



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND**  
**KUWAIT BRANCH OFFICE (CID)**  
**11<sup>TH</sup> MILITARY POLICE BATTALION (CID)**  
**CAMP ARIFJAN, APO AE 09366**

REPLY TO  
ATTENTION OF:

CIRC-KBO

24 February 2005

MEMORANDUM FOR Record

SUBJECT: CID Report of Investigation (ROI) 0163-2004-CID519-81185 *5H*

1. During administrative review of this investigation, it was documented in the Agent's Investigative Report (AIR) of SA **(b)(6), (b)(7)(C), (b)(7)(F)** dated 25 Oct 04, that photographs of the crime scene were exposed during the crime scene examination. These photographs could not be located once the case file was transferred from Camp Doha, Kuwait, to Camp Arifjan, Kuwait.

2. Point of contact for this office is SA **(b)(6), b(7)(C)** at DSN **(b)(2)** **(b)(2)** or e-mail **(b)(6), b(7)(C)**@us.army.mil.

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

Distribution:  
1 - USACRC  
1 - File

CW2, MP  
Assl. Special Agent in Charge

10-L-0126 ACLU DDII CID ROI 20810



**DEPARTMENT OF THE ARMY**  
**UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND**  
**11<sup>TH</sup> MILITARY POLICE BATTALION (CID)**  
**ARIFJAN CID OFFICE**  
**CAMP ARIFJAN, APO AE 09366**

REPLY TO  
ATTENTION OF:

CIRC-ARCID

21 March 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION- FINAL/SSI - 0154-04-CID519-81185-5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 19 OCT 2004/1640 – 19 OCT 04/1710; CAMP BUCCA DETENTION FACILITY IVO UMM QASR, IRAQ

DATE/TIME REPORTED: 19 OCT 04, 1845 HRS

INVESTIGATED BY: SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C) SA (b)(2),(b)(6),(b)(7)(C)

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

VICTIM: 1. MENKHI/AL-ZARJAWI, AHMED SUFEIAN/MERKHI/MOHSEN [DECEASED]; DETAINEE; ISN# (b)(6),(b)(7)(C) 2 FEB 1978; MALE, OTHER; (NFI); [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an "Operation Iraqi Freedom" investigation.

On 19 Oct 04, this office was notified by the 22<sup>nd</sup> Military Police Detachment (CID), Camp Victory, Iraq, of the death of a detainee at the Camp Bucca Detention Facility IVO UMM QASR, Iraq.

Investigation established that Mr. AL-ZARJAWI died as the result of natural causes. An autopsy revealed that the cause of death was undetermined; however, there was no evidence or indications that contradicted the assessment that the manner of death was natural.

STATUTES: None.

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

EXHIBITS/SUBSTANTIATION:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA **b(6), b(7)(C)** 2 Nov 04, wherein he detailed the basis for investigation, coordinations with MAJ **b(6), b(7)(C)** and CW3 **b(6), b(7)(C)** interviews of SSG **b(6), b(7)(C)** CPT **b(6), b(7)(C)** 1LT **b(6), b(7)(C)** Mr. **b(6), b(7)(C)** **b(6), b(7)(C)** and Mr. **b(6), b(7)(C)** and the receipt of the Preliminary Autopsy Examination Report, ME04-802.

2. Sworn Statement of CPT **b(6), b(7)(C)** 19 Oct 04, in which he detailed the lifesaving procedures he performed on Mr. MENKHI.

3. Sworn Statement of SSG **b(6), b(7)(C)** 19 Oct 04, in which he notified medical personnel that Mr. MENKHI was unconscious and had a weak pulse.

4. Sworn Statement of SFC **b(6), b(7)(C)** 19 Oct 04, in which he detailed the lifesaving procedures he performed on Mr. MENKHI.

5. Sworn Statement of SPC **b(6), b(7)(C)** 19 Oct 04, in which he detailed how he discovered Mr. MENKHI lying unconscious on the ground.

6. Sworn Statement of SGT **b(6), b(7)(C)** 19 Oct 04, in which he detailed the lifesaving procedures he performed on Mr. MENKHI.

7. Statement of SGT **b(6), b(7)(C)** 19 Oct 04, in which he detailed his knowledge of the incident.

8. Photographic Packet Containing 16 Photographs.

a. Packet Containing Photographs 1 - 16 (Identification Photos)

9. Photographic Compact Disc (CD) 040155.519, containing all digital images of exposed pertaining to Mr. MENKHI (USACRC and File copies only)

10. DA Form 2669-R-E, Certificate of Death, 19 Oct 04, depicting the cause of death as unknown.

11. Standard Form 600, Chronological Record of Medical Care of Mr. MENKHI.

12. AIR of SA **b(6), b(7)(C)** 10 Dec 04, which detailed the receipt of the Detainee Processing Packet of Mr. MANKHI.

13. Detainee Processing Packet, 9 Dec 04, pertaining to Mr. MANKHI.

14. Preliminary Autopsy Report #ME 04-802, 27 Oct 04, detailing that there was no internal or external signs of trauma.

15. AIR of SA **b(6), b(7)(C)** 6 Mar 05, detailing the receipt of the Final Autopsy Report.

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**CIRC-ARCID**

**SUBJECT: CID REPORT OF INVESTIGATION- FINAL/SSI - 0154-04-CID519-81185-5H9A**

16. Final Autopsy Examination Report #ME 04-802, 17 Feb 05, detailing the cause of death as Undetermined and the manner of death as Natural.

17. AIR of SA (b)(6),(b)(7)(C) 380<sup>th</sup> MP Det (CID), Camp Bucca, Iraq (CBI), APO AE 09375, 19 Feb 05, detailing the interviews of SPC (b)(6), CPT (b)(6),(b)(7)(C) SPC (b)(6),(b)(7)(C) SGT (b)(6),(b)(7) SFC (b)(6),(b)(7) TSGT (b)(6),(b)(7)(C) MSG (b)(6),(b)(7)(C) SFC (b)(6),(b)(7)(C) CPT (b)(6),(b)(7)(C) SSG (b)(6),(b)(7)(C) Mr. (b)(6),(b)(7)(C) SPC (b)(6),(b)(7)(C) SFC (b)(6),(b)(7)(C) SSG (b)(6),(b)(7)(C) SPC (b)(6),(b)(7)(C) and verification of the death scene.

18. Sworn Statement of CPT (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 14 Feb 05.

19. Sworn Statement of SPC (b)(6),(b)(7)(C) detailing her knowledge of the resuscitation efforts and death of Mr. MENKHI, 14 Feb 05.

20. Sworn Statement of SGT (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 15 Feb 05.

21. Dossier and Medical Records of Mr. MENKHI.

22. Sworn Statement of SFC (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 16 Feb 05.

23. Sworn Statement of CPT (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 16 Feb 05.

24. Sworn Statement of SSG (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 16 Feb 05.

25. Sworn Statement of SPC (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 18 Feb 05.

26. Sworn Statement of SFC (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 18 Feb 05.

27. Sworn Statement of SSG (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 18 Feb 05.

28. Sworn Statement of SPC (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 19 Feb 05.

29. Sworn Statement of SPC (b)(6),(b)(7)(C) detailing his knowledge of the resuscitation efforts and death of Mr. MENKHI, 19 Feb 05.

30. Photographic packet comprised of seven Photographs.

a. Packet containing photographs 1-7 (Bucca Compound)



**CIRC-ARCID**

**SUBJECT: CID REPORT OF INVESTIGATION- FINAL/SSI - 0154-04-CID519-81185-5H9A**

31. Photographic CD 0012-05-CID579, containing all photographic images and the originals of Exhibit 30. (USACRC copy only)

32. Crime Scene Sketch, prepared by SA (b)(6),(b)(7)(C) 19 Feb 05.

33. AIR of SA (b)(6),(b)(7)(C) 380<sup>th</sup> MP Det (CID), CBI, 24 Feb 05, detailing the interviews of Detainees Mr. (b)(6),(b)(7)(C) Mr. (b)(6),(b)(7)(C) Mr. (b)(6),(b)(7)(C) Mr. (b)(6),(b)(7)(C)

34. Arabic Language Statement of Mr. (b)(6),(b)(7)(C) detailing his actions in seeking medical attention for Mr. MENKHI, 22 Feb 05. (USACRC and File copy only)

35. English Language Translation of Exhibit 34.

36. Arabic Language Statement of Mr. (b)(6),(b)(7)(C) detailing his actions in seeking medical attention for Mr. MENKHI, 22 Feb 05. (USACRC and File copy only)

37. English Language Translation of Exhibit 36

38. Arabic Language Statement of Mr. (b)(6),(b)(7)(C) detailing his actions in seeking medical attention for Mr. MENKHI, 24 Feb 05. (USACRC and File copy only).

39. English Language Translation of Exhibit 38.

40. DA Form 4137, Evidence / Property Custody Document, Document Number (DN) 118-04, 19 Oct 04.

NOT ATTACHED

Retained in the Evidence Depository, this office:

41. Pants, Item 1, DN 118-04.

The originals of Exhibits 1 through 9, 12, 15, 17 through 20, and Exhibits 22 through 39 were forwarded with the USACRC copy of this report. The originals of Exhibit 10, 11, and 21 are retained by the 520<sup>th</sup> Medical Company, Camp Bucca, Iraq APO AE 09375. The original of Exhibit 13 is retained in the files of The Detainee Processing Section, Camp Bucca, Iraq, APO AE 09375. The originals of Exhibits 14 and 16 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Office of the Armed Forces Medical Examiner (OAFME), 1413 Research Boulevard, Building 102, Rockville, MD 20850. The original of Exhibit 40 is retained in the evidence depository, this office.

STATUS: This is a Final(C) Report. This investigation is being terminated in accordance with CIDR 195-1, paragraph 4-17(a) (8) (a) in that medical authorities have determined that the death resulted from natural causes and there is no evidence to contradict their findings.

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

**CIRC-ARCID**

**SUBJECT: CID REPORT OF INVESTIGATION- FINAL/SSI - 0154-04-CID519-81185-5H9A**

Leads Remaining Include:

1. Additional canvass interviews.
2. Re-interviews of SSG (b)(6),(b)(7)(C) SFC (b)(6),(b)(7)(C) SG (b)(6),(b)(7)(C) and SGT (b)(6),(b)(7)(C)
3. Interviews of CPT (b)(6),(b)(7)(C) Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA, CPT (b)(6),(b)(7)(C) CPI (b)(6),(b)(7)(C) SFC (b)(6),(b)(7)(C) and PFC (b)(6),(b)(7)(C)
4. Laboratory examinations.

Report Prepared By:

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

Report Approved By:

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

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

(b)(6),(b)(7)(C) FON:

1 - DIR, USACRC (ORIGINAL)

1 - DIR, AFIP, OAFME, 1413 RESEARCH BOULEVARD, BUILDING 102, ROCKVILLE, MD 20850

1 - THRU: CDR, 11<sup>TH</sup> MP BN, CAMP VICTORY, IRAQ  
CDR, 3<sup>RD</sup> MP GROUP, USACIDC (ATTN: CIRC-OP) 4699 N 1<sup>ST</sup> STR., FOREST PARK, GA 30297-5119

TO: CDR, USACIDC (ATTN: CIOP-CO), FORT BELVOIR, VA 22060

1 - SJA, CFLCC, ATTN: MAJ (b)(6),(b)(7)(C) CAMP ARIFJAN, KUWAIT, APO AE 09366

1 - CDR, ASG-KUWAIT, CAMP ARIFJAN, KUWAIT, APO AE 09366

1 - CDR, CAMP BUCCA, IRAQ

1 - PM, ASG-KUWAIT, CAMP ARIFJAN, KUWAIT, APO AE 09366

1 - PM, CFLCC, CAMP ARIFJAN, KUWAIT, APO AE 09366

1 - FILE

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

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0154-04-CID519-81185

Page 1 of 3 Pages

## DETAILS

Basis For Investigation: About 1845, 19 Oct 04, this office was notified by the 22<sup>ND</sup> MP BN (CID), Camp Victory, Iraq, of the death of a detainee at the Camp Bucca Detention Facility (CBDF) in the vesentaty of (IVO) Umm Qasr, Iraq.

About 2200, 15 Oct 04, SA **(b)(6), b(7)(C)** interviewed SSG **(b)(6), b(7)(C)** Medic NCOIC, 520<sup>th</sup> Medical Company, Ft. Lewis, WA 98433 (deployed to Iraq), who stated the body of the deceased had been cleaned and not been packed in ice. SSG **(b)(6), b(7)(C)** provided this office with a copy of the deceased medical records.

2225, 19 Oct 04, SA **(b)(6), b(7)(C)** arrived at the CBDF and coordinated with MAJ **(b)(6), b(7)(C)** S-3, 160th MP BN, CBDF, for interviews of the doctors and checking the body. MAJ **(b)(6), b(7)(C)** stated Mr. AHMED SUFEIAN/MERKHI/MOHSSEN MENKHI/AL-ZARJAWI, Detainee ISN # **(b)(6), b(7)(C)** was found unconscious and never recovered. MAJ **(b)(6), b(7)(C)** said four undetermined detainees found MR. MENKHI/AL-ZARJAWI unconscious and carried him to the sally port of compound three, seeking medical attention. Medical personnel were contacted and guard members noticed MR. MENKHI/AL-ZARJAWI was unconscious and breathing very shallow, and no pulse was confirmed. Cardio Pulmonary Resuscitative (CPR) efforts were started, medical staff arrived and put MR. MENKHI/AL-ZARJAWI onto a litter and carried him to the medical facility while continuing CPR, but he never recovered. MAJ **(b)(6), b(7)(C)** provided written statements of the US Personnel involved (See statements for details).

Agent's Comment: MAJ **(b)(6), b(7)(C)** stated the body was cleaned by medical staff, with all the medical items removed and a blanket put over the body. Further, the mother NFI, and reported brother, Detainee ISN# **(b)(6), b(7)(C)** were allowed to view the body and were allowed to touch it. Efforts are underway to change the medical protocol on handling bodies at the facility.

About 2230, 15 Oct 04, SA **(b)(6), b(7)(C)** captured digital images of the deceased utilizing a Kodak Easy share Digital Camera. (See Photographic Disc for details)

About 2300, 15 Oct 04, SA **(b)(6), b(7)(C)** collected the following item as evidence: one pair of black in color pants. Item was documented on DA Form 4137, Evidence/Property Custody Document (EPCD), Document Number (DN) 118-04.

About 2310, 15 Oct 04, SA **(b)(6), b(7)(C)** interviewed CPT **(b)(6), b(7)(C)** 15<sup>TH</sup> Field Hospital, CBDF, Iraq, who assisted with attempting to revive Mr. MENKHI/AL-ZARJAWI. CPT **(b)(6), b(7)(C)** stated extensive efforts were made to revive Mr. MENKHI/AL-ZARJAWI, however he did not recover. She stated nothing out of the ordinary or extraordinary was noted, such as trauma or wounds.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

78<sup>TH</sup> MP DET (CID) (FWD),  
Camp Arifjan, Kuwait, APO AE 09366

DATE

2 November 2004

EXHIBIT

10-L-0126 ACLU DDII CID ROI 20816

2 November 2004

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0154-04-CID519-81185

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## DETAILS

About 2340, 15 Oct 04, SA **(b)(6), (b)(7)(C)** interviewed 1LT **(b)(6), (b)(7)(C)** 115<sup>TH</sup> Field Hospital, CBDF, Iraq, who assisted with attempting to revive Mr. MENKHI/AL-ZARJAWI. 1LT **(b)(6), (b)(7)(C)** stated he assisted in trying to revive Mr. MENKHI/AL-ZARJAWI, but he never recovered. 1LT **(b)(6), (b)(7)(C)** did not find any trauma or wounds.

About 0950, 20 Oct 04, SA **(b)(6), (b)(7)(C)** interviewed Mr. **(b)(6), (b)(7)(C)** IN: **(b)(6), (b)(7)(C)** Camp Bucca Internment Facility, Camp Bucca, Iraq (CBIZ), in his native language through the translation of Mr. **(b)(6), (b)(7)(C)** **(b)(6), (b)(7)(C)** Interpreter, Titan Corporation, assigned to the Kuwait Branch Office (CID), who stated he was a childhood neighbor of Mr. MENKHI/AL-ZARJAWI, and provided limited information on his health. Mr. **(b)(6), (b)(7)(C)** provided the following information on Mr. MENKHI/AL-ZARJAWI. He arrived at CBIZ about 20 day prior and has been sick for about two weeks, prior to the black-out, with a high fever, headaches and nose bleeds. On 18 Oct 04, He had a high temperature and went to the gate requesting to go to sick call, but was told he had to wait for the head count to be completed. He went to lay down, with ice on his head till 1330, when he awoke shivering and went back to sleep until 1400, when he took two breaths and "Passed away". Mr. **(b)(6), (b)(7)(C)** and others then took Mr. MENKHI/AL-ZARJAWI to the gate for medical aide. He had no known problems as a child. Mr. MENKHI/AL-ZARJAWI was moved into area 3 from area 6, one night prior to the medical emergency.

About 1015, 20 Oct 04, **(b)(6), (b)(7)(C)** through the language interpretation of Mr. **(b)(6), (b)(7)(C)** interviewed Mr. **(b)(6), (b)(7)(C)** IN: **(b)(6), (b)(7)(C)** CBIZ, who stated he was a neighbor to Mr. MENKHI/AL-ZARJAWI since 1987. Mr. **(b)(6), (b)(7)(C)** stated he wasn't there when Mr. MENKHI/AL-ZARJAWI had the medical emergency, had no information on previous injuries or medications. Upon being informed of Mr. MENKHI/AL-ZARJAWI's death, Mr. **(b)(6), (b)(7)(C)** went to view the body. He had no further information to add.

About 1030, 20 Oct 04, SA **(b)(6), (b)(7)(C)** through the language interpretation of Mr. **(b)(6), (b)(7)(C)** interviewed Mr. **(b)(6), (b)(7)(C)** IN: **(b)(6), (b)(7)(C)** CBIZ, who stated he lives in a different tent than Mr. MENKHI/AL-ZARJAWI, but came into his tent at about 0200, but didn't see anything. Mr. **(b)(6), (b)(7)(C)** said he helped carry Mr. MENKHI/AL-ZARJAWI towards the gate area, and thinks he may have had a heart attack and didn't see anyone strike or hurt anyone.

About 1145, 20 Oct 04, this office received copies of Mr. MENKHI/AL-ZARJAWI's medical records. (See copies of Medical Records, pertaining to Mr. MENKHI/AL-ZARJAWI, for details)

On 20 Oct 04, Mr. MENKHI/AL-ZARJAWI's remains were transported to Tallil, Iraq, then to Baghdad Iraq, pending autopsy. Preliminary findings pertaining to the manner and cause of death are unknown and pending toxicology examination.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

S. **(b)(6), (b)(7)(C), (b)(7)(F)**

ORGANIZATION

78<sup>TH</sup> MP DET (CID) (FWD),  
Camp Arifjan, Kuwait, APO AE 09366

DATE

2 November 2004

EXHIBIT

10-L-0126 ACLU DDII CID ROI 20817



# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0154-04-CID519-81185

Page 3 of 3 Pages

## DETAILS

About 1035, 28 Oct 04, SA **(b)(6), (b)(7)(C)** coordinated with CW3 **(b)(6), (b)(7)(C)** Forensic Science Officer (FSO), 22nd MP BN (CID), Camp Victory, IZ, who provided this office a Preliminary Certificate of Death (DD Form 2064), dated 27 Oct 04, which indicated Cause of Death as Pending additional Investigation and Manner of death as undetermined. A Toxicology report is pending. The autopsy revealed blood in the abdomen, likely from the Gastric Intestinal Track, but there was no obvious source of the blood bound in autopsy. (See DD Form 2064, for further details.)

About 1004, 2 Nov 04, this office received the Preliminary Autopsy Examination Report pertaining to Mr. MENKHI/AL-ZARJAWI, dated 19 Oct 04, signed by CDR **(b)(6), (b)(7)(C)** USN, Chief Deputy Medical Examiner, Armed Forces Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Blvd., Bldg. 102, Rockville, MD 20850, which listed the Preliminary Cause of Death as "pending additional investigation" and Manner of Death as "pending additional investigation." (See Preliminary Autopsy Examination Report, pertaining to Mr. MENKHI/AL-ZARJAWI, 19 Oct 04, for details.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

78<sup>TH</sup> MP DET (CID) (FWD),  
Camp Arifjan, Kuwait, APO AE 09366

DATE

10-L-0126 ACLU DDII CID ROI 20818

2 November 2004

EXHIBIT

ACLU BDU 5483 p.9

FEB 77

FOR OFFICIAL USE ONLY  
Law Enforcement sensitive

00009



SWORN STATEMENT

For use of this form, see AR 180-45; the proponent agency is ODCSOPS

PRIVACY ACT STATEMENT

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

1. LOCATION: Bucca Confinment Facility, IZ
2. DATE (YYYYMMDD): 20041019
3. TIME
4. FILE NUMBER
5. L: b(6), b(7)(C)
6. SSN: b(6), b(7)(C)
7. GRADE/STATUS: 03
8. ORGANIZATION OR ADDRESS

9. I, b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
28 y/o ♂ Iraqi, interned at Camp Bucca, collapsed at the IZ prior to my arrival at the scene. pt unconscious for unknown amount of time. When I, cpt b(6), b(7)(C) and medics arrived on scene, 2 medics were performing CPR on individual. pt did not have a pulse, and was not breathing/unconscious. AED/litter/IV/combitube an ambulance brought to scene. pt had CPR continued/combitube was placed in ambulance pt transported to med facility. pt continued in pt was shocked x1 in AED. EKG/monitor shown for v-tach/pre-arr electrical activity indicating PEA. (please see nansen notes for cont care). cpt b(6), b(7)(C) myself and cpt b(6), b(7)(C) present during code. pts condition continued in PEA but progressed immediately to asystole. pt 240-250cc dark coffee ground emesis suctioned from stomach - code called by cpt b(6), b(7)(C) 1710(TDD).
b(6), b(7)(C)

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF b(6), b(7)(C) DATED 10/19/04"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE SIGNATURE OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED.
DII CID ROI 20819

STATEMENT OF **b(6), b(7)(C)** TAKEN AT Buena DATED 19 Oct 68

9. STATEMENT (Continued)

(see attached nurses notes/EKG)  
EMD vs statute - notes follow

[Large empty area for statement content, bounded by a diagonal line]

**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 1. 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 UNLAWFUL INDUCEMENT.

