problem continues or gets worse.
	(b)(6)
	Medic:
	Provide
ISN:	(b)(6)
COMPOUND #:	10D

EXHIBIT

Month May 06
601st Area Support Medical Company Detainee Med. Log.
Camp Bucca Theater Internment Facility

Appendix 1
Medlog

Allergies:

ISN: (b)(6)

Page 1 of 1
Compound: 5A

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

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>Ammonium Lactate</u>	AM																															
	Int																															
	PM																															
	Int																															
Provider: (b)(6)																																

Given To Patient
21 May 06

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>Lamisil AT</u>	AM																															
	Int																															
	PM																															
	Int																															
Provider: (b)(6)																																

Given To Patient
21 May 06

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

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

RX: Med, Dosage, Start and End Dates		10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	AM																						
	Int																						
	PM																						
	Int																						
Provider:																							

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

Med Compliance: At 3 No-Shows / Refusals

- 1) Verify detainees Compound
- 2) Request detainee to sally port and advise of meds
- 3) Continue med. If detainee agrees to take as directed or
- 4) Obtain Provider approval to discontinue all meds but OTC

Initial	Medical / Surgical Hx

Initials Printed Rank/Name

(b)(6)

Indicate quantity dispensed in appropriate block

Annotate the following in RED:

Circle the BOX for missing Meds

Circle the DATE for Refills

X- No Shows

F- Fasting

R- Refusal

H- Hospital

NSN 7540-01-165-7294

0029 07 C10579 24073

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED <i>Xray (R) humerus</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	(b)(6)				DATE REQUESTED <i>16 Feb 06</i>
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings)					

DATE OF EXAMINATION (Month, day, year) <i>FEB 16 2006</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
RADIOLOGIC REPORT		

well healed (R) humerus fx

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

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

(b)(6)

(b)(6)

SIGN

ACLU-RDI 5549 p.67

EXHIBIT 18
00246

10-L-0126 ACLU CID RUI 13819

566th Area Support Medical Company Detainee Med. Log,
Camp Bucca Theater Internment Facility

Medication Log
Compound Treatment Room
Camp Bucca

(b)(6)
ISN
Cor

RX: Med, Dosage, Start and End Dates	1	2	3	4	5	6	8	9	10	11	12	13	15	16	17	18	19	20	22	23	24	25	26	27	29	30	31
Diflucan EQ 150mg + weekly	AM																										
	PM																										
Provider:																											

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

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

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

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

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

- 1) Verify detainees Compound
2) Request detainee to sallyport and advise of meds

KEY
N - No-show

EXHIBIT 18

000247

10-L-0126 ACLU CID ROI 13820

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
16 Feb 06	<p>3) yb ♂ i cb @ upper arm pain x/year. Prior hx of MVA i fx distal humerus. Now presents i recurrent arm pain. X-ray ordered.</p> <p>S: fx (R) humerus. 15 mos ago</p> <p>% bone in (R) humerus</p> <p>O: F/E 130/0 P/B full</p> <p>non tender callous (R) distal humerus</p> <p>X-ray - healed fx (R) humerus</p> <p>A: Healed fx (R) humerus</p> <p>P: continue exercises</p> <p>excellent result</p>
	(b)(6)

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

(b)(6)

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

EXHIBIT 18

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

SOAP NOTE

22 date/time 0923
april

Vital Signs

C/C:(chief complaint)

rash on neck

T:

HPI:(history present illness) Pt states Sx's present for 3 days/ wks / (mos) condition Stable / Worsening / Improved w/: Worsened by:

P:

Other related Sx's:

Pain: Sharp/ Stabbing/ Dull/ Achey/ Numb & tingly or N/A Pain rated /10 (1 = little 10 = the worst)

R:

Trauma: Y / N (N/A) MOI: (mechanism of Injury)=

B/P:

Pt has taken Diflucan with no results

O2 Sat= %:

PmHx: Asthma, COPD, HTN, DM, CAD, Seizures, N/A

PsHx: Social Hx: Tobacco / N/A

Allergies

NKDA

Ox 37 y/o male A&O x 3 vital signs noted, in No Acute Distress/ Acute distress
Interpreter (Y/N) pt. serves as own informantAppearance: Well hydrated (Y/N), obese Y/(N) poorly nourished Y (N)
Looks Stated Age/ older than age/ younger than age

Meds/Dose:

Med log

Ambulates: With out assistance / or with cane crutch, wheel chair

1.

Hypofigmented lesion on Neck.

2.

3.

4.

(b)(6)

A: 1.
2.

(b)(6)

P: 1. Méds dispensed =

Selenium sulfide 2.5

2. Increase Hydration

3. Pt counseled on condition, Return for re-eval if problem continues/ w

4. Referral to:

5. F/U as needed

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO

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)

ISN #:

Compound #

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USAPA V2.00

EXHIBIT 18
000249

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

0029 07 C 10579 24075

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
16 Feb 06	<p>31 yb ♂ i cb @ upper arm pain x/year. Prior hx of MVA i fx distal humerus. Now presents i recurrent arm pain. X-ray ordered.</p> <p>S: fx (R) humerus. 15 mos ago</p> <p>% bone in (R) humerus</p> <p>O: F/E 130/0 P/B full</p> <p>non tender callous (R) distal humerus</p> <p>X-ray - healed fx (R) humerus</p> <p>A: Healed fx (R) humerus</p> <p>P: continue exercises</p> <p>excellent result</p>
	(b)(6)

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

(b)(6)

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

RADIOLOGIC CONSULTATION REQUEST/REPORT 07 C10579 24075 (Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED <i>(R) humerus</i>	AGE/SEX (b)(6)	SSN (Optional) (b)(6)	WARD/CLINIC <i>S</i>	REGISTER NO.
	FILM NO.			PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Initial) (b)(6)			TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)			DATE REQUESTED <i>28 Jan 06</i>

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

31 y/o ♂ c/o (R) upper arm pain x 1 year. Prior hx of MVA c/o dental humerus. Now presents c/o recurrent arm pain

DATE OF EXAMINATION (Month, day, year) <i>JAN 30 2006</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

refer to crabs

old mid shaft fx - poor alignment / union

(b)(6)

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

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
REQUEST/REPORT
1 — MEDICAL RECORD

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

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
		0029 07 CID 579 24075	
Date / Time		SOAP NOTE	
10 Jan 06	S: 3 y/o male with primary c/o, <u>arm</u> pn, times <u>10</u> hours <u>days</u> weeks, months, years. Stated that his condition is: getting worse, unchanged, improved, since health issue began. Patient reports having no pain / pain rated at /10, located at, Pain with / without radiation from the		
1300	Vital Signs	Secondary complaints include: HA, eye pain, blurred vision, itchy / watery eyes, seasonal allergies, sinus congestion / drainage / pressure, ear pain, sore throat that hurts to talk / swallow, cervical LAD, chest pain, non-productive cough, SOB, wheezing, palpitations, irregular heart beat, fever, loss of appetite, nausea, vomiting, diarrhea, constipation, rectal bleeding, blood in stool / urine, pain with urination, MS / joint pain located at with / without radiation to	
T: 98.0	P: 80	R: 16	
B/P: 128/76	Past medical history of: asthma, HTN, DM, CAD, seizures, <u>N/A</u>		
O2 Sat: %	Pt. broke <u>R</u> arm 1 year ago, and thinks it healed crooked, has pn @ night		
Allergies:	O: Patient is AOx3, serves as his own informant. Interpreter not / <u>present</u> for translation. Patient is / <u>not in</u> ARD. Looks <u>healthy</u> , ill. <u>Well</u> / poor nourished. <u>Well</u> / poor hydrated. Appears to be his <u>older</u> than stated age. Under / average / over weight. Ambulating without / with assistance: cane / crutches.		
NKA			
Meds & dose:			
MED log			
1.	A: 1. S/P <u>(R)</u> upper arm pain		
2.			
3.	P: 1. Patient education, return for re-evaluation if problem gets continues or gets worse.		
4.	2. Increase PO hydration.		
5.	3. Medications: <u>None</u>		
6.	4. Referral to:		
	5. Follow as needed <u>Xray R humerus</u>		
	(b)(6)		
ISN: (b)(6)	COMPOUND #: (b)(6)		

Detainee Information Sheet					DATE (YYYYMMDD) 2005/10/11	
NAME (Last First M) (AKA) (b)(6)					0029 07 C10579 24075	
SEQ (b)(6)		ISN NUMBER (b)(6)		HOUSING IHA-		
Left Profile		Left 45		Frontal		Right 45
Right Profile						
(b)(6)						
Theater CENTCOM		Power Served IRAQ		Capturing Country UNITED STATES OF AME		ICRC
Compound 7-IHA		Capture Tag (DD2745) (b)(6)		Capture Date 2005/09/27	Capture By 2MEF/SPTT	Circ. of Capture SEE REMARKS
Grid/Coor FALLUJAH		Physical Condition GOOD		Enemy Unit		Hard Labor NO
Marrital Status Married		Foreign ISN		MI Number (b)(6)	Sex (b)(6)	Age (b)(6)
Date of Birth (b)(6)		Race OTHER		Ethnic Group UNKNOWN	Nationality IRAQ	Religion SUNNI-ISLAM
Hair Color BLACK		Eye Color BROWN		Confinement Type DETAINED		Military Service
Height 68		Weight 165		Custody MIN		
Presence IN FACILITY		Status GENERAL POPULATION		Place of Birth FALLUJAH, GV IRAQ		
Citizenship IRAQ		Place of Confinement BAGHDAD CORRECTION FACILITY (BCF) (b)(6)		Arrival Date 2005/10/11		
Sentence Information:						
Current MXRD:			Court Martial Type:			
MRD:			Discharge:			
NO SENTENCE INFORMATION						
Offenses:						
Offense	Offense Date	Age	Sent. Num	PCO		
	2005/09/27	29				
Alias:						
Alias	From Date	To Date				
Languages:						
Language				Skill Level		
ARABIC-IRAQ						
Property:						
Property	Date	Tag	Disposition	Qty		
NO-NO PROPERTY	2004/12/10					
Civilian School:						
School Name	Age	Highest Grade Completed	Degree	From Date	To Date	

