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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

03 Jan 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0040-2007-CID579-24081 - 5H1C /
5X1

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 13 SEP 2007, 0230 - 13 SEP 2007, 0430; TENT 20, COMPOUND 24 A, THEATER
INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IRAQ

DATE/TIME REPORTED: 13 SEP 2007, 0430

INVESTIGATED BY:

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

SUBJECT:

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

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

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

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

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

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

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

VICTIM:

1. ABULLA, MOHAMMAD KHUDAYER (DECEASED); CIV; IRAQ; (DOB); (POB);
MALE; OTHER; INTERNMENT SERIAL NUMBER (b)(6), (b)(7)(C) COMPOUND
24A, THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, APO AE 09375, IZ; XZ ;
[MURDER], [CONSPIRACY]

INVESTIGATIVE SUMMARY:

“This is an Operation Iraqi Freedom Investigation”

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On 13 Sep 07, this office was notified by Senior Chief Petty Officer (SCPO) (b)(6), (b)(7)(C) Battle Captain, Vigilance Tactical Operations Center (TOC), Theater Internment Facility (TIF), Camp Bucca, that a detainee who was assigned to Compound 24A had died at the hospital.

Investigation determined Detainees (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) who were judges of the Shariyat Court, a religious court set up by the detainees for infractions of Islamic law, had sentenced Detainee ABULLA to death for speaking of being released from the TIF in the near future. Detainees (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) then knocked Detainee ABULLA to the ground and strangled him using an unknown object. At 0425, 13 Sep 07, DR (CPT) (b)(6), (b)(7)(C) attending physician, 31st Combat Support Hospital (CSH), Camp Bucca, pronounced Detainee ABULLA dead.

Detainees (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) were inadvertently released from the TIF prior to being interviewed. Efforts are on going by the Central Criminal Court of Iraq (CCCI) for their recapture and internment.

An autopsy conducted determined the cause of death to be Ligature Strangulation 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:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 20 Sep 07, detailing the basis for investigation, coordinations and witness interviews.
2. Photographic Packet. (Victim)(USACRC, USACIDC, and file copy only)
3. Photographic Packet. (Crime Scene)

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4. Compact Disc containing all original images associated with Exhibits 2 and 3. (USACRC, USACIDC and file copies only)
5. Crime Scene Sketch, prepared by SA (b)(6), (b)(7)(C) 13 Sep 07.
6. Statement of 1LT (b)(6), (b)(7)(C) 13 Sep 07.
7. Statement of SGT (b)(6), (b)(7)(C) 13 Sep 07.
8. Statement of SSG (b)(6), (b)(7)(C) 13 Sep 07.
9. Statement of SGT (b)(6), (b)(7)(C) 13 Sep 07.
10. Statement of SGT (b)(6), (b)(7)(C) 13 Sep 07.
11. Statement of SPC (b)(6), (b)(7)(C) 13 Sep 07.
12. Statement of SSG (b)(6), (b)(7)(C) 13 Sep 07.
13. Canvass Interview Worksheet, 14 Sep 07.
14. Hospital Report of Death, Certificate of Death, and patient medical records pertaining to Detainee ABULLA, various dates.
15. Arabic statement of Detainee (b)(6), (b)(7)(C) 21 Sep 07. (USACRC, USACIDC, and file copy only)
16. English translation of Detainee (b)(6), (b)(7)(C) statement, 21 Sep 07, translated by Linguist Mr. (b)(6), (b)(7)(C)
17. Arabic statement of Detainee (b)(6), (b)(7)(C) 21 Sep 07. (USACRC, USACIDC, and file copy only)
18. English translation of Detainee (b)(6), (b)(7)(C) statement, 21 Sep 07, translated by Linguist Mr. (b)(6), (b)(7)(C)

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19. AIR of SA (b)(6), (b)(7)(C) 13 Sep 07, detailing the Crime Scene Examination.
20. AIR of SA (b)(6), (b)(7)(C) 5 Oct 07, detailing the subject interviews.
21. Detainee Notification of Rights, 5 Oct 07, pertaining to Detainee (b)(6), (b)(7)(C)
22. Detainee Notification of Rights, 5 Oct 07, pertaining to Detainee (b)(6), (b)(7)(C)
23. Detainee Notification of Rights, 5 Oct 07, pertaining to Detainee (b)(6), (b)(7)(C)
24. Detainee Notification of Rights, 5 Oct 07, pertaining to Detainee (b)(6), (b)(7)(C)
25. Detainee Notification of Rights, 5 Oct 07, pertaining to Detainee (b)(6), (b)(7)(C)
26. AIR of SA (b)(6), (b)(7)(C) Aberdeen Proving Ground Resident Agency, 26 Sep 07.
27. Photographic Packet. (Autopsy)(USACRC, USACIDC, and file copy only.
28. AIR of SA (b)(6), (b)(7)(C) 27 Dec 07, detailing the receipt of Final Information Report, Final Autopsy and Toxicology Report and SJA coordination.
29. AIR of SA (b)(6), (b)(7)(C) Camp Cropper CID Office, Camp Cropper, APO AE 09342, 21 Nov 07, detailing the basis of investigation and subject interview.
30. Notification Before Questioning Form, 21 Nov 07.
31. Report of Toxicological Examination, accession number 3072355, 3 Oct 07.
32. Autopsy Report number ME07-1163, 29 Nov 07.

Not Attached.

None.

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The original of Exhibits 1 thru 13, and 15 thru 30 are attached to the USACRC copy of this report. The original of Exhibit 14 is retained in the Patient Administration Division (PAD), TIF, Camp Bucca. The original of Exhibits 31 and 32 are maintained at the Armed Forces Institute of Pathology (AFIP, Rockville, DC 20306).

STATUS: This is a Final (C) Report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required. This report is forwarded to CCCI for consideration and action as appropriate.

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

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

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1-DIR AFIP AFME WASH, DC
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1-22nd MP BN (CID)(OPERATIONS)
1-280th MP DETACHMENT (CID), ARIFJAN, KUWAIT
1-31ST COMBAT SUPPORT HOSPITAL (CSH), CAMP BUCCA, UMM QASR,
IRAQ, APO AE 09375
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1-CAMP BUCCA CID OFFICE, 280th MP DET (CID), UMM QASR, IRAQ, APO
AE 09375
1-STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE
09375
1-FILE

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10-L-0126 ACLU DDII CID ROI 17005

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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ROI NUMBER

0040-07-CID579-24081

PAGE 1 OF 2 PAGES

BASIS FOR INVESTIGATION: About 0430, 13 Sep 07, this office was notified by Senior Chief Petty Officer (SCPO) (b)(6), (b)(7)(C) Battle Captain, Vigilance Tactical Operations Center (TOC), Theater Internment Facility (TIF), Camp Bucca, that a detainee who was assigned to Compound 24A had died in the TIF Hospital, Camp Bucca.

About 0530, 13 Sep 07, SA (b)(6), (b)(7)(C) exposed digital photographs of the remains of Detainee Mohammad Khudayer ABULLA, (b)(6), (b)(7)(C) while in the Emergency Room (E/R), TIF Hospital, Camp Bucca, using a Nikon Coolpix 995 digital camera. (See Photographic Packet for details)

About 0545, 13 Sep 07, SA (b)(6), (b)(7)(C) interviewed Dr. (CPT) (b)(6), (b)(7)(C) attending physician, 31st Combat Support Hospital (CSH), E/R, TIF Hospital, Camp Bucca, who stated he was in the E/R when Detainee ABULLA arrived he noticed ligature marks on his neck area and showed no signs of life. Dr. (b)(6), (b)(7)(C) further stated Detainee ABULLA'S pupils were fixed and dilated, with no pulse or blood pressure present and was intubated to secure an airway. Detainee ABULLA was administered Epinephrine and Atropine with no return to consciousness. Detainee ABULLA was further monitored a systole with two leads. Dr. (b)(6), (b)(7)(C) pronounced Detainee ABULLA dead at 0425, 13 Sep 07.

About 1030, 13 Sep 07, SA (b)(6), (b)(7)(C) collected sworn statements from 1LT (b)(6), (b)(7)(C) D Co., 2/124th Infantry, Compound Commander, Compound 24A, who obtained statements from the guards assigned to Compounds 24A relating to their actions and observations when Detainee ABULLA was discovered in the sally port of Compound 24A. (See Sworn Statements for details)

About 1045, 13 Sep 07, SA (b)(6), (b)(7)(C) interviewed PFC (b)(6), (b)(7)(C) D Co., 2/124th Infantry, related at the time Detainee ABULLA was discovered in the sally port of Compound 24A, he was unaware of the identity of any of the detainees who may have carried Detainee ABULLA to the sally port and did not see any detainees carrying him to the sally port.

About 1450, 13 Sep 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) Category 2 Linguist, L-3 Titan, this office, interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) who was the father of Detainee ABULLA. Detainee (b)(6), (b)(7)(C) was unable to assist in this investigation.

About 1910, 13 Sep 07, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) Medic, 36th Area Support Medical Company (ASMC), TIF Hospital, Camp Bucca, who related his actions upon arrival at the scene where Detainee ABULLA was discovered. (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)(6), (b)(7)(C)

ORGANIZATION

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

DATE

21 Sep 07

EXHIBIT

0126 ACLU DDJ CID ROI 17006

(Automated)

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

ACLU-RDI 5552 p.8

000008

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0040-07-CID579-24081

CID Regulation 195-1

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PAGE 2 OF 2 PAGES

About 1916, 13 Sep 07, SA (b)(6), (b)(7)(C) interviewed SSG (b)(6), (b)(7)(C) Medic, C Co., 3/160th Infantry, TIF Hospital, Camp Bucca, who related his actions upon notification of the discovery of Detainee ABULLA. (See Sworn Statement of SSG (b)(6), (b)(7)(C) for details)

About 1145, 14 Sep 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) conducted canvass interviews of detainees who are assigned to Compound 24A. All detainees canvassed were not able to provide any information. (See Canvass Interview Worksheet for details)

About 1600, 20 Sep 07, SA (b)(6), (b)(7)(C) obtained the patient medical records pertaining to Detainee ABULLA 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 dating back to 9 Apr 05. The Certificate of Death listed the cause of death to be due to Strangulation with no manner of death listed. (See Hospital Report of Death, Certificate of Death, and patient medical records pertaining to Detainee ABULLA for details)

About 0945, 21 Sep 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Detainee (b)(6), (b)(7)(C) identified the individuals who murdered Detainee ABULLA. (See Statement of Detainee (b)(6), (b)(7)(C) for details)

About 1150, 21 Sep 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Detainee (b)(6), (b)(7)(C) identified the individuals who murdered Detainee ABULLA. (See Statement of Detainee (b)(6), (b)(7)(C) for details) ///LAST ITEM///

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

0126 ACLU DDH CID ROI 17007

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Death Photo

LES

FOOD

White CD-R

Verbatim

FOOD

12

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

CASE NUMBER: 0040-07-CID579-24081

NUMBER DESCRIPTION OF PHOTOGRAPH

- 1 [DSCN0574](#): Establishing photograph of the remains of Detainee ABULLA
- 2 [DSCN0579](#): Photograph depicting remains of Detainee ABULLA. (Head to Toe)
- 3 [DSCN0580](#): Photograph depicting remains of Detainee ABULLA. (Right Side)
- 4 [DSCN0581](#): Photograph depicting remains of Detainee ABULLA. (Toe to Head)
- 5 [DSCN0582](#): Photograph depicting remains of Detainee ABULLA. (Left Side)
- 6 [DSCN0583](#): Photograph depicting remains of Detainee ABULLA. (Back, Upper)
- 7 [DSCN0584](#): Photograph depicting remains of Detainee ABULLA. (Back, Lower)
- 8 [DSCN0586](#): Photograph depicting neck of Detainee ABULLA. (Right Side)
- 9 [DSCN0589](#): Photograph depicting neck of Detainee ABULLA. (Left Side)

~~FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE~~ **10-L-0126-ACLU DDJ CID ROI 17009**