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

10-L-0126 ACLU DDII CID ROI 20820

PAGE 2 OF 2 PAGES

# DETAINEE OBSERVATION REPORT

Camp Bucca Form 2713, AUG 2004

REPORT DATE  
0154-04-CID519-81  
19 OCT 2004

85

1. DETAINEE NAME (Last, First MI)		2. ISN b(6), b(7)(C)	3. CUSTODY LEVEL
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4. COMPOUND # 3	5. BUILDING #	6. BUNK #/CELL #	7. DETAIL
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### 8. OBSERVATION

a. TYPE OF OBSERVATION:  FAVORABLE  UNFAVORABLE  INJURY  BEHAVIORAL

b. DATE (YYYYMMDD) 2004 10 19	c. TIME 1620	d. LOCATION Sally Port	e. WAS DETAINEE NOTIFIED ABOUT THIS REPORT: <input type="checkbox"/> YES <input type="checkbox"/> NO
----------------------------------	-----------------	---------------------------	--

### 9. OBSERVATION REPORTED BY

a. NAME (Last, First, Middle) b(6), b(7)(C)	b. GRADE E-6	c. TITLE MP	d. DATE (YYYYMMDD) 20041019
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### 10. WITNESS

a. NAME (Last, First, Middle)	b. GRADE	c. TITLE	d. DATE (YYYYMMDD)
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### 11. OBSERVATION SUMMARY ( Give an in-depth description of the observation; include all necessary information, provide attachment if necessary):

On the above date at approximately 1620 hours 4 detainees carried ISN b(6), b(7)(C) up to the sallyport of Compound 3. I observed this from the OCT building. I contacted medical and advised them of the detainee. Sgt b(6), b(7)(C) and Sgt b(6), b(7)(C) entered the sallyport area. Sgt b(6), b(7)(C) began to check the detainees vital signs. Sgt b(6), b(7)(C) advised me that the detainees pulse was faint and the detainee was unconscious. I advised medical of this. At approximately 1624 hours medical arrived. Medical evaluated the detainee and began CPR. At 1630 medical transported to medical.

12. S b(6), b(7)(C)	a. DATE (YYYYMMDD) 20041019
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13. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	a. DATE (YYYYMMDD) 20041019	b. TIME 1624
--	--------------------------------	-----------------

c. DESCRIBE ANY IMMEDIATE MEDICAL ATTENTION GIVEN:  
CPR was given, ~~is with~~ AED was utilized.

10-L-0126 ACLU DDII CID ROI 20821

19. DISPOSITION

a. NAME, GRADE, TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
-----------------------	--------------	--------------------

18. COMMANDING OFFICER REVIEW AND ACTIONS

a. NAME, GRADE, TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
-----------------------	--------------	--------------------

17. ACTIONS OF REVIEWING AUTHORITY:

a. NAME, GRADE, TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
-----------------------	--------------	--------------------

16. ACTIONS OF INTERMEDIATE REVIEWING AUTHORITY:

a. NAME, GRADE, TITLE	b. SIGNATURE	c. DATE (YYYYMMDD)
-----------------------	--------------	--------------------

15. ACTIONS OF SUPERVISOR:

a. SUPERVISORS NAME (Last, First, Middle Initial)	b. DATE (YYYYMMDD)	c. TIME
---	--------------------	---------

14. OBSERVATION REPORTED TO

10-L-0126 ACLU DDII CID ROI 20822



SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: Camp Bucca Internment Facility; 2. DATE: 2004 10 19; 3. TIME: 1654; 4. FILE NUMBER; 5. LAST NAME, FIRST NAME, MIDDLE NAME: b(6), b(7)(C); 6. SSN: b(6), b(7)(C); 7. GRADE/STATUS: E-6; 8. ORGANIZATION OR ADDRESS: B Co 1107th FA

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

At approximately 1620 4 detainees carried detainee ISN b(6), b(7)(C) to the sallyport gate of compound 3. I contacted medical on my Motorola Radio. Sgt b(6), b(7)(C) and Sgt b(6), b(7)(C) entered the Sallyport. Sgt b(6), b(7)(C) began to check detainees vital signs. Sgt b(6), b(7)(C) relayed to me that detainee had a weak pulse and was unconscious. I relayed this to medical. At 1624 medical arrived at compound 3. Medics evaluated the detainee and then began CPR. Medics transported the detainee to medical tent at 1630 hours. Nothing else follows.

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF" TAKEN AT DATED
10-L-0126 ACLU DDII CID ROI 20823
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

B. STATEMENT (Continued)

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

AFFIDAVIT

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

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 \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

10-L-0126 ACLU DDII CID RO 20824

PAGE 2 OF 5 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: CAMP BUCCA DETENTION FACILITY
2. DATE (YYYYMMDD): 2004 10 19
3. TIME: 1704
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: b(6), b(7)(C)
6. SSN: b(6), b(7)(C)
7. GRADE/STATUS: E7
8. ORGANIZATION OR ADDRESS: B 1107th FA (FWD)

9. b(6), b(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: UPON HEARING THE CALL A DETAINEE WAS BEING CARRIED TO FRONT OF CMP 3 I PROCEEDED TO GO THERE FOR SECURITY, UPON ARRIVAL SGT b(6), b(7)(C) AND SGT b(6), b(7)(C) HAD THE DETAINEE IN THE SALTY PORT, SSG b(6), b(7)(C) MADE HIS SECOND MEDIC CALL AT THAT TIME. APPROXIMATELY 45 SECS LATER I MADE A CALL FOR MED ONE TO HURRY UP, NO RESPONSE. I MADE A SECOND CALL WITH THEM RESPONDING THEY WERE UP AT CMP 12 AND GETTING READY TO CALL. MED ONE CALLED BACK FOR SYMPTOMS. SSG b(6), b(7)(C) TOLD THEM HE HAD NO PULSE AND WASNT BREATHING. THEY (MEDICAL) ASKED WHAT WAS WRONG AGAIN. SSG b(6), b(7)(C) TOLD THEM TO JUST HURRY UP. THEY (MEDICAL) SAID THERE WAS NO REASON TO SWEAR AND WANTED TO KNOW MORE ABOUT THE PATIENT. AT THAT TIME THE MEDIC VEHICLE ARRIVED AND PROCEEDED WITH TREATMENT.
END OF STATEMENT
b(6), b(7)(C)
FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

10. EXHIBIT: 4
11. INITIALS OF PERSON MAKING STATEMENT:
PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF" TAKEN AT DATED
10-L-0126 ACLU DDII CID ROI 20825
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_

B. STATEMENT (Continued)

[Faint, mostly illegible text of the statement]

AFFIDAVIT

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

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 19 day of OCTOBER, 2004 at CAMP BUCCA ORIENTATION FACILITY

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

in **b(6), b(7)(C)** MAKING STATEMENT

10-L-0126 ACLU DDII CID ROI 20826

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: Comp 3 Camp Bucca
2. DATE (YYYYMMDD): 20041019
3. TIME: 1737
4. FILE NUMBER:
5. LAST: b(6), b(7)(C)
6. SSN: b(6), b(7)(C)
7. GRADE/STATUS: E-4
8. ORGANIZATION OR ADDRESS: 547th ASMC

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

at 1615 I received a call that detainee was passed out on the ground. I arrived at compound 3 around 1617. I patient was being carried out by the MPs of compound 3. I checked the patients pulse and didnt feel anything so I went inside the guard shack to grab my equipment when I returned our medical staff was on site and we started CPR at that time. Then we moved the patient to the aid station.

Nothing else follows

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

10. EXHIBIT: 5
11. INITIALS OF b(6), b(7)(C) STATEMENT:
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF" TAKEN AT Bucca DATED 19 Oct
10-L-0126 ACLU DDII CID ROI 20827
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.



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

STATEMENT OF

TAKEN AT

Burca IFAS

DATED

19 Oct 04

9. STATEMENT (Continued)

*Nothing else follows*

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

AFFIDAVIT

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

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

INITIALS OF PERSON MAKING STATEMENT

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

10-L-0126 ACLU DDII CID ROI 20828

PAGE 2 OF 2 PAGES



SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: Camp Bucca IRAQ IF; 2. DATE (YYYYMMDD): 20041019; 3. TIME: 1808; 4. FILE NUMBER; 5. GRADE/STATUS: E-5; 6. ORGANIZATION OR ADDRESS: 160th MP BN APO, AE 09375

9. [Redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: At approximately 1620 hours on 19 October 2004 while working as a CCT in Compound 3 of Camp Bucca Internment Facility, I observed a group of detainees carrying another detainee in a blanket up to the Sally Port of the compound. Sgt. [Redacted] & myself opened the Sally Port & informed all detainees except for the one in the blanket [Redacted] & a translator to clear the port. After closing the gate [Redacted] had already called the medics on the radio to inform them of the situation. Between the call for the medics & them actually arriving Sgt. [Redacted] & myself checked for a pulse on the wrist & neck multiple times. I personally never felt a pulse. At that time I took a light to shine in his eyes & his pupils never dilated. We lifted his shirt to check for his chest rising. There was no rise. We then pulled the detainee out of the compound & the medics arrived & took control of the situation. Nothing follows - Nothing follows -

10. EXHIBIT: 6; MAKING STATEMENT: [Redacted]; PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [Redacted] TAKEN AT [Redacted] DATED [Redacted] 10-L-0126 ACLU DDII CID ROI 20829 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 Bucca DATED 19 Oct 2004

9. STATEMENT (Continued)

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

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

AFFIDAVIT

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

**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 \_\_\_\_\_ day of \_\_\_\_\_, at \_\_\_\_\_

ORGANIZATION OR ADDRESS

*(Signature of Person Administering Oath)*

*(Typed Name of Person Administering Oath)*

ORGANIZATION OR ADDRESS

*(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT

10-L-0126 ACLU DDII CID ROL 20830

PAGE 2 OF 2 PAGES

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: CAMP BUCCA, IRAQ Internment
2. DATE (YYYYMMDD): 20041019
3. TIME: 1831
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: b(6), b(7)(C)
6. SSN: b(6), b(7)(C)
7. GRADE/STATUS: E5

110th MP BN

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On or about 19 OCTOBER 2004 at about 1630 while working as a compound control team (CCT) witnessed detainees carrying up a detainee in a blanket. I instructed the detainees to place detainee in Sally port and back out. I entered Sally port and checked detainee's vitals. I was getting a faint pulse and unresponse to touch. I instructed SSG b(6), b(7)(C) to contact medical and respond ASAP. I continued to check with SGT b(6), b(7)(C) on detainee vitals. He was not responding and did not react to light in eyes. I again instructed SSG b(6), b(7)(C) to contact medical and respond ASAP. Detainee's pulse was still faint to none and his chest was not rising or falling. We adjusted detainee's head to check for clear airway and didn't get any indication of breathing. We moved detainee out of Sally-port and medical was arriving and begun CPR. One detainee stated at least twice to the effect "mister he is dead". About eight to ten medical staff worked on detainee for about five to ten minutes and transferred him to medical for further treatment. We continued to reassure the detainees that everything was being done possible. Nothing Follows//

FOR OFFICIAL USE ONLY
Law Enforcement

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [NAME] DATED [DATE]"
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.
10-L-0126 ACLU DDII CID ROI 20831



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

TAKEN AT Camp Bucca <sup>1831</sup> DATED 19 OCTBER 2004

B. STATEMENT (Continued)

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

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

AFFIDAVIT

\_\_\_\_\_, 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 ABOVE STATEMENT BY ME. THE STATEMENT IS TRUE, I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT.

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

10-L-0126 ACLU DDII CID ROI 20832

PAGE 2 OF 2 PAGES

## Photo Packet

1. Identifying photograph of Mr. MENKHI/AL-ZARJAWI.
2. Identifying photograph of Mr. MENKHI/AL-ZARJAWI.
3. Identifying photograph of Mr. MENKHI/AL-ZARJAWI.
4. Identifying photograph of Mr. MENKHI/AL-ZARJAWI.
5. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (right arm).
6. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (right arm).
7. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (right arm).
8. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (right arm).
9. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (right arm).
10. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (left arm).
11. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (left arm).
12. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (left arm).
13. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (left arm).
14. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (left arm).
15. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (back).
16. Photograph depicting Mr. MENKHI/AL-ZARJAWI's tattoos (back).





~~10 L-0126~~ ACLU DDII CID ROI 20843

~~Law Enforcement Sensitive~~

Exhibit 9  
000033

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom)		GRADE Grade Arme	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
AL ZARJAWI (BTB), AHMED MENKHI		CIVILIAN	N/A	N/A
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
IRAQI DETAINEE		IRAQI	UNKNOWN	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat Civil		RELIGION Culte
<input checked="" type="checkbox"/> CAUCASOID Caucasoïde		SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant
NEGROID Négroïde		MARRIED Marié		CATHOLIC Catholique
OTHER (Specify) Autre (Spécifier)		WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le survivant		
UNKNOWN				
STREET ADDRESS Domicile à (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 <sup>1</sup> Maladie ou condition directement responsable de la mort <sup>1</sup>				
PENDING ADDITIONAL INVESTIGATION				
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 Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS <sup>2</sup> Autres conditions significatives <sup>2</sup>				
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		MODE: PENDING ADDITIONAL INVESTIGATION	
ACCIDENT Mort accidentelle				
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide	(b)(6)	DATE Date	AVIATION ACCIDENT Accident à Avion	
	(b)(6)	27 OCT 2004	<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (Month, day, year) Date de décès (Mois, jour, année)		PLACE OF DEATH Lieu de décès		
(b)(6) 2004		CAMP BUCCA DETENTION FACILITY, UMM QASR, 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 matériels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.				
NAME (b)(6)		MEDICAL EXAMINER		
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse		
CDR		OFFICE OF THE ARMED FORCES MEDICAL EXAMINER		
DATE Date		SIGNATURE (b)(6)		
27 OCT 2004				
<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. <sup>2</sup> State conditions contributing to the death, but not listed to the disease or condition causing death. <sup>1</sup> Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du coeur, etc. <sup>2</sup> 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.				

DD FORM 2064 1 APR 77

REPLACES AF FORM 716, 1 FEB 70, WHICH OBSOLETE. 10-0128-ACU-I-DDII CID RO 20881 10

Law Enforcement Sensitive

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

FROM:

Bucca 160<sup>th</sup> MP BN

TO:



SUFEIAN / MERKHI / MOHSEN

NAME (Last, first, MI) MENKHI / AL-ZARJAWI, AHMED GRADE - SERVICE NUMBER

NATIONALITY IRAQ POWER SERVED IRAQ PLACE OF CAPTURE/INTERMENT AND DATE Unknown / 2003 / 11 / 05

PLACE OF BIRTH Unknown DATE OF BIRTH 78 / 02 / 02

NAME ADDRESS AND RELATIONSHIP OF NEXT OF KIN (b)(6) FIRST NAME OF FATHER

PLACE OF DEATH Camp Bucca DATE OF DEATH 2004 (b)(6) CAUSE OF DEATH Unknown

PLACE OF BURIAL Unknown DATE OF BURIAL 2004 (b)(6)

IDENTIFICATION OF GRAVE Unknown

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

- RETAINED BY DETAINING POWER FORWARDED WITH DEATH CERTIFICATE TO (Specify) FORWARDED SEPARATELY TO (Specify)

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

ACLS initiated for PEA / Asystole - Pt unconscious. Code unsuccessful.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY

DATE 20 OCT 04 (b)(6) SIGNATURE OF COMMANDING OFFICER

WITNESSES SIGNATURE ADDRESS

SIGNATURE 10-1-0126 ACLU DDH CID ROI 20882 10

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

<p align="center"><b>Certificate Of Death</b></p> <p>For use of this form, see AR 180-8, the Proponent agency is DCSOPS</p>		<p>Internment Serial Number</p> <p>(b)(6)</p>	
<p>From:</p> <p>BUCCA160TH MP BN</p> <p>UMM QASAR</p> <p>APO</p>		<p>To:</p>	
<p>Name (Last, First, MI)</p> <p>MENKHI/AL-ZARJAWI, AHMED</p> <p>SUFEIAN/MERKHI/MOHSEN</p>		<p>Grade</p>	<p>Service Number</p>
<p>Nationality</p> <p>IZ-Iraq</p>	<p>Power Served</p> <p>IZ-Iraq</p>	<p>Place of Capture/Internment and Date</p> <p>UNKNOWN 2003/11/05</p>	
<p>Name, Relationship, Address of Next of Kin</p> <p>(b)(6)</p>		<p>Father's First Name</p> <p>(b)(6)</p>	
		<p>Place Of Birth:</p>	
		<p>Date Of Birth:</p> <p>1978/02/02</p>	
<p>Place of Death</p> <p>CAMP BUCCA,</p>	<p>Date Of Death</p> <p>2004 (b)(6)</p>	<p>Cause Of Death</p> <p>UNKNOWN</p>	
<p>Place Of Burial</p>	<p>Date Of Burial</p> <p>2004 (b)(6)</p>	<p>Identification Of Grave</p>	

Personal Effects: Please See Attached Page

Brief Details Of Death And Burial: Please See Attached Page

<p>Do Not Write In This Space</p> <p>(Seal of the Office of The Provost Marshal General) 160TH MP BN</p> <p>UMM QASAR</p> <p>APO</p>		<p>Date</p> <p>2004 (b)(6)</p>	
		<p>Signature of Commanding Officer</p>	
		<p>Witnesses:</p>	
		<p>Signature</p>	<p>Address</p>
		<p>Signature</p>	<p>Address</p>

10-0126 ~~ACLU DDII~~ CID ROI 20883 10

~~Law Enforcement Sensitive~~



Personal Effects And Money		Internment Serial Number	
		(b)(6)	
Property Tag	Description	Qty	Disposition

The Above List Of Items Is Correct \_\_\_\_\_  
Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The Deceased During Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

UNSUCCESSFUL RESUCITATION. TIME OF DEATH 1710

10-1-0126 ACLU DDII CID ROI 20884 10

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 Oct 01	1635 - Brought in to TML. Medics perform
- 11035-	CPR
	1635 - epi pen 1mg
	1636 O <sub>2</sub>
	1636 - pulse present
	1637 epi pen 1mg
	1637 - saline flush
	1637 - pulse still present
	1638 - pulse ox 82, 169 1640 60 66
	1639 - propoc →
	1641 - epi pen 1mg → saline
	1642 - shocked → 200
	1643 - shocked → 300
	1644 - atropen 1mg → saline 1644 anastologist present
	1646 - BP 163/74
	1648 - New airway (endotracheal tube)
	1649 - Faint pulse (radial)
	1652 - epi pen 1mg → saline
	1653 - atropen 1mg - saline
	1654 - pulse ox 84 82 84
	1655 - CPR resumed → 1659
	1655 - shocked 300
	1656 - epi pen → saline

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

RECORDS MAINTAINED AT:

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

SERIAL NUMBER OF ASSIGNED UNIT AND NO.

DATE OF BIRTH

Law Enforcement Sensitive

(b)(6)

(3)

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

10-0126-AGLUDDICID ROI 20885

~~epi~~ →

(b)(6)

02/22

1657 O<sub>2</sub> Sa

1658 antrophen → saline

EN manual - med

(b)(6)

1659 Shocked 360

1659 Loss IV

CPR continued

DOC'S

(b)(6)

1701 IV in ①

~~IV line ②~~

Ana Eads-CR

1703 epi → saline

(b)(6)

1704 Shocked 360

CPR continued

1705 antrophen ①

CPR continued

1706 Shocked 360

CONTINUE CPR

1707 epi ① → saline

pulse ox biphasic 125 hr

1708 Shocked 360

CPR continued

1709 antrophen - saline

TIME of Death

1710

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10-L-0126 ACLU DDII CID ROI 20886

suctioned 240 cc of blood

Records

(b)(6)

EXHIBIT 11



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

19 Oct 04 S/ was called to compound 3  
 over the radio stating they  
 had an emergency (unconscious  
 patient - pulse/respiration)  
 upon arrival found pt lying  
 on the ground - 2 soldiers (? medics)  
 performing CPR,  
 exam revealed an unconscious  
 Iraqi male - pulse/RR/B/P,  
 CPR was continued -  
 AED applied - shocked x1 -  
 then machine stated no further  
 shocks necessary -  
 chest auscultation revealed  
 no heart sounds/d respirations

Combitube  
 inserted  
 1

IV started (w) fentanyl -  
 pt placed on g litter  
 & manually transported to  
 the IFAS  
 given several shocks/epi/  
 atropine  
 (see code flowsheet)

(b)(6)

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

3

RECORDS MAINTAINED AT:

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

DEPARTMENT (OFFICE) (SEND IDENTIFICATION NO. FOR OFFICIAL USE ONLY)

FACTOR (STATE OF BIRTH)

Law Enforcement Sensitive  
 CHRONOLOGICAL RECORD OF MEDICAL CARE

10-0126-ACLU-RDI CID ROI 20887



5 success,

P ~ 1 hr pt was  
declined deceased -  
pupils fixed/dilated  
NO HEART sounds/  
NO RESPIRATION!

