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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Taji CID Office
22nd Military Police Battalion (CID), APO AE 09378

12 Nov 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - 1ST FINAL SUPPLEMENTAL (C)/SSI -
0062-2009-CID979-85131 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 MAY 2009, 0910 - 11 MAY 2009, 1004; 10TH COMBAT SUPPORT
HOSPITAL, INTERNATIONAL ZONE, IRAQ, APO, AE 09348

DATE/TIME REPORTED: 11 MAY 2009, 1115

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. HAMID, ADNAN NAIF (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE;
OTHER; THEATER INTERNMENT FACILITIES/RECONCILIATION CENTER, CAMP
TAJI, IRAQ, APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST
09378; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

1

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This is an Operation Iraqi Freedom Investigation.

This investigation was initiated upon notification from the Battle Captain, Theater Internment Facilities/Reconciliation Center (TIFRC), Camp Taji, Iraq, who reported the death of a detainee.

Investigation determined Mr. HAMID died as a result of pulmonary embolism. The manner of death was natural.

On 12 Nov 09, this office received the Armed Forces Institute of Pathology case review consult which was commensurate with the final findings of this office.

STATUTES:

Not Applicable

EXHIBITS:

ADDED ATTACHED:

23. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 12 Nov 09.
24. AFIP Case Review, 27 Oct 09.

NOT ADDED ATTACHED:

None

The originals of Exhibits 23 and 24 are attached to the USACRC copy of this report.

STATUS: This is a 1st Final (C) Supplemental Report. No further investigative activity is anticipated at this time. Commander's Report of Disciplinary or Administrative Action Taken (DA Form 4833) is not required.

CID Reports of Investigation may be subject to a Quality Assurance Review by CID Higher Headquarters.

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Report Prepared By:

(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

CDR, 3d MP GRP (CID), Forest Park, GA, ATTN: OPS

CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342

Deputy CDR, 22nd MP Battalion (CID), Camp Victory, Iraq, APO AE 09342

CDR, 89th MP BDE, Camp Cropper, Iraq APO AE 09342

DIR, AFIP, Rockville, MD

Mayor, Camp Taji, IZ (email)

PM, Camp Taji, IZ (email)

PMO, ATTN: Operations, Camp Taji, IZ (email)

PMO, ATTN: Provost Sergeant, Camp Taji, Iraq (email)

PMO, ATTN: Senior Desk Sergeant, Camp Taji, Iraq (email)

File

3

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

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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Taji CID Office
22nd Military Police Battalion (CID), APO AE 09378

03 Aug 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0062-2009-CID979-85131 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 MAY 2009, 0810 - 11 MAY 2009, 0904; 10TH COMBAT SUPPORT HOSPITAL, INTERNATIONAL ZONE, IRAQ, APO, AE 09348

DATE/TIME REPORTED: 11 MAY 2009, 1015

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. HAMID, ADNAN NAIF (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; THEATER INTERNMENT FACILITIES/RECONCILIATION CENTER, CAMP TAJI, IRAQ, APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09378; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

1

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ACLU DDII CID ROIS 37713

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This is an Operation Iraqi Freedom Investigation.

This investigation was initiated upon notification from the Battle Captain, Theater Internment Facilities/Reconciliation Center (TIFRC), Camp Taji, Iraq, who reported the death of a detainee.

Investigation determined Mr. HAMID died as a result of pulmonary embolism. The manner of death was natural.

STATUTES:

Not Applicable

EXHIBITS:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6), (b)(7)(C) 12 May 09.
2. Photographic Packet (Mr. HAMID's belongings).
3. CD containing original images associated with Exhibit 2. (USACRC and file copies only)
4. Sworn Statement of MAJ (b)(6), (b)(7)(C) 1 May 09.
5. Transfer Medical Summary of Mr. HAMID, 10 May 09.
6. Medical Records of Mr. HAMID.
7. Canvass Interview Worksheets, 12 May 09.
8. AIR of SA (b)(6), (b)(7)(C) 12 May 09.
9. Photographic Packet (Mr. HAMID's remains).
10. CD containing original images associated with Exhibit 9. (USACRC and file copies only)

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11. Medical Records of Mr. HAMID.
12. AIR of SA (b)(6), (b)(7)(C) 19 May 09.
13. CD containing Autopsy photographs. (USACRC and file copies only)
14. Preliminary Certificate of Death of Mr. HAMID.
15. Medical Records of Mr. HAMID.
16. AIR of SA (b)(6), (b)(7)(C) 6 Jul 09.
17. Sworn Statement of MAJ (b)(6), (b)(7)(C) 1 Jul 09.
18. Sworn Statement of 2LT (b)(6), (b)(7)(C) 6 Jul 09.
19. AIR of SA (b)(6), (b)(7)(C) 16 Jul 09.
20. Certificate of Death of Mr. HAMID.
21. Autopsy Report, 10 Jul 09.
22. Toxicology Report, 27 May 09.

Not Attached:

None

The originals of Exhibits 1-4, 7-10, 12 and 16-19 are attached to the USACRC copy of this report. The originals of Exhibits 5 and 6 are maintained in the files of 328th Level II Medical Clinic, Camp Taji, Iraq. The originals of Exhibit 11 are maintained in the files of 10th Combat Support Hospital, International Zone, Iraq. The originals of Exhibits 13-15 and 20-22 are retained in the files of the Office of the Armed Forces Medical Examiner, Armed Forces Institute of Pathology, 1413 Research Blvd, 102, Rockville, MD.

STATUS: This is a Final (C) Report. Commander's Report of Disciplinary or Administrative

3

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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:

Report Approved By:

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

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

Special Agent in Charge

Special Agent in Charge

DISTRIBUTION:

Commander, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Fort Belvoir, VA 22060-5506

Director, USACRC, 6010 6th Street, Fort Belvoir, VA 20060 (original)

CDR, 3D MP Grp, ATTN: Operations, Fort Gillem, GA

SAC, APG, 2201 Aberdeen Boulevard, Aberdeen Proving Grounds, MD 21005

Dir, AFIP, AFIP Annex Bldg 102, 1413 Research Blvd, Rockville, MD 20850

CDR, TIFRC, Camp Taji, IZ (email)

CDR, 22nd MP Bn (CID), ATTN: Operations, Camp Victory, IZ

Mayor, Camp Taji, IZ (email)

PM, Camp Taji, IZ (email)

PMO, ATTN: Operations, Camp Taji, IZ (email)

PMO, ATTN: Provost Sergeant, Camp Taji, Iraq (email)

PMO, ATTN: Senior Desk Sergeant, Camp Taji, Iraq (email)

FILE

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ACLU DDIL CID ROIS 37716

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i>	ROI NUMBER 0062-09-CID979-85131
	PAGE 1 OF 3 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1115, 11 May 09, the Battle Captain, Theater Internment Facilities/Reconciliation Center (TIFRC), Camp Taji, Iraq (CTIZ), reported the death of a detainee.

About 1245, 11 May 09, SA (b)(6), (b)(7)(C) interviewed SFC (b)(6), (b)(7)(C) Dayshift Battle NCO, TIFRC, CTIZ, who related around 0840, 11 May 09, they received a call from the 328th Patient Administration Desk (PAD), TIFRC, CTIZ. SFC (b)(6), (b)(7)(C) related PAD advised Mr. HAMID was being medically evacuated (MEDEVAC), classified as emergency, due to severe anemia and required a blood transfusion. SFC (b)(6), (b)(7)(C) related Mr. HAMID was transported via ground ambulance to the Stryker Helipad near Dining Facility (DFAC) 3, CTIZ, whereupon he underwent a nine minute flight to the 10th Combat Support Hospital (CSH), International Zone, Iraq. SFC (b)(6), (b)(7)(C) further related Mr. HAMID was new to the TIFRC and arrived on 7 May 09. SFC (b)(6), (b)(7)(C) related Mr. HAMID did not appear to have any problems with other detainees, which would have instigated his health defects. SFC (b)(6), (b)(7)(C) related Mr. HAMID had a documented illness and checked into the PAD on 10 May 09, whereupon he was held overnight and scheduled for a routine MEDEVAC; however, he did not make it to the evening transport due to the rapid deterioration of his health. SFC (b)(6), (b)(7)(C) related he was unaware of what personal items Mr. HAMID may have had; however, the detainees were limited to things such as a Koran, prayer beads (which were provided by the TIFRC), and photographs.

About 1500, 11 May 09, SA (b)(6), (b)(7)(C) recorded digital images of A1, Zone 12, TIFRC, CTIZ, and the personal belongings of Mr. HAMID, utilizing a NIKON D80 digital camera with a built in flash. (See Photograph Packet)

Agent's comment: The personal belongings of Mr. HAMID were removed from the cell in preparation for Mr. HAMID's routine MEDEVAC, and were presented for photographs in a plastic bag bearing Mr. HAMID's detainee number designator. Additionally, the detainee cell area did not have specific locations assigned to each detainee, any open space was utilized within the cell.

About 1625, 11 May 09, SA (b)(6), (b)(7)(C) this office, interviewed MAJ (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 328th CSH, TF 115 Medical, TIFRC, CTIZ, who provided a sworn statement detailing her involvement in the case. MAJ (b)(6), (b)(7)(C) provided medical records of Mr. HAMID. (See Sworn Statement and Medical Records)

About 1645, 11 May 09, SA (b)(6), (b)(7)(C) interviewed CPT (b)(6), (b)(7)(C) 328th CSH, TF 115 Medical, TIFRC, CTIZ, who related at 0400, 11 May 09, he received an oncoming briefing from 1LT (b)(6), (b)(7)(C) 328th CSH, TF 115 Medical, TIFRC, CTIZ. CPT (b)(6), (b)(7)(C) related he was briefed that all of Mr. HAMID's vital signs were within normal limits. CPT (b)(6), (b)(7)(C) related Mr. HAMID got up to go to the bathroom once and was a little short of breath, but was given oxygen and subsequently went back to sleep. CPT (b)(6), (b)(7)(C) related he took Mr. HAMID's vital signs again and all of

TYPED AGENT'S NAME AND SEQUENCE NUMBER for SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION Camp Taji CID Office, 24 th / 348 th MP DET (CID), 10 th MP BN (CID)(ABN), Unit# 6053, APO AE 09378
SIGNATURE (b)(6), (b)(7)(C)	DATE 12 May 09
	EXHIBIT ACLU DDII CID ROIS/37717

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i>	ROI NUMBER 0062-09-CID979-85131
	PAGE 2 OF 3 PAGES

DETAILS

his vitals were within normal limits. Mr. HAMID was then given breakfast and medications. CPT (b)(6), (b)(7)(C) related he briefed the current staff and departed the CSH around 0710, 11 May 09. Upon his return at 0830, 11 May 09, CPT (b)(6), (b)(7)(C) was briefed that Mr. HAMID was being treated because he started to decline in health. CPT (b)(6), (b)(7)(C) related they began MEDEVAC procedures to have Mr. HAMID MEDVACed to Camp Cropper.

About 1753, 11 May 09, SA (b)(6), (b)(7)(C) interviewed 1LT (b)(6), (b)(7)(C) who related he was present during the night shift. 1LT (b)(6), (b)(7)(C) related he was briefed by MAJ (b)(6), (b)(7)(C) about Mr. HAMID's condition. 1LT (b)(6), (b)(7)(C) related he took vital signs of Mr. HAMID and they were within normal limits. 1LT (b)(6), (b)(7)(C) stated Mr. HAMID got up to go to the bathroom once and was short of breath upon return but was given oxygen, and Mr. HAMID went back to sleep.

About 1300, 12 May 09, SA (b)(6), (b)(7)(C) this office, and SA (b)(6), (b)(7)(C) conducted canvass interviews of the following personnel in regards to this investigation:

- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.
- Mr. (b)(6), (b)(7)(C) Detainee, ISN# (b)(6), (b)(7)(C) TIFRC, Camp Taji, Iraq.

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION Camp Taji CID Office, 24 th / 348 th MP DET (CID), 10 th MP BN (CID)(ABN), Unit# 6053, APO AE 09378
SIGNATURE (b)(6), (b)(7)(C)	DATE 12 May 09
	EXHIBIT 1

ACLU DDII CID ROIS 37718

AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i>	ROI NUMBER 0062-09-CID979-85131
	PAGE 3 OF 3 PAGES

DETAILS

None of the individuals interviewed provided any information refuting Mr. HAMID's medical condition. (See Canvass Interview Worksheets) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION Camp Taji CID Office, 24 th / 348 th MP DET (CID), 10 th MP BN (CID)(ABN), Unit# 6053, APO AE 09378	
SIGNATURE (b)(6), (b)(7)(C)	DATE 12 May 09	EXHIBIT ACLU DDII CID ROIS 37719

0062-09 CID 979-85131



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COPY

~~FOR OFFICIAL USE ONLY~~ **EXHIBIT 2**
~~LAW ENFORCEMENT SENSITIVE~~ **ACLU DDII CID ROIS 37720**



ACLU DDII CID ROIS 37721



ACLU DBII CID ROIS 37722



ACLU DDII CID ROIS 37723



ACLU DDII CID ROIS 37724

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ACLU DDJI CID ROIS 37744

ROI 09-CID979-85131-5H

Exhibit(s): 2

Page(s): 000036 thru 000038

Referred to:

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

ACLU DDII CID ROIS 37745

ZONE ACTIVITY NOTES

RECREATION: 16

LIBRARY: 0

SCHOOL: 5

MEDICAL: 1

ZONE # 12

IN	OUT
0	22
TOTAL IN ZONE: 22	

ACLU DDII CID ROIS 37749



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LENDER

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100% COTTON

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EXHIBIT 3

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ACLU DDJI CID ROIS 37802

ROI 09-CID979-85131-5H

Exhibit(s): 3

Page(s): 000093 thru 000095

Referred to:

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

ACLU DDII CID ROIS 37803

ZONE ACTIVITY NOTES

RECREATION: 16

LIBRARY: 0

SCHOOL: 5

MEDICAL: 1

ZONE # 12

IN	OUT
0	22
TOTAL IN ZONE: 22	

ACLU DDII CID ROIS 37807



ACLU DDII CID ROIS 37808



ACLU DDII CID ROIS 37809



ACLU DDII CID ROIS 37810



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ACLU DDII CID ROIS 37823



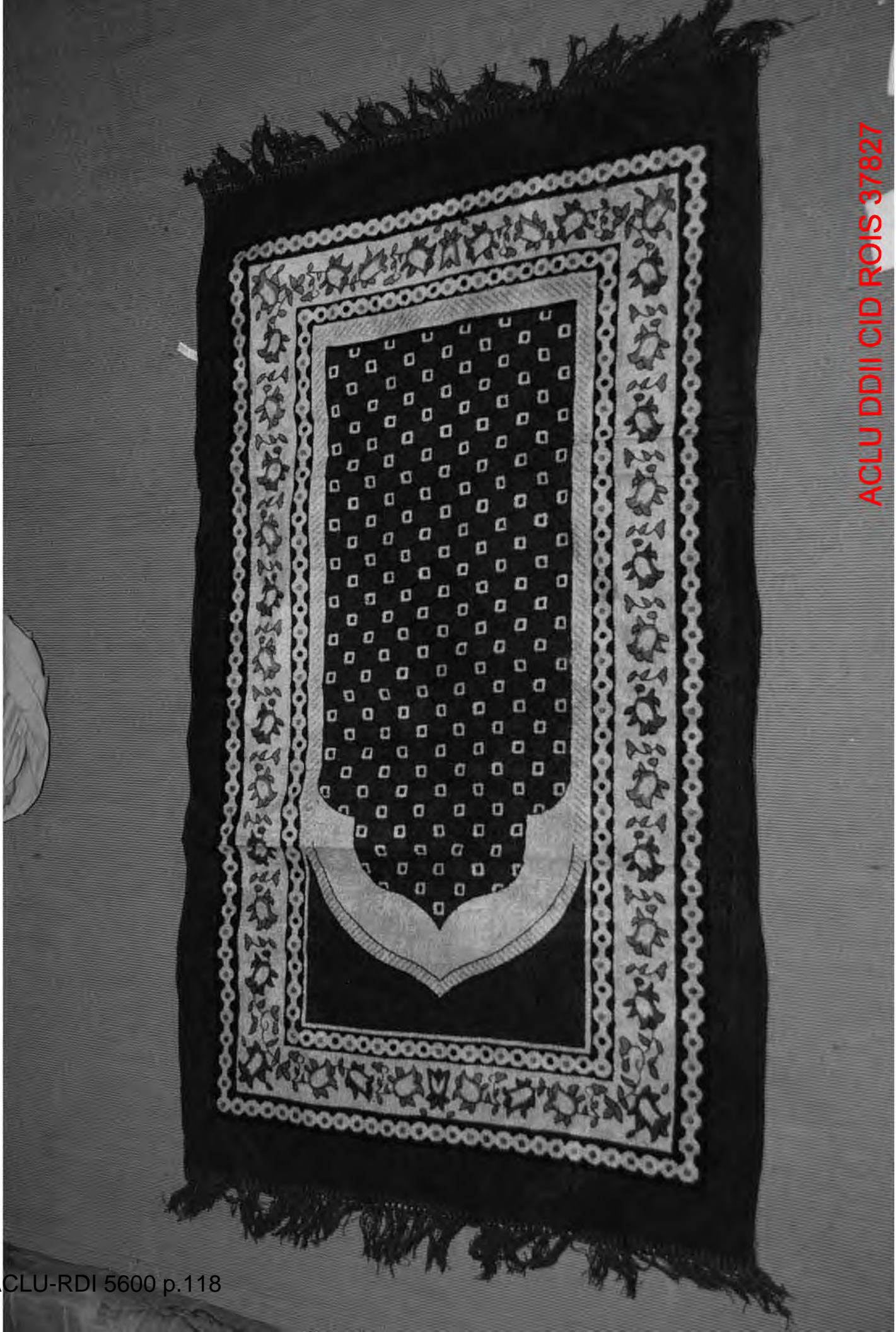
ACLU DDII CID ROIS 37824



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ACLU DDII CID ROIS 37826



ACLU DDII CID ROIS 37827

000116



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ACLU DDII CID ROIS 37834



ACLU DDII CID ROIS 37835

SWORN STATEMENT

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

LOCATION TIFRC, Camp Taji, Iraq, APO AE 09378	DATE 5/11/2009	TIME 1625	FILE NUMBER 0062-09-c10a79-85131
LAST NAME, FIRST NAME, MIDDLE NAME (b)(6), (b)(7)(C)	SOCIAL SECURITY NUMBER (b)(6), (b)(7)(C)		GRADE/STATUS O4 / AD
ORGANIZATION OR ADDRESS Detachment 40, 328 th Combat Support Hospital, Task Force 115 Medical, TIFRC, Camp Taji, Iraq			

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

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

(b)(6), (b)(7)(C) is in reference to Detainee ISN # (b)(6), (b)(7)(C). On 9 May 2009, SPC (b)(6), (b)(7)(C) presented this detainee's case to me during the morning sick call time frame. She stated that this detainee was complaining of symptoms of fainting and having a seizure. She informed me that her sister, (b)(6), (b)(7)(C) had evaluated this same detainee the evening before for symptoms of fainting, performed vital signs which were normal, and did not feel that he met criteria to be presented to provider sick call. SPC (b)(6), (b)(7)(C) then evaluated this detainee during the medic's morning sick call and he had the same complaints listed above. The medic felt that the patient may be having an anxiety attack, but given the concern for possible seizure, we scheduled the patient to come to provider sick call in the afternoon. The patient presented to provider sick call around 1500hrs (estimated) and his vital signs were performed by the medic. These revealed that that the oxygen saturation rate was 88% and his heart rate was 115 beats per minute (bpm), after the detainee had just walked in from the bus. After a few minutes of rest, the detainee's oxygen saturation rate rose to normal, ranging from 95-96% on room air. The detainee informed me that he had a history of hemorrhoids and anemia and felt that he was having symptoms related to this diagnosis. I investigated this history using the TMDS/jpta computer system and there was no documentation noted regarding these diagnoses in that system, nor were there any baseline labs noted in the system. His printed medical record was not present at the time of my evaluation. The patient had just arrived from Camp Bucca, and he had brought his medications with him. These included medications for hemorrhoids and for iron deficiency anemia. The patient complained of symptoms of shortness of breath, especially with even minimal exertion such as walking. He also complained of lightheadedness but did not report any symptoms of chest pain, rather, when further clarified, the patient states that his problem was mostly due to difficulty breathing and not pain. He stated that he has smoked 1 pack of cigarettes daily for twenty years. He expressed concern that he was anemic and informed me that he had this problem previously. He informed me that he has blood on his bowel movements on a regular basis, but not necessarily daily. He stated that his stool was a soft consistency. I examined the patient. He was pleasant, well appearing and in no acute distress. He did not have labored breathing when he was speaking, but noted some signs of anemia with pale mucous membranes. His lung exam was normal as was his heart exam with just a mildly elevated heart rate (105bpm). I ordered labs to include a complete blood count and had the detainee wait in the clinic for the labs to result prior to determining the next plan of care. Laboratory evaluation confirmed presence of anemia but also significant thrombocytopenia. Examination of his anus revealed no visible external hemorrhoids or bleeding. Given the patient was clinically stable, I gave him a sick slip stating that he should walk very slowly and also provided him with a cane. I also dispensed medication for presumed chronic obstructive lung disease related to his smoking, in efforts to help with his breathing difficulties. I also initiated the process to transfer him to Camp Cropper for further evaluation and management of his anemia and thrombocytopenia. The patient was informed of the treatment plan and expressed understanding and agreement with this plan. He left the clinic to return to his k-span only to return, stating that he was very short of breath. At this point, I made plans to admit him to the inpatient ward for a blood transfusion. We arranged to obtain blood from the Hale Koa. I contacted Camp Cropper's ER and spoke with MAJ (b)(6), (b)(7)(C) who (b)(6), (b)(7)(C) accepted the patient for transfer. I completed the necessary paperwork to transfer the patient to (b)(6), (b)(7)(C).

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

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

ACLU DDH CID ROIS 97836

STATEMENT of: TAKEN AT Camp Taji, Iraq, APO AE 09378 DATED 11 May 2009 CONTINUED:

(b)(6), (b)(7)(C) Camp Cropper and gave these to SPC (b)(6), (b)(7)(C) I signed the detainee's case out to the on-call provider, MAJ (b)(6), (b)(7)(C) PA-C, and informed him of the patient's diagnosis and my plan to admit for a blood transfusion and ultimate transfer to Camp Cropper for further evaluation and care. Before I left for the evening, I was informed that the patient had antibodies which reacted to every available blood unit on Camp Taji, so we were not able to administer blood for the patient. Our plan was to continue to monitor the patient until he was transferred to Camp Cropper. I was not involved with his care overnight or on the morning of 11 May 2009 until my pager sounded at 0851hrs, while I was in the shower at the LSA. The message was for me to return to the hospital urgently. I returned to the TIFRC Hospital, proceeded to the inpatient ward, and found MAJ (b)(6), (b)(7)(C) and 1LT (b)(6), (b)(7)(C) caring for the patient who was anxious and increasingly combative. I began to talk with the patient using our interpreter (b)(6), (b)(7)(C) to assist me. I tried to coax the patient, explaining that we were trying to help him by getting an IV in and giving him medications he needed. He was wearing a non-rebreather oxygen mask, but was fighting with it, trying to pull it off. His saturations were low and dropping as he was hyperventilating. He was also on the gurney, but was trying to get off. (b)(6), (b)(7)(C) informed us that the detainee was saying that he wanted to get on the down and lay on the ground. CPT (b)(6), (b)(7)(C) was trying to get an IV placed and had a difficult time because the patient was increasingly combative and was moving all of his extremities wildly. We let him lay on the floor as requested and attempted several more times to get an IV, continuing to keep the non-rebreather mask with oxygen flowing on the patient's face. The guard force as well as medical personnel had a difficult time restraining the patient in order to administer treatment; at one point, it took four of us to do so. An IV was placed, medications were administered, but the IV was pulled out while the patient remained combative. The patient became ashen in color, stopped breathing and CPR was initiated. A defibrillator was placed and a code was initiated. Please see the separate code records for details. During the code, the patient's heart beat returned with a heart rate in the 80s and (b)(6), (b)(7)(C) transferred to a litter and carried to the ambulance. This is where the patient left my custody (b)(6), (b)(7)(C)

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

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

A. I don't know. I deal with numbers only.

Q. What time is the morning sick call?

A. The provider sick call is from 0930 to about 1130. That is when SPC (b)(6), (b)(7)(C) spoke to me.

Q. What is thrombocytopenia?

A. Low platelet count. He had two blood problems, the count was low, abnormally low, but he wouldn't spontaneously bleed from that condition alone.

Q. What medication was prescribed?

A. I prescribed Albuterol and Advair and I increased his iron form once daily to three times daily.

Q. Where was the ambulance going when it departed your location?

A. It was going to the heilopad as far as I understood.

Q. Who from here went with the patient?

A. I know CPT (b)(6), (b)(7)(C) went.

Q. Is there anything else you would like to add?

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

///End (b)(6), (b)(7)(C) ment/ (b)(6), (b)(7)(C)

EXHIBIT 4

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

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INITIALS OF PERSON MAKING STATEMENT:
ACLU-RDI 5600 p.128

PAGE 2 OF 3 PAGES

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000126

STATEMENT (Continued)

NOT USED

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

AFFIDAVIT

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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 11th day of May, 2009 at Camp Taji, Iraq, APO AE 09378

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

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

Title 10 U.S.C., Section 936
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

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

ACLU DDII CID ROIS 37838 PAGE 3 OF 3 PAGES

ROI 09-CID979-85131-5H

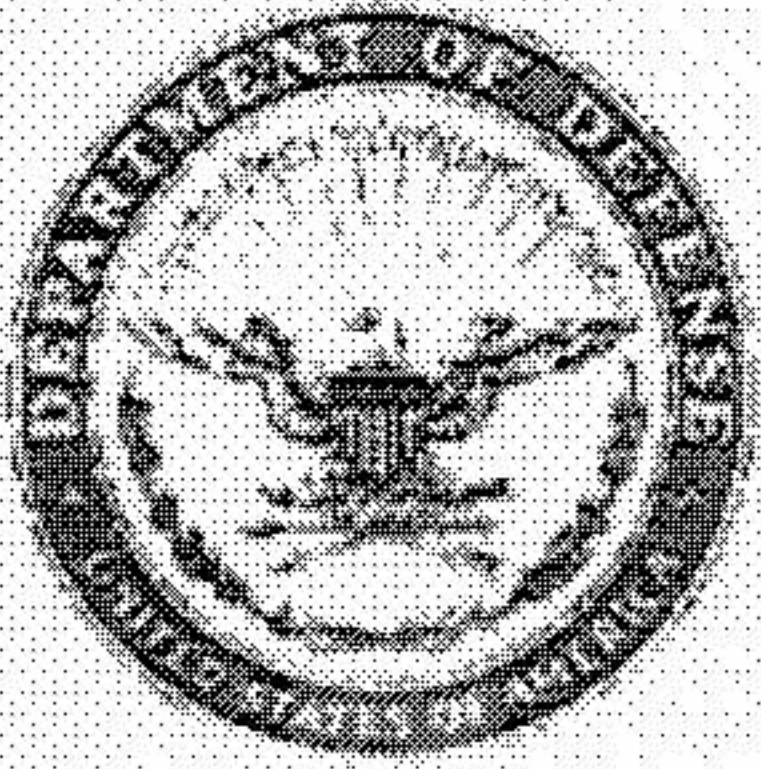
Exhibit(s): 5 and 6

Page(s): 000128 thru 000186

Referred to:

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

ACLU DDII CID ROIS 37839



DEPARTMENT OF THE ARMY
328th Level II MEDICAL
CAMP TAJI, IRAQ
APO AE 09378



MEMORANDUM FOR RECORD

10 May 2009

SUBJECT: Transfer Medical Summary for Detainee ISN # 189781

Patient: 900189781

Accepting Physician: (b)(6)

Diagnosis: 1) Severe iron deficiency anemia
2) Severe thrombocytopenia
3) LEFT 4th digit (ring finger) paronychia/mild cellulitis

Procedures: Colonoscopy; Bone Marrow Biopsy

Hospital Course: Detainee with ISN#189781 is a 46 year old male with self reported history of hemorrhoids (not documented) presented to clinic with complaints of dizziness, lightheadedness, and shortness of breath with ambulation or any type of exertion. He reports that he drinks 4-5 bottles of water daily and urinates approximately every 1 hr. He reports no chest pain. Pt also complains of LEFT ring finger pain and swelling x 1 week. Medications: iron sulfate daily, anal pram, dibucaine, Metamucil, fiberlax, colace, eucerin, Miralax, nasal saline, prilosec. Social history is significant for a 20 pack year history of cigarette smoking. Evaluation revealed RR 25 initially, SaO2 87-89% after ambulation, improving to 95% with rest, BP 125/70, HR 114. Generally pt appeared tired, mucous membranes were slightly pale, but moist, skin turgor was normal. Lung exam was clear to auscultation bilaterally without wheezes or crackles. Cardiac exam revealed tachycardia with a normal S1 and S2. Abdominal exam was benign. Extremity exam reveals pale nailbeds bilaterally and a 1cm area of erythema and induration on the lateral aspect of the LEFT ring (4th) digit, near the nailbed. Anal exam revealed no erythema, induration, bleeding or external hemorrhoids. Laboratory analysis revealed a WBC 8, Hgb 8.2, HCT 27.7, PLT 57, MCV 65.4.

IMPRESSION: 1) Severe, symptomatic iron deficiency anemia without evidence of hemorrhoids on exam. Plan: patient to receive 2u PRBCs at the Taji TIFRC Hospital, dispensed a cane, and will transfer to Cropper for further evaluation and management and possible rule out GI/colonic malignancy. Patient also initiated on Albuterol and Advair for a possible COPD component to shortness of breath. 2) Severe thrombocytopenia of unclear etiology although may be related to current GI issues. Plan: transfer to Cropper for further evaluation and management. 3) Paronychia/mild cellulitis of LEFT 4th digit (ring finger). Plan: Keflex 250mg po qid x 7 days.

Recommendations: Transfer to Cropper for further evaluation and management.

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Medications: Keflex 250mg po qid, iron sulfate tid, Albuterol inh 2 puffs q4-6hrs prn, Advair 250/50 2 puffs bid, analpram, dibucaïne, Metamucil, fiberlax, colace, eucerin, Miralax, nasal saline, prilosec

Diet: Regular

Activity: AS TOLERATE

Evacuation Precedence: ROUTINE

Non-Medical Attendant Required: YES

MP Guards: YES

Special Equipment: NONE

Thank you for your assistance with this patient. Please contact (b)(6) with any questions.

(b)(6)

TIFRC Hospital, Camp Taji

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EXHIBIT 5

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-56, the proponent agency is OTSG

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

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
			↓ 11 MAY	0730 HOURS	
			1 - Anemia		
			2 - Regular Diet		
			3 - up bed - lib activity Bedrest BAP.		
			4 O ₂ - NC - 2-4L + to keep O ₂ sat > 95%		
NURSING UNIT	ROOM NO.	BED NO.	5. IV - Saline lock		
			6 - Iron - 325 mg once a day.		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			(b) (6) - Zantac ⁵⁰ BID -		
			- Nasal Mist PRN		
			- Telfanate Powder PRN		
			- Docusate 100mg once a day		
			- Fiber Lax - 2 tabs once a day with extra fluid		
NURSING UNIT	ROOM NO.	BED NO.	- Analgesic PRN		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			- Dulciane PRN		
			7 Vital Signs - Q4		
			8 Labs: CBC, Iron panel, Ferritin		
			9. Evac to Chicago as soon as possible - paperwork pad.		
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)		
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
			11 MAY	0813 HOURS	
			1 - Ativan 2mg IV - Now then 2mg IV-Q6-8 PRN		
			(b)(6)		
			1 O ₂ - Non Rebreather 15lpm.		
			(b)(6)		
NURSING UNIT	ROOM NO.	BED NO.			