0029 07 CID579 24075

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

OCT 11 2005

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

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS -

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

SURGERIES *by appendectomy*

CONVULSIONS/SEIZURES ()

HEMOPHILIA ()

MALARIA ()

ASTHMA ()

DIABETES ()

HIGH BLOOD PRESSURE ()

CANCER/LEUKEMIA ()

HEART TROUBLE ()

KIDNEY DISEASE ()

VISUAL IMPAIRMENT ()

HIV/AIDS ()

STD ()

TRANSLATOR PRESENT

IMMUNIZATION GIVEN AT INTAKE? *NO* ~~DT~~

TB/BLOOD IN SPUTUM/NIGHT SWEATS ()

LIST ALL MEDICATIONS TAKEN

IN THE 30 DAYS PRIOR TO TODAY:

TOBACCO USE *YN* *1 1/2* PP DAY *10* YRSETOH: *Whiskey*T *115* BP *69* PULSE *89* BICEPS CIRC
HEIGHT *68* WEIGHT *165* BMI *25.1*() DETAINEE HAS AN OVERALL *GOOD* () FAIR () POOR
STATUS OF NUTRITIONVISION: *NORMAL* GLASSES
HEARING: *NORMAL* ABNORMAL EXPLAIN

DENTAL

OVERALL APPEARANCE *g*HEENT *g*SKIN/SCARS/BRUISING *examine*CARDIOPULMONARY SYSTEM *g*MUSCULOSKELETAL *g*

HERNIA

GENITAL

NEUROBE

DETAILS

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPARTMENT/SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex;

REGISTER NO.

WARD NO.

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

STANDARD FORM 600 (Rev. 4-78) BACK	
(b)(6)	
CAMP	AGB SEX
ISN	DOB PROVIDER
NAMES	
TRAVEL	GO/NO GO (IF NO GO LIST REASONS)
LIMITATIONS	
ACTIVITY RESTRICTION	DIRECTION OTHER RESTRICTIONS:
(b)(6)	
CHEST XRAY: NAD ()	
LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER	
IMMUNIZATION GIVEN TODAY (CIRCLE):	DT MMR POLIO HEP A HEP B TYPHOID OTHER
CONTINUATION:	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

OCT 11 2005

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

EXAMINATION PER AR 190-8 6-6	DATE	TRAVEL GO/ OR NO-GO	CORRECTED TO GO	COMMENT
MEDICAL EXAMINATION WAS COMPLETED	OCT 11 2005	GO		
DENTAL SCREENING WAS COMPLETED				
CHEST X-RAY/TR SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED	OCT 11 2005	GO		
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	OCT 11 2005	GO		

(b)(6)

LIMITATIONS

ACTIVITY RESTRICTIONS
DIET RESTRICTION:
OTHER RESTRICTIONS:TRAVEL GO NO GO
(IF NO-GO LIST REASONS)

(b)(6)

PROVIDER SIGNATURE AND DATE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT (b)(6)

SSN; Sex; REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical RecordSTANDARD FORM 600 (REV. 6-87)
Prescribed by GSA/ICMR
FPMR (41 CFR) 201-9.202-1

000256

10-L-0126 ACLU CID ROI 13829

OCT 11 2005

Eye Health Questionnaire

0029 07 C10579 24075

(b)(6)

Detainee Mental Health Screen

ISN (b)(6)

DATE OCT 11 2003

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?

TAKE MEANS DON'T KNOW WHAT TWO YEARS STOP 1401
1990 WHEN HE STOP HE GOT CYPSET AND GET OUT AFTER 848
COULD GO INTO COURT

OBSERVATION

- 0 General appearance unusual for setting ☐ Yes ☒ No
- 0 Behavior unusual for setting ☐ Yes ☒ No
- 0 Auditory or visual hallucinations reported or apparent ☐ Yes ☒ No
- 0 Appears anxious ☒ Yes ☐ No
- 0 Appears depressed ☐ Yes ☒ No
- 0 Aggressive ☐ Yes ☒ No
- 0 Behavior inconsistent with reported complaints ☐ Yes ☒ No
- 0 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

(b)(6)

SCREENER:

(PRINT SIGNATURE)

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED sering CHEST XRAY	AGE SEX SSN (Sponsor)	WARD/CLINIC IHA	REGISTER NO.
	FILM NO.		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REQUESTED BY (Print)		TELEPHONE/PAGE
	SIGNATURE THOMAS LAUSZENHEISER (b)(6)		DATE REQUESTED
SPECIFIC REASON(S) FOR REQUEST (Complaints and findings) IN PROCESS - CXR - IHA			

DATE OF EXAMINATION (Month, day, year) 150705	DATE OF REPORT (Month, day, year) 150705	DATE OF TRANSCRIPTION (Month, day, year)
RADIOLOGIC REPORT		

(b)(6)

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

EXHIBIT 18

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

DETAINEE HEALTH AND MEDICAL RECORD OF QUALITY ASSURANCE SCREE

(SF600 OVERPRINT, VER 1.1, IAW AR 190-8)

(b)(6)

EXAMINATION PER AR 190-8 6-6

DATE

TRAVEL GO/
OR NO-GOCORRECTED
TO GO

COMMENT

MEDICAL EXAMINATION WAS COMPLETED

08

WEE GO

DENTAL SCREENING WAS COMPLETED

Dec

GO

CHEST X-RAY/TR SCREEN WAS COMPLETED

NUTRITION SCREENING WAS COMPLETED

Dec

GO

BEHAVIORAL HEALTH SCREENING
WAS COMPLETED

8

GO

LIMITATIONS

ACTIVITY RESTRICTIONS:

DIET RESTRICTION:

OTHER RESTRICTIONS:

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

= GO =

(b)(6)

PROVIDER SIGNATURE AND DATE

(b)(6)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

ISN

N A ME (b)(6)

DOB

AGE

SEX

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

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

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

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

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

2 SURGERIES *for appendix, 18 months ago*
CONVULSIONS/SEIZURES (☐)
HEMOPHILIA (☐)
MALARIA (☐)
ASTHMA (☐)
DIABETES (☐)
HIGH BLOOD PRESSURE (☐)
CANCER/LEUKEMIA (☐)
HEART TROUBLE (☐)
KIDNEY DISEASE (☐)
VISUAL IMPAIRMENT (☐)
HIV/AIDS (☐)
STD (☐)

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

TOBACCO USE Y/N *1* PP DAY X *6* YRS
ETOH: *Yes whisky, beer, gin*



T *115* BP *89* PULSE *70* BICEPS CIRC *8*
HEIGHT *5'8"* WEIGHT *160* BMI *24.4*

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

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

DENTAL



OVERALL APPEARANCE

HEENT

HERNIA

SKIN/SCARS/BRUISING

GENITAL

CARDIOPULMONARY SYSTEM

NEUROBEHAVIORAL

MUSCULOSKELETAL

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

ISN

NAME

DOB

PROVIDER

AGE

SEX

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 2.1-9.202-1

fracture right arm?!
(b)(6)

(b)(6)

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)		
6 Jan 41	<p>28 Y/O ♂ c/o Joint PN X 1 week. Pt Claims elbow (B) & back pn. Pt states he is intense pn when he straightens out his elbows, bending the elbow gives relief. Pt also complains of severe lower back pn when he bends forward or backwards. Pt claims sitting up aggravates condition while laying in the prone position/supine position relieves pn.</p> <p>Ⓢ TTP of spine around L3-L5 & surrounding muscle tissue. visualized FARM of elbow Joints no expression of pn observed</p> <p>Ⓢ Joint ? Lower Back pn</p> <p>Ⓢ Medic requests pt be put on Matrin 800mg</p> <p>(b)(6)</p> <p>Master</p> <p>Matrin 800mg bid x 10d. Flu of SX persist on med.</p> <p>(b)(6)</p>		
<p>MAJ KELLY DAWSON CHIEF OF DISPENSARY AND AMB MED</p>			

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

(b)(6)

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

56th Medical Company (AS) Detainee Med Log, Camp Bucca Internment Facility

ISN: (b)(6) Compound: (b)(6)

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

Med compliance

At 3 No-shows:

- 1) verify detainee's compound
- 2) call detainee to sallyport and advise of meds
- 3) continue med if detainee agrees to take as directed
- 4) Obtain provider approval to D/C all meds but OTC

New Rx for ch. vi. } meds (DM, HTN) require FS or BP after 3 weeks to evaluate eff. } ness

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

Date: D/C Med complete

Medic:

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

5/1/05

S) do last x 4 days

fell, soon

o) not, in room, clearly → Boxes
for

A) → X-ray

P) → X-ray

(b)(6)

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION:

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

REGISTER NO.

WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USAPA V2.00

(b)(6)

MASTER PROBLEM LIST

0029 07 CID579 24075

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

MAJOR PROBLEMS

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVE
1.		OCT 11 2005	LBP x 2MT	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES					
A.							
B.							
C.							
D.							
E.							
F.							
G.							
H.							

PRIMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES AND UMAS:

(b)(6)

PMH

LBP

PSH

Grny

MEDS

"proline"

ALL

(b)(6)

(b)(6)

File

COMP (b)(6)

ISN (b)(6)

REFILL Y/N

F/U REQ Y/N

END DATE

MONTH Feb 05

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

Tylenol 500mg 4 tabs TID
MEDICATION & DOSE (b)(6)
PRO

REFILL Y/N

F/U REQ Y/N

END DATE

MONTH March 05

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

Tylenol 500mg 2 tabs TID
MEDICATION & DOSE PROVIDER

OUT

REFILL Y/N

F/U REQ Y/N

END DATE

MONTH MAR

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

Tylenol 500mg 2 tabs TID
MEDICATION & DOSE PROVIDER

EXHIBIT 18

000268

10-L-0126 ACLU CID ROI 13841

112518

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

4/26/05 ⑤ 28y/o ♂ 4/0 Joint PAIN AND ③ + 4yrs. DID break H.S.

① HUMERUS + 3 months AGO

② WIDEN NAD NEG DECREASE IN STR. Neurologicals intact.
NEG E, E, E.

A/P Arthritis

~~CELESTEX 200mg 1 TAB QD x 14 DAYS AS~~

TILLENOL 325mg 3 TABS 3x DOY.

(b)(6)

PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprint)

(b)(6)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME (Last, First, Middle initial)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPART./SERVICE

SSN/IDENTIFICATION NO.

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-64)
Prescribed by GSA and DCMR
FORM 101 (CFR) 201-45 505

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE 002907

0029 0700 MEDICAL CARE 10579 24075

DATE _____

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

S: 29 1/2 ♂ C% tooth prv x's lwk.

pt. has 2 cavities near tooth. ~~one~~

⊖ swelling, ⊖ redness. pt. states it's pw. full 6 on 1-10 scale.

O-plate has a crack in one of the cavities (cups)

A- sprayed area w/ numbing spray gave 400mg Motrin.

P- Dental Referral

(b)(6)

med

✓

All

NIKDA

to b

5 c.g.

— 43 —

HOSPITAL OR MEDICAL FACILITY

STATUS
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DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.	
------------	--

RELATIONSHIP TO SPONSOR	
-------------------------	--

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

REGISTER NO.

WARD NO.

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 8-97)
Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USP LVN

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

6 JUN 05 30 y/o F Jt Pn in knee (L) + (R) x 7 days @
swelling, just pn.

① (L) + (R) knee pn. ⊖ swelling ⊖ abrasions ⊖ edema
⊕ Pn to palpation. Moderate ROM.

A) Joint Pn.

P) Naproxen x 5 days

(b)(6)

med: ①

All: NKDA

TOB: 5

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.)

(b)(6)

REGISTER NO.

WARD NO.

ISN: (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201*9.202-1

USAPA V2.00

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		0029 07 CID 579 24075
Date / Time	SOAP NOTE		
28 Jan 06 1330	S: 31 y/o male with primary c/o, <i>skin fungus</i> , times 1 hours, days, weeks, <u>months</u> , years. Stated that his condition is: getting worse, unchanged, improved, since health issue began. Patient reports having no pain / pain rated at /10, located at, Pain with / without radiation from the		
Vital Signs	to the vision, itchy / watery eyes, seasonal allergies, sinus congestion / drainage / pressure, ear pain, <u>sore throat</u> that hurts to talk / swallow, cervical LAD, chest pain, non-productive cough, SOB, wheezing, palpitations, irregular heart beat, fever, loss of appetite, nausea,		
T:	Secondary complaints include: HA, eye pain, blurred		
P:	vomiting, diarrhea, constipation, rectal bleeding, blood in stool / urine, pain with urination, MS / joint pain located at with / without radiation to		
R:	Past medical history of; asthma, HTN, DM, CAD, seizures, N/A.		
B/P:			
O2 Sat: %			
	O: Patient is AOX3, serves as his own informant. Interpreter not / <u>present</u> for translation. Patient is / not in <u>ARD</u> . Looks <u>healthy</u> , ill. <u>Well</u> / poor nourished. <u>Well</u> / poor hydrated.		
Allergies:	Appears to be <u>his</u> / older than stated age. Under / <u>average</u> / over weight. Ambulating <u>without</u> / with assistance: cane / crutches.		
NKA	<i>Skin: few scattered light patches & skin is very fair scales.</i>		
Meds & dose: MED log			
1.	A: 1. <i>lotion</i> <i>unavailable</i> 2. <i>(R) am pain 2" MVA Rx (R) am x 1 year ago</i>		
2.			
3.	P: 1. Patient education, return for re-evaluation if problem gets continues or gets worse. 2. Increase PO hydration.		
4.	3. Medications: <i>Doflusan 150 mg #3 T weekly</i>		
5.	<i>OTC NSAID's for (R) am pain</i>		
6.	4. Referral to: <i>X-ray (R) am</i>		
	5. Follow as needed		
	(b)(6)		
ISN:	(b)(6)		COMPOUND #: (b)(6)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
27 APR 05	S: 30 Y/O ♂ 90 pain in (R) hand X 1 Day. Pt states he was playing soccer and fell on his hand.
Temp 98.6°	O: WOUND A/O X3 (+) swelling. Ø Fever. Ø Redness, Ø erythema (+) TTP over distal 5th metacarpal.
	A: Probable Broken bone. (R) hand - CTS n/a for
	P: Ø Pt. ED. 4 Fluids. Ø X-Ray Referral after provider referral
MED.	Ø gave Motrin 400 tid @ 1122h.
Ø	Ø Motin 800 mg tid 1000 ID
	5. NTC as directed /mw
ALL	
NKDA	
TOB.	
Ø	

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.

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USAPA V2.00

(b)(6)

0029 07 C10579 24075

RADIOLOGIC CONSULTATION REQUEST/REPORT

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

EXAMINATION(S) REQUESTED

Ⓡ hand series

(b)(6)

WARD/CLINIC

(b)

(6)

REGISTER NO.

FILM NO.

PREGNANT

☐ YES☐ NO

RE (b)(6)

TELEPHONE/PAGE NO.

SIGNATURE

DATE REQUESTED

28 APR 05

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

30 Y.O. ♂ detainee c/o Ⓡ medial hand rx x 2 days.
 Ⓡ ecchymosis/edema/lrom, Ⓡ TTP over distal
 5th metacarpal. NUS intact.

DATE OF EXAMINATION (Month, day, year)

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

Ⓡ Boxer's fx -
 unsure of age

(b)(6)

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

RADIOLOGIC CONSULTATION
 REQUEST/REPORT
 3 - RADIOLOGY

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

000274

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE _____

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

19 May 05

S) 40 yo c/o ear pain in (L) ear x/months
 Pt has had ear drops + Keflex. Just
 Keflex has worked. (+) fever

Δ wound \rightarrow ADX's NAB Pt has
 infection in (C) ger not in (R) (P) poss
 (P) bleed. Infection is outside

P 92

As per infection

98

ps is pt edu

Temp 99.0

2) Flopi 10 gtt AS QD x 7 days

BP 126/94

3) ~~Arulogon~~ ~~Sti~~ (M)

Q) SATISFACTION

3. The on directed

(b)(6)

(b)(6)

Mac
All
Top

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

(b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRMR (41 CFR) 201-9.202-1

USAPA V2.00

EXHIBIT 18

REMARKS:

*U.S. Government Printing Office: 1992 — 626-741/60290

MASTER PROBLEM LIST

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

MAJOR PROBLEMS

0029 07 010579 24075

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES					
A.							
B.							
C.							
D.							
E.							
F.							
G.							
H.							

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

(b)(6)

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

metron 800mg BID x 10 days
NKDA

L-1-D

FGN

NOTE: DO NOT DISCARD FROM CHART

MENTAL HEALTH SCREEN

ISN

(b)(6)

Date

8 DEC 2004

1. Do you presently have thoughts of killing yourself?
2. Have you ever tried to kill yourself?
3. Are you presently taking a prescribed medication for a mental illness or psychological problem?
4. Do you have any psychological problems right now?
5. Are you currently being treated for a psychological problem?
6. Have you ever been a patient in a psychological hospital?
7. Do you have a history of treatment for illegal drug abuse?
8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib?

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

OBSERVATION

- General appearance adequate
- Behavior adequate
- Evidence of abuse
- Evidence of trauma
- Auditory or Visual Hallucinations
- Appears anxious
- Appears depressed
- Aggressive

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

DISPOSITION

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

(b)(6)

IF MED 115

SCREEN

(b)(6)

0029 07 CID579 24075

SWORN STATEMENT

الشاهد (أفادته) تقرير أو

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

LOCATION المكان 280 th Military Police Det (CID) Camp Bucca, Umm Qasr, IRAQ (CBI), APO AE 09375	تاريخ التاريخ 17 JUL 07	الوقت TIME 1830	رقم التقرير FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME الاسم الثلاثي b(6), b(7)(C)	SSN # / ISN # رقم الهوية b(6), b(7)(C)	STATUS عسكري أم مدني	
ORGANIZATION OR ADDRESS عنوان السكن وإذا كان عسكري (اسم الوحدة وموقعها)			

I, b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH
أريد الادلاء بشهادتي تحت القسم (اليمين)

i'm b(6), b(7)(C) ISN b(6), b(7)(C) i resided in 3A when the murder happened, was present and watch well know what was happened that heroble night the emir of cp 2 who moved to our camp hold an blanket in his hand with 2 persons and they search for location of the victim while the other Takfiri spread every where to assure protection for the killer. the victim try to flee, but they quickly push him toward the blanket and hold him inside the tent which was facing to tent 12 in the first row of the matrix of tent. while he was shout please i'm your brother and i don't do anything for you. they hit him hardly so he shout again my kids with out any advantage then she said (the witness of islam) but they closed his mouth they continue hit him with out interrupted for 20 minet, then he dead. the hard one is abdulhameed al marawi which hit him by slid pipe of the tent pole to break his bones and one caused to throw his eye out. after they finish left the tent and change clothes and take rest as nothing chappend, after 10 minet the hold the body to salty port after they call us for counting and check the site by the guard, we return back the people who is living in the tent clean the tent (inside tent) verry well, some body they allowd him to leave because he was going to vomit

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT الاسم المختصر أو الأحرف الأولى لاسم الشخص الذي يكون التقرير	b(6), b(7)(C)	PAGE 1 OF 3 PAGES الصفحة 1 من مجموع صفحات
---------	--	---------------	--

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

DA FORM 2823

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

1 JUL 72

STATEMENT OF:

TAKEN AT: Camp Bucca, Iraq

DATED:

CONTINUED:

I write down the list of the people who is share or participate in the killing except those those I saw
(1) Amin moved from camp 2 and his friend the emir called b(6), b(7)(C) and 2nd b(6), b(7)(C) and 3rd one in b(6), b(7)(C) b(6), b(7)(C) who is taller than the other one because they are two and the other I saw are.