A) sudden cardiac death & PEA -  
? etiology,

P) spoke to some of his  
friends & the compound -  
HAS had a fever x 24-48 -  
no other medical problems  
⊖ meds  
⊖ surgeries

(b)(6)



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~~Law Enforcement Sensitive~~

EXHIBIT 11

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
19 OCT 01	<p>28 y/o at transfer to med facility  E/c/o unconscious. No Biter Sueds/  no pulse or Respiration by medics.  pt apparently had collapsed in  the compound and was Respiration  unconscious for unknown amount of time  Arrive on scene show pt to be  Green CPR by medics. Call for AED/IV  Combitube/ambubag on stretcher. AED advise  1 shock - Airway controlled &amp; combi-tube  and Ambubag (CPR continued) IV Access  obtained - pt transported to med facility.  O<sub>2</sub> administered, <del>propofol</del><sup>EtK</sup> monitor by use  of propofol. EtK show fine V-fib/? pulses  indicating PEA. (please see nurse notes  for cont care). (b)(6) myself  arr (b)(6) present during code.  pt continued in pulsatile rhythm <sup>slow spur</sup>  which progressed to Asystole. 240cc - 250cc  Dark coffee green emesis suction from  stomach. Code called by (b)(6)  TOP - 1710 (b)(6)</p>

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

(b)(6)

RECORDS MAINTAINED AT:		(b)(6)	
PATIENT'S NAME (Last, First, Middle Initial)		SEX	
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE	
SPONSOR'S NAME		ORGANIZATION	
FOR OFFICIAL USE ONLY		DATE OF BIRTH	

FOR OFFICIAL USE ONLY  
ACLURDI 5483 p.34

10-0126-AGLU-DDII-CID-ROI-20889

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

19 OCT 04  
1720

28 y/o male who was in the IF at Camp Bucca. I was notified to the TMC where the patient was located. Assessment of the patient at the TMC revealed that the patient had a Combute a/imp placed. O2 saturation revealed 72%. Patient did not have a palpable pulse for carotid or femoral. EKG showed asystole and CPR was already implemented. I inserted an 8.0 ETT 24cm lip and continued with BBS. PT was hyperventilated with O2 saturation never reaching greater than 80%. Prior to my arrival, PT had already been defibrillated at 360 joules 3 times. After placement of ET tube and secured, CPR continued with administration of 1 AMP epinephrine every 3 minutes x 4 doses. PT was defibrillated at 360 joules after each epinephrine administration. PT continued to show asystole on the monitor with no palpable carotid or femoral pulse. 3amps of atropine were also administered. After 35 minutes of CPR and patient was still asystole and no palpable carotid or femoral pulse. The code was called at 1710. A oral gastric tube was placed at level of code and approximately 250cc of coffee ground emesis was suctioned.

Nothing further followed

(b)(6)

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

RECORDS MAINTAINED AT:

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

RELATIONSHIP TO SPONSOR STATUS RANK/GRADE

SPONSOR'S NAME ORGANIZATION

FOR OFFICIAL USE ONLY (b)(6) DATE OF BIRTH

Law Enforcement Sensitive

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505

(b)(6)

10 L 0126 ACLU DDII CID ROI 20890

FOR OFFICIAL USE ONLY  
ACLU-RDI 5483 p.35  
Law Enforcement Sensitive

000078



<b>HEALTH RECORD</b>	<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>
----------------------	---

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>
------	--

19 OCT 04  
18:30

Medicine

ACCIS imbricit on patient. Collet to  
pronounce patient. Pupil fixed dilated  
pupils. Pt. not responsive to  
sternal rub. no heart/breath  
sounds auscultated. Time of death  
per CPT Enos at end of code: 1710.

(b)(6)

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

(b)(6)

(b)(6)

RECORDS MAINTAINED AT:

PATIENT'S NAME <i>(Last, First, Middle initial)</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
FOR OFFICIAL USE ONLY		DATE OF BIRTH

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

10-0126 ACLU RDI CID ROI 20801

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-84)  
Prescribed by GSA and ICMR  
FIRMR (41 CFR) 201-45.505



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

16 Oct

DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION (SF600 OVERPRINT, VER 1.3, IAW AR 190.8)

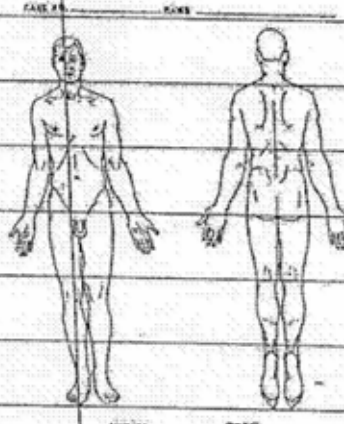
ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS -

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

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

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

TOBACCO USE Y ( ) N ( ) PP DAY X \_\_\_ YRS  
 ETOH: \_\_\_\_\_



T BP 118/78 PULSE 95 BICEPS CIRC \_\_\_\_\_  
 HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BMI \_\_\_\_\_

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

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

DENTAL



OVERALL APPEARANCE

HEENT

SKIN/SCARS/BRUISING

CARDIOPULMONARY SYSTEM

MUSCULOSKELETAL

HERNIA

GENITAL

NEUROBEHAVIORAL

DETAILS ON REVERSE SIDE

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

ISN (b)(6) CAMP \_\_\_\_\_  
 NAME \_\_\_\_\_  
 DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
 PROVIDER \_\_\_\_\_

CHRONOLOGICAL RECORD OF MEDICAL CARE

10-0126 ACLU DDII CID 20892

FOR OFFICIAL USE ONLY STANDARD FORM 600 (REV. 6-97)

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

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
24 Sep 2004 med = <del>Ø</del>	① 28 y/o ♂ c/o (L) Lower jaw pain x 1 wk. pt states his cheek is swollen + painful.
All: <del>Ø</del> AKDA	② pt INAD, 2nd molar has cupped appearance with receding gum & exudate, & erythema, tooth is not painful to tap with tongue blade. lymph nodes non tender non-swollen ③ cheek is swollen - TTP.
	④ tooth ache w/ swelling x 7-14d
	⑤ Augmentin 800mg bid w/ food, metronidazole 500mg tid w/ food or milk. Refer to Dental. <span style="float: right;">(b)(6)</span>
(b)(6)	Detainee told to translator to eat 2 Abx (no allergen) not to take Abx on empty stomach. Understood.
	Re-v 5-7 days <span style="float: right;">(b)(6)</span>

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

(b)(6)

MerKHI, AHMED  
Bison III

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION

DEPART./SERVICE | SSN/IDENTIFICATION NO. | DATE OF BIRTH

10-L-0126 ACLU DDII CID ROI 20893

CHRONOLOGICAL RECORD OF MEDICAL CARE

HT. 73.5  
BMI. 27

WT 159

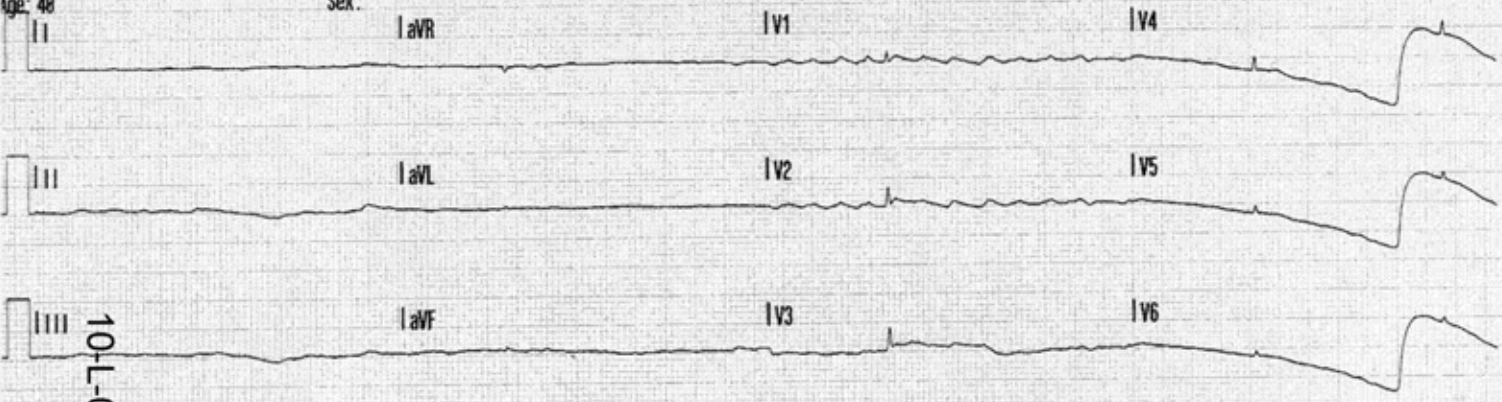
10-L-0126 ACLU DDII CID ROI 20894

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

EXHIBIT 11

Name: (b)(6) 12-Lead 1  
ID: (b)(6) 84  
Patient ID:  
Incident:  
Age: 48  
Sex:

17:37:23 • ECG override: Data quality prohibits interpretation



x1.0 25mm/sec

000 000 3811371-898 2684K30K63667R LP1238423247

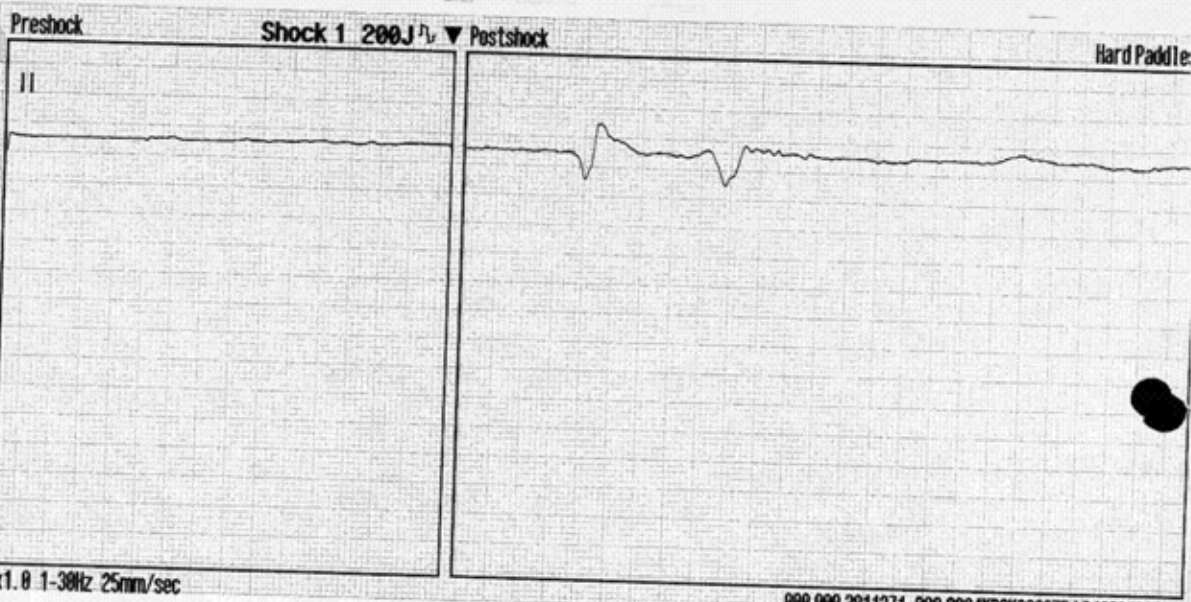
10-L-0190-AGUADNI SID ROE20095 11

000083

0154-2004-CID519-81185



Name:  
ID: (b)(6)  
Patient ID:  
Incident:  
Age: 48 Sex:  
Shock 1 200J V 17:39:51

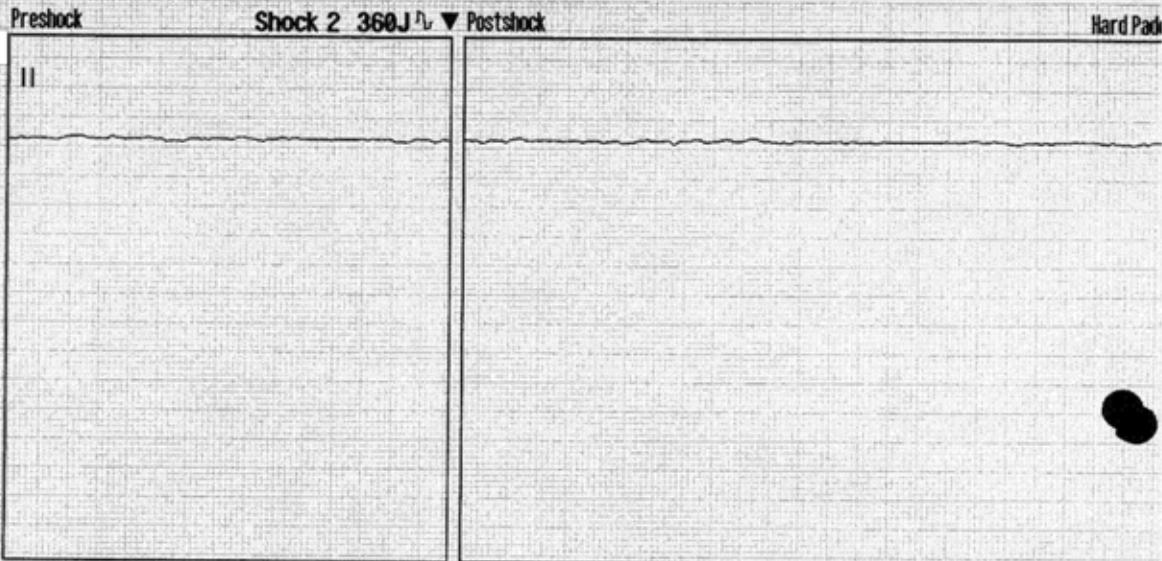


10-L-0126 ACQUADRI SID ROE 20896 //  
Law Enforcement Sensitive  
000084

000 000 3011371-090 2684K90K63667R LP1230423247

0154-2004-CID519-81185

Name:  
ID: (b)(6)  
Patient ID:  
Incident:  
Age: 48 Sex: (b)(6) 84  
Shock 2 360J<sub>v</sub> 17:48:28



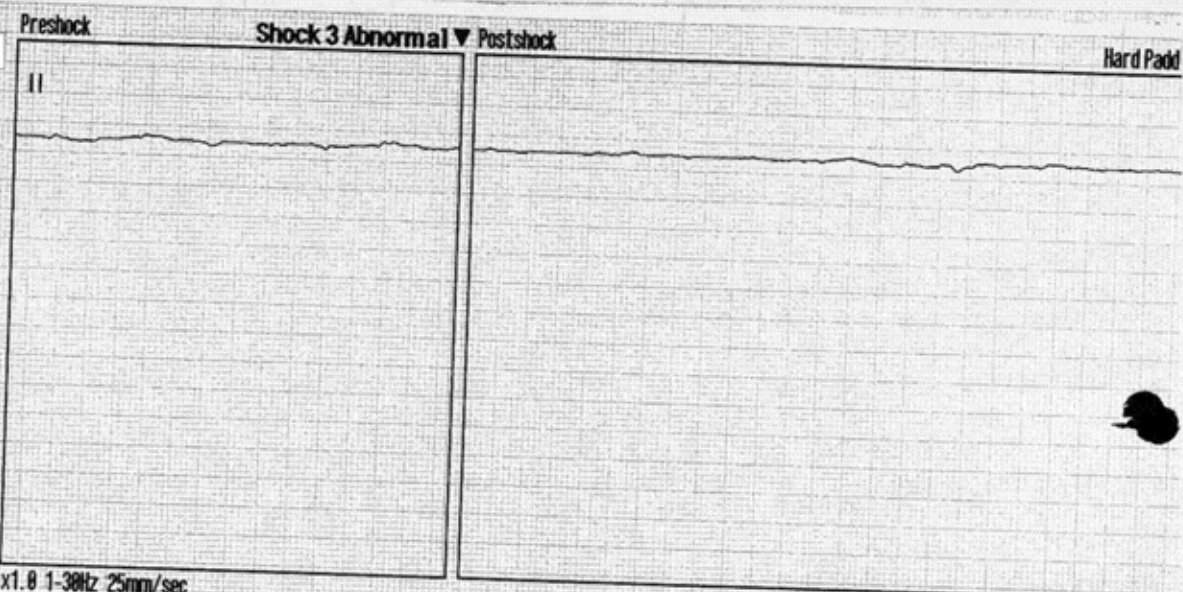
x1.0 1-30Hz 25mm/sec 000 000 3011371-090 2684KROK63667R LP1230429

HR

10-L-0126-ACLU-RDI 5483 p.42  
000085

0154-2004-CID519-81185

Name:  
ID: (b)(6)  
Patient ID:  
Incident:  
Age: 48 Sex: (b)(6) 84  
Shock 3 Abnormal 17:41:06



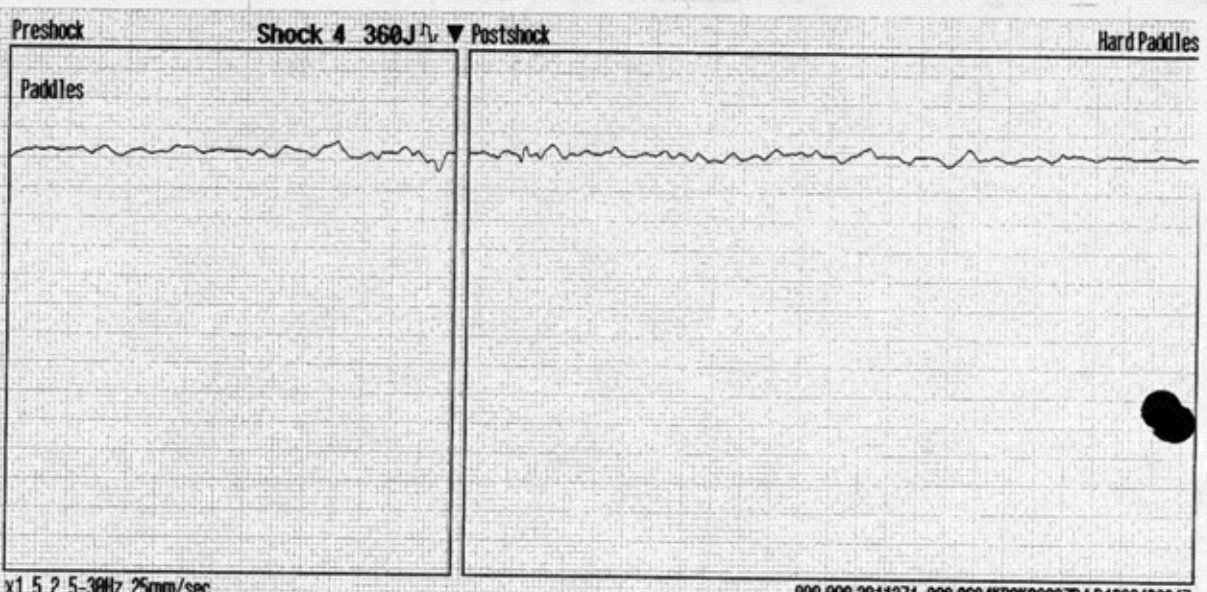
HR

10-L-0126 AGHU DDJ SID ROE 200898 //

000086

0154-2004-CID519-81185

Name: (b)(6)  
Patient ID: (b)(6)  
Age: 48 Sex: M  
Shock 4 360J 17:53:02



10-L-0126-ASHLEIGH AND ROE 200899

000087

0154-2004-CID519-81185



Name:  
ID: (b)(6)  
Patient ID:  
Incident:  
Age: 48 Sex:

Preshock Shock 5 360J  $\nabla$  Postshock Hard Padd



Shock 5 360J  $\nabla$  17:56:39

HR ---

x1.5 2.5-38Hz 25mm/sec 000 000 3811371-090 2684KROK63667R LP12384295

10-L-0126 AGHJADJL SJD ROE20900 //

Law Enforcement Sensitive

000088

0154-2004-CID519-81185

Name:

ID:

(b)(6)

Patient ID:

Incident:

Age: 48 Sex:

(b)(6) 84

Analysis Stopped

17:57:12

Analysis 1

17:57:12

HR

Paddles

x1.5 2.5-30Hz 25mm/sec

000 000 3011371-890 264400K636

Analy

10-L-0126-ACLU/ADDFI SID ROE 20901 //

Law Enforcement Sensitive

000089

0154-2004-CID519-81185

Name:

ID:

Patient ID:

Incident:

Age: 48 Sex:

(b)(6)

(b)(6)

84

Analysis Stopped

17:57:15

Analysis 2

17:57:14

HR

Paddles

x1.5 2.5-38Hz 25mm/sec

888 800 3811371-490 2004KROK536

Analy

10-L-0126 ASH/DI/DI/GID/ROE200902 //

Law Enforcement Sensitive

000090

0154-2004-CID519-81185

Name: (b)(6)  
ID: (b)(6)  
Patient ID: (b)(6)  
Incident: (b)(6)  
Age: 48 Sex: M  
Analysis Stopped 17:57:22  
Analysis 3 17:57:22