189781

DA FORM 4256 1 APR 79

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

U.S. GOVERNMENT PRINTING OFFICE: 1979 O-300-391
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MEDICAL RECORD	CONSULTATION SHEET
-----------------------	---------------------------

REQUEST

TO: IZ-Baghdad	FROM: <i>(Requesting physician or activity)</i> (b)(6)	DATE OF REQUEST 05/10/09
-------------------	---	-----------------------------

REASON FOR REQUEST *(Complaints and findings)*
 46 yo male with self reported history of hemorrhoids found to have severe microcytic anemia with Hgb 8.2 and MCV 65.4, thrombocytopenia with PLT 57K, and shortness of breath with SaO2 89% with ambulation. Examination reveals no visible external hemorrhoids. Attempted conservative treatment with increase in supplemental iron, however, pt returned immediately with significant SOB with ambulation. Please accept for transfer for further evaluation and management of presumed severe iron deficiency anemia with possible rule out of GI malignancy.

POC: (b)(6)

PROVISIONAL DIAGNOSIS
 Severe, symptomatic iron deficiency anemia; severe thrombocytopenia

DOCTOR'S SIGNATURE (b)(6)	APPROVED	PLACE OF CONSULTATION <input type="checkbox"/> BEDSIDE <input checked="" type="checkbox"/> ON CALL	<input checked="" type="checkbox"/> ROUTINE <input type="checkbox"/> 72 HOURS	<input type="checkbox"/> TODAY <input type="checkbox"/> EMERGENCY
------------------------------	----------	---	--	--

CONSULTATION REPORT

RECORD REVIEWED <input type="checkbox"/> YES <input type="checkbox"/> NO	PATIENT EXAMINED <input type="checkbox"/> YES <input type="checkbox"/> NO	TELEMEDICINE <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---	---

(Continue on reverse side)

SIGNATURE AND TITLE		DATE
HOSPITAL OR MEDICAL FACILITY	RECORDS MAINTAINED AT Camp Taji	DEPARTMENT/SERVICE OF PATIENT
RELATION TO SPONSOR	SPONSOR'S NAME <i>(Last, first, middle)</i> ISN# 189781	SPONSOR'S ID NUMBER <i>(SSN or Other)</i>
PATIENT'S IDENTIFICATION <small><i>(For typed or written entries, give: Name -- last, first, middle; ID no. (SSN or other); Sex; Date of Birth; Rank/Grade)</i></small>	REGISTER NO.	WARD NO.

CONSULTATION SHEET
 Medical Record

STANDARD FORM 513 (REV. APR 1998)
 Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)
 APD PE v1.00

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 EXHIBIT

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: DETAINEE, ISN189781
Facility: WSB6Z4

Date: 10 May 2009 1104 AST
Clinic: TIFRC CLINIC

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

AutoCites Refreshed by (b)(6) @ 10 May 2009 1930 AST

Problems
dizziness

Active Medications

Medication Name	Status	Sig	Refills	Last Filled
ACETAMINOPHEN U/D (TYLENOL)--PO 325MG TA	Active	GIVE 2 TABS (650MG) PO X 1, 30MIN	1	10 May 2009
YYDIPHENHYDRAMIN (BENADRYL)--PO 25MG CAP	Active	ADMINISTER 25MG PO 30MIN PRETRANSFUSION REPEAT X 1 PRN #1 RF1	1	10 May 2009

Allergies
Patient has no known allergies

Screening Written by (b)(6) @ 10 May 2009 1104 AST

Appointment Reason For Visit: fainting (syncope):

Selected Reason(s) For Visit:
fainting (syncope) (New) Comments:

Vitals Written by (b)(6) @ 10 May 2009 1104 AST
BP: 118/78, HR: 89, RR: 18, T: 98.1 °F, O2: 100, Tobacco Use: Yes, Amount of tobacco product used per day: 4 cigs per day,

S/O Note Written by (b)(6) @ 10 May 2009 1110 AST

Chief complaint

The Chief Complaint is: 46 y/o male c/o fainting and possible seizure. Pt states he is in pain in his chest and lungs. Pt says he fell and then began to seize. Pt then stated that he didnt fall, he felt dizzy, sat down in a chair and then doesnt remember anything after. Pt says he fell when he was in the WC earlier in the day. Pt says he ate breakfast this morning. Pt denies any head injury that would provoke symptoms.

History of present illness

The Patient is a 10 year old male.
• Medication list reviewed Pt says he is currently taking Iron supplements and Zantac • Surgical history reviewed No Pshx

Physical findings

General appearance:
• Not active • Awake • Alert • Oriented to time, place, and person • Well developed • Well nourished • Well hydrated • Healthy appearing • In no acute distress • Patient did not appear uncomfortable

Objective

Pt was moved to the Sally port with the help of other detainees. Laying supine, pt was initially slow to respond to verbal and would not move. Pupils equal and reactive. When asked questions, pt responded with no delay and was able to point out where he had been sitting earlier with no distress. Pt appears to be normal with no signs of seizure

A/P Last updated by (b)(6) @ 10 May 2009 1704 AST

1. IRON DEFICIENCY ANEMIA
Comments: admit for PRBC transfusion x 2 units

Medication(s) -YYDIPHENHYDRAMIN (BENADRYL)--PO 25MG CAP - ADMINISTER 25MG PO 30MIN

Name: DETAINEE, ISN189781

FMP/SSN: 20/900189781	Sex: M	Sponsor: DETAINEE, ISN189781
DOB: 31 Dec 1998	Tel H:	Rank:
PCat:	Tel W:	Unit:
MC Status:	CS:	Outpt Rec. Rm.:
Insurance: No	WS:	PCM:
		Tel. PCM:

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

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EXHIBIT 6

HEALTH RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

10 May 2009 1104 | Facility: WSB6Z4 Clinic: IIFRC CLINIC | Provider: (b)(6)

PRETRANSFUSION REPEAT X 1 PRN #1 RF1 Qt: 1 Rf: 1 Ordering Provider: (b)(6)
Comment: admin 25mg po 30min pretransfusion repeat x 1 prn
-ACETAMINOPHEN U/D (TYLENOL)--PO 325MG TA - GIVE 2 TABS (650MG) PO X 1, 30MIN
PRETRANSFUSION #2 RF1 Qt: 2 Rf: 1 Ordering Provider: (b)(6)
Comment: premed with 650mg x 1 30min prior repeat x 1 prn

2. anxiety
Comments: Possible anxiety attack, refer to provider for diagnosis and treatment

Disposition Last updated by (b)(6) @ 10 May 2009 1932 AST
Released Without Limitations
Follow up: as needed
Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Parent who indicated understanding.
Injury & Illness: Not Work Related, Not Battle Related, Category: All Other, Medical/Surgical Cause: Non-Battle Illness
Appointment Class: Outpatient
E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Note Written by (b)(6) @ 10 May 2009 1931 AST
Provider Note
Blood Transfusion
All blood products at Taji are not compatible with this detainees blood. No match.
Plan to proceed with evacuation to Cropper in the morning.
(b)(6)

Note Written by (b)(6) @ 10 May 2009 1806 AST
Transfer arrangements
Arrangements made for transfer to Cropper for further evaluation and management of severe anemia and thrombocytopenia.
Accepting physician: (b)(6) Paperwork completed and given to PAD.

Note Written by (b)(6) @ 10 May 2009 1631 AST
Additional A/P Information:
Discontinued BENADRYL/MYLANTA II/NYSTATIN SUSP 1.1:1-- ADMINISTER 25MG 30MIN PRIOR TO TRANSFUSION #1 RF2

Note Written by (b)(6) @ 10 May 2009 1629 AST
Additional A/P Information:
Discontinued ACETAMINOPHEN (TYLENOL)--PO 500MG TAB - ADMINISTER 2 TABS PO 30MIN PRIOR TO TRANSFUSION #2

Note Written by (b)(6) @ 10 May 2009 1627 AST
TRANSFUSION ORDERS
- Type and cross x 2 units
- premedicate with Benadryl 25mg po x 1 and Tylenol 650mg po x 1, 30min prior to transfusion; repeat both x 1 prn
- vitals per PRBC transfusion protocol
- run PRBCs each unit over 2-4 hrs as pt tolerates
- post-transfusion CBC x 1, draw 10min post transfusion
- monitor x 30-60mins post transfusion and d/w on call provider to decide if pt may return to k-span

Note Written by (b)(6) @ 10 May 2009 1626 AST
Addendum: pt returned
Pt returned with complaints of shortness of breath making it difficult for him to ambulate. Will admit to inpatient unit for PRBC transfusion. Repeat vitals reveals BP 120/80, HR 105, SaO2 94%, T 97.9. Informed consent obtained for PRBC transfusion. Indication: symptomatic anemia. Risks include but not limited to fever, transfusion reaction, and infection. Pt expressed understanding and consented to blood transfusion.

Note Written by (b)(6) @ 10 May 2009 1506 AST
Physician Note

Table with patient information: Name: DETAINEE, ISN189781; Sex: M; Sponsor: DETAINEE, ISN189781; FMP/SSN: 20/900189781; DOB: 31 Dec 1998; PCat; MC Status; Insurance: No; Tel H; Tel W; CS; WS; Rank; Unit; Outpt Rec. Rm; PCM; Tel. PCM

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

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HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
10 May 2009 1104	Facility: WSB624	Clinic: TIFRC CLINIC	Provider: (b)(6)

46 yo male presents to sick call stating that he has had a history of anemia and hemorrhoids. He states that he has been having problems with intermittent bleeding with having a bowel movement. These do not necessarily occur on a daily basis, but his stools are soft on his current medications. He worries that he is anemic again. He also reports that he gets very short of breath when he gets up to walk. He does not report any symptoms of seizure during this interview. He drinks 4-5 bottles of water a day and urinates about every 1 hr. He states that he has a normal diet and that he eats meat.

PMH: hemorrhoids, reported anemia
 Tob: 1ppd x 20 yrs
 MEDS: eucerin, prilosec, analpram, colace, miralax, fiberlax, metmucil, iron, nasal saline, dibucaine ointment

Vitals: BP 125/70, HR 114, SaO2 89%, repeat once pt is seated 95-96%
 Gen: older appearing male in no acute distress
 Mucous membranes: mildly pale, moist membranes
 Chest: clear to auscultation bilaterally, no wheezes, no crackles
 Heart: tachycardic, normal S1 and S2, no murmur
 Abdomen: soft, nontender
 Anus: (performed by (b)(6)) no erythema, no fluctuance, no visible hemorrhoids

Labs:
 CBC: WBC 8, Hgb 8.2, HCT 27.7, PLT 57, MCV 65.4

- A/P:
- 1) Severe anemia: pt with reported history of chronic hemorrhoids presents with dizziness, lightheadedness and shortness of breath on exertion manifested by a drop in his SaO2 with ambulation (noted above.) Evaluation reveals no visible hemorrhoids and labs consistent with severe microcytic anemia and thrombocytopenia. Typically, one would expect thrombocytosis in the setting of severe anemia (reactive). Am concerned about the possibility of a colonic malignancy, although it is still possible that he has internal hemorrhoids.
 - continue ferrous sulfate, but increase to tid dosing
 - recommend pt ambulate and move slowly
 - will make arrangements to transfer to Cropper for further evaluation and management
 - no acute indication for PRBC transfusion at this time
 - 2) Shortness of breath: likely due to severe anemia combined with probably COPD from prolonged tobacco dependence.
 - ambulate and move slowly
 - albuterol 2 puffs q4-6hrs prn for shortness of breath
 - advair 250/50 2 puffs bid
 - dispensed cane for assistance with ambulation
 - 3) Paronychia/mild cellulitis: pt with LEFT 4th digit (ring finger) mild infection, no amenable to I&D at this time.
 - Keflex 250mg po qid x 7 days

Greater than 50% of this 25min visit was spent counseling and coordinating care.

Signed By: (b)(6) @ 10 May 2009 1932 AST
 (b)(6)
 WSB624

Note Written by: (b)(6) @ 11 May 2009 1622 AST

(Added after encounter was signed.)
 Nursing
 Progress Note
 0600 AM
 Patient resting comfortable Pain 0/10, alert oriented time 3.
 Head of the elevated up 20 degrees up.
 In not acute distress noted.

Name: DETAINEE, ISN189781		Sex: M	Sponsor: DETAINEE, ISN189781
FMP/SSN: 20/900189781	Tel H:	Rank:	
DOB: 31 Dec 1998	Tel W:	Unit:	
PCat:	CS:	Outpt Rec. Rm:	
MC Status:	WS:	PCM:	
Insurance: No		Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5)
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 LAW ENFORCEMENT SENSITIVE

EXHIBIT e

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
10 May 2009 1104	Facility: WSB6Z	Clinic: TIFRC CLI IIC	Provider: (b)(6)

Vitals

B/P 110/76 P 76 R 16 T 98.4 O2 Sat. 98%

0600 Medication given Keflex 250mg PO, last dose given by (b)(6) 1100.

0630 325mg ferrous sulfate PO

0630 150mg Ranitidine PO.

Note Written by (b)(6) @ 11 May 2009 0435 AST

(Added after encounter was signed.)

Nursing

Progress Note

0400

Assessment:

Received report from (b)(6) on ISN 189781, admitted to inpatient ward for iron deficiency, a plan blood transfusion.

PT resting comfortable, pain 0/10, denies SOB at rest time, acknowledges getting SOB when walking up to the restroom. PT currently on one liter of O2 / via nasal cannula. Patient is able to speak English.

Not blood available for transfusion at this time.

Plan.

a) Continue to monitor.

Note Written by (b)(6) @ 11 May 2009 0319 AST

(Added after encounter was signed.)

Nursing

Inpatient 5/11/09

0315: Pt oob to water closet.

0322: Pt returned from water closet c/o SOB after exertion. Pt returned to bed. 98.2-89-16-132/77-99% on 1L O2 per NC. Pt denies SOB when seated with short rest.

Note Written by (b)(6) @ 11 May 2009 0135 AST

(Added after encounter was signed.)

Nursing

Inpatient Stay 5/11/09

0030: Pt noted restless, mildly diaphoretic. 99.2-97-18-119/59-95% on RA. Pt placed on 1L O2 via NC.

0100: Pt no longer diaphoretic. 98% on 1L via NC.

Note Written by (b)(6) @ 10 May 2009 2140 AST

(Added after encounter was signed.)

Nursing

Inpatient 5/10/09

1630: #18g angiocath placed left A/C by (b)(6) 1st attempt. Pt tolerated without complaint. Labs drawn and sent.

1800: (b)(6) notified (b)(6) that there were no compatible PRBC's for this pt on Taji. Pre-medication for blood transfusion on hold pending new orders.

2055: Regular meal served. 98.8-101-16-130/71-95% on RA. Pt denies pain or SOB at this time and is in NAD.

Name: DETAINEE, ISN189781		
FMP/SSN: 20/900189781	Sex: M	Sponsor: DETAINEE, ISN189781
DOB: 31 Dec 1998	Tel H:	Rank:
PCat:	Tel W:	Unit:
MC Status:	CS:	Outpt Rec. Rm:
Insurance: No	WS:	PCM:
		Tel. PCM:

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

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EXHIBIT 6

Note Written by (b)(6) @ 10 May 2009 2058 AST
(Added after encounter was signed.)

Nursing

Inpatient stay 5/10/09

1630 #18g angiocath placed by (b)(6) 1st attempt. PT tolerated without complaint. Labs drawn and sent.
1800 (b)(6) notified (b)(6) that no compatible PRBC's are available on post for this pt. Pre-medication for transfusion held pending further guidance.
2055 Regular meal served. 98.8-101-16-130/71-95% on RA. Pt denies pain or SOB. NAD.

Note Written by (b)(6) @ 11 May 2009 0713 AST
(Added after encounter was signed.)

Progress Note

Nursing

0714

PT had for breakfast.
Milk and cereal, and juice.
One Halaal meal.
Report given to (b)(6)

Provider call 5/10/09 sick call

CHANGE HISTORY

The following Disposition Note Was Overwritten by (b)(6) @ 10 May 2009 1932 AST:

Disposition section was last updated by (b)(6) @ 10 May 2009 1932 AST - see above Previous Version of Disposition section was entered/updated by (b)(6) @ 10 May 2009 1111 AST.

Released Without Limitations

Follow up: as needed

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

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

Appointment Class: Outpatient

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

The following A/P Note Was Overwritten by (b)(6) @ 10 May 2009 1704 AST:

A/P section was last updated by (b)(6) @ 10 May 2009 1704 AST - see above Previous Version of A/P section was entered/updated by (b)(6) @ 10 May 2009 1632 AST.

1. IRON DEFICIENCY ANEMIA

Comments: admit for PRBC transfusion x 2 units

Medication(s):

-ACETAMINOPHEN U/D (TYLENOL)-PO 325MG TA - GIVE 2 TABS (650MG) PO X 1, 30MIN

PRETRANSFUSION #2 RF1 QI: 2 Rf: 1 Ordering Provider: (b)(6)

Comment: premed with 650mg x 1 30min prior repeat x 1 prn

-YYDIPHENHYDRAMIN (BENADRYL)-PO 25MG CAP - ADMINISTER 25MG PO 30MIN

PRETRANSFUSION REPEAT X 1 PRN #1 RF1 QI: 1 Rf: 1 Ordering Provider: (b)(6)

Comment: admin 25mg po 30min pretransfusion repeat x 1 prn

2. anxiety

Comments: Possible anxiety attack, refer to provider for diagnosis and treatment

The following A/P Note Was Overwritten by (b)(6) @ 10 May 2009 1627 AST:

A/P section was last updated by (b)(6) @ 10 May 2009 1627 AST - see above Previous Version of A/P section was entered/updated by (b)(6) @ 10 May 2009 1111 AST.

1. anxiety

Name: DETAINEE, ISN189781

FMP/SSN: 20/900189781	Sex: M	Sponsor: DETAINEE, ISN189781
DOB: 31 Dec 1998	Tel H:	Rank:
PCat:	Tel W:	Unit:
MC Status:	CS:	Outpt Rec. Rm:
Insurance: No	WS:	PCM:
		Tel. PCM:

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

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EXHIBIT 6

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
10 May 2009 1104	Facility: WSB6Z+	Clinic: TIFRC CLINIC	Provider: (b)(6)

Comments: Possible anxiety attack, refer to provider for diagnosis and treatment

Name: DETAINEE, ISN189781		
FMP/SSN: 20/900189781	Sex: M	Sponsor: DETAINEE, ISN189781
DOB: 31 Dec 1998	Tel H:	Rank:
PCar:	Tel W:	Unit:
MC Status:	CS:	Outpt Rec. Rm:
Insurance: No	WS:	PCM:
		Tel. PCM:

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

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FOR OFFICIAL USE ONLY **ACLU DDII CID ROIS 37849** 6 of 6
 LAW ENFORCEMENT SENSITIVE EXHIBIT 6

Patient: DETAINEE, ISN189781
Facility: WSB6Z4

Date: 09 May 2009 1127 AST
Clinic: TIFRC CLINIC

Aopt Type: ROUTN
Provider: (b)(6)
Co-signer: (b)(6)

Handwritten notes: 4/2 5/9/09, dizziness visit

AutoCites Refreshed by (b)(6) @ 09 May 2009 1127 AST

Problems
dizziness

Active Medications
No Active Medications Found
Allergies
Patient has no known allergies

Screening Written by (b)(6) @ 09 May 2009 1129 AST

Appointment Reason For Visit: dizziness when walking up stairs;

Selected Reason(s) For Visit:
dizziness when walking up stairs (New) Comments:

Vitals Written by (b)(6) @ 09 May 2009 1127 AST
BP: 110/80, HR: 84, RR: 16, T: 98 °F, O2: 98, Tobacco Use: No

Vitals Written by (b)(6) @ 09 May 2009 1148 AST
SupBP: 110/80, SupHR: 84, StaBP: 116/78, StaHR: 80

S/O Note Written by (b)(6) @ 09 May 2009 1140 AST

History of present illness

The Patient is a 10 year old male
• Dizziness upon standing up 46 yr old male c/o to guards about being dizzy. While guards were escorting detainee back to cell from rec yard he began to colaspe, being escorted to floor by guards. States has hx of anemia and sometime becomes light headed and dizzy. Denies any chest pain or numbness, tingling in legs. Stated he had only drank 1 bottle of H2o today. He currently is on multiple medications which were issued at Bucca for issues with constipation. Observed detainee lying on floor out side his cell with guards present. He was alert, oriented skin warm dry without diaphoresis or flushing of skin. Lung clear bilat, and appeared to be in no respiratory distress. Detainee was assisted to sitting position then standing and was able to ambulate to cell without problems.

A/P Written by (b)(6) @ 09 May 2009 1152 AST

1. dizziness
Comments: R/O Dehydration/Anemia. Obtain lab samples for testing anemia. Refer to provider for evaluation and or treatment. Instructed detainee to increase H2o intake, detainee drank 1/2 bottle of H2o while being observer.

Disposition Written by (b)(6) @ 09 May 2009 1152 AST

Released Without Limitations
Injury & Illness: Not Work Related, Not Battle Related, Category: All Other, Medical/Surgical Cause: Non-Battle Illness
Appointment Class: Outpatient
E&M Code: 99211 - Established Outpatient Minimal Service

Signed By (b)(6) @ 09 May 2009 1153 AST

(b)(6)

Name: DETAINEE, ISN189781

EMP/SSN: 20/900189781
DOB: 31 Dec 1998
PCat:
MC Status:
Insurance: No

Sex: M
Tel H:
Tel W:
CS:
WS:

Sponsor: DETAINEE, ISN189781
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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EXHIBIT 6

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
09 May 2009 1127	Facility: WSB6Z-	Clinic: TIFRC CLINIC	Provider: (b)(6)

Co-Signed By (b)(6) @ 10 May 2009 1932 AST
 (b)(6)

Name: DETAINEE, ISN189781		Sponsor: DETAINEE, ISN189781
FMP/SSN: 20/900189781	Sex: M	Rank:
DOB: 31 Dec 1998	Tel H:	Unit:
PCat:	Tel W:	Outpt Rec. Rm:
MC Status:	CS:	PCM:
Insurance: No	WS:	Tel PCM:

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

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ACLU DDII CID ROIS 37851 Page 2 of 2

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EXHIBIT 6

Patient: DETAINEE, ISN189781
Facility: WSB6Z4

Date: 09 May 2009 0554 AST
Clinic: TIFRC CLINIC

Appt Type: ROUTIN
Provider: (b)(6)
Co-signer: (b)(6)

Max
6/9

AutoCites Refreshed by (b)(6) @ 09 May 2009 0633 AST

Problems
No Problems Found
Active Medications
No Active Medications Found
Allergies
Patient has no known allergies

Screening Written by (b)(6) @ 09 May 2009 0554 AST

Appointment Reason For Visit: dizziness:

Selected Reason(s) For Visit:
dizziness (New) Comments:

Vitals Written by (b)(6) @ 09 May 2009 0557 AST

BP: 110/80, HR: 80, RR: 16, T: 98.4 °F, O2: 98, SupBP: 110/80, SupHR: 80, SitBP: 100/80, SitHR: 76, StaBP: 110/80, StaHR: 83.
Tobacco Use: No, Alcohol Use: No, Pain Scale: 2/10 Mild, Pain Scale Comments: mild ha behind eyes
Comments: blood sugar: 116

S/O Note Written by (b)(6) @ 09 May 2009 0622 AST

Past medical/surgical history

Anemia

Reported History:

Reported medications: Medication history zantac.

Subjective

Medical presense requested by gaurds. Per gaurds detainee was being escorted to quarters and he collasped. pt was caught and laid gently on ground. 46 y/o male complains of dizziness. nt states he did not loose consciousness. pt stated he felt dizzy and fell. pt stated this was the 3rd time he felt dizzy today. pt states history of anemia. pt denies history of diabetes. pt states dizziness went away when he was laying down. pt states mild ha behind eyes. pt drank 3 bottles of water during the day. pt also states mild sob. pt denies ep, n/v or vision problems. pt also denies neck and back pain. pt recent arrival from Bucca.

Physical findings

General appearance:

* Awake * Alert * Oriented to time, place, and person. * In no acute distress.

Objective

PI cao x 4, skin pink warm and dry. pt speaking in full sentences. Lungs clear and equal bilaterally. pt states dizziness went away. all vitals WNL. pt able to ambulate by himself and has steady gait. no further findings.

A/P Written by (b)(6) @ 09 May 2009 0630 AST

1. dizziness

Comments: pt instructed to drink water and to get plenty of rest. pt instructed to report to sickcall if dizziness continues in the morning.

Further treatment needs to be discussed with a provider.

Disposition Written by (b)(6) @ 09 May 2009 0631 AST

Released Without Limitations

Name: DETAINEE, ISN189781

HMP/SSN: 20/900189781
DOB: 31 Dec 1998
PCat:
MC Status:
Insurance: No

Sex: M
Tel H:
Tel W:
CS:
WS:

Sponsor: DETAINEE, ISN189781
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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ACLU DDII CID ROIS 37852

LAW ENFORCEMENT SENSITIVE

EXHIBIT 6

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
09 May 2009 0554	Facility: WSB6Z	Clinic: TIFRC CLINIC	Provider: (b)(6)

Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Parent who indicated understanding.
 Injury & Illness: Not Work Related, Not Battle Related, Category: All Other, Medical/Surgical Cause: Non-Battle Illness
 Appointment Class: Outpatient
 E&M Code: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions
 15 minutes face-to-face/floor time. >50% of appointment time spent counseling and/or coordinating care.

Note Written by (b)(6) @ 09 May 2009 0631 AST
 pt located K Span A1 Zone 12

Signed By (b)(6) @ 09 May 2009 0635 AST
 (b)(6)

Co-Signed By (b)(6) @ 09 May 2009 1034 AST
 (b)(6)

Note Written by (b)(6) @ 09 May 2009 1033 AST
 (Added after encounter was signed.)

Medic note reviewed VSS. Agree with assessment and plan. If symptoms persist or get worse, f/u with DPC provider.

CHANGE HISTORY

The following Vitals Entry Was Overwritten by (b)(6) @ 09 May 2009 0601 AST:

Vitals Written by (b)(6) @ 09 May 2009 0557 AST
 BP: 110/80, HR: 80, RR: 16, T: 98.4 °F, O2: 98, SupBP: 110/80, SupHR: 80, SitBP: 100/80, SitHR: 76, StaBP: 110/80, StaHR: 83,
 Tobacco Use: No, Alcohol Use: No, Pain Scale: 2/10 Mild, Pain Scale Comments: mild ha behind eyes

The following Vitals Entry Was Overwritten by (b)(6) @ 09 May 2009 0600 AST:

Vitals Written by (b)(6) @ 09 May 2009 0557 AST

Name: DETAINEE, ISN189781		Sex: M	Sponsor: DETAINEE, ISN189781
EMP/SSN: 20/900189781	Tel H:	Rank:	
DOB: 31 Dec 1998	Tel W:	Unit:	
PCat:	CS:	Outpt Rec. Rm:	
VC Status:	WS:	PCM:	
Insurance: No		Tel PCM:	

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

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 EXHIBIT 6

TAJI TREATY INTERNMENT FACILITY RECONCILIATION CENTER (RC) DATE INITIATED

MARKS, SCARS AND TATTOOS REPORT

MALE DETAINEE

09-may-09

DDI (117) PROCEDURES

DOB	DIS FINGERPRINTS	BATS	DNA
FIRST NAME	MIDDLE NAME	LAST NAME	TRIBAL NAME
INN	SERVICE NUMBER	CAP TAG	NATIONALITY
189 781			
RECAP	TCN	JUVI	

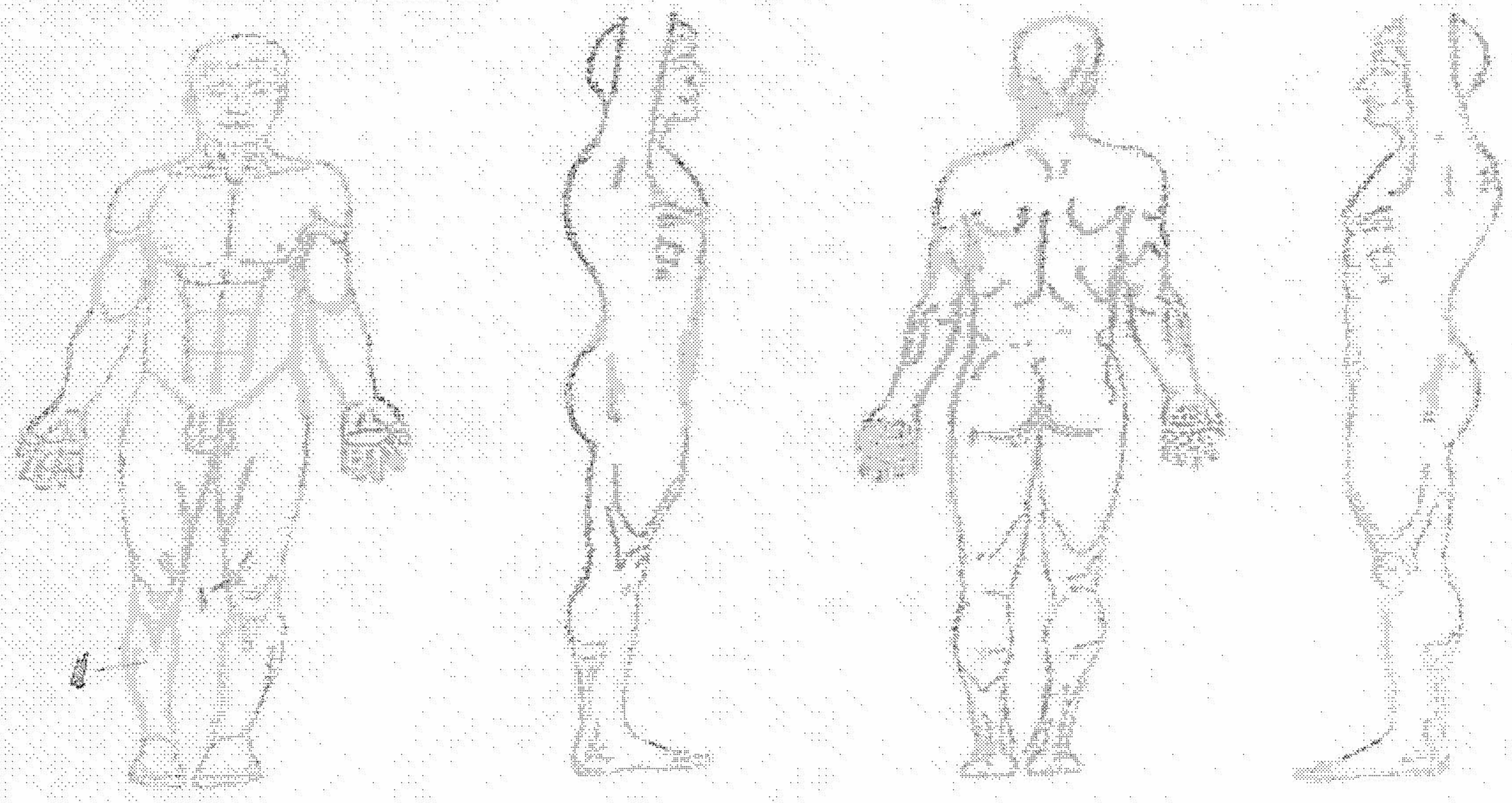
MARRIED: YES NO RELIGION: DATE OF CAPTURE: PLACE OF BIRTH: PLACE OF CAPTURED:

REASON FOR REPORT: BURN/SCALD CHANCRE/PELLE ECZEMA/ACNE/PSORIASIS EXPLOSION/CAUSTIC/SHARP OBJECT

Other marks, scars, or tattoos should be described in detail, including the number, location, and description of each mark. A continuation sheet or photos, if necessary, should be attached to this report.

Initials will be reported by medical officials.

Height/weight: 158



Mark or scar on face, arms or the location of any of the following are described if needed:

SCAR: _____ CUT: _____ OTHER: _____
 MARK: _____ SWELLING: _____
 TATTOO: _____

REVIEWED BY: (b)(6)

CLAIMED BY: (b)(6)

REPORTED NAME: _____ RANK: _____ DUTY POSITION: _____ SIGNATURE: _____

ACLU DDII CID ROIS 37854

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EXHIBIT 6

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	Inprocessing Documents Required: The following is the minimal documentation that detainee medical record must have to comply with TF 134 detainee, per AR 40-66, and AR 25-400-2.
	<input checked="" type="checkbox"/> Evidence of Physical Exam (PE) or a medical summary. This may be on a SF 600 June 08
	Chest X-Ray Results to R/O TB. This may be on SF519 or a Medical Radiology Report
	Dental Screening. This may be on a SF 600 or on SF 603a
	<input checked="" type="checkbox"/> Mental Health Screening. This may be on a SF 600
	Any other individual documentation, as it pertains to detainee individual medical needs, (i.e. diabetes, wound care, or any significant medical issues)
	ULTRAM 50mg
	IRON
	ANALPRAM
	METAMUCIL
	MIZALAN
	DIBUCANE
	Medic. (b)(6)
	Date and Time: 9 MAY 09 0700
	Based on medical in-processing at [redacted] evidence on any emergent medical needs at the time of detainee

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.