Exhibit _____



10-L-0126 DDII CID ROI 17020

3

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

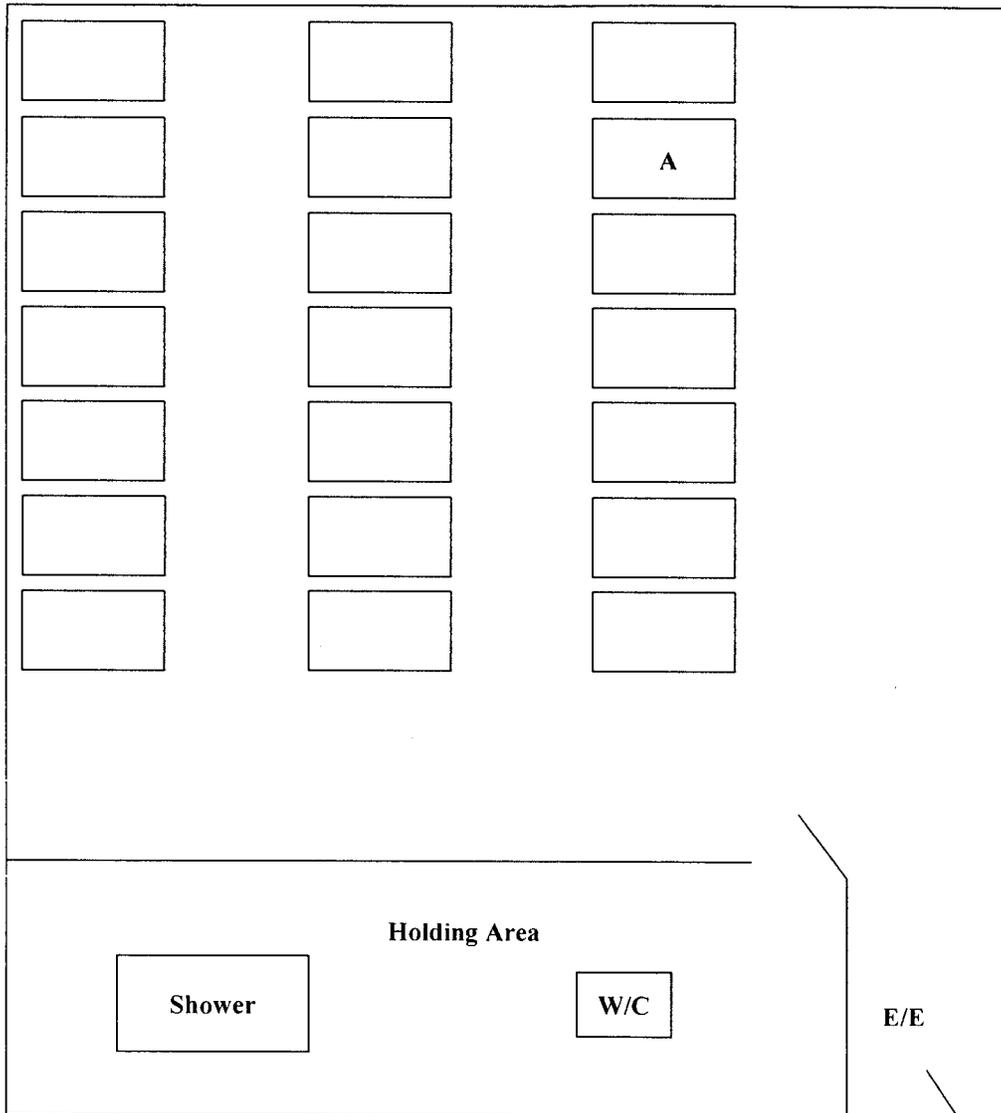
CASE NUMBER: 0040-07-CID579-24081

<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPH</u>
1	<u>DSCN0598</u> : Photograph depicting Northeast corner of Compound 24A.
2	<u>DSCN0591</u> : Photograph depicting living area and North wall of Compound 24A.
3	<u>DSCN0592</u> : Photograph depicting living area, a portion of the detainee holding area and the Northwest corner of Compound 24A.
4	<u>DSCN0593</u> : Photograph depicting detainee holding area and West wall of Compound 24A.
5	<u>DSCN0594</u> : Photograph depicting detainee holding area and the Southwest corner of Compound 24A.
6	<u>DSCN0595</u> : Photograph depicting the holding area of Compound 24A.
7	<u>DSCN0596</u> : Photograph depicting W/C area of Compound 24A.
8	<u>DSCN0597</u> : Photograph depicting W/C area of Compound 24A.

10-L-0126 ACLU DDII CID ROI 17021

ROUGH CRIME SCENE SKETCH

0040 07 CID579 24081



LEGEND

A: Location of Incident

N



Not to Scale

TITLE BLOCK

CASE NUMBER: 0040-07-CID579-24081
 OFFENSE: Murder
 VICTIM: Mohammad Khudayer ABULLA
 DEPICTING: Compound 24A
 LOCATION: Camp Bucca, Umm Qasr, IZ APO AE 09375
 SKETCH BEGAN: 0645/13 Sep 07
 SKETCHED BY: SA (b)(6), (b)(7)(C)
 VERIFIED BY: SA (b)(6), (b)(7)(C)

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

0040 07 CID579 24081

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, Iraq
2. DATE (YYYYMMDD): 2007/09/13
3. TIME: 0915
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: O-2

8. ORGANIZATION OR ADDRESS: D 2-124 INFANTRY, Camp Bucca, Iraq, APO AE 09375

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

At approx 13 0345 SEP 07 I heard a call over the radio that a detainee was being brought to the shark cage in the A side. The next call was from the CSL, SGT (b)(6), (b)(7)(C) that said the detainee did not appear to be breathing. I immediately moved to the shark cage to observe along with several others including the SOG, SSG (b)(6), (b)(7)(C) looked at the detainee and observed purple lips and his shirt had been pulled up and his chest was not moving. I returned to the CCT shack to update the TOC as the shark cage was being opened to remove the detainee. When he was pulled out we received another call stating that the detainee was not alive. I moved back out after the TOC was updated as the medics arrived. The lead medic began working and SGT (b)(6), (b)(7)(C) began chest compressions. This continued for a few minutes and I relieved SGT (b)(6), (b)(7)(C) doing chest compressions. The detainee was loaded onto a board and placed into the medic's vehicle and driven to the hospital. I spoke with the chief and he informed us that the detainee had two cousins in the compound. We pulled the detainees and moved them in front of the seg boxes. One cousin, (b)(6), (b)(7)(C) said that he stayed in the same tent as the injured detainee (tent 20) and they normally sleep outside, but the injured detainee slept inside the tent tonight. He did not know why. Another cousin, (b)(6), (b)(7)(C) claimed to not know anything about the injury. When he went to wake him for breakfast the injured detainee would not wake up. He claimed not to have noticed any of the markings around the neck or have any knowledge of anyone that would want to do this to his cousin.

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

10-L-0126 ACLU DDII CID ROI 17059

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT Camp Bucca, Iraq DATED 2007/09/13

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 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 THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of September, 2007

at Camp Bucca, Iraq, APO AE09375

ORGANIZATION OR ADDRESS

(b)(6), (b)(7)(C) (Administering Oath)

ORGANIZATION OR ADDRESS

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

Title 10 USC 930 (Authority To Administer Oaths)

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

10-L-0126 ACLU DDII CID ROF 17060 APD PE v1.01

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).
PRINCIPAL 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 IRAQ
2. DATE (YYYYMMDD): 20070913
3. TIME: 0740 07
4. FILE NUMBER: P10579 2408 1
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: E-5/Sgt

8. ORGANIZATION OR ADDRESS: Dco, 2-124 Infantry, Camp Bucca, Iraq, APO AE 09375

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

On the morning of 13 September 2007 at 0345 I recieved a call on my radio from Tower 1 (PVI (b)(6), (b)(7)(C)). He stated that the chief in compound 24 A requested myself and our terp (b)(6), (b)(7)(C) at the Alpha shark cage. Myself and (b)(6), (b)(7)(C) then went up to the shark cage. There were many detainees crowded around in the cage and one detainee (b)(6), (b)(7)(C) laying flat on his back on a yellow blanket with his eyes closed and mouth partially open. The chief told me that there was something wrong with him and that he was not breathing. I then got down on my knee and took my first close look at him. (b)(6), (b)(7)(C) and he did not look like he was breathing and his face and lips were purple. I then called my DIMS/controller (SPC (b)(6), (b)(7)(C)) and informed him of the situation (b)(6), (b)(7)(C) and so he could call the medics. My SOG (SSG (b)(6), (b)(7)(C)) heard the transmission and met me at the Alpha shark cage. We both were on the ground at this time trying to determine if the detainee was breathing or not, but it was hard to tell

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT (b)(6), (b)(7)(C) DATED (b)(6), (b)(7)(C)
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

10-L-0126 ACLU DDII CID ROI 17061

0040 07 011579 24081

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0749 DATED 20070913

9. STATEMENT (Continued)

because it was dark. The SOG (SSG (b)(6), (b)(7)(C)) then had the chief check his pulse and lift up his shirt so we could determine ~~whether~~ ^{whether} (b)(6), (b)(7)(C) or not he was alive. I then cleared all the other detainees out of the shark cage except for the chief and the detainee. The SOG (SSG (b)(6), (b)(7)(C)) and myself (CSLA) then went into the shark cage for further evaluation. ~~where~~ ^{where} SSG (b)(6), (b)(7)(C) noticed many marks on his neck and confirmed that he was not breathing and from what we believed, him to be dead. At that point the OIC (LT (b)(6), (b)(7)(C)) was out there with us. ~~and the ambulance right after~~ (b)(6), (b)(7)(C) I then cut his pants to evaluate his legs and arms. There were no other marks on his body besides his neck. SGT (b)(6), (b)(7)(C) took pictures of the marks and shortly after the medics showed up. The medics advised us to assist them in treatment so I started chest compressions (CPR). The chief was there watching all of this and started feeling sick and requested to be put back into the compound. LT (b)(6), (b)(7)(C) took my place with the chest compressions and I let the chief back in. They then put the detainee ~~back~~ (b)(6), (b)(7)(C) on a litter and put him in the back of the ambulance where SPC (b)(6), (b)(7)(C) and SPC (b)(6), (b)(7)(C) escorted him and continued chest compressions. After the medics left myself (b)(6), (b)(7)(C) and LT (b)(6), (b)(7)(C)

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

10-L-0126 ACLU DDII CID RO1 17062 AGES

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0749 DATED 20070913

9. STATEMENT (Continued)

asked the chief what had happened. The chief informed me that other detainees found him like that. He also had two (b)(6), (b)(7)(C) of cousins (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) of the detainee taken by the medics. We then pulled out the two cousins and brought them by the SE6 Boxes so the OIC (ILT (b)(6), (b)(7)(C) could question them. He did the questioning and I verified the (b)(6), (b)(7)(C) and that they were his cousins. |———— NOTHING FOLLOWS ———|

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

WITNESSES:

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

Subscribed and sworn to before me, a person authorized by law to administer oaths, this (b)(6), (b)(7)(C) day of SEP 2007

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

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

(Typed Name of Person Administering Oath)

ILT, Title 1005C 936 (Authority To Administer Oaths)

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

10-L-0126 ACLU DDII CID RO 17063 PAGES

SWORN STATEMENT

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

0040 07 CID 579 24081

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: CAMP Bucca IRAQ
2. DATE (YYYYMMDD): 2007 09 13
3. TIME: 0750
4. FILE NUMBER: 6545
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: E-6

8. ORGANIZATION OR ADDRESS: D Coalition Infantry, Camp Bucca, APO AE 09375

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

ON 13 SEP 07 AT APPROX 0345 I HEARD A RADIO TRANSMISSION FROM SGT. (b)(6), (b)(7)(C) (CSLA) TO THE CPT, HE STATED THE COMPOUND CHIEF (24A) REQUESTED MEDICAL ATTENTION FOR A DETAINEE. SGT. (b)(6), (b)(7)(C) INFORMED CPT OF A DETAINEE LYING IN THE SHARK CAGE AND STATED HE MIGHT NOT APPEARED TO BE BREATHING. I WENT TO THE SHARK CAGE AND NOTICED A DETAINEE LYING IN THE SHARK CAGE AS SGT. (b)(6), (b)(7)(C) HAD STATED. I ASKED IF SOMEONE COULD PULL HIS SHIRT UP SO I COULD SEE THE RISE AND FALLING OF HIS CHEST IN ORDER TO CONFIRM HE WAS NOT BREATHING, IN ADDITION I HAD ANOTHER DETAINEE TO CHECK FOR A PULSE ON HIS NECK AND WRIST. BOTH WITH NEGATIVE RESULTS. SGT. (b)(6), (b)(7)(C) CLEARED ALL NON ESSENTIAL DETAINEES OUT OF THE SHARK CAGE IN ORDER FOR MEDICAL PERSONNEL TO TREAT HIM. ONCE THE SHARK CAGE WAS CLEARED AND LOCKED DOWN I ENTERED AND PHYSICALLY CHECKED FOR A PULSE ON HIS NECK AND WRIST AGAIN WITH NEGATIVE RESULTS. I ADVISED CPT WE WERE GOING TO MOVE HIM OUT OF