Analysis Stopped

HR

Paddles

x1.5 2.5-30Hz 25mm/sec

008 000 3811371 804 264000K 65670 LP120042

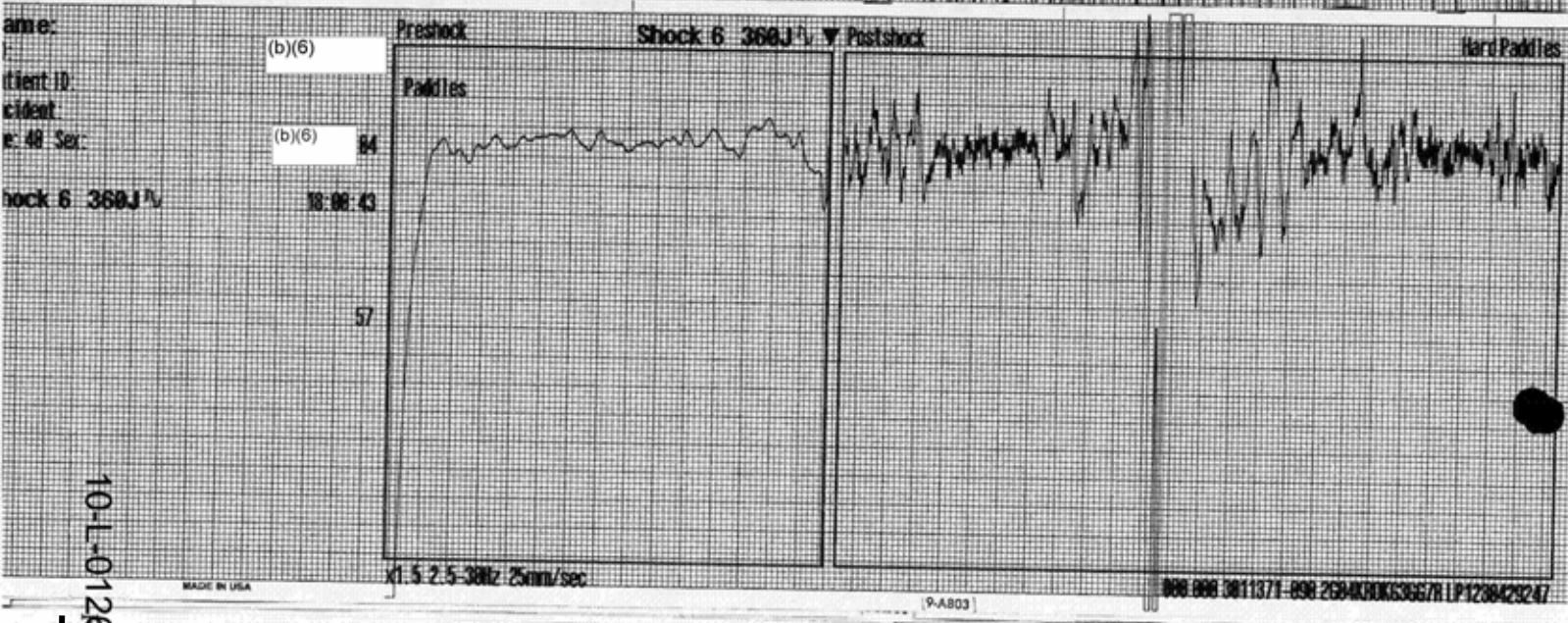
10-L-01 26 ASH/D/D/E GID ROE 20993 //

Law Enforcement Sensitive

000091

0154-2004-CID519-81185

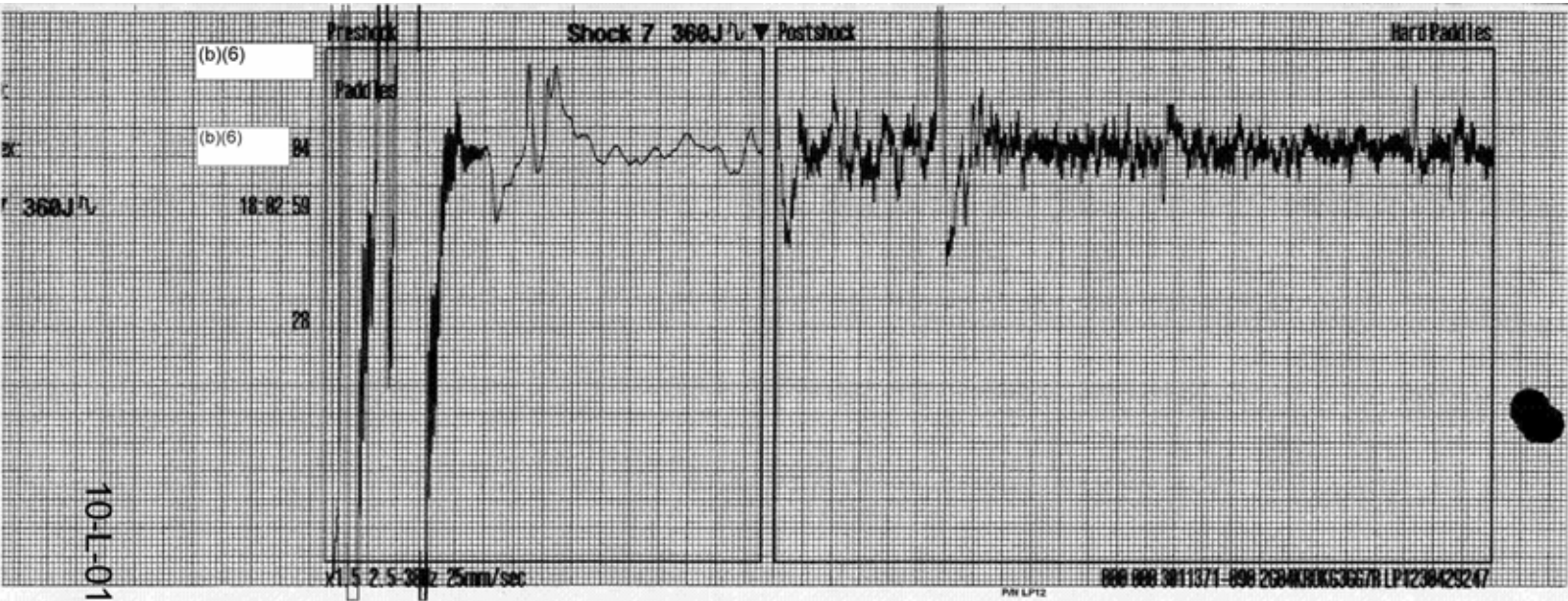




10-L-0126-AGH/ADJ GND ROE20904 //

Federal Enforcement Services  
 000092

0154-2004-CID519-81185

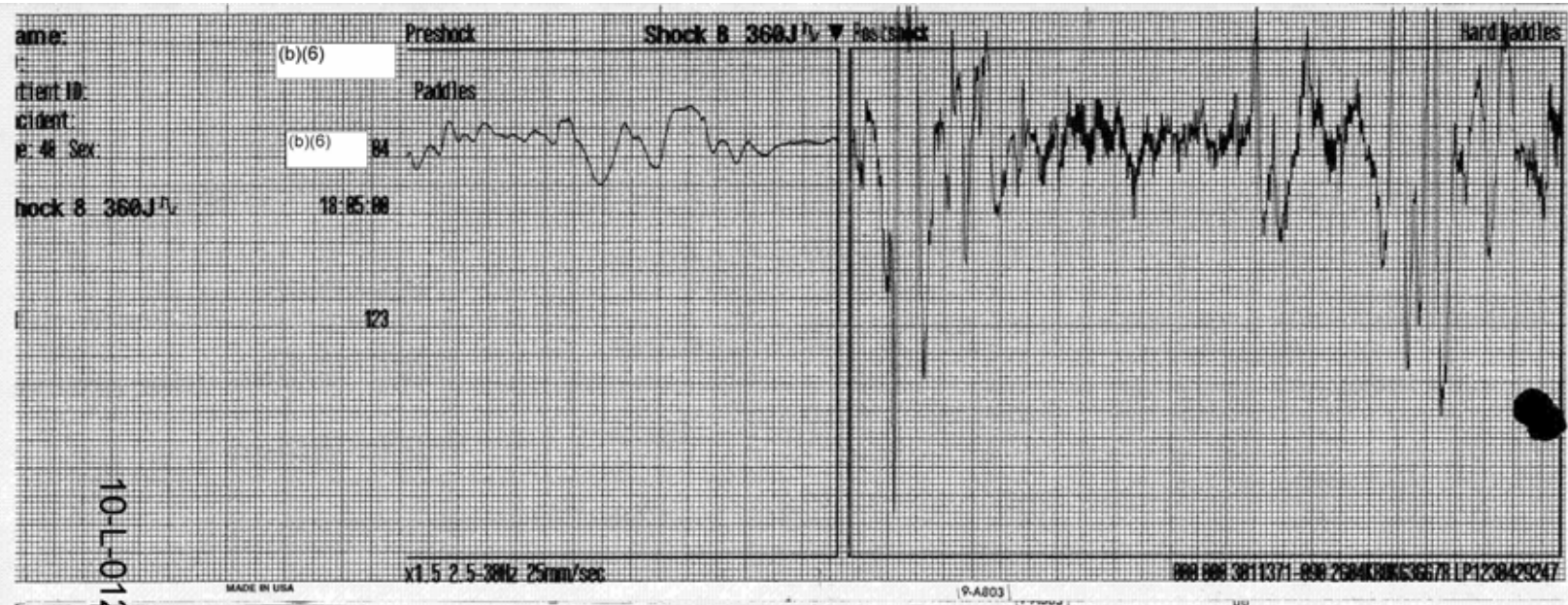


10-L-0126 ASHLEIGH AND ROE 20905

000093

LEAF ENTERTECHNICAL SERVICES

0154-2004-CID519-81185



10-L-0126-A-GH-U-AD-DH-GID-ROE-200906//

000094

0154-2004-CID519-81185

Name: (b)(6)  
 ID: (b)(6)  
 Patient ID:  
 Incident:  
 Age: 40 Sex:  
**CODE SUMMARY™**  
**critical event record**  
 Power On: 19 Oct 84 17:36:28  
 Device: 888  
 Site: 888  
 Total Shocks: 8  
 Total Time Paced: 88:08:08  
 Total 12-Leads: 1  
 Elapsed Time: 88:31:19  
 Comments:

Time	Event	HR	Time	Event	HR
17:36:28	Power On		17:57:38	Manual Mode	---
17:36:23	Initial Rhythm		18:00:43	Shock 6 368J/V	57
17:37:23	12-Lead 1		18:01:19	Vital Signs	188
17:38:51	Shock 1 288J/V	---	18:02:58	Shock 7 368J/V	28
17:40:28	Shock 2 368J/V	---	18:05:08	Shock 8 368J/V	123
17:41:06	Shock 3 Abnormal	---	18:06:19	Vital Signs	218
17:41:20	Vital Signs	---	18:07:38	Power Off	
17:46:28	Vital Signs	388			
17:51:28	Vital Signs	131			
17:53:02	Shock 4 368J/V	---			
17:58:18	Vital Signs	57			
17:58:39	Shock 5 368J/V	---			
17:57:11	Advisory Mode	---			
17:57:12	Analysis 1	---			
17:57:12	Analysis Stopped	---			
17:57:14	Analysis 2	---			
17:57:15	Analysis Stopped	---			
17:57:22	Analysis 3	---			
17:57:22	Analysis Stopped	---			

3811371-898 2684K30K63667R LP1238428247

10-L-0126-AGLE/DDE/GID/ROE20907 //

PA  
 Environmental Services

000095

0154-2004-CID519-81185



Name:  
ID:  
Patient ID:  
Incident:  
Age: 48 Sex:

(b)(6)

(b)(6)

84

17:36:23

### Initial Rhythm



x1.0 1-30Hz 25mm/sec

MADE IN USA

000 000 3811371-000 2684K70K63G

PIN LP12

10-L-0126 RASHLEADIT GND ROE20908 //

Low-Enhancement-Scanline

000096

0154-2004-CID519-81185

Name:  
ID:  
Patient ID:  
Incident:  
Age: 48

12-Lead 1  
(b)(6) (b)(6) BA

17:37:23 • ECG override: Data quality prohibits interpretation

Sex:

I aVR

I V1

I V4

I aV

I V2

I V5

I a

I V3

I V6

x1.8 0.5mV 25mm/sec

000 000 3011371-090 2604KROK63667R LP1238429247

10-L-016  
040514/DDE  
01D  
ROE  
200909  
//

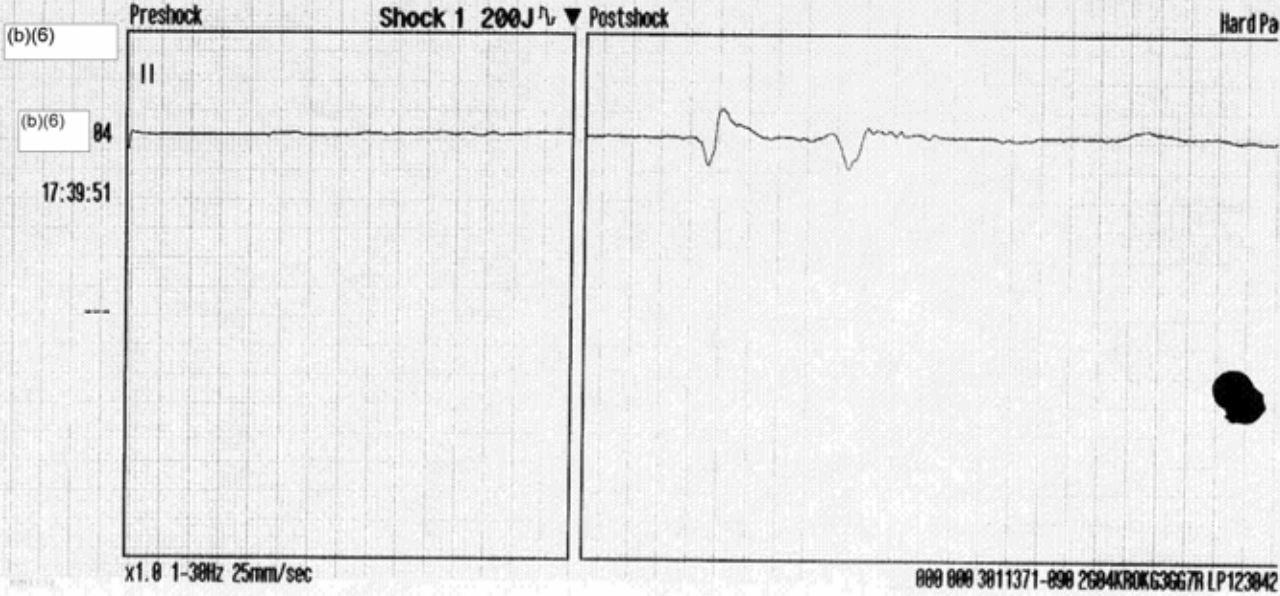
000097

0154-2004-CID519-81185

Name:  
ID:  
Patient ID:  
Incident:  
Age: 40 Sex:

Shock 1 200J  $\nabla$

HR



10-L-0126 ACB/DI/ADI/ND/ROE/20910

Low-Resolution Scan

000098

000 000 3011371-090 2604KROK63667R LP123042

0154-2004-CID519-81185

Name:  
ID:  
Patient ID:  
Incident:  
Age: 48 Sex:

Shock 2 360J

HR

10-L-0126  
ASLUADDI  
SID ROE 20911

000099

Preshock

Shock 2 360J ▼ Postshock

(b)(6)

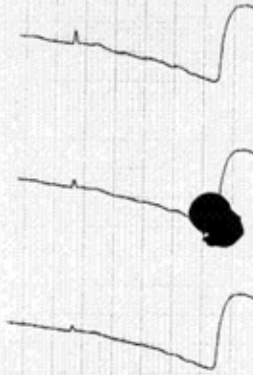
11

(b)(6)

04

17:48:28

x1.0 1-30Hz 25mm/sec



0154-2004-CID519-81185



<b>AGENT'S INVESTIGATION REPORT</b> <i>CID Regulation 195-1</i>	ROI NUMBER 0155-04-CID519-81185
	PAGE 1 OF 1 PAGE

**DETAILS**  
 About 0900, 10 Dec 04 SA **(b)(6), (b)(7)(C)** coordinated with SA **(b)(6), (b)(7)(C)** Camp Bucca, Iraq who provided a copy of the detainee processing packet for Detainee ISN # **(b)(6), (b)(7)(C)** (See packet for details).

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA <b>(b)(6), (b)(7)(C), (b)(7)(F)</b>	ORGANIZATION 78TH Military Police Detachment (CID) Camp Arifjan, Kuwait APO AE 09366
SIG <b>(b)(6), (b)(7)(C)</b>	DATE 10 Dec 04
0126	EXHIBIT ACLU DDII CID ROI 20912


**DETAINEE PERSONNEL REPORT**  
For use of this form, see AR 190-8; the proponent agency is ODCDOPS

**PART I - TO BE COMPLETED AT TIME OF PROCESSING**

<b>CARD I</b>		1. INTERMEDIATE SERIAL NO. (1-13) (b)(6), (b)(7)(C)		2. NAME (Last, first, middle (14-34) MENKHI/AL-ZARJAWI, AHMED		3. RANK (35-37)	
4. ENEMY SVC NO (38-46)		5. TYPE (47)		6. DATE OF CAPTURE (48-53) 2003/11/05		7. DATE OF BIRTH (54-59) 1978/02/02	
8. NATIONALITY (60-61) IZ-Iraq		9. EDUCATION (62) B-		10. RELIGION (63-64) 32-SHIIT-ISLAM		11. MARSTA (65)	
12. PW CAMP UIC BUCCA		13. PW PROCESS DT 2004/01/26		14. SEX (14) M		15. LANGUAGE I (15-16) AI-ARABIC-IRAQ	
16. LANGUAGE II (17-18)		17. PHYSICAL CONDITION (19)		18. PW CAMP LOCATION (20-22) UMM QASAR		19. ENEMY UNIT (23-24)	
20. ARM OF SVC (35)		21. MOSC (36-39) 99-SEE		22. CIVILIAN OCCUPATION (40-45) REMARKS		23. UIC-CAPTURE UNIT (46-51) POLISH	
24. CORPS AREA OF CAPTURE		25. PLACE OF CAPTURE UNKNOWN		26. POWER SERVED IZ-Iraq		27. PLACE OF BIRTH KARBALA	
28. ADDRESS TO WHICH MAIL FOR PW MAY BE SENT BUCCA 180TH MP BN UMM QASAR APO AE 09375				29. FATHER/STEFFATHER b(6), b(7)(C)			
31. PERMANENT HOME ADDRESS OF PW RASHADIA KARBALA AN NAJAF IZ-IRAQ				30. MOTHER'S MAIDEN NAME b(6), b(7)(C)			
32. NAME, ADDRESS, AND RELATIONSHIP OF PERSON TO BE INFORMED OF CAPTURE b(6), b(7)(C)				33. OTHER PARTICULARS FROM ID CARD 21643			
34. DISTINGUISHING MARKS				35. IMPOUNDED PERSONAL EFFECTS AND MONEY (IAW AR 37-36)			

THE ABOVE LIST OF IMPOUNDED ITEMS IS CORRECT \_\_\_\_\_

(Signature of Detainee)

36. REMARKS RAPE/TRF TO BUCCA 11 OCT 04//MOVED FROM CPD 6 TO CPD 3 ON 19 OCT 04//COS TAXI DRIVER		37. PHOTO 	
38. PREPARED BY (Individual and unit) MEDIC, MEDIC		39. SIGNATURE	
40. DATE PREPARED 2004/12/09		41. PLACE 180TH MP BN	

101-0126 ACLU DDII CID ROL 20913 13

**DETAINEE PERSONNEL REPORT**  
For use of this form, see AR 190-8; the proponent agency is ODCDOPS

**PART II - TO BE MAINTAINED BY UNIT HAVING CUSTODY**

42a. LAST NAME MENKHIAL-ZARJAWI	b. FIRST NAME AHMED
------------------------------------	------------------------

43. INTERNMENT SERIAL NUMBER  
(b)(6), (b)(7)(C)

**MEDICAL RECORD**

a. IMMUNIZATION (Vaccinations and Innoculations with Dates)

b. MAJOR ILLNESSES AND PHYSICAL DEFECTS (With Dates)

c. Blood Group

45. INTERNMENT EMPLOYMENT QUALIFICATIONS

46. SERIOUS OFFENSES PUNISHMENTS AND ESCAPES (With Dates)

47. TRANSFERS

FROM (Location)	TO (Location)	DATE
BCF		2004/10/10

48. REMARKS

49. FINANCIAL STATUS AT TIME OF FIRST INTERNATIONAL TRANSFER

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)	b. AMT IN FIGURES
--	-------------------

c. LOCATION	d. DATE
-------------	---------

50. FINANCIAL STATUS AT TIME OF SECOND INTERNATIONAL TRANSFER

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)	b. AMT IN FIGURES
--	-------------------

c. LOCATION	d. DATE
-------------	---------

51. REPATRIATION

a. Reason

b. MODE	c. DATE
---------	---------

52. FINANCIAL STATUS AT TIME OF REPATRIATION

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)	b. AMT IN FIGURES
--	-------------------

c. LOCATION	d. DATE
-------------	---------

10-1-0126 AGLU DDII CID ROI 20014  
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**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-800-944-7912



**PRELIMINARY AUTOPSY EXAMINATION REPORT**

**Name:** Al Zarjawi, Ahmed N. (BTB)

**SSAN:** Detainee Number (b)(6)

**Date of Birth:** Unknown

**Date of Death:** (b)(6)

**Date of Autopsy:** 27 OCT 2004

**Date of Report:** 27 OCT 2004

**Autopsy No.:** (b)(6)

**AFIP No.:** (b)(6)

**Rank:** Detainee in U.S. Custody

**Place of Death:** Iraq

**Place of Autopsy:** BIAP Mortuary,  
Baghdad, Iraq

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Camp Bucca Detention Facility in Umm Qasr, Iraq. The detainee was unconscious when four other detainees brought him to a common area and notified the guards. He received emergency medical care first at the scene and then to a medical treatment facility. Resuscitation efforts were unsuccessful.