189781

CHRONOLOGICAL RECORD OF MEDICAL CARE
 Medical Record
 STANDARD FORM 600 (REV. JUN 1997)
 Prescribed by GSA/ICMR
 FIRM (41 CFR) 201-9.202-1
 APD PE-2.00

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EXHIBIT 6

0062-09-010979-85131

Wire Medicine Detainee Medication Log Camp Bucca Theater Internment Facility		Allergies:		ISN	189781	start date		end date	
---	--	------------	--	-----	--------	------------	--	----------	--

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	
Zantac 150MG 1T BID	7-May-08	Dispense Dt: 6/5	Init: (b)(6)	Dispense Dt:	Init: (b)(6)	Dispense Dt:	Init:	8	
RX #: AA185039	Refills: 0	Refills:		Refills:		Refills:		Date	
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	
Docusate Sod 100MG 2Cap BID	7-Apr-08	Dispense Dt: 8/5	Init: (b)(6)	Dispense Dt:	Init: (b)(6)	Dispense Dt:	Init:		
RX #: AA178271	Refills: 0	Refills:		Refills:		Refills:		Date	
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	
Ferrous Sulfate 325MG 1T QD	7-Apr-08	Dispense Dt: 8/5	Init: (b)(6)	Dispense Dt:	Init: (b)(6)	Dispense Dt:	Init:		
RX #: AA178270	Refills: 0	Refills:		Refills:		Refills:		Date	
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	
<i>Alprazolam</i>		Dispense Dt: 8/5	Init: (b)(6)	Dispense Dt:	Init:	Dispense Dt:	Init:		
RX #: <i>AA178270</i>	Refills:	Refills:		Refills:		Refills:		Date	
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

HTN and DM Patients:	Initials	Medical / Surgical Hx	Initials	Printed Rank/Name	Initials	Printed Rank/Name
Physical Exam Date						
Last EKG Date						
Optometry						
Labs		F/U Labs				
Cr		A1c				
Lipids						

ACLU DDII CID RO18 037857

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000145

0062-09-C10979-85131

Wire Medicine Detainee Medication Log Camp Bucca Theater Internment Facility		Allergies:		ISN	189781	start date		end date	
---	--	------------	--	-----	--------	------------	--	----------	--

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	Date
Zantac 150MG 1T BID	7-May-08	Dispense Dt:	(b)(6)	Dispense Dt:		Dispense Dt:		8	
RX #: AA189781	Refills: 1	Refills:		Refills:		Refills:			
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	Date
Docusate Sod		Dispense Dt:	(b)(6)	Dispense Dt:		Dispense Dt:			
RX #: AA178271	Refills:	Refills:		Refills:		Refills:			
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	Date
Femvus Sulfate		Dispense Dt:	(b)(6)	Dispense Dt:		Dispense Dt:			
RX #: AA 176270	Refills:	Refills:		Refills:		Refills:			
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

Med & Dosage	Rx Date	Order Dt:	Init:	Order Dt:	Init:	Order Dt:	Init:	CMPD #	Date
		Dispense Dt:		Dispense Dt:		Dispense Dt:			
RX #:	Refills:	Refills:		Refills:		Refills:			
Provider:		# of Tablets		# of Tablets		# of Tablets			
		Allergies		Allergies		Allergies			

HTN and DM Patients:	Initials	Medical / Surgical Hx	Initials	Printed Rank/Name	Initials	Printed Rank/Name
Physical Exam Date						
Last EKG Date						
Optometry						
Labs		F/U Labs				
Cr		A1c				
Lipids						

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000146

Front board

RADIOLOGIC CONSULTATION REQUEST/REPORT
(Radio: X-ray, Mammography, Ultrasound, Computer Tomography Examinations)

EXAMINATION REQUESTED	(b)(6)	HARD/COPY	REGISTER NO.
CT scan abdomen triple contrast			
REQUESTED BY (Print)	(b)(6)	PRE-GRANT	TELEPHONE/PAGE NO.
		<input type="checkbox"/> YES <input type="checkbox"/> NO	

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

Im deficiency areas
No evidence available

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (For legend see appendix on back of this form: Name - last, first, middle, Medical Facility)	LOCATION OF MEDICAL RECORDS
89781	LOCATION OF RADIOLOGIC FACILITY
	SIGNATURE

ACLU DDII CID ROIS 37859

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 6

Patient: BUCCA, B189781
Facility: WBH6B1

Date: 15 Jul 2008 0826 ADT
Clinic: TF 115 (BUCCA)

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

AutoCites Refreshed by (b)(6) @ 15 Jul 2008 1130 ADT

Problems

- ANEMIA HYPOCHROMIC / MICROCYTIC
- COAGULATION DEFECTS
- HEMORRHOIDS
- IRON DEFICIENCY ANEMIA
- CONSTIPATION
- ESOPHAGEAL REFLUX

Active Medications

No Active Medications Found.

Allergies

No Allergies Found.

Screening Written by (b)(6) @ 15 Jul 2008 0826 ADT

Appointment Reason For Visit: Follow-Up Labs;

Selected Reason(s) For Visit:

Follow-Up Labs (New) Comments:

S/O Note Written by (b)(6) @ 15 Jul 2008 1143 ADT

History of present illness

The Patient is a 28 year old male

* Encounter Background Information: 44 year old man with iron deficiency anemia thought to be due to hemorrhoidal bleeding (no endoscopy available) CT abdomen pelvis was normal since last visit. Occult blood was negative.

Past medical/surgical history

Reported History:

- Past medical history 1. Iron deficiency anemia
- 2. Hemorrhoids
- 3. Constipation

Physical findings

General appearance:

* Normal

Tests

Laboratory studies:

Laboratory studies 7 Jun 08 @ 0936 (Coll)				SERUM IRON				29 L	
(49-181)	ug/dL	TIBC	PENDING	17 Jun 08 @ 0936 (Coll)	BLOOD	WBC			
5.5	(4.8-10.8)	x10 ³ /uL	RBC CNT	5.02	(4.2-6.1)	x10 ⁶ /uL	HGB		
11.3 L	(12-18)	g/dL	HCT	38.0 L	(42-52)	%	MCV	75.5 L	
(80.0-99.9)	fL	MCH	22.6 L	(27.0-31.0)	pg	MCHC	29.9 L	(33.0-37.0)	g/dL
PLATELETS	145								

Imaging studies:

Imaging studies FINDINGS AND IMPRESSION

IVcontrast: No evidence of acute intraabdominal process. No gross evidence of GI malignancy. Normal liver, non obstructed, no ascites, no hydronephrosis or nephrolithiasis, no pathologic LN. Degenerative change of the spine.

(b)(6) 2008-06-25 10:05

A/P Written by (b)(6) 15 Jul 2008 1144 ADT

1. HEMORRHOIDS

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
EMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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ACLU DDII CID ROIS 37860 1 of 2
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EXHIBIT

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

ICAL CARE

15 Jul 2008 0826

Facility: WBH6B1

Clinic: TF 115 (BUCCA)

Provider: (b)(6)

Comments: with iron deficiency on iron therapy. No malignancy by CT.

Disposition Written by (b)(6) @ 15 Jul 2008 1145 ADT

Released Without Limitations

Follow up: 2 month(s) in the TF 115 (BUCCA) clinic or sooner if there are problems.

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

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

>50% of appointment time spent counseling and/or coordinating care.

Signed By (b)(6) @ 15 Jul 2008 1145 ADT

(b)(6)

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
	NATIONAL-POW/INTERNEE				
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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EXHIBIT

Patient: BUCCA, B189781
Facility: WBH6B1

Date: 17 Jun 2008 0839 AST
Clinic: TF 115 (BUCCA)

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

AutoCites Refreshed by (b)(6) @ 17 Jun 2008 1136 AST

Problems
ANEMIA HYPOCHROMIC / MICROCYTIC
COAGULATION DEFECTS
HEMORRHOIDS
IRON DEFICIENCY ANEMIA
CONSTIPATION
ESOPHAGEAL REFLUX

Active Medications
No Active Medications Found
Allergies
No Allergies Found

Screening Written by (b)(6) @ 17 Jun 2008 0840 AST

Appointment Reason For Visit: ANEMIA HYPOCHROMIC / MICROCYTIC

Selected Reason(s) For Visit:
ANEMIA HYPOCHROMIC / MICROCYTIC (Follow-Up) Comments:

S/O Note Written by (b)(6) @ 17 Jun 2008 1140 AST

History of present illness

The Patient is a 28 year old male.
* Encounter Background Information: 44 year old man with history of iron deficiency anemia attributed to hemorrhoidal bleeding (but endoscopy has not been available). He started iron in April 2008. Occult blood was negative. He still complains of constipation, hemorrhoids, and occasional rectal bleeding.

Past medical/surgical history

Reported History:

- Past medical history 1. Iron deficiency anemia on iron and colace
2. Hemorrhoids
3. Constipation

Physical findings

General appearance:

* Normal

Lungs:

* Normal

Cardiovascular system:

* Normal

Abdomen:

* Normal

Musculoskeletal system:

General/bilateral: * Musculoskeletal system: normal.

Tests

Blood analysis:

Blood analysis

A/P Written by (b)(6) @ 17 Jun 2008 1141 AST

1. ANEMIA HYPOCHROMIC / MICROCYTIC

Comments: Patient probably has chronic blood loss from hemorrhoids secondary to constipation. Will add miralax prn. Continue

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rrr:	
MC Status:	NATIONAL-POW/INTERNEE	WS:		PCM:	
Insurance:	No			Tel PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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EXHIBIT 10

iron. As MCV is still low, he may have a component of thalassemia.

Disposition Written by (b)(6) @ 17 Jun 2008 1142, ST

Released Without Limitations

Follow up: 8 week(s) in the TF 115 (BUCCA) clinic or sooner if there are problems. - Comments: After CT scan and with repeat CBC and iron, TIBC, and ferritin

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

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

>50% of appointment time spent counseling and/or coordinating care.

Signed By (b)(6) @ 17 Jun 2008 1142 AST

(b)(6)

Note Written by (b)(6) @ 17 Jun 2008 1629 AST

(Added after encounter was signed.)

Labs

Labs noted Hct has improved to 38 with persistent microcytosis (probably coexistent thalassemia).

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
	NATIONAL-POW/INTERNEE				
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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EXHIBIT

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PATIENT LAB INQUIRY

For: 18 May 08 - 17 Jun 08

Report requested by: (b)(6)

BUCCA, B189781 20/500-18-9781 M/28 Reg #: Military Unit: UNKNOWN

17 Jun 08 @ 0936 (Coll)

BLOOD

WBC	5.5		(4.8-10.8)	x10 ³ /uL
RBC CNT	5.02		(4.2-6.1)	x10 ⁶ /uL
HGB	11.3	L	(12.0-18.0)	g/dL
HCT	38.0	L	(42.0-52.0)	%
MCV	75.5	L	(80.0-99.9)	fl
MCH	22.6	L	(27.0-31.0)	pg
MCHC	29.9	L	(33.0-37.0)	g/dL
PLATELETS	145		(130-400)	x 10 ³ /uL
LYMPHS/100 WBC	35.5		(20.0-44.0)	%
LYMPHS	2.0		(0.7-4.3)	x10 ³ /uL
RBC MORPH				

HYPOCHROMIC

Remarks Comment:

- hypochromasia
- microcytes
- anisocytosis. SP

via 24 NOV 78

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

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EXHIBIT 10

0062-09-C10979-85131

INSTITUTION NAME

CONTACT INFORMATION

IMAGE

BUSINESS HOURS

Address, Phone Number

RADIOLOGY REPORT

PATIENT NAME 189781 189781

DATE OF BIRTH

PATIENT NUMBER 189781

REFERRING PHYSICIAN (b)(6)

MODALITY TYPE CT

INSTITUTION NAME [INSTITUTION_NAME]

EXAM DATE 20080625

EXAM TYPE

STUDY COMMENTS

HISTORY

Anemia, no endoscopy

COMPARISON EXAMINATIONS

None.

FINDINGS AND IMPRESSION

CT of the abdomen and pelvis with oral and IV contrast:

No evidence of acute intraabdominal process. No gross evidence of GI malignancy.

Normal liver, non obstructed, no ascites, no hydronephrosis or nephrolithiasis, no pathologic LN.

ACLU DDII CID ROIS 37865

http://10.0.0.100/wavelet/reports.cgi?study=1.2.840.112704.1.111.2080.1214364332.22&r... 7/15/2008

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EXHIBIT 6

Degenerative change of the spine.

0062-09-C10979-85131

(b)(6)

2008-06-25 10:05

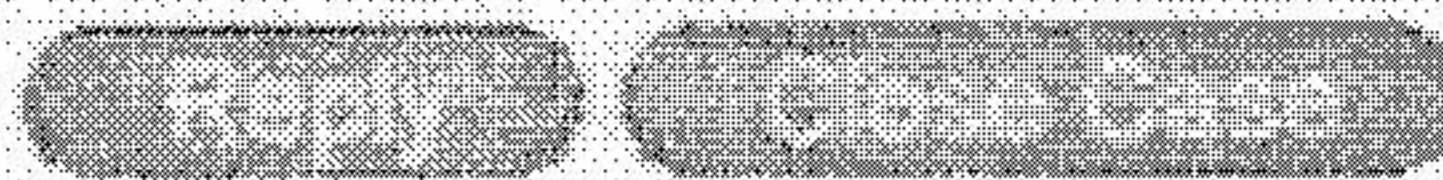
Cropper Medweb 1

DIGITAL SIGNATURE

Signer name: (b)(6)

Organization: Cropper Medweb 1

Signed: 2008/06/25.10:09:41



0062-09-C10979-85131

Patient: BUCCA, B189781
Facility: WBKXB1

Date: 07 May 2008 0808 AST
Clinic: 31ST TF MED (BUCCA)

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

AutoCites Refreshed by @ 07 May 2008 1245 AST

Problems

ANEMIA HYPOCHROMIC / MICROCYTIC
COAGULATION DEFECTS
HEMORRHOIDS
IRON DEFICIENCY ANEMIA

Active Medications

No Active Medications Found

Allergies

No Allergies Found

Screening Written by (b)(6) @ 07 May 2008 0808 AST

Appointment Reason For Visit: ANEMIA HYPOCHROMIC / MICROCYTIC;

Selected Reason(s) For Visit:

ANEMIA HYPOCHROMIC / MICROCYTIC (Follow-Up) Comments:

Vitals Written by (b)(6) @ 07 May 2008 1245 AST

BP: 115/78, HR: 62, T: 97.8 °F, HT: 64 in, WT: 166 lbs, O2: 100, BMI: 28.49, BSA: 1.807 square meters, Tobacco Use: Yes, Amount of tobacco product used per day: 1 ppd, Comments: NKDA

S/O Note Written by (b)(6) @ 07 May 2008 1250 AST

History of present illness

The Patient is a 28 year old male. 44 y/o male here to follow up on iron deficiency anemia. He has a documented ferritin of 6, but labs today show he has had a significant improvement in his h/h in just 30 days with iron daily. h/h from 8.9/31 ->11.6/40 today. He still reports occasional blood in the stools, he believes is from hemorrhoids. He reports 'constipation', but actually has 3-4 stools per day, though he says he has to strain. He reports today some intermittent GERD and that the metamucil powder he had worked better than the colace pills. He has no other complaints

Past medical/surgical history

Reported History:

iron deficiency anemia
chronic constipation

Reported medications: Medication history Iron 325 mg PO daily for the last 28 days, colace 2 daily for last 28 days

Surgical / procedural: No surgical / procedural history

Personal history

Behavioral history: Tobacco use

Physical findings

Vital signs:

* Current vital signs reviewed.

General appearance:

* Awake. * Alert. * Oriented to time, place, and person. * Healthy appearing. * In no acute distress. * Not acutely ill.
* Patient did not appear uncomfortable.

Head:

* Normal.

Eyes:

General/bilateral:

* Eyes: normal.

Abdomen:

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
MC Status:	NATIONAL-POW/INTERNEE	WS:		PCM:	
Insurance:	No			Tel PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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EXHIBIT 6

Visual inspection: * Abdomen was normal on visual inspection.
 Palpation: * Abdomen was soft. * No abdominal tenderness.

Tests

Laboratory studies:

Laboratory studies see CHCS.

A/P Written by (b)(6) @ 07 May 2008 1254 AST

1. IRON DEFICIENCY ANEMIA

Comments: Much improved after only 28 days of iron. He has a hx of "constipation" and some blood in the stools, but I do not have access to endoscopy or colonoscopy here.

As he is better after the course of iron, will follow off iron and see how he does. The only tests available here to check for GI malignancy are non air contrast BE and CT scan (scanner currently down).

- fu in 4 weeks in SMOC for repeat CBC
- stop iron and colace

2. CONSTIPATION

Comments: He has multiple stools daily, so not really constipation. He reported good results with metamucil, so will give him a trial of fiberlax tabs.

- fiberlax 2 tabs po daily with plenty of water

3. ESOPHAGEAL REFLUX

Comments: recurrent reflux. He reports good relief using zantac from a friend.

- zantac 150mg PO BID

Disposition Written by (b)(6) @ 07 May 2008 1254 AST

Released Without Limitations

Follow up: as needed - Comments: 4 weeks in SMOC with repeat CBC on arrival
 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
 E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By (b)(6) @ 07 May 2008 1255 AST

(b)(6)

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
EMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
	NATIONAL-POW/INTERNEE				
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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 LAW ENFORCEMENT SENSITIVE EXHIBIT 6

BUCCA

07 May 2008@1047

Page 1

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PATIENT LAB INQUIRY

From: 13 May 07 - 07 May 08

Report requested by: (b)(6)

BUCCA, B189781

20/500-18-9781

M/28

Reg #:

Ph:

Military Unit: UNKNOWN

07 May 08 @ 0943 (Coll)

BLOOD

STAT WBC	4.7	L	(4.8-10.8)	x10 3/uL
RBC CNT	5.70		(4.2-6.1)	x10 6/uL
HGB	11.6	L	(12.0-18.0)	g/dL
HCT	40.4	L	(42.0-52.0)	%
MCV	70.9	L	(80.0-99.9)	fl
MCH	20.3	L	(27.0-31.0)	pg
MCHC	28.7	L	(33.0-37.0)	g/dL
PLATELETS	238		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	37.0		(20.0-44.0)	%
LYMPH#	1.7		(0.7-4.3)	x10 3/uL
RBC MORPH				

HYPOCHROMIC

Result Comment: HYPO - 2+, OVALO - 1+

26 Mar 08 @ 1022 (Coll)

SERUM

FERRITIN	6	L	(28-397)	ng/mL
----------	---	---	----------	-------

26 Mar 08 @ 1022 (Coll)

BLOOD

WBC	4.8		(4.8-10.8)	x10 3/uL
RBC CNT	4.89		(4.2-6.1)	x10 6/uL
HGB	8.9	L	(12.0-18.0)	g/dL
HCT	31.7	L	(42.0-52.0)	%
MCV	65.0	L	(80.0-99.9)	fl
MCH	18.2	L	(27.0-31.0)	pg
MCHC	27.9	L	(33.0-37.0)	g/dL
PLATELETS	248		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	33.2		(20.0-44.0)	%
LYMPH#	1.6		(0.7-4.3)	x10 3/uL

17 Mar 08 @ 1408 (Coll)

PECES

Order comment: cmp 8

OCCULT BLD	NEGATIVE			
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15 Mar 08 @ 1045 (Coll)

BLOOD

WBC	5.7		(4.8-10.8)	x10 3/uL
RBC CNT	5.54		(4.2-6.1)	x10 6/uL
HGB	10.2	L	(12.0-18.0)	g/dL
HCT	36.0	L	(42.0-52.0)	%
MCV	64.9	L	(80.0-99.9)	fl
MCH	18.3	L	(27.0-31.0)	pg
MCHC	28.2	L	(33.0-37.0)	g/dL
PLATELETS	161		(130-400)	x 10(3)/uL
LYMPHS/100 WBC	29.8		(20.0-44.0)	%
LYMPH#	1.7		(0.7-4.3)	x10 3/uL

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

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EXHIBIT 4

Patient: BUCCA, B189781
Facility: WBKXB1

Date: 07 Apr 2008 0910 ADT
Clinic: 31ST TF MED (BUCCA)

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

AutoCites Refreshed by @ 07 Apr 2008 1214 ADT

Problems
ANEMIA HYPOCHROMIC / MICROCYTIC
COAGULATION DEFECTS
HEMORRHOIDS

Active Medications
No Active Medications Found
Allergies
No Allergies Found

Screening Written by (b)(6) @ 07 Apr 2008 0910 ADT

Appointment Reason For Visit: ANEMIA HYPOCHROMIC / MICROCYTIC

Selected Reason(s) For Visit:
ANEMIA HYPOCHROMIC / MICROCYTIC (Follow-Up) Comments:

Vitals Written by (b)(6) @ 07 Apr 2008 1214 ADT
BP: 158/89, HR: 79, T: 98.8 °F, HT: 64 in, WT: 170 lbs, O2: 99, BMI: 29.18, BSA: 1.625 square meters, Tobacco Use: Yes,
Amount of tobacco product used per day: 1 ppd,
Comments: NKDA

S/O Note Written by (b)(6) @ 07 Apr 2008 1219 ADT

History of present illness

The Patient is a 28 year old male.
44 y/o male here to follow up on anemia. Ferretin low at 6, suggesting iron deficiency. He reports he has chronic on and off rectal bleeding from hemorrhoids, only when he has hard stools. ~He has no recent documented wt loss.

Past medical/surgical history

Reported History:
Anemia, constipation, isolated elevated PTT.
Reported medications: Medication history none.
Surgical / procedural: No surgical / procedural history.

Personal history

Behavioral history: Tobacco use.

Review of systems

Cardiovascular symptoms: No cardiovascular symptoms.
Pulmonary symptoms: No pulmonary symptoms.
Genitourinary symptoms: No genitourinary symptoms.

Physical findings

Vital signs:
* Current vital signs reviewed BP elevated.
General appearance:
* Awake. * Alert. * Oriented to time, place, and person. * Healthy appearing. * In no acute distress. * Patient did not appear uncomfortable.
Eyes:
General/bilateral.
* Eyes: normal.
Lungs:
* Normal.
Cardiovascular system:
* Normal.
Abdomen:

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
	NATIONAL-POW/INTERNEE				
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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

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Page 1 of 2
EXHIBIT 6

* Normal.

Tests

Laboratory-based chemistry:
Laboratory-based chemistry ferretin 6.

A/P Written by (b)(6) @ 07 Apr 2008 1224 ADT

1. IRON DEFICIENCY ANEMIA

Comments: Pt claims he has intermittent hemorrhoidal bleeding. He is in age range that I would worry about colon cancer, but we have no access to endoscopy here.

- start iron 325 mg po daily with food
- colace 2 capsules PO daily
- f/u 1 month for repeat CBC to see if approp rise in H/H
- possible to do a simple barium enema here, cannot do air contrast.

If anemia not responding to iron, will proceed to BE if he agrees.

Surgery is not performing hemorrhoid repair here.

Disposition Written by (b)(6) @ 07 Apr 2008 1224 ADT

Released Without Limitations

Follow up: as needed - Comments: 4 weeks in SMOC for repeat CBC
 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
 E&M Code: 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By (b)(6) @ 07 Apr 2008 1224 ADT

(b)(6)

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN NATIONAL-POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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

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FOR OFFICIAL USE ONLY **ACLU RDI CID ROIS 37871** Page 2 of 2
 LAW ENFORCEMENT SENSITIVE EXHIBIT 6

Patient: BUCCA, B189781
Facility: WBKXB1

Date: 26 Mar 2008 0800 AST
Clinic: 31ST TF MED (BUCCA)

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

AutoCites Refreshed by (b)(6) @ 26 Mar 2008 1153 AST

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

Screening Written by (b)(6) @ 26 Mar 2008 0800 AST

Appointment Reason For Visit: ANEMIA HYPOCHROMIC / MICROCYTIC;

Selected Reason(s) For Visit:
ANEMIA HYPOCHROMIC / MICROCYTIC (New) Comments:

Vitals
Vitals Written by (b)(6) @ 26 Mar 2008 1205 AST
BP: 143/82, HR: 67, T: 98 °F, HT: 64 in, WT: 168 lbs, BMI: 28.84, BSA: 1.816 square meters, Tobacco Use: No,

A/P Written by (b)(6) @ 26 Mar 2008 1207 AST

- 1. ANEMIA HYPOCHROMIC / MICROCYTIC
Comments:
- 2. COAGULATION DEFECTS
Comments:
- 3. HEMORRHOIDS
Comments:

Disposition Written by (b)(6) @ 26 Mar 2008 1208 AST

Released Without Limitations
Follow up: 1 month(s) with PCM or sooner if there are problems.
Discussed: Diagnosis, Medication(s)/Treatment(s) 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
E&M Code: 99214 - Estab Outpatient Detailed H&P - Moderate Complexity Decision

Note Written by (b)(6) @ 26 Mar 2008 1204 AST

CC: Referred for low blood counts

HPI: The patient is a 44 y/o man who presented for evaluation of low blood counts. The patient states that before he is captured he was known to be anemic, and he would receive some type of dark shots to correct. He cannot be more specific than that. He has no complaints related to his low blood counts. He does note that the nail will have occasional blood in the stool, every two to 3 months, he has constipation. The constipation has been going on for 5 years.

ROS:

Gen: No fevers, no weight loss
CV: No chest pain, recent history of left lower extremity edema
Pulm: No difficulty breathing
GI: No N/V or diarrhea
Neuro: No numbness/weakness
Heme: No bleeding or bruising
Skin: No skin changes
Eyes: No vision changes

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN	CS:		Outpt Rec. Rm:	
MC Status:	NATIONAL-POW/INTERNEE	WS:		PCM:	
Insurance:	No			Tel. PCM:	

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FIRMR (41 CFR) 201-45,505

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ACLU DDII CID ROIS 37872 age 1 of 2
FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
EXHIBIT 6

GU: No urinary changes

PMH/PSH: Anemia, constipation

Medications: Some type of rectal suppository for constipation; aspirin 81 mg daily for the last 10 days
ALL: None

Social: + tobacco

Physical examination:

General: Age-appropriate man, alert and oriented x 3 in no acute distress.

Vitals: Reviewed. Afebrile, blood pressure normal, respiratory rate normal.

Eyes: Anicteric

HEENT: NC/AT

CV: Regular rate and rhythm, normal S1-S2 with 1/6 systolic ejection murmur. No edema.

Lungs: Clear to auscultation bilaterally with normal effort.

Abd: Normoactive bowel sounds, soft, nondistended, nontender. No hepatosplenomegaly, AAA, or masses.

Rectal: No masses, normal tone, normal prostate, positive internal hemorrhoids non-thrombosed. Hemoccult negative

Labs: CBC hemoglobin of 8.9, MCV 69, RBC 4.9 (Metzner's index 14), chemistry normal; previous CBC from 15 March: Hgb 10.2, MCV 64.9, RBC 5.5, Hemoccult negative. PT 12, PTT 65.

Assessment and plan:

1) anemia, microcytic. Given his long history of anemia and pattern on the CBC, this is most likely thalassemia. Will check ferritin level. If ferritin is normal, it is thalassemia, no further evaluation needed.

2) elevated PTT. The patient has no bleeding on history. No evidence for blood clots on history or exam today (the previously noted left lower extremities edema from 10 days ago has resolved). There are many reasons for an elevated PTT, to include vitamin K deficiency, inherited disorders of coagulation factors, and acquired inhibitors of factors. Given the has no bleeding or thrombosis, this is very likely a benign finding. We do not have the testing capabilities to work this up further, so will not pursue further testing at this time.

3) hemorrhoids. Minimally symptomatic, no sign liver disease, no treatment at this time.

No evidence of detainee abuse

Signed By @ 26 Mar 2008 1208

(b)(6)

Name:	BUCCA, B189781	Sex:	M	Sponsor:	BUCCA, B189781
FMP/SSN:	20/500189781	Tel H:		Rank:	
DOB:	31 Dec 1979	Tel W:		Unit:	DETAINEE
PCat:	K78 FOREIGN NATIONAL POW/INTERNEE	CS:		Outpt Rec. Rm:	
MC Status:		WS:		PCM:	
Insurance:	No			Tel. PCM:	

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

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ACLU DDII CID ROIS 37873 Page 2 of 2
 FOR OFFICIAL USE ONLY EXHIBIT
 LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD

CONSULTATION SHEET

REQUEST

TO: Internal Medicine FROM: (b)(6) DATE OF REQUEST: 15 MAR 08

REASON FOR REQUEST (Complaints and findings): 44 y/o male initially seen for @ chest pain, LLE edema - neg hematuria - @ @ medical chest x-rays - @ nodules - @ chest x-ray 2 com. Labs obtained - ABN - ↓ H+4 9.2/31 repeated 10.2/36 - PT/PTT 9.0/60.0(T) repeated 12.1/63.5(T) - please eval anemia Thanks

PROVISIONAL DIAGNOSIS: STool for occult blood pending Microcytic Anemia, ? congenital

DOCTOR'S SIGNATURE: (b)(6) APPROVED: PLACE OF CONSULTATION: [] BEDSIDE [X] ON CALL [] ROUTINE [X] 72 HOURS [] TODAY [] EMERGENCY

CONSULTATION REPORT

RECORD REVIEWED [] YES [] NO PATIENT EXAMINED [] YES [] NO TELEMEDICINE [] YES [] NO 44 - Nephro 1 ppe 6'4" 148 lbs 98° 97% O2 sat 143/82 67 Routine for 17 March

(b)(6)

(b)(6)

SIGNATURE AND TITLE: DATE:

HOSPITAL OR MEDICAL FACILITY: RECORDS MAINTAINED AT: DEPARTMENT/SERVICE OF PATIENT: RELATION TO SPONSOR: SPONSOR'S NAME (Last, first, middle): SPONSOR'S ID NUMBER (SSN or Other):

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

189 781

8

CONSULTATION SHEET Medical Record

ACLU DDII CID ROIS 37874

EXHIBIT 6

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
3-14-08	<p>⑤ 44y/o M e/o calf pain progressively worse past 10 days</p> <p>④ LLE edema - Hct 31, WBC 100,000 - @ smoking, @ trauma</p>		
VITALS	<p>③ RR 20, VS</p>		
BP 104/65	<p>Check lung CTX, Heart RRR Jm</p>		
SpO2 99	<p>Ext - trace edema, LLE - slight tenderness medial</p>		
Temp 96.7	<p>mid-gastrium, @ nodules, neg hematuria, @</p>		
Pulse 76	<p>pulse 24 Bilat. @ varicosities 2 CM caffeine</p>		
RX	<p>① calf pain / LLE edema - ? DVT - phlebittis non likely</p>		
W/assess	<p>② CBC, PT, PTT</p>		
MEDALG	<p>ASA 325mg PO q 4h to food # 20, Discontinue MCO, Precautions, @ smoking stopped</p>		
NASA	<p>(b)(6)</p>		
PMH	<p>(b)(6)</p>		
Personnel	<p>3-15-08 - LHA reviewed - ↓ Hct @ 9.2/31 - MCV 65.1, PTT @ will repeat CBC, PT, PTT, CMP STAT. Consider occult GI blood loss. Hold ASA.</p>		
PSH	<p>(b)(6)</p>		
⊕	<p>3-15-08 - repeat CBC - Hct 36%, Hgb 10.2 - series melan. hematocrit ✓ stool for occult blood - IM referral.</p>		
(b)(6)	<p>(b)(6)</p>		
SOCIAL	<p>7910</p>		

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

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

ACLU DDII CID ROIS 37875
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 LAW ENFORCEMENT SENSITIVE
 EXHIBIT 6

14 Mar 08 @ 1735 (Co11)

BLOOD

WBC	6.3	(4.8-10.8)	x10 ³ /uL
RBC CNT	4.77	(4.2-6.1)	x10 ⁶ /uL
HGB	9.2	(12.0-18.0)	g/dL
HCT	31.0	(42.0-52.0)	%
MCV	65.1	(80.0-99.9)	fL
MCH	19.3	(27.0-31.0)	pg
MCHC	29.7	(33.0-37.0)	g/dL
PLATELETS	152	(130-400)	x 10 ³ /uL
LYMPHS/100 WBC	26.1	(20.0-44.0)	%
LYMPH#	1.6	(0.7-4.3)	x10 ³ /uL

L
L
L
L
L

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

CALLAHAN
? DVT
3-15-08
(b)(6)

ACLU DDII CID ROIS 37876

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LAW ENFORCEMENT SENSITIVE

14 Mar 08 @ 1735 (Co11)

BLOOD

PLT EST ADEQUATE

(A-I)

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

ACLU DDII CID ROIS 37877

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EXHIBIT 6

LAW ENFORCEMENT SENSITIVE

14 Mar 08 @ 1735 (Coll)

PLASMA

PT.	9.0		(7.0-14.0)
APTT.	60.0	H	(20.0-50.0)
INR9		(0.5-1.5)

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

ACLU DDII CID ROIS 37878

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 6

080314 HE 1686

Col: 14Mar08@1735

BLOOD

RBC MORPH

Hcp: (b)(6)

Req Loc: OTHER MT

C:AL14Mar08@1738

NORMAL CYTIC/NORMAL CHROMIC

Result Comment: 4+ hypochromic, 2+ microcytic, 1+ elliptocytes

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

ACLU DDII CID ROIS 37879

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EXHIBIT 10

LAW ENFORCEMENT SENSITIVE

15 Mar 08 @ 1045 (Co11)

BLOOD

WBC	5.7		(4.8-10.8)	x10 ³ /uL
RBC CNT	5.54		(4.2-6.1)	x10 ⁶ /uL
HGB	10.2	L	(12.0-18.0)	g/dL
HCT	36.0	L	(42.0-52.0)	%
MCV	64.9	L	(80.0-99.9)	f1
MCH	18.3	L	(27.0-31.0)	pg
MCHC	28.2	L	(33.0-37.0)	g/dL
PLATELETS	161		(130-400)	x 10 ³ /uL
LYMPHS/100 WBC	29.8		(20.0-44.0)	%
LYMPH#	1.7		(0.7-4.3)	x10 ³ /uL

Toss Save New Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

*repeat
CBC
PT*

*8
3-15-08*

(b)(6)

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EXHIBIT 10

LAW ENFORCEMENT SENSITIVE

COMPREHENSIVE METABOLIC PANE

15 Mar 08 @ 1045 (Coll)

SERUM

NA+	146	H	(137-145)	mmol/L
K	4.8		(3.5-5.1)	mmol/L
CL-	104		(98-107)	mmol/L
GLUCOSE	95		(75-110)	mg/dl
BUN	10		(9-20)	mg/dL
CREAT	1.1		(0.8-1.5)	mg/dL
CA	9.8		(8.4-10.2)	mg/dL
PROTEIN TOTAL	8.6	H	(6.3-8.2)	g/dL
ALBUMIN	4.1		(3.5-5.0)	g/dL
ALK PHOS.	86		(38-126)	U/L
AST	29		(15-59)	U/L
ALT	33		(13-69)	U/L
TBILI	0.9		(.2-1.3)	mg/dL
TCO2	31	H	(22-30)	mmol/L

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
 Initial and remove this result from your new list and view next result.