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

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

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

Q. Do you have anything to add to your Statement?

A. No

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

///END of Statement ///

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

INITIALS OF PERSON MAKING STATEMENT

الاسم المختصر أو الأحرف الأولى لاسم الشخص الذي يكون التقرير

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

PAGE 2 OF 3 PAGES

0029 07 CID579 24075

STATEMENT OF:

TAKEN AT: Camp Bucca, Iraq

DATED:

CONTINUED

STATEMENT (Continued)

AFFIDAVIT (أقرار الشاهد كتابة بالقسم (اليمين)

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

قرأت هذا التقرير والذي يبدأ من الصفحة 1 وينتهي في الصفحة _____. وأفهم تماماً كامل محتويات شهادتي. أن أفادتي صحيحة ووقعت بالأحرف الأولى من أسمى على جميع ما ورد في أفادتي من تصحيحات كما وقعت أيضاً بالأحرف الأولى من أسمى في أسفل كل صفحة من صفحات أفادتي. لقد أدليت بشهادتي بحريه لا أملاً في الحصول على مكافاه أو منفعة ودون تلقي تهديد من أحد على معاقبتي أو أقتاعى

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

أنا الشاهد

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

(Signature of Person Making Statement) توقيع الشخص المحرر للتقرير

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 17th day of July 2008 at 280th MP DET (CID), Camp Bucca, Iraq, APO AE 09375

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

(Signature of Person Administering Oath)

الاسم الكامل للشخص الذي يستلم التقرير

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

(Typed Name of Person Administering Oath)

Title 10 USC 936

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

الاسم المختصر أو الأحرف الأولى لاسم الشخص الذي يكون التقرير

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

PAGE 3 OF 3 PAGES

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

FOLD

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.

DISCLOSURE:			
1. LOCATION	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
Camp Bucca, Iraq, APO AE 09375	2007/07/19	1455	
5. LAST NAME, FIRST NAME, MIDDLE NAME	6. SSN	7. GRADE/STATUS	
b(6), b(7)(C)			

8. ORGANIZATION OR ADDRESS
TIF, Camp Bucca, APO AE 09375

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

We are three detainees with ISN [b(6), b(7)(C)] [b(6), b(7)(C)] [b(6), b(7)(C)] We are told you all what we are know according to what we are saw that night. Also we are inform you about all the ISN who are they involve in the this crime and all the ISN of killers who are they participate that night. Also the ISN the legality commission which gives the orders for killing and ISN of Emirs and the charge persons who leads the attack and as follow:

[illegible]

Translated by:

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

Category II

Category# [REDACTED]
Code# [REDACTED] b(6), b(7)(C)

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

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

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

S OF THE PER
LAW E

0014 07 010774 24 73

SWORN STATEMENT

foreign language

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

LOCATION 280 th Military Police Det (CID) Camp Bucca, Umm Qasr, IRAQ (CBI), APO AE 09375	DATE 19 Jul 07	TIME 1440	FILE NUMBER
LAST NAME FIRST NAME MIDDLE NAME b(6), b(7)(C)	SSN # / ISN # b(6), b(7)(C)	STATUS	
ORGANIZATION OR ADDRESS foreign language			

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

~~we are three detainees have ISN b(6), b(7)(C), b(6), b(7)(C), b(6), b(7)(C)~~
~~we are told you all what we are know according to what we~~
~~are saw that night also we are inform you about all the~~
~~ISN who are they involve in the this crime and all the ISN~~
~~of killers who are they participate that night, also the~~
~~ISN the legitimacy committee which give the order for killing~~
~~and ISN of emirs and the charge persons who lead the~~
~~attack and as follow~~

① ~~legitimacy committee (Sharia court)~~ b(6), b(7)(C)

② ~~emirs and charges,~~ b(6), b(7)(C)

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

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

~~the ISN received the orders from Sharieya court) we are~~
~~enter them with orange & in yellow the are participate and lead~~
~~in crime~~

③ ~~The ISN below, all they are participate to kill the victims~~

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

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

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

Q Do you have anything to add to your statement?

A. no ||| END of Statement |||

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT foreign language	b(6), b(7)(C)	PAGE 1 OF 2 PAGES foreign language
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ____ TAKEN AT ____ DATED ____ CONTINUED."
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE
 INITIALED AS "PAGE ____ OF ____ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE
 LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823

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

1 JUL 72

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

TAKEN AT: Camp Bucca, Iraq

DATED:

CONTINUED:

STATEMENT (Continued)

AFFIDAVIT

foreign language

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 _____. 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.

foreign language

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

(Signature of Person Making Statement)

foreign language

WITNESSES:

Subscribed and sworn to before me, a person authorized to administer oaths, this 19th day of July, 2008, at 280th MP DET (CID), Camp Bucca, Iraq, APO AE 09375.

ORGANIZATION OR ADDRESS

foreign language

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

SA

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Title 10 USC 936

(Authority To Administer Oaths)

foreign language

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

PAGE 2 OF 2 PAGES

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

ROI NUMBER

0029-07-CID579-24075

PAGE 1 OF 4 PAGES

About 1030, 20 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he was not a member of the Shariyat Court in Compound 31A and he did not give any orders to kill Detainee ABDUL RAHIM and further related he does not know anything about this incident. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1100, 20 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no connection to anyone in Compound 31A and that he was not a member of the Shariyat Court. He further related he was asleep during the incident and woke up for ISN count and he did not know the victim. Detainee **b(6), b(7)(C)** stated Americans don't leave anyone alone and they burn everyone dry. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1125, 20 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he did not know anything about the victim or the incident and he was sleeping when the incident occurred and woke up for ISN count. Detainee **b(6), b(7)(C)** further related he has only been at Bucca for one month. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1145, 20 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1150, 21 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1215, 21 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1236, 21 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

About 1300, 21 Jul 07, SA **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** advised Detainee **b(6), b(7)(C)** ISN: **b(6), b(7)(C)** of his rights. Detainee **b(6), b(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **b(6), b(7)(C)** for details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER:

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

21 Jul 07

EXHIBIT

27

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

CID FORM 94

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI-5549 p.107

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000294

10-L-0126 ACLU CID ROI 13871

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

ROI NUMBER

0029-07-CID579-24075

PAGE 2 OF 4 PAGES

About 1315, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he was reading his Koran when the incident occurred and did not hear anything until the ISN count took place. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1415, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he was sitting in his tent on the night of the incident and saw some people carrying Detainee ABDUL RAHIM to the gate and does not know anything else about the incident. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1440, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he was taking a shower when the incident happened and when he finished he saw the victim's body laying at the gate. Detainee [b(6), b(7)(C)] further related he knows nothing about the incident. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1500, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1515, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related while sitting in his tent, he heard a commotion, but did not see anything on the night of the incident. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1540, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1620, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised Detainee [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count which is where he had heard that somebody was beaten. (See Detainee Notification of Rights of Detainee [b(6), b(7)(C)] for details)

About 1630, 21 Jul 07, SA [b(6), b(7)(C)] and Mr. [b(6), b(7)(C)] advised [b(6), b(7)(C)] ISN: [b(6), b(7)(C)] of his rights. Detainee [b(6), b(7)(C)] related he had no knowledge of this incident and was asleep when it happened and woke up for ISN count. Detainee [b(6), b(7)(C)] stated if a picture existed of him leaving the tent where the

TYPED AGENT'S NAME AND SEQUENCE NUMBER:

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

21 Jul 07

EXHIBIT

27

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

CID FORM 94 FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI-5549 p.108

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000295

10-L-0126 ACLU CID ROI 13872

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

For Official Use Only-Law Enforcement Sensitive

ROI NUMBER

0029-07-CID579-24075

PAGE 3 OF 4 PAGES

murder took place, he said he wanted to see it and if he was able to see it, he further stated he would confess to this crime. Detainee **(b)(6), (b)(7)(C)** further related if there was no picture of him leaving the tent where the murder took place, he was asleep. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 1655, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he was sleeping at the time of the incident and he was informed of the beating during the ISN count. Detainee **(b)(6), (b)(7)(C)** further related he was made an outcast by the other detainees because he has no hair on his body and the other detainees think it is the result of a disease. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 1715, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 1740, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 2030, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 2040, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 2055, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

About 2115, 21 Jul 07, SA **(b)(6), (b)(7)(C)** and Mr. **(b)(6), (b)(7)(C)** advised Detainee **(b)(6), (b)(7)(C)** ISN: **(b)(6), (b)(7)(C)** of his rights. Detainee **(b)(6), (b)(7)(C)** related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee **(b)(6), (b)(7)(C)** for details)

TYPED AGENT'S NAME AND SEQUENCE NUMBER:

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

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

DATE

21 Jul 07

EXHIBIT

27

CID FORM 94

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ACLU-RDI 5549 p.109

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

000296

10-L-0126 ACLU CID ROI 13873

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i> <i>For Official Use Only-Law Enforcement Sensitive</i>	ROI NUMBER 0029-07-CID579-24075
	PAGE 4 OF 4 PAGES

About 2140, 21 Jul 07, SA b(6), b(7)(C) and Mr. b(6), b(7)(C) advised Detainee b(6), b(7)(C) ISN: b(6), b(7)(C) of his rights. Detainee b(6), b(7)(C) related he had no knowledge of the incident and was asleep when it happened and woke up for ISN count. (See Detainee Notification of Rights of Detainee b(6), b(7)(C) for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER: SA b(6), b(7)(C), b(7)(F)	ORGANIZATION 280th MP Detachment (CID), Camp Bucca, APO AE 09375	
b(6), b(7)(C)	DATE 21 Jul 07	EXHIBIT 27

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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ROI NUMBER

0029-07-CID579-24075

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About 1900, 23 Jul 07, SA **(b)(6), b(7)(C)** interviewed SSG **(b)(6), b(7)(C)** Medic, Compound 31A, 384th Military Police Battalion (MP BN), Camp Bucca, who related he and CPT **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** Physician's Assistant, Compound 31A, 384th MP BN, Camp Bucca attempted to revive Detainee ABDUL RAHIM by using Cardiopulmonary Resuscitation (CPR) with Ambubag, which met with negative results. SSG **(b)(6), b(7)(C)** further related he thought Detainee ABDUL RAHIM had been in that state for a long period of time, which was made evident by the lack of large amounts of blood which should have emanated from Detainee ABDUL RAHIM'S wounds, during chest compressions, but did not, which led him to suggest that Detainee ABDUL RAHIM had been bled out prior to the detainees carrying him to the gate.

About 1315, 1 Aug 07, SA **(b)(6), b(7)(C)** interviewed CPT **(b)(6), b(7)(C)** who related he and SSG **(b)(6), b(7)(C)** attempted to revive Detainee ABDUL RAHIM by using CPR, which met with negative results. CPT **(b)(6), b(7)(C)** further related Detainee ABDUL RAHIM appeared to be dead, but it was not within his purview to pronounce him dead. CPT **(b)(6), b(7)(C)** further stated Detainee ABDUL RAHIM had to be placed on an EKG machine to make a final determination.

About 1800, 6 Aug 07, this office received the Final Autopsy Examination Report, report number ME 07-0884, Certificate of Death, and the toxicology report from the Armed Forces Institute of Pathology (AFIP), Rockville, MD pertaining to Detainee ABDUL RAHIM. The Final Autopsy Report and the Certificate of Death indicated the cause of death to be multiple blunt and sharp force injuries and the manner of death to be homicide. (See Final Autopsy Report, Certificate of Death, and Toxicology Report for details)

About 1830, 6 Aug 07, SA **(b)(6), b(7)(C)** briefed MAJ **(b)(6), b(7)(C)** SJA, on all aspects of this investigation. MAJ **(b)(6), b(7)(C)** opined this investigation required no further investigative activity by this office.

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

280th MP Detachment (CID), Camp Bucca, APO AE 09375

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

DATE

6 Aug 07

EXHIBIT

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ACLU-RDI 5549 p.111

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10-L-0126 ACLU CID ROI 13901



ARMED FORCES INSTITUTE OF PATHOLOGY
Office of the Armed Forces Medical Examiner
 1413 Research Blvd., Bldg. 102
 Rockville, MD 20850
 301-319-0000



AUTOPSY EXAMINATION REPORT

Name: Abdul Rahim, Mohammed Hashim

ISN: (b)(6)

Date of Birth (b)(6)

Date of Death: (b)(6)

Date of Autopsy: 17 JUL 2007 at 0900

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: NA

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary
 Dover AFB, DE

Date of Report: 30 JUL 2007

Circumstances of Death: According to initial investigative reports, Mohammed Hashim Abdul Rahim was brought to the guard shack, at Theater International Facility, Camp Bucca, Iraq, by other detainees who found him unconscious and bleeding. Despite institution of resuscitative efforts, he was without signs of life when evaluated at the camp hospital.

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

Identification: Detainee serial number

CAUSE OF DEATH: MULTIPLE BLUNT AND SHARP FORCE INJURIES

MANNER OF DEATH: HOMICIDE

FOUO

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AUTOPSY REPORT (b)(6)
 ABDUL RAHIM, Mohammed H.

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AUTOPSY DIAGNOSES:

I. Injuries

A. Head and Neck

1. Midline, vertex of the scalp, laceration, 1-1/2 inches, with adjacent 1-1/4 x 1/2 inch abrasion and evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
2. Occipital scalp on the left side, abrasion, 1/2 x 1/2 inches, with evidence of underlying subgaleal hemorrhage; no underlying skull fracture identified
3. Left fronto-temporal scalp, abrasion, 1 x 1/2 inches
4. Right eyebrow, lateral aspect, contusion, 3/4 x 1/4 inch
5. Right zygomatic area, contusion, 3/4 x 1/2 inch
6. Extensive injuries to the right and left eyes are present
 - a. right eye injuries include:
 - i. upper eyelid, medial, deep penetrating wound, 3/4 inch
 - ii. upper eyelid, lateral, penetrating wound, 1/8 inch
 - iii. lower eyelid, lateral, penetrating wound, 1/8 inch
 - b. left eye injuries include:
 - i. upper eyelid, lateral, ragged penetrating wounds, 1-1/4 inches and 3/4 x 1/2 inch respectively
 - ii. lower lid, medial, penetrating wound, 3/4 x 1/4 inch
 - iii. enucleation of the left globe with tearing of the extra-ocular muscles and transection of the optic nerve
7. Lower lip, mucosal surface, abrasion, 1 inch
8. Absence/avulsion of the anterior 1/3 of the tongue
9. Chin, through-and-through laceration, 1/2 inch defect through the skin surface, communicates with a 3/4 inch defect of the mucosal surface of the lower lip
10. Maxillary injuries include
 - a. fracture of the left side anteriorly
 - b. avulsion of teeth 9 and 11, with associated lacerations of the sockets
 - c. partial avulsion of tooth 8 with associated laceration of the socket
11. Fracture of the nasal bone (radiographically)
12. Fracture of the bones of right ethmoid sinus (radiographically)

B. Torso

1. Posteriorly, complex patterned contusion on the upper back on the left side, extending over a 5 x 4 inch area with evidence of hemorrhage into the subjacent soft tissue
2. Posteriorly, linear contusion, extending from the middle of the lower back to the right posterior axillary fold, 8 x 1 inches
3. Posteriorly, contusion-abrasion, middle of the back on the left, 1 inch in maximal dimension
4. Evidence of hemorrhage into the cervical paraspinal soft tissues posteriorly
5. Evidence of hemorrhage into the soft tissues overlying the right and left scapulae and associated fractures of the right and left scapulae

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AUTOPSY REPORT (b)(6)

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ABDUL RAHIM, Mohammed H.

6. Anteriorly, discontinuous linear patterned contusion, extending from the right shoulder and upper chest, across the middle of the upper chest and onto the left upper chest and shoulder, 22 inches in length, with width varying from 1-1/4 inches up to 2-1/2 inches associated with
 - a. fractures of the sternum and right ribs 2 – 4 at the costo-sternal junction
 - b. associated evidence; of hemorrhage into the adjacent soft tissues of the anterior chest wall
 - c. evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery
 - d. minute (up to 0.2 cm) lacerations of the posterior aorta
 - e. evidence of hemorrhage into the adjacent paraspinous soft tissues
 - f. left hemothorax (50 cc)

C. Extremities

1. Left upper extremity
 - a. faint contusion, posterior elbow, 4 x 3 inches
 - b. fracture dislocation of the left elbow
2. Left lower extremity
 - a. linear superficial abrasion, proximal thigh, antero-medially, 2-1/2 x 1/2 inches
 - b. superficial abrasions surrounding the knee, 1 inch and 2 inches respectively
 - c. complex, discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches
 - d. linear contusion proximal thigh posteriorly, 2 x 1-1/2 inches
 - e. diffuse erythema (contusion) over the popliteal fossa, 8x 5 inches
 - f. evidence of hemorrhage into the soft tissue of the popliteal fossa
 - k. multiple penetrating wounds, extending over the anterior surface of the leg, from the proximal leg to the distal leg, ranging from 1/2 inch up to 1 inch in maximal dimension
 - l. superficial penetrating wound, dorsal surface of the foot, 3/4 inch
 - m. fracture of the proximal tibia
 - n. fracture of the distal tibia and fibula
 - o. fracture of the distal fibula at the lateral malleolus
 - p. multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
3. Right upper extremity
 - a. incised wound through the skin of the antecubital fossa, 2-1/2 x 3/4 inches and evidence of injury to the subjacent neurovascular structures including the brachial artery and antecubital vein
 - b. fracture dislocation of the elbow
4. Right lower extremity
 - a. evidence of hemorrhage into the soft tissue of the right buttock
 - b. linear contusion, proximal thigh, postero-medially, 7 x 1-1/2 inches in maximal dimensions

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AUTOPSY REPORT (b)(6)
ABDUL RAHIM, Mohammed H.