10. EXHIBIT
11. INITIALS: (b)(6), (b)(7)(C)
PAGE 1 OF 2 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.

10-L-0126 ACLU DDII CID ROI 17064

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0750 DATED 2007 09 13

9. STATEMENT (Continued) THE SHARK CAGE FOR EASIER ACCESSABILITY FOR THE MEDICS. AFTER WE POTTED THE DETAINEE WAS REMOVED I NOTICED VERY DARK COLORED LINES AROUND HIS NECK AREA. I THEN NOTIFIED THE CCT OF MY FINDINGS AND REQUESTED A CAMERA TO PHOTOGRAPH THE MARKINGS. SOON AFTER SGT (b)(6), (b)(7)(C) TOOK PICTURES APPROX (5 MINS) THE MEDICS ARRIVED. THE MEDICS ADVISED TO START IMMEDIATE IMMEDIATE CPR. SGT (b)(6), (b)(7)(C) STARTED CHEST COMPRESSIONS WHILE THE MEDICS GATHERED ADDITIONAL INFORMATION / MEDICAL ATTENTION. CHEST COMPRESSIONS WERE CONTINUED BY 1ST LT (b)(6), (b)(7)(C) AND SGT (b)(6), (b)(7)(C) UNTIL MEDICS HAD HIM SECURED IN THE F/A TO BE TRANSPORTED TO THE HOSPITAL. SPC (b)(6), (b)(7)(C) AND SPC (b)(6), (b)(7)(C) WENT TO THE HOSPITAL AS SECURITY AND TO ASSIST MEDICS WHILE ENROUTE. I ————— NOTHING FOLLOWS —————

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 _____. 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 INHIBITION.

(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 13 day of SEP 2007 at (b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

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

ORGANIZATION OR ADDRESS

SA (b)(6), (b)(7)(C) Title is USC 936 (Authority To Administer Oaths)

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

FOUO ACU DDII CID RQ 17065 PAGES

SWORN STATEMENT

0040 07 CID579 24081

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

PRIVACY ACT STATEMENT

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

1. LOCATION: CAMP BUCCA COMPOUND 24A
2. DATE (YYYYMMDD): 20070913
3. (b)(6), (b)(7)(C): 01900727
4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME: (b)(6), (b)(7)(C)
6. (b)(6), (b)(7)(C)
7. GRADE/STATUS: E-5 / SGT

8. ORGANIZATION OR ADDRESS: 1-10 FA HNB, Camp Bucca, APO AE 09375

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

AT ABOUT 0345 A REPORT CAME INTO (UNTRCL FROM CSL A (COMPOUND 24) THAT THE DETAINEES HAD BROUGHT A DETAINEE INTO THE "SHARK CAGE" THAT WAS NOT BREATHING. I JOINED CSL A (SGT. (b)(6), (b)(7)(C) SGT (SGT (b)(6), (b)(7)(C) AND OIC LT. (b)(6), (b)(7)(C) TO SEE THE SITUATION AND SEE IF I COULD ASSIST IN ANY WAY. WHEN THE DETAINEE WAS BROUGHT OUT ON A BLANKET HE APPEARED NOT TO BE BREATHING AND HAD WHAT APPEARED TO BE STRANGULATION MARKS AROUND HIS NECK. MEDICAL ARRIVED ABOUT 10 MIN LATER AND PROCEEDED TO ADMINISTER CPR AND CHECK FOR VITALS. SPC (b)(6), (b)(7)(C) AND (b)(6), (b)(7)(C) AS WELL AS LT. (b)(6), (b)(7)(C) ASSISTED THE MEDICS. DETAINEE WAS PLACED ON A BACKBOARD AND LITTER. I ASSISTED IN LOADING THE DETAINEE ON THE LITTER INTO THE AMBULANCE. NO FURTHER INFORMATION.
END OF STATEMENT.

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ___ TAKEN AT ___ DATED ___
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

10-L-0126 ACLU DDII CID ROI 17066

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0727 DATED 2007 09 13

9. STATEMENT (Continued)

NO FURTHER INFORMATION

(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)

AFFIDAVIT

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

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

WITNESSES:

Organization or address lines for witnesses

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of SEP 2007 at (b)(6), (b)(7)(C)

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

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

911 Title 10 USC 936 (Authority To Administer Oaths)

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

26 ACLU DDII CID ROI 17067 AG PAGES

SWORN STATEMENT

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

0040 07 CID579 24081

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: Camp Bucca, Cmp 24A
2. DATE (YYYYMMDD): 2007/09/13
3. TIME: 0730
4. FILE NUMBER: 0345
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: E-5
8. ORGANIZATION OR ADDRESS: Bco 2/124 INF

9. (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
At approx. 0345L I saw a Detainee lying in the shark cage on his Back, not moving. The CSL for 24A, SGT (b)(6), (b)(7)(C) asked the chief what was wrong with him Through the Terp, (b)(6), (b)(7)(C) the chief said that he wasn't Breathing At this point the cage was locked down and the detainee was Brought out and Medics were called. Chief was out with the detainee. CSL talked to the chief and chief said that they tried to wake him up for chow and the detainee would not wake up. At this point chief was put Back in the compound and I went Back to the CCT shack to get gloves. When I came back to the compound I was handed the Camera to take pictures. I took 4 Pictures of the Detainee. at this point Medics arrived. The SSG Medic had SGT (b)(6), (b)(7)(C) Begin Compression and the other medic began to establish an airway with the help of SPC (b)(6), (b)(7)(C) We continued CPR until He was transferred to the Hospital. Myself, LT (b)(6), (b)(7)(C) and SGT (b)(6), (b)(7)(C) switched out Doing Compressions. When the detainee was loaded in the ambulance He still had No Heartrate and was not Breathing. SPC (b)(6), (b)(7)(C) and SPC (b)(6), (b)(7)(C) continued CPR while Being Transported. Detainee left with Medics @ 0409L *** NOTHING Follows ***

10. EXHIBIT: (b)(6), (b)(7)(C) STATEMENT PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING 'STATEMENT OF [NAME] TAKEN AT [LOCATION] DATED [DATE]'
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

10-L-0126 ACLU DDII CID ROI 17068

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 0730L DATED 2007/09/13

9. STATEMENT (Continued)

(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)

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 _____. 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.

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13 day of SEP, 2007 at (b)(6), (b)(7)(C)

ORGANIZATION OR ADDRESS

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

th)

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

SA
(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

HT, Int Title 10 USC 936
(Authority To Administer Oaths)

INITIALS OF PE (b)(6), (b)(7)(C) NT

10-L-0126 ACLU DDIL CID ROI 17069

PAGE 3 OF 3 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

0040 07 CID579 24081

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: TIF Hospital, Camp Bucca, APO AE 09375
2. DATE (YYYYMMDD): 20070913
3. TIME: 1910
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME:
6. SSN:
7. GRADE/STATUS: E-4 / AD

8. ORGANIZATION OR ADDRESS: 36th ASMC, Camp Bucca, APO AE 09375

I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

Responded to EMS call at Compound 24 with 556 [redacted] for a detainee unresponsive and not breathing. Patient was unresponsive with evidence of strangulation trauma. Inserted airway management device while 556 [redacted] began CPR with assistance of guards. Cardiac rhythm did not provide for defibrillation. Transported to ER after about ten minutes on site, at approximately 0700 on 13 SEP 2007.

Q [redacted]
A [redacted]
Q Did the patient ever regain consciousness?
A No [redacted]
Q What time were you notified of the unresponsive detainee?
A About 0345 hours [redacted]
Q What was the detainee doing when you arrived at the scene?
A Unresponsive on mattress, supine position, already removed from shark cage [redacted]
Q Do you have anything further to add to this statement?
A I do not. [redacted]
/// END of Statement ///

10. EXHIBIT: [redacted] MAKING STATEMENT: [redacted] PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [redacted] TAKEN AT [redacted] DATED [redacted]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

10-L-0126 ACLU RDI CID ROI 17070

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1910 (b)(6), (b)(7)(C) DATED 20070913 (b)(6), (b)(7)(C)

9. STATEMENT (Continued) (b)(6), (b)(7)(C)
NOT USED //

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

AFFIDAVIT

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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13th day of September, 2007 at Canabucca Inn ALA#E09375

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

ORGANIZATION OR ADDRESS

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

Title 10 USC 936
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

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

PAGE 2 OF 2 PAGES

SWORN STATEMENT

0040 07 CID579 24081

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

PRIVACY ACT STATEMENT

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

1. LOCATION: TIF EMD, CAMP BUCCA, IRAQ
2. DATE (YYYYMMDD): 2007/09/13
3. TIME: 1916
4. FILE NUMBER: (b)(6), (b)(7)(C)
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: E6/AD (ARNG)
8. ORGANIZATION OR ADDRESS: C 3/160 IN APO AE 09375

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

AT OR ABOUT 0345, 13 SEPTEMBER 2007, I RECEIVED A PHONE CALL FROM COMPOUND 24'S CONTROL CENTER ADVISING THEY HAD A DETAINEE WHO WAS UNRESPONSIVE. I LOGGED THE CALL AND ASKED IF THE DETAINEE WAS BREATHING IN AN ATTEMPT TO DETERMINE THE POTENTIAL SEVERITY OF THE SITUATION. THE PERSON CALLING, A 1LT WHOSE NAME I DON'T RECALL, CALLED ME BACK SHORTLY SAYING THAT HE DID NOT BELIEVE THE DETAINEE WAS BREATHING. WITH THIS INFORMATION I TOOK A CARDIAC MONITOR-DEFIBRILLATOR (LIFEPAK 12) AND MY PARTNER SPC (b)(6), (b)(7)(C) AND WE RESPONDED TO THE CALL LOCATION. AT THE SCENE WE FOUND THE GUARD FORCE CONSISTING OF ABOUT 10 SOLDIERS. THEY WERE SURROUNDING THE DETAINEE. THE DETAINEE WAS LYING ON HIS BACK BY THE SALLY PORT OF 24A. THERE WERE WHAT APPEARED TO BE CIRCUMFERENTIAL STRICTURE MARKS AROUND THE DETAINEE'S NECK. THE DETAINEE WAS UNRESPONSIVE, NOT BREATHING, AND WITHOUT A PULSE. NO OTHER SIGNS OF TRAUMA TO THE DETAINEE WERE EVIDENT. USING THE GUARD FORCE PERSONNEL AS AIDS, WE BEGAN CPR AND THE RESUSCITATION PROCEDURES. CHEST COMPRESSIONS WERE BEGUN AND THE CARDIAC MONITOR WAS HOOKED UP TO THE PATIENT'S CHEST. THE PATIENT WAS EXPOSED TO DETERMINE IF OTHER INJURIES WERE PRESENT. THE AIRWAY WAS ESTABLISHED USING A 4I FRENCH COMBITUBE. LUNG SOUNDS WERE CONFIRMED AS ADEQUATE. THE PATIENT WAS IN A NON-SHOCKABLE RHYTHM. PREPARATIONS WERE THEN MADE TO LOAD THE PATIENT INTO THE AMBULANCE USING A LONG SPINE BOARD AND A STRETCHER. WHILE THE PATIENT WAS BEING LOADED, THE EMERGENCY DEPARTMENT WAS NOTIFIED VIA RADIO COMMS THAT WE WERE SHORTLY GOING TO BE ENROUTE WITH A PULSELESS AND NON-BREATHING PATIENT IN CARDIAC ARREST. CPR WAS CONTINUED ENROUTE TO THE HOSPITAL BY TWO GUARDS AND THE EMT SPC (b)(6), (b)(7)(C) ALL THREE IN THE BACK OF THE AMBULANCE WITH THE DETAINEE). I DROVE THE AMBULANCE AND GAVE UPDATES AS NECESSARY. ACCORDING TO THE ER LOG, WE DEPARTED THE SCENE OF THE INCIDENT AT 0406. WE ARRIVED AT THE HOSPITAL APPROXIMATELY 10 MINUTES LATER. DURING OUR RESUSCITATION EFFORTS, THE PATIENT NEVER SHOWED ANY SIGNS OF RECOVERY, AND THE PATIENT REMAINED LIFELESS AT THE TIME PATIENT CARE WAS TURNED OVER TO THE EMERGENCY DEPARTMENT STAFF UNDER THE COMMAND OF DOCTOR CPT (b)(6), (b)(7)(C) AND HIS TWO NURSES, CPT'S (b)(6), (b)(7)(C) AND (b)(6), (b)(7)(C) TWO NAVY CORPSMEN AND AN ARMY MEDIC WERE ASSISTING (b)(6), (b)(7)(C)