15 Mar 08 @ 1045 (Co11)

PLASMA

PT.	12.1		(7.0-14.0)
APTT.	63.5	H	(20.0-50.0)
INR	1.21		(0.5-1.5)

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

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LAW ENFORCEMENT SENSITIVE
EXHIBIT 1

17 Mar 08 @ 1408 (Coll)
OCCULT BLD.

NEGATIVE

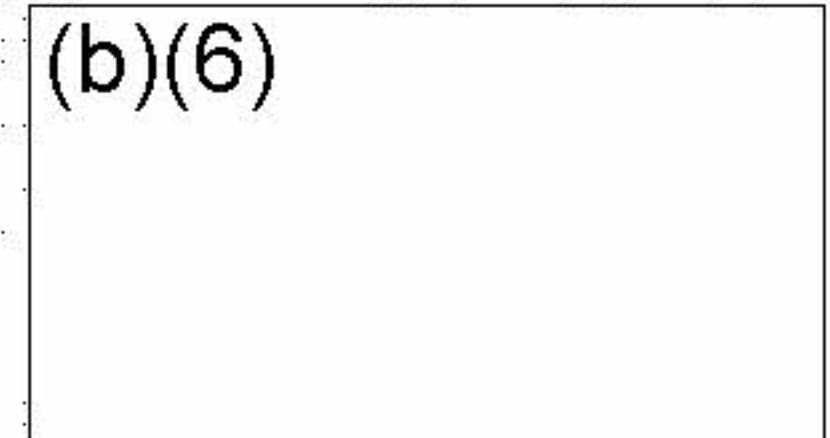
FECES

For comments: (0), press <F9> to expand

Toss Save New pgUp Print nExtPt Fwd deVice Help eXit
Initial and remove this result from your new list and view next result.

*7. OVT
ANEMIA
8
3-18-08*

(b)(6)



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LAW ENFORCEMENT SENSITIVE
EXHIBIT

Detainee Mental Health Screen

ISN 189781

DATE 4 JUN 06

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

Current Concerns

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

Past Concerns

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

Open-Ended (if time permits, vary as appropriate)

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

OBSERVATION

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

DISPOSITION

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

(b)(6)

SCREENED

(PRINT/SIGN)

ACLU DDII CID ROIS 37884
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LAW ENFORCEMENT SENSITIVE
EXHIBIT 6

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE 17 Feb 2007 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

Compound: 8

Allergies:

Meds:

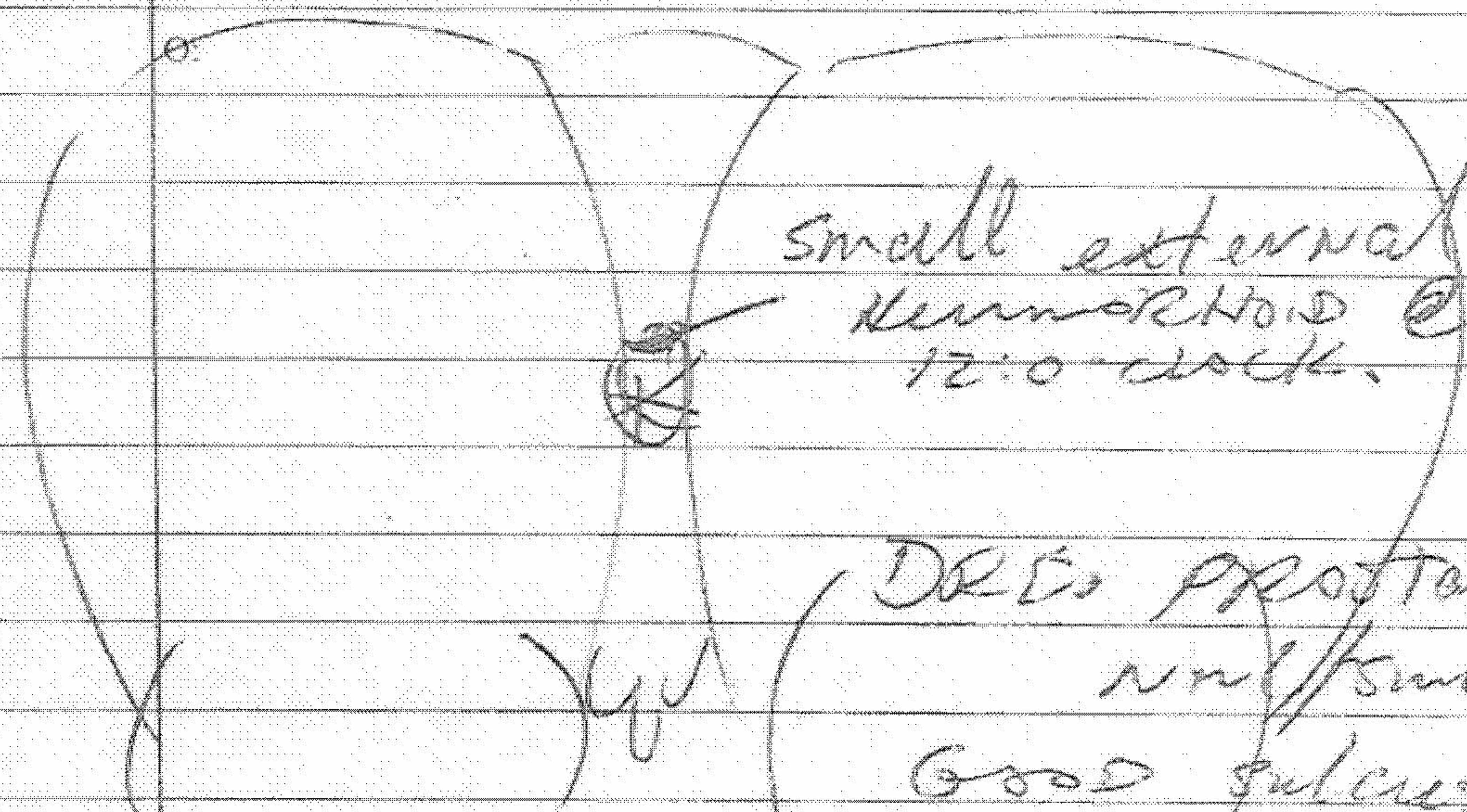
S: 43 y/o ♂ c/c of Hemorrhoids x 2 wks. Has seen small flecks of Blood on stool @ times.

PST Med HX:

PST SURG HX:

Consent to Exam
Translator Present

SOC HX:



T:

N/A

BP:

P:

R:

Pulse O2:

A: slight ext non-thrombosed

P: 1) TX

2) RX colasce T per

3) F/U Ø (b)(6)

4) D/W

HOSPITAL OR MEDICAL FACILITY

STATE

ADMITTED 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.

189 781
8

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIRM (41 CFR) 201-9.202-1

USAPA V2.00

ACLU DDII CID ROIS 37885

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

EXHIBIT 10

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE (A120)

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

JUN 3 4 2000

DETAINEE HEALTH AND MEDICAL RECORD OF SCOTT AFB, TEXAS (SB600 OVERPRINT VER 13, JAN 98)

(b)(6)

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

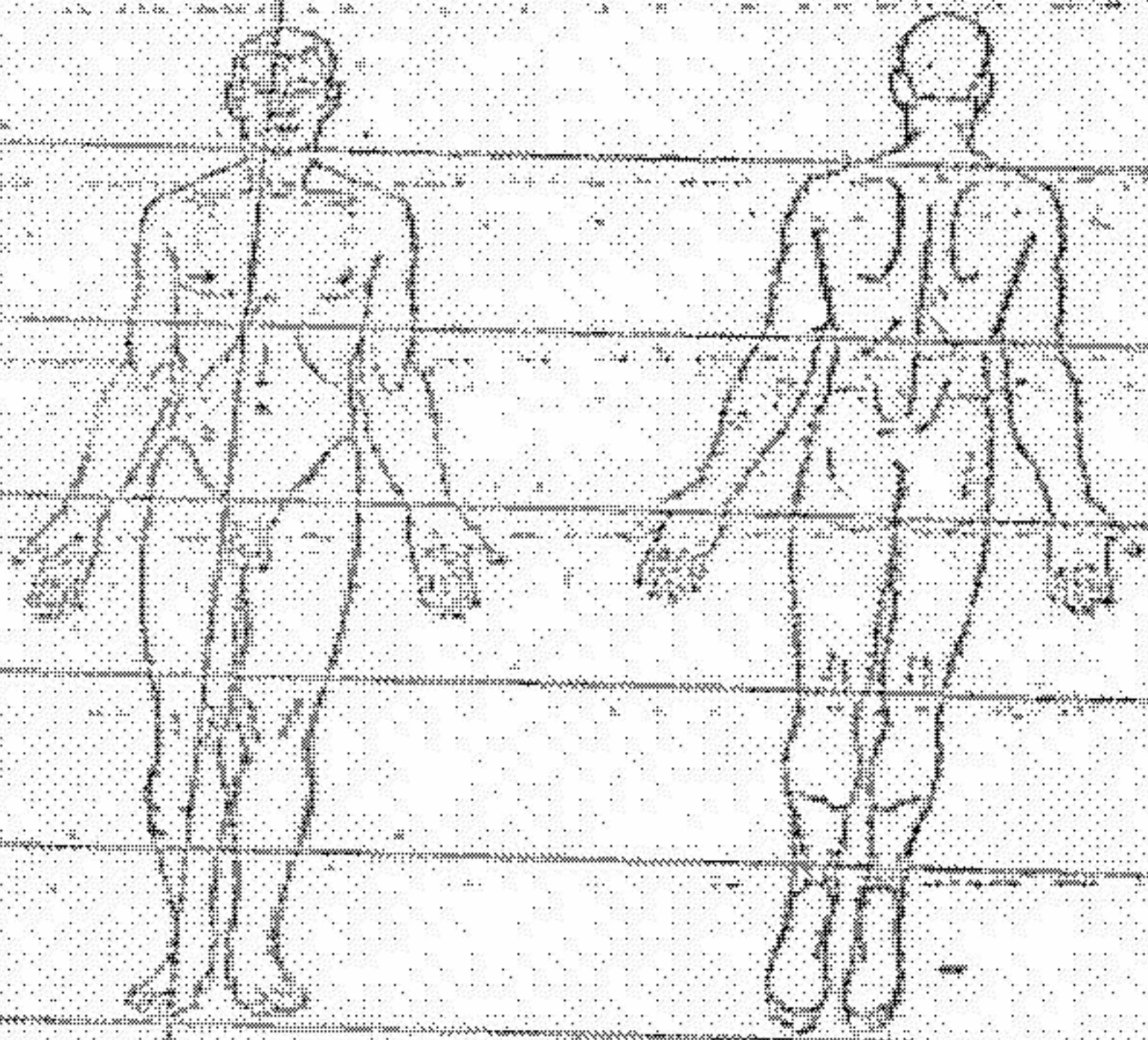
- SURGERIES ()
- CONVULSIONS/SEIZURES ()
- HEMOPHILIA ()
- MALARIA ()
- ASTHMA ()
- DIABETES ()
- HIGH BLOOD PRESSURE ()
- CANCER/LEUKEMIA ()
- HEART TROUBLE ()
- KIDNEY DISEASE ()
- VISUAL IMPAIRMENT ()
- HIV/AIDS ()
- STD ()

(b)(6)

TRANSLATOR PRESENT

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

TOBACCO USE Y/N PP DAY X YES
ETOH: N



BP 131 / 89 PULSE 68 BICIP'S CIRC
HEIGHT 64 WEIGHT 184 BMI

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

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

DENTAL Hemmeroid / Colon Problems

OVERALL APPEARANCE obese male PMA

HEENT

SKIN/SCARS/BRUISING

CARDIOPULMONARY SYSTEM

MUSCULOSKELETAL

GENITAL Referred
NEUROBEHAVIORAL (b)(6)

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

IT'S IDENTIFICATION: If of typed or written entries, give Name - last, first, middle; ID No or SSN; Sex; REGISTER NO. WARD NO.

ISN [redacted] CAMP IHA

NAME [redacted]

DOB AGE SEX

PROVIDER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)
Prescribed by OEA/ICMR
FIRM 141 CFR 201-9.202-1

189781

ACLU DDII CID ROIS 37886

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

EXHIBIT 0

1897

0062-09-C10979-85131

DETAINEE MEDICAL SCREENING REPORT

Detainee's Information

NAME: <i>ADNAN NAIF HAMID</i>	SERIAL NUMBER <i>3-51184</i>	DATE OF BIRTH
----------------------------------	---------------------------------	---------------

STATUS

FINAL DIAGNOSIS

AGE <i>41</i>	PHYSICAL EXAMINATION
------------------	----------------------

SEX <i>M</i>	GENERAL APPEARANCE (Toxic? Hygiene comments):
-----------------	---

	Y/N SIGNS OF INFESTATION (lice or nits in hair, signs of skin mites)
--	--

	MENTAL STATUS:
--	----------------

	Y/N ALERT	Y/N PAIN	OTHER COMMENTS:
--	-----------	----------	-----------------

	Y/N CALM	Y/N COOPERATIVE
--	----------	-----------------

	Y/N INJURIES (SEE REVERSE FOR DRAWING AND FURTHER COMMENTS)
--	---

PAST MEDICAL HISTORY

BP: <i>130/80</i>	Y/N TUBERCULOSIS, IF YES, WHEN / IF TREATMENT:
-------------------	--

	Y/N EXPOSURE TO TUBERCULOSIS (FAMILY MEMBER):
--	---

PULSE: <i>76</i>	Y/N ALCOHOL, DRUG, OR TOBACCO USE (circle if applies)
------------------	---

	Y/N MENTAL ILLNESS OR SUICIDE ATTEMPTS
--	--

RESP:	Y/N DIABETES:
-------	---------------

	Y/N HIGH BP:
--	--------------

SPO2: <i>95</i>	Y/N HEART DISEASE OR HEART ATTACK:
-----------------	------------------------------------

TEMP: <i>98.5</i>	Y/N EPILEPSY:
-------------------	---------------

MEDS:	Y/N ASTHMA:
-------	-------------

	Y/N JOINT PAIN, BROKEN BONES: <i>Back Pain</i>
--	--

	Y/N ALLERGIES TO MEDICATIONS; IF YES, TO WHAT KIND:
--	---

	Y/N PAST SURGERIES:
--	---------------------

	OTHER MEDICAL PROBLEMS:
--	-------------------------

	<i>None</i>
--	-------------

HEAD:	SKIN (rash, jaundice): <i>None</i>
-------	------------------------------------

EYES:	
-------	--

EARS:	
-------	--

NOSE:	MUSCULOSKELETAL (deformities, gait, etc.): <i>None</i>
-------	--

THROAT:	
---------	--

LUNGS: (also comment on coughing)	<i>None coughing</i>
-----------------------------------	----------------------

CARDIO:	
---------	--

PLACE OF EXAMINATION:	DATE: <i>22 MAR 2016</i>
-----------------------	--------------------------

FOB REMAGEN B-DIF (RAK SOLID) AID-STATION	
---	--

TYPED NAME OF MEDICAL OFFICIAL:	SIGNATURE: <i>[Signature]</i>
---------------------------------	-------------------------------

CPT PAUL HAWKENSON, PA	(b)(6)
------------------------	--------

REMARKS:	ASSESSMENTS:
----------	--------------

	Y/N IMMEDIATE REFERRAL TO MEDICAL OFFICER
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REPORT OF MEDICAL EXAMINATION	1. DATE OF EXAMINATION (YYYYMMDD) 20060522	2. SOCIAL SECURITY NUMBER 3-51184
-------------------------------	--	--------------------------------------

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 504, 505, 507, 532, 978, 1201, 1202, and 4346; and E.O. 9397.
 PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.
 ROUTINE USE(S): None.
 DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.

3. LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) Ahmed Haf Hamid	4. HOME ADDRESS (Street, Apartment Number, City, State and ZIP Code)	5. HOME TELEPHONE NUMBER (Include Area Code)
--	--	---

6. GRADE	7. DATE OF BIRTH (YYYYMMDD)	8. AGE 41	9. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	10.a. RACIAL CATEGORY (X one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Decline to Respond	b. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Decline to Respond
----------	--------------------------------	--------------	---	---	---

11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY b. CIVILIAN	12. AGENCY (Non-Service Members Only)	13. ORGANIZATION UNIT AND UIC/CODE DETAINEE
--	---------------------------------------	--

14.a. RATING OR SPECIALTY (Aviators Only)	b. TOTAL FLYING TIME	c. LAST SIX MONTHS
---	----------------------	--------------------

15.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Air Force	b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard	c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Commission <input type="checkbox"/> Retention <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> ROTC Scholarship Program <input checked="" type="checkbox"/> Other	16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include ZIP Code) 3 BCT FOB REMAGEN B-DIF
---	---	--	---

CLINICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)

	Normal	Abnorm	NE
17. Head, face, neck, and scalp			
18. Nose			
19. Sinuses			
20. Mouth and throat			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)			
22. Drums (Perforation)			
23. Eyes - General (Visual acuity and refraction under items 61 - 63)			
24. Ophthalmoscopic			X
25. Pupils (Equality and reaction)			
26. Ocular motility (Associated parallel movements, nystagmus)			
27. Heart (Thrust, size, rhythm, sounds)			
28. Lungs and chest (Include breasts)			
29. Vascular system (Varicosities, etc.)			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)			X
31. Abdomen and viscera (Include hernia)			
32. External genitalia (Genitourinary)			
33. Upper extremities			
34. Lower extremities (Except feet)			
35. Feet (See Item 35 - Continued)			
36. Spine, other musculoskeletal			
37. Identifying body marks, scars, tattoos			
38. Skin, lymphatics			
39. Neurologic			
40. Psychiatric (Specify any personality deviation)			
41. Pelvic (Females only)			X
42. Endocrine			
43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If dental examination not done by dental officer, explain in Item 44.)			
<input type="checkbox"/> Acceptable			
<input type="checkbox"/> Not Acceptable Class			

44. NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

central obesity
absent,
no signs of injury.
Dizziness and history.

37. See FC Form 111-08 (Initial Medical Screening)

35. FEET (Continued) (Circle category)	Normal Arch	Mild	Asymptomatic
	Pes Cavus	Moderate	
	Pes Planus	Severe	Symptomatic

LAST NAME - FIRST NAME - MIDDLE NAME (SUFFIX) <i>Ahmad Waif Hamid</i>						SOCIAL SECURITY NUMBER <i>3-51184</i>			
74.a. EXAMINEE/APPLICANT (check one)						75. I have been advised of my disqualifying condition.			
<input checked="" type="checkbox"/> IS QUALIFIED FOR SERVICE						a. SIGNATURE OF EXAMINEE		b. DATE (YYYYMMDD)	
<input type="checkbox"/> IS NOT QUALIFIED FOR SERVICE									
b. PHYSICAL PROFILE									
P	U	L	H	E	S	X	PROFILER INITIALS		DATE (YYYYMMDD)
76. SIGNIFICANT OR DISQUALIFYING DEFECTS									
ITEM NO.	MEDICAL CONDITION/DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED	
								SERVICE	DATE (YYYYMMDD)
77. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary.)									
CXR = SEE SF 519-B									
78. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify) (Use additional sheets if necessary.)									
79. MEPS WORKLOAD (For MEPS use only)									
WKID	ST	DATE (YYYYMMDD)	INITIAL	WKID	ST	DATE (YYYYMMDD)	INITIAL		
80. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	PHYSICIAN'S SIGNATURE
81.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE			
82.a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						b. SIGNATURE			
83.a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						b. SIGNATURE			
84.a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY						b. SIGNATURE			
(b)(6)						(b)(6)			
85. This examination has been administratively reviewed for completeness and accuracy.									
a. SIGNATURE					b. GRADE		c. DATE (YYYYMMDD)		
86. WAIVER GRANTED (If yes, date and by whom)								87. NUMBER OF ATTACHED SHEETS	
<input type="checkbox"/> YES									
<input type="checkbox"/> NO									

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

date/time 23 Jan 06 2315 SOAP NOTE

Vital Signs C/C: (chief complaint) Hemorrhoids

T: HPI: (history present illness) Pt states Sx's present for 2 years /10 (1 = little 10 = the worst)

P: Other related Sx's: Pain: Sharp/ Stabbing/ Dull/ Achey/ Numb & tingly or N/A Pain rated /10 (1 = little 10 = the worst)

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

R/T: occasionally bleeding

O2 Sat= %:

PmHx: Asthma, COPD, HTN, DM, CAD, Seizures, N/A PsHx: Social Hx: Tobacco / N/A

Allergies

U/A O: Y/ y/o male A&O x 3 vital signs noted, in No Acute Distress/ Acute distress Interpreter (Y) N pt. serves as own informant

Appearance: Well hydrated Y/N, obese Y/N poorly nourished Y/N Looks Stated Age/ older than age/ younger than age

Meds/Dose: Med log Ambulates: With-out assistance/ or with cane crutch, wheel chair

1. PE in Am

2.

3.

4. to show for PE

A: 1. (b)(6)

2. P: 1. Meds dispensed =

3. Increase Hydration

4. Pt counseled on condition, Return for re-eval if problem continues (b)(6)

5. Referral to: P/U as needed

HOSPITAL OR MEDICAL FACILITY STATUS DEPART /SERV

SPONSOR'S NAME SSN/ID NO. RELATIONSHIP TO PATIENT

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

ISN #: 189781

Compound #: 8

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

ACLU DDII CID ROIS 37891

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

JUN 4 2000

Eye Health Questionnaire

1 هل عندك أي مشكلة في نظرك؟

1. Are you having any problems with your vision?

نعم
Yes

لا
No

2 هل تلبس نظارات؟

2. Do you wear glasses?

نعم
Yes

لا
No

لو كانت الإجابة بنعم

3 إذا كنت الإجابة بنعم
هل تستطيع أن ترى أفضل

A. To see better at

من بعيد
Distance

من قريب
Near

4 هل معك نظارتك الآن؟

B. Do you have your glasses with you?

نعم
Yes

لا
No

5 هل عندك ألم شديد في عيونك؟

3. Are you having any significant eye pain?

نعم
Yes

لا
No

6 هل حدث لك أي إصابة أو عملية جراحية في العين؟

4. Have you had any recent injury/surgery to your eyes?

نعم
Yes

لا
No

7 هل حدث لك فجأة قصور أو نقصان في البصر؟

5. Have you had a recent sudden decrease in your vision?

نعم
Yes

لا
No

8 هل تأخذ أي أدوية لعيونك؟

6. Do you take any medicine for your eyes?

نعم
Yes

لا
No

9 لو كانت الإجابة بنعم أجب على السؤال

10 هل معك هنا الدواء الآن؟

A. Do you have it here with you?

نعم
Yes

لا
No

11 هل تعرف اسم هذا الدواء أو لما ذات؟

B. Do you know what it is called or for?

نعم
Yes

لا
No

IHA

189781

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LAW ENFORCEMENT SENSITIVE

ACLU RDI CID ROIS 37892

EXHIBIT

PREVIOUS EDITION IS OBSOLETE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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

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

LIMITATIONS

ACTIVITY RESTRICTIONS:

DIET RESTRICTIONS:
OTHER RESTRICTIONS:

None

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

Go

(b)(6)

PROVIDER SIGNATURE AND DATE

04 June 2006

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.

IN 199781 CAMP IHA
NAME
DOB AGE SEX

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

ACLU DDH CID ROIS 37893

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EXHIBIT 6

DETAINEE PERSONNEL RECORD

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

CARD I		1. INTERMENT SERIAL No.(1-15) US9IZ-189781CI	2. NAME (Last, First, M) (AKA) HAMID, ADNAN NAIF		3. RANK (35-37)
4. ENEMY SVC NO. (38-46)		5. TYPE (47)	6. DATE OF CAPTURE (48-53) 2006/05/20		7. DATE OF BIRTH (54-59) 1966/01/01
8. NATIONALITY (60-61) IRAQ	9. EDUCATION (62)	10. RELIGION (63-64) SUNNI-ISLAM	11. MARSTA (65)	12. PW CAMP UIC WYTNAA	13. PW PROCESS DT 2006/06/03
CARD II		14. Sex (14) Male	15. LANGUAGE I (15-16) ARABIC-IRAQ		16. LANGUAGE II (17-18)
17. PHYSICAL CONDITION (19) GOOD		18. PW CAMP LOCATION (20-22)			19. ENEMY UNIT (23-24)
20. ARM OF SVC (35)	21. MOSC (36-39)	22. CIVILLIAN OCCUPATION (40-45)		23. UIC-CAPTURE UNIT (46-51) 2-9 CAV	
24. CORPS AREA OF CAPTURE		25. PLACE OF CAPTURE SALAH AD DIN	26. POWER SERVED IRAQ	27. PLACE OF BIRTH SALAH AD DIN IRAQ	
28. ADDRESS TO WHICH MAIL FOR PW MAY BE SENT				29. FATHER/STEPFATHER	
				30. MOTHER'S MAIDEN NAME	
31. PERMANENT HOME ADDRESS OF PW			32. NAME, ADDRESS, AND RELATIONSHIP OF PERSON TO BE INFORMED OF CAPTURE		
33. OTHER PARTICULARS FROM ID CARD			34. DISTINGUISHING MARKS		
THE ABOVE LIST OF IMPOUNDED ITEMS IS CORRECT					
36. REMARKS 5/20/2006 - ATTACK ON COALITION FORCES /			37. PHOTO		
			Frontal (b)(6)	Right Profile (b)(6)	
38. PREPARED BY (Individual and Unit) (b)(6)			39. SIGNATURE		
40. DATE PREPARED 6/3/2006		41. PLACE			

ACLU DDII CID ROIS 37894

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EXHIBIT 6

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

EXAMINATION(S) REQUESTED

SCREENING Chest X-Ray

AGE/SEX/SSN (sponsor)	WARD/CLINIC	REGISTER NO.
40M 189781	IHA	
FILM NO.		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REQUESTED BY (name)	(b)(6)	TELEPHONE/PAGE NO.
SIGNATURE	(b)(6)	DATE REQUESTED
		07 June 85

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

IN PROCESSING CXR IHA
Hx of OA C-Spine

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
07 June 85		

rad

IDENTIFICATION (For typed or written entries refer to first, middle, Medical Facility)

ESN

189781

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

(b)(6)

