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~~Law Enforcement Sensitive~~

**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Cropper CID Office  
20th/1149th Military Police Detachment (CID), 11th Military Police Battalion  
(CID); Camp Cropper, Baghdad, Iraq APO AE 09342

10 Jul 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0065-2007-CID789-23680 - 5H9A<sup>1</sup>B

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 16 DEC 2007, 1425 - 16 DEC 2007, 1425; INTENSIVE CARE UNIT, 31ST  
COMBAT SUPPORT HOSPITAL, CAMP CROPPER, BAGHDAD 09342, IRAQ

DATE/TIME REPORTED: 16 DEC 2007, 1501

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. MOSHIN, RAAD SAAD (DECEASED); ERCIV: IRAQ; (DOB); (POB); MALE;  
OTHER; INTERNMENT SERIAL NUMBER (ISN) (b)(6), (b)(7)(C) CAMP  
REMEMBRANCE II, THEATER INTERNMENT FACILITY (TIF), CAMP CROPPER,  
BAGHDAD, IZ; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

On 16 Dec 07, this office was notified by the Area Defense Operations Center, 1/181st Infantry,  
Camp Cropper, IZ APO AE 09342 (CCIZ), of the death of Mr MOSHIN while treated in the

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**ACLU DDII CID ROI 32084**

Intensive Care Unit, 31st Combat Support Hospital (CSH), CCIZ.

Investigation determined Mr MOSHIN was admitted to the 31st CSH on 12 Dec 07 for gastrointestinal bleeding and was subsequently pronounced dead at 1425, 16 Dec 07. An autopsy conducted by the Office of the Armed Forces Medical Examiner (OAFME) revealed the cause of death was liver failure due to cryptogenic hepatitis and the manner of death was reported as natural. The results of this investigation were consistent with their findings.

STATUTES:

N/A

EXHIBITS:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 5 Jan 08.
2. Medical Records of Mr MOSHIN.
3. AIR of SA (b)(6), (b)(7)(C) 16 Dec 07.
4. Crime Scene Sketch, 16 Dec 07.
5. Photographic Packet (Death Scene).
6. CD containing original images associated with Exhibit 5 (USACRC and file copies only).
7. AIR of SA (b)(6), (b)(7)(C) 20 Dec 07.
8. Photographic Packet (Autopsy).
9. CD containing original images associated with Exhibit 8 (USACRC and file copies only).
10. DA Form 4137, Evidence/Property Custody Document, Document Number 0709-07.

11. AIR of SA (b)(6), (b)(7)(C) 8 Jul 08.
12. Autopsy Report of OAFME, number ME07-1369.
13. DD Form 2064, Certificate of Death (Overseas), 14 Feb 08.

The originals of Exhibits 1 and 3-9 and 11 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of the 115th Combat Support Hospital, Camp Cropper, Baghdad, Iraq APO AE 09342. The original of Exhibit 10 is retained in the files of the Consolidate Evidence Room, 11th Military Police Battalion (CID), Unit 42232, Camp Victory, Baghdad, Iraq APO AE 09342. The originals of Exhibits 11 and 12 are retained in the files of the Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850.

Not Attached:

None

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

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

Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA (Original)

Commander, 11th MP BN (CID) (FWD), Camp Victory, Baghdad, Iraq, APO AE 09342

Commander, 20th/1149th MP DET (CID), Camp Slayer, Baghdad, Iraq APO AE 09342

Commander, 3D MP GRP (CID), USACIDC, Fort Gillem, GA 30297

Chief, DSCOPS, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060

Director, Armed Forces of the Institute of Pathology, Office of the Armed Forces Medical Examiner, A

Commander, 744th MP BN, Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

FOB Commander, 1-161 Field Artillery, ATTN: LTC (b)(6), (b)(7)(C) Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

Office of the Staff Judge Advocate, 300th Military Police Brigade, ATTN: MAJ (b)(6), (b)(7)(C) Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

Special Agent in Charge, Camp Cropper CID Office

FILE

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0065-07-CID789-23680

PAGE 1 OF 1 PAGE

## DETAILS

**BASIS FOR INVESTIGATION:** About 1501, 16 Dec 07, SA (b)(6),(b)(7)(C),(b)(7)(F) was notified by SSG (b)(6), (b)(7)(C) Area Defense Operations Center, Camp Cropper, Baghdad, Iraq APO AE 09342 (CCIZ) of the death of a detainee.

About 1526, 16 Dec 07, SA (b)(6), (b)(7)(C) interviewed Doctor (MAJ) (b)(6), (b)(7)(C) Physician, Intensive Care Unit (ICU), 31<sup>st</sup> Combat Support Hospital (CSH), CCIZ, who stated Mr Raad Saad MOSHIN, Internment Serial Number (b)(6), (b)(7)(C) Camp Remembrance II (CRII), Theater Internment Facility (TIF), CCIZ, was admitted to the ICU around 1630, 12 Dec 07, for gastrointestinal bleeding. MAJ (b)(6), (b)(7)(C) described Mr MOSHIN's ailment as the end stage of liver disease. MAJ (b)(6), (b)(7)(C) reported Mr MOSHIN's body could no longer process fluids out and he retained fluid to a point where his kidneys failed. Additionally, MAJ (b)(6), (b)(7)(C) related Mr MOSHIN's blood did not clot and the only urine voided from his body was a minute amount in the past 12 hours. Further, MAJ (b)(6), (b)(7)(C) listed ailments of Mr MOSHIN as Hepatorenal Syndrome, Pulmonary Edema, Coagulopathy, Anemia, Hepatic Encephalopathy, and Anasarca. MAJ (b)(6), (b)(7)(C) related Mr MOSHIN made no complaints of abuse, nor did his body show any signs of external trauma indicative of assault. Lastly, MAJ (b)(6), (b)(7)(C) reported life saving measures included the use of an oxygen mask and cardiopulmonary resuscitation. MAJ (b)(6), (b)(7)(C) advised he pronounced Mr MOSHIN deceased at 1425, 16 Dec 07.

About 1130, 5 Jan 08, SA (b)(6),(b)(7)(C),(b)(7)(F) coordinated with CPT (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) OIC, Patient Administration Department, 31<sup>st</sup> CSH, CCIZ, who provided copies of inpatient and outpatient records pertaining to Mr MOSHIN. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

Camp Cropper CID Office, 1149<sup>th</sup>/20<sup>th</sup> MP DET (CID)  
Camp Cropper, Baghdad, Iraq APO AE 09342

DATE

5 Jan 08

EXHIBIT

1

ACLU DDII CID ROI 32088

CAMP CROPPER

11 Oct 2007

Discharge Summary for CROP,C600319207  
Personal Data - Privacy Act of 1974 (PL 93-579)

Attending Physician: (b)(6)  
Admission Date: 10 Oct 2007

Discharge Date:

Admitting Diagnosis:  
NAUSEA WITHOUT VOMITING (ICD 787.02)

Discharge Diagnosis:  
NAUSEA WITHOUT VOMITING (ICD 787.02)

ICD Operations/Procedures:

Active Problem List:

Principal Diagnosis:  
Dehydration  
Viral syndrome

Secondary Diagnosis:  
Psoriasis

Principal Procedures/Operations:

Patient's condition at time of Discharge:  
Improved

Active Outpatient Medications:	
LUBRIDERM (OR SUBST)--TOP LOTN	APPLY TO AFFECTED AREAS AS DIRECTED
HYDROCORTISONE--TOP 1% CREA	APPLY TO AFFECTED AREAS TWICE A DAY
EUCERIN (OR SUBST)--TOP CREA	APPLY TO AFFECTED AREAS AS DIRECTED

Pending at time of Discharge:

Lab Tests	Ordered for	Status
No pending Laboratory tests		

Radiology Exams
No pending Radiology Exams

Future Appointments:				
Clinic/Div	Provider	Date/time	Type	Status

---

Activity Limitations:	
No driving for:	No long walks for:
No jogging for:	No stair climbing for:
No swimming for:	No shower/bath for:

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ACLU DDII CID ROI 32090  
Exhibit 000006

No golf, tennis, similar sports for:  
No sexual intercourse for:

Do not return to work until:

Diet: REGULAR

Patient Instructions:  
Old medications

Hydrocortisone 1% prn psoriais  
Eucerin cream prn psoriasis

No new medications

Physician Responsible for Dictation:

Discharge Summary:

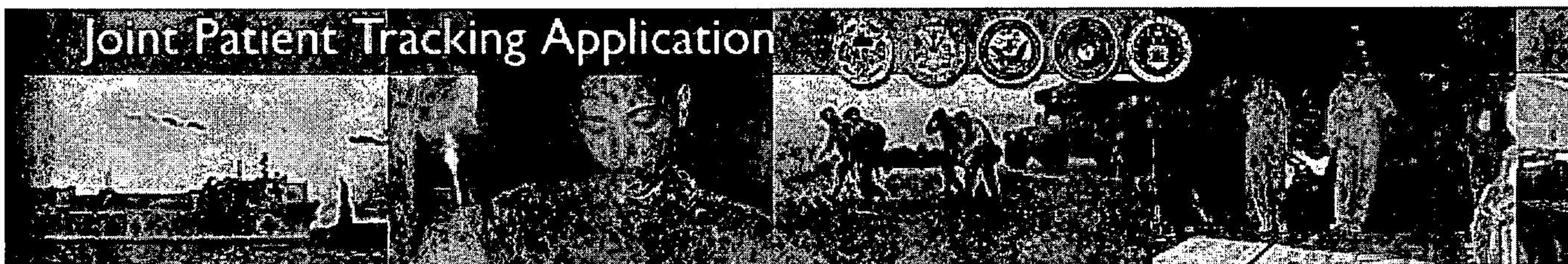
20 YO M with diffuse psoriasis m/b erythroderma and flaking skin has a 4-5 day Hx of feeling fatigued and not well. In the ED he was noted to have intermittent SBP in the 90's and an intial temperature of 101 F. There were no focal sources of infection. He was admitted for observation to r/o pre-sepsis/SIRS and IVF. In the ED he received 3 L NS which was followed by IVF on the ward. He had no more fevers and his SBP remained 100-120. His WBC was normal the following day at 5. UA negative for UTI. CXR negative. Renal function normal. Hct normal. On the day after admission his K+ decreased to 2.6. After oral and IV replacement his K+ is 3.8

Verified by: TF 31 MED, Internal Medicine Physician on 11 Oct 2007

20/600-31-9207	CROP,C600319207	FOREIGN NATIONAL - POW/IN
Reg #: (b)(6)	01 Jan 1987 / Male	H:
	Loc: ICW 1	W:
	Spon: CROP,C600319207	Rank:
	Unit:	RR: MAIN MEDICAL RECORDS

Automated Version of DF502

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ACLU/DDII CID ROI 32091  
Exhibit 2



Welcome (b)(6)

31st CSH - CROPPER

Patient Reg./Update    Patient Search    Patient Info.    Reports

Patient Treatment History

SSN	NAME	REGISTER #	ARR. DATE
600003974 ?	?	?	?

PATIENT NAME: MOHSIN,RAAD SAAD

PATIENT SSN: 600003974

Reverse Record Order

STATUS	LOCATION	DATE	FACILITY	AUTHOR
INPATIENT	ICW-Camp Cropper	11/10/2007	31st CSH - CROPPER	(b)(6)
RTF		11/15/2007		

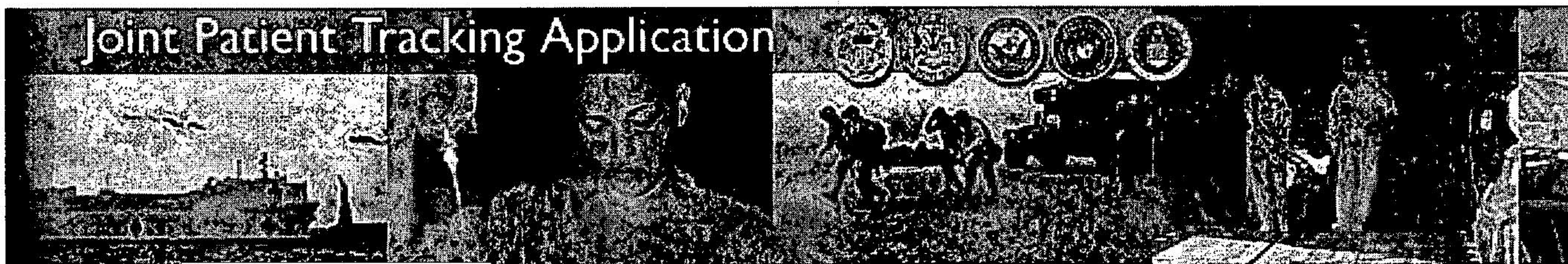
Patient Transport History

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 32092

Exhibit 008<sup>2</sup>





Welcome (b)(6)

31st CSH - CROPPER

Patient Reg./Update Patient Search Patient Info. Reports

Patient Treatment History

SSN	NAME	REGISTER #	ARR. DATE
600003974 ?	?	?	?

PATIENT NAME: RAHID, RAAD

PATIENT SSN: 600003974

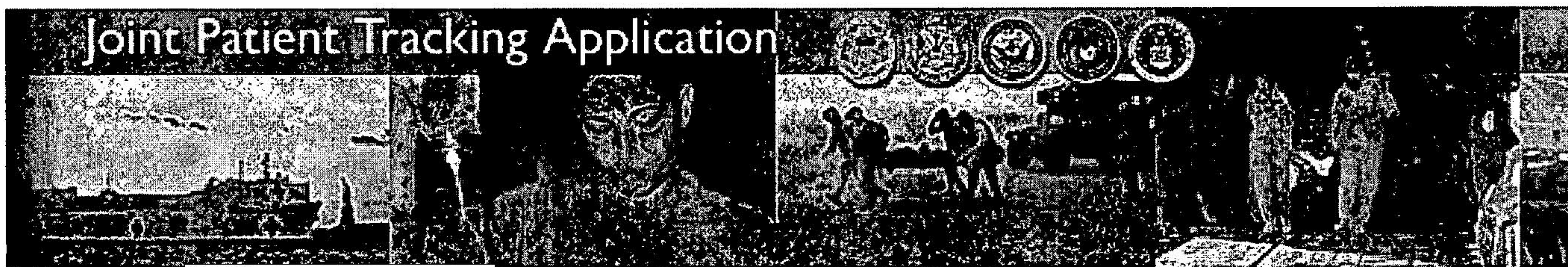
Reverse Record Order

STATUS	LOCATION	DATE	FACILITY	AUTHOR
INPATIENT	ICU-CAMP CROPPER	12/12/2007	31st CSH - CROPPER	(b)(6)
EXPIRED		12/16/2007		

Patient Transport History

FOR OFFICIAL USE ONLY DDII CID ROI 32093  
LAW ENFORCEMENT SENSITIVE

Exhibit 2



Welcome (b)(6)

31st CSH - CROPPER

Patient Reg./Update Patient Search Patient Info. Reports

Patient Treatment History

SSN [?] NAME [?] REGISTER # [?] ARR. DATE [?]

PATIENT NAME: RAHID,RAAD

PATIENT SSN: 600003974

Reverse Record Order

Table with columns: STATUS, LOCATION, DATE, FACILITY, AUTHOR. Data includes INPATIENT, RTF, ICW-CAMP CROPPER, 10/10/2007, 10/11/2007, 31st CSH - CROPPER, (b)(6).

Patient Transport History

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ACLU DDII CID ROI 32094

Exhibit 2

CAMP CROPPER

15 Nov 2007

Discharge Summary for CROP,C600319207  
 Personal Data - Privacy Act of 1974 (PL 93-579)

Attending Physician: (b)(6)

Admission Date: 10 Nov 2007

Discharge Date:

## Admitting Diagnosis:

JAUNDICE, UNSPECIFIED, NOT OF NEWBORN (ICD 782.4)

## Discharge Diagnosis:

JAUNDICE, UNSPECIFIED, NOT OF NEWBORN (ICD 782.4)

## ICD Operations/Procedures:

## Active Problem List:

## Principal Diagnosis:

Cryptogenic hepatitis

## Secondary Diagnosis:

Psoriasis

## Principal Procedures/Operations:

## Patient's condition at time of Discharge:

Improved

## Active Outpatient Medications:

LUBRIDERM (OR SUBST)--TOP LOTN	APPLY TO AFFECTED AREAS AS DIRECTED
HYDROCORTISONE--TOP 1% CREA	APPLY TO AFFECTED AREAS TWICE A DAY
EUCERIN (OR SUBST)--TOP CREA	APPLY TO AFFECTED AREAS AS DIRECTED
DIET SUPP (ENSURE PLUS)--PO LIQ	DRINK 1 CAN BY MOUTH THREE TIMES A DAY FOR 30 DAYS (STOP ON 17 NOV 2007)
PROMETHAZINE--PO 25MG TAB	TAKE ONE-HALF TABLET BY MOUTH EVERY SIX HOURS AS NEEDED FOR NAUSEA

## Pending at time of Discharge:

Lab Tests	Ordered for	Status
TYPE AND AB SCREEN	13 Nov 2007	PENDING
CBC	11 Nov 2007	UNACKNOWLEDGED

## Radiology Exams

No pending Radiology Exams

## Future Appointments:

Clinic/Div	Provider	Date/time	Type	Status
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ACLU RDI CID ROI 32095  
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LAW ENFORCEMENT SENSITIVE

Exhibit 1 2

Activity Limitations:

- No driving for:
- No jogging for:
- No swimming for:
- No golf, tennis, similar sports for:
- No sexual intercourse for:
- No long walks for:
- No stair climbing for:
- No shower/bath for:

Do not return to work until:

Diet: SODIUM RESTRICTED 2000 MG NA

Patient Instructions:

- Medications:
- Lactulose 30ml TID
- Multivitamin daily

Follow up at 31st CHS Internal Medicine clinic in 1 week to repeat labs and order CT chest, abdomen, pelvis.