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

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number (b)(6)

**CAUSE OF DEATH:** Pending Additional Investigation

**MANNER OF DEATH:** Pending Additional Investigation

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

10-0126-ACLU DDII CID ROI 20916 4

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Autopsy (b)(6)  
Al Zarjawi, Ahmed N. (BTB)

**PRELIMINARY AUTOPSY DIAGNOSES:**

- I. Hemoperitoneum, 150-milliliters and blood staining of the intraperitoneal organs**
- II. Bilateral pleural effusions and pericardial effusion**
- III. History of upper gastrointestinal hemorrhage (250-milliliters per medical records), with diffuse gastritis noted at autopsy**
- IV. Hemorrhagic appearing pancreas with possible focus of hemorrhage in pancreatic vessels (pending histologic examination)**
- V. No evidence of external or internal trauma**
- VI. Toxicology is pending**

*/// ORIGINAL SIGNED ///*

(b)(6)

(b)(6)

**Medical Examiner**

10-L-0126-ACLU-DDII CID ROI 209174

~~CR-0126-ACLU-DDII CID ROI 209174~~  
~~Law Enforcement Sensitive~~

AGENT'S INVESTIGATIVE REPORT <i>CID Regulation 195-1</i>	ROI NUMBER <b>0154-2004-CID519-81185</b>
	<b>PAGE 1 OF 1 PAGE</b>

DETAILS

On 6 Mar 05, this office received Final Autopsy Report #ME 04-802, from the Armed Forces Institute of Pathology (AFIP), Office of the Armed Forces Medical Examiner (OAFME), 1413 Research Blvd., Bldg. 102, Rockville, MD 20850. The report reflected that Mr. AL ZARJAWI's death was due to natural causes; however, no cause of death could be identified (see Final Autopsy Report, #ME 04-802, 17 Feb 05, for details).///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER <b>(b)(6), (b)(7)(C), (b)(7)(F)</b>	ORGANIZATION <b>Kuwait Branch Office, 3d MP Group (CID) Camp Arifjan, Kuwait, APO AE 09366</b>	
SIGNATURE	DATE <b>6 Mar 05</b>	EXHIBIT <b>15</b>



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 1-800-944-7912



**FINAL AUTOPSY EXAMINATION REPORT**

<b>Name:</b> Al Zarjawi, Ahmed N. (BTB)	<b>Autopsy No.:</b> (b)(6)
<b>SSAN:</b> Detainee Number (b)(6)	<b>AFIP No.:</b> (b)(6)
<b>Date of Birth:</b> Unknown	<b>Rank:</b> Detainee in U.S. Custody
<b>Date of Death:</b> (b)(6)	<b>Place of Death:</b> Iraq
<b>Date of Autopsy:</b> 27 OCT 2004	<b>Place of Autopsy:</b> BIAP Mortuary, Baghdad, Iraq
<b>Date of Report:</b> 17 FEB 2005	

**Circumstances of Death:** This Iraqi male was a detainee in U.S. custody at Camp Bucca Detention Facility in Umm Qasr, Iraq. The detainee was unconscious when four other detainees brought him to a common area and notified the guards. He received emergency medical care first at the scene and then was taken to a medical treatment facility. Resuscitation efforts were unsuccessful.

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

**Identification:** Circumstantial identity is established by paperwork accompanying the detainee and his designation as detainee number (b)(6)

**CAUSE OF DEATH:** Undetermined

**MANNER OF DEATH:** Natural

Autopsy (b)(6)  
Al Zarjawi, Ahmed N. (BTB)

0154-2004-CID519-81185  
2

**FINAL AUTOPSY DIAGNOSES:**

- I. Hemoperitoneum, 150-milliliters and blood staining of the intraperitoneal organs
- II. Small bilateral pleural effusions and minimal serous pericardial effusion
- III. History of upper gastrointestinal hemorrhage (250-milliliters per medical records), with diffuse gastritis noted at autopsy
- IV. No evidence of external or internal trauma
- V. Early pulmonary emphysema
- VI. The autopsy was attended by (b)(6) medical Examiner of the Baghdad District, and (b)(6), USACID
- VII. Toxicology is negative for ethanol, cyanide, and drugs of abuse. Atropine is present in blood.



### EXTERNAL EXAMINATION

The remains are received unclad and without any accompanying clothing. The length is 72-inches and the estimated weight is 170-pounds. Lividity is posterior and fixed, except in areas exposed to pressure. Rigor is present but passing. The body temperature is that of the refrigeration unit. Paper bags cover both hands. A tag on the left great toe contains the writing "Menkhe Al Zarjawi, Ahmed N026101".

The scalp is covered with medium length, black hair in a normal distribution. The corneae are cloudy. The irides are brown and the pupils are round and equal in diameter. The head is atraumatic. The teeth are natural and in fair condition. Facial hair consists of a full beard and mustache.

The neck is mobile and the trachea is midline. The chest is symmetric. The abdomen is flat. The external genitalia are those of a normal adult, circumcised, male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. The fingernails are intact. There is a 1/2-inch scar on the anterior left knee.

There is a 6 x 3-inch tattoo on the proximal, lateral left arm that consists of a bird and Arabic writing. On the lateral right arm are two tattoos, a 3 x 2-inch one consisting of a crude face and upper torso on the distal aspect and a smaller one consisting of Arabic writing (a name) on the proximal aspect. A 12 x 13 1/2-inch tattoo consisting of two lion's heads and Arabic writing is on the mid upper back. There is a 2 1/2 x 2-inch tattoo on the posterior left forearm that consists of a heart, an arrow, and Arabic writing. Three dots made by tattoo pigment are on the posterior left hand.

### MEDICAL INTERVENTION

Evidence of medical intervention consists of venipuncture sites in both antecubital fossae, a padded cervical collar around the neck, and a vague mark on the lateral left chest that is consistent with either the prior placement of an electrocardiogram lead pad or an attempt at defibrillation.

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and shows an absence of skeletal trauma and metallic foreign objects.

### EVIDENCE OF INJURY

There is no evidence of injury on the body at the time of the autopsy.

### INTERNAL EXAMINATION

#### HEAD:

The scalp and skull are free of injury. There is no epidural, subdural, or subarachnoid hemorrhage. The 1480-gram brain shows a normal pattern and appearance of gyri and

sulci. Serial sectioning reveals no evidence of injury or significant natural disease processes. The atlanto-occipital joint is intact.

**NECK:**

There is no evidence of injury to the strap muscles of the anterior neck. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The tongue is unremarkable.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. There are 50-milliliters of serosanguinous fluid in the right pleural cavity and 40-milliliters of serosanguinous fluid in the left pleural cavity. A minimal (20-milliliters) serous pericardial effusion is present. The peritoneal cavity contains 150-milliliters of blood, with a greater accumulation on the right side of the abdomen. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 540 and 450-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately congested. No mass lesions or areas of consolidation are present. The pulmonary arteries are unremarkable.

**CARDIOVASCULAR SYSTEM:**

The 480-gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show no significant atherosclerosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.4 and 0.5-centimeters thick, respectively. The endocardium is smooth and glistening. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

**LIVER & BILIARY SYSTEM:**

The 1820-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is red-brown, firm, and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 15-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**SPLEEN:**

The 260-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with prominent Malpighian corpuscles. A 1-centimeter accessory spleen is present.

**PANCREAS:**

The pancreas is irregularly hemorrhagic, with the usual lobular architecture. No mass lesions are seen. There is a small area that is grossly suspicious for a hemorrhage from a pancreatic vessel.

**ADRENAL GLANDS:**

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

**GENITOURINARY SYSTEM:**

The right and left kidneys each weigh 250-grams. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The urinary bladder is empty. The prostate gland is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The stomach contains approximately 300-milliliters of green-black, fibrous food material but no gross blood. The gastric wall is intact with diffuse gastritis but no distinct ulceration or evidence of focal perforation. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

**MUSCULOSKELETAL:**

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

**MICROSCOPIC EXAMINATION**

**Brain**-representative sections are histologically unremarkable

**Lung**-sections of all lobes of both lungs demonstrate vascular congestion, scattered collections of intra-alveolar macrophages, moderate anthracotic pigment deposition, focal inspissated mucous, and early changes of pulmonary emphysema

**Heart and Aorta**- representative sections are histologically unremarkable

**Liver**-a representative section demonstrates passive congestion and mild microvesicular steatosis

**Spleen**- representative sections are histologically unremarkable

**Kidneys**-sections of both kidneys show postmortem changes

**Stomach**-representative sections show autolysis and exaggerated formalin pigment deposition

**Pancreas**-representative sections show marked autolysis, focal fat necrosis, and exaggerated formalin pigment deposition. A small focus of testes is also in one section.



**ADDITIONAL PROCEDURES/REMARKS**

- Documentary photographs are taken by (b)(6), USAF
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, spleen, liver, brain, lung, bile, gastric contents, kidney, and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

**OPINION**

This Iraqi male, believed to be Ahmed N. Al Zarjawi, a detainee in the custody of the U.S. military died as a result of undetermined causes. A complete medicolegal autopsy, including toxicology and microscopic slide review failed to demonstrate a clear cause of death. The autopsy findings included hemoperitoneum, but this may have been an artifact of resuscitative efforts as there was neither an inflammatory exudate nor food material in the peritoneal cavity and the bleeding appeared to have been recent. There was no evidence of trauma noted at autopsy and the clinical history included an upper gastrointestinal hemorrhage noted during resuscitative attempts. No source of bleeding could be identified at autopsy, nor was there evidence of a perforated viscus. The death may have been due to an acute cardiac event; the heart was heavy for the size of this individual, though there was no evidence of coronary artery disease at autopsy. Taking into account the history and investigative information available as well as the lack of an identifiable anatomic cause of death, this death is best classified as a natural death due to undetermined causes.

(b)(6)

(b)(6) **Medical Examiner**



## AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0012-05-CID579

PAGE 1 OF 3 PAGE(S)

## DETAILS

About 0900, 14 Feb 05, this office received a Request for Assistance (RFA) from the Kuwait Branch Office (CID), 11<sup>th</sup> Military Police Battalion, USACIDC, Camp Arifjan, APO AE 09366. It was requested this office locate, fully identify and interview several soldiers regarding their knowledge and actions taken during the resuscitation attempts of Detainee Menkhi AL-ZARJAWI on 19 Oct 04, and interview the four detainees who carried ZARJAWI to the sally port of compound 3. Additionally, conduct a death scene examination where the incident occurred.

About 1400, 14 Feb 05, SA **b(6), b(7)(C)** this office, coordinated with SPC **b(6), b(7)(C)** **b(6), b(7)(C)** Headquarters and Headquarters Company, 105<sup>th</sup> Military Police Battalion (HHC105<sup>th</sup> MP BN), Camp Bucca, Iraq (CBI), who stated that the B Battery, 107<sup>th</sup> Field Artillery was a National Guard Unit from the Pittsburg, PA area. SPC **b(6), b(7)(C)** also stated that the 160<sup>th</sup> Military Police Battalion was an Army Reserve Unit out of Tallahassee, Florida. Both units had redeployed back to the states.

About 1600, 14 Feb 05, SA **b(6), b(7)(C)** interviewed CPT **b(6), b(7)(C)**, HHC, 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as a Physician's Assistant (PA) while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1925, 14 Feb 05, SA **b(6), b(7)(C)** interviewed SPC **b(6), b(7)(C)** 520<sup>th</sup> Area Support Medical Company (ASMC), CBI, who provided a sworn statement wherein she described her actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1227, 15 Feb 05, SA **b(6), b(7)(C)** interviewed SGT **b(6), b(7)(C)** 520<sup>th</sup> ASMC, CBI, who provided a sworn statement wherein he described his actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1430, 15 Feb 05, SA **b(6), b(7)(C)** coordinated SFC **b(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a copy of ZARJAWI'S Dossier and Personnel Records. SFC **b(6), b(7)(C)** stated the Theater Internment Facility (TIF) In-Processing did not have a record of what tent ZARJAWI lived in, but the TIF Control or the Compound Control Team (CCT) of Compound 3 may have that information. (See Dossier and Personnel Report)

About 1450, 15 Feb 05, SA **b(6), b(7)(C)** coordinated with TSgt **b(6), b(7)(C)** 732<sup>nd</sup> ESFS, CBI, the dayshift NCOIC of Compound 3, who stated the current Pass-On log book for Compound 3 only went back to November 2004. TSgt **b(6), b(7)(C)** stated TIF control might have the previous Pass-On log books.

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

380<sup>th</sup> MP BN (CID) (FWD)  
Camp Bucca CID  
Camp Bucca, Iraq 09375

SIGNATURE

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

DATE

19 Feb 05

EXHIBIT

10-L-0126 ACLU DDII CID ROI 20926

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## AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0012-05-CID579

PAGE 2 OF 3 PAGE(S)

## DETAILS

About 1510, 15 Feb 05, SA **(b)(6), (b)(7)(C)** coordinated with MSG **(b)(6), (b)(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, the TIF SMG, who provided records (DA Form 3997, Military Police Desk Blotter and DA Form 1594, Daily Staff Journal or Duty Officer's Log) for Compound 3 prior to November 2004. SA **(b)(6), (b)(7)(C)** and MSG **(b)(6), (b)(7)(C)** looked through the records, but were unable to locate any records for Compound 3 dated 19 Oct 04. He also checked for an electronic copy of the DA Form 3997, but there were no electronic records prior to November 2004. MSG **(b)(6), (b)(7)(C)** stated he would have the night shift go through all of the records and he would attempt to locate the previous Pass-On Log Book for Compound 3. MSG **(b)(6), (b)(7)(C)** also stated when a new detainee came in, he was placed in a compound and the Compound Mayor usually found a place for him. He said it was not practical to assign a tent or location for a detainee since they had no way of enforcing which tent they stayed in.

AGENTS COMMENT: The records were in several cardboard water bottle boxes and were not in any consistent order. Some of the records were water damaged.

About 1000, 16 Feb 05, SA **(b)(6), (b)(7)(C)** interviewed SFC **(b)(6), (b)(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as the DOB (Detainee Operations Branch) during the resuscitation attempts made on ZARJAWI. He also stated that ZARJAWI'S brother (NFI) was one of the detainees that brought ZARJAWI to the sally port. (See Sworn Statement)

About 1540, 16 Feb 05, SA **(b)(6), (b)(7)(C)** interviewed CPT **(b)(6), (b)(7)(C)** 520<sup>th</sup> ASMC, CBI, who provided a sworn statement wherein he described his action and observations as a National Registry Paramedic while attempting to resuscitate ZARJAWI. CPT **(b)(6), (b)(7)(C)** also provided the following information: CPT **(b)(6), (b)(7)(C)** Madigan Army Hospital, Ft. Lewis, WA and CPT **(b)(6), (b)(7)(C)** 31<sup>st</sup> Combat Support Hospital, Ft. Gordon, GA (NFI). (See Sworn Statement)

About 1844, 16 Feb 05 SA **(b)(6), (b)(7)(C)** interviewed SSG **(b)(6), (b)(7)(C)** 520<sup>th</sup> ASMC, CBI, who provided a sworn statement wherein he described his actions after he received a request for a medic from Compound 3. SSG **(b)(6), (b)(7)(C)** acknowledged the delay in response and explained his reasoning for not dispatching a medic to the call immediately. (See Sworn Statement)

About 2130, 17 Feb 05, SA **(b)(6), (b)(7)(C)** coordinated with MSG **(b)(6), (b)(7)(C)** who stated they did not find the DA Form 3997, DA Form 1594, or the Pass-On Log Book for 19 Oct 04.

About 0930, 18 Feb 05, SA **(b)(6), (b)(7)(C)** and Linguist **(b)(6), (b)(7)(C)** this office, interviewed detainee **(b)(6), (b)(7)(C)** ISN **(b)(6), (b)(7)(C)** at Compound 3 who stated he

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA <b>(b)(6), (b)(7)(C), (b)(7)(F)</b>	ORGANIZATION 380 <sup>th</sup> MP BN (CID) (FWD) Camp Bucca CID Camp Bucca, Iraq 09375	DATE 19 Feb 05	EXHIBIT 17
<b>(b)(6), (b)(7)(C)</b>	10-L-0126 ACLU DDII CID ROI 20927		

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**AGENT'S INVESTIGATION REPORT**

CID Regulation 195-1

ROI NUMBER

0012-05-CID579

PAGE 3 OF 3 PAGE(S)

DETAILS

remembered ZARJAWI'S death, but stated that the Mayor, NFI and the Imam, NFI at that time and the brother of ZARJAWI had all been released. He did not recall the name of the brother. **(b)(6), b(7)(C)** also stated that he believed ZARJAWI lived in row three, tent eight. Four other detainees came forward and claiming they had carried ZARJAWI to the sally port. **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** stated ZARJAWI lived in row three, tent seven.

About 1236, 18 Feb 05, SA **(b)(6), b(7)(C)** interviewed SPC **(b)(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1500, 18 Feb 05, SA **(b)(6), b(7)(C)** interviewed SFC **(b)(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as the Sergeant of the Guard (SOG) during the resuscitation attempts made on ZARJAWI. (See Sworn Statement)

About 1744, 18 Feb 05, SA **(b)(6), b(7)(C)** interviewed SSG **(b)(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1338, 19 Feb 05, SA **(b)(6), b(7)(C)** interviewed SPC **(b)(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1545, 19 Feb 05, SA **(b)(6), b(7)(C)** interviewed SPC **(b)(6), b(7)(C)** HHC 105<sup>th</sup> MP BN, CBI, who provided a sworn statement wherein he described his actions and observations as a medic while attempting to resuscitate ZARJAWI. (See Sworn Statement)

About 1715, 19 Feb 05, SA **(b)(6), b(7)(C)** exposed photographs and drafted a sketch of Compound 3 (See Photographic Packet and Sketch)///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION  
360<sup>th</sup> MP BN (CID) (FWD)  
Camp Bucca CID  
Camp Bucca, Iraq 09375

DATE

EXHIBIT

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

10-L-0126 ACLU DDII CID ROI 20928

19 Feb 05

SWORN STATEMENT

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 14 Feb 05 b(6), b(7)(C)	TIME 1600 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS 03/NG	
ORGANIZATION OR ADDRESS 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			0154-04-CID519-81185

I, b(6), b(7)(C) want to make the following statement under oath:

On 19Oct04 while working at the Camp Bucca Internment Facility Aid Station (IFAS) was in the back of a HMMV with another Physician Assistant (CPT b(6), b(7)(C) and medics when we received a call to evaluate a patient at one of the compounds. When we arrived (approx 3-5 minutes later) there was a detainee on his back laying on the ground outside the compound. He was not responsive, not breathing on his own, pupils were fixed and I was not able to detect a pulse. One of the MPs was giving chest compressions. The other PA began mouth to mouth resuscitations. I told the medic to run to the IFAS and get a stretcher, the Automatic External Defibrillator (AED) and an aid bag. We continued CPR for approximately 5 minutes. When the equipment arrived, a combitube was placed by CPT b(6), b(7)(C) (lay person), breathes were given by bag-valve and the AED pads were placed. The AED showed shock advised, one shock was given. An IV was started the patient was then transferred to the IFAS.

In the IFAS the patient had oxygen placed, CPR was continued and a rhythm strip was obtained. The patient continued with no pulse, he still was not able to breathe on his own. It was determined that the patient was in fine v-fib/asystole. The Advanced Cardiac Life Support (ACLS) protocol was continued. During the code, CPT b(6), b(7)(C) and myself worked together carrying out ACLS. He was given IV Epinephrine, IV Atropine multiple times while continuing CPR. The AED also was not able to catch a rhythm. CPT b(6), b(7)(C) did attempt intermittent shocks at stacked intervals to attempt to stimulate a rhythm. The Nurse Anesthetist (CPT b(6), b(7)(C) was successful at intubating the patient during this event. CPR/ACLS was continued for quite sometime and eventually CPT b(6), b(7)(C) "called the code" which means resuscitation efforts were terminated. (I cannot recall the exact amount of time spent on the efforts.)

We then extubated the patient at CPT b(6), b(7)(C) direction-because he is the expert at intubation, he felt it was a good opportunity to evaluate the vocal cords for proper placement. We were unaware that the patient had to remain intubated for CID. When I extubated the patient, the hypopharynx are filled up with dark/coffee ground emesis blood. I then suctioned approximately 240-250ccs of fluid. The hypopharynx area filled up with b(6), b(7)(C)

EXHIBIT 18	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT \_\_\_ DATED \_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_ OF \_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-10126 ACLU DDH CID ROI 20929



blood again and efforts to evaluate for intubation were terminated as well. CID came to the IFAS, we let them know about the extubation and saved the fluid for analysis.

Q: SA **b(6), b(7)(C)**  
A: CPT **b(6), b(7)(C)**

Q: Can you recall if Ahmed MENKHI/AL-ZARJAWI, ISN **b(6), b(7)(C)** had any previous medical history?  
A: I have no idea. I don't think he was on any medicine at all. I don't think he was on anti-ulcer medicine. My guess is he had a perforated ulcer because of the amount of digested blood in his throat. We x-rayed him to see if he had swallowed any barbed wire. We had heard that some of the detainees in Abu were swallowing barbed wire to try and kill themselves.

Q: Did you know any of the detainees that brought up MENKHI/AL-ZARJAWI?

A: I have no idea. He was already outside the wire when we got there.

Q: Do you know any of the other medics that were present at that time?

A: I can't recall. All of the medics that were on duty were there.

Q: What time of day did this occur?

A: It was pretty late in the afternoon, about 1630 maybe.

Q: Do you know about any of the other three detainees that were seeking medical attention at that time?

A: I have no idea.

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

A: We worked on him that's for sure.

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

A: No // *END OF STATEMENT* // **b(6), b(7)(C)**

*ERRATA*  
*end of statement* // **b(6), b(7)(C)**

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10-L-0126 AC **b(6), b(7)(C)** RDI CID ROI 20930

EXHIBIT 18

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

ACLU-RDI 5483 p.73

000116

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

TAKEN AT Camp Bucca CID DATED 14 Feb 05 CONTINUED:

0754-04-CID519-81185

*Not  
USEP*

**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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(SIGNATURE OF STATEMENT)

**WITNESSES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY LAW TO ADMINISTER OATHS, THIS 14th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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Law Enforcement Sensitive

INITIALS OF PERSON MAKING STATEMENT

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

PAGES 3 OF 3 PAGES

SWORN STATEMENT

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 14 Feb 05 b(6), b(7)(C)	TIME 1925 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-4/AD	
ORGANIZATION OR ADDRESS 520 <sup>th</sup> Medical Group Camp Bucca, APO AE 09375 b(6), b(7)(C)			

I, b(6), b(7)(C) want to make the following statement under oath:

I was sitting in the Aid Station talking to some of the other medics. Our shift leader, SSG b(6), b(7)(C) told me that there was a call at Compound 3 and asked me if I would take it and I said, "Sure." The medic that was assigned to that compound for the day was feeling sick, so I took the call for him. I went out the back way from the Aid Station, because it was closer to Compound 3. Compound 3 is directly across from the Aid Station. Some detainees had carried out the sick detainee. An MP told me that he was trying to feel a pulse and couldn't feel one. I tried to feel for one and I couldn't feel one either. I went inside the guard shack and grabbed the Pulseox. I came outside and the doctors and some medics were already there. SGT b(6), b(7)(C) had already started CPR at the site. I assisted him with mouth to mouth. Someone ran back to get a litter and we carried him to the hospital with that. The doctors took over from there. While the doctors were working on him, the Compound 3 medic and I looked through our sick call book and our medicine book and we couldn't find any record of him signing up for sick call or getting any medication.