CLU DDII CID ROIS 37895

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LAW ENFORCEMENT SENSITIVE

STANDARD FORM 637
EXHIBIT 6

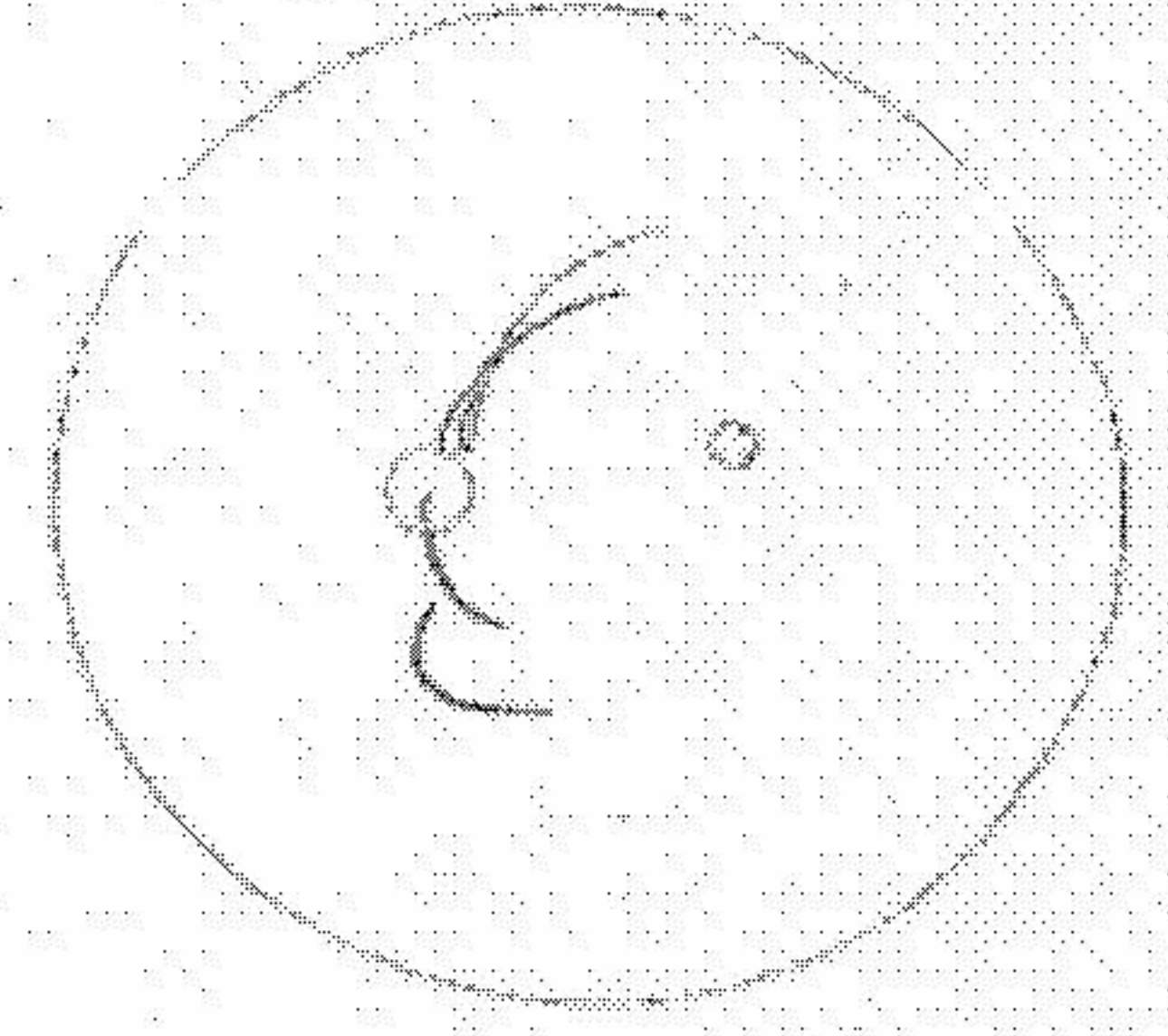
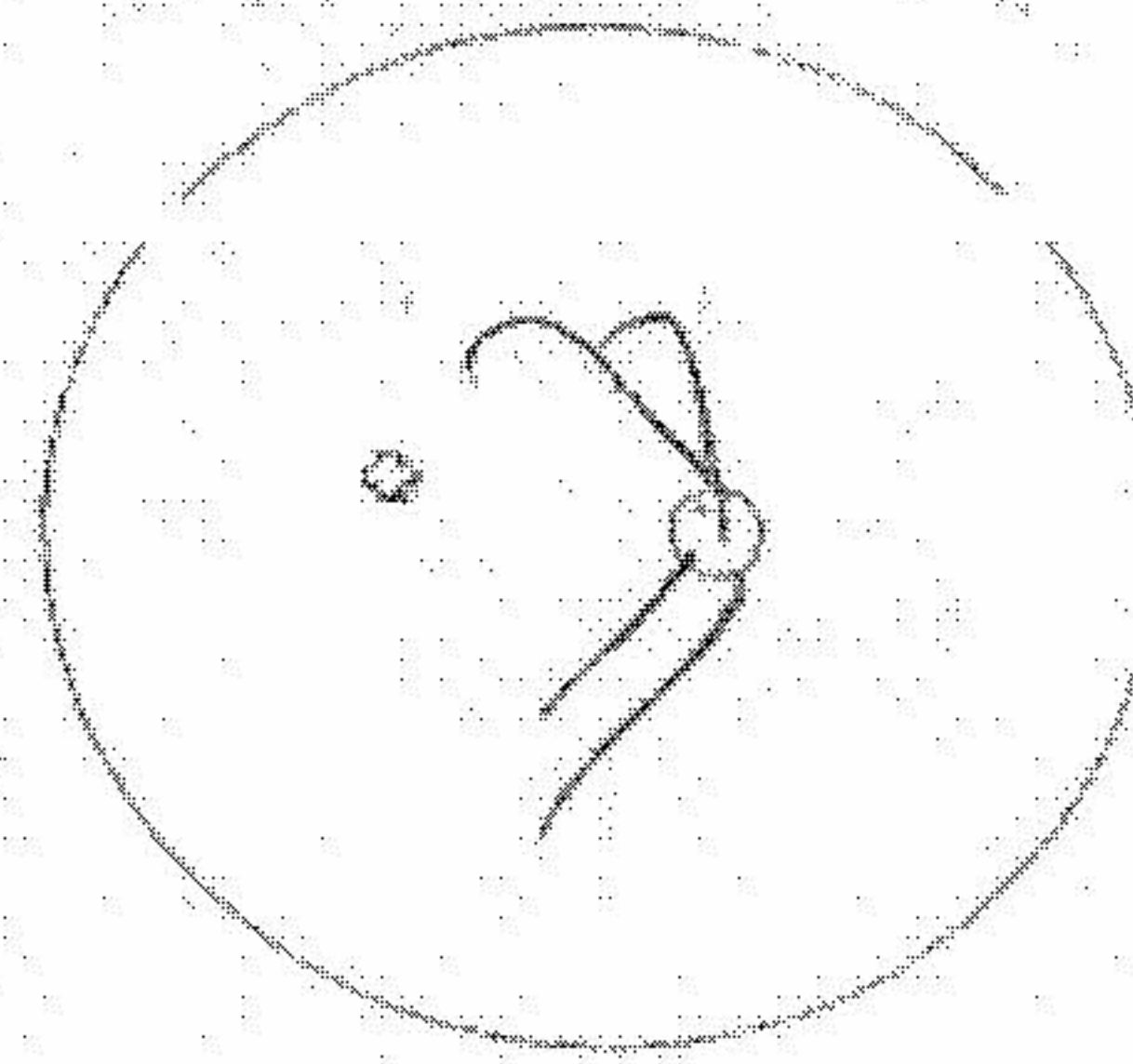
Dilation Meds
 Time: 9:23
 Tech Notes:

1 gtt x OU x
 0.5% Proparacaine
 1 gtt x OU x
 1.0% Tropicamide
 1 gtt x OU x
 2.2% Phenylephrine
 1 gtt x OU x
 1.0% Cyclopentolate

78D
 90D
 Superpupillary Lens
 BIO 30D
 BIO 2.2 Aspheric
 +Mittler
 Gomo

OD POSTERIOR SEGMENT

OS POSTERIOR SEGMENT



OPHTHALMOSCOPY Direct Undilated Dilated

<u>OD</u>		<u>OS</u>
C/D: <u>0.4/0.4</u>	CUP/DISC (H/V)	C/D: <u>0.4/0.4</u>
<input checked="" type="checkbox"/> Distinct	ONH MARGINS	<input checked="" type="checkbox"/> Distinct
<input type="checkbox"/> Present	VENOUS PULSE	<input type="checkbox"/> Present
<input checked="" type="checkbox"/> 2/3	A/V RATIO	<input checked="" type="checkbox"/> 2/3
<input checked="" type="checkbox"/> A/D/H/O	VESSELS	<input checked="" type="checkbox"/> A/D/H/O
<input checked="" type="checkbox"/> Present	FOVEAL REFLEX	<input checked="" type="checkbox"/> Present
<input type="checkbox"/> FLT/CL	MACULA	<input checked="" type="checkbox"/> FLT/CL
<input checked="" type="checkbox"/> (-) Loss	NFL	<input checked="" type="checkbox"/> (-) Loss
<input checked="" type="checkbox"/> (-) CLR	VITREOUS	<input checked="" type="checkbox"/> (-) CLR
<input checked="" type="checkbox"/> (-) H/T/RD	PERIPHERY	<input checked="" type="checkbox"/> (-) H/T/RD
<input type="checkbox"/> Normal	LYMPH NODES	<input type="checkbox"/> Normal
	OTHER	

OD NOTES:

OS NOTES:

A: 1) astigmat os

2) presbyopia

3)

P: 1) Rx SVL - no rx

2)

3)

TPA Med's Rx'd? NO - YES WHAT: _____ (sig): _____ w/# _____ Refills _____

Does patient need to return for F/U visit? NO - YES WHEN: 1 Day / 3-5 Days / 1 Week / 1 Month / 3 Months

(b)(6)

16 FL

2007

(b)(6)

Date

PHYSICIAN CONSULTATION OR RECOMMENDATIONS FOR TREATMENT OF DETAINEE

- Recall for refractive evaluation
- Monitor q _____ Weeks/Months
- Refer to PCP
- Refer to retinal specialist
- Refer to: _____ for treatment of: _____

PREPARED BY (Signature & Title)

DEPARTMENT / SERVICE / CLINIC

DATE

CAMP BUCCA, IRAQ (OPTOMETRY)

IDENTIFICATION

SSN:

UNIT:

NAME:

DA 4700

Are Past Records Available: Yes / No

Were Past Records Reviewed Before Exam: Yes / No

Next Expected Follow-Up

CAMP BUCCA OPT. 15 May 2006

ACLU DDII CID ROIS 37896

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LAW ENFORCEMENT SENSITIVE

Dilation Meds

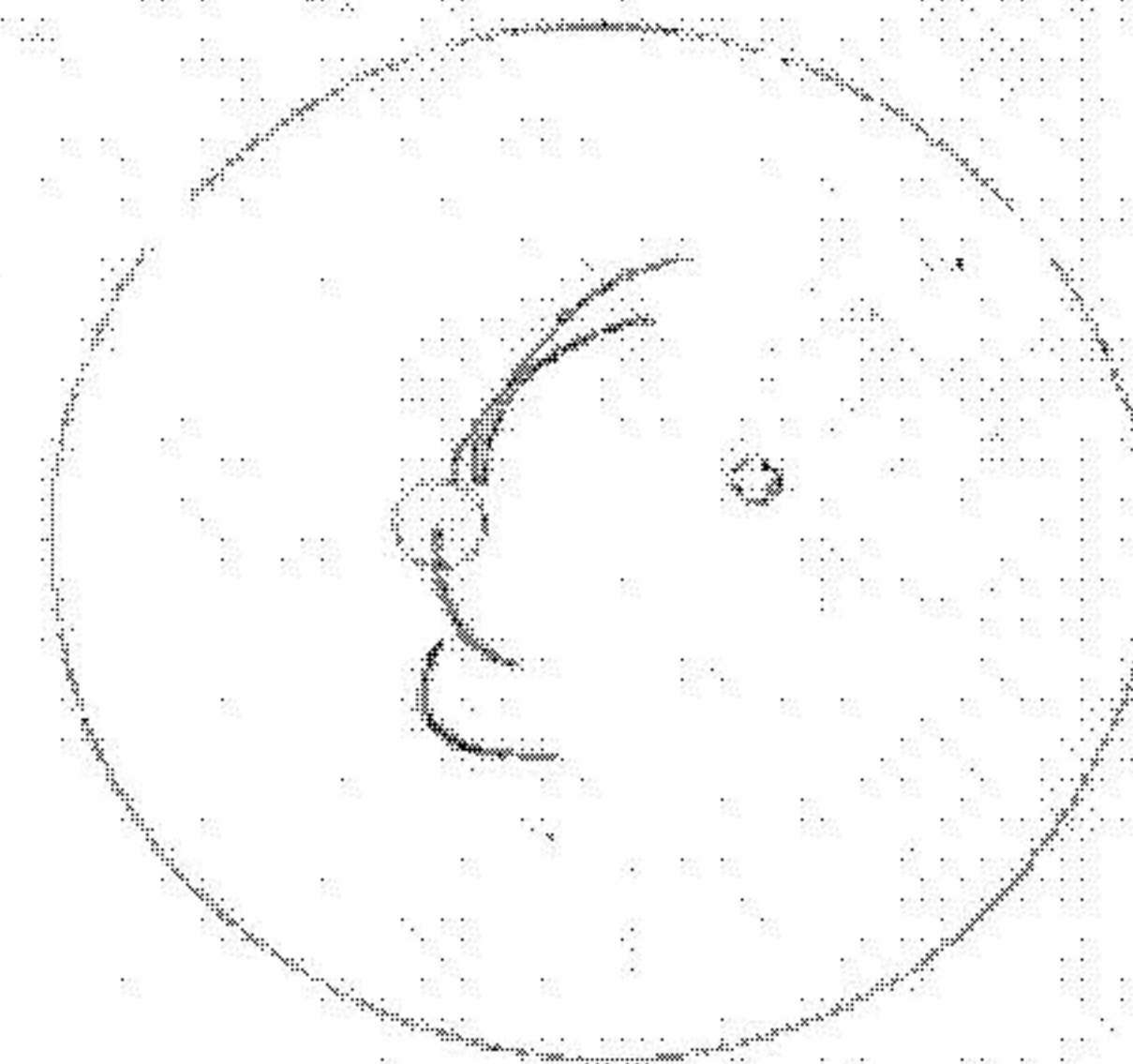
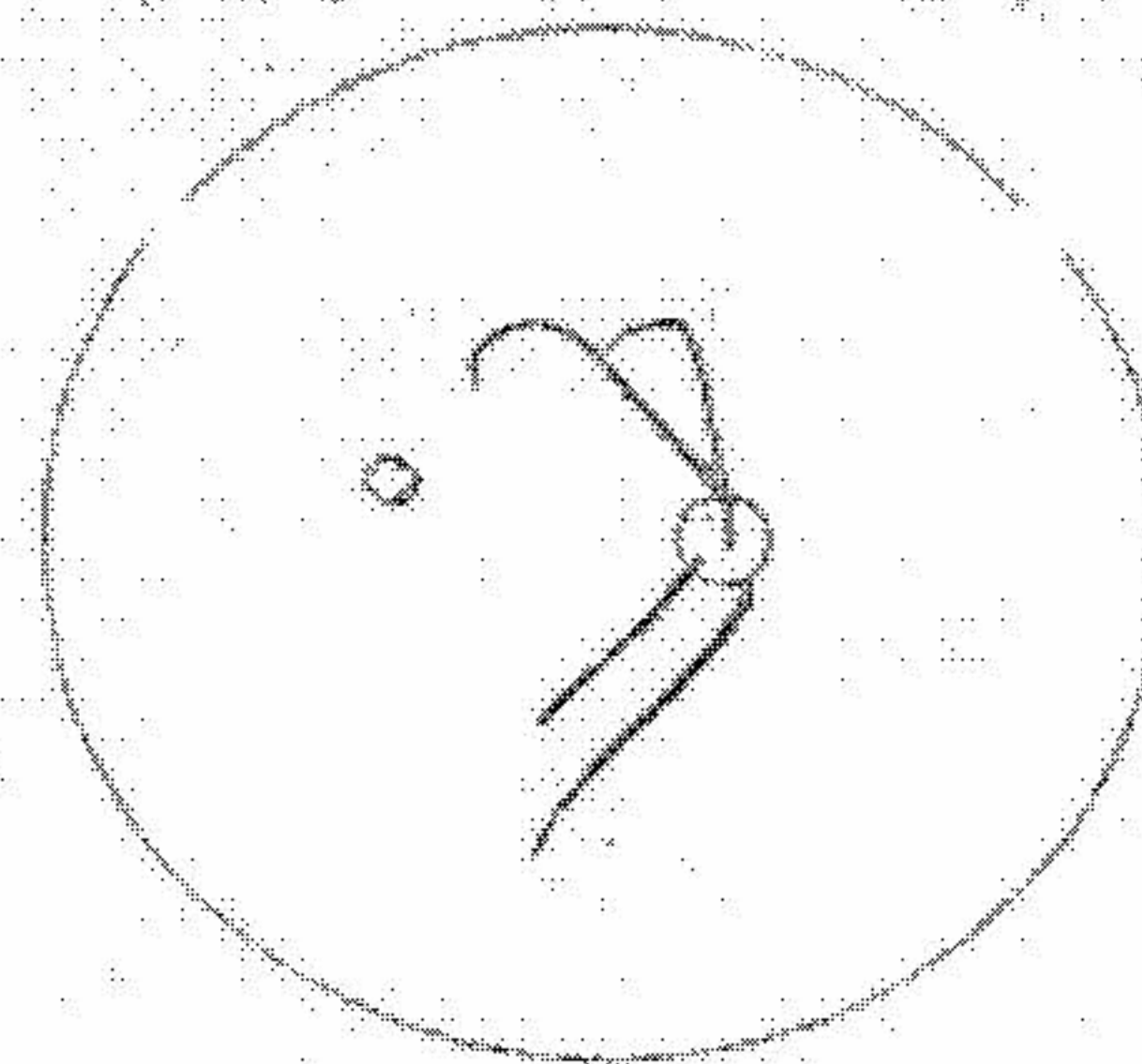
Time: 9:23

Tech Notes

- 1 gtt x OU x
- 0.5% Proparacaine
- 1 gtt x OU x
- 1.0% Tropicamide
- 1 gtt x OU x
- 2.5% Phenylephrine
- 1 gtt x OU x
- 1.0% Cyclopentolate
- 78D
- 90D
- Superpupil Lens
- BIO 20D
- BIO 2.2 Aspheric
- 4-MILLI
- Gonio

OD POSTERIOR SEGMENT

OS POSTERIOR SEGMENT



OPHTHALMOSCOPY Direct Undilated Dilated

OD

OS

C/D: 0.4/0.4

C/D: 0.4/0.4

Distinct

Distinct

Present

Present

2/3

2/3

A0/H0

A0/H0

Present

Present

FLT/CL

FLT/CL

(-) Loss

(-) Loss

(-) CLR

(-) CLR

(-) H/T/ED

(-) H/T/ED

Normal

Normal

CUP/DISC (H/V)

ONH MARGINS

VENOUS PULSE

A/V RATIO

VESSELS

FOVEAL REFLEX

MACULA

NFL

VITREOUS

PERIPHERY

LYMPH NODES

OTHER

OD NOTES:

OS NOTES:

A: 1) astigmat OS

2) presbyopia

3)

P: 1) Rx SVL - no rx

2)

3)

TPA Med's Rx'd? YES WHAT: (sig): w/ # Refills

Does patient need to return for F/U visit? YES WHEN: 1 Day / 3-5 Days / 1 Week / 1 Month / 3 Months

(b)(6)

16 Feb 2007

Date

(b)(6)

PHYSICIAN CONSULTATION OR RECOMMENDATIONS FOR TREATMENT OF DETAINEE

- Recall for refractive evaluation
- Monitor q _____ Weeks/Months
- Refer to PCP
- Refer to retinal specialist
- Refer to: _____ for treatment of: _____

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

DA 4700

CAMP BUCCA OPT. 15 May 2006

ACLU DDII CID ROIS 37897

LAW ENFORCEMENT SENSITIVE

0062-09-CID979-85131

501st Area Support Medical Company Detainee Med. Log,
Camp Bucca Theater Internment Facility

Medlog

Allergies: **NKAH**

ISN: **189781**

Page **1** of **1**
Compound: **8**

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

RX: Med, Dosage, Start and End Dates		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Colace 100mg T po QD x 5 days		AM																															
Provider:		int																															
		PM																															
		int																															

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

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

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

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

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

Medication Compliance: At 3 No-Shows / Refusals
 Verify detainee Compound
 Request detainee to orally port and advise of meds
 Continue med. if detainee agrees to take as directed
 Obtain Provider approval to discontinue all meds but
 C

Initial	Medical / Surgical Hx

Initials	Printed Rank/Name
(b)(6)	

Indicate quantity dispensed in appropriate block

Annotate the following in RED:
 Circle the BOX for missing Meds
 Circle the DATE for Refills
 X- No Shows
 R- Refusal
 F- Fasting
 H- Hospital

ACLU RDI CID ROIS 37898

EXHIBIT 10
LAW ENFORCEMENT SENSITIVE

000186

CANVASS INTERVIEWS

About 1300, 12 May 2009, SA (b)(6), (b)(7)(C) canvass interviewed the following personnel, who provided information pertaining to this investigation, as annotated below.

- Q: Did you know Adnan Naif HAMID?
 Q: Did HAMID express any health concerns?
 Q: Did HAMID take medication?
 Q: Did HAMID have any problems with anyone in the holding cell?

Rank, Name	(b)(6), (b)(7)(C) Detainee
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	
Remarks/ Phone	1. Yes 2 or 3 days only. 2. Yes He had low blood pressure, very weak. 3. Yes, I don't know what he took. 4. No.

Rank, Name	(b)(6), (b)(7)(C) Detainee
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	
Remarks/ Phone	1. Yes 3 days. 2. He was very weak. 3. No. 4. No very quite

Rank, Name	(b)(6), (b)(7)(C) Detainee
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	
Remarks/ Phone	1. 5 Months at Camp BUCCA 2. He had hemorrhoids, he got very weak, pale and yellow. He was sick last 10 days 3. I didn't see any medication. 4. No.

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37899

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. About 3 years at Camp Bucca got very sick about 1 ½ months before coming to Camp Taji. 2. Don't know what his illness is. 3. He had medication in the cell, don't know what it is. 4. No problems. 	

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. About 3 days. 2. He didn't say, but one day he had chest pain went to bathroom and said he lost a lot of blood, he said he had hemorrhoids. 3. His medication was in his room, don't know what kind. 4. No. 	

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. 1 year at Camp Bucca. 2. He never said, but took medication. Was sick 1 month before coming to Camp Taji. Would get sick and feel better a few minutes later. 3. Had medication in his room but don't know what kind. 4. No problems. 	

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37900

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. Only 2 or 3 days. 2. No. but would get pale and look very weak. 3. I saw some but I don't know what kind. 4. No I don't know. 	

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. Don't know. 2. No. The guys from Bucca said this happens to him all the time. 3. No I haven't seen any medication. 4. No. 	

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. 5 or 6 months at Camp Bucca. 2. No, but he looked sick all the time. 3. I didn't see any medication he was taking. 4. No problem with anyone, everyone loves him. 	

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. Only about 2 days. 2. No. but looked sick he would get pale and be fine a few minutes later. 3. Had a box of medication, but not known what kind. 4. No problems. 	

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37901

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)	Detainee
SSN	(b)(6), (b)(7)(C)	
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378	
Sponsor Information		
Remarks/ Phone	<ol style="list-style-type: none"> 1. Only about 2 days. 2. No. but looked sick he would get pale and be fine a few minutes later. 3. Had a box of medication, but not known what kind. 4. No problems. 	

Rank, Name	
SSN	
Unit/Home Address	
Sponsor Information	
Remarks/ Phone	

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37902

EXHIBIT

CANVASS INTERVIEWS

About 1300, 12 May 09, SA (b)(6), (b)(7)(C) canvass interviewed the following personnel, who provided information pertaining to this investigation, as annotated below.

Q: Did you know Adnan Naif HAMID?

Q: Did HAMID express any health concerns?

Q: Did HAMID take medication?

Q: Did HAMID have any problems with anyone in the holding cell?

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Yes, came 3 days ago from Bucca. 2. Difficulty breathing. Hemorrhoids and fell during rec periods. 3. Don't know. 4. Got along with everyone.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Yes, came from Bucca, but I was busy with school. 2. Dizzy and faint. Too sick to deal with any of us. 3. Don't know about medicine. 4. Quiet, simple man. No conflicts.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. At Bucca with him for 3 yrs, but just greeted each other. 2. Saw him faint about 4 times at TFRC and once at Bucca. Hard time breathing. 3. His inhaler was taken away during transfer. 4. No problems with other detainees.

FOUO - LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 37903

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Barely knew, just greetings for two days. 2. Heard he fell on stairs. Pale, looked like lost a lot of blood. Had to get up step to water closet (WC). Left leg would stiffen like a seizure. Couldn't breathe, but easier outside. 3. Medicine taken during transfer. 4. No problems.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainees
Remarks/ Phone	1. Never talked to him. 2. Looked sick, dizzy, fell on way back from rec. Weak getting into WC. 3. Don't know about medicine, seemed weak after medicine taken. 4. Didn't really speak with him, peaceful.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Yes, was sick in Bucca also. 2. Trouble breathing. Condition up and down. Medic checked, but nothing wrong. Asked to go outside in box to breathe better, but cant unless punished. Sick man. 3. Don't know about medicine. 4. Quiet. Good man.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Didn't talk with him personally. 2. Couldn't stand during prayer. Very sick. Hemorrhoids. Didn't seem to have as much trouble breathing in Bucca. Helped him when he fainted. 3. Didn't see inhaler, but two bags of medicine. 4. Slept most of the time. Quiet.

FOUO - LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROIS 37904

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Yes. 2. Came to Taji sick. Fell down when standing. When medics check he is ok. Asked guards to take outside for air and put in box, but cant without punishment. Female medic checked blood pressure and pulse, but then it and breathing was good. Always sick, sleeping, or unconscious. Too weak to stand at prayer. Afraid he would fall while in WC. Didn't hear him talk about being sick. 3. Saw him taking medicine. Had big pile of medicine. 4. Good old man, tried to help him as much as we could.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/ Phone	1. Yes, got here May 9 th with 5 new inmates, but only 4 came to cell because he fainted on arrival and was treated. 2. Seemed like seizure symptoms when left leg and right arm would stiffen. Saw him dizzy, faint, and collapse. Pale. Medic checked blood pressure and pulse but he was fine when checked. Took gloves off angry and in hurry, thought faking. He was always fine during checkups. Hemorrhoids. Couldn't stand at prayer. Made hand signal at night to signal us that he was sick. Told guard but medic check and ok. Anemic. Bled a lot from anus. Fainting spells in WC. 3. Two bags of medicine. 4. Good man, no problems.

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainees - interviewed with Ghalib Fahd ALI
Remarks/ Phone	1. Yes. 2. Fell in library and cell. Lost consciousness. Medics thought bluffing. Weak, Pale, sweaty. Sick from beginning. Late because fainted on arrival, medics treated, but don't listen to us. Very sick. Told him not to join us for prayer. Too weak to eat. Went to hospital. 3. Saw big bag of medicine he took. Didn't see inhaler. 4. Good simple man.

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37905

EXHIBIT

Rank, Name	(b)(6), (b)(7)(C)
SSN	(b)(6), (b)(7)(C)
Unit/Home Address	TIFRC Holding area AK1 cell 12, Camp Taji, Iraq, APO AE 09378
Sponsor Information	Detainee
Remarks/Phone	Interviewed with (b)(6), (b)(7)(C)

~~FOUO - LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID ROIS 37906

EXHIBIT 1

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER:

0097-09-CID259

PAGE 1 OF 1 PAGES

DETAILS

About 1100, 11 May 09, SA (b)(6), (b)(7)(C) received a Request For Assistance from the Taji CID Office to travel to the International Zone (IZ) and collect medical records and take photographs of the remains of Adnan Naif HAMID.

About 1500, 11 May 09, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) photographed the remains and collected the medical documents pertaining to Mr. HAMID.

About 1500, 12 May 09, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) conducted an interview of Dr. (LTC) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Attending Physician, 10th CSH, who related that Mr. HAMID was deceased when he arrived at the hospital. Lifesaving measures were performed to verify his status as deceased. The lifesaving measures were documented in the medical records.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER:

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

ORGANIZATION:

Camp Slayer CID Office, 24th/348th MP Det (CID), Unit#42232, APO AE 09342

DATE:

12 May 09

EXHIBIT:

8

ACLU DDII CID ROIS 37907

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

ROI 09-CID979-85131-5H

Exhibit(s): 11

Page(s): 000230 thru 000244

Referred to:

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

ACLU DDII CID ROIS 37943

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM, SEE AR 40400, THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL IBN SINA HOSPITAL, BAGHDAD, IRAQ				
<i>Instructions - Medical Officer in attendance will:</i> Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.		<i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i>				
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) HAMID, ADNAN NAIF 900-18-9781 Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		2. TIME OF DEATH (Hour-day-month-year) 1004hrs 11 MAY 2009		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
CAUSE OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) CARDIOPULMONARY ARREST				
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		DUE TO (or as a consequence of) (1)				
		(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.				
		b.				
9. DATE 11 MAY 2009		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)		
SECTION B - ADMINISTRATIVE ACTION						
TYPE OF ACTION		HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON						
13. POST ADJUTANT GENERAL NOTIFIED						
14. IMMEDIATE CO OF DECEASED NOTIFIED						
15. INFORMATION OFFICE NOTIFIED						
16. POST MORTUARY OFFICER NOTIFIED						
17. RED CROSS NOTIFIED						
18. OTHER (Specify)						
19.						
SECTION C - RECORD OF AUTOPSY						
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input 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 DDIC CID ROIS 37944

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL		1. DATE (YYYYMMDD) 20090511	2. PAGE 1 OF 1 PAGES		
PRIVACY ACT STATEMENT					
AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).					
PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.					
DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.					
3. TENTATIVELY IDENTIFIED DECEDENT					
a. NAME (Last, First, Middle Initial) (or Unidentified) HAMID, ADNAN, N	b. GRADE	c. SSN 900-18-9781	d. ORGANIZATION TAJI-TIFRC	e. STATUS Deceased	f. DATE OF STATUS (YYYYMMDD) 20090511
4. PLACE OF RECOVERY (Include grid coordinates)			5. DATE OF RECOVERY (YYYYMMDD)	6. EVACUATION NUMBERS a. #1 b. #2	
7. INVENTORY OF EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
1	WRIST IDENTIFICATION BAND				
0	NOTHING FOLLOWS				
8. FUNDS/NEGOTIABLE INSTRUMENTS/OTHER HIGH VALUE ITEMS TRANSMITTED WITH EFFECTS					
a. QUANTITY	b. DESCRIPTION	c. RECEIVED	d. CONDITION	e. DISPOSITION	
0	NOTHING FOLLOWS				
9. EFFECTS INVENTORIED ABOVE REPRESENT (X as appropriate)					
<input type="checkbox"/> ALL KNOWN EFFECTS <input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM UNIT <input type="checkbox"/> ALL KNOWN EFFECTS RECOVERED FROM REMAINS					
10. PREPARING OFFICIAL					
a. NAME (Last, First, Middle Initial) (b)(6)		b. GRADE	c. ORGANIZATION 10TH CSH, TF-BAGHDAD, IRAQ		
d. SIGNATURE (b)(6)				e. DATE SIGNED (YYYYMMDD) 20090511	
11. RECEIVING					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	
12. RECEIVING OFFICIAL					
a. NAME (Last, First, Middle Initial)		b. GRADE	c. ORGANIZATION		
d. SIGNATURE				e. DATE SIGNED (YYYYMMDD)	

ACLU DDIL CID ROIS 37945

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EXHIBIT

BAGHDAD

11 May 2009 1053 Page 1

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

* * * ADMISSION COVER WORKSHEET * * *

Reg No: 0092458 Name: HAMID,ADNAN NAIFFMP/SSN: 20/900-18-978

ADMISSION

Date/Time: 11 May 2009@1004

Source: CRO

MEPRS: XXXA

Sex: MALE

Age: 43

DOB: 02 Jan 1966

Ward:

Patient Category: FRGN NAT POW/INTERNEE

Pay Grade:

Fly Status:

Marital Status: UNKNOWN

Race: OTHER

Duty Zip:

Ethnic: OTHER

Sponsor Name: HAMID,ADNAN NAIF

Religion: MUSLIM

MTF Trans from:

MTF of Initial Adm:

Init Adm Date:

Disposition Date: 11 May 2009@1004

Type of Disposition: ERD

Sponsor Name: HAMID,ADNAN NAIF

Adm Physician: (b)(6)

Adm Diagnosis: CARDIOPULMONARY ARREST

Adm Proc1:

Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

Patient has a Living Will/Advance Directive on file at MTF. Yes ___ No ________
Signature Attending Medical Officer

*** End of Report ***

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ACLU RDI CID ROIS 37946

EXHIBIT

JOINT THEATER TRAUMA NURSING RECORD

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS		TRIAGE CATEGORY		WOUNDED BY		MODE OF ARRIVAL		PATIENT CATEGORY	
Date: <u>11 May 09</u>		<input checked="" type="checkbox"/> Immediate		<input checked="" type="checkbox"/> Unknown		<input type="checkbox"/> Walked		Nation:	
Time of injury: <u>0800</u>		<input type="checkbox"/> Delayed		<input type="checkbox"/> Enemy		<input type="checkbox"/> Carried		<input type="checkbox"/> US	
Time of arrival: <u>0815</u>		<input type="checkbox"/> Minimal		<input type="checkbox"/> Friendly		<input type="checkbox"/> USMC CASEVAC		<input checked="" type="checkbox"/> Host nation	
Transit time: _____		<input type="checkbox"/> Expectant		<input type="checkbox"/> Civ (Host Nation)		<input type="checkbox"/> Non-med Ground		<input type="checkbox"/> Coalition:	
C-spine immob: Y/N		Functional <u>Y</u> Central		<input type="checkbox"/> Training		<input type="checkbox"/> Ground Ambulance		<input type="checkbox"/> Enemy:	
Intubated <u>Y</u>		Cric: <u>Y</u> Needle Decompr: <u>Y</u>		<input type="checkbox"/> Self Accident		<input type="checkbox"/> Non-med Air		Service:	
T: _____ BP: <u>1</u>		HR: <u>90</u> RR: <u>20</u> O ₂ Sat: <u>92%</u>		<input type="checkbox"/> Self Inflicted		<input checked="" type="checkbox"/> Air Ambulance		<input type="checkbox"/> USA	
PAIN: 0 1 2 3 4 5 6 7 8 9 10		GCS: _____		<input type="checkbox"/> Sports Recreation		<input type="checkbox"/> Ship EVAC		<input type="checkbox"/> USN	
Last Tetanus: _____		GCS: _____		<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		<input type="checkbox"/> USMC	
TOURNIQUET		CPR IN PROGRESS		GENDER		PRE-HOSP. WARMING		<input type="checkbox"/> USAF	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> Blanket		<input type="checkbox"/> SOF	
Time on: _____ off: _____		Time started: <u>0815</u>		<input type="checkbox"/> Female		<input type="checkbox"/> Space blanket		<input type="checkbox"/> Civilian	
Type: CAT/ SOFTT/ Other: _____		Time ended: <u>1000</u>				<input type="checkbox"/> Body bag		<input type="checkbox"/> Combatants	
PRE HOSP. MEDS @ (time)						<input type="checkbox"/> Other:		<input type="checkbox"/> Contractor	
<input type="checkbox"/> Morphine _____		<input type="checkbox"/> RSI Meds		<input type="checkbox"/> Antibiotic		<input type="checkbox"/> Other:		<input type="checkbox"/> Media	
<input type="checkbox"/> Fentanyl _____		<input type="checkbox"/> Seizure Med		<input type="checkbox"/> Mannitol		<input type="checkbox"/> Radiant Warmer		<input type="checkbox"/> ING	
CHIEF COMPLAINT		EVAC FROM (Check/circle all that apply)				<input type="checkbox"/> IV bag Warmer		<input type="checkbox"/> IP	
<u>CPR in Progress</u>		<input type="checkbox"/> Field				<input type="checkbox"/> Bair Hugger		<input type="checkbox"/> Non-gov't Org	
		<input checked="" type="checkbox"/> Coalition				<input type="checkbox"/> Pre-arrival		<input checked="" type="checkbox"/> Other: <u>Insurgent</u>	
		USA/ USN/ USAF/ USMC				<input checked="" type="checkbox"/> Other: <u>Blanket</u>		<input type="checkbox"/> ID WRIST BAND ON	
		Init Resp/Fwd Resus Care/Theater Hosp							