Physician Responsible for Dictation:

Discharge Summary:

20 YO M developed weakness and fatigue 1 month ago that was initially thought to be a viral syndrome. He then developed progressive weight loss and jaundice. Sent to the ED where he was noted to have Tbili 9.0, direct Bili approximatley 5, albumin 1.5, AST 150 and normal ALT, albumin 2.3, ammonia 140 and mild edema. RUQ U/S showed hepatomehaly and coarse echotexture c/w hepatitis. Biliary system, portal system and hepatic veins are normal. Patient denies medications, tylenol, herbals, teas, taking other peoples medications. Labs have a negative etoh, tylenol, HBV and HCV. He is anemic which goes against HHC. No Keyser-Fleisher rings to suggest Wilson's. Normal TFT. Vit K 10mg sq qd x 3 normalized his coag panel. Lactulose 30ml bid dropped his ammonia to 75. Lactulose increased to tid on day of discharge. LFT have not trended down during this hospitalization. At this point there is no diagnosis for his hepatitis. By the history, he had some sore of toxic or viral insult a month ago. Given the hepatomegaly he could have infiltrative disease, but the acuity is not consistent. Plan for now is watchful waiting. We do not have interventional radiology in country to do a liver biopsy. Even if a biopsy were performed, it is not likely to find a treatable illness. Per my E-mail discussion with GI theater consultant autoimmune hepatitis is unlikely because his total protein is low. Emperic trial of steroids is not indicated. CT scanner is down. He will f/u with me in 1 week to repeat labs and order CT C/A/P to r/o cancer.

Verified by: TF 31 MED, Internal Medicine Physician on 15 Nov 2007

20/600-31-9207	CROP,C600319207	FOREIGN NATIONAL - POW/IN
	01 Jan 1987 / Male	H:
Reg #: (b)(6)	Loc: ICW 1	W:
	Spon: CROP,C600319207	Rank:
	Unit:	RR: MAIN MEDICAL RECORDS

Automated Version of DF502

ACLU DDII CID ROI 32096

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LAW ENFORCEMENT SENSITIVE

Exhibit 000012 2

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400: THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.		31st CS4 Camp Cropper Baghdad Iraq			
<p>Instructions - Medical Officer in attendance will:                      Prepare, in one copy only, Items 1 through 10 and sign Item 11.                      Print or type entries.</p>		<p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>			
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) ISN# 319207 RAAD SAAD MOHAMED 31 DEC 87		2. TIME OF DEATH (Hour-day-month-year) 1425 / 16 December 07	3. MEDICAL EXAMINER/ CORONER'S CASE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Hepatorenal Syndrome		48 hours		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) End stage liver disease (2)		3 months		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	b.			
9. DATE 16 December 07	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)			
SECTION B - ADMINISTRATIVE					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)		
22. PROVISIONAL PATHOLOGICAL FINDINGS					
23. DATE		24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE		27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR	
		ACLU DDII CID ROI 32097			

TAB

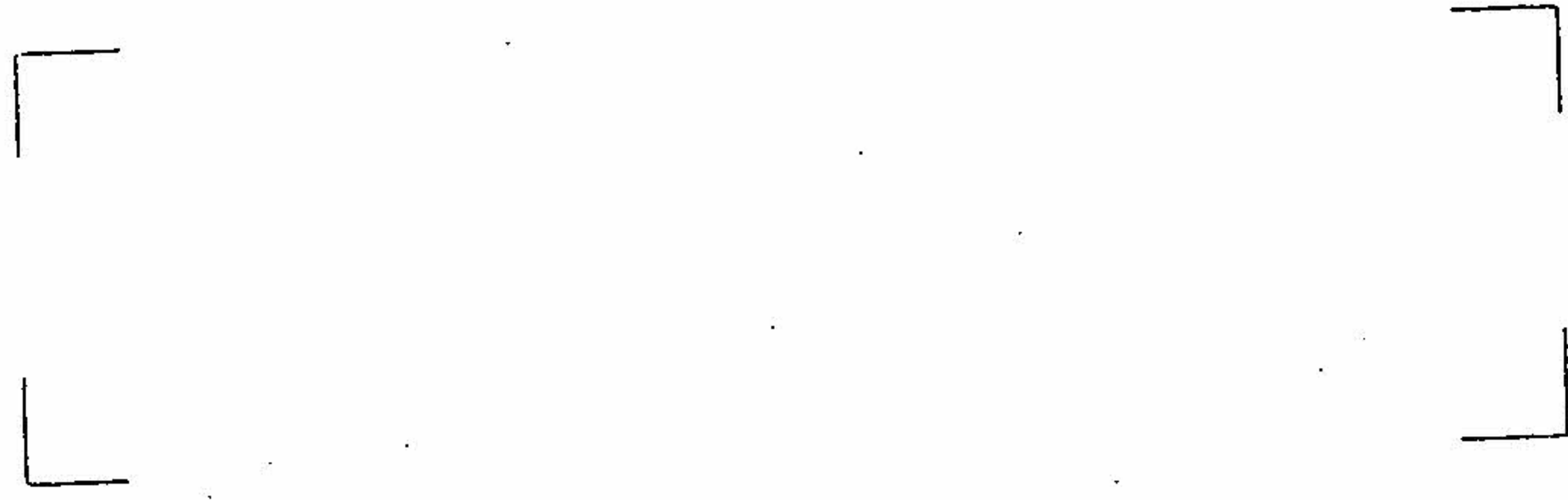
CERTIFICATE OF DEATH

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

INTERNMENT SERIAL NUMBER

FROM:

TO:



NAME (Last, first, MI) <b>IRAF 319 207 RAAD SA'AD MOHSIN</b>		GRADE —	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH <b>31 DEC 87</b>
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH <b>31st GH, Camp Cropper</b>	DATE OF DEATH <b>16 December 2007</b>	CAUSE OF DEATH <b>Hepatorenal Syndrome</b>	
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

**16 December 2007**

SIGNATURE OF COMMANDING OFFICER

SIGNATURE OF MEDICAL OFFICER

(b)(6)

WITNESSES

ADDRESS

SIGNATURE

SIGNATURE

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ACLU DDJ OI RO I 32098

LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
12/16/07 1439	<p>no Yo 71c BSLD presented secondary to NASH and Childs C classification admitted for worsening ascites, volume overload and oliguria. Patient diagnosed hepato-renal syndrome. Treated with blood transfusion to achieve Hct &gt; 30. Levofloxacin 2 400mg/day, pectinate 10mg qd, Dexamethasone 4mg/kg/day, IV fluids and albumin 75 gms IV/day. Paracentesis negative for SBP. Patient had 1200 cc UOP over ~ 5 days, became progressively anorectic and pulmonary edema. In the 36<sup>th</sup> hour to death had ~ 300cc UOP. On day of death he had severe pulmonary edema, SpO2 70% on 12L O2 and labored respirations. Placed on morphine q4 to alleviate his suffering. Throughout the day became progressively hypotensive and hypoxic. Pronounced dead @ 1425 on 12/16/07</p>

(b)(6)

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

Few 4 ISN# 3/9207

600 00 3977

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

ACLU DDII 010 RO 32099 FOR OFFICIAL USE ONLY

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Exhibit 15 2

MEDICAL RECORD | DISPOSITION OF BODY

RECEIPT OF BODY AT MORGUE

The body of RA'AD SA'AD MOHSIY (Name) was received

at \_\_\_\_\_ A.M. P.M. on \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature)

CERTIFICATE OF REMOVAL

The body of \_\_\_\_\_ (Name) was removed

by \_\_\_\_\_ (Name and address of undertaker)

at \_\_\_\_\_ A.M. P.M. on \_\_\_\_\_ (Date)

\_\_\_\_\_  
(Signature of person releasing body to undertaker) | \_\_\_\_\_  
(Signature of representative of undertaker)

The following statement shall be completed only when specifically ordered.

PHYSICIAN'S STATEMENT REGARDING CONDITION OF REMAINS AS RELEASED (Describe post-mortem, surface discolorations, abrasions, lesions, incisions, whether remains were embalmed, etc.)

THIS BODY CONTAINS A MEDICAL IMPLANT WHICH MAY INCLUDE A BATTERY OR POWER CELL.  YES  NO

\_\_\_\_\_  
(Signature of physician)

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

REGISTER NO. | WARD NO.

RA'AD SA'AD MOHSIY

600 00 39 74

ISN: 319 20

DISPOSITION OF BODY  
ACLU DDII CID ROL 32100  
EXHIBIT 2

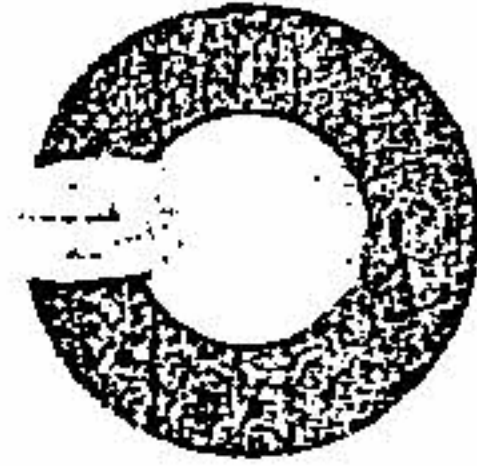
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LAW ENFORCEMENT SENSITIVE

STANDARD FORM 123-A (REV. 12-93)  
Prescribed by GSA/ICMR, FIRM (41 CFR) 201-9.2



1. LAST NAME-FIRST NAME-MIDDLE INITIAL 600-00-3974				2. GRADE DET	
				3. SOCIAL SECURITY NO. 600-00-3974	
4. ORGANIZATION TF-31 3/4 CSH Camp (MAD) ICU					5. WARD ICU
6. DEATH OCCURRED				7. PLACE WHERE DEATH OCCURRED	
HOUR 1425	DAY 16	MO. 12	YEAR 07	ICU	
AUTHORIZED SIGNATURE (b)(6)					



DA FORM 3910 WHICH WILL BE USED. 8-219, 1 MAR 63.  
1 AUG 72 For use of this form see, AR 40-400; the proponent agency is OTSG.

DEATH TAG

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LAW ENFORCEMENT SENSITIVE  
ACLU DDII CID ROI 32101  
Exhibit 2

FOR OFFICIAL USE ONLY

TMIP | Theater Medical Data Store

Print Window | Close Window

Inpatient Record

[Help with this page](#)

Demographics Information

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Organ Donor: <b>U</b>	VIP Type: <b>N</b>	
Home Unit:	Deploy Unit:	Temp Unit:
Kin Information:		
Kin Name: <b>null - null</b>		
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

Encounter Information

Encounter Date: <b>11/10/2007 17:11</b>	Facility: <b>A7457 (A7457)</b>
Report Date: <b>11/10/2007 17:11</b>	Data Source: <b>CHCSTC2</b>
Provider:	

Disposition Information

Disposition: <b>QUARTERS</b>
------------------------------

Diagnosis Information

Primary Diagnosis	
<b>782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN</b>	
Original DNBI: <b>Unknown</b>	Circumstance:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Initial Visit: <b>Y</b>

Admission/Discharge Information

Admit Date: <b>11/10/2007 17:11</b>	
Admission Type: <b>DIRECT TO MILITARY MTF FROM OTHER THAN ER OR APU</b>	
Admit Comments: (b)(6)	
Discharge Date: <b>11/15/2007 10:32</b>	
Discharge Comments:	
Post Discharge Comments:	
Administration Notes	
<b>Date</b>	<b>Type</b>
<input type="checkbox"/> 11/15/2007	DISCHARGE

ACLU DDII CID ROI 32102

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LAW ENFORCEMENT SENSITIVE

Exhibit 2

000018

10:32

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis <b>782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN</b>	
Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Comments:

**Bed Information**

Active: **Y**

11/15/2007 UPDATE  
10:32

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis <b>782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN</b>	
Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Comments:

**Bed Information**

Active: **Y**

11/10/2007 DISCHARGE SUMMARY  
17:11

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>NONE</b>	Lost Days:

**Diagnosis Information**

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Exhibit 2

Primary Diagnosis  
**782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN**

Secondary Diagnosis(es)  
**782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN**

Original DNBI: **Unknown**  
Mapped DNBI\*: **All Other, Medical/Surgical**

Injury Type:  
Comments:

**Bed Information**

Active: **Y**

**Notes Information**

**11/10/2007 17:11, DISCHARGE SUMMARY**

11/10/2007 17:11 ADMISION

**Disposition Information**

Service Type: Signed Date:  
Attending Provider: Admitting Provider:  
Disposition: **NONE** Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN**

Original DNBI: **Unknown**  
Mapped DNBI\*: **All Other, Medical/Surgical**

Injury Type:  
Comments:

**Bed Information**

Ward Name: **ICW 1** Assigned Bed: **16**  
Room: **2** Active: **Y**

11/10/2007 17:11 ADMISION

**Disposition Information**

Service Type: Signed Date:  
Attending Provider: Admitting Provider:  
Disposition: **NONE** Lost Days:

**Diagnosis Information**

Primary Diagnosis

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Exhibit

2

**782.4, JAUNDICE, UNSPECIFIED, NOT OF NEWBORN**

Original DNBI: **Unknown**  
 Mapped DNBI\*: **All Other, Medical/Surgical**

Injury Type:  
 Comments:

**Bed Information**

Ward Name: **ICW 1**  
 Room: **2**

Assigned Bed: **16**  
 Active: **Y**

**Notes**

Laboratory Results

Date	Name	Type	Status
11/15/2007 00:13	HEP PANEL	Observations to follow	Order complete

Procedure Description  
**HEPATIC FUNCTION PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
ALANINE AMINOTRANSFERASE	51 H	10-47 U/L	Final Results	(b)(6)	11/15/2007 05:12
ALKALINE PHOSPHATASE	109	26-184 U/L	Final Results	(b)(6)	11/15/2007 05:12
ASPARTATE AMINOTRANSFERASE	127 H	11-55 U/L	Final Results	(b)(6)	11/15/2007 05:12
PROTEIN TOTAL	4.3 L	6.4-8.1 g/dL	Final Results	(b)(6)	11/15/2007 05:12
ALBUMIN	1.5 LL	3.3-5.5 g/dL	Final Results	(b)(6)	11/15/2007 05:12
BILIRUBIN TOTAL	7.4	>12 mg/dL	Final Results	(b)(6)	11/15/2007 05:12
BILIRUBIN DIRECT	3.9	15 mg/dL	Final Results	(b)(6)	11/15/2007 05:12

Comments:  
 INTERPRETATION(S):  
 PERFORMED ON PICCOLO  
 CHEMISTRY ANALYZER^^^

Comments:  
 RESULT COMMENT(S): done  
 twice.reported to  
 icw@0510^^^

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ACLU RDI CID ROI 32105

Exhibit 2

Results (b)(6) 05:12

11/15/2007 00:12 CBC Observations to follow Order complete

Procedure Description  
**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	252	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/15/2007 05:08
LYMPHOCYTES	17 L	20.0-44.0 %	Final Results		11/15/2007 05:08
HEMATOCRIT	30.4 L	42-52 %	Final Results		11/15/2007 05:08
RBC COUNT	3.49 L	4.20-6.10 x10 6/uL	Final Results		11/15/2007 05:08
WBC COUNT	10.1	4.8-10.8 x10 3/uL	Final Results		11/15/2007 05:08
MCV NUMERIC	87.2	80.0-99.0 fl	Final Results		11/15/2007 05:08
MCH NUMERIC	29.3	27.0-31.0 pg	Final Results		11/15/2007 05:08
MCHC NUMERIC	33.6	33.0-37.0 g/dL	Final Results		11/15/2007 05:08
ABSOLUTE LYMPHS	1.7	0.7-4.3 x10 3/uL	Final Results		11/15/2007 05:08
HEMOGLOBIN	10.2 L	12.0-18.0 g/dL	Final Results		11/15/2007 05:08

11/15/2007 00:12 COAG PANEL Observations to follow Order complete

Procedure Description  
**PROTHROMBIN TIME  
THROMBOPLASTIN TIME, PARTIAL  
OUTPAT,WARFARIN,REV INIT 90DYS**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
INR	1.1		Final Results	(b)(6)	11/15/2007 05:05

Comments:  
INTERPRETATION(S): Patient

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LAW ENFORCEMENT SENSITIVE

Exhibit 2

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

PARTIAL THROMBOPLASTIN TIME	42.0	21.0-50.0 sec	Final Results	(b)(6)	11/15/2007 05:05
PROTHROMBIN TIME	11.3	7.0-14.0 sec	Final Results	(b)(6)	11/15/2007 05:05

11/15/2007 00:12 BASIC METABOLIC PANEL Observations to follow Order complete

**Procedure Description**  
**BASIC METABOLIC PANEL**

**Results**

Name	Results	Ref. Range	Status	Certified By	Certified Date
MAGNESIUM	1.5 L	1.6-2.3 mg/dL	Final Results	(b)(6)	11/15/2007 05:10

Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
CHEMISTRY ANALYZER^^^

CARBON DIOXIDE	30	18-33 mmol/L	Final Results	(b)(6)	11/15/2007 05:10
CREATININE	TNP	0.6-1.2 mg/dL	Final Results	(b)(6)	11/15/2007 05:10

Comments:  
RESULT COMMENT(S): could  
not result specimen  
hemolysed and icteric^^^

UREA NITROGEN	4 L	7-22 mg/dL	Final Results	(b)(6)	11/15/2007 05:10
GLUCOSE	102	73-118 mg/dL	Final Results	(b)(6)	11/15/2007 05:10

Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
CHEMISTRY ANALYZER^^^

SODIUM	134	128-145 mmol/L	Final Results	(b)(6)	11/15/2007 05:10
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Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
ANALYZER^^^

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ACLU RDI CID ROI 32107

Exhibit 2

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POTASSIUM	4.2	3.5-4.9 mmol/L	Final Results	(b)(6)	11/15/2007 05:10
CHLORIDE	103	98-108 mmol/L	Final Results	(b)(6)	11/15/2007 05:10
CALCIUM	8.2	8.0-10.3 mg/dL	Final Results	(b)(6)	11/15/2007 05:10

11/14/2007 04:20 BASIC METABOLIC PANEL Observations to follow Order complete

Procedure Description  
**BASIC METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
MAGNESIUM	1.4 L	1.6-2.3 mg/dL	Final Results	(b)(6)	11/14/2007 04:40
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
CARBON DIOXIDE	24	18-33 mmol/L	Final Results	(b)(6)	11/14/2007 04:40
CREATININE	0.6	0.6-1.2 mg/dL	Final Results	(b)(6)	11/14/2007 04:40
UREA NITROGEN	4 L	7-22 mg/dL	Final Results	(b)(6)	11/14/2007 04:40
GLUCOSE	108	73-118 mg/dL	Final Results	(b)(6)	11/14/2007 04:40
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
SODIUM	130	128-145 mmol/L	Final Results	(b)(6)	11/14/2007 04:40
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^					
POTASSIUM	3.9	3.5-4.9 mmol/L	Final Results	(b)(6)	11/14/2007 04:40
CHLORIDE	103	98-108 mmol/L	Final Results	(b)(6)	11/14/2007 04:40
CALCIUM	7.9 L	8.0-10.3 mg/dL	Final Results	(b)(6)	11/14/2007 04:40