Q: SA b(6), b(7)(C)  
A: SPC b(6), b(7)(C)  
Q: What is a Pulseox?  
A: A little machine that tells how much oxygen a person is getting in their body and the pulse rate. It fits on an index finger.  
Q: Did you see who the detainees were that brought Ahmed MENKHI/AL-ZARJAWI out of Compound 3?  
A: I don't know who they are. There were at least 20 detainees standing around the front of the compound.  
Q: How long did you work on AL-ZARJAWI at the compound?  
A: No more than 10 minutes because we rushed him to the hospital.  
Q: Did you hear anyone say what might have been wrong with him?  
A: No. Someone, I don't remember who, had said that he had been sleeping all day.  
Q: Do you think AL-ZARJAWI had just died or possibly had been dead for a while?  
A: Possibly had been dead for a little while. He wasn't hard or stiff, but he seemed cool to the touch.  
Q: Do you have any idea what he died from? b(6), b(7)(C)

EXHIBIT 19	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF          TAKEN AT          DATED          CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE          OF          PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-L-0126 ACLU DDII CID ROI 20932

STATEMENT OF **b(6), b(7)(C)** TAKEN AT CID Office DATED 14 Feb 05 CONTINUED:

0154-04-CID519-81185

**b(6), b(7)(C)**: No idea.

Q: How long were the attempts to resuscitate kept up for?

A: I want to say about 45 minutes.

Q: Had you ever been assigned to work at Compound 3 before this event?

A: I don't think I worked there before, I worked there one time afterward.

Q: Were you told there were other detainees that were requesting medical attention from Compound 3 at that time?

A: No, not that I know of.

Q: Who was the medic that was assigned to Compound 3 that day?

A: CPL **b(6), b(7)(C)** I believe. He was the one that was sick.

Q: Is he still here?

A: No, he's at Ashraf.

Q: Do you know if he had worked Compound 3 very often?

A: No, I don't think so because we were all switching around.

Q: Other than AL-ZARJAWI'S medical records, is there a record of this event kept somewhere?

A: Possibly in the Tactical Operations Center.

Q: Was SSG **b(6), b(7)(C)** there at the Compound assisting with the Doctors?

A: No. He was at the Aid Station.

Q: Do you know why the doctors responded so quickly?

A: They were out doing physicals and heard the call on the radio.

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

A: No.///End of Statement// **b(6), b(7)(C)**

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~~Law Enforcement Sensitive~~

10-L-0126 ACLU DDII CID ROI 20933

EXHIBIT 19

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

PAGE 2 OF 3 PAGES

ACLU-RDI 5483 p.76

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~~USE ONLY~~

000119



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

TAKEN AT Camp Bucca CID DATED 14 Feb 05 CONTINUED:

0154-04-CID519-81185

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

*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 MR. 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 14th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

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

PAGES 3 OF 3 PAGES

**SWORN STATEMENT**

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 15 Feb 05 b(6), b(7)(C)	TIME 12:21 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-5/AD	
ORGANIZATION OR ADDRESS 520 <sup>th</sup> Area Suppor Medical Company Camp Bucca, APO AE 09375			

I, b(6), b(7)(C) want to make the following statement under oath:  
 was at Compound 12D doing a monthly height and weight on the detainees. CPT b(6), b(7)(C) and CPT b(6), b(7)(C) were the two providers with us. The rest of the 105<sup>th</sup> MP BN Medics were also there learning what to do. A call came over the Motorola about a detainee being carried up to the sally port at Compound 3. We really didn't pay to attention to it since that happened a lot and MED 1 handles dispatching to the compounds. I don't remember how long later, another call came over the radio stating that he wasn't breathing and it didn't look like he had a pulse. Upon hearing that, we threw our gear into the back of the HUMVEE and drove like a bat out of hell to get to the compound. Once there, I jumped out of the back of the HUMVEE along with CPT b(6), b(7)(C) and ran to the detainee. SPC b(6), b(7)(C) was just arriving at the time. I assessed the Airway, Breathing and Circulation. When I found out he didn't have a pulse and wasn't breathing, CPT b(6), b(7)(C) began mouth to mouth and I began chest compressions. Someone, I don't remember who, asked if we had an Automatic External Defibrillator (AED). I knew we had one in the Medical Tent, so I asked one of the medics, I don't remember who, to take over compressions for me while I went and got it and let the personnel in the tent know that we had a cardiac patient coming. I came back with the AED and proceeded to hook it up. It came back saying the patient was in Ventricular Fibrillation (V-Fib) and to shock the patient. We let it charge and pushed the button to shock the patient. At that time transportation showed up and we continued CPR en route to medical. When we got there, we hooked him up to a 12-lead EKG to find out what his heart rhythm was and took vitals at that time. The EKG was showing that he was astyole (flat lined). CPT b(6), b(7)(C) had an Endotracheal tube in the patient for breathing. After that the doctor, I don't remember which one, started the protocol for flat line. We worked on the patient for at least 45 minutes before the doctor called the code and gave time of death.

Q: SA b(6), b(7)(C)  
 A: SGT b(6), b(7)(C)  
 Q: What was the first call you heard about a detainee down?  
 A: Usually the radio communication is, "MED 1, this is Compound 3, we have a detainee carried up on a blanket to the sally port. b(6), b(7)(C)"

EXHIBIT 20	INITIALS OF b(6), b(7)(C) KING STATEMENT	PAGE 1 OF 4 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-1-0126 ACLU DDII CID ROI 20935

STATEMENT OF **b(6), b(7)(C)** TAKEN AT CID Office DATED 15 Feb 05 CONTINUED:

0154-04-CID519-81185

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

Q: Was there any indication during the first call that the detainee was not breathing or did not have a pulse?

A: No.

Q: What is your best guess on how much later the second call came in stating that the detainee was not breathing nor had a pulse?

A: Two or three minutes maybe. I really wasn't paying attention to the time.

Q: Approximately how long did it take you to get to the detainee from Compound 12D?

A: One or two minutes; maybe less.

Q: How long did you work on the detainee at Compound 3 before he was transported?

A: 15 or 20 minutes maybe longer maybe less. I really don't pay attention to the time because I am too busy working on my patient.

Q: How was the detainee transported to the Aid Station?

A: I can't remember. I just know that we got him there.

Q: Do you recall if SPC **b(6), b(7)(C)** was present?

A: Yes she was. I don't recall what she was doing; I just know she was there.

Q: Can you describe how CPT **b(6), b(7)(C)** was doing mouth to mouth rescue breathing?

A: He was doing it by the book; he just didn't have a mask. In a situation like that, all we care about is getting air into the patient. We worry about personal safety later. Getting air into the patient is the most important thing. If we don't have the tools for it, we make do with what we've got.

Q: Were you aware of any other detainees at Compound 3 requesting medical assistance at that time?

A: No.

Q: Did you hear anyone state what may have caused the detainee's condition?

A: No.

Q: Had you worked Compound 3 before?

A: Yes. I was a medic doing sick call.

Q: Were you familiar with the detainee that you treated?

A: No.

Q: Do you know if he had been to sick call or on any medication previously?

A: No.

Q: Were you aware of any illegal drug use, illicit drugs or prescription medications, in Compound 3?

A: Nothing I was aware of, but it would not surprise me. The detainees had a habit of selling medications for cigarettes or hoarding their meds.

Q: Do you have any idea why the detainee was in that condition?

A: No.

Q: Do you have any idea why he died?

A: No.

Q: Do you think the detainee had been dead for a while or had just died?

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

10-L-0126 ACI **b(6), b(7)(C)** II CID ROI 20936

ACLU 5483 p.79  
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000122



STATEMENT OF **b(6), b(7)(C)** TAKEN AT CID Office DATED 15 Feb 05 CONTINUED:**b(6), b(7)(C)**

0154-04-CID519-81185

**b(6), b(7)(C)**: I don't know.

Q: Do you recall if he was cool to the touch?

A: I can't remember.

Q: Did you see the detainees bring the sick detainee up to the sally port?

A: No.

Q: Did you know any of the detainees that brought the detainee up to the sally port?

A: No.

Q: Where was the detainee when you got there?

A: I believe he was in front of the CCT building.

Q: What time of day did this occur?

A: Afternoon sometime.

Q: Who were the other medics and doctors who responded to the call at Compound 3?

A: SPC **b(6), b(7)(C)** SPC **b(6), b(7)(C)** SSG **b(6), b(7)(C)** SPC **b(6), b(7)(C)** PFC **b(6), b(7)(C)** and SPC **b(6), b(7)(C)**. The Docs were CPT **b(6), b(7)(C)** and CPT **b(6), b(7)(C)**. All of the medics are still here and under the 105<sup>th</sup> MP BN, except SPC **b(6), b(7)(C)** who works for the 520th ASMC. CPT **b(6), b(7)(C)** is still here, but CPT **b(6), b(7)(C)** was medically discharged.

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

A: No.///End of Statement// **b(6), b(7)(C)**

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10-L-0126 ACLU **b(6), b(7)(C)** RDI CID ROI 20937EXHIBIT 20INITIALS OF PERSON MAKING STATEMENT **b(6), b(7)(C)**PAGE 3 OF 4 PAGES

ACLU-RDI 5483 p.80

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000123



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

TAKEN AT Camp Bucca CID DATED 15 Feb 05 CONTINUED:

0154-04-CID519-81185

*Not used*

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

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

AFFIDAVIT

I, **b(6), b(7)(C)** HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 4. 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(SIGNATURE OF PERSON MAKING STATEMENT)

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 15th DAY OF FEB, 2005 AT CID Office, Camp Bucca, Iraq

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

Oath)

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

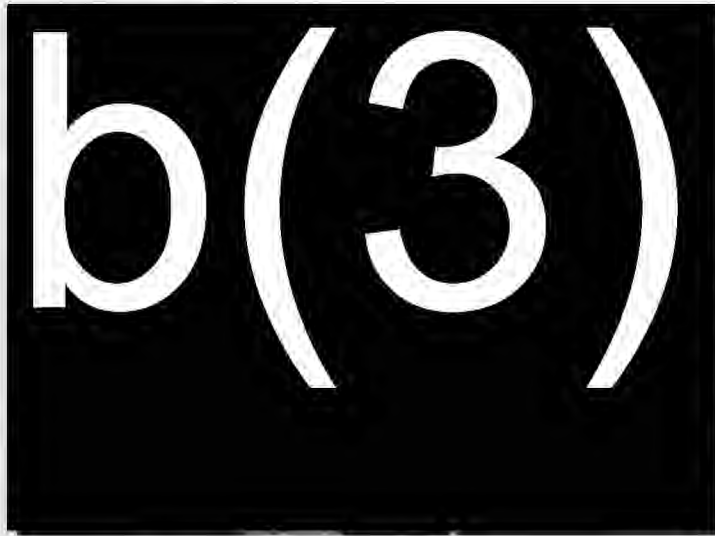
(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 4 OF 4 PAGES



Last Name MENKHI/AL-ZARJAWI  
First Name AHMED  
Middle SUFEIAN/MERKHI/MOHSEN  
Category CI-CIVILIAN INTERNEE  
Power IZ-Iraq

Arm of Service  
MOS  
COS 99-SEE REMARKS  
Service No  
Grade  
Geneva Cat.  
ICRC  
Camp Name BUCCA  
Enclosure 03-COMPOUND 3  
Holding/Cel DNR 4, 8

Height  
Weight  
Hair Color  
Eye Color  
Nationality IZ-Iraq  
Religion 32-SHIIT-ISLAM  
Race X-OTHER  
Marks  
Sex M  
Blood Type  
DOB 1978/02/02  
Complexion

<b>(b)(6), (b)(7)(C)</b> <b>b(3)</b>	CI-CIVILIAN INTERNEE				Issuing Facility: BUCCA Issuing UIC: BUCCA Date issued: 2005/02/15	ID Number 21643
	Date		Geneva Cat			Marks
	Height (in)	Weight (lbs)	Hair	Eye		
	Date of Birth 1978/02/02		Blood Type	ICRC		Left Index
Name MENKHI/AL-ZARJAWI, AHMED SUFEIAN/MERKHI/MOHSEN						

<b>(b)(6), (b)(7)(C)</b> <b>b(3)</b>	CI-CIVILIAN INTERNEE		ID Number	21643	
	Name MENKHI/AL-ZARJAWI, AHMED SUFEIAN/MERKHI/MOHSEN				
	Date	Geneva Cat		DOB	1978/02/02
	Height (in)	Weight (lbs)	Hair	Eye	Blood Type
Sex	M	ICRC			
Issuing Facility	BUCCA	UIC	BUCCA	Date	2005/02/15

PART I - TO BE COMPLETED AT TIME OF PROCESSING

<b>CARD I</b>		1. INTERMERNET SERIAL NO. (1-13) (b)(6), (b)(7)(C)		2. NAME (Last, first, middle (14-34)) MENKHIIAL-ZARJAWI, AHMED		3. RANK (35-37) 0154-04-CID519-81185 98118-619D10-70-7910	
4. ENEMY SVC NO (38-46)		5. TYPE (47)		6. DATE OF CAPTURE (48-53) 2003/11/05		7. DATE OF BIRTH (54-59) 1978/02/02	
8. NATIONALITY (60-61) IZ-Iraq		9. EDUCATION (62) B-		10. RELIGION (63-64) 32-SHIIT-ISLAM		11. MARSTA (65)	
12. PW CAMP UIC BUCCA		13. PW PROCESS DT 2004/01/26		14. SEX (14) M		15. LANGUAGE I (15-16) AI-ARABIC-IRAQ	
16. LANGUAGE II (17-18)		17. PHYSICAL CONDITION (19)		18. PW CAMP LOCATION (20-22) UMM QASAR		19. ENEMY UNIT (23-24)	
20. ARM OF SVC (35)		21. MOSC (36-39) 99-SEE		22. CIVILLIAN OCCUPATION (40-45) REMARKS		23. UIC-CAPTURE UNIT (46-51) POLISH	
24. CORPS AREA OF CAPTURE		25. PLACE OF CAPTURE UNKNOWN		26. POWER SERVED IZ-Iraq		27. PLACE OF BIRTH KARBALA	
28. ADDRESS TO WHICH MAIL FOR PW MAY BE SENT BUCCA 105TH MP BN UMM QASAR APO AE 09375				29. FATHER/STEPFATHER b(6), b(7)(C)			
31. PERMANENT HOME ADDRESS OF PW RASHADIA KARBALA AN NAJAF IZ-IRAQ				30. MOTHER'S MAIDEN NAME b(6), b(7)(C)			
33. OTHER PARTICULARS FROM ID CARD 21643				32. NAME, ADDRESS, AND RELATIONSHIP OF PERSON TO BE INFORMED OF CAPTURE b(6), b(7)(C)			
35. IMPOUNDED PERSONAL EFFECTS AND MONEY (IAW AR 37-36)				34. DISTINGUISHING MARKS			

THE ABOVE LIST OF IMPOUNDED ITEMS IS CORRECT

(Signature of Detainee)

36. REMARKS  
 RAPE/TRF TO BUCCA 11 OCT 04//MOVED FROM CPD 6 TO CPD 3  
 ON 19 OCT 04//COS TAXI DRIVER

37. PHOTO

b(3)

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38. PREPARED BY (Individual and unit)  
 b(6), b(7)(C)

39. SIGNATURE

40. DATE PREPARED  
 2005/07/15  
 41. PLACE  
 105TH MP BN

10-L-0126 ACLU DDII CID ROI 20940

EXHIBIT 21  
 000126

PART II - TO BE MAINTAINED BY UNIT HAVING CUSTODY

42a. LAST NAME  
 MENKHII/AL-ZARJAWI

b. FIRST NAME  
 AHMED

43. INTERNMENT SERIAL NUMBER  
 (b)(6), (b)(7)(C)

98118-619010-70-7510  
 0754-04-CID519-81185

44. MEDICAL RECORD

a. IMMUNIZATION (Vaccinations and Inoculations with Dates)

b. MAJOR ILLNESSES AND PHYSICAL DEFECTS (With Dates)

c. Blood Group

45. INTERNMENT EMPLOYMENT QUALIFICATIONS

46. SERIOUS OFFENSES PUNISHMENTS AND ESCAPES (With Dates)

47. TRANSFERS

FROM (Location)	TO (Location)	DATE
BCF		2004/10/10

48. REMARKS

49. FINANCIAL STATUS AT TIME OF FIRST INTERNATIONAL TRANSFER

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)

b. AMT IN FIGURES

c. LOCATION

d. DATE

50. FINANCIAL STATUS AT TIME OF SECOND INTERNATIONAL TRANSFER

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)

b. AMT IN FIGURES

c. LOCATION

d. DATE

51. REPATRIATION

a. Reason

b. MODE

c. DATE

52. FINANCIAL STATUS AT TIME OF REPATRIATION

a. CERTIFICATE OF CREDIT BALANCE ISSUED TO EPW (Amount in words)

b. AMT IN FIGURES

c. LOCATION

d. DATE

10-L-0126 ACLU DDII CID ROI 20941

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 ACLU-RDI 5465 p. 04

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EX-000127-21



<b>Certificate Of Death</b> For use of this form, see AR 180-8, the Proponent agency is DCSOPS		Internment Serial Number (b)(6) <span style="float: right;">0154-04-CID519-81185</span>	
From: BUCCA160TH MP BN UMM QASAR APO		To:	
Name (Last, First, MI) MENKHI/AL-ZARJAWI, AHMED SUFEIAN/MERKHI/MOHSEN		Grade	Service Number
Nationality IZ-Iraq	Power Served IZ-Iraq	Place of Capture/Internment and Date UNKNOWN 2003/11/05	
Name, Relationship, Address of Next of Kin MOHSEN/AL ZERJAWI, MANKIN/MOHSEN 160TH MP BN UMM QASAR APO		Father's First Name MANKIN/MOHSEN <hr/> Place Of Birth: <hr/> Date Of Birth: (b)(6)	
Place of Death CAMP BUCCA,	Date Of Death 2004 (b)(6)	Cause Of Death UNKNOWN	
Place Of Burial	Date Of Burial 2004 (b)(6)	Identification Of Grave	
Personal Effects: Please See Attached Page			
Brief Details Of Death And Burial: Please See Attached Page			
Do Not Write In This Space  (Seal of the Office of The Provost Marshal General) 160TH MP BN UMM QASAR APO		Date 2004 (b)(6)	Signature of Commanding Officer  <hr/> Witnesses:  <hr/> Signature <span style="float: right;">Address</span>  <hr/> Signature <span style="float: right;">Address</span>

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10-L-0126 ACLU DDII CID ROI 20943

EXHIBIT 21  
000128

Personal Effects And Money		Internment Serial Number	
Property Tag	Description	Qty	Disposition
		(b)(6)	04-CID519-81185

The Above List Of Items Is Correct \_\_\_\_\_  
Signature Of Detainee

Brief Details Of Death/Burial By Person Who Cared For The Deceased During Illness Or During Last Moments (Doctor, Nurse, Minister of Religion, Fellow Internee). Death/Cremation Details.

UNSUCCESSFUL RESUCITATION. TIME OF DEATH 1710

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USE ONLY~~

10-L-0126 ACLU DDII CID ROI 20944

EXHIBIT 21  
000129

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

(b)(6)

04

Medicine

0154-04-CID519-81185

1830

ACLS inhibited on patient. Called to pronounce patient. Pupils fixed dilated & reactive. Pt. not responsive to sternal rub. No heart/breath sounds auscultated. Time of death for (b)(6) at end of code: 1710.

(b)(6)

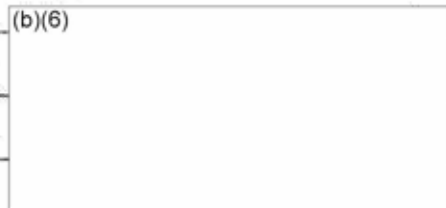


EXHIBIT 21

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

(b)(6)

(b)(6)

RECORDS MAINTAINED AT:

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

10-L-0126 ACLU DDII CID ROI 20945

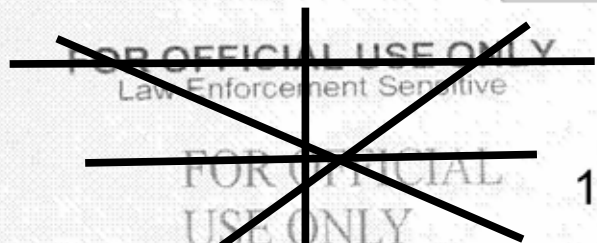
DEPARTMENT OF DEFENSE IDENTIFICATION NO

DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-6) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505

ACLU-RDI 5483 p.87





HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE 0154-04-CID519-81185

DATE

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

(b)(6)

04

1635 - Brought in to TMC, medics perform

- 1635-

CPR

1636 - epi pen 1mg

1636 O2

1636 - pulse present

1637 - epi pen 1mg

1637 : saline flush

1637 : pulse still present

1638 : pulse ox 82, 1639 1640 60 66

1639 : propoc ->

1641 : epi pen 1mg -> saline

1642 : shocked -> 200

1643 - shocked -> 300

1644 - atropen 1mg -> saline 1644 anastriologist present

1646 - BP 163/74

1648 - new airway (endotracheal tube)

1649 - faint pulse (radial)

1652 - epi pen 1mg -> saline

1653 atropen 1mg - saline

1654 - pulse ox 84 82 92 84

1655 - CPR resumed -> 1659

1655 Shocked 300

1656 - epi pen -> saline

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

(b)(6)

RECORDS MAINTAINED AT:

EXHIBIT 21

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

(b)(6)

10-L-0126 ACLU DDII CID ROI 20946

DEPARTMENT OF JUSTICE IDENTIFICATION

DATE OF BIRTH



~~epi~~ →

1657 O<sub>2</sub> Sa

1658 antrophen → saline

1659 Shocked 360

1659 Loss IV

CPR continued

1701 IV in ①

~~IV line ②~~

1703 epi → saline

1704 Shocked 360

CPR continued

1705 antrophen ②

CPR continued

1706 Shocked 360

continue CPR

1707 epi ② → saline

pulse on biphasic 125 hr

1708 Shocked 360

CPR continued

1709 antrophen - saline

TIME of Death

1710

(b)(6)

EN manual - meds

(b)(6)

DOC'S

(b)(6)

Ana Eads-CR

(b)(6)

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10-L-0126 ACLU DDII CID ROI 20947

FOR OFFICIAL USE ONLY suctioned 240 cc of blood EXHIBIT 21

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

(b)(6)

04

1720

28 y/o male who was in the IF at Camp Bucca. I was notified to the TMC where the patient was located. Assessment of the patient at the TMC revealed that the patient had a Combute a/rup placed. O2 saturation revealed 72%. Patient did not have a palpable pulse for carotid or femoral. EKG showed asystole and CPR was already implemented. I inserted an 8.0 ETT 24cm lip and continued with BBS. Pt was hyperventilated with O2 saturation never reaching greater than 80%. Prior to my arrival, pt had already been defibrillated at 360 joules 3 times. After placement of ET tube and secured, CPR continued with administration of 1 AMP epinephrine every 3 min x 4 doses. PT was defibrillated at 360 joules after each epinephrine IV attempt. PT continued to show asystole on the monitor with no palpable carotid or femoral pulse. 3 amps of atropine were also administered. After 35 minutes of CPR and patient was still asystole and no palpable carotid or femoral pulse. The code was called at 1710. A oral gastric tube was placed at end of code and approximately 250cc of coffee ground emesis was suctioned.