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4. Right lower extremity injuries (cont.)
 - c. linear contusion, postero-lateral proximal thigh extending into the popliteal fossa, 8 x 1 inches
 - d. evidence of hemorrhage into the soft tissue of the popliteal fossa
 - e. discontinuous contusion, antero-lateral surface of the proximal thigh, extending over a 6 x 5 inch area
 - f. diffuse erythema (contusion) surrounding the knee, extends over a 6-1/2 x 5-1/2 inch area
 - g. superficial abrasions, right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively
 - h. discontinuous contusions, anterior surface of the leg, extend over an area 10 x 4 inches
 - i. superficial incised wounds, anterior surface of the leg, range up to 1/2 x 1/2 inch in maximal dimensions
 - j. fracture of the distal femur
 - k. comminuted fractures of the proximal tibia and fibula
 - l. fractures of the distal tibia and fibula
 - m. multiple fractures of the bones of the leg including proximal and distal tibia and fibula
 - n. fracture of the lateral malleolus of the right ankle
 - o. multiple fractures of the bones of the right foot including: the navicular, cuboid, 3rd and 4th metatarsals and the proximal phalanx of the great toe

II. Evidence of Medical Intervention
 Unequivocal evidence of medical intervention is not identified

- III. Evidence of Pre-existing Disease
- A. Well healed, variably pigmented scar extends obliquely over the surface of the right lower abdominal quadrant (consistent with an appendectomy scar)
 - B. Dense pulmonary adhesions extending from the all visceral pleural surfaces to the adjacent parietal pleural surfaces
 - C. Dense fibrous adhesions fuse adjacent loops of small and large bowel together
 - D. Mild to moderate atheromatous narrowing of the left anterior descending coronary artery is noted within 1 cm of its origin
 - E. Evidence of historically remote, healed fracture of the right humerus (radiographically)
 - F. Evidence of bilateral spondylolysis at L5, (radiographically) or descending coronary artery is noted within 1 cm of its origin

- IV. Identifying Marks
- A. Healed surgical scar, right lower abdomen
 - B. (Radiographic) healed right humeral fracture

- V. Toxicology
 Negative

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AUTOPSY REPORT (b)(6)
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- VI. Post-mortem Changes
 A. Resolving rigor mortis
 B. Mild lividity evident posteriorly

EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body, unclothed, is that of a well-developed, 67 inch tall, 162 pounds male whose appearance is consistent with the reported age of 30 years. Lividity is posterior and fixed, rigor is resolving, and the body is cooled to refrigeration temperature.

The scalp is covered with closely trimmed black, hair in the normal male distribution and a full, black moustache and closely trimmed full, black beard are present. The corneas are mildly opacified, the underlying irides are brown. The sclerae are clear. The ears are unremarkable. The nares are patent. The injuries to the mouth have been noted.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. The abdomen is flat. The genitalia are those of a normal circumcised adult male. The testes are descended and free of masses. Pubic hair is present in the usual male distribution. The injury to the right buttock has been noted. The anus is without evidence of trauma or other lesion. Apart from the injuries noted, the upper and lower extremities are symmetric and without clubbing or edema.

CLOTHING AND PERSONAL EFFECTS

There are no items of clothing accompanying the remains. There are no personal effects accompanying the remains.

RADIOGRAPHS

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

- Fracture of the bones of the ethmoid sinus, nasal bones and maxilla
- Fractures of the sternum and costo-sternal fractures, right ribs 2 - 4
- Fracture dislocation of the left elbow complex
- Fracture dislocation of the right elbow complex
- Fracture, remote-healed, of the right humerus
- Fracture of the distal right femur
- Multiple fractures of the right leg, including the proximal and distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the right foot including: the navicular, cuboid, 3rd and 4th metatarsals and the proximal phalanx of the great toe
- Fractures of the left leg include the proximal tibia, the distal tibia and fibula, and the lateral malleolus of the ankle
- Multiple fractures of the bones of the left foot including: the cuneiforms and the 1st and 3rd metatarsals
- Absence of radio-opaque foreign material

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EVIDENCE OF INJURY

Scalp injuries include a 1-1/2 cm laceration of the vertex of the scalp associated with underlying , an adjacent 1-1/4 inch superficial abrasion and a 1/2 inch superficial abrasion of the occipital scalp. Facial injuries include a 3/4 inch contusion lateral to the right eyebrow, a 3/4 inch contusion over the right cheek and a through-and-through laceration of the chin. Injuries to the right eye include two penetrating wounds of the upper eyelid (1/8 up to 3/4 inch), and a penetrating wound of the lower eyelid (1/8 inch). The left eye has been enucleated from the socket and the optic nerve severed. The extra-ocular muscles of the eye have been lacerated, as have the upper eyelid (two penetrating wounds, 1-1/4 and 3/4 inches in maximal dimensions respectively) the lower eyelid (a 3/4 inch penetrating wound). A 1 inch abrasion is present on the mucosal surface of the lower lip, and inferior to this, a 3/4 inch laceration is continuous with the laceration to the chin. Teeth 9 and 10 are avulsed from their sockets in the maxilla, and tooth 8 is partially avulsed. There is evidence of abundant hemorrhage into and around the associated sockets. The anterior one-third of the tongue is absent. Radiographically identified injuries include fractures of the nasal bones, the bones of the right ethmoid sinus and the maxillary bone.

Torso injuries include: a complex 5 x 4 inch patterned contusion of the upper back on the left side; a linear 8 x 1 inch contusion, extending from the middle of the lower back to the right posterior axillary fold and a 1 inch contused abrasion in the middle of the back on the left side. Anteriorly, a ribbon-like, discontinuous linear patterned contusion, 22 inches long, extends from the shoulders onto the chest. Direct examination of the subjacent tissues discloses underlying injuries including: hemorrhage into the soft tissues of the anterior chest wall (associated with fractures listed below); evidence of adventitial and peri-adventitial hemorrhage adjacent to the left anterior descending coronary artery; minute (0.2 cm maximum) lacerations of the posterior aorta; evidence of hemorrhage into the adjacent paraspinal soft tissues, and a left hemothorax (50 cc). Additionally, there is evidence of hemorrhage into the cervical paraspinal soft tissues and into the soft tissues overlying the right and left scapulae. Radiographically defined torso injuries include fractures of the right and left scapulae, and fractures of the sternum and the right second through fourth ribs on the right, at the costo-sternal junction.

Left extremity injuries include: a contusion around the elbow, 4 x 3 inches; a fracture dislocation of the left elbow; complex, a linear superficial abrasion of the proximal thigh (2-1/2 x 1/2 inches); superficial abrasions surrounding the knee (up to 2 inches in maximal dimension); a discontinuous contusion, anterior surface of the distal thigh and knee, 7 x 5 inches; a linear contusion posterior thigh (2 x 1-1/2 inches); a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa, and multiple incised wounds of the leg anteriorly (ranging up to 1 inch in maximal dimension), as well as a superficial, 3/4 inch incised wound of dorsum of the foot. Radiographically defined lesions of the left lower extremity include fractures of: the proximal tibia; the distal tibia and fibula; the lateral malleolus; the cuneiform bones of the midfoot and the first and third metatarsals of the forefoot.

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EVIDENCE OF INJURY

(cont.)

Right extremity injuries include: an incised wound of the antecubital fossa (2-1/2 inches in maximal dimension) associated with injuries to the underlying brachial artery and antecubital vein; a fracture dislocation of the elbow; evidence of hemorrhage into the buttock; a linear contusion of the postero-medial surface of the proximal thigh (7 inches in maximal dimension); a linear contusion of the postero-lateral surface of the proximal thigh, which extends into the popliteal fossa (8 inches in maximal dimension); linear contusion posterior thigh (2 x 1-1/2 inches); superficial abrasions over the anterior surface of the right knee, 1/2 x 1/4 inch and 1 x 3/4 inch, respectively; a contusion of the popliteal fossa; evidence of hemorrhage into the soft tissue of the popliteal fossa; a discontinuous contusion of the antero-lateral surface of the proximal thigh which extends over a 6 x 5 inch area; diffuse erythema surrounding the knee which extends over a 6-1/2 x 5-1/2 inch area; discontinuous contusions over the anterior surface of the leg, extending over a 10 x 4 inch area; and superficial incised wounds of the anterior surface of the leg (up to 1/2 inch in maximal dimension). Radiographically defined lesions of the left lower extremity include fractures of: the distal femur; the proximal tibia and fibula; the distal tibia and fibula; the lateral malleolus, and multiple bones of the foot including the navicular, the cuboid, the 3rd and 4th metatarsals and the proximal phalanx of the great toe

INTERNAL EXAMINATION**HEAD:**

Injuries to the scalp and face have been described. The blood vessels overlying the 1570 gram brain are engorged. The sulci and gyri are unremarkable, and on coronal sections, the demarcation between white and gray matter is distinct. There is no evidence of hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. Posteriorly, there is evidence of hemorrhage into the soft tissue surrounding the cervical spine. The anterior third of the tongue is absent

BODY CAVITIES:

Hemorrhage surrounds the fractured sternum and fractures of the costo-sternal joints of the 2nd through 4th ribs on the right. Dense fibrous adhesions extend between the lung surfaces and the parietal pleural surfaces. Bilateral pneumothoraces are present (radiographically). Approximately 50 cc of blood is present in the left hemithorax. There is no excess fluid in the right pleural space. No excess blood or fluid is present either in the pericardial sac, or in the peritoneal cavity. The organs of the thorax, abdomen and pelvis occupy their usual anatomic positions.

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AUTOPSY REPORT (b)(6)
 ABDUL RAHIM, Mohammed H.

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INTERNAL EXAMINATION

(cont.)

RESPIRATORY SYSTEM:

The right and left lungs weigh 580 and 460 gm, respectively. The dense fibrous adhesions over the plural surfaces have been noted. The pleural surfaces are otherwise unremarkable, and on section, the pulmonary parenchyma is uniformly deep purple, without evidence of mass lesion or areas of consolidation. The proximal airway is unremarkable.