Q. (b)(6), (b)(7)(C)
A.
Q. DID THE PATIENT EVER REGAIN CONSCIOUSNESS?
A. NO (b)(6), (b)(7)(C)
Q. WAS THERE ANY BLOOD ANYWHERE ON THE PATIENT?
A. NO (b)(6), (b)(7)(C)
Q. DO YOU HAVE ANYTHING FURTHER TO ADD TO THIS STATEMENT?
A. NO ///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

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

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

10-L-0126 ACLU DDII CID ROI 17072

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT 1916 (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) DATED 2007/09/13 (b)(6), (b)(7)(C)

9. STATEMENT (Continued)

///NOT USED///(b)(6), (b)(7)(C)

AFFIDAVIT

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 13th day of September, 2007 at Camp Bucca, Iraq, APO AE 09375

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

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

10-L-012 (b)(6), (b)(7)(C) DIL CID ROI 17073 PAGE 3 OF 3 PAGES

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

(b)(6)

FROM:

TF 31st CAMP BUCCA, IRAQ APO AE 09375

TO:

[]
[]

NAME (Last, first MI)

MOHAMMAD KHUDAYER ABULLA

GRADE

SI

SERVICE NUMBER

(b)(6)

NATIONALITY

IRAQI

POWER SERVED

PLACE OF CAPTURE/INTERMENT AND DATE

PLACE OF BIRTH

BAGHDAD, IRAQ

DATE OF BIRTH

(b)(6)

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN

FIRST NAME OF FATHER

PLACE OF DEATH

CAMP BUCCA

DATE OF DEATH

(b)(6)

2007

CAUSE OF DEATH

STRANGULATION

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) 2007

SIGNATURE OF COMMANDING OFFICER

(b)(6)

(b)(6)

(b)(6)

(b)(6)

WITNESSES

ADDRESS
TF 31 Camp Bucca
APO AE 09375

ADDRESS
TF 31 Camp Bucca

50
CLU DDH CID ROI 17077

EXHIBIT 41

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

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

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

10-L-0126 ACLU DDII CID ROI 17078

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) GRADE Grade BRANCH OF SERVICE Armée SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
MOHAMMAD KHUDAYER ABULLA N/A N/A (b)(6)

ORGANIZATION Organisation (b)(6) NATION (e.g., United States) Pays DATE OF BIRTH Date de naissance SEX Sexe
CAMP BUCCA TIF IRAQ 01 JANUARY 1980 MALE Masculin
 FEMALE Féminin

RACE Race MARITAL STATUS État Civil RELIGION Culte
CAUCASOID Caucasique SINGLE Célibataire DIVORCED Divorcé PROTESTANT Protestant OTHER (Specify) Autre (Spécifier)
NEGROID Négruide MARRIED Marié SEPARATED Séparé CATHOLIC Catholique ISLAM
 OTHER (Specify) Autre (Spécifier) WIDOWED Veuf JEWISH Juif

NAME OF NEXT OF KIN Nom du plus proche parent RELATIONSHIP TO DECEASED Parenté du décédé avec le suid
STREET ADDRESS Domicile à (Rue) CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne) INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH¹ Maladie ou condition directement responsable de la mort. STRANGULATION

ANTECEDENT CAUSES MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire NONE

Symptômes précurseurs de la mort. UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire NONE

OTHER SIGNIFICANT CONDITIONS² Autres conditions significatives NONE

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

DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année) PLACE OF DEATH Lieu de décès
(b)(6) TIF CAMP BUCCA, IRAQ APO AE 09375

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

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire TITLE OR DEGREE Titre ou diplôme
(b)(6) MD EMERGENCY MEDICINE

GRADE Grade INSTALLATION OR ADDRESS Installation ou adresse
(b)(6) TF 31 CAMP BUCCA, IRAQ APO AE 09375
(b)(6)

DATE Date
(b)(6) 07

¹ State disease, injury or complication which caused death, but not means of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la blessure causant la mort.

EXHIBIT 14

NARRATIVE AND SUMMARY (Continued)

RECOMMENDATIONS

RECOMMENDATIONS PRESENTED

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

RECOMMENDATIONS APPROVED

To the best of my knowledge and belief, the statements made herein are correct and true.

TYPED NAME OF APPROVING OFFICER	GRADE	NAME AND ADDRESS OF INSTALLATION
TITLE OF APPROVING OFFICER		
SIGNATURE OF APPROVING OFFICER	DATE	

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
MOHAMMAD KHUDAYER ABULLA	SI	(b)(6)	DETAINEE	(b)(6) 07

ORGANIZATION AND BASE	PLACE OF DEATH/INCIDENT
DETAINEE	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 Tag(s)
<input checked="" type="checkbox"/> Other (Explain in Narrative)			

ENCLOSURES

<input type="checkbox"/> DD Form 565	<input type="checkbox"/> DD Form 890	<input type="checkbox"/> DD Form 891	<input type="checkbox"/> DD Form 892
<input type="checkbox"/> DD Form 893	<input type="checkbox"/> DD Form 894	<input type="checkbox"/> DD Form 897	<input type="checkbox"/> ID Card
<input type="checkbox"/> DD Form 369	<input type="checkbox"/> FD 258	<input type="checkbox"/> AF Form 137	<input type="checkbox"/> SF 803
<input type="checkbox"/> Dental X-rays	<input type="checkbox"/> SF 88	<input type="checkbox"/> SF 93	<input checked="" type="checkbox"/> DD Form 2064
<input type="checkbox"/> SF 601	<input type="checkbox"/> 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.

*** ADMISSION COVER WORKSHEET ***

Reg No: 0026094 Name: BUCCA, (b)(6) FMP/SSN: (b)(6)

Date/Time: (b)(6) 2007@0733 ADMISSION Source: CRO MEPRS: XXXA Sex: MALE Age: 27 DOB: (b)(6) Ward: ICW 1

Patient Category: FRGN NAT POW/INTERNEE Pay Grade: Fly Status: Marital Status: UNKNOWN Race: OTHER Ethnic: OTHER Duty Zip: Sponsor Name: (b)(6) Religion:

MTF Trans from: MTF of Initial Adm: Init Adm Date: Disposition Date: (b)(6) @0733 Type of Disposition: CROO

Sponsor Name: (b)(6) Adm Physician: (b)(6) Adm Diagnosis: ASPHYXIATION/STRANGULAT (994.7) Adm Proc1: Adm Proc2:

Administrative Remarks:

Cause of Injury: strangulation

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

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

Signature Attending Medical Officer

*** End of Report ***

10-L-0126 ACLU DDII CID ROI 17082

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

13 Sep 2007 0515 | Facility: (b)(6) | Clinic: 31ST TF MED (BUCCA) | Provider: (b)(6)

• Normal.
Breasts:
General/bilateral:
• Breasts: normal.
Lungs:
• Lungs: No spontaneous respiration
Cardiovascular system:
• Cardiovascular system: No spontaneous cardiac activity
Back:
• Normal.
Abdomen:
• Normal.

AMP Written by (b)(6) @ 13 Sep 2007 0553 AST

1. SUFFOCATION

Comments: 21 yo male presents in asystole after an apparent strangulation at the compound. A combitube was placed prehospital and CPR was initiated. On arrival he had no vital signs. He was immediately intubated with a 7.5 ETT and placed on 100% O2, breath sounds were present bilaterally though he had a large amount of fluid in the lungs. Tube placement confirmed with visualization and breath sounds. IV access was obtained in the right AC with a 14 gauge catheter. A right femoral CVL was placed as well. 2 liters of IVF were given on pressure bags and he was transferred to our monitors. His initial rhythm was asystole. We gave him a total of 3 mg of epi, 2 mg of atropine, 1 amp of CaCl2, 1 amp of D50, 1 amp of Bicarb, and 5 of regular insulin. CPR was continued during his code. No response was noted to our efforts. His FAST exam revealed no tamponade and needle decompression was not productive. At 0425 we confirmed asystole in 2 leads and saw no cardiac activity on the U/S. I felt that further efforts at this point would not be productive and terminated the code. CID and the TOC were notified

Disposition Written by (b)(6) @ 13 Sep 2007 0554 AST

Expired
Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Injury
Appointment Class: Outpatient
EAM Code: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

Signed By @ 13 Sep 2007 0554

(b)(6)

Name: (b)(6) | Sex: M | Sponsor: (b)(6)
FMP/SSN: | Tel H: | Rank:
DOB: | Tel W: | Unit:
PCat: K78 FC/REIGN | CS: | Outpt Rec. Rm:
NATIONAL-POW/INTERNEE
MC Status: | WS: | PCM:
Insurance: No | Tel. PCM:

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

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.

10-L-0126 ACLU DDII CID ROI 17083

EXHIBIT 14
000081

HEALTH RECORD **CHRONOLOGICAL RECORD OF MEDICAL CARE**

13 Sep 2007 0515 Facility: (b)(6) Clinic: 31ST TF MED (BUCCA) Provider: (b)(6)

• Normal.
Breasts:
General/bilateral:
• Breasts: normal.
Lungs:
• Lungs: No spontaneous respiration
Cardiovascular system:
• Cardiovascular system: No spontaneous cardiac activity
Back:
• Normal.
Abdomen:
• Normal.

AMP Written by: (b)(6) @ 13 Sep 2007 0553 AST

1. SUFFOCATION

Comments: 21 yo male presents in asystole after an apparent strangulation at the compound. A combitube was placed prehospital and CPR was initiated. On arrival he had no vital signs. He was immediately intubated with a 7.5 ETT and placed on 100% O2, breath sounds were present bilaterally though he had a large amount of fluid in the lungs. Tube placement confirmed with visualization and breath sounds. IV access was obtained in the right AC with a 14 gauge catheter. A right femoral CVL was placed as well. 2 liters of IVF were given on pressure bags and he was transferred to our monitors. His initial rhythm was asystole. We gave him a total of 3 mg of epi, 2 mg of atropine, 1 amp of CaCl2, 1 amp of D50, 1 amp of Bicarb, and 5 of regular insulin. CPR was continued during his code. No response was noted to our efforts. His FAST exam revealed no tamponade and needle decompression was not productive. At 0425 we confirmed asystole in 2 leads and saw no cardiac activity on the U/S. I felt that further efforts at this point would not be productive and terminated the code. CID and the TOC were notified

Disposition Written by: (b)(6) @ 13 Sep 2007 0554 AST

Expired
Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Injury
Appointment Class: Outpatient
E&M Code: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

Signed By: @ 13 Sep 2007 0554

(b)(6)

Name: (b)(6) Sex: M Sponsor: (b)(6)
FMP/SSN: Tel H: Rank:
DOB: Tel W: Unit:
PCat: K78 FOREIGN CS: Outpt Rec. Rm:
NATIONAL-POW/INTERNEE
MC Status: WS: PCM:
Insurance: No Tel. PCM:

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

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

10-L-0126 ACLU DDII CID ROI 17084

EXHIBIT 16
Page 2 of 2

° Normal.
Breasts:
 General/bilateral:
 ° Breasts: normal.
Lungs:
 • Lungs: No spontaneous respiration
Cardiovascular system:
 • Cardiovascular system: No spontaneous cardiac activity
Back:
 ° Normal.
Abdomen:
 ° Normal.