Nothing further follows

(b)(6)

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

(b)(6)

RECORDS MAINTAINED AT:

EXHIBIT 21

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION

10-L-0126 ACLU DDII CID ROI 20948

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (Rev. 5-1) Prescribed by GSA and ICMR FIRM (41 CFR) 201-45.505

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(b)(6)

~~FOR OFFICIAL USE ONLY~~

(b)(6)

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

(b)(6)

04

28 y/o ♂ transferred to med facility  
 E/c/o unconscious. No Breth sounds/  
 no pulse as reported by medics.  
 pt apparently had collapsed in  
 the compound and was reported  
 unconscious for unknown amount of time.  
 Arrive on scene show pt to be  
 given CPR by medics. Call for AED/IV  
 combitube/ambubag on stretcher. AED advised  
 1 shock - Airway controlled & combitube  
 and Ambubag (CPR continued) IV Access  
 obtained - pt transported to med facility.  
 O<sub>2</sub> administered, <sup>EKG</sup>propac monitor by use  
 of propac. EKG show fm V-fib/? pulse  
 indicating PEA. (please see nurse notes  
 for cont care). (b)(6) ; myself  
 and (b)(6) present during code.  
 pt continued in pulsatile rhythm  
 which progressed to Asystole. 240cc  
 (b)(6) given emesis suction from  
 stomach. Code called by (b)(6)  
 TOD - 1710 (b)(6)

EXHIBIT 21

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

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPARTMENT / SERVICE / ISSN IDENTIFICATION NO		DATE OF BIRTH

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10-L-0126-ACLU DDII CID ROI 20949

ACLU-RDI 5483 p.91

CHRONOLOGICAL RECORD OF MEDICAL CARE

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



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
(b)(6)	<p>04 S/ Was called to compound 3                      over the radio stating they                      had an emergency (unconscious                      patient - pulse/respiration)                      upon arrival found pt lying                      on the ground - 2 soldiers (? medical)                      performing CPR,                      exam revealed an unconscious                      Iraqi male - pulse/RR/BP,                      CPR was continued -                      AED applied - shocked x1 -                      then machine stated no further                      shocks necessary -                      chest auscultation revealed                      no heart sounds/d respirator                      combitube inserted                      IV started (C) Fentanyl -                      pt placed on g litter                      &amp; manually transported to                      the IFAs                      given several shocks/epi/                      atropine                      (see code flow sheet)</p>
	(b)(6)

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

(b)(6)

RECORDS MAINTAINED AT:

EXHIBIT 21

PATIENT'S NAME (Last, First, Middle initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DATE OF SERVICE	SSN IDENTIFICATION NO	DATE OF BIRTH

10-L-0126 ACLU DDH CID ROI 20950

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~~Law Enforcement Security~~  
~~(b)(6)~~  
~~FOR OFFICIAL USE ONLY~~



Success,

~ 1 hr pt was  
declared deceased -  
pupils fixed / dilated  
NO heart sounds /  
NO respiration!

A) sudden cardiac death = PEA -  
? etiology,

P) spoke to some of his  
friends in the compound -  
HAS had a fever x 24-48 -  
no other medical problems  
⊙ meds  
⊙ surgeries

(b)(6)

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~~Law Enforcement Sensitive~~

10-L-0126 ACLU DDII CID ROI 20951

EXHIBIT 21  
000136

~~FOR OFFICIAL USE ONLY~~

0154-04-CID519-81185

HT 73.5  
BMI 27

WT 159

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10-L-0126 ACLU DDII CID ROI 20952

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ACLU-RDI 5483 p.94

EXHIBIT 000137

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 10 Oct SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)  
 DETAINEE HEALTH AND MEDICAL RECORD OF SCREENING EXAMINATION  
 (SF 600 OVERPRINT, VER 1.3, IAW AR 190-8)

- ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS -  
 GENERAL INFORMATION (CHECK ALL THAT APPLY IN THE DETAINEE HEALTH HISTORY):
- SURGERIES ( )
  - CONVULSIONS/SEIZURES ( )
  - HEMOPHILIA ( )
  - MALARIA ( )
  - ASTHMA ( )
  - DIABETES ( )
  - HIGH BLOOD PRESSURE ( )
  - CANCER/LEUKEMIA ( )
  - HEART TROUBLE ( )
  - KIDNEY DISEASE ( )
  - VISUAL IMPAIRMENT ( )
  - HIV/AIDS ( )
  - STD ( )
- IMMUNIZATION GIVEN AT INTAKE? ( )  
 TB/BLOOD IN SPUTUM/NIGHT SWEATS ( )  
 LIST ALL MEDICATIONS TAKEN  
 IN THE 30 DAYS PRIOR TO TODAY:  
φ
- TOBACCO USE YES ( ) PP DAY X \_\_\_ YRS  
 ETOH: \_\_\_\_\_

AGE      NAME      T      BP 118/78 PULSE 95 BICEPS CIRC       
 HEIGHT      WEIGHT      BMI     

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

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

DENTAL     

OVERALL APPEARANCE nl  
 HEENT nl HERNIA nl  
 SKIN/SCARS/BRUISING nl GENITAL nl  
 CARDIOPULMONARY SYSTEM nl NEUROBEHAVIORAL nl  
 MUSCULOSKELETAL nl DETAILS ON REVERSE SIDE

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

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

ISN (b)(6) \_\_\_\_\_ CAMP \_\_\_\_\_  
 N A M E \_\_\_\_\_  
 DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_  
 PROVIDER \_\_\_\_\_

10-L-0126 ACLU DDII CID ROI 20953

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 STANDARD FORM 600 (REV. 6-97)  
 Prescribed by GSA/ICMR  
 FIRM# 141 CFR# 201-9-200

ACLU RDI 5483 p.95

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000138  
 EXHIBIT 24

DATE

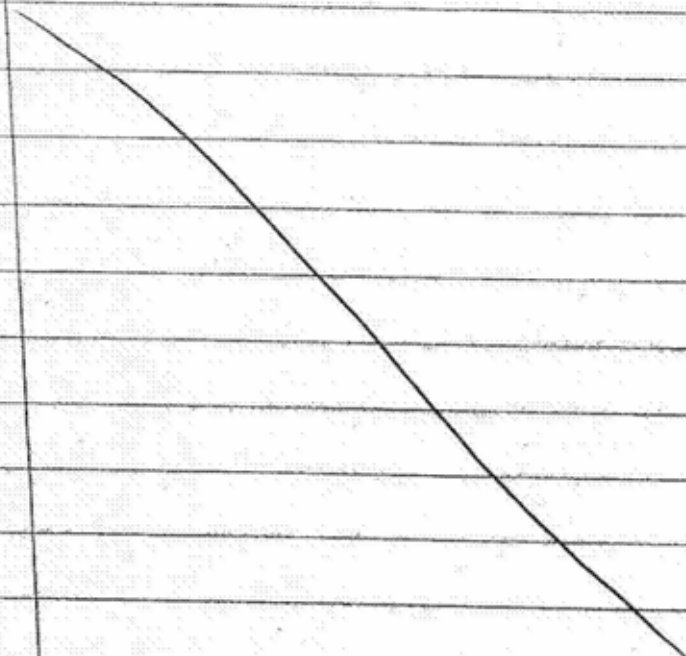
Symptoms, Diagnosis, Treatment, Health

Immunization (sign each entry)

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

CONTINUATION:

0154-04-CID519-81185



(b)(6)

IMMUNIZATION GIVEN TODAY (CIRCLE):

DT MMR POLIO HEPA HEPB TYPHOID OTHER

LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER

CHEST XRAY: NAD ( )

LIMITATIONS

ACTIVITY RESTRICTIONS:

DIET RESTRICTION:

OTHER RESTRICTIONS:

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

ISN \_\_\_\_\_ CAMP \_\_\_\_\_

NAME \_\_\_\_\_

DOB \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PROVIDER \_\_\_\_\_

10-L-0126 AGLU DDII CID ROI 20054

EXHIBIT A

STANDARD FORM 600 (REV. 6-97) BACK

000139



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION (Sign each entry)
24 Sep 2004	<p>28 y/o ♂ c/o (L) Lower jaw pain x 1 wk. pt states his cheek is swollen + painful.</p>
<p>med: <del>Ø</del> All: <del>Ø</del> AKDA</p>	<p>pt INAD, 2nd molar has cupped appearance with receding gum &amp; exudate, &amp; erythema, tooth is not painful to tap with tongue blade. Lymph nodes non tender non-swollen. (L) cheek is swollen - TTP.</p>
	<p>(A) tooth ache w/ swelling x 7-14d</p>
	<p>(D) Augmentin 800mg bid w/ food, metrin 800mg tid w/ food or milk. Refer to Dental. <span style="float: right;">BID TID</span></p>
(b)(6)	<p>Detainee told to translator to eat to Abx (no allergen) not to take Abx on empty stomach. Understood. Re-v 5-7 days</p>
	(b)(6)

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

(b)(6)

RECORDS MAINTAINED AT:

EXHIBIT 21

PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION

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10-L-0126 ACLU DDII CID ROI 20955

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5-8)  
Prescribed by GPO and ICMR  
FIRM (41 CFR) 201-45.505

SWORN STATEMENT 0754-04-CID519-81185

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 16 Feb 05 b(6), b(7)(C)	TIME 1000 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-7/MG	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			

b(6), b(7)(C) want to make the following statement under oath:  
 MED 1 was called to Compound 3. I went down to see what was going on. When I arrived, the medic the CCTs and the detainee's brother were removing the sick detainee from the sally port. At the time we didn't know he was dead. The CCTs had to remove the brother and restrain him in order for the medic to look at the sick detainee. The medic checked out the detainee, called for transport and he and the CCT's began resuscitating the detainee. The HUMVEE arrived and they loaded the detainee. They took him to MED 1 where they pronounced him dead. Then they took the brother and Imam to the MED1 to view the body and perform last rights. They came back and told the Compound and everything was cool; they just mourned for a couple of days. SFC b(6), b(7)(C) was in tower 3A and viewed them bringing the body from the center of the Compound. Four detainees were carrying the sick detainee with a blanket.

Q: SA b(6), b(7)(C)  
 A: SFC b(6), b(7)(C)  
 Q: What is MED 1?  
 A: The hospital.  
 Q: What was the call you heard from Compound 3?  
 A: They had a sick detainee that they were bringing up.  
 Q: Where were you and who was with you when you heard the call?  
 A: I was near Compound 3, at the old Control which is now Med 1. I heard the call over the radio. I don't remember the name of the SFC; he was with the 107<sup>th</sup> Field Artillery. We were doing a right seat ride and it was my first night as DOB (Detainee Operations Branch).  
 Q: Was it SFC b(6), b(7)(C)?  
 A: No. He was the Rover SOG (Sergeant of the Guard).  
 Q: How long did it take you to arrive?  
 A: Two or three minutes. I just walked across the street.  
 Q: How long did it take the medics to arrive?  
 A: About the same time. It was the medics and the CCTs that took him out of the sally port.  
 Q: There was some indication in other statements that response by the medics was delayed or excessive. Did you recall a delay in response?  
 A: There may have been a delay. After they took the body away, I recall hearing that there had been a delay in the medics getting there. I may

EXHIBIT 22	INITIALS OF b(6), b(7)(C) NG STATEMENT	PAGE 1 OF 3 PAGES
---------------	--	-------------------

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

10-1-0126 ACLU DDII CID ROI 20956

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

TAKEN AT CID Office

DATED 16 Feb 05 CONTINUED:

0754-04-CID519-81185

ot have heard the first call. I heard it when I came into the building (Med 1). Response times were faster after that incident. The 105<sup>th</sup> had brought medics and they started working in the IF to boost their manpower.

Q: Do you remember who any of the medics were?

A: No.

Q: Do you remember who was working at the CCT at the time?

A: Just 107<sup>th</sup> people.

Q: Did you see anyone attempting to resuscitate the detainee?

A: The medic and the CCTs were helping by holding the body and straightening the body and stuff.

Q: Did you see how the medic was trying to resuscitate the detainee?

A: CPR.

Q: How long were resuscitation attempts made before the detainee was transported to the hospital?

A: Probably five minutes.

Q: Were you aware of any illegal drug use in Compound 3, including misusing prescription drugs?

A: No.

Q: Were you familiar with the detainee?

A: No.

Q: Did you know who any of the detainees were that brought the sick detainee up?

A: Except for the possibility of the one being his brother, no.

Q: Why did you think the one detainee was his brother?

A: That's what the Mayor and Imam said.

Q: Is you have anything you would like to add to your statement?

A: No.///End of Statement/// **b(6), b(7)(C)**

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Law Enforcement Sensitive

10-L-0126 ACL **b(6), b(7)(C)** CID ROI 20957

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES  
000142

EXHIBIT 22  
ACLU-RDI 5483 p.99

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STATEMENT OF

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

TAKEN AT Camp Bucca CID

DATED 16 Feb 05

CONTINUED:

0754-04-CID519-81185

NOTIFIED  
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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 16th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

(Signature of Person Administering Oath)

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 3 OF 3 PAGES

DA FORM 2823 (AUTOMATED)

78 E 6126 ACLU DDII CID ROI 20958

EXHIBIT 22

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FOR OFFICIAL USE ONLY

000143



SWORN STATEMENT 0754-04-CID519-81185

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 16 Feb b(6), b(7)(C)	TIME 1540 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME FIRST NAME MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS 03/AD	
ORGANIZATION OR ADDRESS 520 <sup>th</sup> Medical Company Area Support Camp Bucca, APO AE 09375			

I, Timothy K. HERTUCCO want to make the following statement under oath:

On 19 Oct 04, early afternoon, I was standing in the Aid Tent talking to one of the soldiers. I heard over the radio that there was a detainee unresponsive and not breathing at Compound 3. I walked from the Aid Tent to Compound 3, approximately 200 meters, where I saw CPT b(6), b(7)(C) doing CPR and mouth to mouth. I went to the CCT building where we store some medical equipment, retrieved a Combi-tube, inserted the tube and checked it for placement, and a medic from the 105<sup>th</sup> MP BN started to bag the detainee. An Automatic Electronic Defibrillator (AED) was emplaced and it shocked the patient once. No pulse or spontaneous respirations. The AED didn't call for another shock so the patient was moved from the compound to the Aid Tent where CPR was continued and a code was run. CPT b(6), b(7)(C) and CPT b(6), b(7)(C) ran the code along with medics. I don't know how many or what their names were. CPT EADS came in and inserted an enotracheal tube. Continued the code for about 40 minutes, I think. When the code was called, CID was called in.

Q: SA b(6), b(7)(C)  
A: CPT b(6), b(7)(C)  
Q: What is your position here at Camp Bucca?  
A: Medical Company Commander.  
Q: How long after you heard the call over the radio until you arrived at Compound 3?  
A: Two minutes.  
Q: Were you aware of any delay in response to this call?  
A: No.  
Q: Were you aware of any other detainees that were requesting medical attention at Compound 3 at that time?  
A: No.  
Q: Had you seen or treated the detainee Ahmed MENKHI/AL-ZARJAWI, ISN b(6), b(7)(C) before this event?  
A: No. I am not a provider of medical care, I am an administrator.  
Q: Had you received training on inserting Combi-tube?  
A: Yes. I am a National Registry Paramedic (NREMTP) and former 18D, Special Forces Medic.  
Q: Did you know any of the other medics at the scene?  
A: I don't remember who else was there b(6), b(7)(C)

EXHIBIT 23	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-L-0126 ACLU DDII CID ROI 20959

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

TAKEN AT CID Office

DATED 16 Feb 05 CONTINUED:

0154-04-CID519-81185

**b(6), b(7)(C)** Q: Was CPT **b(6), b(7)(C)** using a barrier while giving breaths to the detainee?

A: No.

Q: How long were resuscitation efforts at the scene?

A: Maybe 10 minutes. After the AED gave its shock and reanalyzed and gave no shockable rhythm, he was moved to the Aid Tent.

Q: Did you hear anyone state what the detainee's problem may have been?

A: No. The other detainees, after the fact, said he was feeling a little tired and wanted to lie down after lunch.

Q: Do you know who the detainees were?

A: No. One claimed to be a family member. I don't remember what the relation was though.

Q: Did you have any indication why the detainee died?

A: No.

Q: Were you aware of any illegal drug use in Compound 3, including misuse of prescription drugs?

A: No. Prescription drugs were handed out one at a time and they were watched as they were taken.

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

A: No.///End of Statement// **b(6), b(7)(C)**

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~~Law Enforcement Sensitive~~

10-L-0126 ~~**b(6), b(7)(C)**~~ CID ROI 20960

EXHIBIT 23

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

PAGE 2 OF 3 PAGES

ACLU-RDI 5483 p.102

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000145

STATEMENT OF **b(6), b(7)(C)** TAKEN AT Camp Bucca CID DATED CONTINUED:

0154-04-CID519-81185

*Not use*

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

**AFFIDAVIT**

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

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 16 DAY OF Feb 2003 AT CID Office, Camp Bucca, Iraq

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

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 3 OF 3 PAGES

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SWORN STATEMENT 0154-04-CID519-81185

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 15 Feb 04 b(6), b(7)(C)	TIME 1844 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-5/AD	
ORGANIZATION OR ADDRESS 520 <sup>th</sup> Medical Company Area Support Camp Bucca, APO AE 09375			
I, b(6), b(7)(C)			

want to make the following statement under oath:

On 19 Oct 04 I was the shift leader for the Internment Facility Aid Station (IFAS) during the day shift. The day shift started from 0600 and ended at 1800. The call that we received came from Compound 3 and was after 1400 but before 1600. I am not too sure what the time was. I do know it was during this time because most of the medical personnel were at compound 12 completing the physicals. The call was a typical call "a detainee has been brought up to the sally port and is unresponsive". Normally we were receiving about 4 to 6 calls a day with the same complaint. These calls however did not always come from the same compounds. Based on the past history of the call I decided to let the medic that was in the IFAS complete what they were doing first. The medic assigned to the compound was not available at the time. I do not remember why this was. The only medic that was available was completing her sick call and follow-up from the compounds that she was assigned to. It was a small framed female, but I don't remember who it was. I believe it was about five minutes before I sent the medic out to the compound but I really do not know because I did not look at my watch when the call happened. The military police called again and stated that we needed to get our "fucking asses" out there now. I then felt that maybe this was not a typical call. I told the medic that they needed to go to the compound right now. As the medic was getting the items that we normally bring to every call, I asked for more information on the patient. I was then told that the detainee was not breathing and did not have a pulse. I told the medic to get out to the compound and to not worry about bring anything but to just go out there right now. I received at least one more call but maybe more. I told them that the medic was on the way. I tried to call compound 12 to inform the providers on the current situation. I never was able get an answer to the call. I found out later that the providers and medics had already finished with the physicals and were returning to the IFAS when they were flagged down. I was still not aware of what was going on until I saw CPT b(6), b(7)(C) performing CPR on the detainee while they were bring him in the tent. The rest of the time was spent like any other code. The patient was hooked up to a 12 lead EKG to check for any heart rhythm. The rest went according to ACLS standards. I am not too sure what the standards are but the doctor ran the code. I b(6), b(7)(C)

EXHIBIT 24	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 4 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-1-0126 ACLU DDII CID ROI 20962



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

TAKEN AT CID Office

DATED 16 Feb 05 CONTINUED:

0154-04-CID519-81185

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

I believe the time of death was called about 20 to 30 minutes after the detainee was brought into the compound. As the patient was being worked on, the medical personnel noticed that the detainee had blood coming from his mouth. The blood looked like coffee grounds. This type of condition is normally caused when someone is bleeding internally from their stomach. The acid in their stomach causes the blood to look like coffee grounds. There was approximately 300cc of fluids that was suctioned from his mouth. That was the only thing that I noticed that was not typical of a cardiac arrest patient.

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

A: SSG **b(6), b(7)(C)**

Q: Why did you delay in sending a medic to Compound 3?