PRIMARY SURVEY

AIRWAY	BREATHING	Breath Sounds	CIRCULATION	DEFICIT/NEURO
<input type="checkbox"/> Patent	<input type="checkbox"/> Unlabored	Right Left	Skin:	<input type="checkbox"/> Alert
<input type="checkbox"/> Stridor	<input type="checkbox"/> Labored	<input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Hot	<input type="checkbox"/> Responds to Verbal
<input type="checkbox"/> Drooling	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Rales <input type="checkbox"/>	<input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	<input type="checkbox"/> Responds to Pain
<input type="checkbox"/> Obstructed	<input type="checkbox"/> Retraction	<input type="checkbox"/> Wheeze <input type="checkbox"/>	<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph	<input checked="" type="checkbox"/> Unresponsive
<input type="checkbox"/> Oral/Nasal Airway	<input type="checkbox"/> Flaring	<input type="checkbox"/> Absent <input type="checkbox"/>	Heart Sounds:	GCS: <u>4</u>
<input type="checkbox"/> BVM	Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated		<input type="checkbox"/> Clear <input type="checkbox"/> Muffled <u>absent</u>	Eyes <u>4</u> Verbal <u>5</u>
<input type="checkbox"/> Combi Tube	Chest Symmetry: (circle one)		Capillary Refill:	Motor <u>6</u> Total <u>15</u>
<input checked="" type="checkbox"/> Intubated	Left > <u>Equal</u> < Right		<input type="checkbox"/> <2 seconds (normal)	Sphincter Tone:
<input type="checkbox"/> Other: _____			<input type="checkbox"/> >2 seconds (delayed)	<input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None

SECONDARY SURVEY

HEAD/NECK/EENT	HEART/THORACIC	ABDOMINAL/GU	EXTREMITIES
Drainage:	Rhythm:	<input type="checkbox"/> Flat	Fracture/Dislocation:
Nose (color): _____	<input type="checkbox"/> NSR (tachy/brady)	<input type="checkbox"/> Distended	<input type="checkbox"/> RUE <input type="checkbox"/> RLE
CSF: + / -	<input type="checkbox"/> V-fib/tach	<input type="checkbox"/> Obese	<input type="checkbox"/> LUE <input type="checkbox"/> LLE
Eyes: Equal <u>R/L</u>	<input type="checkbox"/> PEA	<input type="checkbox"/> Non-tender	<u>unable to assess</u>
Fixed <u>R/L</u>	<input checked="" type="checkbox"/> Asystole	<input type="checkbox"/> Tender	Motor Sens ROM
Reactive R/L	<input type="checkbox"/> Other	<input type="checkbox"/> Rigid	RUE + / - + / - + / -
Dilated R/L	Pulses:	<input type="checkbox"/> Guarding	LUE + / - + / - + / -
Other: _____	S = Strong D = Doppler	<input type="checkbox"/> Rebound	RLE + / - + / - + / -
C-Spine Tender:	W = Weak A = Absent	Tenderness	LLE + / - + / - + / -
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carotid <u>A</u> R <u>A</u> L	<input checked="" type="checkbox"/> Unable to Assess	LOG ROLL TIME:
Dental Injury:	Femoral <u>A</u> R <u>A</u> L	<input type="checkbox"/> Open Wound	<input type="checkbox"/> WNL
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brachial <u>A</u> R <u>A</u> L	FAST DONE: POS / NEG / NA	<input type="checkbox"/> ABNL (describe)
Tympanic Membrane:	Radial <u>A</u> R <u>A</u> L	Last Meal @ _____	
Clear R L	Pedal <u>A</u> R <u>A</u> L		
Blood R L	JVD Distension: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Flail <u>R</u> <u>L</u>		

PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS
Name/Rank: _____	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
SSN/ID #: _____	<input type="checkbox"/> NKDA	<input type="checkbox"/> None	<input type="checkbox"/> None
DC: _____	<input type="checkbox"/> PCN	<input type="checkbox"/> Respiratory hx	<input type="checkbox"/> List Current Meds:
De: <u>102-00-2975</u>	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Seizure hx	_____
MT: _____	<input type="checkbox"/> Morphine	<input type="checkbox"/> Cardiac hx	_____
	<input type="checkbox"/> Codeine	<input type="checkbox"/> HTN	_____
	<input type="checkbox"/> ASA	<input type="checkbox"/> DM	_____
	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ulcers	_____
		<input type="checkbox"/> Other: _____	_____

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EXHIBIT 11

LAW ENFORCEMENT SENSITIVE

JOINT THEATER TRAUMA NURSING RECORD

IV FLUIDS						NOTES
TIME	FLUID	RATE	START	STOP	VOLUME	
						pt of unknown age arrived at 0955 CPR in progress since 0914 from previous facility CPR continued, Combitube intact resistance slight to equal rise and fall of chest, placed on 15L on Ambul-bag providing 2 breathes every 30 compressions. No activity detected upon echo, no palpible

BLOOD PRODUCTS						NOTES
UNIT #	TYPE	START	STOP	INITIAL	VOLUME	
						pulses, round of Epi and atropine administered. PEA present on monitor, pulse ox unable to detect on 3 different monitors. 2nd round of epi and atropine administered. Calcium chloride given. Echo showed no movement, monitor asystole. code called @ 1004 by (b)(6)

MEDICATIONS				
DRUG	DOSE	ROUTE	TIME	INITIAL
Atropine	1mg	Central line	0958	(b)(6)
Epi	1mg	Central line	0958	
Atropine	1mg	Central line	1000	
Epi	1mg	Central line	1000	
Calcium Chloride	1gram	Central	1002	

VITAL SIGNS							INTUBATION MECH/VENT		
TIME	SBP	DBP	HR	RR	TEMP	SAO2	RHYTHM	TIME:	
0958			Ø	Ø		50		PTA	
0959			Ø	Ø		48			
1000			Ø	Ø		Ø			

DEATH INFORMATION
 Time of Death: ~~1000~~
 Mortuary Affairs Notified? 1004
 Yes No
 Time to Morgue: _____
 Rmks: Cardiorespiratory arrest

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

None found
 Secured by PAD
 Given to Patient
 Time: arrival

PATIENT IDENTIFICATION		
Name:	SSN	Nurse Name:
Trauma No.:		Signature:

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 LAW ENFORCEMENT SENSITIVE

EXHIBIT 11

MEDICAL RECORD - PROVIDER ORDERS

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

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

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)</small>				
	LABS: CBC CHEM7 PT INR PTT VBG/ABG				
	CHEM10 CHEM20 LFT LIPASE				
	CK CKMB TRPN LDH MYOGLOBIN DDIMER				
	OTHER:				
	PLAIN FILM RADIOLOGY: CXR Supine CXR Upright Cspine Ant/Lat PELVIS				
	LLE RLE LUE RUE				
	Other plain film:				
	CT: HEAD CSPINE ABD/PELVIS CHEST				
	Other CT:				
	Other radiology:				
	MEDICATION(Dose):				
	FENTANYL 50-250 micrograms PRN for pain				
	MORPHINE _____ milligrams				
	ETOMIDATE _____ milligrams				
	SUCCINYLCHOLINE: _____ milligrams (.1 mg/kg)				
	KETAMINE _____ milligrams				
	VERURONIUM _____ milligrams (.1 mg/kg)				
	VERSED 1-5 milligrams PRN for pain an sedation				
	ANCEF 1 2 grams (circle one)				
	GENTAMYCIN _____ milligrams				
	UNASYN 3.0 grams				
	ROCEPHIN _____ grams				
	TETANUS: 5 mL				
	Other: Atropine 1 ampule / 1mg X2 IV Calcium Chloride 1 ampule / 1gram Epinephrine 1 ampule / 1mg X2 IV				
	Blood products _____ code ted (number ordered) Platelets: 6 pack				
PATIENT IDENTIFICATION <small>(For typed or written entries note: Name - last, first, middle initial; grade; DOB; hospital or medical facility)</small> 102-00-2975	Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages. Diagnosis: _____ Height: _____ Weight (lbs): _____ Diet: _____ Allergies: _____ <table border="1"> <tr> <td>Nursing Unit</td> <td>Room No.</td> <td>Bed No.</td> <td>Page No.</td> </tr> </table>	Nursing Unit	Room No.	Bed No.	Page No.
Nursing Unit	Room No.	Bed No.	Page No.		

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

0800 PATIENT ABITATED + ATTEMPS TO LEAVE NC @ ISC HIGH FLOW O2, REQ MED FOR ABITATION

VS: BP 78/44, P 134 R 34 T 97, 80% O2

0815 REQUESTED ATIVAN FROM (b)(6), ORDERS Zung ATIVAN IV PUSH NOW. CHANGED TO NIV

LEBREATHER MASK, IV @ (L) AC PATENT, STARTS IV 0.990 NC CONT, ATIVAN Zung IV PUSH GIVEN,

VS: 78/48, P 138, 40 T 96, 78% O2, PATIENT c + ABITATION CONTIN. VS 76/42, P 131, R 44

T 96, O2 70%, (b)(6) RESULT D'S EVACTO ST

0830 PATIENT c + ABITATION IV LOST, BLEEDING CONTINUED, ATTEMPT 2ND IV X 6 UNABLE TO

OBTAIN IV 2° THRESHOLD, ATTEMPTS TO MOVE TO FLOOR, (b)(6) ONSITE c ADDL ATIVAN ORDER (b)(6)

0900 PATIENT MOVED TO FLOOR c ASST OF (b)(6) W PLACED, Zung ATIVAN GIVEN, PT LOOSES AIRWAY

HOSPITAL OR MEDICAL FACILITY TAJI TIFRC STATUS INPATIENT DEPART./SERVICE RECORDS MAINTAINED AT TAJI TIFRC 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. 189781 (b)(6)

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record ACLU DDII CID ROIS 37950

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STANDARD FORM 600 (REV. 8-97) Prescribed by GSA/ICMR FIRM (41 CFR) 201.9 202-1

EXHIBIT 11

USP LVN

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER 11 MAY 09
-----------------------	--	---

TEST RESULTS												
CBC	WBC	SMAC					ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
	H/H						SUP O2	PH	PO2	RESULTS		
	PLT						PCO2	SAT	OTHER			
PT			DIP	EKG INTERPRETATION								
APTT	BHCG	ETOH	GLU				U/A	MICRO				

PROVIDER HISTORY/PHYSICAL

Pt arrived CPR in progress from Taj's medic reports CPR in progress from time of pickup note state pt arrived to and station hypotensive hypoxic agitated - lost airway @ 0900. on arrival airway confirmed - combi tube in place - good breath sounds, & heart sounds, asystole on bedside US. Epi & atropine x 2 call. CPR, IV, PEA momentarily & then asystole - confirmed 2 leads. resuscitative efforts terminated @ 1004. Pt is asystole on monitor, US, pupils fixed & dilated

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
<p style="font-size: 2em; font-family: cursive;">cardiopulmonary arrest</p>			(b)(6)
			CODES

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

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

102-00-2975

ACLU DDII CID ROIS 37951

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LAW ENFORCEMENT SENSITIVE**

EXHIBIT 11

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-86; the proponent agency is the Office of The Surgeon General

REPORT TITLE ICW INITIAL ASSESSMENT OTSG APPROVED (Date)

Date: 11 MAR 09 Time of Admission: 0715 Age: (CIRCLE ALL THAT APPLY)
T: 97.8 P: 112 R: 24 B/P: O2 Sat: 96% Height: Weight:

1. NEUROLOGICAL

LOC: Alert & Oriented Person Place Time Facial symmetry (R) droop (L) droop GCS 1-15
Responds to: Verbal Tactile Painful Unresponsive Communicates needs:
Pupil size: (R) 2 mm (L) 2 mm Scleredema
Reaction to light: Brisk Sluggish Non-reactive

2. Cardiovascular

Tachycardia Bradycardia Arrhythmia: Ectopy on Monitor:
Heart Sounds: Normal S1-S2 Irregular Distant Abnormal S3-S4 Murmur Gallop Click Rub Pacemaker: (type)
Pulses: 0 (absent) 1+ (thready) 2+ (weak) 3+ (normal) 4+ (bounding) JVD Carotid Bruits/Thrills
Edema: 0 (none) 1+ (trace) 2+ (moderate) 3+ (deep) 4+ (very deep) Location: Pitting / Non Pitting
Cap Refill < 3 sec R Upper R Lower L Upper L Lower
Mucous membranes: Pink Pale Cyanotic

3. PULMONARY

Symmetrical Movement Regular Rate/Depth Accessory muscle use O2: Liters via NC Mask NRB
Shortness of breath Orthopnea Dyspnea Night Sweats Tracheotomy: Size Type Trach Mask
Cough: None Non-productive Sputum: Clear White Yellow Green Hemoptysis PE confirmed
Lungs: CTA Bilaterally Wheezes Rhonchi Rales Location: RUL RML RLL LUL LLL

4. G.I.

Abdomen: Flat Round Distended Soft Firm Rigid Non-tender Tender Painful Guarding Present
Bowel Sounds Absent Hypoactive Normoactive Hyperactive Location: (quadrants) RUQ RLQ LUQ LLQ
Flatus Heartburn Hemorrhoids Rectal Bleeding LBM: Colostomy: Location Appearance:
Stool (describe): G-Tube NGT OG Suction Placement Verified via Air Bolus Residuals
Oral mucosa: Moist No Lesions Lesions Leukoplakia Appetite: Normal Decreased Diet: Regular Clears NPO Special
Swallow and Gag Intact Absent Nausea Emesis (describe): Tube Feeding: Type Rate

5. G.U.

Voids Urinal BR Incontinent Foley: Size Suprapubic Dysuria Retention Urgency Frequency Nocturia
Urine: Clear Concentrated Cloudy Yellow Amber Tea Colored Blood Tinged Sediment
Vaginal/Penile Lesions: Urethral Discharge: Breast/Testicular Lumps

6. MUSCULOSKELETAL

Normal muscle development and mass for age No deformities
Amputations: BKA AKA Finger Toe: Arm Right Left Weakness: Paralysis:
Ambulatory Gait Steady Unable Assistive Devices:
Joints: Stiffness Swelling Tender Painful with ROM Hx of DVT
Muscle Strength: R Upper R Lower L Upper L Lower
0 (no movement) 2+ (moves but NOT against gravity) 4+ (moves against resistance)
1+ (trace movement) 3+ (moves against gravity) 5+ (normal strength)

7. INTEGUMENTARY

Color: Pink Pale Flushed Cyanotic Jaundiced Mottled IV: Size Location:
Dry Moist Diaphoretic Warm Cool Turgor: Good Fair Poor Dressing: Location Type
Redness: Location: Rash: Location: Abrasions: Location: Burns: Location:
Laceration: Location: Inflammation: Location: Decubitis: Location: Ulcer: Location:

PREPARED BY (Signature & Title) DEPARTMENT/ SERVICE/ CLINIC DATE (yyyymmdd)
31st Combat Support Hospital DCCS

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, First, Middle); Grade; Date; Hospital or Medical Facility)

PSUEDO ISN: 189781 ISN:

LOCATION: () ICU () ICW BED # AGE

() HISTORY / PHYSICAL () FLOW CHART
() OTHER EXAMINATION (X) OTHER (specify)
() DIAGNOSTIC STUDIES ICW Initial Assessment
() TREATMENT

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EXHIBIT 11
000238

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0715	
0800	81% 15L NBM
0805	15L NBR 98%
	98
	diaphoretic
0830	2mg
	78/44 Manually
0914	CPR STARTED
0915	2mg Admin
0915	4mg Verexol NIVM IV INTUB @ 0920
0919	Shock administered
0921	Epi 1mg 1/100
0922	Second Shock admin. + 3rd shock
0922	1 liter @ EJV site

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.)

20/900-18-9781	REGISTER NO.	WARD NO.
----------------	--------------	----------

JOINT THEATER TRAUMA NURSING RECORD				
(All shaded areas mandatory for Joint Theater Trauma Registry data collection)				
ARRIVAL STATUS		TRIAGE CATEGORY		PATIENT CATEGORY
Date: <u>11 May 09</u>		<input checked="" type="checkbox"/> Immediate		Nation:
Time of injury: <u>0</u>		<input type="checkbox"/> Delayed		<input type="checkbox"/> US
Time of arrival: <u>0157</u>		<input type="checkbox"/> Minimal		<input checked="" type="checkbox"/> Host nation
Transit time:		<input type="checkbox"/> Expectant		<input type="checkbox"/> Coalition:
C-spine immob: Y/N		Functional IV: <u>Central</u>		<input type="checkbox"/> Enemy:
Intubated: <u>Y/N</u>		Cric: <u>Y/N</u> Needle Decompr: <u>Y/N</u>		Service:
T: _____ BP: <u>1</u>		HR: <u>8</u> RR: <u>8</u> O ₂ Sat: <u>63%</u>		<input type="checkbox"/> USA
PAIN: 0 1 2 3 4 5 6 7 8 9 10		<input type="checkbox"/> Training		<input type="checkbox"/> USN
Last Tetanus:		<input type="checkbox"/> Self Accident		<input type="checkbox"/> USMC
GCS:		<input type="checkbox"/> Self Inflicted		<input type="checkbox"/> USAF
TOURNIQUET		CPR IN PROGRESS		<input type="checkbox"/> SOF
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Civilian
Time on: _____ off: _____		Time started: <u>0944</u>		<input type="checkbox"/> Combatants
Type: CAT/ SOFTT/ Other:		Time ended: <u>1004</u>		<input type="checkbox"/> Contractor
PRE HOSP. MEDS @ (time)		GENDER		<input type="checkbox"/> Media
<input type="checkbox"/> Morphine _____		<input checked="" type="checkbox"/> Male		<input type="checkbox"/> ING
<input type="checkbox"/> RSI Meds		<input type="checkbox"/> Female		<input type="checkbox"/> IP
<input type="checkbox"/> Antibiotic		PRE-HOSP. WARMING		<input type="checkbox"/> Non-gov't Org
<input type="checkbox"/> Other:		<input checked="" type="checkbox"/> Blanket		<input checked="" type="checkbox"/> Other: <u>Insurgent</u>
<input type="checkbox"/> Fentanyl		<input type="checkbox"/> Space blanket		<input type="checkbox"/> ID WRIST BAND ON
<input type="checkbox"/> Seizure Med		<input type="checkbox"/> Body bag		
<input type="checkbox"/> Mannitol		<input type="checkbox"/> Other:		
CHIEF COMPLAINT		EVAC FROM (Check/circle all that apply)		HOSP. WARMING
<u>CPR in Progress</u>		<input type="checkbox"/> Field		<input type="checkbox"/> Radiant Warmer
		<input checked="" type="checkbox"/> Coalition		<input type="checkbox"/> IV bag Warmer
		USA/ USN/ USAF/ USMC		<input type="checkbox"/> Bair Hugger
		Init Resp/Fwd Resus Care/Theater Hosp		<input type="checkbox"/> Pre-arrival
				<input checked="" type="checkbox"/> Other: <u>Blanket</u>
PRIMARY SURVEY				
AIRWAY	BREATHING	Breath Sounds	CIRCULATION	DEFICIT/NEURO
<input type="checkbox"/> Patent	<input type="checkbox"/> Unlabored	Right Left	Skin:	<input type="checkbox"/> Alert
<input type="checkbox"/> Stridor	<input type="checkbox"/> Labored	<input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Hot	<input type="checkbox"/> Responds to Verbal
<input type="checkbox"/> Drooling	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Rales <input type="checkbox"/>	<input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic	<input type="checkbox"/> Responds to Pain
<input type="checkbox"/> Obstructed	<input type="checkbox"/> Retraction	<input type="checkbox"/> Wheeze <input type="checkbox"/>	<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph	<input checked="" type="checkbox"/> Unresponsive
<input type="checkbox"/> Oral/Nasal Airway	<input type="checkbox"/> Flaring	<input type="checkbox"/> Absent <input type="checkbox"/>	Heart Sounds:	GCS: <u>0</u>
<input type="checkbox"/> BVM	Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated		<input type="checkbox"/> Clear <input type="checkbox"/> Muffled <u>absent</u>	Eyes <u>4</u> Verbal <u>5</u>
<input type="checkbox"/> Combi Tube	Chest Symmetry: (circle one)		Capillary Refill:	Motor <u>6</u> Total <u>15</u>
<input checked="" type="checkbox"/> Intubated	Left > <u>Equal</u> < Right		<input type="checkbox"/> <2 seconds (normal)	Sphincter Tone:
<input type="checkbox"/> Other:			<input type="checkbox"/> >2 seconds (delayed)	<input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None
SECONDARY SURVEY				
HEAD/NECK/EENT	HEART/THORACIC	ABDOMINAL/GU	EXTREMITIES	
Drainage:	Rhythm:	<input type="checkbox"/> Flat	Fracture/Dislocation:	
Nose (color): _____	<input type="checkbox"/> NSR (tachy/brady)	<input type="checkbox"/> Distended	<input type="checkbox"/> RUE <input type="checkbox"/> RLE	
CSF: + / -	<input type="checkbox"/> V-fib/tach	<input type="checkbox"/> Obese	<input type="checkbox"/> LUE <input type="checkbox"/> LLE	<u>unable to assess</u>
Eyes: Equal <u>R/L</u>	<input type="checkbox"/> PEA	<input type="checkbox"/> Non-tender	Motor Sens ROM	
Fixed <u>R/L</u>	<input checked="" type="checkbox"/> Asystole	<input type="checkbox"/> Tender	RUE + / - + / - + / -	
Reactive R/L	<input type="checkbox"/> Other	<input type="checkbox"/> Rigid	LUE + / - + / - + / -	
Dilated R/L	Pulses:	<input type="checkbox"/> Guarding	RLE + / - + / - + / -	
Other: _____	S = Strong D = Doppler	<input type="checkbox"/> Rebound	LLE + / - + / - + / -	
C-Spine Tender:	W = Weak A = Absent	<input type="checkbox"/> Tenderness		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carotid <u>A</u> R <u>A</u> L	<input checked="" type="checkbox"/> Unable to Assess		
Dental Injury:	Femoral <u>A</u> R <u>A</u> L	<input type="checkbox"/> Open Wound		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brachial <u>A</u> R <u>A</u> L			
Tympanic Membrane:	Radial <u>A</u> R <u>A</u> L	FAST DONE: POS / NEG / NA		
Clear R L	Pedal <u>A</u> R <u>A</u> L	Last Meal @ _____		
Blood R L	JVD Distension: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	Flail <u>R</u> <u>L</u>			
PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS	
Name/Rank:	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	
SSN/Ident #:	<input type="checkbox"/> NKDA	<input type="checkbox"/> None	<input type="checkbox"/> None	
DC:	<input type="checkbox"/> PCN	<input type="checkbox"/> Respiratory hx	<input type="checkbox"/> List Current Meds:	
De <u>102-00-2975</u>	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Seizure hx		
MT:	<input type="checkbox"/> Morphine	<input type="checkbox"/> Cardiac hx		
	<input type="checkbox"/> Codeine	<input type="checkbox"/> HTN		
	<input type="checkbox"/> ASA	<input type="checkbox"/> DM		
	<input type="checkbox"/> Other:	<input type="checkbox"/> Ulcers		

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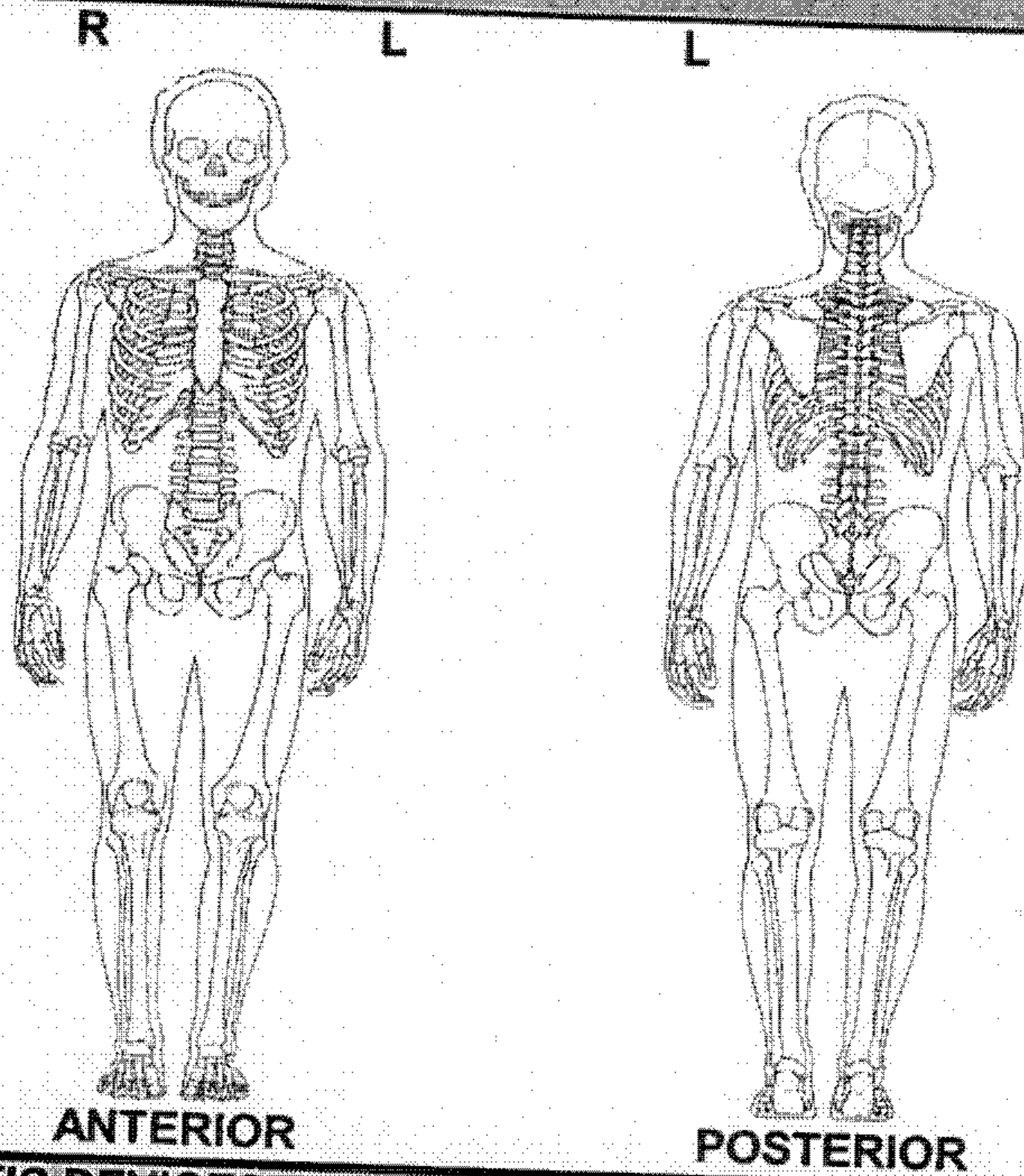
LAW ENFORCEMENT SENSITIVE

EXHIBIT 11

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

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



- MECHANISM OF INJURY
- Assault/Fight
 - Biological
 - Blast/Explosion
 - Blunt Trauma
 - Bomb
 - Bldg Colapse
 - Burn
 - Chemical
 - Crush
 - Drowning
 - Fall
 - Flying Debris
 - Grenade
 - GSW/Bullet
 - Helo Crash
 - Other *CR*
 - Hot Obj/Liquid
 - IED
 - Knife/Edge
 - Landmine
 - Machinery
 - Mortar
 - Multi-frag
 - MVC
 - Plane Crash
 - Rad/Nuclear
 - Single Frag
 - UXO
- Burn: 1st 2nc 3rd
 %TBSA = ___ Cause

PRE-HOSPITAL HEMOSTATIC DEVICES:

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

PROTECTIVE GEAR

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

TIME	PROCEDURE	SIZE/TYPER	SITE	BY	RESULTS	X-RAY	CT
<i>Amt with</i>	ET Intubation (Adnl changes in Notes)	Teeth _____	<input type="checkbox"/> oral <input type="checkbox"/> nasal		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int. <input type="checkbox"/> Verified _____ Suction Y N	TIME TYPE	TIME TYPE
	Gastric Tube		<input type="checkbox"/> oral <input type="checkbox"/> nasal		Heme Dip +/- Results _____ cc	Chest	Head
	Urinary	Amt _____ Color _____	<input type="checkbox"/> meatus <input type="checkbox"/> supra.		Air Blood	Abdom.	Chest
	Chest tube #1		L R		Air Blood	C-spine	Abdom.
	Chest tube #2		L R			Pelvis	Pelvis
	A-line		L R			Extrem.	
	Thoracotomy		L R				
	Tourniquet	Type: _____ Site: _____				O2 on: _____ O2 off: _____	Nasal cannula <input type="checkbox"/> NRB Mask <input type="checkbox"/> BVM <input checked="" type="checkbox"/>

LABS (others in Notes)

Intravenous Access

Time	Test	Time	Test	Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
	CBC		T & S	<i>PTA</i>	<i>1</i>	<i>10</i>	<i>NS</i>	<i>(R)IS</i>	<i>1000</i>	<i>200</i>
	ABG		T & C x							
	Chemistry		UA							
	PT/PTT		HCG							
	TEG		Other							