A/P Written by (b)(6) @ 13 Sep 2007 0553 AST

1. SUFFOCATION

Comments: 21 yo male presents in asystole after an apparent strangulation at the compound. A combitube was placed prehospital and CPR was initiated. On arrival he had no vital signs. He was immediately intubated with a 7.5 ETT and placed on 100% O2, breath sounds were present bilaterally though he had a large amount of fluid in the lungs. Tube placement confirmed with visualization and breath sounds. IV access was obtained in the right AC with a 14 gauge catheter. A right femoral CVL was placed as well. 2 liters of IVF were given on pressure bags and he was transferred to our monitors. His initial rhythm was asystole. We gave him a total of 3 mg of epi, 2 mg of atropine, 1 amp of CaCl2, 1 amp of D50, 1 amp of Bicarb, and 5 of regular insulin. CPR was continued during his code. No response was noted to our efforts. His FAST exam revealed no tamponade and needle decompression was not productive. At 0425 we confirmed asystole in 2 leads and saw no cardiac activity on the U/S. I felt that further efforts at this point would not be productive and terminated the code. CID and the TOC were notified

Disposition Written by (b)(6) @ 13 Sep 2007 0554 AST

Expired

Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Work/Training Cause: Non-Battle Injury

Appointment Class: Outpatient

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

Signed By @ 13 Sep 2007 0554

(b)(6)

Name:	(b)(6)	Sex:	M	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
 FPMR (41 CFR) 101-11.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (P.L. 93-502). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

10-L-0126 ACLU DDII CID ROI 17085

EXHIBIT 1

**EMERGENCY DEPARTMENT, THEATER INTERMENT FACILITY, CAMP
BUCCA, IRAQ
PHYSICIAN ORDERS**

TIME	LABS:	TIME	
	CBC		CERVICAL SPINE
	METLYE 8		CXR
	URINALYSIS		AAS
	CHEM 12		PELVIS
	BMP		THORACIC SPINE
	CARDIAC ENZYMES		LUMBAR SPINE
	LIVER		EXTREMITY:
	LIPID		
	SED RATE		
	MALARIA		
	PT/PTT/INR		
	SALINE LOCK		CT SCAN
	ABG		EKG
	TYPE & SCREEN		FOLEY
	TYPE & CROSS units:		NEBULIZER THERAPY:
	OTHER:		
0414	cardiac monitor		O2 THERAPY: N/C NON-RB LITERS
			URINE DRUG SCREEN
			BLOOD ALCOHOL TEST
TIME	OTHER-MEDICATION ORDERS	DISCHARGE INSTRUCTIONS	
	EPI + Amp per ET tube -alt	Insulin Regular 5units IVP	
	EPI + Amp IVP	Ca Chloride + Amp IVP	
	Atropine + Amp IVP	Atropine + Amp IVP	
	EPI + Amp IVP		
	D50 + Amp IVP		
	Bicarb + Amp IVP	24A	
NAME:	(b)(6)	COM POUND	FULL DUTY LIGHT DUTY
SSN/ISN:			QUARTERS 24 48 72
DATE:	2007 (b)(6)	(b)(6)	

10-L-0126 ACLU DDII CID ROI EXHIBIT 14

General Medicine Complaints

0040 07 CID 579 24081

ARRIVAL DATE 2007 TIME 0414 emergent urgent non-urgent

(b)(6)

(b)(6)

Comp 27A

NAME: (b)(6) D.O.B. AGE: (b)(6) HISTORIAN: patient paramedics family ARRIVAL MODE: car EMS police PCP: none IMMUNIZATIONS: current / referral unk tetanus flu pneumovax

VITALS BP none P/R RR / temp 98.5 TM R/Ak O2 Sat% 98% RA/O2

TREATMENT PTA see EMS Report IV O2 Medications CPR Interventions NONE

CHIEF COMPLAINT Pulseless, unresponsive Started hrs / days ago unknown down time

Shortness of breath fever/chills Cough/sputum problems urinating Chest pain back pain Nausea/vomiting x diarrhea Abdominal pain headache Chemical exposure

ALLERGIES NKDA unk drug - PCN / ASA / sulfa / latex / codeine / iodine food -

MEDS none see med list unknown

PAST MEDICAL HX negative heart disease / HTN / diabetes: insulin unk family history of heart disease past surgeries none unknown

SOCIAL HX smoker unk drugs / alcohol unk TB exposure symptoms unk has been physically hurt or threatened by someone close

TIME TO ROOM: (b)(6) ROOM: (b)(6) INITIAL ASSESSMENT TIME: 0414

GENERAL APPEARANCE no acute distress alert c-collar / back board in place mild / moderate / severe distress anxious / decreased LOC

FUNCTIONAL / NUTRITIONAL ASSESSMENT independent ADL appears well nourished assisted / total care obese / malnourished recent weight loss / gain

CHEST no evidence of trauma non-tender breath sounds nml laceration / abrasion / swelling tenderness wheezing / crackles / stridor seat belt marks deformity

CVS regular rate pulses strong & equal nml heart sounds skin warm, dry tachycardia / bradycardia / irr rhythm pulse deficit Asystole abnml heart sounds pale / cyanotic cool / diaphoretic

NEURO oriented x 3 PERRL disoriented to person / place / time confused / memory loss pupils unequal weakness / sensory loss unresponsive

HEAD / FACE no evidence of trauma to head / eye / ear / face laceration / abrasion / swelling periorbital swelling / hematoma ecchymosis dental injury / malocclusion bruising to neck

NECK / BACK no evidence of trauma non-tender laceration / abrasion / swelling tenderness bruising to neck

ABDOMEN no evidence of trauma soft, non-tender laceration / abrasion / swelling tenderness rigid / distended

PELVIS / GU no evidence of trauma pelvis stable laceration / abrasion / swelling pelvis unstable tenderness blood at urethral meatus

EXTREMITIES no evidence of trauma non-tender sensation intact motor intact laceration / abrasion / swelling tenderness deformity sensory / motor deficit voluntary movement

ADDITIONAL FINDINGS

(b)(6)

10-L-0126 ACLU DDH CID ROI 17087

Nurse Signature

Medic Signature

40 07 C10579 24081

ID#: (b)(6) 13Sep07 4:22:48 HR:22

Paddles

(b)(6)

1.0 2.5-30Hz 25mm/sec

000 000 3011371

BURDICK P. N. 007940

10-L-0126 ACLU DDII CID ROI 17088

EXHIBIT 4

(b)(6)

25mm/s

PATENT# (b)(6)

BURDICK P. N. 007940

05

0040 07 CID579 24081

Eye Health Questionnaire

(b)(6)

10-L-0126 ACLU DDII CID ROI 17089

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

EXAMINATION(S) REQUESTED Screening CXR 9 MAY 05	AGE	SEX	SEM (Sponsor)	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

DATE OF EXAMINATION (Month, day, year) DATE OF REPORT (Month, day, year) DATE OF TRANSACTION (Month, day, year)

RADIOLOGIC REPORT

Normal

NACPD

Other

(b)(6)

(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

(b)(6)

10-L-0126 ACLU DDII CID ROI 17090

MENTAL HEALTH SCREEN

ISN (b)(6)

Date APR 09 2005

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

OBSERVATION

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

DISPOSITION

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

(b)(6)

(b)(6)

SCREENER

Signature (print/sign)

DDII CID ROI EXHIBIT

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

APR 09 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	9 APR 05	GO		
DENTAL SCREENING WAS COMPLETED	9 APR 05	GO		
CHEST X-RAY/TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED	9 APR 05	GO		
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	9 APR 05	GO		

LIMITATIONS: ACTIVITY RESTRICTIONS: ϕ
 DIET RESTRICTION:
 OTHER RESTRICTIONS:

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

PROVIDER SIGNATURE AND DATE: (b)(6) 7 APR 05 (b)(6)

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

ABDULLAH AL MAHALAWI
MOHAMMED
KHADAIR

(b)(6) 1981

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

10-L-0126 ACLU DDH CID ROI 17092

NAME (Last, First, MI):

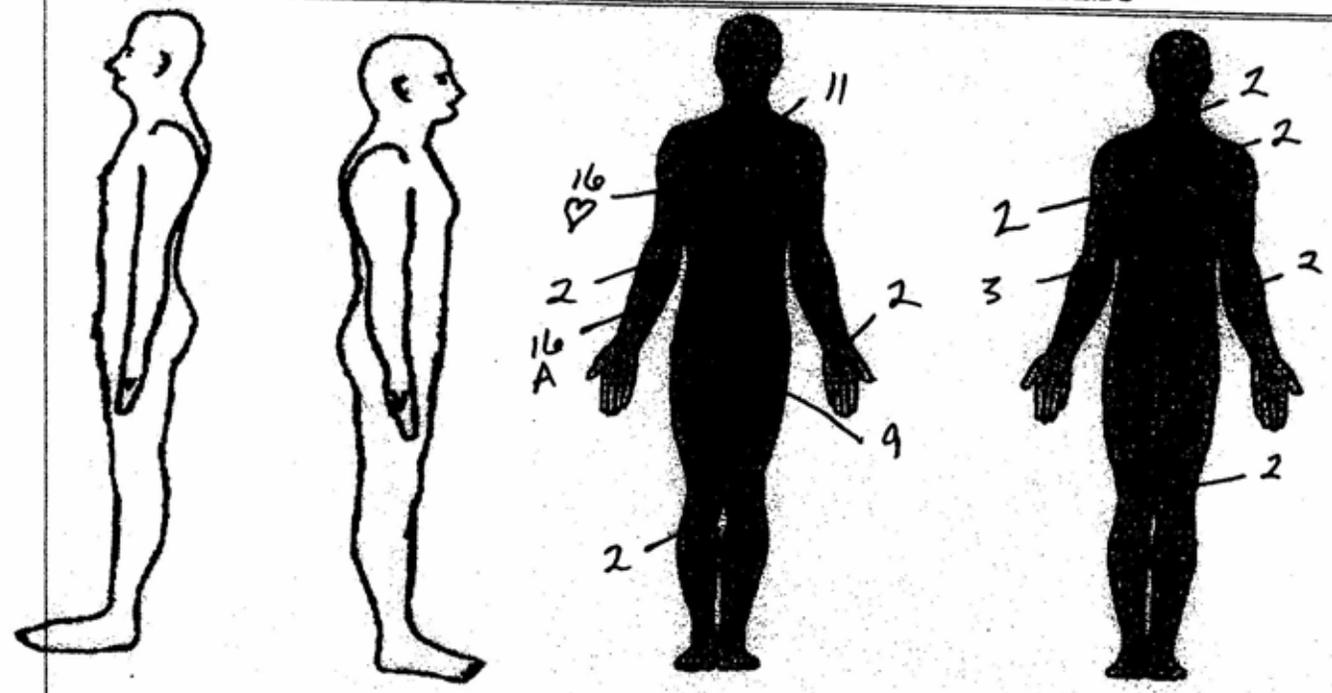
#: (b)(6)

PURPOSE: The purpose of this form is to identify all scars, marks, tattoos, and/or birthmarks upon restraint. All areas that contain scars, marks, tattoos, and/or birthmarks, must be annotated as follows:

- 1. OPERATION SCAR
- 2. CUT SCAR
- 3. SCRATCH/SCRAP
- 4. BRUISE
- 5. BURN
- 6. RASH

- 7. PARTIAL PLATE
- 8. SMALL POX VACCINE
- 9. CIRCUMSIZED
- 10. ACNE
- 11. MOLE
- 12. MUSTACHE

- 13. FRECKLES
- 14. FALSE TEETH
- 15. BIRTH MARK
- 16. TATTOO
- 17. STRETCH MARKS
- 18. BRANDS



ALL SCARS AND MARKS FOR NEW CONFINEEES RECEIVED WILL BE ANNOTATED IN "RED."