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ACLU RDI CID ROI 32108

Exhibit 4 2



10.3 mg/dL Results (b)(6) 04:40

11/14/2007 04:20 CBC Observations to follow Order complete

Procedure Description

**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	262	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/14/2007 04:25
LYMPHOCYTES	14 L	20.0-44.0 %	Final Results		11/14/2007 04:25
HEMATOCRIT	27.7 L	42-52 %	Final Results		11/14/2007 04:25
RBC COUNT	3.06 L	4.20-6.10 x10 6/uL	Final Results		11/14/2007 04:25
WBC COUNT	7.4	4.8-10.8 x10 3/uL	Final Results		11/14/2007 04:25
MCV NUMERIC	90.6	80.0-99.0 fl	Final Results		11/14/2007 04:25
MCH NUMERIC	30.2	27.0-31.0 pg	Final Results		11/14/2007 04:25
MCHC NUMERIC	33.3	33.0-37.0 g/dL	Final Results		11/14/2007 04:25
ABSOLUTE LYMPHS	1.0	0.7-4.3 x10 3/uL	Final Results		11/14/2007 04:25
HEMOGLOBIN	9.2 L	12.0-18.0 g/dL	Final Results		11/14/2007 04:25

11/14/2007 04:20 HEP PANEL Observations to follow Order complete

Procedure Description

**HEPATIC FUNCTION PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
ALANINE AMINOTRANSFERASE	43	10-47 U/L	Final Results	(b)(6)	11/14/2007 04:40
ALKALINE PHOSPHATASE	126	26-184 U/L	Final Results		11/14/2007 04:40

Comments:  
INTERPRETATION(S):

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 LAW ENFORCEMENT SENSITIVE

Exhibit 5 2

PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^

ASPARTATE AMINOTRANSFERASE	136 H	11-55 U/L	Final Results	(b)(6)	11/14/2007 04:40
PROTEIN TOTAL	4.4 L	6.4-8.1 g/dL	Final Results		11/14/2007 04:40
ALBUMIN	1.5 LL	3.3-5.5 g/dL	Final Results		11/14/2007 04:40
Comments: RESULT COMMENT(S): REPORTED TO ICW^^^					
BILIRUBIN TOTAL	7.0	>12 mg/dL	Final Results		11/14/2007 04:40
BILIRUBIN DIRECT	3.7	15 mg/dL	Final Results		11/14/2007 04:40

11/14/2007 04:20 COAG PANEL Observations to follow Order complete

Procedure Description  
**PROTHROMBIN TIME  
THROMBOPLASTIN TIME, PARTIAL  
OUTPAT,WARFARIN,REV INIT 90DYS**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
INR	1.7		Final Results	(b)(6)	11/14/2007 04:25
Comments: INTERPRETATION(S): Patient not on therapy: 0.8-1.5^^^Patient on therapy: 2.0-3.0^^^					
PARTIAL THROMBOPLASTIN TIME	44.7	21.0-50.0 sec	Final Results		11/14/2007 04:25
PROTHROMBIN TIME	16.8 H	7.0-14.0 sec	Final Results		11/14/2007 04:25

11/13/2007 13:31 CBC Observations to follow Order complete

Procedure Description  
**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
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Exhibit

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PLATELETS	291	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/13/2007 17:14
LYMPHOCYTES	15 L	20.0-44.0 %	Final Results		11/13/2007 17:14
HEMATOCRIT	33.3 L	42-52 %	Final Results		11/13/2007 17:14
RBC COUNT	3.83 L	4.20-6.10 x10 6/uL	Final Results		11/13/2007 17:14
WBC COUNT	10.4	4.8-10.8 x10 3/uL	Final Results		11/13/2007 17:14
MCV NUMERIC	86.7	80.0-99.0 fl	Final Results		11/13/2007 17:14
MCH NUMERIC	27.7	27.0-31.0 pg	Final Results		11/13/2007 17:14
MCHC NUMERIC	31.9 L	33.0-37.0 g/dL	Final Results		11/13/2007 17:14
ABSOLUTE LYMPHS	1.6	0.7-4.3 x10 3/uL	Final Results		11/13/2007 17:14
HEMOGLOBIN	10.6 L	12.0-18.0 g/dL	Final Results		11/13/2007 17:14

11/12/2007 21:46 COAG PANEL Observations to follow Order complete

Procedure Description <b>PROTHROMBIN TIME</b> <b>THROMBOPLASTIN TIME, PARTIAL</b> <b>OUTPAT,WARFARIN,REV INIT 90DYS</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
INR	1.9		Final Results	(b)(6)	11/13/2007 04:38	
Comments: INTERPRETATION(S): Patient not on therapy: 0.8- 1.5^^^Patient on therapy: 2.0- 3.0^^^						
PARTIAL THROMBOPLASTIN TIME	49.2	21.0- 50.0 sec	Final Results		11/13/2007 04:38	
PROTHROMBIN TIME	19.1 H	7.0- 14.0 sec	Final Results		11/13/2007 04:38	

11/12/2007 21:46 CBC Observations to follow Order complete

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Exhibit

2

Procedure Description

**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	364	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/12/2007 22:13
LYMPHOCYTES	23	20.0-44.0 %	Final Results		11/12/2007 22:13
HEMATOCRIT	27.6 L	42-52 %	Final Results		11/12/2007 22:13
RBC COUNT	3.19 L	4.20-6.10 x10 6/uL	Final Results		11/12/2007 22:13
WBC COUNT	9.5	4.8-10.8 x10 3/uL	Final Results		11/12/2007 22:13
MCV NUMERIC	86.5	80.0-99.0 fl	Final Results		11/12/2007 22:13
MCH NUMERIC	26.5 L	27.0-31.0 pg	Final Results		11/12/2007 22:13
MCHC NUMERIC	30.6 L	33.0-37.0 g/dL	Final Results		11/12/2007 22:13
ABSOLUTE LYMPHS	2.2	0.7-4.3 x10 3/uL	Final Results		11/12/2007 22:13
HEMOGLOBIN	8.4 L	12.0-18.0 g/dL	Final Results		11/12/2007 22:13

11/12/2007 21:46 HEP PANEL Observations to follow Order complete

Procedure Description

**HEPATIC FUNCTION PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
ALANINE AMINOTRANSFERASE	44	10-47 U/L	Final Results	(b)(6)	11/12/2007 22:30
ALKALINE PHOSPHATASE	128	26- 184 U/L	Final Results		11/12/2007 22:30
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^					
ASPARTATE AMINOTRANSFERASE	134 H	16-55 U/L	Final Results	(b)(6)	11/12/2007 22:30

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Exhibit 2

000028

PROTEIN TOTAL	4.6 L	6.4-8.1 g/dL	Final Results	(b)(6)	11/12/2007 22:30
ALBUMIN	1.7 L	3.3-5.5 g/dL	Final Results	(b)(6)	11/12/2007 22:30
BILIRUBIN TOTAL	6.5 H	0.2-1.6 mg/dL	Final Results	(b)(6)	11/12/2007 22:30
BILIRUBIN DIRECT	3.20 H	0.0-0.3 mg/dL	Final Results	(b)(6)	11/12/2007 22:30

☐ 11/12/2007 21:46 BASIC METABOLIC PANEL Observations to follow Order complete

**Procedure Description**  
**BASIC METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
MAGNESIUM	1.7	1.6-2.3 mg/dL	Final Results	(b)(6)	11/12/2007 22:31
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
CARBON DIOXIDE	27	18-33 mmol/L	Final Results	(b)(6)	11/12/2007 22:31
CREATININE	0.5 L	0.6-1.2 mg/dL	Final Results	(b)(6)	11/12/2007 22:31
UREA NITROGEN	3 L	7-22 mg/dL	Final Results	(b)(6)	11/12/2007 22:31
GLUCOSE	124 H	73-118 mg/dL	Final Results	(b)(6)	11/12/2007 22:31
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
SODIUM	128	128-145 mmol/L	Final Results	(b)(6)	11/12/2007 22:31
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^					
POTASSIUM	4.4	3.5-4.9 mmol/L	Final Results	(b)(6)	11/12/2007 22:31
CHLORIDE	100	98-	Final Results	(b)(6)	11/12/2007

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ACLU-RDI CID ROI 32113

Exhibit 2

CALCIUM	7.8 L	8.0-10.3 mg/dL	108 mmol/L	Results	(b)(6)	22:31
				Final Results		11/12/2007 22:31

☐ 11/12/2007 21:44 CBC Observations to follow Order complete

Procedure Description  
**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	346	130-400 x 10 <sup>3</sup> /uL	Final Results	(b)(6)	11/13/2007 04:43
LYMPHOCYTES	22	20.0-44.0 %	Final Results		11/13/2007 04:43
HEMATOCRIT	25.2 L	42-52 %	Final Results		11/13/2007 04:43
RBC COUNT	2.94 L	4.20-6.10 x10 <sup>6</sup> /uL	Final Results		11/13/2007 04:43
WBC COUNT	8.7	4.8-10.8 x10 <sup>3</sup> /uL	Final Results		11/13/2007 04:43
MCV NUMERIC	85.6	80.0-99.0 fl	Final Results		11/13/2007 04:43
MCH NUMERIC	27.1	27.0-31.0 pg	Final Results		11/13/2007 04:43
MCHC NUMERIC	31.7 L	33.0-37.0 g/dL	Final Results		11/13/2007 04:43
ABSOLUTE LYMPHS	1.9	0.7-4.3 x10 <sup>3</sup> /uL	Final Results		11/13/2007 04:43
HEMOGLOBIN	8.0 L	12.0-18.0 g/dL	Final Results		11/13/2007 04:43

☐ 11/12/2007 21:44 BASIC METABOLIC PANEL Observations to follow Order complete

Procedure Description  
**BASIC METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
MAGNESIUM	1.5 L	1.6-2.3 mg/dL	Final Results	(b)(6)	11/13/2007 04:41

Comments:

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LAW ENFORCEMENT SENSITIVE  
000036

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INTERPRETATION(S):  
PERFORMED ON PICOLLO  
CHEMISTRY ANALYZER^^^

CARBON DIOXIDE	25	18- 33 mmol/L	Final Results	(b)(6)	11/13/2007 04:41
CREATININE	0.3 L	0.6- 1.2 mg/dL	Final Results		11/13/2007 04:41
UREA NITROGEN	4 L	7-22 mg/dL	Final Results		11/13/2007 04:41
GLUCOSE	104	73- 118 mg/dL	Final Results		11/13/2007 04:41

Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
CHEMISTRY ANALYZER^^^

SODIUM	131	128- 145 mmol/L	Final Results	(b)(6)	11/13/2007 04:41
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Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
ANALYZER^^^

POTASSIUM	3.7	3.5- 4.9 mmol/L	Final Results	(b)(6)	11/13/2007 04:41
CHLORIDE	100	98- 108 mmol/L	Final Results		11/13/2007 04:41
CALCIUM	8.1	8.0- 10.3 mg/dL	Final Results		11/13/2007 04:41

11/11/2007 20:23 COAG PANEL Observations to follow Order complete

Procedure Description  
**PROTHROMBIN TIME**  
**THROMBOPLASTIN TIME, PARTIAL**  
**OUTPAT,WARFARIN,REV INIT 90DYS**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
INR	2.4		Final Results	(b)(6)	11/12/2007 04:08

Comments:  
INTERPRETATION(S): Patient  
not on therapy: 0.8-  
1.5^^^Patient on therapy: 2.0-  
3.0^^^

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ACEU DDII CID ROI 32115

Exhibit

2

PARTIAL THROMBOPLASTIN TIME	56.1 H	21.0-50.0 sec	Final Results	(b)(6)	11/12/2007 04:08
PROTHROMBIN TIME	24.2 H	7.0-14.0 sec	Final Results	(b)(6)	11/12/2007 04:08

☐ 11/11/2007 20:22 CBC Observations to follow Order complete

Procedure Description  
**COMPLETE CBC, AUTOMATED**

Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
PLATELETS	369	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/12/2007 03:57	
LYMPHOCYTES	26	20.0-44.0 %	Final Results	(b)(6)	11/12/2007 03:57	
HEMATOCRIT	28.0 L	42-52 %	Final Results	(b)(6)	11/12/2007 03:57	
RBC COUNT	3.29 L	4.20-6.10 x10 <sup>6</sup> /uL	Final Results	(b)(6)	11/12/2007 03:57	
WBC COUNT	8.5	4.8-10.8 x10 <sup>3</sup> /uL	Final Results	(b)(6)	11/12/2007 03:57	
MCV NUMERIC	85.0	80.0-99.0 fl	Final Results	(b)(6)	11/12/2007 03:57	
MCH NUMERIC	26.8 L	27.0-31.0 pg	Final Results	(b)(6)	11/12/2007 03:57	
MCHC NUMERIC	31.5 L	33.0-37.0 g/dL	Final Results	(b)(6)	11/12/2007 03:57	
ABSOLUTE LYMPHS	2.2	0.7-4.3 x10 <sup>3</sup> /uL	Final Results	(b)(6)	11/12/2007 03:57	
HEMOGLOBIN	8.8 L	12.0-18.0 g/dL	Final Results	(b)(6)	11/12/2007 03:57	

☐ 11/11/2007 20:22 BASIC METABOLIC PANEL Observations to follow Order complete

Procedure Description  
**BASIC METABOLIC PANEL**

Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
MAGNESIUM	1.2 L	1.6-2.3 mg/dL	Final Results	(b)(6)	11/12/2007 04:06	

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Comments:  
 INTERPRETATION(S):  
 PERFORMED ON PICOLLO  
 CHEMISTRY ANALYZER^^^

CARBON DIOXIDE	31	18-33 mmol/L	Final Results	(b)(6)	11/12/2007 04:06
CREATININE	0.3 L	0.6-1.2 mg/dL	Final Results	(b)(6)	11/12/2007 04:06
UREA NITROGEN	3 L	7-22 mg/dL	Final Results	(b)(6)	11/12/2007 04:06
GLUCOSE	110	73-118 mg/dL	Final Results	(b)(6)	11/12/2007 04:06

Comments:  
 INTERPRETATION(S):  
 PERFORMED ON PICOLLO  
 CHEMISTRY ANALYZER^^^

SODIUM	133	128-145 mmol/L	Final Results	(b)(6)	11/12/2007 04:06
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Comments:  
 INTERPRETATION(S):  
 PERFORMED ON PICOLLO  
 ANALYZER^^^

POTASSIUM	3.1 L	3.5-4.9 mmol/L	Final Results	(b)(6)	11/12/2007 04:06
CHLORIDE	96 L	98-108 mmol/L	Final Results	(b)(6)	11/12/2007 04:06
CALCIUM	8.2	8.0-10.3 mg/dL	Final Results	(b)(6)	11/12/2007 04:06

11/11/2007 16:07 RAPID ALCOHOL Observations to follow Order complete

Procedure Description						
<b>ASSAY OF ETHANOL</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
RAPID ALCOHOL	NEGATIVE	0- >20 mg/dL	Final Results	(b)(6)	11/11/2007 16:27	
Comments: INTERPRETATION(S): On-site rapid test kit is used.^^^						

11/11/2007 16:06 HIV-1/2 AB Observations to follow Order complete

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Procedure Description <b>HIV-1/HIV-2, SINGLE ASSAY</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
HIV-1/2 AB	NEGATIVE FOR HIV-1 AND HIV-2 ANTIBODIES		Final Results	(b)(6)	11/11/2007 18:41	

11/11/2007 12:41 COAG PANEL Observations to follow Order complete

Procedure Description <b>PROTHROMBIN TIME THROMBOPLASTIN TIME, PARTIAL OUTPAT,WARFARIN,REV INIT 90DYS</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
INR	2.3		Final Results	(b)(6)	11/11/2007 16:30	
Comments: INTERPRETATION(S): Patient not on therapy: 0.8-1.5^^^Patient on therapy: 2.0-3.0^^^						
PARTIAL THROMBOPLASTIN TIME	70.9 H	21.0-50.0 sec	Final Results	(b)(6)	11/11/2007 16:30	
PROTHROMBIN TIME	23.4 H	7.0-14.0 sec	Final Results	(b)(6)	11/11/2007 16:30	

11/11/2007 12:41 HIV-1/2 AB Observations to follow Order complete

Procedure Description <b>HIV-1/HIV-2, SINGLE ASSAY</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
HIV-1/2 AB	NEGATIVE FOR HIV-1 AND HIV-2 ANTIBODIES		Final Results	(b)(6)	11/12/2007 12:35	

11/11/2007 12:41 THYROID PANEL Observations to follow Order complete

Procedure Description <b>ASSAY OF THYROID (T3 OR T4)</b>						
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Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
THYROTROPIN	5.03		Final Results	(b)(6)	11/11/2007 15:45
Comments: INTERPRETATION(S): Normal ranges: Euthyroid: 0.25-5 uIU/mL^^^ Hyperthyroid: <0.15 uIU/mL^^^ Hypothyroid: 7 uIU/mL^^^ Performed on Mini-Vidas analyzer^^^					
T4 FREE	12.35	9-20 pmol/L	Final Results	(b)(6)	11/11/2007 15:45
Comments: INTERPRETATION(S): Performed on Mini-Vidas analyzer^^^					
TRIIODOTHYRONINE FREE	1.64 L	4-8.3 pmol/L	Final Results	(b)(6)	11/11/2007 15:45
Comments: INTERPRETATION(S): Performed on Mini-Vidas analyzer^^^					

☐ 11/11/2007 02:49 HEP PANEL Observations to follow Order complete

Procedure Description  
**HEPATIC FUNCTION PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
ALANINE AMINOTRANSFERASE	48 H	10-47 U/L	Final Results	(b)(6)	11/11/2007 04:58
ALKALINE PHOSPHATASE	112	26-184 U/L	Final Results	(b)(6)	11/11/2007 04:58
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^					
ASPARTATE AMINOTRANSFERASE	138 H	11-55 U/L	Final Results	(b)(6)	11/11/2007 04:58
PROTEIN TOTAL	4.8 L	6.4-8.1 g/dL	Final Results	(b)(6)	11/11/2007 04:58
ALBUMIN	1.9 L	3.3-5.5 g/dL	Final Results	(b)(6)	11/11/2007 04:58