CARDIOVASCULAR SYSTEM:

The 280 gm heart is contained in an intact pericardial sac. Adjacent to the pulmonary artery, along the posterior surface of the base of the heart, is a 0.6 cm contusion. The epicardial surface is otherwise smooth, with scant fat investment. The coronary arteries are present in a normal distribution. Petechial hemorrhage permeates the epicardial fat surrounding the proximal segment of the left anterior descending coronary artery. There is no evidence of an atheromatous lesion or thrombus. The remaining coronary arterial vessels are unremarkable. The myocardium is homogenous, red-brown, and firm without evidence of focal lesion or injury. The valve leaflets are thin and mobile. The walls of the left and right ventricular free walls are 1.0 and 0.2 cm thick, respectively; the interventricular septum is 0.9 cm thick. The endocardium is red-brown and without evidence of focal lesion or injury. The aorta arises and is distributed in the usual pattern. Hemorrhage into the soft tissue adjacent to the thoracic vertebral column emanates from several minute (less than 0.1 cm) lacerations in the posterior aortic wall. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1400 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 8 cc of green-black bile. There are no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 180 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. There is no focal lesion or evidence of injury.

ADRENALS:

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

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AUTOPSY REPORT (b)(6)
 ABDUL RAHIM, Mohammed H.

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INTERNAL EXAMINATION

(cont.)

GENITOURINARY SYSTEM:

The right and left kidneys weigh 100 and 120 gm, respectively. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 30 cc of clear yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 40 cc of partially digested food. There are no pill fragments identified. The gastric wall is intact. The colonic segments and loops of small bowel are fused together by focally dense fibrous adhesions. Otherwise, the segments of the gastrointestinal tract are intact and unremarkable. The appendix is absent.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. Apart from the recent and remote (healed) injuries noted, no bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Small sections of formalin fixed tissue are retained for microscopy as necessary.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by the OAFME staff photographers.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous fluid, bile, urine, gastric contents, brain, myocardium, lung, liver, spleen, kidney, adipose tissue and skeletal muscle.
- Full body radiographs are obtained and reflect injuries described above.
- Selected portions of organs are retained in formalin, without preparation of histologic slides.
- Fingernail parings are obtained from both hands, sealed in marked evidence envelopes, and custody maintained by Army CID.
- The dissected organs are forwarded with the body.
- Personal effects are released to the appropriate mortuary operations representatives.

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AUTOPSY REPORT (b)(6)
ABDUL RAHIM, Mohammed H.

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OPINION

According to initial investigative reports, Mohammed Hashim Abdul Rahim was brought to the camp guard shack by other detainees who found him unconscious and bleeding. On transport to the facility hospital, it is reported that he was pulseless, without blood pressure and that his pupils were fixed and dilated.

At post-mortem exam, it is found that the decedent sustained multiple blunt and sharp force injuries. Individually, these injuries are sub-lethal; in aggregate however, the injuries caused loss of blood sufficient to result in death. Additionally, the intensity of the pain associated with the combined injuries would generate immense sympathetic nervous system stimulation such that a possible contributory cardiac dysrhythmia cannot be excluded.

Finally, multiple dense pulmonary adhesions as well as bowel adhesions (indicative of prior infectious diseases) suggest that the decedent may have had a diminished reserve capacity to withstand injury and the pain induced when the injuries were inflicted.

The manner of death is homicide.

(b)(6)

(b)(6) Medical Examiner

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

REPLY TO
ATTENTION OF

AFIP-CME-T

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)

Name

ABDUL RAHIM, MOHAMMED

SSAN: (b)(6) **Autopsy:** (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: July 27, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b)(6) 2007

Date Received: 7/19/2007

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

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

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

None were found.

(b)(6)

(b)(6)

Medical Examiner

*This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the
FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

FOR OFFICIAL USE ONLY

(b)(6)

ISA

003/004

PAGE 04/05

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)								
NAME OF DECEASED (Last, first, middle) Nom du décédé (Nom et prénom) BTB Abdul Rahim, Mohammed, Hashim			GRADE Grade Civilian		BRANCH OF SERVICE Armée Civilian		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
ORGANIZATION Organisation			NATION (e.g. United States) Pays Iraq		DATE OF BIRTH Date de naissance (b)(6)		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
RACE Race		MARITAL STATUS État civil		RELIGION Culte				
<input checked="" type="checkbox"/> CAUCASOID Caucasien		<input type="checkbox"/> SINGLE Célibataire		<input type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)		
<input type="checkbox"/> NEGROID Négre		<input type="checkbox"/> MARRIED Marié		<input type="checkbox"/> CATHOLIC Catholique				
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf		<input type="checkbox"/> JEWISH Juif				
NAME OF NEXT OF KIN Nom du plus proche parent				RELATIONSHIP TO DECEASED Parenté du décédé avec le sud				
STREET ADDRESS Domicile à (Rue)				CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)				
MEDICAL STATEMENT Déclaration médicale								
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Préciser une seule cause par ligne)						INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort				Multiple blunt and sharp force injuries				
ANTECEDENT CAUSES Symptômes précursseurs de la mort		MORSEID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition mortelle, s'il y a lieu, menant à la cause primaire						
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition mortelle, s'il y a lieu, menant à la cause primaire						
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives								
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non				CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort survenues par des causes extérieures		
<input type="checkbox"/> NATURAL Mort naturelle		MANNER OF DEATH REPORT Mort de l'assassinat						
<input type="checkbox"/> ACCIDENT Mort accidentelle								
<input type="checkbox"/> SUICIDE Suicide								
<input checked="" type="checkbox"/> HOMICIDE Homicide		(b)(6)		DATE Date 17 July 2007		AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non		
DATE OF DEATH (day, month, year) Date du décès (le jour, le mois, l'année) (b)(6) 2007 0101				PLACE OF DEATH Lieu de décès Iraq				
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSE AS STATED ABOVE. J'ai examiné les restes mortels du défunct et certifie que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.								
NAME OF MEDICAL EXAMINER Nom du médecin légiste ou du médecin sanitaire (b)(6)				TITLE OR DISGREE Titre ou diplôme Deputy Medical Examiner				
GRADE Grade (b)(6)		INSTALLATION OR ADDRESS Institution ou adresse Dover AFB, Dover DE						
DATE Date 7/17/2007		(b)(6)						

DD FORM 1 APR 77 2064

REPLACES DA FORM 3025, 1 JAN 72 AND DA FORM 3025-RP-AS, 26 SEP 75, WHICH ARE OBSOLETE.

AGENT'S INVESTIGATION REPORTMENT SEN

0152-07-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: On 14 July 07, this office received a Request for Assistance (RFA) from SA (b)(6), (b)(7)(C) 280th Military Police Detachment (CID), Camp Bucca, IZ, APO AE 09375. The request required this office to attend the autopsy of Detainee Rahim Mohammed Hashim ABDUL, Internment Serial Number US (b)(6), (b)(7)(C) Compound 31, Theater Internment Facility, Camp Bucca, IZ APO AE 09375.

About 0830, 17 July 07, SA (b)(6), (b)(7)(C) this office attended the autopsy of Detainee ABDUL (ME # 0844-07), which was conducted by Dr (CDR) (b)(6), (b)(7)(C) Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was opined as following: Cause: Multiple Blunt Force Injuries. Manner: Homicide. Photographs from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD and fingerprints for details)

About 1100, 17 July 07, SA (b)(6), (b)(7)(C) collected a vile containing the blood of Detainee ABDUL and fingernail scrapings from Detainee ABDUL, which was documented on a DA 4137, Evidence/Property Custody Documents (EPCD), voucher number (VN) 058-07. (See DA Form 4137, EPCD for details)

On 19 July 07, the evidence collected was send certified mail United States Army Criminal Investigative Laboratory (USACIL) for further analysis.

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 //////////

SA (b)(6), (b)(7)(C), (b)(7)(F)	APG Resident Agency (CID)	
Spe	APG, MD 21005	
Sig	Date: 1 Aug 07	Exhibit: 56

CID Form 94

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

FORENSIC LABORATORY EXAMINATION REQUEST

1. TO: Director <input checked="" type="checkbox"/> USACIL 4930 N. 31 st Street Forest Park, GA 30297-5205 <input type="checkbox"/> Other (Specify):		2. FROM: Special Agent in Charge Aberdeen Proving Ground Resident Agency (CID) APG, MD 21005 3. RETURN EVIDENCE TO: Special Agent in Charge 280 th MP Detachment (CID) ATTN: Evidence Custodian Camp Arifjan, Kuwait APO AE 09365		4. EXAM PRIORITY: <input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> EXPEDITE <input type="checkbox"/> Trial/Article 32/39A* <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist* <input type="checkbox"/> Other (Specify in Block 13) *Date:		5. LAB USE ONLY a. LAB CASE # b. METHOD OF RECEIPT c. RECEIVED BY/DATE	
6. SUBMITTING AGENCY CASE NUMBER 0029-07-CID579-24075				7. TYPE OF OFFENSE Murder			
8. PREVIOUS EVIDENCE SUBMITTED DATE: 19 July 07 MAIL METHOD: Certified Registered LAB CASE #: unknown SUSPECT(S): unknown							
9. SUSPECT(S) [Last, First and Middle Name(s)] Unknown				9. VICTIM(S) [Last, First and Middle Name(s)] ABDUL, Rahim, Mohammed Hashim			
11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (i.e., Summary of investigation, crime scene sketches/photographs, statements) See Initial Report							
12. EVIDENCE SUBMITTED							
a. EXHIBIT		b. DESCRIPTION OF EXHIBIT					
		FWD TO USACILS CHARGE LAB FOR EXAMINATION Registered mail RA895 398 879 US 19 July 07					

DD FORM 2922, JUL 2006

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

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ACLU-RDI 5549 p.125

10-L-0126 ACLU CID RDI 14036

EXHIBIT 58

12. EVIDENCE SUBMITTED (Continued)

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT
1.	Vial containing blood of ABDUL (Item 1, DN 0058-07) *Biohazard*
2.	Envelope containing Left Hand Fingernail Scrappings of ABDUL (Item 2, DN 0058-07) *Biohazard*
3.	Envelope containing Right Hand Fingernail Scrappings and Fingernail Clipper of ABDUL (Item 3, DN 0058-07) *Biohazard*

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

Serology /DNA Evidence DIV: Please review attached Lab Request sent by the original investigating office and conduct examination based upon initial request. Please conduct any and all other examinations you deem necessary.