PATIENT IDENTIFICATION

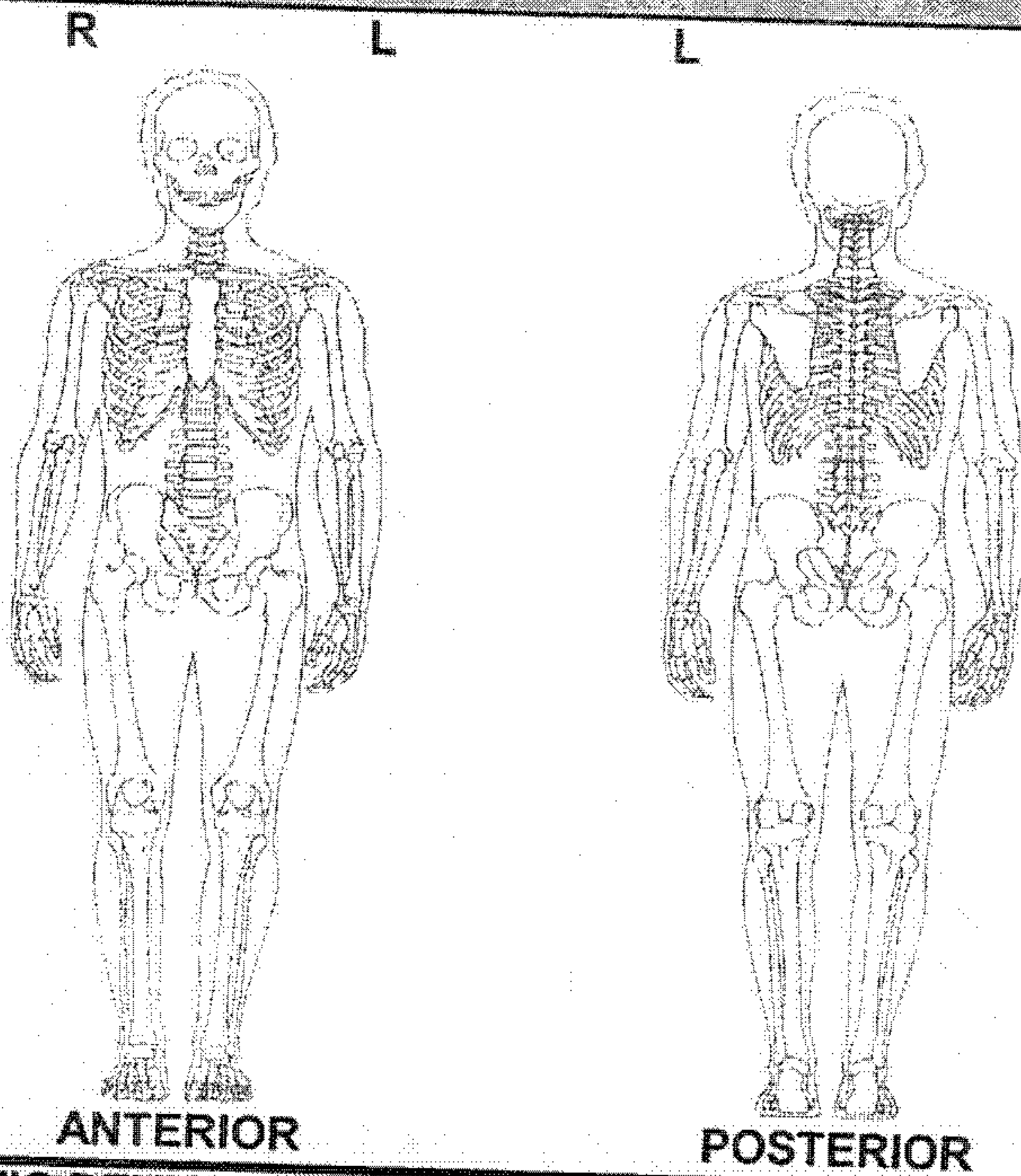
Name: (Last/First/Rank) _____ DOB: (ddmmyy) _____ Age _____
 Patient ID./SSN: _____ Deployed Unit _____
 ASD(HA) September 05 10th CSH, Baghdad, Iraq Subject to the Privacy Act of 1974 **ACLUDDII CID ROIS 37957** Page 2 of 3

amt to cond +

JOINT THEATER TRAUMA NURSING RECORD

SECONDARY SURVEY

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



MECHANISM OF INJURY

- Assault/Fight
 - Biological
 - Blast/Explosion
 - Blunt Trauma
 - Bomb
 - Bldg Colapse
 - Burn
 - Chemical
 - Crush
 - Drowning
 - Fall
 - Flying Debris
 - Grenade
 - GSW/Bullet
 - Helo Crash
 - Other: *CR*
 - Hot Obj/Liquid
 - IED
 - Knife/Edge
 - Landmine
 - Machinery
 - Mortar
 - Multi-frag
 - MVC
 - Plane Crash
 - Rad/Nuclear
 - Single Frag
 - UXO
- Burn: 1st 2nc 3rd
 %TBSA = ___ Cause

PRE-HOSPITAL HEMOSTATIC DEVICES:

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

PROTECTIVE GEAR

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

TIME	PROCEDURE	SIZE/TYPE	SITE	BY	RESULTS	X-RAY	CT
<i>Amnd with</i>	ET Intubation (Adnl changes in Notes)	Teeth	<input type="checkbox"/> oral <input type="checkbox"/> nasal		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int. <input type="checkbox"/> Verified Suction Y N	TIME	TYPE
	Gastric Tube		<input type="checkbox"/> oral <input type="checkbox"/> nasal		Heme Dip + / - Results cc	Chest	Head
	Urinary	Amt Color	<input type="checkbox"/> meatus <input type="checkbox"/> supra.		Air	Abdom.	Chest
	Chest tube #1		L R		Air	C-spine	Abdom.
	Chest tube #2		L R		Blood	Pelvis	Pelvis
	A-line		L R			Extrem.	
	Thoracotomy		L R			O2 on:	O2 off:
	Tourniquet	Type:	Site:			Nasal cannula <input type="checkbox"/>	NRB Mask <input type="checkbox"/>
						BVM <input checked="" type="checkbox"/>	

LABS (others in Notes)

Time	Test	Time	Test	Time #	Gauge	IVF Type	Site	Amt Up	Amt In
	CBC		T & S	<i>PTA 1</i>	<i>10</i>	<i>NS</i>	<i>(R) J</i>	<i>1000</i>	<i>200</i>
	ABG		T & C x						
	Chemistry		UA						
	PT/PTT		HCG						
	TEG		Other						

PATIENT IDENTIFICATION

Name: (Last/First/Rank) _____ DOB: (ddmmy) _____ Age _____
 Patient ID./SSN: _____ Deployed Unit _____

ASD(HA) September 05 10th CSH, Baghdad, Iraq Subject to the Privacy Act of 1974
ACLUDDII CID ROIS 37958 Page 2 of 3

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EXHIBIT

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AGENT'S INVESTIGATION REPORT <i>CID Regulation 195-1</i>	ROI NUMBER 0109-09-CID112
	PAGE 1 OF 1 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 0847, 11 May 09, this office received the Request for Assistance (RFA) from the Camp Taji CID Office, Camp Taji, Iraq APO AE 09378, to attend the autopsy of Mr. Adnan N. HAMID, Detainee, Camp Taji, Iraq APO AE 09378.

About 1200, 19 May 09, SA (b)(6), (b)(7)(C) attended the autopsy of Mr. HAMID (ME# 09-0293), which was conducted at the Charles C. Carson Center for Mortuary Affairs, Bldg 116, DAFB, and conducted by Dr. (CDR) (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. Dr. (b)(6), (b)(7)(C) related the preliminary cause of death was Pulmonary Edema and the preliminary manner of death was natural. Photographs of the autopsy and fingerprints were provided to this office by AFIP. Also obtained a copy of all of Mr. HAMID's Record of Identification Processing, Death Certificate, and Medical Records. (See CD, fingerprints, and documents for details)

AGENT'S COMMENT: The final autopsy report will be provided to the Camp Taji CID office when complete.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION 68 th Military Police Detachment (CID) Aberdeen Proving Grounds, MD 21005
SIGN. (b)(6), (b)(7)(C)	DATE 19 May 09
	EXHIBIT 12

ACLU DDII CID ROIS 37959

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0109-09-CID112-

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

NAME OF DECEASED (Last, First Middle) Nom du défunt (Nom et prénoms) HAMID, ADAM NAIF		GRADE Grade N/A	BRANCH OF SERVICE Arme N/A	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale 900-18-7781
ORGANIZATION Organisation Detainee		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race	MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasien	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	
NEGROID Négrâtre	MARRIED Marié	SEPARATED Séparé	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuve		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le mort		
STREET ADDRESS Domicile (Rue)		CITY OR TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		

MEDICAL STATEMENT
Déclaration médicale

CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort ¹		
ANTECEDENT CAUSES Causes préexistantes 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 Cause fondamentale, s'il y a lieu, ayant suscité la cause primaire	
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²		

Undetermined - Pending AFME

MODE OF DEATH Cause du décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par des causes externes
<input type="checkbox"/> NATURAL Mort naturelle <input type="checkbox"/> ACCIDENT Mort accidentelle <input type="checkbox"/> SUICIDE Suicide <input type="checkbox"/> HOMICIDE Meurtre	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
	NAME OF PATHOLOGIST Nom du pathologiste	
	SIGNATURE Signature	DATE Date
		AVIATION ACCIDENT Accident d'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
DATE OF DEATH (Month, day, month, year) Date de décès (Mois, jour, mois, l'année)	PLACE OF DEATH Lieu du décès	

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 certifie 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 certifié (b)(6)	TITLE OR DEGREE Titre ou diplôme
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse 447 FMDC
DATE Date 12 MAY 2009	SIGNATURE Signature (b)(6)

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

DD FORM 2064 1 APR 77

REPLACES AF FORM 714, MAR 69, WHICH IS OBSOLETE.

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ACLU DDII CID ROIS 38016

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0109-09-CID112-

RECORD OF IDENTIFICATION PROCESSING <i>(Effects and Physical Data)</i>			LAW ENFORCEMENT SENSITIVE			DATE 20090512		
LAST NAME - FIRST NAME - MIDDLE INITIAL <i>(Or unknown number)</i> BTB:HAMID ADNAN NAIF		GRADE N/A	SERVICE NO. SSAN 900-18-9781		CIL CASE NUMBER <i>(If applicable)</i> NA			
NAME OF CEMETERY, EVACUATION NUMBER, OR SEARCH AND RECOVERY NUMBER 049-09/AR111thQMCO/BIAP				PLOT NA	ROW NA	GRAVE NA		
RECEIVED FROM TAJI				IMPRINT OF IDENTIFICATION TAG <div style="border: 1px solid black; border-radius: 15px; padding: 10px; width: fit-content; margin: 10px auto;"> ---NOTHING FOLLOWS--- </div>				
OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>(Include personal effects aiding identification)</i> -----NOTHING FOLLOWS-----								
ITEMS OF CLOTHING AND EQUIPMENT FOUND WITH REMAINS <i>(Indicate type, color, size, markings, service, etc. If laundry marks are indistinct, follow procedures outlined in TM 10-286)</i> -----NOTHING FOLLOWS-----								
FINGERPRINTS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		X-RAYS MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FLUOROSCOPE STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PHOTOGRAPHS TAKEN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		ANTHROPOLOGICAL STATEMENT MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		CHEMICAL STATEMENT ATTACHED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
PHYSICAL DESCRIPTION								
ESTIMATED HEIGHT 68"		MUSCULARITY MEDIUM		COLOR OF HAIR BLACK		RACE OR NATIVITY MONGOLOID		
TATTOOS, SCARS OR MARKS ON BODY -----NONE FOUND-----								
EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS -----SEE 2064-----								
WOUNDS OR INJURIES -----SEE 2064-----								
I HAVE PERSONALLY VIEWED THE REMAINS OF THIS DECEASED AND ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE								
NAME, GRADE, AND ORGANIZATION (b)(6)				SIGNATURE (b)(6)				

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017

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0109-09-CID112-

MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-56; the proponent agency is the Office of The Surgeon General

REPORT TITLE

ICW INITIAL ASSESSMENT

OTSG APPROVED (Date)

Date: 1 MAY 09 Time of Admission: 0715 Age: (CIRCLE ALL THAT APPLY)
T: 97.8 P: 112 R: 24 B/P: 02 Sat: 96% Height: Weight:

1. NEUROLOGICAL

LOC: Alert & Oriented Person Place Time Facial symmetry (R) droop (L) droop GCS 1-15

Responds to: Verbal Tactile Painful Unresponsive Communicates needs:

Pupil size: (R) 2 mm (L) 2 mm Scleredema

Reaction to light: Brisk Sluggish Non-reactive



2. Cardiovascular

Tachycardia Bradycardia Arrhythmia: Ectopy on Monitor:

Heart Sounds: Normal S1-S2 Irregular Distant Abnormal S3-S4 Murmur Gallop Click Rub Pacemaker: (type)

Pulses: 0 (absent) 1+ (thready) 2+ (weak) 3+ (normal) 4+ (bounding) JVD Carotid Bruits/Thrills

Edema: 0 (none) 1+ (trace) 2+ (moderate) 3+ (deep) 4+ (very deep) Location: Pitting / Non Pitting

Cap Refill < 3 sec R Upper R Lower L Upper L Lower

Mucous membranes: Pink Pale Cyanotic

3. PULMONARY

Symmetrical Movement Regular Rate/Depth Accessory muscle use O2: Liters via NC Mask NRB

Shortness of breath Orthopnea Dyspnea Night Sweats Tracheotomy: Size Type Trach Mask

Cough: None Non-productive Sputum: Clear White Yellow Green Hemoptysis PE confirmed

Lungs: CTA Bilaterally Wheezes Rhonchi Rales Location: RUL RML RLL LUL LLL

4. G.I.

Abdomen: Flat Round Distended Soft Firm Rigid Non-tender Tender Painful Guarding Present

Bowel Sounds: Absent Hypoactive Normoactive Hyperactive Location: (quadrants) RUQ RLQ LUQ LLQ

Flatus Heartburn Hemorrhoids Rectal Bleeding LBM: Colostomy: Location Appearance:

Stool (describe): G-Tube NGT OG Suction Placement Verified via Air Bolus Residuals

Oral mucosa: Moist No Lesions Lesions Leukoplakia Appetite: Normal Decreased Diet: Regular Clears NPO Special

Swallow and Gag Intact Absent Nausea Emesis (describe): Tube Feeding: Type Rate

5. G.U.

Voids Urinal BR Incontinent Foley: Size Suprapubic Dysuria Retention Urgency Frequency Nocturia

Urine: Clear Concentrated Cloudy Yellow Amber Tea Colored Blood Tinged Sediment

Vaginal/Penile Lesions: Urethral Discharge: Breast/Testicular Lumps

6. MUSCULOSKELETAL

Normal muscle development and mass for age No deformities

Amputations: BKA AKA Finger Toe: Arm Right Left Weakness: Paralysis:

Ambulatory Gait Steady Unable Assistive Devices:

Joints: Stiffness Swelling Tender Painful with ROM Hx of DVT

Muscle Strength: R Upper R Lower L Upper L Lower

0 (no movement) 2+ (moves but NOT against gravity) 4+ (moves against resistance)

1+ (trace movement) 3+ (moves against gravity) 5+ (normal strength)

7. INTEGUMENTARY

Color: Pink Pale Flushed Cyanotic Jaundiced Mottled IV: Size Location:

Dry Moist Diaphoretic Warm Cool Turgor: Good Fair Poor Dressing: Location Type

Redness: Location: Rash: Location: Abrasions: Location: Burns: Location:

Laceration: Location: Inflammation: Location: Decubitis: Location: Ulcer: Location:

PREPARED BY (Signature & Title)

31st Combat Support Hospital

DEPARTMENT/ SERVICE/ CLINIC

DCCS

DATE (yyyymmdd)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, First, Middle); Grade; Date; Hospital or Medical Facility)

PSUEDO ISN: 189781 ISN:

LOCATION: () ICU () ICW BED # AGE

- () HISTORY / PHYSICAL () FLOW CHART
() OTHER EXAMINATION (X) OTHER (specify)
() DIAGNOSTIC STUDIES ICW Initial Assessment
() TREATMENT

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ACLU DDII CID ROIS 38018
EXHIBIT 15

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

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0715	
0800	51% 15L NBM
0805	15L NBM 98%
	98
	diaphoretic
0830	2mg
	78/44 Manually
0914	CPR STARTED
0915	2mg ADAM
0915	Yung VERCKED NIVM IV INTUB @ 0920
0919	Shock administered
0921	Epi 1mg 1/100
0922	Second Shock admin. + 3rd shock
0922	1 liter @ EJV site

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

ACLU DDII CID ROIS 38019

EXHIBIT 15

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0109-09-CID112-

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER 11 MAY 09
----------------	--	------------------------------------

CBC		SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
WBC	H/H		SUP O2	PH	P02	RESULTS	
PLT			PCO2	SAT	OTHER		
PT			DIP			EKG INTERPRETATION	
APTT	BHCG	ETOH	GLU	U/A	MICRO		

PROVIDER HISTORY/PHYSICAL

Pt arrived CPR in progress from Taji
 medic reports CPR in progress from time of pickup
 note: state pt arrived to and station hypotensive
 hypoxic agitated - lost airway @ 0900.
 on arrival airway confirmed - combi tube in
 place - good breath sounds, & heart sounds,
 asystole on bedside US. epi & atropine x 2
 call, CPR, IVF, PBA momentarily & then
 asystole confirmed 2 leads. resuscitative
 efforts terminated @ 1004. Pt is asystole
 on monitor, US, pupils fixed & dilated

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
cardiopulmonary arrest			(b)(6)
			CODES

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

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)

102-00-2975

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ACLU DDII CID ROIS 38021

HOSPITAL REPORT OF DEATH FOR OFFICIAL USE ONLY		LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AR 40400, THE PROONENT AGENCY IS OFFICE OF THE ADJUTANT GENERAL		0109-09-CID112- HOSPITAL, BAGHDAD, IRAQ			
<p style="margin: 0;">LAW ENFORCEMENT SENSITIVE</p> <p style="margin: 0; font-size: x-small;">Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies. Print or type entries.</p>					
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT					
PERSONAL DATA					
<p>1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)</p> <p>HAMID, ADNAN NAIF 900-18-9781</p> <p style="font-size: x-small;">Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number</p>	<p>2. TIME OF DEATH (Hour-day-month-year)</p> <p>1004hrs 11 MAY 2009</p>	<p>3. MEDICAL EXAMINER/ CORONER'S CASE</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. RELIGION</p> <p>5. CHAPLAIN NOTIFIED</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH</p>			
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) CARDIOPULMONARY ARREST				
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of) (1)				
	(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.				
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
11 MAY 2009	(b)(6)	(b)(6)			
SECTION B - ADMINISTRATIVE ACTION					
TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					
SECTION C - RECORD OF AUTOPSY					
20. AUTOPSY PERFORMED (If yes, give date and place)			21. AUTOPSY ORDERED BY (Signature)		
<input type="checkbox"/> YES <input type="checkbox"/> NO					
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			

BAGHDAD

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Personal Data LAW ENFORCEMENT SENSITIVE 11 May 2009 1053 Page 1
6109-88-CID112
1974 (PL 93-579)

*** ADMISSION COVER WORKSHEET ***

Reg No: 0092458 Name: HAMID,ADNAN NAIF FMP/SSN: 20/900-18-978

ADMISSION

Date/Time: 11 May 2009@1004 Source: CRO MEPRS: XXXA
Sex: MALE Age: 43 DOB: 02 Jan 1966 Ward:
Patient Category: FRGN NAT POW/INTERNEE Pay Grade: Fly Status:
Marital Status: UNKNOWN Race: OTHER
Duty Zip: Ethnic: OTHER
Sponsor Name: HAMID,ADNAN NAIF Religion: MUSLIM

MTF Trans from:
MTF of Initial Adm:
Disposition Date: 11 May 2009@1004 Init Adm Date:
Type of Disposition: ERD

Sponsor Name: HAMID,ADNAN NAIF
Adm Physician: (b)(6)
Adm Diagnosis: CARDIOPULMONARY ARREST
Adm Proc1:
Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

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

Signature Attending Medical Officer

*** End of File ***
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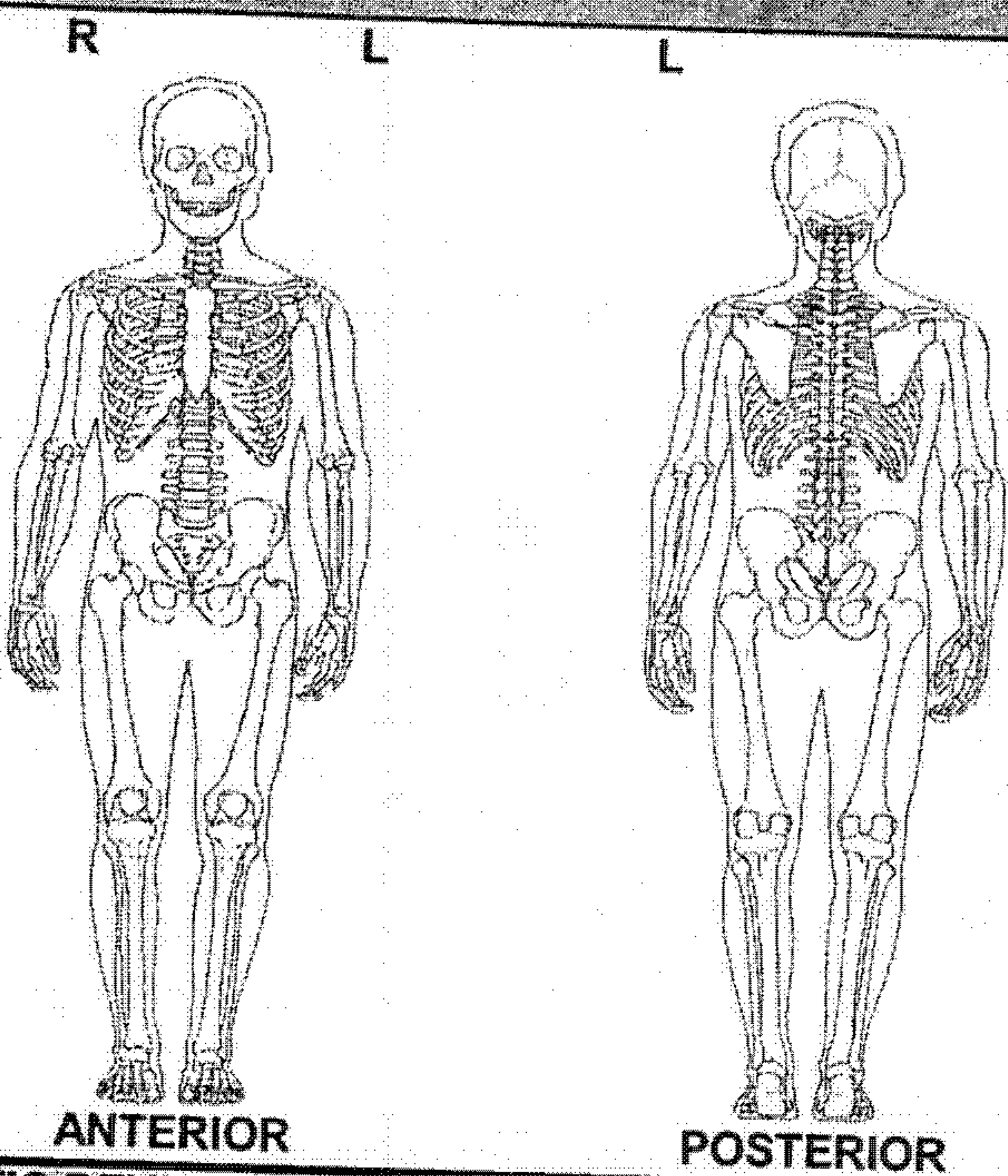
ACLU DII CID ROIS 38023

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LAW ENFORCEMENT SENSITIVE RECORD

0109-09-CID112-

SECONDARY SURVEY

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



- MECHANISM OF INJURY**
- Assault/Fight
 - Biological
 - Blast/Explosion
 - Blunt Trauma
 - Bomb
 - Bldg Colapse
 - Burn
 - Chemical
 - Crush
 - Drowning
 - Fall
 - Flying Debris
 - Grenade
 - GSW/Bullet
 - Helo Crash
 - Other *CR*
 - Hot Ob/Liquid
 - IED
 - Knife/Edge
 - Landmine
 - Machinery
 - Mortar
 - Multi-frag
 - MVC
 - Plane Crash
 - Rad/Nuclear
 - Single Frag
 - UXO

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

PRE-HOSPITAL HEMOSTATIC DEVICES:

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

PROTECTIVE GEAR

	Unknown	Worn?	Not Worn	Struck	Penetrated
Helmet (Kevlar / ACH / MICH / GVC / AVN / USMC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flak Vest / IBA (circle XSM / S / M / L / XL / XXL / XXXL / XXXXL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceramic Plate (circle XSM / S / M / L / XL)	<input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>	F <input type="checkbox"/> B <input type="checkbox"/>
Eyewear (SPECS / SG-1 / BLPS / LVEK / XG / ESS / and / ESS NVG / SWDG)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deltoid / Axilla Ext (left / right)	<input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>
Neck Protector (collar / throat)	<input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>	C <input type="checkbox"/> T <input type="checkbox"/>
Groin / leg ext	<input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>	G <input type="checkbox"/> L <input type="checkbox"/>

TIME	PROCEDURE	SIZE / TYPE	SITE	BY	RESULTS	X-RAY		CT	
						TIME	TYPE	TIME	TYPE
<i>Amnd with</i>	ET Intubation (Adnl changes in Notes)	Teeth _____	<input type="checkbox"/> oral <input type="checkbox"/> nasal		<input type="checkbox"/> ETCO ₂ Change <input type="checkbox"/> BBS Post Int. <input type="checkbox"/> Verified _____ Suction Y N		Chest		Head
	Gastric Tube		<input type="checkbox"/> oral <input type="checkbox"/> nasal		Heme Dip +/- Results _____ cc		Abdom.		Chest
	Urinary	Amt _____ Color _____	<input type="checkbox"/> meatus <input type="checkbox"/> supra.				C-spine		Abdom.
	Chest tube #1		L <input type="checkbox"/> R <input type="checkbox"/>		Air		Pelvis		Pelvis
	Chest tube #2		L <input type="checkbox"/> R <input type="checkbox"/>		Air		Extrem.		
	A-line		L <input type="checkbox"/> R <input type="checkbox"/>						
	Thoracotomy		L <input type="checkbox"/> R <input type="checkbox"/>						
	Tourniquet	Type: _____ Site: _____							

LABS (others in Notes)

Time	Test	Time	Test	Time	#	Gauge	IVF Type	Site	Amt Up	Amt In
	CBC		T & S	<i>PTA</i>	<i>1</i>	<i>10</i>	<i>NS</i>	<i>(R)S</i>	<i>1000</i>	<i>200</i>
	ABG		T & Cx							
	Chemistry		UA							
	PT/PTT		HCG							
	TEG		Other							

PATIENT IDENTIFICATION

Name: (Last/First/Rank) _____ DOB: (ddmmyy) _____ Age _____
 Patient ID./SSN: _____
 ASD(HA) September 05 10th CSH, Baghdad, Iraq
ACLU-Deployed UNK CID ROIS 38024
 Page 2 of 3

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JOINT THEATER TRAUMA NURSING RECORD

(All shaded areas mandatory for Joint Theater Trauma Registry data collection)

ARRIVAL STATUS		TRiage Category		OFFICIAL		WOUND BY		MODE OF ARRIVAL		1098098NDCKE CATEGORY	
Date: <u>11 May 07</u>		<input checked="" type="checkbox"/> Immediate		<input checked="" type="checkbox"/> LAW ENFORCEMENT		<input checked="" type="checkbox"/> SENSITIVE		<input type="checkbox"/> Walked		Nation:	
Time of injury: <u>0957</u>		<input type="checkbox"/> Delayed				<input type="checkbox"/> Enemy		<input type="checkbox"/> Gurned		<input type="checkbox"/> US	
Time of arrival: <u>0957</u>		<input type="checkbox"/> Minimal				<input type="checkbox"/> Friendly		<input type="checkbox"/> USMC CASEVAC		<input checked="" type="checkbox"/> Host nation	
Transit time:		<input type="checkbox"/> Expectant				<input type="checkbox"/> Civ (Host Nation)		<input type="checkbox"/> Non-med Ground		<input type="checkbox"/> Coalition	
C-spine immob. Y/N		Functional IV Y/N <u>Central</u>				<input type="checkbox"/> Training		<input type="checkbox"/> Ground Ambulance		<input type="checkbox"/> Enemy	
Intubated Y/N		Circ Y/N		Needle Decompr Y/N		<input type="checkbox"/> Self Accident		<input type="checkbox"/> Non-med Air		Service:	
T: _____ BP: <u>1</u>		HR: <u>100</u>		RR: <u>20</u>		<input type="checkbox"/> Self Inflicted		<input checked="" type="checkbox"/> Air Ambulance		<input type="checkbox"/> USA	
PAIN: 0 1 2 3 4 5 6 7 8 9 10		O ₂ Sat: <u>62%</u>				<input type="checkbox"/> Sports Recreation		<input type="checkbox"/> Ship EVAC		<input type="checkbox"/> USN	
Last Tetanus:		GCS:				<input type="checkbox"/> Other:		<input type="checkbox"/> Other:		<input type="checkbox"/> USMC	
TOURNIQUET		CPR IN PROGRESS		GENDER		PRE-HOSP. WARMING		<input type="checkbox"/> USAF		<input type="checkbox"/> SOF	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Male		<input checked="" type="checkbox"/> Blanket		<input type="checkbox"/> SOF		<input type="checkbox"/> Civilian	
Time on: _____ off: _____		Time started: <u>0957</u>		<input type="checkbox"/> Female		<input type="checkbox"/> Space blanket		<input type="checkbox"/> Combatants		<input type="checkbox"/> Contractor	
Type: CAT/ SOFT/ Other:		Time ended: <u>1007</u>				<input type="checkbox"/> Body bag		<input type="checkbox"/> Media		<input type="checkbox"/> ING	
PRE HOSP. MEDS @ (time)						<input type="checkbox"/> Other:		<input type="checkbox"/> IP		<input type="checkbox"/> Non-govt Org	
<input type="checkbox"/> Morphine _____		<input type="checkbox"/> RSI Meds		<input type="checkbox"/> Antibiotic		<input type="checkbox"/> Other:		<input type="checkbox"/> Radiant Warmer		<input checked="" type="checkbox"/> Urgent	
<input type="checkbox"/> Fentanyl _____		<input type="checkbox"/> Seizure Med		<input type="checkbox"/> Mannitol				<input type="checkbox"/> IV bag Warmer		<input type="checkbox"/> ID WRIST BAND ON	
CHIEF COMPLAINT		EVAC FROM (Check/circle all that apply)				<input type="checkbox"/> Field		<input type="checkbox"/> Bair Hugger			
<u>CPR in Progress</u>		<input checked="" type="checkbox"/> Coalition				<input type="checkbox"/> USA/ USN/ USAF/ USMC		<input type="checkbox"/> Pre-arrival			
		Init Resp/Fwd Resus Care/Theater Hosp				<input checked="" type="checkbox"/> Other: <u>Blanket</u>					

PRIMARY SURVEY			
AIRWAY	BREATHING	Breath Sounds	CIRCULATION
<input type="checkbox"/> Patent	<input type="checkbox"/> Unlabored	Right <input type="checkbox"/> Left <input type="checkbox"/>	Skin:
<input type="checkbox"/> Stridor	<input type="checkbox"/> Labored	<input checked="" type="checkbox"/> Clear <input checked="" type="checkbox"/>	<input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cool <input type="checkbox"/> Hot
<input type="checkbox"/> Drooling	<input checked="" type="checkbox"/> Absent	<input type="checkbox"/> Rales <input type="checkbox"/>	<input type="checkbox"/> Pink <input checked="" type="checkbox"/> Pale <input type="checkbox"/> Cyanotic
<input type="checkbox"/> Obstructed	<input type="checkbox"/> Retraction	<input type="checkbox"/> Wheeze <input type="checkbox"/>	<input type="checkbox"/> Dry <input type="checkbox"/> Moist <input type="checkbox"/> Diaph
<input type="checkbox"/> Oral/Nasal Airway	<input type="checkbox"/> Flaring	<input type="checkbox"/> Absent <input type="checkbox"/>	Heart Sounds:
<input type="checkbox"/> BVM	Trachea: <input checked="" type="checkbox"/> Midline <input type="checkbox"/> Deviated		<input type="checkbox"/> Clear <input type="checkbox"/> Muffled <u>absent</u>
<input type="checkbox"/> Combi Tube	Chest Symmetry: (circle one)		Capillary Refill:
<input checked="" type="checkbox"/> Intubated	Left > <u>Equal</u> < Right		<input type="checkbox"/> < 2 seconds (normal)
<input type="checkbox"/> Other:			<input type="checkbox"/> > 2 seconds (delayed)
			DEFICIT/NEURO
			<input type="checkbox"/> Alert
			<input type="checkbox"/> Responds to Verbal
			<input type="checkbox"/> Responds to Pain
			<input checked="" type="checkbox"/> Unresponsive
			GCS: <u>4</u> Verbal <u>5</u>
			Eyes <u>4</u> Motor <u>6</u> Total <u>15</u>
			Sphincter Tone:
			<input type="checkbox"/> WNL <input type="checkbox"/> Weak <input type="checkbox"/> None