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BILIRUBIN TOTAL	7.3	>12 mg/dL	Final Results	(b)(6)	11/11/2007 04:58
BILIRUBIN DIRECT	4.0	15 mg/dL	Final Results	(b)(6)	11/11/2007 04:58

11/11/2007 02:49 COMPREHENSIVE METABOLIC PANEL Observations to follow Order complete

Procedure Description

**COMPREHEN METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
CARBON DIOXIDE	28	18-33 mmol/L	Final Results	(b)(6)	11/12/2007 12:27
CREATININE	0.3 L	0.6-1.2 mg/dL	Final Results	(b)(6)	11/12/2007 12:27
UREA NITROGEN	3 L	7-22 mg/dL	Final Results	(b)(6)	11/12/2007 12:27
GLUCOSE	124 H	73-118 mg/dl	Final Results	(b)(6)	11/12/2007 12:27
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
SODIUM	129	128-145 mmol/L	Final Results	(b)(6)	11/12/2007 12:27
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^					
POTASSIUM	3.6	3.3-4.7 mmol/L	Final Results	(b)(6)	11/12/2007 12:27
CHLORIDE	101	98-108 mmol/L	Final Results	(b)(6)	11/12/2007 12:27
CALCIUM	8.1	8.0-10.3 mg/dL	Final Results	(b)(6)	11/12/2007 12:27
ALANINE AMINOTRANSFERASE	43	10-47 U/L	Final Results	(b)(6)	11/12/2007 12:27
ALKALINE PHOSPHATASE	124	26-184 U/L	Final Results	(b)(6)	11/12/2007 12:27
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO					

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CHEMISTRY ANALYZER^^^						
ASPARTATE AMINOTRANSFERASE	128 H	16-55 U/L	Final Results	(b)(6)		11/12/2007 12:27
PROTEIN TOTAL	4.6 L	6.4-8.1 g/dL	Final Results			11/12/2007 12:27
ALBUMIN	1.7 L	3.3-5.5 g/dL	Final Results			11/12/2007 12:27
BILIRUBIN TOTAL	6.8 H	0.2-1.6 mg/dL	Final Results			11/12/2007 12:27

11/11/2007 02:47 COMPREHENSIVE METABOLIC PANEL Observations to follow Order complete

Procedure Description						
<b>COMPREHEN METABOLIC PANEL</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
CARBON DIOXIDE	27	18-33 mmol/L	Final Results	(b)(6)	11/11/2007 04:58	
CREATININE	TNP	0.6-1.2 mg/dL	Final Results		11/11/2007 04:58	
Comments: RESULT COMMENT(S): COULD NOT REPORT DUE TO ICTERIC SAMPLE^^^						
UREA NITROGEN	3 L	7-22 mg/dL	Final Results	(b)(6)	11/11/2007 04:58	
GLUCOSE	78	73-118 mg/dl	Final Results		11/11/2007 04:58	
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^						
SODIUM	130	128-145 mmol/L	Final Results	(b)(6)	11/11/2007 04:58	
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^						
POTASSIUM	4.0	3.3-4.7 mmol/L	Final Results	(b)(6)	11/11/2007 04:58	
CHLORIDE	101	98-108 mmol/L	Final Results		11/11/2007 04:58	

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CALCIUM	7.5 L	8.0-10.3 mg/dL	Final Results	(b)(6)	11/11/2007 04:58
ALANINE AMINOTRANSFERASE	44	10-47 U/L	Final Results	(b)(6)	11/11/2007 04:58
ALKALINE PHOSPHATASE	114	26-184 U/L	Final Results	(b)(6)	11/11/2007 04:58
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^					
ASPARTATE AMINOTRANSFERASE	143 H	16-55 U/L	Final Results	(b)(6)	11/11/2007 04:58
PROTEIN TOTAL	4.7 L	6.4-8.1 g/dL	Final Results	(b)(6)	11/11/2007 04:58
ALBUMIN	1.8 L	3.3-5.5 g/dL	Final Results	(b)(6)	11/11/2007 04:58
BILIRUBIN TOTAL	7.3 H	0.2-1.6 mg/dL	Final Results	(b)(6)	11/11/2007 04:58

11/11/2007 02:47 CBC Observations to follow Order complete

Procedure Description

**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	388	130-400 x 10 (3)/uL	Final Results	(b)(6)	11/11/2007 04:52
LYMPHOCYTES	30	20.0-44.0 %	Final Results	(b)(6)	11/11/2007 04:52
HEMATOCRIT	28.5 L	42-52 %	Final Results	(b)(6)	11/11/2007 04:52
RBC COUNT	3.32 L	4.20-6.10 x10 6/uL	Final Results	(b)(6)	11/11/2007 04:52
WBC COUNT	8.1	4.8-10.8 x10 3/uL	Final Results	(b)(6)	11/11/2007 04:52
MCV NUMERIC	85.7	80.0-99.0 fl	Final Results	(b)(6)	11/11/2007 04:52
MCH NUMERIC	27.2	27.0-31.0 pg	Final Results	(b)(6)	11/11/2007 04:52
MCHC NUMERIC	31.8 L	33.0-37.0 g/dL	Final Results	(b)(6)	11/11/2007 04:52
ABSOLUTE LYMPHS	2.4	0.7-4.3 x10 3/uL	Final Results	(b)(6)	11/11/2007 04:52

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HEMOGLOBIN	9.0 L	12.0-18.0 g/dL	Final Results	(b)(6)	11/11/2007 04:52
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11/10/2007 16:49 HEP PANEL Observations to follow Order complete

Procedure Description						
<b>HEPATIC FUNCTION PANEL</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
ALANINE AMINOTRANSFERASE	57 H	10-47 U/L	Final Results	(b)(6)	11/10/2007 17:03	
ALKALINE PHOSPHATASE	134	26-184 U/L	Final Results	(b)(6)	11/10/2007 17:03	
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^						
ASPARTATE AMINOTRANSFERASE	170 H	11-55 U/L	Final Results	(b)(6)	11/10/2007 17:03	
PROTEIN TOTAL	5.2 L	6.4-8.1 g/dL	Final Results	(b)(6)	11/10/2007 17:03	
ALBUMIN	2.0 L	3.3-5.5 g/dL	Final Results	(b)(6)	11/10/2007 17:03	
BILIRUBIN TOTAL	8.7 H	0.2-1.6 mg/dL	Final Results	(b)(6)	11/10/2007 17:03	
BILIRUBIN DIRECT	4.50 H	0.0-0.3 mg/dL	Final Results	(b)(6)	11/10/2007 17:03	

11/10/2007 15:05 CBC Observations to follow Order complete

Procedure Description						
<b>COMPLETE CBC, AUTOMATED</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
PLATELETS	479 H	130-400 x 10 <sup>3</sup> /uL	Final Results	(b)(6)	11/10/2007 15:35	
LYMPHOCYTES	22	20.0-44.0 %	Final Results	(b)(6)	11/10/2007 15:35	
HEMATOCRIT	35.2 L	42-52 %	Final Results	(b)(6)	11/10/2007 15:35	

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RBC COUNT	4.10 L	4.20-6.10 x10 <sup>6</sup> /uL	Final Results	(b)(6)	11/10/2007 15:35
WBC COUNT	11.3 H	4.8-10.8 x10 <sup>3</sup> /uL	Final Results		11/10/2007 15:35
MCV NUMERIC	85.9	80.0-99.0 fl	Final Results		11/10/2007 15:35
MCH NUMERIC	26.8 L	27.0-31.0 pg	Final Results		11/10/2007 15:35
MCHC NUMERIC	31.2 L	33.0-37.0 g/dL	Final Results		11/10/2007 15:35
ABSOLUTE LYMPHS	2.5	0.7-4.3 x10 <sup>3</sup> /uL	Final Results		11/10/2007 15:35
HEMOGLOBIN	11.0 L	12.0-18.0 g/dL	Final Results		11/10/2007 15:35

☐ 11/10/2007 15:04 HEPATITIS B SURFACE AG Observations to follow Order complete

Procedure Description  
**HEP B SURFACE ANTIBODY**

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Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
HEPATITIS B SURFACE AG	NEGATIVE		Final Results	(b)(6)	11/10/2007 17:07

Comments:  
INTERPRETATION(S):  
PERFORMED ON BIORAPID TEST KIT ^^^

☐ 11/10/2007 15:04 HEPATITIS C 5-1-1 AB Observations to follow Order complete

Procedure Description  
**HEPATITIS C AB TEST**

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Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
HEPATITIS C 5-1-1 AB	NEGATIVE		Final Results	(b)(6)	11/10/2007 16:02

Comments:  
INTERPRETATION(S):  
PERFORMED ON BIORAPID TEST KIT ^^^

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000040 2  
Exhibit



11/10/2007 15:03 COMPREHENSIVE METABOLIC PANEL Observations to follow Order complete

Procedure Description						
<b>COMPREHEN METABOLIC PANEL</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
CARBON DIOXIDE	31	18-33 mmol/L	Final Results	(b)(6)	11/10/2007 15:49	
CREATININE	TNP	0.6-1.2 mg/dL	Final Results	(b)(6)	11/10/2007 15:49	
Comments: RESULT COMMENT(S): 2+ ICT ^^^1+ HEM^^^						
UREA NITROGEN	3 L	7-22 mg/dL	Final Results	(b)(6)	11/10/2007 15:49	
GLUCOSE	112	73-118 mg/dl	Final Results	(b)(6)	11/10/2007 15:49	
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^						
SODIUM	136	128-145 mmol/L	Final Results	(b)(6)	11/10/2007 15:49	
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^						
POTASSIUM	4.4	3.3-4.7 mmol/L	Final Results	(b)(6)	11/10/2007 15:49	
CHLORIDE	98	98-108 mmol/L	Final Results	(b)(6)	11/10/2007 15:49	
CALCIUM	8.6	8.0-10.3 mg/dL	Final Results	(b)(6)	11/10/2007 15:49	
ALANINE AMINOTRANSFERASE	66 H	10-47 U/L	Final Results	(b)(6)	11/10/2007 15:49	
ALKALINE PHOSPHATASE	145	26-184 U/L	Final Results	(b)(6)	11/10/2007 15:49	
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^						

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ASPARTATE AMINOTRANSFERASE	175 H	16-55 U/L	Final Results	(b)(6)	11/10/2007 15:49
PROTEIN TOTAL	5.6 L	6.4-8.1 g/dL	Final Results		11/10/2007 15:49
ALBUMIN	2.0 L	3.3-5.5 g/dL	Final Results		11/10/2007 15:49
BILIRUBIN TOTAL	9.0 H	0.2-1.6 mg/dL	Final Results		11/10/2007 15:49

Medications

Date	Type	Name	Status
11/15/2007 10:16	OUTPATIENT PRESCRIPTION	LACTULOSE--PO 10GM/15ML SYRP	New Order

Medication Name: **LACTULOSE--PO 10GM/15ML SYRP**  
 Alt Medication Name: **LACTULOSE (CEPHULAC) 10G/15ML ORAL SOLUTION**  
 Message Report Date: **11/15/2007 00:00**  
 Message Encounter Date: **11/15/2007 00:00**  
 Order Qty Timing Start Date: **11/15/2007 00:00**  
 Order Qty Timing End Date: **12/15/2007 00:00**  
 IV Component Indicator: **N**  
 Dispense AMT: **1 - 0**  
 Instructions to Pharmacy: **DRINK 30ML BY MOUTH TID**

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Requesting Location: **OTHER MTF, CAMP CROPPER**  
 Order Duration: **D30**  
 Start Date: **11/15/2007 10:16**  
 End Date: **12/15/2007 10:16**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

11/15/2007 09:53	OUTPATIENT PRESCRIPTION	MULTIVITAMIN TAB--PO TAB	New Order
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Medication Name: **MULTIVITAMIN TAB--PO TAB**  
 Message Report Date: **11/15/2007 00:00**  
 Message Encounter Date: **11/15/2007 00:00**  
 Order Qty Timing Start Date: **11/15/2007 00:00**  
 Order Qty Timing End Date: **12/15/2007 00:00**  
 IV Component Indicator: **N**  
 Dispense AMT: **60 - 0**  
 Instructions to Pharmacy: **TAKE ONE TABLET BY MOUTH EVERY NIGHT**

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Requesting Location: **OTHER MTF, CAMP CROPPER**

Order Duration: **D30**

Start Date: **11/15/2007 09:53**

End Date: **12/15/2007 09:53**

Entered By: (b)(6)

Ordering Provider: (b)(6)

☐ 11/13/2007 09:20      CUSTOM IV      CUSTOM IV      Cancel Order

Medication Name: **CUSTOM IV**

Message Report Date: **11/13/2007 00:00**

Message Encounter Date: **11/13/2007 00:00**

Order Qty Timing Start Date: **11/12/2007 00:00**

Order Qty Timing End Date: **11/13/2007 00:00**

IV Component Indicator: **N**

Medication Route: **IV**

Requested AMT: **2 ML**

Pharmacy Delivery Location: **24, ICW 1**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**

Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**

Message Report Date: **11/13/2007 00:00**

Message Encounter Date: **11/13/2007 00:00**

Order Qty Timing Start Date: **11/12/2007 00:00**

Order Qty Timing End Date: **11/13/2007 00:00**

IV Component Indicator: **Y**

IV Additive Component Type: **Base**

IV Additive Component Units: **ML**

Medication Name: **MAGNESIUM SULFATE 1GM/100ML RTU IV VIAL**

Alt Medication Name: **MAGNESIUM SULFATE/DSW (MAGNESIUM SULFATE IN DEXTROSE) 1% INTRAVEN. INFUS. BTL**

Message Report Date: **11/13/2007 00:00**

Message Encounter Date: **11/13/2007 00:00**

Order Qty Timing Start Date: **11/12/2007 00:00**

Order Qty Timing End Date: **11/13/2007 00:00**

IV Component Indicator: **Y**

IV Additive Component Type: **Additive**

IV Additive Component Units: **GM**

Requesting Location: **ICW 1, CAMP CROPPER**

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Exhibit  
000043

2

Order Duration: **D1**  
 Start Date: **11/12/2007 09:20**  
 End Date: **11/13/2007 09:19**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

11/12/2007 09:18      CUSTOM IV      CUSTOM IV      New Order

Medication Name: **CUSTOM IV**  
 Message Report Date: **11/12/2007 00:00**  
 Message Encounter Date: **11/12/2007 00:00**  
 Order Qty Timing Start Date: **11/12/2007 00:00**  
 Order Qty Timing End Date: **11/13/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **IV**  
 Requested AMT: **2 ML**  
 Pharmacy Delivery Location: **24, ICW 1**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
 Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
 Message Report Date: **11/12/2007 00:00**  
 Message Encounter Date: **11/12/2007 00:00**  
 Order Qty Timing Start Date: **11/12/2007 00:00**  
 Order Qty Timing End Date: **11/13/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **MAGNESIUM SULFATE 1GM/100ML RTU IV VIAL**  
 Alt Medication Name: **MAGNESIUM SULFATE/D5W (MAGNESIUM SULFATE IN DEXTROSE) 1% INTRAVEN. INFUS. BTL**  
 Message Report Date: **11/12/2007 00:00**  
 Message Encounter Date: **11/12/2007 00:00**  
 Order Qty Timing Start Date: **11/12/2007 00:00**  
 Order Qty Timing End Date: **11/13/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **GM**

Requesting Location: **ICW 1, CAMP CROPPER**  
 Order Duration: **D1**  
 Start Date: **11/12/2007 09:20**

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Exhibit

2

End Date: **11/13/2007 09:19**

Entered By: (b)(6)

Ordering Provider: (b)(6)

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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Exhibit 2

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**TMIP** | Theater Medical Data Store

Print Window | Close Window

**Inpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Organ Donor: <b>U</b>	VIP Type: <b>N</b>	
Home Unit:	Deploy Unit:	Temp Unit:
Kin Information:		
Kin Name: <b>null - null</b>		
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Encounter Information**

Encounter Date: <b>10/10/2007 14:07</b>	Facility: <b>A7457 (A7457)</b>
Report Date: <b>10/10/2007 14:07</b>	Data Source: <b>CHCSTC2</b>
Provider:	

**Disposition Information**

Disposition: <b>QUARTERS</b>
------------------------------

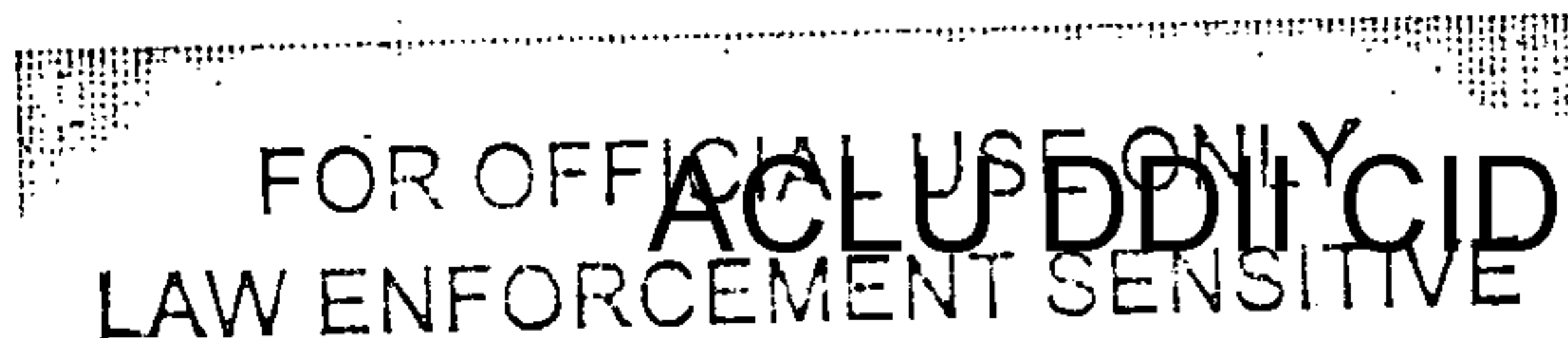
**Diagnosis Information**

Primary Diagnosis <b>787.02, NAUSEA WITHOUT VOMITING</b>	
Original DNBI: <b>Unknown</b>	Circumstance:
Mapped DNBI*: <b>Gastrointestinal, Infectious</b>	Initial Visit: <b>Y</b>