DETAINEE SIGNATURE

(b)(6)

WITNESSED SIGNATURE

RECEIVING SUPERVISOR'S RANK/NAME

RECEIVING SUPERVISOR'S SIGNATURE

DATE

10-L-0126 ACLU DDII CID ROI 17093

**BAGHDAD CENTRAL CORRECTIONAL FACILITY (BCCF)
MARKS, SCARS and TATTOOS REPORT**

Male Detainee

Date Initiated

Apr 107-05

Name 1 2 3
MOHAMMED KHADAIR ABDULLAH

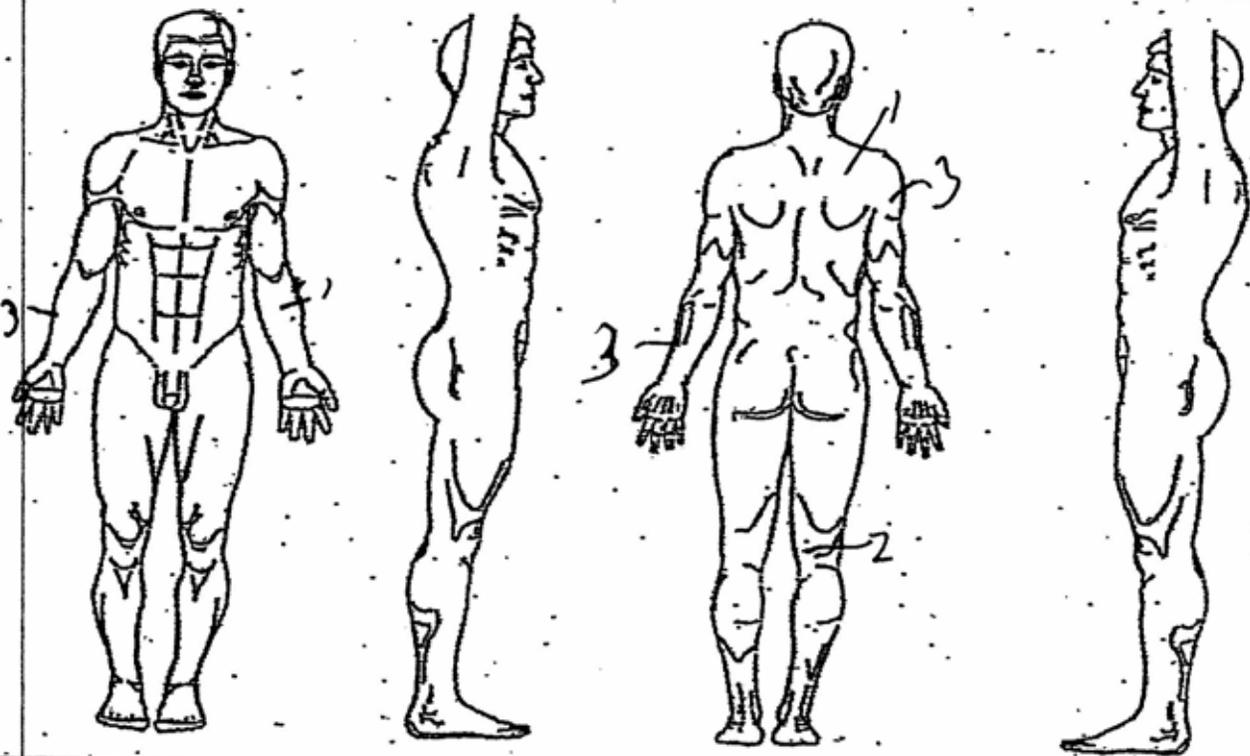
ISN:
(b)(6)

Nationality

REASON FOR REPORT:

- REPROCESSING
- CHANGE/UPDATE
- RELEASE/REGISTRATION
- REPORTED OR SUSPECTED VIOLENCE

PURPOSE: To provide or update baseline physical identification marks on the body of the detainee.
INSTRUCTIONS: Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a confirmation sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.



Mark with numbers and an arrow to the location of any of the following and describe if needed:

Reviewed By:

- 1. SCAR
- 2. MARK
- 3. TATTOO
- 4. CUT
- 5. BRUISE
- 6. SWELLING
- 7. OTHER _____

CAUSE OR REASON: _____

COMPLETED BY:

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

PRINTED NAME RANK DUTY POSITION

(b)(6)

Last Name ABDULLAH AL MAHALAWI
First Name MOHAMMED
Middle KHADAIR
Category CI-CIVILIAN INTERNEE
Power IZ-Iraq

Arm of Service

MOS

COS

Service No (b)(6)

Grade

Geneva Cat.

ICRC

Camp Name (b)

Enclosure (6)

Holding/Cel

Height
Weight
Hair Color
Eye Color

Nationality IZ-Iraq
Religion 33-SUNNI-ISLAM
Race
Marks

Sex M
Blood Type
DOB 1981/01/01
Complexion

(b)(6)	CI-CIVILIAN INTERNEE				Issuing Facility: BCF Date Issued: 2005/04/09 Issuing UIC: WYTNA4	ID Portraits (b)(6)	
	Grade		Geneva Cat.			Left Index	Right Index
	Height (m)	Weight(kg)	Hair	Eye			
	Date Of Birth 1981/01/01	Blood Type	ICRC				
Signature							
Name	ABDULLAH AL MAHALAWI, MOHAMMED KHADAIR						

(b)(6)	(b)(6)					
ABDULLAH AL MAHALAWI, MOHAMMED KHADAIR						
Grade	Geneva Cat.		DOB 1981/01/01			
Height (m)	Weight(kg)	Hair	Eye			
Sex M	ICRC	Blood Type				
Issued By: BCF	UIC: (b)(6)	Date: 2005/04/09				

10-L-0126 ACLU DDII CID ROI 17095

MASTER PROBLEM LIST

0040 07 CID579 24081

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 RESOLVED
1.		APR 09 2005	φ	
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)

ABDULLAH AL MAHALAWI
MOHAMMED
KHADAIR
1/1/1981

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

PMH φ PSH hemorrhoids MEDS φ ALL NKOA

10-L-0126 ACLU DDII CID ROI 17096

EXHIBIT 14

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

APR 09 2005

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

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION (SE600 OVERPRINT, VER 1.3, LAW AR 190.8)

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - *NRSA*

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

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

no

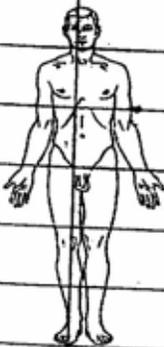
TRANSLATOR PRESENT

(b)(6)

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

TOBACCO USE *no* Y/N *1* PP DAY X *9* YRS
ETOH: *no*

CASE NO. NAME



T *97* BP *62/76*
HEIGHT *5'5"* PULSE *76* BICEPS CIRC
WEIGHT *131* BMI *21.8*

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

VISION: *NORMAL* GLASSES
HEARING: *NORMAL* ABNORMAL EXPLAIN

DENTAL *GO*

OVERALL APPEARANCE *well received*

HEENT *Tn's / throat normal & ticks*
TAITLO (b) Forearm

SKIN/SCARS/BRUISING *(b) off-arm*

HERNIA *> defered*
GENITAL

CARDIOPULMONARY SYSTEM *RAM*

NEUROBEHAVIORAL *br*

MUSCULOSKELETAL *& defornt*

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

(b)(6)

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.

(b)(6)

ABDULLAH AL MAHALAWI
MOHAMMED
KHADAIR
1/1/1981

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

10-L-0126 ACLU DDII CID ROI 17097

SWORN STATEMENT

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

~~LAW ENFORCEMENT SENSITIVE~~
~~PRIVACY ACT STATEMENT~~

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Bucca Iraq APO 09375	2. DATE (YYYYMMDD) 2007/09/21	3. TIME 9 45	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)		6. SSN	7. GRADE/STATUS (b)(6), (b)(7)(C)
8. ORGANIZATION OR ADDRESS			

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

/ At 2 20 AM I was sitting in front of tent number 20 smoking a cigarette. It is the tent where the murder had happened. I saw some detainees taking Detainee Mohamed the victim ISN # (b)(6), (b)(7)(C) inside tent #20. When detainee Mohamed ISN # (b)(6), (b)(7)(C) entered tent #20. He was attacked by all the detainees that were inside tent # 20.

1st Detainee (b)(6), (b)(7)(C) ISN # (b)(6), (b)(7)(C) he hit him on the head were he fell on the ground.

2nd: Detainee (b)(6), (b)(7)(C) ISN # (b)(6), (b)(7)(C) covered his mouth so he can't scream or make any noises.

3rd: Detainee (b)(6), (b)(7)(C) ISN # (b)(6), (b)(7)(C) held his legs down.

4th: Detainee (b)(6), (b)(7)(C) ISN # (b)(6), (b)(7)(C) he sat holding the body down preventing the victim from moving.

5th: ISN# (b)(6), (b)(7)(C) is the one that strangled the victim with the tent rope.

6th: detainee (b)(6), (b)(7)(C) ISN # (b)(6), (b)(7)(C) is the Prince of the compound and gave the orders to kill Detainee ISN # (b)(6), (b)(7)(C)

7th: Detainee (b)(6), (b)(7)(C) ISN# (b)(6), (b)(7)(C) is the head of AL Shariyat court also was standing with (b)(6), (b)(7)(C) the time of the murder , and was giving the order to kill the victim. They were both giving the orders and laughing. This is everything I know about the murder that happened at compound 24 A.

Translated by: (b)(6), (b)(7)(C)
 CAT II LINGUIST
 Code: 1440399
 L-3 Linguist Program

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
-------------	---	-----------------------

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

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

~~FOUO~~
10-L-0126 ACLU DDII CID ROI 17101

~~FOUO~~

SWORN STATEMENT

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

~~LAW ENFORCEMENT SENSITIVE~~

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

PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE: Disclosure of your social security number is voluntary.

1. LOCATION Camp Bucca Iraq APO 09375	2. DATE (YYYYMMDD) 2007/09/21	3. TIME 11 50	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN	7. GRADE/STATUS (b)(6), (b)(7)(C)	
8. ORGANIZATION OR ADDRESS			

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

/

Around 2 00 AM I was smoking a cigarette next to tent number six (6). When I saw a number of Detainees going in to tent number 20, and they had with them the victim Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) some of the detainees stayed outside to scure the site from any interference. I saw every one at the tent attack (b)(6), (b)(7)(C) throw him on the ground and started to kill him. I knew all the detainees that did it. First, (b)(6), (b)(7)(C) is the head of the Shariyat court (b)(6), (b)(7)(C) he was giving the orders to kill, also (b)(6), (b)(7)(C) Detainee (b)(6), (b)(7)(C) was giving the order to kill and he is the prince of the compound. When they were giving the order to kill the victim they were laughing. The detainees that did the actual killing are (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) That is everything I know and saw.

Translated by: (b)(6), (b)(7)(C)
 CAT II LINGUIST
 Code: 1440399
 L-3 Linguist Program

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF _____ PAGES
-------------	---	-----------------------

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

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

~~FOUO~~
10-L-0126 ACLU DDII CID ROI 17104

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0040-07-CID579-24081

CID Regulation 195-1

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

PAGE 1 OF 2 PAGES

CRIME SCENE (Verification) EXAMINATION: Between 0600 and 0700, 13 Sep 07, SA (b)(6), (b)(7)(C) conducted a crime scene verification examination of Compound 24A, TIF, Camp Bucca.

CHARACTERISTICS OF THE SCENE: Compound 24A 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 South wall which is enclosed with Hesko barriers which run the width of the compound. In the area between the dividing wall and the North 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 inhabited by numerous detainees. There was one main Entry/Exit way (E/E) to the compound. The E/E was located in the Southeast corner of the compound. Compound 24A is surrounded by Compound 23 to the west, an unfinished compound to the east, and the main portion of the TIF to the north, and the main access road to the south.

CONDITIONS OF THE SCENE: Compound 24A 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. There were several detainees inside the tents sleeping and a small number of detainees outside the tents walking around.

ENVIRONMENTAL CONDITIONS: At the time of the crime scene examination, the outside temperature was approximately 98 degrees Fahrenheit and the examination was conducted during daylight hours.

FACTORS PERTINENT TO ENTRY AND/EXIT: Access to the compound could be gained through the one E/E on the South wall, in the southeast corner of the compound. Access to Compound 24A could be gained through a gate (sally port) on the south side of the compound. A corridor leading to the E/E was constructed of concertina wire in the southeast corner of the compound. The compound was enclosed by Hesko type barriers and concertina wire.

SCENE DOCUMENTATION: SA (b)(6), (b)(7)(C) exposed digital photographs of the crime scene using a Nikon Coolpix 995 digital camera and drafted a crime scene sketch. (See photographic packet and crime scene sketch for details)

COLLECTION OF EVIDENCE: No evidence was collected.

SEARCH BEYOND THE SCENE: Nothing of evidentiary value was noted.

AGENT'S COMMENT: About 0630, 13 Sep 07, SA (b)(6), (b)(7)(C) attempted to prepare a complete crime scene examination of Compound 24A, TIF, Camp Bucca; however, due to a lack of security within the TIF compounds, a crime scene examination was unable to be thoroughly completed. Approximately 410 detainees,

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

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

DATE

13 Sep 07

EXHIBIT

26 ACLU DDII CID ROI 17105

~~LAW ENFORCEMENT SENSITIVE~~

AGENT'S INVESTIGATION REPORT

ROI NUMBER

0040-07-CID579-24081

CID Regulation 195-1

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

PAGE 2 OF 2 PAGES

most of whom are detained for violent acts against coalition forces, reside in the essentially autonomous compound. Compound security forces infrequently enter the compound and much of the administration of daily happenings rests with the detainee leaders. A security force of adequate size was not available to provide security; therefore, all documentation was completed from guard towers of Compound 24A.