SECONDARY SURVEY			
HEAD/NECK/ENT	HEART/THORACIC	ABDOMINAL/GU	EXTREMITIES
Drainage:	Rhythm:	<input type="checkbox"/> Flat	Fracture/Dislocation:
Nose (color): _____	<input type="checkbox"/> NSR (tachy/brady)	<input type="checkbox"/> Distended	<input type="checkbox"/> RUE <input type="checkbox"/> RLE
CSF: + / -	<input type="checkbox"/> V-fib/tach	<input type="checkbox"/> Obese	<input type="checkbox"/> LUE <input type="checkbox"/> LLE
Eyes: Equal <u>R/L</u>	<input type="checkbox"/> PEA	<input type="checkbox"/> Non-tender	<u>unable to assess</u>
Fixed <u>R/L</u>	<input checked="" type="checkbox"/> Asystole	<input type="checkbox"/> Tender	Motor Sens ROM
Reactive R/L	<input type="checkbox"/> Other	<input type="checkbox"/> Rigid	RUE + / - + / - + / -
Dilated R/L	Pulses:	<input type="checkbox"/> Guarding	LUE + / - + / - + / -
Other: _____	S = Strong D = Doppler	<input type="checkbox"/> Rebound	RLE + / - + / - + / -
C-Spine Tender:	W = Weak A = Absent	Tenderness	LLE + / - + / - + / -
<input type="checkbox"/> Yes <input type="checkbox"/> No	Carotid <u>A</u> R <u>A</u> L	<input checked="" type="checkbox"/> Unable to Assess	LOG ROLL TIME:
Dental Injury:	Femoral <u>A</u> R <u>A</u> L	<input type="checkbox"/> Open Wound	Back exam:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Brachial <u>A</u> R <u>A</u> L	FAST DONE: POS / NEG / NA	<input type="checkbox"/> WNL
Tympanic Membrane:	Radial <u>A</u> R <u>A</u> L	Last Meal @ _____	<input type="checkbox"/> ABNL (describe)
Clear R L	Pedal <u>A</u> R <u>A</u> L		
Blood R L	JVD Distension: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	Flail <u>R</u> <u>L</u>		

PATIENT IDENTIFICATION	ALLERGIES	PAST MED HX	CURRENT MEDICATIONS
Name/Rank: _____	<input checked="" type="checkbox"/> Unknown	<input checked="" type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
SSN: _____	<input type="checkbox"/> NKDA	<input type="checkbox"/> None	<input type="checkbox"/> None
DC: _____	<input type="checkbox"/> PCN	<input type="checkbox"/> Respiratory hx	<input type="checkbox"/> List Current Meds:
De: <u>102-00-2975</u>	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Seizure hx	_____
MT: _____	<input type="checkbox"/> Morphine	<input type="checkbox"/> Cardiac hx	_____
	<input type="checkbox"/> Codeine	<input type="checkbox"/> HTN	_____
	<input type="checkbox"/> ASA	<input type="checkbox"/> DM	_____
	<input type="checkbox"/> Other:	<input type="checkbox"/> Ulcers	_____
		<input type="checkbox"/> Other:	_____

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE
MEDICAL RECORD - PROVIDER ORDERS
For use of this form, see MEDCOM Circular 40-5

0109-09-CID112-

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

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)</small>
	LABS: CBC CHEM7 PT INR PTT VBG/ABG
	CHEM10 CHEM20 LFT LIPASE
	CK CKMB TRPN LDH MYOGLOBIN DDIMER
	OTHER:
	PLAIN FILM RADIOLOGY: CXR Supine CXR Upright Cspine Ant/Lat PELVIS
	LLE RLE LUE RUE
	Other plain film:
	CT: HEAD CSPINE ABD/PELVIS CHEST
	Other CT:
	Other radiology:
	MEDICATION(Dose):
	FENTANYL 50-250 micrograms PRN for pain
	MORPHINE _____ milligrams
	ETOMIDATE _____ milligrams
	SUCCINYLCHOLINE: _____ milligrams (.1 mg/kg)
	KETAMINE _____ milligrams
	VERURONIUM _____ milligrams (.1 mg/kg)
	VERSED 1-5 milligrams PRN for pain an sedation
	ANCEF 1 2 grams (circle one)
	GENTAMYCIN _____ milligrams
	UNASYN 3.0 grams
	ROCEPHIN _____ grams
	TETANUS: 5 mL
	Other: Atropine 1 ampule / 1mg X2 IV Calcium chloride 1 ampule / 1gram Epinephrine 1 ampule / 1mg X2 IV
	Blood products _____ code ted (number ordered) Platelets: 6 pack
PATIENT IDENTIFICATION <small>(For typed or written entries note: Name - last, first, middle initial; grade; DOB; hospital or medical facility)</small> 102-00-2975	
Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages. Diagnosis: _____ Height: _____ Weight (lbs): _____ Diet: _____ Allergies: _____ Nursing Unit _____ Room No. _____ Bed No. _____ Page No. _____	

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
0800	PATIENT AGITATED + ATTEMPTS TO LEAVE NC @
	ISC HIGH FLOW O ₂ , REQ MED FOR AGITATION
	VS: BP 78/44, P 134 R 34 T 97°, 80% O ₂
0815	REQUESTED ATIVAN FROM (b)(6), ORDERS
	Zug ATIVAN IV PUSH NOW. CHANGED TO NON
	LEBREATHER MASK, IV @ (L) AC PATENT, STARTS
	IV 0.990 NC CONT, ATIVAN Zug IV PUSH GIVEN,
	VS: 78/48, P 138, 40 T 96°, 78% O ₂ , PATIENT
	c & AGITATION CONTIN. VS 76/42, P 131, R 44
	T 96°, O ₂ 76%, (b)(6) PRESENT D'S EVACTO ST.
0830	PATIENT c & AGITATION IV LOST, BLEEDING
	CONTINUED, ATTEMPT 2ND IV X 6 UNABLE TO
	OBTAIN IV 2° THRASHING, ATTEMPTS TO MOVE TO
	FLOOR, (b)(6) ONSITE c ADDL ATIVAN ORDER
0900	PATIENT MOVED TO FLOOR c ASST OF (b)(6)
	W PLACED, ZUG ATIVAN GIVEN, PT LOOSES
	AIRWAY

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
Taji TIFRC	INPATIENT		Taji TIFRC
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.
189781 (b)(6)		

CHRONOLOGICAL RECORD OF MEDICAL CARE

ACLU DDJ CID ROFS 38028

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0062-09-CID979-85131

PAGE 1 OF 1 PAGE

DETAILS

About 1135, 1 Jul 09, SA (b)(6), (b)(7)(C) interviewed MAJ (Dr.) (b)(6), (b)(7)(C) Headquarters and Headquarters Company, 508th MP BN, Camp Taji, Iraq who provided a statement regarding Mr. HAMID's health and his actions during Mr. HAMID's time at the clinic. (See Sworn Statement)

About 1220, 6 Jul 09, SA (b)(6), (b)(7)(C) interviewed 2LT (b)(6), (b)(7)(C) 115th Medical Company, Task Force 115, Camp Taji, Iraq, who provided a sworn statement regarding Mr. HAMID's health and her actions during Mr. HAMID's time at the clinic. (See Sworn Statement)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Camp Taji CID Office, Camp Taji, Iraq
APO AE 09378

SIGNATURE

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

DATE

6 Jul 09

EXHIBIT

16

ACLU DDII CID ROIS 38029

INTERNAL USE ONLY

ent of the Army channels without the approval of the Commander, USACIDC

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION: CAMP TAJI TIFRC; 2. DATE: 2009/07/01; 3. TIME: 11:35; 4. FILE NUMBER: 0062-09-CID979-85131; 5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C); 6. SSN: (b)(6), (b)(7)(C); 7. GRADE/STATUS: O-4/AD; 8. ORGANIZATION OR ADDRESS: Headquarters and Headquarters Company, 508th MP BN (I/R), Camp Taji, Iraq 09378

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
This statement is to the best of my recollection concerning the death of detainee # (b)(6), (b)(7)(C) Mr. Adnan N. Hamid, on 11 May 09. On approximately 10 May 09, I was informed that a Doctor had admitted a patient Detainee # (b)(6), (b)(7)(C) for Iron Deficiency Anemia. He had a very long history of hemorrhoids, dizziness, rectal bleeding and a significant 20 year history of smoking tobacco. Dr. (MAJ) (b)(6), (b)(7)(C) the Chief Medical Officer and CPT (b)(6), (b)(7)(C) the Chief Nurse began to search for blood in order to start a transfusion to increase his iron from the low levels that it dropped to, however, through type and cross found that his blood was a rare type and did not match any in the blood bank at the Level II medical facility at Camp Taji. They called Camp Cropper and were given the OK to transfer this patient for higher level medical care. I found out from the night report the night of 10 May 09 that he had complained of dizziness and shortness of breath. The plan was to transfer him to Camp Cropper in the morning of the 11 May 09. Upon examination and history, I found that Mr. Hamid was doing well as long as he was given time to rest in his bed and to recover from going to the Water Closet (W.C.). After coming into work on 11 May 09 in the morning at 0730, I saw Mr. Hamid walking back from somewhere and noticed that he appeared to be short of breath and had to stop in the middle of the hallway to catch his breath. I found out that he was being escorted back and forth from the W.C. which was about 100 feet from his bed in the med-hold. I told the nurse to take him back to bed and not let him walk around anymore. I put an order in for him to use the bathroom only in bed with a urinal or bedside commode. I was notified at 0750 or so that Mr. Hamid was getting restless and full of anxiety. I told the nurse to put 2-4 liters of O-2 via nasal canula to bring his Oxygen saturation back to a normal level. I then had to head out for a meeting with my Battalion Commander for the Morning Operations and Information briefing at the 508th TOC. I was paged from the meeting at approximately 0805 or 0810 to return to the clinic because the patient was getting more anxious and combative. When I returned to the clinic, I noticed that Dr (MAJ) (b)(6), (b)(7)(C) was at the nurse's station so my mind was set at ease. Dr. (b)(6), (b)(7)(C) said that he informed the patient administration (PAD) that Mr. Hamid was to be MEDVAC as soon as possible. PAD increased his evacuation priority from routine to urgent at my request. I realized that the patient was rapidly getting worse, began fighting the medical staff, and pulling off his oxygen. I then had PAD page LTC (b)(6), (b)(7)(C) (the OIC of the Clinic) and Dr (b)(6), (b)(7)(C) so that I could get help. Mr. Hamid became more combative and pulled his oxygen off and pulled out his Intravenous fluids (IV). His Oxygen saturation was decreasing to a critical level below 90% and I had PAD remind the 508th TOC that this was a critical patient and Mr. Hamid needed to be emergently evacuated. At some point, Dr. (b)(6), (b)(7)(C) arrived to help and Mr. Hamid became unresponsive. We decided to do advanced medical procedures to include an IV, incubating the patient for oxygenation, and initiate Advanced Cardiac Life Support (ACLS). We incubated him with a combi-tube for oxygenation. The patient was placed on the floor to do CPR. Doctors, Medics, and Nurses took turns doing CPR to attempt resuscitation. Dr. (b)(6), (b)(7)(C) gave orders for the Advanced Cardiac Life Support medicine to be administered. It took 3 doses of Epinephrine and several shocks from the defibrillator to bring back his heart back to a traceable rhythm on the Zoll monitor. We placed Mr. Hamid on a litter and prepared him for transport to (b)(6), (b)(7)(C). Hamid left the patient hold to head to the MEDVAC pick-up zone with a heart rhythm but was unresponsive.

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

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

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

STATEMENT OF **(b)(6), (b)(7)(C)** TAKEN AT Camp Taji, Iraq DATED 2009/07/01

9. STATEMENT (Continued)

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

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

Q. Did you type this narrative?

A. Yes.

Q. Is there anything else you would like to add to this statement?

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

////// **(b)(6), (b)(7)(C)** //END OF STATEMENT//////////////////////////////////////

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 3 PAGES

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LAW ENFORCEMENT SENSITIVE~~

STATEMENT OF **(b)(6), (b)(7)(C)** TAKEN AT Camp Taji, Iraq DATED 2009/07/01

9. STATEMENT (Continued)

NOT USED

AFFIDAVIT

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

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

WITNESSES:

Subscribed to administer oaths, this 1 day of July, 2009

at TIERC Camp Taji, Iraq

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

(Administering Oath)

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

10 USC 936

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 3 OF 3 PAGES

ACLU DDII CID ROIS 38032

DPD PE v1.00

EXHIBIT 17

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION: Camp Taji TIFRC, Iraq
2. DATE (YYYYMMDD): 2009/07/06
3. TIME: 1220
4. FILE NUMBER: 0062-09-CID979-85131
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6), (b)(7)(C)
6. SSN: (b)(6), (b)(7)(C)
7. GRADE/STATUS: O-2/AD
8. ORGANIZATION OR ADDRESS: 115th Medical Company, TF 115, Camp Taji, Iraq

9. I, (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On May 11, 2009 approximately 0700, I received the patient (ISN (b)(6), (b)(7)(C)) hand off report from CPT (b)(6), (b)(7)(C) at the EMT section. CPT (b)(6), (b)(7)(C) reported to me that the patient was stable overnight and was planned to receive 2 units of Packed Red Blood Cell (PRBC) and awaiting MEDVAC transfer to 115th CSH Camp Cropper for further evaluations. CPT (b)(6), (b)(7)(C) reported that patient consumed 100 % of his Halal meal for breakfast. Patient was seen in the EMT sitting comfortably in the bed without signs of respiratory distress. No monitor was attached to him at this time. Vital signs were stable at time of report. Patient requested to use the latrine prior to transfer to the ward. CPT (b)(6), (b)(7)(C) stated that the patient can use the latrine outside the EMT. Patient proceeded to the latrine escorted by the MP. I proceeded to the Inpatient Care Ward to prepare the bed for the patient. At approximately 0745, patient ambulated to the ward escorted by the MP. I began orienting the patient to the ward. I observed the patient was having shortness of breath while performing my initial assessment. I checked the oxygen saturations and the reading was 90%, blood pressure was normal but heart rate was tachycardia, heart rate was greater than 120 beats per minute at that time. I requested one of the EMT medics to call for an interpreter. I started giving 4 liters of oxygen via nasal cannula. Oxygen saturation was still low and tachycardia was still noted. I removed the nasal cannula and started giving the patient oxygen using the non rebreather mask at 15 liters. Patient was placed on the monitor at this time. Blood Pressure was low, oxygen saturation was low, and the patient was tachycardiac. Patient was increasingly confused and agitated. Dr (b)(6), (b)(7)(C) arrived and was consulted regarding the patient's condition and verbally ordered 2mg of Ativan IV push. I started a bolus of Normal Saline per Doctor (b)(6), (b)(7)(C) verbal order. I gave the patient 2mg of Ativan via Intravenous route per physician's order. I sent one of the soldiers to notify MAJ (b)(6), (b)(7)(C) about the patient's change of condition as he was the admitting physician. Additional Physicians and Nurses started to arrive at the ward and assist with patient care. At this time, I relinquished care of patient to MAJ (b)(6), (b)(7)(C) and CPT (b)(6), (b)(7)(C). The patient requested to lie down on the floor and was combative at this time. The IV access located at the left antecubital was pulled out due to the combative behavior of the patient. CPT (b)(6), (b)(7)(C) attempted to start a new IV access but was having trouble due to patient's combative behavior. The patient was assisted to lie down on the floor per MAJ (b)(6), (b)(7)(C) verbal order. When his vital signs started to become unstable, the patient became unresponsive and his skin color appeared blue and he was diaphoretic. MAJ (b)(6), (b)(7)(C) started to open the patient's airway using Laryngeal Mask Airway (LMA) and ambu bag. CPR was started. Patient was shocked several times. After the airway was established, I stabilized the patient's jaw and mask, while MAJ (b)(6), (b)(7)(C) bagged the patient. I took over bagging the patient while (b)(6), (b)(7)(C) was assisting CPT (b)(6), (b)(7)(C) in shocking the patient. I was continuously bagging the patient while waiting for the MEDVAC. Patient was transferred via ambulance to the evacuation site at approximately 0945.
Q. Is (b)(6), (b)(7)(C) anything else you would like to add to this statement?
A. No (b)(6), (b)(7)(C)
//////////END OF STATEMENT//////////

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

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

STATEMENT OF **(b)(6), (b)(7)(C)** TAKEN AT Camp Taji, Iraq DATED 2009/07/06

9. STATEMENT (Continued)

NOT USED

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 6 day of July, 2009

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

(Administering Oath)

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

(Typed Name of Person Administering Oath)

10 USC 936

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

PAGE 2 OF 2 PAGES

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER:

0062-09-CID979-85131

PAGE 1 OF 1 PAGE

DETAILS

About 0930, 16 Jul 09, SA (b)(6), (b)(7)(C) received the Death Certificate, Autopsy Report and Toxicology Report of Mr. HAMID. The listed cause of death was Pulmonary Embolism and the listed manner of death was Natural. (See Death Certificate, Autopsy Report and Toxicology Report)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION:

Camp Taji CID Office, Camp Taji, Iraq
APO AE 09378

SIGNATURE

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

DATE:

16 Jul 09

EXHIBIT

ACLU DDII CID ROIS 38035

ROI 09-CID979-85131-5H

Exhibit(s): 20 thru 22

Page(s): 000321 thru 000329

Referred to:

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

ACLU DDII CID ROIS 38036

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) BTB Hamid, Adnan, N	GRADE Grade	BRANCH OF SERVICE Arme Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social TME-P0-4909
ORGANIZATION Organisation	NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE

RACE Race <input checked="" type="checkbox"/> CAUCASOID Caucasique	MARITAL STATUS État Civil SINGLE Célibataire	RELIGION Culte PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier) <input checked="" type="checkbox"/> UNK
NEGROID Négride	MARRIED Marié	CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	JEWISH Juif	

NAME OF NEXT OF KIN Nom du plus proche parent	RELATIONSHIP TO DECEASED Parenté du décédé avec le 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. Pulmonary Embolism	Unknown
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 <input checked="" type="checkbox"/> NATURAL Mort naturelle	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures
ACCIDENT Mort accidentelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie	
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)	
HOMICIDE Homicide	SIGNATURE Signature (b)(6)	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, mo) Date de décès (le jour, le m) 11 May 2009	DATE Date 19 May 2009	

11 May 2009 | Camp Taji Iraq

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE.
J'ai examiné les restes mortels du défunt et 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)(6)	TITLE OR DEGREE Titre ou diplôme
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse Dover AFB, Dover DE
DATE Date 6/30/2009	SIGNATURE Signature (b)(6)

¹ State disease, injury or complication which caused death, but not if
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 le mode de mourir, telle qu'un arrêt du coeur, etc
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort

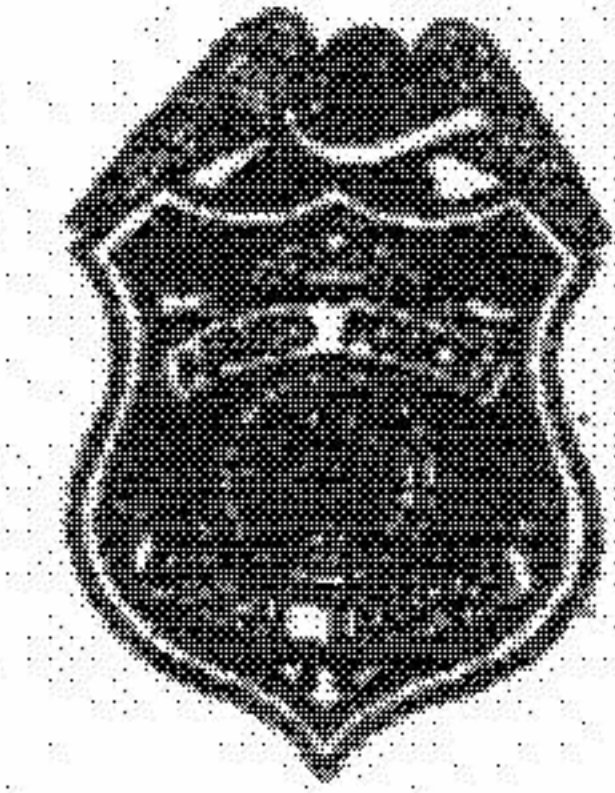
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REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R (PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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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) HAMID, Adnan Naif
ISN: 9IZ-0189781
TMEP: 049-09
Date of Birth: (BTB) 01 JAN 1966
Date of Death: 11 MAY 2009

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

Date/Time of Autopsy: 19 MAY 2009 @ 1130
Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 07 JUL 2009

Circumstances of Death: This 43-year-old Iraqi Civilian detainee, who had a medical history significant for anemia and thrombocytopenia, began to experience acute distress which resulted in death despite aggressive resuscitation efforts.

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

Identification: Positive identification is established by comparison of postmortem fingerprint examination and antemortem fingerprint records. A postmortem DNA sample is obtained.

CAUSE OF DEATH: PULMONARY EMBOLISM

MANNER OF DEATH: NATURAL

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AUTOPSY REPORT (b)(6)
 HAMID, Adnan N.

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished Caucasoid male received unclad. The body weighs 167-pounds, is 64-inches in length and appears compatible with the reported age of 33-years. The body is cold. Rigor is passing and present to an equal degree in all extremities. Violaceous lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The body is unembalmed.

The head is normocephalic, and the scalp hair is gray-black and up to 1 1/2-inches in length. Facial hair consists of a gray-black moustache and beard stubble. The irides are brown, the pupils are round and equal in size, the corneae are cloudy, the conjunctivae are unremarkable, and the sclerae are white. 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 and oral mucous membranes are without evident injury. The teeth are natural and in good condition. Examination of the neck reveals no evidence of injury; the trachea is palpably in the midline of the neck. Evidence of medical therapy is present, see below.

The chest is symmetric with normally formed male breasts that are free of masses. No evidence of injury of the ribs or the sternum is evident externally. Evidence of medical therapy is present, see below. The abdomen is flat without recent trauma. Healed surgical scars are not noted on the torso. The external genitalia are those of a normal adult circumcised male, and the pubic hair is in an appropriate distribution. The posterior torso and anus are without note.

The extremities are symmetric and normally formed without evidence of significant recent trauma. A 1/2 x 1/2-inch abrasion is on the right knee region. The fingernails are trimmed and intact. The toenails are unremarkable. Tattoos are not noted on the extremities.

CLOTHING AND PERSONAL EFFECTS

- A green personal effects bag accompanies the body which contains an identification band which matches the reported name and ISN of the decedent.
- No clothing or other personal effects accompanies the remains.

MEDICAL INTERVENTION

- A therapeutic needle stick-mark on the right side of the neck is covered by medical gauze and tape
- Defibrillator burn/abrasion on the central chest
- Therapeutic needle stick-marks in both antecubital fossae

RADIOGRAPHS

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

- No recent fractures
- No metallic foreign bodies

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EVIDENCE OF INJURY

There is no evidence of significant recent injury.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The sternum and vertebral bodies are visibly and palpably intact. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in normal anatomical position. The anterior 2nd - 5th right ribs and the left 2nd - 4th left ribs are fractured with associated soft tissue hemorrhage.

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

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, subdural or subarachnoid hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical with an unremarkable pattern of gyri and sulci. The blood vessels at the base of the brain are intact and symmetrical without significant atherosclerosis. The cranial nerves are likewise symmetrical and intact.

The brain weighs 1,300-grams. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles of the brain are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brain stem and cerebellum are unremarkable; as is the upper spinal cord. 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 and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.

CARDIOVASCULAR SYSTEM:

The 420-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally and are present in a normal distribution, with a right-dominant pattern. Cross sections of the major coronary arteries demonstrate the following: the left anterior descending coronary artery has multifocal luminal narrowing greater than 75% by calcified atherosclerotic plaque. The mid-portion of the left circumflex coronary artery has 50% focal luminal narrowing, and the right coronary artery has multifocal luminal narrowing greater than 75% narrowing by atherosclerotic plaque.

The myocardium is homogenous, red-brown, and firm without focal softening, discoloration or fibrosis. The valve leaflets are thin and mobile. The walls of the left ventricle, inter-ventricular septum, and right ventricle are 1.8, 1.9, and 0.6-centimeters thick, respectively. The chambers of the

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AUTOPSY REPORT (b)(6)
HAMID, Adnan N.

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heart are not dilated, and the endocardium is smooth and glistening.

The aorta has moderate calcified atherosclerosis, predominantly in the abdominal region, and gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

RESPIRATORY SYSTEM:

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

The right lung weighs 960-grams; the left 580-grams. The pulmonary parenchyma is diffusely congested and edematous, exuding slight to moderate amounts of blood and frothy fluid; no focal lesions are noted. The visceral pleural surfaces are smooth and glistening with anthracosis bilaterally.

The pulmonary arteries are normally developed and patent. The lumens of the right and left pulmonary arteries are occluded by multiple fragments of thrombi. The emboli have striations, tributary casts and valve markings and are of a caliber consistent with a venous origin. Emboli are found extending into the peripheral branches of the pulmonary arteries in the lung parenchyma.

HEPATOBIILIARY SYSTEM:

The 1,640-gram liver has an intact smooth capsule covering moderately congested tan-brown parenchyma with no focal lesions noted.

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

GASTROINTESTINAL SYSTEM:

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 200-milliliters of brown fluid with food.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance. The appendix is present.

GENITOURINARY SYSTEM:

The right kidney weighs 130-grams; the left 140-grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces.

The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The cortex of the left kidney has a 0.8 x 0.5-centimeter wedge-shaped region of hemorrhage with central calcification. The calyces, pelves and ureters are unremarkable.

White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 5-milliliters of cloudy urine. The testes, prostate gland and seminal vesicles are without note.

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AUTOPSY REPORT (b)(6)
 HAMID, Adnan N.

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LYMPHORETICULAR SYSTEM:

The thymus is small, fatty and otherwise unremarkable. The 320-gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

Lymph nodes in the hilar, periaortic and iliac regions are not enlarged. The hilar lymph nodes demonstrate mild anthracosis, but are otherwise unremarkable.

ENDOCRINE SYSTEM:

The pituitary gland is examined *in situ* and is grossly unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The parathyroid glands are not identified. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae; no masses or areas of hemorrhage are identified.

MUSCULOSKELETAL SYSTEM:

No abnormalities of muscle or bone are identified.

Superficial posterior incisions fail to demonstrate any injuries of the posterior torso; extended dissection around the ankle and wrist regions fail to demonstrate any evidence of binding or physical restraint.

Dissections of the deep veins of both posterior legs fail to demonstrate thrombosis.

MICROSCOPIC EXAMINATION

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

TOXICOLOGY

VOLATILES: The blood and vitreous fluid are examined for the presence of volatile compounds including ethanol at a cutoff of 20-milligrams per deciliter. No ethanol is detected.

DRUGS: The blood is screened for medications and drugs of abuse including acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phencyclidine, phenothiazines, salicylates, sympathomimetic amines and verapamil by gas chromatography, color test or immunoassay. The following drugs are detected:

Positive Lidocaine: Lidocaine is detected in the blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1% as determined by spectrophotometry with a limit of quantitation of 1%. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

CYANIDE: The blood is tested for cyanide with a limit of quantitation of 0.25-milligrams per liter. No cyanide is detected.

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ACLU DDII CID ROIS 38042

AUTOPSY REPORT (b)(6)
 HAMID, Adnan N.

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ADDITIONAL PROCEDURES

1. Documentary photographs are taken by (b)(6) AFMES staff photographer.
2. Autopsy assistance is provided by (b)(6) AFMES autopsy assistant.
3. The Criminal Investigative Division (CID) representative attending the autopsy is Special Agent (b)(6)
4. 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.
5. The unembalmed body and dissected organs are returned to the point of origin by Mortuary Operations personnel.

FINAL AUTOPSY DIAGNOSES

- I. **Pulmonary Embolism**
 - A. Both pulmonary arteries are occluded by multiple fragments of thrombotic emboli which extend into the deep parenchymal branches
 - B. The emboli have striations, tributary casts and valve markings, consistent with a deep venous thrombotic origin
 - C. Associated pulmonary congestion, bilateral
 - D. Deep venous thromboses are not identified within the limitations of this examination (the origin of the thrombotic emboli is not identified)
- II. **Hypertensive Arteriosclerotic Cardiovascular Disease**
 - A. Mild cardiomegaly (heart weight is 420-grams; the expected maximal heart weight is 334-grams for body weight) with concentric left ventricular hypertrophy
 - B. Severe arteriosclerotic disease all three major coronary arteries
 - C. Moderate calcified atherosclerosis in the abdominal aorta
 - D. Probable embolic infarct of the left kidney
- III. **Splenomegaly (spleen weight is 320-grams; the expected maximal spleen weight is 134-grams for body weight)**
- IV. **No evidence of abuse or physical restraint is identified.**
- V. **Evidence of Medical Therapy**
 - A. Therapeutic needle stick-marks on the right side of the neck and both antecubital fossae
 - B. Defibrillator burn/abrasion on the central chest
 - C. Fractures of the anterior right and left ribs (attempted resuscitation related)
- VI. **Post-Mortem Changes**
 - A. Rigor is passing and equal in all extremities
 - B. Lividity is posterior and fixed except in areas exposed to pressure
 - C. The body temperature is cold

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AUTOPSY REPORT (b)(6)
HAMID, Adnan N.

VII. Identifying Body Marks: None noted

VIII. Toxicology

- A. No ethanol is detected in the blood and vitreous fluid.
- B. No screened drugs of abuse are detected in the blood.
- C. Lidocaine (a medication associated with resuscitation efforts) is present in the blood
- D. The carboxyhemoglobin saturation in the blood is less than 1%.
- E. No cyanide is detected in the blood.

OPINION

This 43-year-old Iraqi civilian detainee, Adnan Naif Hamid, died of a pulmonary embolism. The source of the embolic thrombi were not identified, but based on the appearance of the emboli, they most likely originated from the deep veins of the leg (s). Failure to identify this site as the origin of the emboli by dissection of the legs does not preclude this conclusion. Severe hypertensive arteriosclerotic cardiovascular disease was also present, as demonstrated by increased heart weight, increased thickness of the left ventricle of the heart, atherosclerotic disease of the aorta and severe narrowing of all three major coronary arteries of the heart. The embolic infarction of the left kidney likely originated from the atherosclerotic disease present in the aorta. An enlarged spleen was also identified at autopsy. No evidence of physical abuse or physical restraint was identified at autopsy. Toxicological testing was negative for ethanol, screened drugs of abuse, elevated carboxyhemoglobin or cyanide in the blood. A medication associated with resuscitation (Lidocaine) was detected in the blood. The manner of death is natural.

(b)(6)

(b)(6)

10 JUL 09

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ACLU DDII CID ROIS 38044



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

REPLY TO
ATTENTION OF

AFIP-FME-FT

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

Name

BTB HAMID, ADNAN N.

SSN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: May 27, 2009

TO:

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

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 5/11/2009

Date Received: 5/21/2009

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 **BLOOD** was screened for acetaminophen, amphetamine, antidepressants, antihistamines, barbiturates, benzodiazepines, cannabinoids, chloroquine, mefloquine, cocaine, dextromethorphan, lidocaine, narcotic analgesics, opiates, phenacyclidine, 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 blood by gas chromatography and confirmed by gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

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AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER:

0062-09-CID979-85131

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DETAILS:

About 1530, 12 Nov 09, this office received the Armed Forces Institute of Pathology (AFIP), Washington, DC 20306 Case Review consult. AFIP's case review was conducted by Dr. (MAJ) (b)(6), (b)(7)(C) Deputy Medical Examiner, AFIP, Washington, DC who concurred with the submitted cause and manner of death. (See AFIP Case Review for details)

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

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION:

Camp Taji CID Office, Camp Taji, Iraq
APO AE 09378

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

DATE:

12 Nov 09

EXHIBIT

ACLU DDII CID ROIS 38046

CID FORM 94

ROI 09-CID979-85131-5H

Exhibit(s): 24

Page(s): 000331

Referred to:

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

ACLU DDII CID ROIS 38047



REPLY TO
ATTENTION OF

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



ARMED FORCES MEDICAL EXAMINER OFFICE

CASE REVIEW ONLY

DATE: 27 Oct 2009

AFIP ACCESSION: (b)(6)

NAME: Hamid, Adnan N.

ISN: 91Z-0189781

AUTOPSY NO: (b)(6)

CONTRIBUTOR: Camp Taji CID Office
22nd MPO (CID)
APO AE 09378

CAUSE OF DEATH: Pulmonary Embolism

MANNER OF DEATH: Natural

CASE REVIEW BY: (b)(6)

OTHER STUDIES/PERTINENT INFORMATION: None.

OPINION: Based on the information available, the Office of the Armed Forces Medical Examiner agrees with the submitted cause and manner of death.

(b)(6)

ACLU DDII CID ROIS 38048

Exhibit 24