**Admission/Discharge Information**

Admit Date: <b>10/10/2007 14:07</b>
Admission Type: <b>INITIAL ADM NON-US MILITARY HOSPITAL, TRF TO MIL MTF (AD ONLY)</b>
Admit Comments:
Discharge Date: <b>10/11/2007 14:28</b>
Discharge Comments:
Post Discharge Comments:

Administration Notes



ACLU RDI CID ROI 32130

Exhibit 2

10/11/2007  
14:28 DISCHARGE

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**787.02, NAUSEA WITHOUT VOMITING**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Gastrointestinal, Infectious</b>	Comments:

**Bed Information**

Active: **Y**

10/11/2007  
14:28 UPDATE

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**787.02, NAUSEA WITHOUT VOMITING**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Gastrointestinal, Infectious</b>	Comments:

**Bed Information**

Active: **Y**

10/10/2007  
14:07 DISCHARGE SUMMARY

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>NONE</b>	Lost Days:

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LAW ENFORCEMENT SENSITIVE

**Diagnosis Information**

Primary Diagnosis  
**787.02, NAUSEA WITHOUT VOMITING**

Secondary Diagnosis(es)  
**787.02, NAUSEA WITHOUT VOMITING**

Original DNBI: **Unknown** Injury Type:  
Mapped DNBI\*: **Gastrointestinal, Infectious** Comments:

**Bed Information**

Active: **Y**

**Notes Information**

**10/10/2007 14:07, DISCHARGE SUMMARY**

10/10/2007 14:07 ADMISSION

**Disposition Information**

Service Type: Signed Date:  
Attending Provider: Admitting Provider:  
Disposition: **NONE** Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**787.02, NAUSEA WITHOUT VOMITING**

Original DNBI: **Unknown** Injury Type:  
Mapped DNBI\*: **Gastrointestinal, Infectious** Comments:

**Bed Information**

Ward Name: **ICW 1** Assigned Bed: **9**  
Room: **2** Active: **Y**

10/10/2007 14:07 ADMISSION

**Disposition Information**

Service Type: Signed Date:  
Attending Provider: Admitting Provider:  
Disposition: **NONE** Lost Days:

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Exhibit 2





		145 mmol/L	Results	(b)(6)	09:17
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^					
POTASSIUM	3.8	3.5- 4.9 mmol/L	Final Results	(b)(6)	10/11/2007 09:17
CHLORIDE	101	98- 108 mmol/L	Final Results		10/11/2007 09:17
CALCIUM	6.7 LL	8.0- 10.3 mg/dL	Final Results		10/11/2007 09:17
Comments: RESULT COMMENT(S): Critical value handcarried to ICW by MSG Edmond.^^^					

☐ 10/11/2007 02:13 CBC Observations to follow Order complete

Procedure Description						
<b>COMPLETE CBC, AUTOMATED</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
PLATELETS	219	130-400 x 10 (3)/uL	Final Results	(b)(6)	10/11/2007 02:31	
LYMPHOCYTES	22	20.0-44.0 %	Final Results		10/11/2007 02:31	
HEMATOCRIT	35.1 L	42-52 %	Final Results		10/11/2007 02:31	
RBC COUNT	4.18 L	4.20-6.10 x10 6/uL	Final Results		10/11/2007 02:31	
WBC COUNT	5.4	4.8-10.8 x10 3/uL	Final Results		10/11/2007 02:31	
MCV NUMERIC	83.9	80.0-99.0 fl	Final Results		10/11/2007 02:31	
MCH NUMERIC	27.0	27.0-31.0 pg	Final Results		10/11/2007 02:31	
MCHC NUMERIC	32.1 L	33.0-37.0 g/dL	Final Results		10/11/2007 02:31	
ABSOLUTE LYMPHS	1.2	0.7-4.3 x10 3/uL	Final Results		10/11/2007 02:31	
HEMOGLOBIN	11.3 L	12.0-18.0 g/dL	Final Results		10/11/2007 02:31	

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 LAW ENFORCEMENT SENSITIVE

Exhibit 2

☐ 10/11/2007 02:13 COMPREHENSIVE METABOLIC PANEL Observations to follow Order complete

Procedure Description

**COMPREHEN METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
CARBON DIOXIDE	29	18-33 mmol/L	Final Results	(b)(6)	10/11/2007 03:08
CREATININE	0.3 L	0.6-1.2 mg/dL	Final Results	(b)(6)	10/11/2007 03:08
UREA NITROGEN	<2 L	7-22 mg/dL	Final Results	(b)(6)	10/11/2007 03:08
GLUCOSE	138 H	73-118 mg/dl	Final Results	(b)(6)	10/11/2007 03:08

Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
CHEMISTRY ANALYZER^^^

SODIUM	130	128-145 mmol/L	Final Results	(b)(6)	10/11/2007 03:08
--------	-----	----------------	---------------	--------	------------------

Comments:  
INTERPRETATION(S):  
PERFORMED ON PICOLLO  
ANALYZER^^^

POTASSIUM	2.6 LL	3.3-4.7 mmol/L	Final Results	(b)(6)	10/11/2007 03:08
-----------	--------	----------------	---------------	--------	------------------

Comments:  
RESULT COMMENT(S): DONE  
TWICE. REPORTED TO  
ICW@0406^^^

CHLORIDE	103	98-108 mmol/L	Final Results	(b)(6)	10/11/2007 03:08
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CALCIUM	6.5 LL	8.0-10.3 mg/dL	Final Results	(b)(6)	10/11/2007 03:08
---------	--------	----------------	---------------	--------	------------------

Comments:  
RESULT COMMENT(S): DONE  
TWICE. REPORTED TO  
ICW@0406^^^

ALANINE AMINOTRANSFERASE	45	10-47 U/L	Final Results	(b)(6)	10/11/2007 03:08
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ALKALINE PHOSPHATASE	49	26-184 U/L	Final Results	(b)(6)	10/11/2007 03:08
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Comments:

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INTERPRETATION(S):  
PERFORMED ON PICCOLO  
CHEMISTRY ANALYZER^^^

ASPARTATE AMINOTRANSFERASE	106 H	16-55 U/L	Final Results	(b)(6)	10/11/2007 03:08
PROTEIN TOTAL	3.6 LL	6.4-8.1 g/dL	Final Results	(b)(6)	10/11/2007 03:08

Comments:  
RESULT COMMENT(S): DONE  
TWICE. REPORTED TO  
ICW@0406^^^

ALBUMIN	1.9 L	3.3-5.5 g/dL	Final Results	(b)(6)	10/11/2007 03:08
BILIRUBIN TOTAL	1.4	0.2-1.6 mg/dL	Final Results	(b)(6)	10/11/2007 03:08

☐ 10/10/2007 12:56 UA CULT Observations to follow Order complete

Procedure Description						
<b>CULT,BACT;QUANTIT COLONY COUNT</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
BACT RESULT	10-11-07 LESS THAN 10,000 CFU/ML MIXED SKIN FLORA. NO FURTHER WORKUP INDICATED.		Final Results		10/11/2007 15:57	
UA CULT			Final Results	(b)(6)	10/11/2007 15:57	

☐ 10/10/2007 12:55 BLD CULT Observations to follow Order complete

Procedure Description						
<b>CULT,BACT;BLD,AEROBIC,W/ISOLAT</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
BACT RESULT	NO GROWTH TO DATE 10-15-07 AEROBIC AND ANAEROBIC BOTTLES POSITIVE AT 5 DAYS. MIXED GRAM POSITIVE COCCI CONSISTENT WITH MIXED SKIN FLORA. NO FURTHER WORKUP		Final Results		10/15/2007 13:39	

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LAW ENFORCEMENT SENSITIVE

Exhibit 2  
000052

INDICATED. PLEASE CONSULT WITH MICROBIOLOGY FOR MORE INFORMATION.

BLD CULT	Final Results	(b)(6)	10/15/2007 13:39
----------	---------------	--------	------------------

10/10/2007 12:55 BLD CULT Observations to follow Order complete

Procedure Description						
<b>CULT, BACT; BLD, AEROBIC, W/ ISOLAT</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
BACT RESULT	NO GROWTH TO DATE		Preliminary Results		10/11/2007 15:56	
BLD CULT			Preliminary Results	(b)(6)	10/11/2007 15:56	

10/10/2007 12:55 URINALYSIS Observations to follow Order complete

Procedure Description						
<b>URINALYSIS NONAUTO W/O SCOPE</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
SPECIFIC GRAVITY	< OR = 1.005 L		Final Results	(b)(6)	10/10/2007 14:22	
BACTERIA	FEW		Final Results		10/10/2007 14:22	
NITRITE	NEGATIVE		Final Results		10/10/2007 14:22	
EPITHELIAL CELLS	5-10 EPIS/HPF H		Final Results		10/10/2007 14:22	
LEUKOCYTE ESTERASE	NEGATIVE		Final Results		10/10/2007 14:22	
KETONES	NEGATIVE		Final Results		10/10/2007 14:22	
WBC UA	0-5 WBCS/HPF		Final Results		10/10/2007 14:22	
RBC URINE	0-5 RBC'S/HPF		Final Results		10/10/2007 14:22	
PH	7.0		Final		10/10/2007	

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Exhibit 2

BILIRUBIN UA	NEGATIVE	Final Results	(b)(6)	10/10/2007 14:22
BLOOD UA	NEGATIVE	Final Results	(b)(6)	10/10/2007 14:22
GLUCOSE UA	NEGATIVE	Final Results	(b)(6)	10/10/2007 14:22
PROTEIN UA	NEGATIVE	Final Results	(b)(6)	10/10/2007 14:22
UROBILINOGEN	0.2 mg/dL	Final Results	(b)(6)	10/10/2007 14:22
CLARITY	CLEAR	Final Results	(b)(6)	10/10/2007 14:22
COLOR	YELLOW	Final Results	(b)(6)	10/10/2007 14:22

☐ 10/10/2007 12:54 BLD CULT Observations to follow Order complete

Procedure Description <b>CULT,BACT;BLD,AEROBIC,W/ISOLAT</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
BACT RESULT	NO GROWTH TO DATE		Preliminary Results		10/11/2007 15:56	
BLD CULT			Preliminary Results	(b)(6)	10/11/2007 15:56	

☐ 10/10/2007 12:54 BLD CULT Observations to follow Order complete

Procedure Description <b>CULT,BACT;BLD,AEROBIC,W/ISOLAT</b>						
Results						
Name	Results	Ref. Range	Status	Certified By	Certified Date	
BACT RESULT	NO GROWTH TO DATE 10-15-07 AEROBIC AND ANAEROBIC BOTTLES POSITIVE AT DAY 5. MIXED GRAM POSITIVE COCCI CONSISTANT WITH MIXED SKIN FLORA. NO FURTHER WORKUP INDICATED.		Final Results		10/15/2007 13:37	

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 LAW ENFORCEMENT SENSITIVE

**Exhibit 4** 2

PLEASE CONSULT WITH  
MICROBIOLOGY LABORATORY  
FOR ADDITIONAL  
INFORMATION.

BLD  
CULT

Final  
Results

(b)(6)

10/15/2007  
13:37

☐ 10/10/2007 11:07 CBC Observations to follow Order complete

Procedure Description

**COMPLETE CBC, AUTOMATED**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
PLATELETS	280	130-400 x 10 <sup>3</sup> /uL	Final Results	(b)(6)	10/10/2007 11:46
LYMPHOCYTES	17 L	20.0-44.0 %	Final Results		10/10/2007 11:46
HEMATOCRIT	38.2 L	42-52 %	Final Results		10/10/2007 11:46
RBC COUNT	4.60	4.20-6.10 x10 <sup>6</sup> /uL	Final Results		10/10/2007 11:46
WBC COUNT	8.1	4.8-10.8 x10 <sup>3</sup> /uL	Final Results		10/10/2007 11:46
MCV NUMERIC	83.1	80.0-99.0 fl	Final Results		10/10/2007 11:46
MCH NUMERIC	26.9 L	27.0-31.0 pg	Final Results		10/10/2007 11:46
MCHC NUMERIC	32.4 L	33.0-37.0 g/dL	Final Results		10/10/2007 11:46
ABSOLUTE LYMPHS	1.4	0.7-4.3 x10 <sup>3</sup> /uL	Final Results		10/10/2007 11:46
HEMOGLOBIN	12.4	12.0-18.0 g/dL	Final Results		10/10/2007 11:46

☐ 10/10/2007 11:07 COMPREHENSIVE METABOLIC PANEL Observations to follow Order complete

Procedure Description

**COMPREHEN METABOLIC PANEL**

Results

Name	Results	Ref. Range	Status	Certified By	Certified Date
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 LAW ENFORCEMENT SENSITIVE

Exhibit

2

CARBON DIOXIDE	27	18-33 mmol/L	Final Results	(b)(6)	10/10/2007 12:19
CREATININE	0.6	0.6-1.2 mg/dL	Final Results	(b)(6)	10/10/2007 12:19
UREA NITROGEN	<2 L	7-22 mg/dL	Final Results	(b)(6)	10/10/2007 12:19
GLUCOSE	82	73-118 mg/dl	Final Results	(b)(6)	10/10/2007 12:19
Comments: INTERPRETATION(S): PERFORMED ON PICOLLO CHEMISTRY ANALYZER^^^					
SODIUM	127 L	128-145 mmol/L	Final Results	(b)(6)	10/10/2007 12:19
Comments: RESULT COMMENT(S): Critical calcium repeated and verified. ^^Given to EMT 13:17^^INTERPRETATION(S): PERFORMED ON PICOLLO ANALYZER^^^					
POTASSIUM	3.3	3.3-4.7 mmol/L	Final Results	(b)(6)	10/10/2007 12:19
CHLORIDE	98	98-108 mmol/L	Final Results	(b)(6)	10/10/2007 12:19
CALCIUM	6.7 LL	8.0-10.3 mg/dL	Final Results	(b)(6)	10/10/2007 12:19
ALANINE AMINOTRANSFERASE	54 H	10-47 U/L	Final Results	(b)(6)	10/10/2007 12:19
ALKALINE PHOSPHATASE	51	26-184 U/L	Final Results	(b)(6)	10/10/2007 12:19
Comments: INTERPRETATION(S): PERFORMED ON PICCOLO CHEMISTRY ANALYZER^^^					
ASPARTATE AMINOTRANSFERASE	135 H	16-55 U/L	Final Results	(b)(6)	10/10/2007 12:19
PROTEIN TOTAL	4.6 L	6.4-8.1 g/dL	Final Results	(b)(6)	10/10/2007 12:19
ALBUMIN	2.5 L	3.3-5.5 g/dL	Final Results	(b)(6)	10/10/2007 12:19
BILIRUBIN TOTAL	1.6	0.2-1.6 mg/dL	Final Results	(b)(6)	10/10/2007 12:19

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 LAW ENFORCEMENT SENSITIVE  
 CID ROI 32140

000056  
 Exhibit 2



Medications

Date	Type	Name	Status
10/11/2007 14:28	CUSTOM IV	CUSTOM IV	Cancel Order

Medication Name: **CUSTOM IV**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **INJ**  
 Requested AMT: **40 ML**  
 Pharmacy Delivery Location: **24, ICW 1**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
 Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **POTASSIUM CHLORIDE--INJ 2MEQ/ML SOLN**  
 Alt Medication Name: **POTASSIUM CHLORIDE 2MEQ/ML INTRAVEN. IV SOLN.**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **MEQ**

Requesting Location: **ICW 1, CAMP CROPPER**  
 Order Duration: **D1**  
 Start Date: **10/11/2007 03:25**  
 End Date: **10/12/2007 03:24**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

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 ACLU RDI CID ROI 32141

Exhibit 2

☐ 10/11/2007 03:24      CUSTOM IV      CUSTOM IV      New Order

Medication Name: **CUSTOM IV**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **INJ**  
 Requested AMT: **40 ML**  
 Pharmacy Delivery Location: **24, ICW 1**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
 Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **POTASSIUM CHLORIDE--INJ 2MEQ/ML SOLN**  
 Alt Medication Name: **POTASSIUM CHLORIDE 2MEQ/ML INTRAVEN. IV SOLN.**  
 Message Report Date: **10/11/2007 00:00**  
 Message Encounter Date: **10/11/2007 00:00**  
 Order Qty Timing Start Date: **10/11/2007 00:00**  
 Order Qty Timing End Date: **10/12/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **MEQ**

Requesting Location: **ICW 1, CAMP CROPPER**  
 Order Duration: **D1**  
 Start Date: **10/11/2007 03:25**  
 End Date: **10/12/2007 03:24**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the

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same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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ACLU RDI CID ROI 32143

Exhibit 2

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**TMIP** | Theater Medical Data Store

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1970</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
08/21/2007 13:58	No Allergies Found	

**Encounter Information**

Encounter Date: <b>08/21/2007 13:58</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>08/21/2007 13:58</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
encounter background information			

**Diagnosis Information**

Primary Diagnosis <b>709.9, DERMATOLOGY - NON-INFECTIOUS</b>
Secondary Diagnosis(es) <b>V65.43, Patient Education - Injury Prevention</b> <b>709.9, DERMATOLOGY - SKIN DISORDER</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>skin lesion painful</b>

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ACLU RDI CID ROI 32144

EXHIBIT

2

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**  
**skin lesion painful**

**History of present illness**

The Patient is a 37 year old male.