///LAST ITEM///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

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

ORGANIZATION

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

DATE

13 Sep 07

EXHIBIT

ACLU DDH CID ROI 17106

~~LAW ENFORCEMENT SENSITIVE~~

ing is Excluded From

Automatic Termination (Para 13, AR 34-16)

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

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ROI NUMBER

0040-07-CID579-24081

PAGE 4 OF 1 PAGES

About 0930, 5 Oct 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) notified Detainee (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied participating in this incident and further related he had no knowledge of who was involved in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 0945, 5 Oct 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) notified Detainee (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied participating in this incident and further related he had no knowledge of who was involved in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1000, 5 Oct 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) notified Detainee (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied participating in this incident and further related he had no knowledge of who was involved in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1010, 5 Oct 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) notified Detainee (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied participating in this incident and further related he had no knowledge of who was involved in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

About 1020, 5 Oct 07, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) notified Detainee (b)(6), (b)(7)(C) of his rights. Detainee (b)(6), (b)(7)(C) denied participating in this incident and further related he had no knowledge of who was involved in this incident. (See Detainee Notification of Rights of Detainee (b)(6), (b)(7)(C) for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

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

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

DATE

5 Oct 07

EXHIBIT

10-L-0126 ACLU DDH CID ROI 17107

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

0040 07 CID579 24081

DETAINEE NOTIFICATION OF RIGHTS

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

رقم المعتقل

NAME (Last, First, Middle):

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

اسمك (اسم العائلة, الاسم الأول, اسم أبوك)

Date and Time: 5 Oct 07 | 0930

تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. ا. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للإجابة على الأسئلة.

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

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب اسمك هنا (b)(6)(b)(7)(C)

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب اسمك هنا

DETAINEE NOTIFICATION OF RIGHTS

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

رقم المعتقل

NAME (Last, First, Middle):

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

اسمك (اسم العائلة, الاسم الأول, اسم أبوك)

Date and Time: 5 Oct 07 10945
تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now.

أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.

b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere.

ب. إذا قررت أن تتكلم معنا، أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.

c. If you decide to speak with us now; you will still have the right to stop answering questions at any time.

ت. إذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions.

أنا مستعد للإجابة على الأسئلة. أنا فهمت حقوقي.

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

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

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

0040 07 CID579 24081

DETAINEE NOTIFICATION OF RIGHTS

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

رقم المعتقل

NAME (Last, First, Middle):

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

أسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 5 Oct 07 1500
تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now.

أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.

b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere.

ب. اذا قررت أن تتكلم معنا، أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.

c. If you decide to speak with us now; you will still have the right to stop answering questions at any time.

ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions.

أنا فهمت حقوقي. أنا مستعد للإجابة على الأسئلة.

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

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

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

DETAINEE NOTIFICATION OF RIGHTS

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

رقم المعتقل

NAME (Last, First, Middle):

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

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

اسمك (اسم العائلة, الاسم الأول, اسم أبوك)

Date and Time: 5 Oct 07 / 1010

تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوكا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن نتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
c. If you decide to speak with us now; you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أنا فهمت حقوقي. أنا مستعد للأجابة على الأسئلة.

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

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

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

Printed Name of Interviewee

وقع هنا

أكتب أسمك هنا

0040 07 CID579 24081

DETAINEE NOTIFICATION OF RIGHTS

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

رقم المعتقل
NAME (Last, First, Middle): (b)(6), (b)(7)(C) (b)(6), (b)(7)(C)

أسمك (أسم العائلة, الأسم الأول, أسم أبوك)

Date and Time: 5 Oct 07 | 1020
تاريخ اليوم و الوقت

Location: Camp Bucca Theater Internment Facility, Camp Bucca, Iraq APO AE 09375

الموقع: معسكر بوکا

I am an investigator with the United States military. Under our laws, you have certain rights. Before we ask you any questions, we want to be sure you understand those rights. أنا محقق مع القوات الأمريكية. تحت قانوننا لديك بعض الحقوق. قبل أن نسألك أي سؤال يجب أن تتأكد أنك فهمت كل حقوقك.

- a. You do not have to answer my questions or say anything. Even if you have already spoken to other authorities, you do not have to speak to us now. أ. لك الحق أن لا تجاوب على أي سؤال. حتى لو تكلمت مع سلطات أخرى. يمكنك أن لا تتكلم معنا الآن.
- b. If you do speak with us, anything you say may be used against you in a court in the United States or elsewhere. ب. اذا قررت أن تتكلم معنا, أي شيء تقوله يمكن أن يستخدم ضدك في المحكمة الأمريكية أو في محكمة أخرى.
- c. If you decide to speak with us now, you will still have the right to stop answering questions at any time. ت. اذا قررت أن تتكلم معنا الآن لك الحق أن تتوقف عن اجابت أي سؤال في أي وقت.

I understand my rights. I am willing to answer questions. أن فهمت حقوقي. أنا مستعد للإجابة على الأسئلة

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

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

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

I understand my rights, but I am not willing to answer any questions.

Signature of Interviewee

وقع هنا

Printed Name of Interviewee

أكتب أسمك هنا

~~FOUO~~

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AGENT'S INVESTIGATION REPORT

ROI NUMBER 0198-07-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: On 13 Sep 2007, this office received a Request for Assistance (RFA) from SA (b)(6), (b)(7)(C) Camp Bucca CID Office, 22MP BN (CID), 280th MP DET (CID), Camp Bucca, Umm Qasr, Iraq APO AE 09375. The request required this office to attend the autopsy of Detainee Mohammed ABULLA who died while in custody.

About 1150, 26 Sep 07, SA (b)(6), (b)(7)(C) attended the autopsy of Detainee ABULLA which was conducted by Dr. (CDR) (b)(6), (b)(7)(C) Office of Armed Forces Medical Examiner (OFAME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was opined as ligature strangulation and the manner was homicide. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA (b)(6), (b)(7)(C) this office, obtained the fingerprints of Detainee ABULLA. A copy of the CD containing all images was obtained. (See, Fingerprints, and CD for details.)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Aberdeen Resident Agency, CID
Aberdeen Proving Ground, MD 21005

SIGNATURE

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

DATE

26 Aug 07

EXHIBIT

~~FOUO~~

10-L-0126 ACLU EDII CID ROI 17113 26

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AGENT'S INVESTIGATION REPORT

ROI NUMBER

0040-07-CID579-24081

CID Regulation 195-1

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PAGE 1 OF 1 PAGES

About 1300, 3 Dec 07, SA (b)(6), (b)(7)(C) received the Final Info report from SA (b)(6), (b)(7)(C) Special Agent in Charge, Camp Cropper CID office, Camp Cropper, APO AE 09342, containing the AIR of SA (b)(6), (b)(7)(C) Cropper CID office, Camp Cropper, APO AE 09342 and the Notification of Questioning Form. (See AIR of SA (b)(6), (b)(7)(C) and the Notification of Questioning Form for details)

About 1600, 6 Dec 07, SA (b)(6), (b)(7)(C) received the Toxicology Report, Armed Forces Institute of Pathology (AFIP) Accessions Number 076468 and the AFIP Final Autopsy Report number 3072355. The Toxicology Report revealed no drugs in detainee ABULLA's system. The Autopsy Report revealed the cause of death as "Ligature Strangulation" and the Manner of death as Homicide. (See the Toxicology Report and Autopsy Report for details)

About 1400, 27 Dec 07, SA (b)(6), (b)(7)(C) coordinated with MAJ (b)(6), (b)(7)(C) Staff Judge Advocate (SJA), Camp Bucca, APO AE 09375, who relayed probable cause existed to believe Detainees (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) and (b)(6), (b)(7)(C) committed the offenses of Murder and Conspiracy when they conspired to murder Detainee ABULLA. ///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	
SIGNATURE (b)(6), (b)(7)(C)		DATE 27 Dec 07	EXHIBIT

0126 ACLU DDII CID ROI 17169

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

REPORT NUMBER

0060-07-CID789

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: About 0900, 16 Nov 07, SA (b)(6), (b)(7)(C) received a Request for Assistance from the Camp Bucca CID Office, 68th Military Police (MP) Detachment (CID) (FWD), 11th MP Battalion (CID) FWD, USACIDC, Camp Bucca, Iraq APO AE 09375, for the interview of Mr (b)(6), (b)(7)(C) Internment Serial Number (b)(6), (b)(7)(C) Camp Remembrance II, Camp Cropper, Baghdad, Iraq APE AE 09342 (CCIZ).

About 1245, 21 Nov 07, SA (b)(6), (b)(7)(C) assisted by Mrs. (b)(6), (b)(7)(C) Interpreter, Titan Corporation, CCIZ, interviewed Mr. (b)(6), (b)(7)(C) Detainee, Compound 2B, Camp Remembrance II, CCIZ who stated he was not housed with the victim nor had he ever seen the victim. He stated that all the information he had was that he was approached by another detainee named, (b)(6), (b)(7)(C) (NFI) who stated that he had killed an individual named Muhammad while he was there at Bucca sometime between the first and second day of Ramadan. No other information was passed to Mr. (b)(6), (b)(7)(C) from (b)(6), (b)(7)(C)

No other investigative activity is required at this time.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

20th/1149th Military Police Detachment (CID)(FWD)
Camp Cropper, Baghdad, Iraq APO AE 09342

DATE

21 Nov 07

EXHIBIT

10-L-0126 ACU/DH CID ROI 17170

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0 -0 -CID789

NOTIFICATION OF INTERVIEW
LAW ENFORCEMENT SENSITIVE

Date and Time

Location

1256
21 Nov 07

20TH / 1149TH Military Police Detachment (CID)
Camp Cropper CID Office
Camp Cropper, Iraq

I am a criminal investigator with the United States military. Before I ask you any questions, I want to be sure you understand the following:

- You do not have to answer any question or say anything. Even if you have already spoken to other authorities, you do not have to speak to me now.
- If you do speak with me, anything that you say may be used against you in a court in the United States or Iraq.
- If you decide to speak with me now, you may stop answering questions at any time.

Yes, I am willing to answer questions.

No, I am not willing to answer any questions.

Signature of Interviewee

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

Printed name of Interviewee

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

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

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

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

SA _____
Printed name of Investigator

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10-L-0126 ACLU DDH CID ROI 17171

EXHIBIT 30

Nov 17 11

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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
ABULLA, MOHAMMED

SSAN: Autopsy: (b)(6)
Toxicology Accession #: (b)(6)
Date Report Generated: October 3, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: SLIGHT PUTREFACTION
Date of Incident: 9/13/2007 Date Received: 10/2/2007

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

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

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*

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10-L-0126 ~~ACLU~~ DDII CID ROI 17173

~~LAW ENFORCEMENT SENSITIVE~~

~~ARMED FORCES DIVISION OF FORENSIC TOXICOLOGY - TOXICOL~~

TO: **ARMED FORCES INSTITUTE OF PATHOLOGY
ATTN: DIVISION OF FORENSIC TOXICOLOGY
BUILDING 54
6825 16TH STREET, N.W.
WASHINGTON, DC 20306-6000**

FORW: **Incident: OIF
Remains/Case #: (b)(6)
Recovery/TC #: (b)(6)
Process Date: 26 Sep 07**

Dove **ASR Port Mortuary**
(b)(6)

ME #: (b)(6)

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
ABULLA, MOHAMMED K.	(b)(6)	26	M	C

DATE OF INCIDENT/ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
13 SEP 07	(b)(6)	

MEDICATION HISTORY (Prescribed or administered, in patient's possession, containers found near body, etc.)
UNKNOWN

ORGAN/SPECIMEN	SPECIMEN/AMOUNT	CONTAINER
1 heart	1 kidney	1 vitreous
2 lung	1 brain	10. bile decomp fluid
2 liver	1 adipose	1 blood
1 spleen	2 gastric	1 urine

INCIDENT/ACCIDENT DETAILS (Include pertinent information regarding trash sites, autopsy, or investigation, etc.)
Ligature strangulation / homicide

(b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE #
(b)(6)	(b)(6)	26 SEP 07	(b)(6)

CHAIN OF CUSTODY (CC)

RELEASED BY	RECEIVED BY	DATE	PURPOSE OF TRANSFER
(b)(6)	(b)(6)	OCT 02 2007	Received From Mail
(b)(6)	SECURED Storage	OCT 02 2007	TOXICOLOGY TESTING SECURED STORAGE

(b)(6)

(b)(6)

NSD

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès. (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Abulla, Mohammed,		GRADE Grade	BRANCH OF SERVICE Arme Civilian
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance 1 January 1981
RACE Race		MARITAL STATUS État civil	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuve		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Rapport du décédé avec le mort	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Minutes
ANTECEDENT CAUSES Symptômes précursifs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitée par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES OUI	<input type="checkbox"/> NO NON	
<input type="checkbox"/> ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> SUICIDE Suicide	NAME OF SUICIDE VICTIM Nom du suicidé		
<input checked="" type="checkbox"/> HOMICIDE Meurtre	<input type="checkbox"/> YES OUI	<input checked="" type="checkbox"/> NO NON	AVIATION ACCIDENT Accident d'Avion
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année...) (b)(6) 2007	PLACE OF DEATH (City) Lieu de décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du dé et j'ai conclu que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin militaire (b)(6)		TITLE OR DESIGNATION Titre ou fonction (b)(6) Medical Examiner	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse (b)(6)		
DATE Date 9/26/2007	SIGNATURE Signature (b)(6)		

DD FORM 1 APR 77 2064

REPLACES DA FORM 2064, 1 JAN 73 AND DA FORM 2064-RFPAS, 28 SEP 75, WHICH ARE OBSOLETE.