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

SA [REDACTED]
SA [REDACTED]

b. TELEPHONE (Primary/Alt): _____

c. DSN (Primary/Alt): 318-430-1537/ 318-853-1146

d. Fax: _____

e. E-Mail: [REDACTED]@bucca.iraq.army.mil

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

a. DATE

19 July 07

b. TYPED/PRINTED NAME OF REQUESTOR

SA [REDACTED]
c. S [REDACTED]

d. TELEPHONE (Primary/Alt): 410-278-4042

e. DSN (Primary/Alt): 298-4042/5261

f. Fax: _____

g. E-Mail: [REDACTED]@apg.army.mil

16. Lab Use Only

Lab Case #

EXHIBIT

CHAIN OF CUSTODY (Continued)

00152-07-CID-11X
0024-07-CID-11X 24075

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

FINAL DISPOSITION ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) _____

DESTROY _____

OTHER (Specify) _____

FINAL DISPOSITION AUTHORITY

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

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

(Typed/Printed Name, Grade, Title)

(Signature)

(Date)

WITNESS TO DESTRUCTION OF EVIDENCE

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

(Typed/Printed Name, Organization)

(Signature)

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0029-07-CID579-24075

CID Regulation 195-1

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PAGE 1 OF 1 PAGES

About 1410, 30 Nov 07, this office received the final United States Army Criminal Investigation Laboratory (USACIL) Report, Case Number 2007-CID141-1418/A1, dated 1 Nov 07. The report indicated blood was found on the coveralls, T-shirt and underpants, and deoxyribonucleic acid (DNA) was extracted from the items. A mixture of two DNA profiles was obtained, with most matching the victim. The remaining partial DNA profile was submitted to the combined DNA index system (CODIS).

About 1430, 30 Nov 07, coordination with LT **b(6), b(7)(C)** Liaison Officer, Central Criminal Court of Iraq, Baghdad, revealed forensic evidence was not considered by the court when making a decision regarding guilt and the DNA finding had no bearing on the prosecution.

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

68th MP Detachment (CID), Camp Bucca, APO AE 09375

SIGN

DATE

30 Nov 07

EXHIBIT

CID FORM 94

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

ACLU-RDI 5549 p.129

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

EXHIBIT 60 000460

10-L-0126 ACLU CID ROI 14040

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

1 November 2007

INTERIM LABORATORY EXHIBIT LISTING

SUBJECT: USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

EXHIBITS:

- 1 - Blood sample of ABDUL (Item 1, Doc 0058-07).
- 2 - Fingernails of ABDUL (Item 2, Doc 0058-07).
- 3 - Fingernails and clippers of ABDUL (Item 3, Doc 0058-07).
- 4 - Coveralls (Item 1, Doc 127-07).
- 5 - T-shirt (Item 2, Doc 127-07).
- 6 - Underpants (Item 3, Doc 127-07).

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE 1 of 1

ACLU-RDI 5549 p.130

10-L-0126 ACLU CID RDI 14041

000461

EXHIBIT 64

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE



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

CILA-DNA

18 October 2007

MEMORANDUM FOR SPECIAL AGENT IN CHARGE, 280TH MILITARY POLICE
DETACHMENT, (CID), CAMP BUCCA, IRAQ, APO AE 09375

SUBJECT: DNA Branch - Final Report
USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

EXHIBITS:

- 1 - Blood sample of ABDUL (Item 1, Doc 0058-07).
- 2 - Left hand fingernails of ABDUL (Item 2, Doc 0058-07).
- 3(1-2) - Right hand fingernails and clippers of ABDUL (Item 3, Doc 0058-07).
- 3(1) - Fingernails.
- 3(2) - Clippers.
- 4 - Coveralls (Item 1, Doc 127-07).
- 5 - T-shirt (Item 2, Doc 127-07).
- 6 - Underpants (Item 3, Doc 127-07).

FINDINGS:

1. Blood was identified on the coveralls, T-shirt, and underpants.
2. A blood standard stain card was prepared from the blood sample of ABDUL.
3. No examinations were performed on the clippers.
4. DNA (deoxyribonucleic acid) was extracted from the following samples: left hand fingernails-swabbing, right hand fingernails-



AN ASCLD/LAB ACCREDITED LABORATORY (SINCE 1985)

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

1 of 3

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

CILA-DNA

SUBJECT: DNA Branch - Final Report
USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

swabbing, coveralls-10 areas, T-shirt-5 areas, underpants-5 areas, and blood/ABDUL.

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

6. The DNA profile obtained from the coveralls-10 areas, T-shirt-5 areas, and underpants-5 areas matches the DNA profile obtained from the blood of ABDUL. Additional genetic typing information was detected in the DNA profile obtained from the underpants-area 1 but cannot be conclusively interpreted.

7. No DNA profile foreign to ABDUL was obtained from the left hand fingernails-swabbing.

8. A mixture of DNA profiles from at least two individuals was obtained from the right hand fingernails-swabbing.

- A. The major DNA profile obtained matches the DNA profile obtained from the blood of ABDUL.
- B. The remaining partial DNA profile obtained is consistent with originating from an unknown individual.
- C. The remaining partial DNA profile will be submitted to CODIS (Combined DNA Index System).

9. The DNA results may be compared to other potential DNA contributors when suitable standards for comparison are submitted to this laboratory.

10. The above listed exhibits will be returned to the submitting agency upon completion of laboratory testing. Retain the blood standard stain card prepared from the blood of ABDUL and swabs collected from the left and right hand fingernails with the evidence.

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2 of 3

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CILA-DNA

SUBJECT: DNA Branch - Final Report
USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

11. Two original reports have been produced. These reports were completed at or near the time of the forensic examination(s) and prepared in the ordinary course of business by the undersigned. These reports were made by the regularly conducted activity as a regular practice of the United States Army Criminal Investigation Laboratory. Point of contact is the Evidence Processing Branch, DSN 797-7082/7109/7110/4612/4613/4614, Commercial (404) 469-7082/7109/7110/4612/4613/4614, Fax DSN 797-4615, or Email: usacil@conus.army.mil.

A black rectangular redaction box covering the signature of the Forensic DNA Examiner.

Forensic DNA Examiner

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3 of 3

ACLU-RDI 5549 p.133

10-L-0126 ACLU CID ROI 14044

EXHIBIT 64
000464

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

5 September 2007

INTERIM LABORATORY EXHIBIT LISTING

SUBJECT: USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

EXHIBITS:

- 1 - Blood sample of ABDUL (Item 1, Doc 0058-07).
- 2 - Fingernails of ABDUL (Item 2, Doc 0058-07).
- 3 - Fingernails and clippers of ABDUL (Item 3, Doc 0058-07).
- 4 - Coveralls (Item 1, Doc 127-07).
- 5 - T-shirt (Item 2, Doc 127-07).
- 6 - Underpants (Item 3, Doc 127-07).

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE 1 of 1

ACLU-RDI 5549 p.134

10-L-0126 ACLU CID ROI 14045

EXHIBIT

64



FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

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

CILA-TE

24 August 2007

MEMORANDUM FOR SPECIAL AGENT IN CHARGE, 280TH MILITARY POLICE
DETACHMENT, (CID), CAMP BUCCA, IRAQ, APO AE 09375

SUBJECT: Trace Evidence Branch - Final Report
USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

EXHIBITS:

- 2 - Fingernails of ABDUL (Item 2, Doc 0058-07).
- 3 - Fingernails and clippers of ABDUL (Item 3, Doc 0058-07).
- 4 - Coveralls (Item 1, Doc 127-07).
- 5 - T-shirt (Item 2, Doc 127-07).
- 6 - Underpants (Item 3, Doc 127-07).

FINDINGS:

1. Foreign fibers and miscellaneous debris were collected from Exhibits 2, 3, 4, 5, and 6. None of the fibers were present in sufficient quantity and/or type to attribute any potential significance to them without a possible source for comparison purposes. If a possible source(s) for these foreign fibers becomes available and the source is pertinent to the case, please resubmit these exhibits along with the possible source(s) for fiber comparisons.

2. Hairs were recovered from Exhibits 4, 5, and 6. No judgment as to the suitability of these hairs for examination has been made. If hair analysis is deemed necessary by your office, please contact the USACIL Investigative Support Branch for



AN ASCLD/LAB ACCREDITED LABORATORY (SINCE 1985)

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1 of 2

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

CILA-TE

SUBJECT: Trace Evidence Branch - Final Report
USACIL Case Number 2007-CID131-1418/A1
Submitter Case Number 0029-07-CID579-24075

coordination to have this examination conducted by an external source. No hairs were observed on Exhibits 2 or 3.

3. Two original reports have been produced. These reports were completed at or near the time of the forensic examination(s) and prepared in the ordinary course of business by the undersigned. These reports were made by the regularly conducted activity as a regular practice of the United States Army Criminal Investigation Laboratory. Point of contact is the Evidence Processing Branch, DSN 797-7082/7109/7110, Commercial (404) 469-7082/7109/7110/4612/4613/4614, Fax DSN 797-4615, or Email: usacil@conus.army.mil.

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

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

Forensic Chemist Intern

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

Forensic Chemist