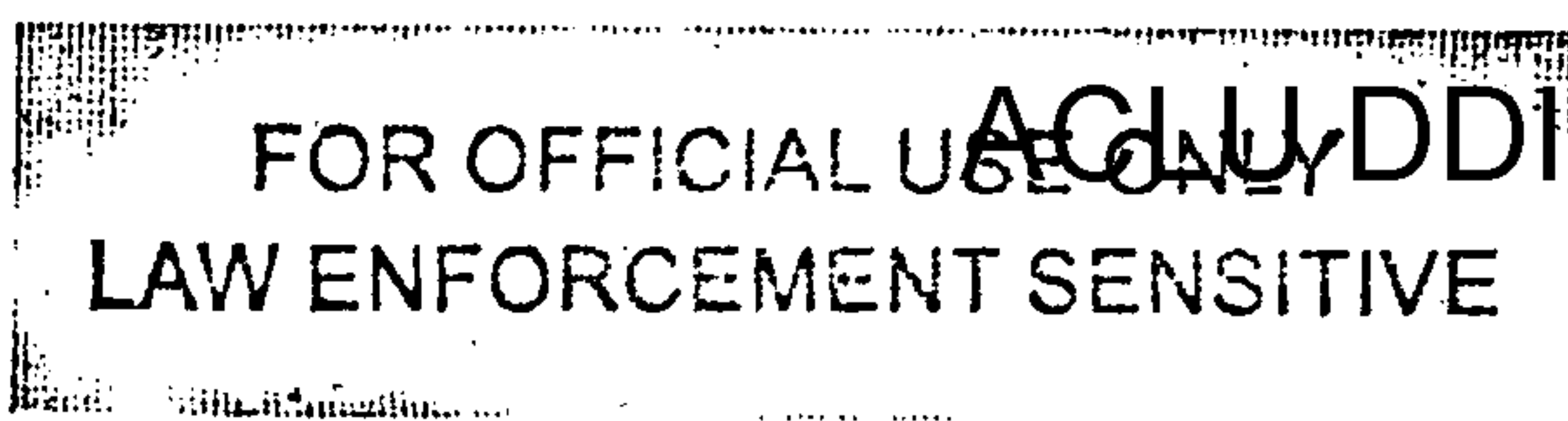
**Encounter Background Information:** Called by wire RN to see detainee in compound 3B for suicidal ideations. Upon arriving to the compound, detainee was noted sitting in a shaded area near the building with other detainees. He was able to ambulate towards the area where this writer was and reported that he was in "so much pain that he wish he was dead." On assessment, noted white dried skin lessions throughout body skin is red, warm, painful to touch. He reported that he was diagnosed with "some advanced skin disorder" seven years ago. He would apply a combination ointment equivalent to Vaseline and Calamine 3x/day and received IM injections for his condition. He went on to report that he applied medication to his body 8 days ago and has not been able to do so since capture. MSE: A&Ox4, affect tearful, pain level to body 10/10, denied SI. Wire physician called to site and detainee was transported to DMC for further evaluation.

Assessment:

**DERMATOLOGY - NON-INFECTIOUS,**  
**DERMATOLOGY - SKIN DISORDER,**  
**Patient Education - Injury Prevention**

Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.



ACLU-DDI CID ROI 32145

Exhibit 000001

2

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1970</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
08/23/2007 16:15	No Allergies Found	

**Encounter Information**

Encounter Date: <b>08/23/2007 16:15</b>	Facility: <b>21 CSH (WBH7B0)</b>
Report Date: <b>08/23/2007 16:15</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>696.1, PSORIASIS</b>	
Original DNBI: <b>Dermatological</b>	Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>Dermatological</b>	Initial Visit: <b>Y</b>
Chief Complaint: <b>PSORIASIS</b>	
Subjective: <b>Reason(s) For Visit (Chief Complaint(s)): PSORIASIS</b>	

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LAW ENFORCEMENT SENSITIVE

Exhibit

2

**History of present illness**

The Patient is a 37 year old male.

PT seen 21 Aug in DMC, no note available. Pt seen for eval for Psych concerns and seen to have severe psoriatic inflammation. This is something he has had for many years and he is adequately treated with 'creams', called 'dermoden'. He is confident that if he has a cream, he will improve within 2-3 days. Since capture, he has had continued worsening. On 21 Aug, he was taken to the SHU for medical reasons, without his meds. Today he was in severe pain, and was requesting something for pain and his rash.

Objective:

**Physical findings**

**General appearance:** Patient was awake. Patient was alert. Patient was oriented to time, place, and person. Patient appeared well developed. Patient appeared well nourished. Patient appeared active.

**Skin: Lesions:** diffuse patchy, plaques with white scale and surrounding erythema, present on all extremities and abdomen. minimal amount on face. Examined in the SHU. Multiple areas with spreading erythema.

Assessment: **PSORIASIS**

Plan of Care:

**1. PSORIASIS**

**Comments:** severe outbreak. will treat with short steroid burst 60mg f3, 40mg f3, 20mg f3, high-potency steroid topical: amcinonide 0.1 gel bid f5-7d for initial improvement then will switch to medium potency cream/gel depending on availability. also gave keflex 500mg po bid f10 to treat areas concerning for infection. Also provided 2 types of barrier/lotion protection with eucerin (bid-tid) and lubriderm (prn) to aid in healing and protection of skin. To drink more water as well. Will see daily in the SHU with likely d/c in a couple of days if significant improvement.

**Patient Instruction(s):** -Oral Fluids Frequent -Inquiry And Counseling: Medication Admin And Compliance -Patient To Call If Symptoms Worsen

**Preventive:** Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. **Injury & Illness:** Not Work Related; Not Battle Related; **Category:** Dermatological **Cause:** Non-Battle **Illness Appointment Class:** Outpatient

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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ACLU DDII CID ROI 32147

Exhibit 3 2

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Outpatient Record

Help with this page

Demographics Information

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1970</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

Allergies Information

Start Date	Allergy	Reaction
09/01/2007 08:39	No Allergies Found	

Encounter Information

Encounter Date: <b>09/01/2007 08:39</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>09/01/2007 08:39</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

Disposition Information

Disposition: <b>RETURNED_TO_DUTY</b>
---

Vitals Information

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
09/01/2007 08:39	130/70	98	72	14				

Symptoms Information

Major Symptom	Minor Symptom	Duration	Duration Unit
review of systems (use for free text)			
The Chief Complaint is:			

Diagnosis Information

Primary Diagnosis <b>696.1, PSORIASIS</b>
Original DNBI: <b>Dermatological</b> Circumstance: <b>DISEASE</b>

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LAW ENFORCEMENT SENSITIVE

Exhibit 2

000004



Mapped DNBI\*: **Miscellaneous/Administration/Follow-up** Initial Visit: **N**

Chief Complaint: **PSORIASIS;**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**  
**PSORIASIS;**

**The Chief Complaint is: F/u for psoriasis Past medical/surgical history**

**Here for f/u for chronic relapsing psoriasis of long-standing duration. Has improved while on oral prednisone but relapses soon after cessation of meds. Other med problems stable at present**

Objective:

**Review of systems**

**Negative x for hpi Physical findings**

**Vital signs: Vital signs:.**

**General appearance: Patient was awake. Patient was alert. Patient appeared to be in no acute distress.**

**Head: Normal.**

**Ears, Nose, Throat: Normal.**

**Lymph Nodes: Normal.**

**Lungs: Normal.**

**Cardiovascular system: Normal.**

**Skin: Normal Large patches of psoriatic involvement of forearms, abdomen and lower extremities with typical lesions. Non-erythematous Neurological: Gait And Stance: Normal.**

Assessment: **PSORIASIS**

Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: Dermatological Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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DDII CID ROI 32149

Exhibit 2

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
09/02/2007 13:58	No Allergies Found	

**Encounter Information**

Encounter Date: <b>09/02/2007 13:57</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>09/02/2007 13:57</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
09/02/2007 14:04	128/83		87	13				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>696.1, PSORIASIS</b>	
Original DNBI: <b>Dermatological</b>	Circumstance: <b>DISEASE</b>
Mapped DNBI*:	Initial Visit: <b>N</b>

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ACLU DDII CID ROI 32150

Exhibit 2

**Miscellaneous/Administration/Follow-up**Chief Complaint: **PSORIASIS;**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):  
PSORIASIS;****History of present illness****The Patient is a 20 year old male.**

**Pt here for follow up for his psoriasis. He had been in the shu for monitored care, treated and responded to a short burst of systemic steroids, high potency steroid cream for a week and liberal use of OTC creams (eucerin/lubriderm) for maintenance. In the transfer from the shu, the pharmacy has run out of eucerin and he isn't allowed to have the big container of lubriderm with him. Subsequently, he is starting to flare again, most notably in his thighs. No fevers, chills, d/c, HA. Pain moderate in the thighs. He has been using the steroid cream when he gets it, and was changed from amcinonide to HC 1%. He has added it to the eucerin and felt that worked but was using it ad lib, but has since run out. He was wheeled into sick call today (was on the list) due to his painful legs when he walks. He feels all he needs to feel better is his cream, preferentially the eucerin, but we are out.**

Objective:

**Physical findings**

**General appearance: Patient appeared uncomfortable. Patient was awake. Patient was alert. Patient was oriented to time, place, and person. Patient appeared well developed. Patient appeared well hydrated.**

**Chest: Visual inspection revealed no abnormalities.**

**Lungs: Respiration rhythm and depth was normal.**

**Skin: Skin: diffuse erythema worse proximally, no active scale, but with early active lesions apparent. no bleeding, d/c, streaking, lymphadenopathy. much dried, scaly skin around and on him.**

**Assessment: PSORIASIS**

**Preventive: Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: Dermatological Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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ACLU RDI CID ROI 32151

Exhibit 2

000067

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
09/20/2007 01:41	No Allergies Found	

**Encounter Information**

Encounter Date: <b>09/19/2007 23:02</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>09/19/2007 23:02</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
09/20/2007 02:20	135/74	97.2	114	16				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
The Chief Complaint is:			
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>696.1, PSORIASIS</b>
Original DNBI: <b>Dermatological</b> Circumstance: <b>DISEASE</b>

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**ACLU RDI CID ROI 32152**

**Exhibit** 2

000068

Mapped DNBI\*:

**Miscellaneous/Administration/Follow-up**Initial Visit: **N**Chief Complaint: **DERMATOLOGY - SKIN DISORDER;**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):****DERMATOLOGY - SKIN DISORDER;****The Chief Complaint is: Psoriasis exacerbation History of present illness****The Patient is a 20 year old male.****Pt has been treated in the past for psoriasis with po prednisone, eucerin, and lubriderm with good results. He recently finished a prednisone taper about 1 wk ago and once he finished the prednisone, his psoriasis flared up again and it has progressively worsened. He also didn't have his lotions b/c he ran out. +Subjective fevers.**

Objective:

**Physical findings****Vital signs: Current vital signs reviewed.****Skin: Skin: +Extremely dry skin on entire body with underlying erythema. No open lesions. +Tenderness to touch.**Assessment: **PSORIASIS**Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives,****Potential Side Effects with Patient who indicated understanding. Injury & Illness:****Not Work Related; Not Battle Related; Category: Dermatological Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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LAW ENFORCEMENT SENSITIVE

Exhibit 2

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
09/27/2007 01:45	No Allergies Found	

**Encounter Information**

Encounter Date: <b>09/27/2007 00:49</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>09/27/2007 00:49</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
09/27/2007 01:45	128/86	97.5	107	16				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
The Chief Complaint is:			
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>696.1, PSORIASIS</b>
Original DNBI: <b>Dermatological</b>
Circumstance: <b>DISEASE</b>

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Exhibit 2

Mapped DNBI\*:

**Miscellaneous/Administration/Follow-up**

Initial Visit: **N**

Chief Complaint: **PSORIASIS**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):  
PSORIASIS**

**The Chief Complaint is: F/u for skin condition History of present illness**

**The Patient is a 20 year old male.**

**Pt here for f/u of prednisone 5 day burst for suspected psoriasis. He has much improvement in his rash. He's been mixing hydrocortisone and eucerin and rubbing it on his skin everyday. His skin is now erythematous and very sensitive.**

Objective:

**Physical findings**

**Skin: Skin: His skin is very erythematous everywhere. +TTP. No scaling. Much improved from last office visit.**

Assessment: **PSORIASIS**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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Exhibit 2

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
10/03/2007 02:39	No Allergies Found	

**Encounter Information**

Encounter Date: <b>10/02/2007 22:55</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>10/02/2007 22:55</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
10/03/2007 02:39	111/58		111	14				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
Preliminary Background HPI (use for free text)			
The Chief Complaint is:			

**Diagnosis Information**

Primary Diagnosis <b>696.1, PSORIASIS</b>
Original DNBI: <b>Dermatological</b> Circumstance: <b>DISEASE</b>

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



Mapped DNBI\*:

**Miscellaneous/Administration/Follow-up**

Initial Visit: **N**

Chief Complaint: **an unusual change in color of skin to red (erythema)**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**

**an unusual change in color of skin to red (erythema)**

**The Chief Complaint is: F/u psoriasis History of present illness**

**The Patient is a 20 year old male.**

**Pt here for f/u on rash. He continues to look better. He's no longer on po prednisone. He recently ran out of eucerin and hydrocortisone. He feels better. He was able to walk today.**

Objective:

**Physical findings**

**Vital signs: Current vital signs reviewed.**

**Skin: Skin: No plaques. No scaling. Skin just has diffuse erythema.**

Assessment: **PSORIASIS**

Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives,**

**Potential Side Effects with Patient who indicated understanding. Injury & Illness:**

**Not Work Related; Not Battle Related; Category: Dermatological Cause: Non-Battle**

**Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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ACLU DDII CID ROI 32157

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
10/04/2007 14:24	No Allergies Found	

**Encounter Information**

Encounter Date: <b>10/04/2007 12:06</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>10/04/2007 12:06</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Diagnosis Information**

Primary Diagnosis <b>276.5, DEHYDRATION (Na, H2O)</b>	
Original DNBI: <b>Heat/Cold</b>	Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>Heat/Cold</b>	Initial Visit: <b>Y</b>
Chief Complaint: <b>vomiting</b>	
Subjective: <b>Reason(s) For Visit (Chief Complaint(s)): vomiting</b>	
Assessment: <b>DEHYDRATION (Na, H2O)</b>	
Preventive: <b>Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury &amp; Illness: Not Work Related; Not Battle Related; Category: Heat/Cold Injuries Cause: Non- Battle Illness Appointment Class: Outpatient</b>	

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**ACLU RDI CID ROI 32158**

**Exhibit 2**

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\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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 000075

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
10/11/2007 07:38	No Allergies Found	

**Encounter Information**

Encounter Date: <b>10/10/2007 11:12</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>10/10/2007 11:12</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Diagnosis Information**

Primary Diagnosis <b>276.5, DEHYDRATION (Na, H2O)</b>	
Original DNBI: <b>Heat/Cold</b>	Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>Miscellaneous/Administration/Follow-up</b>	Initial Visit: <b>N</b>
Chief Complaint: <b>nausea, vomiting</b>	
Subjective: <b>Reason(s) For Visit (Chief Complaint(s)): nausea, vomiting</b>	
Assessment: <b>DEHYDRATION (Na, H2O)</b>	
Preventive: <b>Discussed: Diagnosis, Medication(s)/Treatment(s) Alternatives</b>	

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Exhibit 6 2

**Potential Side Effects with Patient who indicated understanding. Injury & Illness:  
Not Work Related; Not Battle Related; Category: Heat/Cold Injuries Cause: Non-  
Battle Illness Appointment Class: Outpatient**

---

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ACLU-RDI 5566 p.77

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
10/24/2007 15:39	No Allergies Found	

**Encounter Information**

Encounter Date: <b>10/24/2007 15:39</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>10/24/2007 15:39</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
psychological symptoms			
sleep disturbances			

**Diagnosis Information**

Primary Diagnosis <b>780.50, sleep disturbances</b>
Secondary Diagnosis(es) <b>V62.5, living in a correctional institution</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>Consultation With A Psychiatric Nurse</b>

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Exhibit 2

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):  
Consultation With A Psychiatric Nurse**

**History of present illness**

**The Patient is a 20 year old male.**

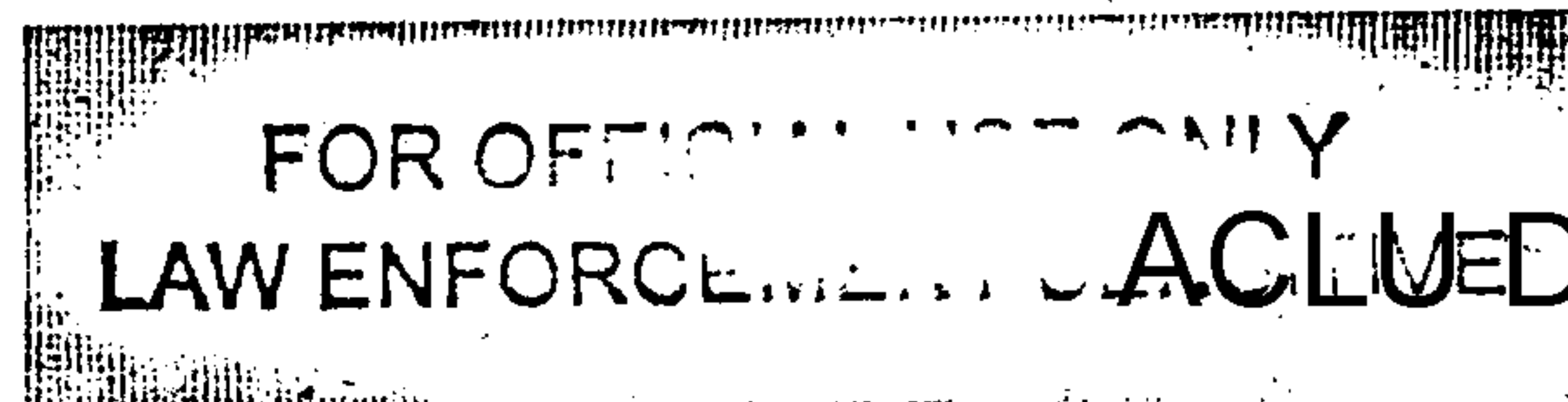
**Psychological symptoms . Detainee seen with interpreter at camp 4-5. Alert and oriented x4. He denies any SI/HI, AVH at this time. He complaints of skin pain and dryness. Encourage to go to sick call and see medic for tx. He verbalized understanding. He is no eating well and is having difficulty sleeping related to his psoriasis. Mood sad and congruent with affect and situation. Appropriate and cooperative during interaction.**

Assessment:

**sleep disturbances,  
living in a correctional institution**

**Preventive: Discussed: Diagnosis with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.



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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: ***** <b>9207</b>		
Sponsor SSN: ***** <b>9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
11/10/2007 15:43	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/10/2007 12:59</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/10/2007 12:59</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
11/10/2007 16:11	126/89	99	93	14				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
The Chief Complaint is:			
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>276.5, DEHYDRATION (Na, H2O)</b>
Original DNBI: <b>Heat/Cold</b>
Circumstance: <b>DISEASE</b>