~~FOUO~~

10-L-0126 ACLU DDII CID ROI 17175

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(b)(6)

(b)(6)

~~LAW ENFORCEMENT SENSITIVE~~

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

DISPOSITION OF REMAINS			
NAME OF MORTUARY PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS 438 SVC/SVD 116 26th Street, Dover AFB DE 19902	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	PLS NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2084, APR 1977 (BACK)

USAPA V1.00

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10-L-0126 ACLU DDII CID ROI 17176

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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: ABULLA, Mohammad Khudayer
ISN: (b)(6)
Date of Birth: (b)(6)
Date of Death: (b)(6)

Autopsy No.: (b)(6)
AFIP No.: (b)(6)
Rank: Civilian Detainee
Place of Death: Camp Bucca, Iraq

Date/Time of Autopsy: 26 SEP 2007 @ 1200
Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 29 NOV 2007

Circumstances of Death: This 27-year-old civilian detainee was brought to a guard shack at Camp Bucca without a pulse and not breathing.

Authorization for Autopsy: Armed Forces Medical Examiner, per U.S. Code 10, Section 1471

Identification: Positive identification is established by comparison of postmortem DNA sample and antemortem DNA records. Fingerprints were taken and a postmortem dental examination was performed if exemplars become available.

CAUSE OF DEATH: LIGATURE STRANGULATION

MANNER OF DEATH: HOMICIDE

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Act Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and DoD Instruction 5230.29 "Security of Information" apply. **10-L-012670U DDII CID ROI 17177**

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AUTOPSY REPORT (b)(6)
ABULLA, Mohammed K.

~~LAW ENFORCEMENT SENSITIVE~~

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male received unclad. The body weighs 136-pounds, is 66-inches in length and appears compatible with the reported age of 27-years. The body is cold. Rigor is absent. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. There is green discoloration of the abdomen and marbling of the skin is present.

The head is normocephalic, and the scalp hair is dark and medium length. Facial hair consists of beard stubble. The irides are brown, the corneae are cloudy, the sclerae are white, and the conjunctivae are congested with scattered rare petechiae. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Injuries of the neck are described below (see "Evidence of Injury").

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is flat. The external genitalia are those of a normal adult circumcised male. The anus is without note. Healed surgical scars or tattoos are not noted on the torso. "171814" is written in black marker pen on the abdomen. A 1/8-inch diameter pigmented macule is noted at the sternal notch. There are three round to ovoid scars on the upper back that range in size from 1/8-inch in diameter to 1/4 x 1/8-inch.

The extremities show no evidence of fractures, lacerations or deformities. The fingernails are intact and trimmed. Tattoos are noted on the lateral right arm (heart and line, black, 2 1/2 x 1 1/4-inches) and the anterior right forearm ("A," black, 3/4 x 3/4-inch). Scars are noted on the anterior right arm (5/8 x 1/2-inch) and in the right popliteal fossa (5/8-inch diameter).

CLOTHING AND PERSONAL EFFECTS

No clothing or personal effects are received with the body.

MEDICAL INTERVENTION

- Therapeutic needle stick-marks on the upper right and left chest
- Therapeutic needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue
- Therapeutic needle stick-mark in the right groin

RADIOGRAPHS

A complete set of postmortem radiographs and CT images are obtained and demonstrates the following:

- Metallic foreign bodies in the upper left back, the left buttock, the left forearm, the left hand, and the right leg
- Changes of decomposition

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10-L-0126 ACLU DDII CID ROI 17178

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EXHIBIT j 2

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AUTOPSY REPORT (b)(6)
ABULLA, Mohammed K.

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EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

I. Ligature Strangulation

At least three 1/8-inch in width, circumferential, continuous ligature furrows are present on the skin of the neck and are directed horizontally. The ligature furrows cross the lower half of the thyroid cartilage, between 9 1/2-inches to 10 1/2-inches below the top of the head, between 2 5/8-inches and 3 1/4-inches below the tragus of the right ear and 3-inches and 3 3/4-inches below the tragus of the left ear. On the back of the neck, the ligature furrows cross the posterior midline 9-inches below the top of the head. The ligature is not available for examination.

On the right side of the neck, there is a 1 x 3/4-inch abrasion that is not associated with a ligature furrow, and on the left side of the neck, there is a 1 1/2 x 3/8-inch abrasion that is not associated with a ligature furrow. Layer-wise, anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone.

II. Evidence of Old Fragmentation Injuries

During radiographic studies, metallic foreign bodies are identified and located in the upper left back posterior to the left scapula, the left buttock, the left forearm, the left hand, and in the right leg between the tibia and fibula. The fragments located in the upper left back and the left buttock are recovered and retained as evidence by the OAFME. The other fragments identified are not recovered. Both of the recovered fragments were encased by fibrous tissue; wound tracts and entrance wounds are not identified.

III. Other Injuries

There is a 1/8 x 1/8-inch abrasion on the 4th digit of the right hand (ring finger) and a 1 x 3/8-inch abrasion on the left knee.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Decomposition fluid is present in both pleural cavities (right, 300-milliliters; left 200-milliliters). All body organs are present in normal anatomical position, and demonstrate early changes of decomposition.

The subcutaneous fat layer of the abdominal wall is 3/4-inch thick.

Posterior incisions of the torso and both upper and lower extremities, fail to demonstrate any subcutaneous ecchymoses other than that caused by the therapeutic procedures that have been

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10-L-0126 ACLU DDII CID ROI 17179

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AUTOPSY REPORT (b)(6)
 ABULLA, Mohammed K.

Page 4 of 7

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described above (see "Medical Intervention").

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

Clear cerebrospinal fluid surrounds the 1,600-gram brain, which has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

NECK:

Injuries of the neck are described above (see "Evidence of Injury"). The hyoid bone is intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

CARDIOVASCULAR SYSTEM:

The 290-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no luminal narrowing.

The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.0, 1.0, and 0.3-centimeters thick, respectively. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 710-grams; the left 600-grams.

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AUTOPSY REPORT (b)(6)
ABULLA, Mohammed K.

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HEPATOBIILIARY SYSTEM:

The 1,180-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

The gallbladder contains 10-milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 150-milliliters of red-black fluid.

The small and large bowels are unremarkable. The pancreas is autolyzed, but appears normal. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 110-grams; the left 90-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface.

The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 155-milliliters of cloudy urine. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 190-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

The pituitary gland is left *in situ* and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, and are autolyzed. No masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No non-traumatic abnormalities of muscle or bone are identified.

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ABULLA, Mohammed K.

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MICROSCOPIC EXAMINATION

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

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by AFMES staff photographers.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, decomposition fluid, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.
5. Metallic foreign bodies are collected from the upper left back and left buttock and are retained by the OAFME as evidence.

FINAL AUTOPSY DIAGNOSES

IV. Ligature Strangulation

- A. The ligature is not available for examination
- B. At least three circumferential, continuous ligature furrows are directed horizontally
- C. The ligature furrows cross the lower half of the thyroid cartilage
- D. On both sides of the neck, there are abrasions that are not associated with a ligature furrow
- E. Anterior neck dissection demonstrates focal hemorrhage of the superior right sternocleidomastoid muscle, a fracture of the right superior horn of the thyroid cartilage, and an intact hyoid bone

V. Evidence of Old Fragmentation Injuries

- A. Metallic foreign bodies identified by radiography, located in the upper left back and in the left buttock are recovered and retained as evidence
- B. Metallic foreign bodies identified by radiography, located in the left hand, in the left forearm, and in the right leg between the tibia and fibula are not recovered

VI. Other Injuries

- A. Abrasion on the 4th digit of the right hand (ring finger)
- B. Abrasion on the left knee

IV. No significant natural diseases or pre-existing conditions are identified, within the limitations of this examination.

V. There is no evidence of additional physical abuse

VI. Evidence of Medical Therapy

- A. Needle stick-marks in the upper right and left chest
- B. Needle stick-marks in both antecubital fossae with associated hemorrhage into the adjacent subcutaneous tissue

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C. Needle stick-mark in the right groin

VII. Post-Mortem Changes

- A. Rigor is absent
- B. Lividity is posterior and fixed except in areas exposed to pressure
- C. The body temperature is cold to touch
- D. There is green discoloration of the abdomen
- E. Marbling is present

VIII. Identifying Body Marks

- A. Tattoo on the lateral right arm (heart and line, black, 2 1/2 x 1 1/4-inches)
- B. Tattoo on the anterior right forearm ("A," black, 3/4 x 3/4-inch)
- C. Multiple scars on the back, ranging from 1/8-inch diameter to 1/4 x 1/8-inch
- D. Scar on the anterior right arm, 5/8 x 1/2-inch
- E. Scar on the right popliteal fossa, 5/8-inch diameter
- F. Pigmented macule at the sternal notch

IX. Toxicology

- A. The blood and urine are tested for volatile compounds including ethanol and none are found.
- B. The urine is screened for medications and drugs of abuse and none are found.

OPINION

This 27-year-old male, Mohammad Khudayer Abulla, died of ligature strangulation. There were multiple, circumferential and continuous horizontally-oriented ligature furrows present on his neck. Abrasions noted on both sides of the neck that were not associated with a ligature furrow may represent defensive-type injuries. There was also evidence of old fragmentation injuries noted at autopsy; five metallic foreign bodies were identified radiographically and two fragments were recovered and retained as evidence. The scars noted on the body may represent the locations of entrance wounds that are associated with the fragmentation injuries. Toxicological testing for ethanol and screened drugs of abuse was negative. The manner of death is homicide.

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(b)(6) Medical Examiner

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CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (Nom et prénoms) Abulis, Mohammed,		GRADE Grade Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (A.E. United States) Pays Iraq	DATE OF BIRTH Date de naissance (b)(6) 1981
RACE Race		MARITAL STATUS État Civ.	RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasienne	<input type="checkbox"/> NEGROID Négresse	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parents du défunt avec le mort	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Specify only one cause per line) Cause du décès (Indiquer qu'une seule 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			Ligature strangulation
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORIBUND CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition moribonde, s'il y a lieu, menant à la cause principale		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Cause sous-jacente, s'il y a lieu, menant à la cause principale		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Cause du 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 résultant par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> ACCIDENT Mort accidentelle	(b)(6)		
<input type="checkbox"/> SUICIDE Suicide	(b)(6)		
<input checked="" type="checkbox"/> HOMICIDE Meurtre	DATE Date 26 September 2007	AVIATION ACCIDENT Accident d'Aviation <input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON	
DATE OF DEATH Date du décès (b)(6) 2007	PLACE OF DEATH Lieu du décès Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et le décès est survenu à l'époque indiquée et à la suite des causes énumérées ci-dessus.			
(b)(6)		SIGNATURE Titre du médecin Medical Examiner	
(b)(6)		INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE	
DATE Date 9/28/2007		SIGNATURE (b)(6)	

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DISPOSITION OF REMAINS			
FORMER OF MORTUARY PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS (b)(6)	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and County)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

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