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Exhibit 2

000080



Mapped DNBI\*:

**Miscellaneous/Administration/Follow-up**

Initial Visit: **N**

Chief Complaint: **Emesis (\_\_\_ ml/24hr)**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**

**Emesis (\_\_\_ ml/24hr)**

**The Chief Complaint is: Nausea and vomiting History of present illness**

**The Patient is a 20 year old male.**

**Pt has h/o psoriasis. He states he can't keep any solids or liquids down for the past 1 month. He feels weak. +Weight loss. No diarrhea. +blood in stools.**

Objective:

**Physical findings**

**Vital signs: Current vital signs reviewed.**

**General appearance: Patient did not appear well hydrated. Patient appeared to be in acute distress.**

**Eyes: General/bilateral:**

**Sclera: Showed icterus.**

**Lungs: Clear to auscultation.**

**Cardiovascular system: Heart Rate And Rhythm: Normal.**

**Heart Sounds: Normal.**

**Murmurs: No murmurs were heard.**

**Edema: Not present.**

**Abdomen: Visual Inspection: Abdomen was normal on visual inspection.**

**Auscultation: Abdominal auscultation revealed no abnormalities.**

**Palpation: Abdominal muscle guarding was demonstrated. Diffuse direct tenderness.**

**Hepatic Findings: Liver was not enlarged.**

**Assessment: DEHYDRATION (Na, H2O)**

**Preventive: Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives,**

**Potential Side Effects with Patient who indicated understanding. Injury & Illness:**

**Not Work Related; Not Battle Related; Category: Heat/Cold Injuries Cause: Non-**

**Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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Demographics Information

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

Allergies Information

Start Date	Allergy	Reaction
11/23/2007 14:18	No Allergies Found	

Encounter Information

Encounter Date: <b>11/23/2007 14:18</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/23/2007 14:18</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

Disposition Information

Disposition: <b>RETURNED_TO_DUTY</b>
---

Symptoms Information

Major Symptom	Minor Symptom	Duration	Duration Unit
SUBJECTIVE (Use for S.O.A.P. note free text)			
The Chief Complaint is:			

Diagnosis Information

Primary Diagnosis <b>573.3, HEPATITIS</b>
Original DNBI: <b>Gastrointestinal, Infectious</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>Gastrointestinal, Infectious</b> Initial Visit: <b>Y</b>
Subjective: <b>The Chief Complaint is: Ward f/u for hepatitis of unknown etiology Past medical/surgical history</b>

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ACLU RDI CID ROI 32166

Exhibit  
000082

2

**Reported History:**

**Past medical history PMHx: psoriasis, cryptogenic hepatitis Meds: lactulose 30ml tid, MVI daily Subjective**

**Patient feels a little better since discharge. He has gained weight.**

Objective:

**Physical findings**

**General appearance: Patient appeared chronically ill. Patient was alert. Patient was oriented to time, place, and person.**

**Abdomen: Abdomen: distended with ascited Musculoskeletal system:**

**General/bilateral: Musculoskeletal system: 2+ BLE edema Tests**

**Laboratory studies INR 0.9, AST 45, ALT 128, Tbili 5.9, Dbili 2.20, albumin 1.8**

**Imaging studies 2-phase CT liver, abdomen and pelvis: Small bilateral pleural effusions, ascites, hepatomegaly with diffuse fatty liver, normal biliary system and portal system**

**Assessment: HEPATITIS**

---

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CID ROI 32167

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
11/30/2007 14:00	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/30/2007 11:35</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/30/2007 11:35</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>REFERRED</b>
------------------------------

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
11/30/2007 14:56	104/65	99.8	121					
11/30/2007 14:28	104/65	99.8	121					

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
The Chief Complaint is: encounter background information			

**Diagnosis Information**

Primary Diagnosis <b>573.9, HEPATIC DISORDERS</b>
Secondary Diagnosis(es)

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**CID ROI 32168**

**Exhibit**

**2**

000084

**696.1, PSORIASIS  
789.5, ASCITES**

Original DNBI: **Fever, Unexplained**  
Mapped DNBI\*: **Fever, Unexplained**

Circumstance: **DISEASE**  
Initial Visit: **Y**

Chief Complaint: **abdominal swelling**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):  
abdominal swelling**

**The Chief Complaint is: ABD PAIN AND GAS History of present illness**

**The Patient is a 20 year old male.**

**Encounter Background Information: PT HAS ESLD AND PSORIASIS. HE HAS BEEN HOSP FOR ASCITES . PLACED ON LACTULOSE, WAS RXED LASIX BUT DID NOT GET IT. PRESENTS TODAY, COMPLAINING OF GAS, ON FURTHER QUESTIONING, HE HAS NOT PASSED GAS EITHER RETALLY OR PER OS. HE POINTS TO HIS STOMACH AND SAYS THE GAS IS INSIDE AND HE HAS ABD PAIN. HE STATES HIS ABD HAS INCREASED IN SIZE OVER THE PAST FEW DAYS AND SYX HAVE BEEN ONGOING ABOUT ONE WEEK.**

Objective:

**Physical findings**

**General appearance: Patient appeared to be in acute distress. Patient was awake. Patient was alert.**

**Abdomen: Abdomen: ABD DISTENDED, FLUID WAVE PRESENT, NON MASSES, NO ORGANOMEGALY, BS PRESENT Skin: Skin: ABD SKIN RASH C/W PSORIASIS**

**Musculoskeletal system: Leg (Below Knee):**

**General/bilateral: Leg abnormalities were seen 3+ EDEMA BILAT**

Assessment:

**HEPATIC DISORDERS,  
ASCITES,  
PSORIASIS**

**Preventive: Discussed: Diagnosis, Medication(s)/Treatment(s) with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related;**

**Category: Fever, Unexplained Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
12/01/2007 18:15	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/30/2007 14:56</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/30/2007 14:56</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Diagnosis Information**

Primary Diagnosis <b>593.9, RENAL DISORDERS</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>RENAL FAILURE</b>
Subjective: <b>Reason(s) For Visit (Chief Complaint(s)):</b> <b>RENAL FAILURE</b>
Assessment: <b>RENAL DISORDERS</b>
Preventive: <b>Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury &amp; Illness: Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause: Non-Battle Illness Appointment Class: Outpatient</b>

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\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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**Outpatient Record**

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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600319207</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1987</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****9207</b>		
Sponsor SSN: <b>*****9207/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
12/12/2007 14:59	No Allergies Found	

**Encounter Information**

Encounter Date: <b>12/12/2007 12:03</b>	Facility: <b>21 CSH (WBH7B0)</b>
Report Date: <b>12/12/2007 12:03</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>RETURNED_TO_DUTY</b>
---

**Vitals Information**

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
12/12/2007 14:59	102/54	100.6	136	18				

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
nausea			
abdominal swelling			
other symptoms involving the abdomen and pelvis			
difficulty breathing (dyspnea)			
a cough			

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000088 2  
**Exhibit**



wheezing (as a symptom)

Preliminary Background HPI (use for free text)

**Diagnosis Information**

Primary Diagnosis

**570, HEPATIC FAILURE**

Original DNBI: **Gastrointestinal, Infectious** Circumstance: **DISEASE**

Mapped DNBI\*: **Gastrointestinal, Infectious** Initial Visit: **Y**

Chief Complaint: **rectal pain accompanied by bleeding**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**  
**rectal pain accompanied by bleeding**

**History of present illness**

**The Patient is a 20 year old male.**

**Known end stage hepatic failure patient complaining of cough, Sputum, fatigue, fever and beding from ext. piles. Dyspnea, cough, and wheezing.**

**Nausea and abdominal swelling.**

**Other symptoms involving the abdomen and pelvis.**

Assessment: **HEPATIC FAILURE**

Preventive: **Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding. Injury & Illness: Not Work Related; Not Battle Related; Category: Gastrointestinal, Infectious Cause: Non-Battle Illness Appointment Class: Outpatient**

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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000089

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0065-07-CID789-23680

PAGE 1 OF 2 PAGES

## DETAILS

**DEATH SCENE EXAMINATION:** About 1600, 16 Dec 07, SA (b)(6), (b)(7)(C) conducted a death scene examination of bed #4, 31<sup>st</sup> Combat Support Hospital (CSH), Camp Cropper, Iraq APO AE 09342 (CCIZ).

*Characteristics of Death Scene:* The 31<sup>st</sup> CSH was a single story, aluminum type construction, grey in color building used as a hospital. The main entrance to the 31<sup>st</sup> CSH was gained through a double door entrance located on the Northwest wall of the building. Upon entrance into the CSH there are several rooms located on both sides of the hallways. Mr. Raad Saad MOSHIN, (b)(6), (b)(7)(C) was located in the Intensive Care Unit (ICU) of the 31<sup>st</sup> CSH. The ICU was located in the Eastern most corridor of the hospital, the last set of doors on the southern wall. The entrance to the ICU was two double doors which opened into the main ICU area. The floor of the ICU was white in color, linoleum type construction which covered the entire floor, from wall to wall. The walls of the ICU were white in color, aluminum type construction. The walls appeared to be flat and level and ran from floor to ceiling. The ceiling of the ICU was white in color, aluminum type construction, there was several fluorescent lights which appeared to be centered on the ceiling and ran north to south. The lights were on during the time of the examination. The ceiling appeared to be level and ran from wall to wall. Upon entering there were two doors on the north wall which opened to a storage room and a latrine. After the storage room the ICU opened and there were five beds located along the north wall, three of which were occupied. The beds numbered two through six. Opposite the storage room, the south wall turned at a 90 degree angle and a small inlet held a sink and a refrigerator, after which continued on to another room which held supplies for the ICU. After the room was a large nurse's station which sat flush with the south wall. After the nurse's station, were two beds which were numbered eight and nine. Mr. MOSHIN was located in bed four which was located in the northeast portion of the room along the northern wall. Bed four was positioned directly across from the nursing station. The head of the bed was facing the northern wall with the east side of the bed facing the east wall. At the opposite ends of the room from the main E/E was another opening to another storage room and a break room. Centered in front of the opening to the second storage room sat a guards desk, with two chairs.

*Conditions of the Scene:* Mr. MOSHIN's remains were positioned on the bed lying face up with his head facing the northern wall. Mr. MOSHIN was approximately 5'4" tall, 200lbs, tanned skin tone, with a beard and mustache; he appeared to have black thinning hair and brown eyes. Mr. MOSHIN appeared to be of a medium stature; however, he was retaining a substantial amount of fluids. Upon arrival at scene, Mr. MOSHIN was attached to a portable crash cart, which monitored his vital signs and held a portable defibrillator. There were several black, red and green in color wires which ran from the cart to Mr. MOSHIN's chest, arms, left leg, and index finger on his right hand. The wires were attached to his chest by small adhesive electrodes. There were four bags of what was described as saline solution and contained injected medication. The bags were attached to his arms by tubes which were then attached to needles, placed into his arms. There was also a foley catheter in place in Mr. MOSHIN's genitals. Mr. MOSHIN had an oxygen mask attached to his face with an elastic bound around his head. Mr. MOSHIN's back and lower extremities were purplish in color from the onset of Algor mortis, which appeared to coincide with his

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

Camp Cropper CID Office, 11<sup>th</sup> MP BN (CID)  
Camp Cropper, Baghdad, Iraq APO AE 09342

DATE

16 Dec 07

EXHIBIT

3

ACLU DDII CID ROI 32174

CID FORM

ACLU-RDI-556 p.90

000090

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0065-07-CID789-23680

PAGE 2 OF 2 PAGES

## DETAILS

position.

*Environmental Conditions:* At the time of the examination it was light outside. The temperature outside was 62 degrees and clear skies while the temperature inside the ICU was 68 degrees. There were no odors out of the ordinary near the remains during the time of the examination.

*Factors Pertinent to Entrance/Exit (E/E):* The main entrance and exit point to the ICU could be gained from the southern most wall in the ICU. There was a set of double doors which could be accessed by pushing in either direction. There were no other E/E points in the room. All other doors led to alternate room.

*Scene Documentation:* The scene was documented by SA (b)(6), (b)(7)(C) utilizing a FUJIFILM FinePix A820 digital camera with a built in flash. Additionally, a death scene sketch was prepared by SA (b)(6), (b)(7)(C)

*Search for Latent Impressions:* There was no search for latent impressions due to all who worked in the ICU had unfettered access to Mr MOSHIN.

*Collection of Evidence:* A collection of evidence was not performed due to the fact that the remains were located at the ICU for several hours prior to his demise and all clothing had been disposed of by hospital staff.

*Search Beyond the Scene:* A search beyond the scene was not conducted. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Camp Cropper CID Office, 11<sup>th</sup> MP BN (CID)  
Camp Cropper, Baghdad, Iraq APO AE 09342

SIGNATURE

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

DATE

16 Dec 07

EXHIBIT

3

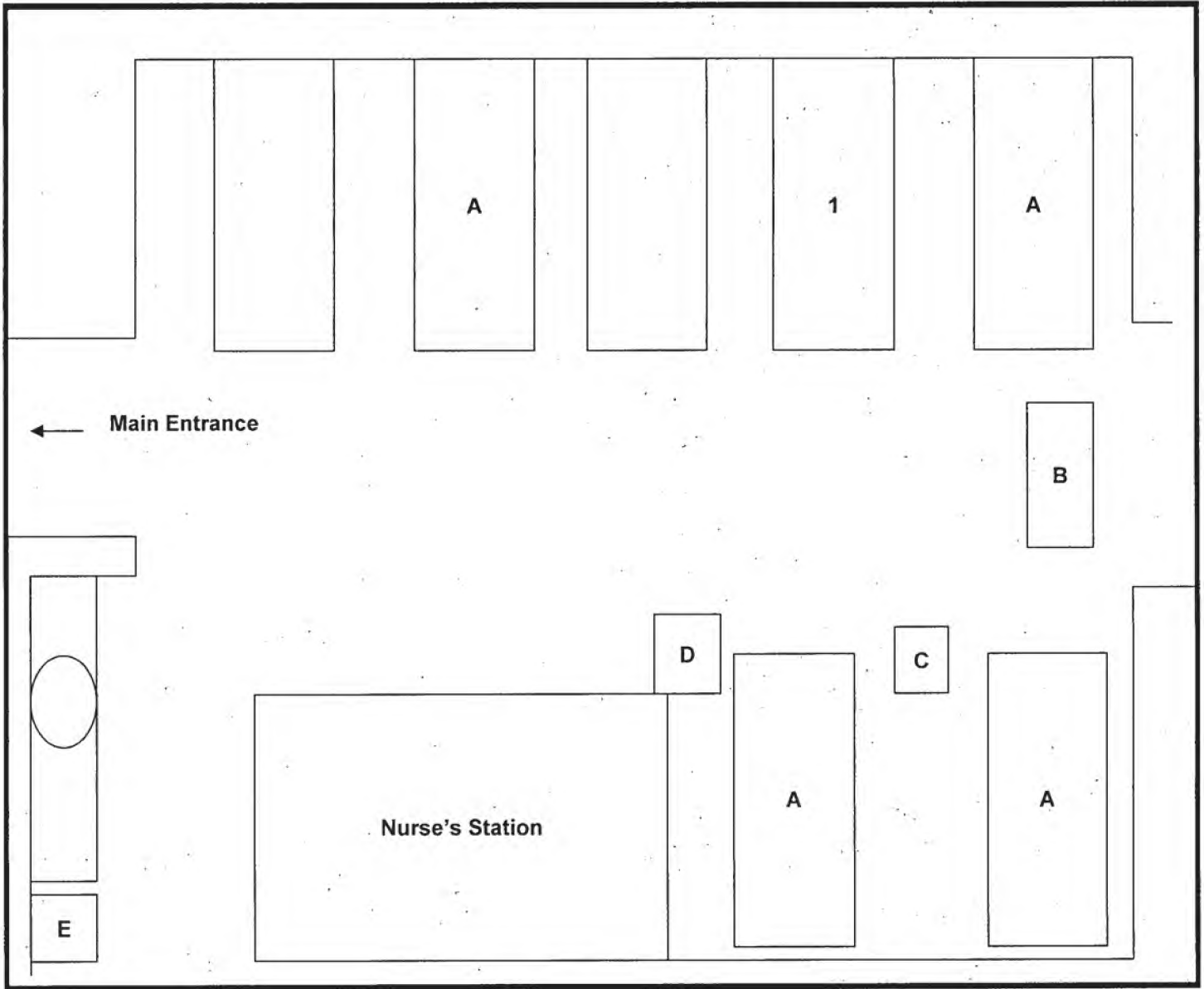
ACLU DDII CID ROI 32175

CID FO

ACLU-RDI 5566 p.91

000091

# ROUGH SKETCH DEPICTING CRIME SCENE



### LEGEND

- 1 - Location of Mr. (b)(6), (b)(7)(C)
  - A - Occupied Bed
  - B - Guards Desk
  - C - Crash Cart
  - D - Cart with medical supplies
  - E - Refrigerator
- N  
Not To Scale

### TITLE BLOCK

Case: 0065-07-CID78923680  
 OFFENSE: Undetermined Death  
 SCENE PORTRAYED: ICU, 31<sup>st</sup> CSH  
 LOCATION: Camp Cropper, IZ APO AE 09342  
 VICTIM: ISN: (b)(6), (b)(7)(C)  
 TIME & DATE BEGAN: 1630, 16 Dec 07  
 SKETCHED BY: SA (b)(6), (b)(7)(C)  
 VERIFIED BY: SA (b)(6), (b)(7)(C)

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EXHIBIT 4

~~Law Enforcement Sensitive~~

ACLU DDII CID ROI 32176

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## AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0271-07-CID112

PAGE 1 OF 1 PAGE

## DETAILS

BASIS FOR INVESTIGATION: About 0907, 16 Dec 07, this office received a Request for Assistance (RFA) from the Special Agent in Charge (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 86<sup>th</sup> MP Detachment (CID), Camp Cropper CID Office, Camp Cropper, IZ APO AE 09342, requesting this office to attend the autopsy of Detainee Raad S MOSHIN, Camp Remembrance II, Theater Internment Facility (TIF), Camp Cropper, IZ, APO AE 09342, who died while in a detention facility set up in support of Operation Iraqi Freedom (OIF).

About 0900, 20 Dec 07, SA (b)(6), (b)(7)(C) attended the autopsy of Mr MOSHIN (ME#07-1369), which was performed by Dr. (CDR) (b)(6), (b)(7)(C) United States Navy, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd., Bldg 102, Rockville, MD, 20850. The preliminary cause of death was pending and manner of death was natural. Photographers from AFIP exposed all digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. Fingerprints and a copy of the CD containing all images and were obtained. (See 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.

About 1138, 20 Dec 07, SA (b)(6), (b)(7)(C) as evidence a vial containing a blood sample of Mr MOSHIN. (see Evidence/Property Custody Document for details)///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Aberdeen Proving Ground Resident Agency (CID)  
Aberdeen Proving Ground, MD 21005

SIGN:

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

DATE

20 Dec 07

EXHIBIT

7

CID FORM 94

1 FEB 77

ACLU DDII CID ROI 32197

EVIDENCE/PROPERTY CUSTODY REPORT

For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command

MPR/CID SEQUENCE NUMBER  
0271-07-CID112  
CRD REPORT/CID ROI NUMBER  
0065-07-CID789-23680

RECEIVING ACTIVITY Aberdeen Proving Ground Resident Agency (CID)	LOCATION APG, MD 21005
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER Dr (CDR) (b)(6), (b)(7)(C) ME <input checked="" type="checkbox"/> OTHER	ADDRESS (Include Zip Code) Office of the Armed Forces Medical Examiner (OAFME) Armed Forces Institute of Pathology (AFIP) Rockville, MD 20850
LOCATION FROM WHERE OBTAINED From the hands of Dr (b)(6), (b)(7)(C) at the Charles C. CARSON Mortuary Center, Building 116, Dover Air Force Base, DE	REASON OBTAINED Evidence
	TIME/DATE OBTAINED 1138 / 20 Dec 07

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>
1	1	Vial, clear of color, plastic type construction, with top, white in color, plastic type construction, containing vial, white, black, blue, green and clear of color, plastic type construction, with top, purple in color, plastic type construction, marking "Dover AFB Port Mortuary...ME #: 07-1369" on sticker on vial, contains blood sample of Mr MOSHIN, marked for identification on outer vial top with 1138, 20 Dec 07, (b)(6), (b)(7)(C) (remains of Mr MOSHIN, ME 07-1369)
////	////	//////////////////////////////////////LAST ITEM//////////////////////////////////////

"contamination suspected"

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	20 Dec 07	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	Evaluation as Evidence
1	21 Dec 07	(b)(6), (b)(7)(C)	(b)(6), (b)(7)(C)	USED TO EVALUATE EVIDENCE
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

CHAIN OF CUSTODY (Continued)

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

FINAL DISPOSITION ACTION

RELEASE TO OWNER OR OTHER (Name/Unit) \_\_\_\_\_  
 DESTROY \_\_\_\_\_  
 OTHER (Specify) \_\_\_\_\_

FINAL DISPOSITION AUTHORITY

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

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

\_\_\_\_\_  
 (Typed/Printed Name, Grade, Title) (Signature) (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

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

(Typed/Printed Name, Organization)

ACLU DDII CID ROI 32244

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0065-07-CID789-23680

PAGE 1 OF 1 PAGE

## DETAILS

About 1526, 8 Jul 08, SA (b)(6), (b)(7)(C) received the Autopsy Examination Report, number ME07-1369, Armed forces Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850. The report listed the cause of death concerning Mr MOSHIN was liver failure due to cryptogenic hepatitis and the manner of death was reported as natural. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

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

SIGNATURE

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

DATE

8 Jul 08

EXHIBIT

11

ACLU DDII CID ROI 32245

CID FORM

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Exhibit(s) 12 thru 13

Page(s) 160 thru 171 referred to:

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

ACLU DDII CID ROI 32246



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



(b)(6)

**AUTOPSY EXAMINATION REPORT**

Name: (BTB) MOSHIN, Ra'ad Sa'ad  
 ISN/TMEP: US9IZ-319207-CI/982-07  
 Date of Birth: (BTB) 01 JAN 1987  
 Date of Death: 16 DEC 2007

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

Date/Time of Autopsy: 20 DEC 2007 @ 0930  
 Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 01 JUL 2008

**Circumstances of Death:** This Civilian Detainee was admitted to the 31<sup>st</sup> CSH intensive care unit at Camp Cropper, Baghdad, Iraq on 12 DEC 2007 due to complications of end stage liver disease of an unknown etiology. He first came to the attention of the medical staff at Camp Cropper in October 2007 with complaints of nausea and fatigue, and was diagnosed with viral syndrome. His past medical history was significant only for a dermatitis for which he used topical medications and occasional oral prednisone. He developed progressive weight loss and jaundice with rising bilirubin, liver enzymes and ammonia levels in November 2007. He denied exposure to chemicals, medications, alcohol or herbal preparations. Viral markers for hepatitis A, B, C and HIV were negative. His condition progressively deteriorated to multi-organ system failure and he expired on 16 DEC 2007.

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

**Identification:** Presumptive identification is made based upon identification bracelets on the body. Positive identification the ISN is confirmed by the comparison of an antemortem DNA reference and a postmortem DNA sample. Fingerprints are taken for comparison to an exemplar if one becomes available.

**CAUSE OF DEATH: LIVER FAILURE DUE TO CRYPTOGENIC HEPATITIS**

**MANNER OF DEATH: NATURAL**

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Exhibit 12  
160

AUTOPSY REPORT (b)(6)  
 (BTB) MOSHIN, Ra'ad Sa'ad

Page 2 of 7

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasoid male received unclad and wrapped in two sheets. The body weighs 183-pounds, is 66-inches in length and appears older than the reported age of 20-years. The body is cold. Rigor is passing to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The body is jaundiced and anasarctic, with 4+ pitting edema over the entire torso and all extremities. The skin appears pale and dry with flaking, most notably on the scalp. Large bullae are present on the skin, mostly on the dependent portions of the body. Some skin slippage is present.

The head is normocephalic, and the scalp hair is sparse, short and brown. Facial hair consists of a sparse beard and moustache. The irides are brown, the corneae are cloudy, and the conjunctivae are edematous and otherwise unremarkable. The sclerae are icteric. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The earlobes are not pierced. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury.

The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is markedly protuberant with striae and an obvious fluid wave. The external genitalia are those of a normal adult circumcised male. The anus is without note. There is a partial thickness decubitis ulcer in the natal cleft on the left buttock that measures 1/2 x 3/8-inch. Healed surgical scars are not noted on the torso.

The extremities show the presence of a few healed scars on the shin and a few bruises, but no evidence of fractures, lacerations or deformities. The fingernails are trimmed and intact. A tattoo is noted on the medial left arm (a rose, black, 2 x 1 1/2-inches). An irregular scar is noted on the medial left ankle region that measures 1 1/2 x 1/2-inch. There are numerous pustules associated with hair follicles on the extremities in various stages of healing.

### CLOTHING AND PERSONAL EFFECTS

No clothing or personal effects are received with the body.

### MEDICAL INTERVENTION

- Intravenous line inserted in the right subclavian region
- Urinary bladder catheter
- Nasogastric tube inserted into the left naris, properly located
- Medical dressing on decubitis ulcer, left buttock

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ACLU DDII CID ROI 32248

Exhibit 12

12

AUTOPSY REPORT (b)(6)  
 (BTB) MOSHIN, Ra'ad Sa'ad

Page 3 of 7

### RADIOGRAPHS

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

- Medical therapy
- Bilateral pleural effusions
- No old or recent fractures of the skull, axial skeleton or extremities
- No metallic foreign bodies

### EVIDENCE OF INJURY

There is no evidence of old or recent injury.

### 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. Both pleural cavities contain 300-milliliters of serosanguinous fluid. The pericardial sac contains 80-milliliters of serosanguinous fluid, and the abdominal cavity contains 3,400-milliliters of yellow serous fluid. All body organs are present in normal anatomical position.

The subcutaneous fat layer of the abdominal wall is 1-inch thick at the umbilicus.

#### 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 1,590-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:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage is soft and the hyoid bone is intact and unfused. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

#### CARDIOVASCULAR SYSTEM:

The 330-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-

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ACLU DDII CID ROI 32249

Exhibit 62 12

AUTOPSY REPORT (b)(6)  
 (BTB) MOSHIN, Ra'ad Sa'ad

Page 4 of 7

dominant pattern. Cross sections of the vessels show no luminal narrowing and are widely patent.

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

The aorta gives rise to three intact and patent arch vessels; mild atherosclerosis (fatty streaks) is noted. 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 parietal pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding moderate to large amounts of blood and frothy fluid; no focal lesions are noted. The visceral pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 800-grams; the left 790-grams.

#### HEPATOBIILIARY SYSTEM:

The 2,340-gram liver has an intact smooth capsule covering very soft, yellow to tan parenchyma with no focal lesions noted. The expected liver weight for body weight is 2,315-grams.

The gallbladder contains 20-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; no varices are noted. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 60-milliliters of tan, semi-solid material.

The small and large bowels are unremarkable. The pancreas is soft and autolyzed and the ducts are clear. The appendix is present.

#### GENITOURINARY SYSTEM:

The right kidney weighs 120-grams; the left 110-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, dusky 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 with focal hemorrhage overlies an intact bladder wall. The bladder contains approximately 10-milliliters of cloudy yellow urine. The testes, prostate gland and seminal vesicles are without note.

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 Exhibit 12  
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AUTOPSY REPORT (b)(6)  
 (BTB) MOSHIN, Ra'ad Sa'ad

Page 5 of 7

**LYMPHORETICULAR SYSTEM:**

The 210-gram spleen has a smooth, intact capsule covering red-purple, moderately firm congested 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 slightly autolyzed and symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

No non-traumatic abnormalities of muscle or bone are identified. Skin incisions with undermining subcutaneous dissection in areas of ecchymosis are negative for traumatic injury.

**SLIDE KEY AND MICROSCOPIC EXAMINATION**

Selected portions of organs are retained in formalin, with preparation of histology slides.

1. Lung :} {Vascular congestion and desquamation of pneumocytes into the alveolar
2. Lung :} {spaces. There is no evidence of acute infection.
3. Kidney: Autolysis.
4. Kidney: Autolysis.
5. Spleen: Congestion, otherwise unremarkable.
6. Liver: Severe macrosteatohepatitis, bridging fibrosis, bile stasis and biliary hyperplasia, with remarkably little inflammation.
7. Pancreas: Autolysis.
8. Heart (Left Ventricle): No pathologic diagnosis.
9. Heart: (Septum and Right Ventricle): No pathologic diagnosis.
10. Adrenal Glands: Autolysis.
11. Brain (Hippocampus): Hypoxic changes of the neurons in the CA-1 region.
12. Brain (Cerebellum): No pathologic diagnosis.
13. Brain (Pons): Hypoxic changes of the neurons in the periaqueductal gray matter.
14. Spinal Cord: No pathologic diagnosis.
15. Lymph Node: No pathologic diagnosis.
16. Thyroid Glands: No pathologic diagnosis.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by AFMES staff photographer.
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, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.

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000164 12  
 Exhibit

AUTOPSY REPORT (b)(6)  
 (BTB) MOSHIN, Ra'ad Sa'ad

Page 6 of 7

5. Histological sections of the liver are submitted to the Department of Hepatic Pathology, AFIP for expert consultation. The results are described above (see "Slide Key and Microscopic Examination" (6. Liver).
6. Body fluids and tissue is submitted to the Department of Environmental and Infectious Disease Sciences, AFIP for heavy metal analysis. The results are described below (see "Toxicology").

### FINAL AUTOPSY DIAGNOSES

- I. **Natural Disease**
  - A. Anasarca
  - B. Pulmonary edema and congestion, bilateral
  - C. Pleural effusions, bilateral
  - D. Pericardial effusion
  - E. Ascites
  - F. Hepatomegaly and severe macrosteatohepatitis with bridging fibrosis, bile stasis and biliary hyperplasia
  - G. Decubitis ulcer, left buttock
  - H. Icterus and jaundice
- II. **There is no evidence of physical abuse.**
- III. **Evidence of Medical Therapy**
  - A. Intravenous line inserted in the right subclavian region
  - B. Urinary bladder catheter
  - C. Nasogastric tube inserted into the left naris
- IV. **Post-Mortem Changes**
  - A. Rigor is absent and equal in all extremities
  - B. Lividity is posterior and fixed except in areas exposed to pressure
  - C. The body temperature is cold to touch
  - D. Skin slippage
- V. **Identifying Body Marks**
  - A. Tattoo on the medial left arm
  - B. Scar on the medial left ankle region
- VI. **Toxicology**
  - A. The blood is tested for carbon monoxide and the carboxyhemoglobin saturation is less than 1%.
  - B. The blood is tested for cyanide and none is detected.
  - C. The blood and vitreous fluid are tested for volatile compounds including ethanol and none are found.
  - D. The urine is screened for medications and drugs of abuse and the following medications are found:
    1. Lidocaine (an anti-arrhythmic medication) is present in the urine but not quantitated.

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LAW ENFORCEMENT SENSITIVE

Exhibit 6512

- 2. Morphine (a narcotic analgesic medication) is present in the urine and is quantitated in the blood at a level of 0.57 milligrams per liter.
- 3. Promethazine (an anti-emetic medication) is present in the urine and is quantitated in the blood at a level of 0.16 milligrams per liter.
- E. The liver, kidney, urine, blood and bile are tested for heavy metals including aluminum (Al), antimony (Sb), arsenic (As), cadmium (Cd), chromium (Cr), cobalt (Co), copper (Cu), lead (Pb), manganese (Mn), mercury (Hg), molybdenum (Mo), nickel (Ni), thallium (Tl), tin (Sn), titanium (Ti), uranium (U), vanadium (V), tungsten (W) and zinc (Zn) and the following are detected:
  - 1. The liver and kidney did not contain elevated levels of any tested metals.
  - 2. The blood contained elevated levels of cadmium (Cd), manganese (Mn) and tungsten (W). See the attached toxicology report for details.

**OPINION**

This 20-year-old male civilian detainee, (believed to be) Ra'ad Sa'ad Mosin, died of liver failure. The liver failure progressed to multi-organ system failure over a period of approximately 2 months. The cause of the liver failure is unknown; viral markers were negative (by review of the medical records) and by history the deceased denied chemical or drug exposure. Routine toxicological testing for ethanol and screened drugs of abuse was negative. Carbon monoxide and cyanide were not detected in the blood. The medications morphine and promethazine were present in the blood at therapeutic levels, consistent with hospitalization. Extended toxicological testing for heavy metal exposure was inconclusive. Although elevated levels of cadmium (Cd), manganese (Mn) and tungsten (W) were present in the blood, they were not present in the liver and kidney tissues tested and likely represent post-mortem re-distribution or artifact. The microscopic appearance of the liver tissue is a general pattern and an etiology of the liver failure cannot be determined with certainty. Based on the current investigation, laboratory studies and autopsy findings, the manner of death is best classified as natural.

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

*03 Jul 08*





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)(6)

Name  
MOSIN, RAAD SAAD

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

Date Report Generated: January 7, 2008

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS                      REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD  
Date of Incident: 12/16/2007

Date Received: 1/2/2008

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

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

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

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

Positive Lidocaine: Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

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

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Exhibit 167 12



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-5000

REPLY TO  
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT - (b)(6) MOSIN, RAAD SAAD):

Positive Opiate: Morphine was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.57 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

Positive Phenothiazine: Promethazine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry. The blood contained 0.16 mg/L of promethazine as quantitated by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

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Exhibit 68 12

**DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGICAL REQUEST FORM**

<b>TO:</b> ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	<b>FORWARD I</b>	Dover AFB Port Mortuary (b)(6)
	Incident: OIR Remains/Case #: D07-11305 Recovery/TC #: Process Date: 20 Dec 07 ME # (b)(6)	

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
MOSHIN, RAAD SAAD	SSN: 319207	?	M	C

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
16 DEC 07	16 DEC 07	ME (b)(6)

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

"LCU MEDS ..."

NO.	SPECIMEN/AMOUNT	NO.	SPECIMEN/AMOUNT
1	Vitamins	9	Spleen
2	Blood (Heart)	10	Heart muscle
3	Bile	11	Adipose
4	Urine	12	Brain
5	Gastric Content		
6	Lung		
7	LIVER		
8	KIDNEY		

**INCIDENT/ACCIDENT DETAILS** (Include pertinent information regarding crash site, autopsy, or investigation, etc. What happened?)

HEPATORENAL SYNDROME / NATURAL

DFT# (b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE / FAX
(b)(6)	(b)(6)	20 DEC 07	(b)(6)

**CHAIN OF CUSTODY (CC)**

RELEASED BY	RECEIVED BY	DATE	PURPOSE OF TRANSFER
(b)(6)	(b)(6)		
(b)(6)	(b)(6)		
(b)(6)	(b)(6)	JAN 02 2008	Received From Courier
(b)(6)	(b)(6)	JAN 02 2008	Secured Storage
(b)(6)	(b)(6)		
(b)(6)	(b)(6)		
(b)(6)	(b)(6)		

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EXHIBIT 12

CÉRTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Moshin, Ra'ad, Sa'ad</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>TME-P9-8207</b>
		DATE OF BIRTH Date de naissance <b>1 January 1987</b>	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Negroïde	<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"/> WIDOWED Veuf	<input type="checkbox"/> SEPARATED Séparé
RELIGION Culte		OTHER (Specify) Autre (Spécifier)	
<input checked="" type="checkbox"/> PROTESTANT Protestant		<input checked="" type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> JEWISH Juif			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort <b>Liver Failure</b>			<b>Unknown</b>
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE <b>(b)(6)</b>	DATE <b>20 December 2007</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>19 December 2007 1735</b>	PLACE OF DEATH Lieu de décès <b>Camp Bucca Iraq</b>		
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 <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>(b)(6)</b>	
GRADE Grade <b>(b)(6)</b>	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>2/14/2008</b>	SIGNATURE <b>(b)(6)</b>		

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

DD FORM 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PA6), 16 SEP 76, WHICH ARE OBSOLETE.

ACLU/DDI/CID ROI 32257

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

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS 436 SVC/SVD 116 26th Street, Dover AFB DE 19902	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSTION		DATE OF DISPOSTION	
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

ACLU DDII CID ROI 32258

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Exhibit 13

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