A: These are typical calls we get and none had ever been serious. We could not complete all of the tasks in one day that needed to be done in order to provide adequate medical care. The medic was in the process of completing paperwork on other treated detainees. We had to ensure that the documentation of medicines and treatment are done for progressive health care. I wanted to let the medic complete her work so errors wouldn't occur. That was what was happening, errors were occurring. Some say that there was a fifteen minute delay, but I believe it was five minutes, but maybe it was longer. In the past when the MPs had called us to respond to a complaining detainee, I would ask what the detainees problem was, the MPs would respond sometimes with "just get your ass out here." At the time we had one medic for two compounds for the day shift and additional information was needed to ensure that greatest care was provided for the greatest amount of detainees. When that information was not provided I would make a call based on the history of what type of patients we were seeing.

Q: Is that the way it is now?

A: No. We have three medics per compound so they can rotate between themselves and we always have someone ready to respond. There are some times when there may only be two medics per compound, but that is rare.

Q: Do you have any idea why the detainee died?

A: I believe that he probably bled out internally. He had been fasting because of Ramadan. I looked in his medical records and saw he had a history of stomach ulcers and had been taking Motrin for many months.

Q: Did you hear any of the detainees say what his problem was?

A: I was told that some detainees were asked what happened to him and they said they tried to wake him up for dinner. He did not respond to the other detainees trying to wake him up. However why they were trying to wake him up does not make sense because chow wasn't until 1700 or 1800 and it was around 1500 when they tried to wake him.

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

A: What could be done to mitigate the situation from happening again. We need more medics to be at the compounds all the time. There also has to be a set standard for the MPs to triage the detainees such as checking and reporting the ABC's -- Airway, Breathing and Circulation. I understand that the MPs at the compounds were trained in CPR and they had four pocket

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

EXHIBIT 24 INITIALS OF PERSON MAKING STATEMENT **b(6), b(7)(C)** PAGE 7 OF 7 PAGES

10-L-0126-ACLU **b(6), b(7)(C)**

CID ROI 20963

ACLU 10-5483 p 105  
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000148

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

TAKEN AT CID Office

DATED 16 Feb 05 CONTINUED:

0154-04-CID519-81185

**b(6), b(7)(C)** asks at each compound.

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

A: No.///End of Statement/// **b(6), b(7)(C)**

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Law Enforcement Sensitive~~

10-L-0126 **b(6), b(7)(C)** CID ROI 20964

EXHIBIT 24

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

PAGE 3 OF 4 PAGES

ACLU-RDI 5483 p.106

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USE ONLY~~

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

TAKEN AT Camp Bucca CID

DATED 16 Feb 05

CONTINUED:

0754-04-CID519-81185

*not used*

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

I, **b(6), b(7)(C)** AFFIDAVIT  
HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 4. 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(S)

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 16th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

(Date)

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 4 OF 4 PAGES



SWORN STATEMENT

0154-04-CID519-81185

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 18 Feb 05 b(6), b(7)(C)	TIME 1230 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME FIRST NAME MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-4/NG	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			

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

I, b(6), b(7)(C) want to make the following statement under oath:

On or about the 19 Oct 04, I, along with CPT b(6), b(7)(C) CPT b(6), b(7)(C) SSG b(6), b(7)(C) SPC b(6), b(7)(C) PFC b(6), b(7)(C) and SPC b(6), b(7)(C) were at Compound 12 finishing height and weight physicals when a series of radio transmission prompted us to respond to Compound 3. The first transmission indicated they needed a routine medic at the compound. The next radio transmission reiterated the need for a medic, but was not unduly urgent. The next radio transmission that I recall contained the phrase, "This guy is not breathing." With absolute haste we responded to Compound 3 in a HUMVEE. There we found an unresponsive detainee outside the sally port. The two providers and the medics began immediate assessment and treatment. SSG b(6), b(7)(C) and I went across the street to the Internment Facility Aid Station (IFAS) to acquire a backboard, suction and Automated External Defibrillator (AED). We ran back to the detainee where emergency medicine was still being administered. The AED was connected to the detainee and at least one shock was given by the machine. CPR was being conducted and the detainee was being ventilated with a bag-valve mask. The detainee was placed on the litter for transport back to the IFAS. The time spent treating the detainee at the Compound did not exceed 10 minutes. I ran back to the IFAS to prepare for the detainee. I informed all medical personnel that we had an emergency code coming in. I moved litter stands and pulled the crash cart over. In no more than two minutes after I arrived, the previously mentioned personnel brought the detainee in. More thorough emergency treatment began. He was hooked to the 12 lead EKG. Shocks were given with the manual defibrillator. Cardiac meds were given as needed and more medical personnel were working on detainee. During that time the detainee didn't show any signs of resuscitating. I can't recall the detainee having a pulse on the machine. All efforts were made to resuscitate the detainee. After about an hour, all efforts ceased. I don't recall the name of the provider that declared the detainee dead. After that PFC b(6), b(7)(C) and I were ordered to clean the body. We removed all of the IV sites, EKG probes and washed blood and vomitus from the detainee. We covered him until he was viewed by the select detainees. I don't know who they were.

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

A: SPC b(6), b(7)(C)

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

10-L-0126 ACLU DDII CID ROI 20966

DA FORM 2823 (AUTOMATED)

ACLU-RD# 482 p.108  
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000151 EXHIBIT 25



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

TAKEN AT CID Office

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

How long from the first transmission that requested medics to Compound 3 until the third transmission?

A: No longer than five minutes. There may have been radio transmissions that I did not hear.

Q: How long did it take for you to respond from Compound 12 to Compound 3?

A: An insignificant amount of time.

Q: Did you know or recognize the detainee, Menkhi Al ZARJAWI, ISN **(b)(6)(b)(7)(C)**

A: I had never seen the detainee before and had never heard the detainee's number before.

Q: Did you hear anyone at Compound 3 make any statements as to why ZARJAWI was in that condition?

A: No.

Q: Did you know any of the detainees that brought ZARJAWI to the sally port?

A: No, I didn't see him brought to the sally port.

Q: Were you aware of any illegal drug use, to include misuse of prescription drugs, in Compound 3?

A: I wasn't aware of any and haven't seen any evidence of that.

Q: Do you have any idea why ZARJAWI died?

A: None.

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

A: No.///End of Statement// **(b)(6), b(7)(C)**

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10-L-0126 ACU/DDII CID ROI 20967

EXHIBIT 25

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

PAGE 2 OF 5 PAGES

ACLU-RDI 5483 p.109

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FOR OFFICIAL USE ONLY

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

TAKEN AT Camp Bucca CID DATED 18 Feb 05 CONTINUED:

0154-04-CID519-81185-

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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

(SIGNATURE OF PERSON MAKING STATEMENT)

**WITNESSES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 18th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

(Administering Oath)

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 3 OF 3 PAGES

SWORN STATEMENT

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	(b)(6), b(7)(C) 8 Feb 05	TIME 1500	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-7/AGR	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			

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

want to make the following statement under oath:

On 19 Oct 04, about 1600, I stopped by Compound 3 to check on one of the towers. At the time it was Tower 1-3, now it is Tower 3A. While I was up there, I was looking at the compound and I noticed four detainees carrying one up in a blanket. I didn't see which tent they came from, but they were coming down the second row from the right. They carried him to the sally port. From there the personnel at the CCT checked the pulse and breathing. I assumed they called the medics. About three or four minutes later the medics arrived. Initially the medics tried to work in the sally port, but there wasn't enough room, so they pulled the blanket with the detainee out of the sally port. The medics were doing their CPR; one was doing the chest compressions and one was doing the rescue breathing. I don't remember how long that lasted. They put him on a stretcher, put him in the back of a HUMVEE and drove him over to the hospital.

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

A: SFC (b)(6), b(7)(C)

Q: What was your assignment that day?

A: I was in training for Sergeant of the Guard.

Q: Did you hear any radio traffic calling for the medics?

A: No. I didn't have a radio.

Q: Did you know the detainees that brought Menkhi AL-ZARJAWI, ISN US912- (b)(6), b(7)(C) CI to the sally port?

A: No.

Q: Did you know ZARJAWI?

A: No.

Q: Do you remember who the MPs that worked the CCT at that time were?

A: I don't remember. I'm pretty sure they were from the 160<sup>th</sup> MP Battalion.

Q: Did you see any MPs conducting CPR?

A: No. I don't remember that. One was checking for the pulse and breathing.

Q: How long were the medics working on ZARJAWI at the compound?

A: Maybe 10 minutes.

Q: Were you aware of any illegal drug use, to include misuse of prescription drugs, in Compound 3?

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

EXHIBIT 26	INITIALS OF PERSON MAKING STATEMENT (b)(6), b(7)(C)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-1-0126 ACLU DDIL CID ROI 20969

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

TAKEN AT Camp Bucca CID DATED 18 Feb 05 CONTINUED:

: Is there anything you would like to add to this statement?

A: No.///End of Statement// **b(6), b(7)(C)**

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

**AFFIDAVIT**

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

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

(Name of Person Making Statement)

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 18th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

(Signature of Person Administering Oath)

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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

PAGES 2 OF 2 PAGES



SWORN STATEMENT

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 18 Feb 05 b(6), b(7)(C)	TIME 1744hrs b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-6/NG	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375 b(6), b(7)(C)			

want to make the following statement under oath:

On 14 October, 2004, I was working as a medic assigned to provide healthcare to detainees in compound twelve of the Theater Internment Facility. I do not recall the specific time of day, other than that it was during daylight hours, when I heard over one of the guard's radios that there was an unresponsive detainee at compound three. Upon hearing this, I immediately stopped what I was doing and made for compound three to assist. When I was approaching the compound, I saw that there were several people, including two medical officers, already rendering care, to include electric shocks via an automatic external defibrillator (AED), airway intervention, and CPR. I diverted myself to the hospital to secure a suction apparatus and oxygen to bring to the patient, but as I was returning, the providers had moved the patient to the hospital to render more advanced interventions. I participated in CPR efforts, while the doctors monitored the EKG machine, administered emergency cardiac medications and maintained a secure airway. After what seemed like about 45 minutes, rescue efforts were discontinued.

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

A: SSG b(6), b(7)(C)

Q: Did you know Menkhi AL-ZARJAWI, ISN US91Z b(6), b(7)(C) CI or have any prior history of treating him?

A: I didn't know him specifically, but I can't say for sure that I ever treated him.

Q: How long after you heard the call until you arrived at Compound 3?

A: Three to five minutes.

Q: How many calls on the radio did you hear?

A: One that I clearly recall. Whether or not there were multiple calls and that's why I hurried to Compound 3, I do not recall.

Q: What did you hear over the radio?

A: It was something along the lines of, "there was an unresponsive patient at Compound 3."

Q: Did you hear anyone at the compound give a reason why ZARJAWI was in that condition?

A: No.

Q: Did you assist in the resuscitation efforts at the Compound?

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

EXHIBIT 27	b(6), b(7)(C) PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-1-0126 ACLU DDII CID ROI 20971

STATEMENT OF **b(6), b(7)(C)** TAKEN AT CID Office DATED 18 Feb 05 CONTINUED:  
**b(6), b(7)(C)** 0154-04-CID519-81185

Q: How long was the patient at the compound before he was transported to the hospital?

A: From when I heard the call to when they were moving him to the hospital, it was probably around 10 minutes.

Q: Did you know any of the detainees that had brought ZARJAWI up to the sally port?

A: No.

Q: Were you aware of any illegal drug use, including misuse of prescription drugs, at Compound 3?

A: No.

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

A: No.///End of Statement// **b(6), b(7)(C)**

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Law Enforcement Sensitive

10-L-0126 ACI **b(6), b(7)(C)** CID ROI 20972

EXHIBIT 27  
ACLU-RDI 5483 p.114

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES  
000157

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

TAKEN AT Camp Bucca CID DATED 18 Feb 05 CONTINUED:

0154-04-CID519-81185

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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

SUBSCRIBED AND SWORN BEFORE ME, A PERSON **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 18th DAY OF Feb AT CID Office, Camp Bucca, Iraq 2005

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

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

(Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

Article 136, UCMJ

(Authority to Administer Oath)

I **b(6), b(7)(C)** ON MAKING STATEMENT

PAGES 3 OF 3 PAGES

DA FORM 2823 (AUTOMATED)

10-L-0126 ACLU DDII CID ROI 20973

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ACLU-RDI 5483 p.115

FOR OFFICIAL USE ONLY

EXHIBIT 27  
000158



**SWORN STATEMENT**

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 19 Feb 05 b(6), b(7)(C)	TIME 1338 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME, FIRST NAME, MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-4/NG	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			

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

I, b(6), b(7)(C) want to make the following statement under oath:  
 myself CPT b(6), b(7)(C) CPT b(6), b(7)(C) and SPC b(6), b(7)(C) were in a HUMVEE in the Internment Facility (IF) when we heard a call over the radio about a detainee down in the sally port in Compound 3. CPT b(6), b(7)(C) said, "Let's go," and we proceeded to Compound 3. It took us less than a minute to get there. When we got there, I saw a detainee down and not breathing outside the sally port. CPT b(6), b(7)(C) and CPT b(6), b(7)(C) walked up to the detainees head. CPT b(6), b(7)(C) did a finger sweep to clear out his mouth and airway and gave him two breaths mouth to mouth. CPT b(6), b(7)(C) then came out with a bag mask to use for breathing on the detainee. We started CPR. I don't know who was doing chest compressions, but CPT b(6), b(7)(C) was doing the breaths. I remember someone saying we needed IV access. I pulled his arm away to get it ready for the IV. Once SPC b(6), b(7)(C) got IV access, we put on the Automatic External Defibrillator (AED). We turned it on and left the patient alone so the machine could asses the patient. The machine gave one shock. The machine assessed him again and said no shock advised. Which means he had a slight pulse or he was totally gone. Once it said no shock advised, we continued CPR, got him on a liter and took him to the TMC. I was doing chest compressions. Once in the TMC, mainly the doctors and nurses took over. I remember a nurse was giving the meds per cardiac protocol and a doctor intubated him for better airway access. I was doing chest compressions at the time. When he was finally intubated, someone took over chest compressions and I moved on to airway and started giving breaths. As I was giving breaths, I was responsible for maintaining the airway. If anything was in his mouth, it was suctioned out and I continued the breaths. I remember he was bringing up a lot of brown fluid that was interfering with his airway. I kept giving breaths until one of the doctors, I don't remember who, called the code.

Q: SA b(6), b(7)(C)  
 A: SPC b(6), b(7)(C)

Q: Do you recall where in the IF you were prior to hearing the call on the radio?

A: No.

Q: What was the call you heard on the radio?

A: "Detainee down in the sally port Compound 3." b(6), b(7)(C)

EXHIBIT 28	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES b(6), b(7)(C)
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF TAKEN AT DATED CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-L-0126 ACLU DDII CID ROI 20974



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

TAKEN AT CID Office

DATED 19 Feb 05 CONTINUED:

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

0154-04-CID519-81185

Q: How many calls did you hear on the radio?  
A: I only heard one.  
Q: Were you aware of a delay in the response?  
A: No.  
Q: How long did it take you to get from where you were until you arrived at Compound 3?  
A: Less than a minute.  
Q: How long did you work on Menkhi AL-ZARJAWI, ISN **(b)(6)(b)(7)(C)** at the compound?  
A: About three or four minutes.  
Q: How long did you and the doctors work on ZARJAWI in the hospital?  
A: About 20 minutes, but I'm not sure.  
Q: Did you hear anyone at Compound 3 give any explanation for ZARJAWI'S condition?  
A: No.  
Q: Had you seen or treated ZARJAWI before?  
A: No.  
Q: Do you have any idea what caused ZARJAWI'S condition?  
A: No.  
Q: Did you know any of the detainees that brought ZARJAWI to the sally port?  
A: No, he was already at the sally port when we got there.  
Q: Were you aware of any illegal drug use, including misuse of prescription drugs in Compound 3?  
A: At that time, no.  
Q: How about now?  
A: Narcotics, no. As far as some prescription medications, we give them their meds and try to ensure that they take the medication at the time it's given. However, there are so many that it's difficult to watch all of them all the time. Sometimes we catch some of them trying to horde their meds or hide it and we cut them off if we can.  
Q: Is there anything else you would like to add to this statement?  
A: No.///End of Statement// **(b)(6), (b)(7)(C)**

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10-L-0126 ACLU DDII CID ROI 20975

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

EXHIBIT 28  
ACLU-RDI 5483 p.117

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

000160

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STATEMENT OF **b(6), b(7)(C)** TAKEN AT Camp Bucca CID DATED 19 Feb 05 CONTINUED:

0154-04-CID519-81185

[Large redacted area with a diagonal line across it]

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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

INITIALS OF PERSON MAKING STATEMENT

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 19th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

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

(Name of Person Administering Oath)

Article 136, UCMJ

(Authority to Administer Oath)

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PAGES 3 OF 3 PAGES

**SWORN STATEMENT**

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

LOCATION Camp Bucca CID Office Camp Bucca, Iraq APO AE 09375	DATE 19 Feb 05 b(6), b(7)(C)	TIME 1545 b(6), b(7)(C)	FILE NUMBER 0012-05-CID579
LAST NAME FIRST NAME MI b(6), b(7)(C)	SOCIAL SECURITY NUMBER b(6), b(7)(C)	GRADE/STATUS E-4/NG	
ORGANIZATION OR ADDRESS HHC 105 <sup>th</sup> MP BN Camp Bucca, APO AE 09375			

I, b(6), b(7)(C) want to make the following statement under oath: Myself and the 105<sup>th</sup> Medics, SPC b(6), b(7)(C) PFC b(6), b(7)(C) SPC b(6), b(7)(C) and SSG b(6), b(7)(C), were helping disassemble the medical tent at Compound 12 and moving it to the current location. We heard the call, "patient unresponsive at Compound 3," on a radio. Whose radio it was, I don't know, we just heard it. We loaded up in the HUMVEE. While we were loading up, we heard another call stating he wasn't breathing. We left Compound 12 and arrived on scene in just a matter of minutes. The detainee had already been pulled out of the sally port when we got there. Some other medics were already working on him when we got there, I don't recall who they were. SSG b(6), b(7)(C) and SPC b(6), b(7)(C) ran across to get something from the Internment Facility Aid Station (IFAS). Someone wanted something, so I went to the IFAS to get it, I think it may have been an IV, but I'm not sure. I ran back across the street and established an IV. In the course of the matter, I ended up being at the front of the patient bagging him with bag valve mask. Then we moved him from Compound 3 to the IFAS. I continued to bag him until the code was called. I'm not sure of the length of time from when we arrived at the IFAS to when the code was called.

Q: SA b(6), b(7)(C)  
A: SPC b(6), b(7)(C)  
Q: Do you recall what resuscitation attempts were made on the patient at the Compound?  
A: I think they put a Combi-tube in while we were at the Compound. They were also doing CPR.  
Q: Were you aware of the use of an Automatic Electronic Defibrillator (AED)?  
A: They used one on him. I think they used it at the compound and at the IFAS.  
Q: Did you hear anyone say what may have caused Menkhi AL-ZARJAWI, ISN US9IZ-b(6), b(7)(C)-CI, to be in that condition?  
A: No.  
Q: Did you know or had you treated ZARJAWI in the past?  
A: No.  
Q: Do you know any of the detainees that brought ZARJAWI to the sally port b(6), b(7)(C)

EXHIBIT 29	INITIALS OF b(6), b(7)(C) MAKING STATEMENT	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_ CONTINUED," THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE OF ANOTHER COPY OF THIS FORM.

10-1-0126 ACLU DDII CID ROI 20977



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

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

TAKEN AT Camp Bucca CID DATED 19 Feb 05 CONTINUED:

A: No. I wasn't there when they brought him up.  
 Q: How long were resuscitation attempts made at Compound 3 before you transported ZARJAWI to the IFAS?  
 A: It felt like seven to eight minutes. It was pretty quick I thought. That was after we arrived.  
 Q: Were you aware of a delay in responding to the call?  
 A: No. We just heard the call and responded.  
 Q: Were you aware of any illegal drug use, including misuse of prescription drugs, by detainees in Compound 3?  
 A: No.  
 Q: Do you have any idea what caused ZARJAWI'S condition or why he died?  
 A: No.  
 Q: Is there anything else you would like to add to this statement?  
 A: No.///End of Statement/ b(6), b(7)(C)

I, **b(6), b(7)(C)** AFFIDAVIT  
 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 OR PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ORGANIZATION OR ADDRESS  
 \_\_\_\_\_  
 \_\_\_\_\_  
 ORGANIZATION OR ADDRESS

SUBSCRIBED AND SWORN BEFORE ME, A PERSON BY THE NAME OF **b(6), b(7)(C)** TO ADMINISTER OATHS, THIS 19th DAY OF Feb, 2005 AT CID Office, Camp Bucca, Iraq

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

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

Article 136, UCMJ  
 (Authority to Administer Oath)

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

PAGES 2 OF 2 PAGES



**PHOTOGRAPHIC PACKET**

CASE NUMBER: 0012-05-CID579

NUMBER    DESCRIPTION OF PHOTOGRAPH

1. Photograph depicting establishing shot of SE corner of Compound 3 from Tower 3A.
2. Photograph depicting establishing shot of rows one and two of Compound 3 from Tower 3A.
3. Photograph depicting establishing shot of rows three, four and five of Compound 3 from Tower 3A.
4. Photograph depicting establishing shot of rows four and five of Compound 3 from Tower 3A.
5. Photograph depicting Compound 3 CCT building.
6. Photograph depicting Compound 3 sally port.
7. Photograph depicting Compound 3 sally port.

Exhibit 30

**10-L-0126 ACLU DDII CID ROI 20979**

(b)(3)

(b)(3)

(b)(3)

(b)(3)

(b)(3)



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10-L-0126 ACLU DDII CID ROI 20980

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~~ACLU-RDI 5485-0122~~  
~~Enforcement Sensitive~~

~~FOR OFFICIAL USE ONLY~~

EXHIBIT 30a 1  
000165



~~OFFICIAL USE ONLY  
Law Enforcement Sensitive~~

~~10-L-0126~~ *EXHIBIT 30a* ~~ACLU DDII CID ROI 20981~~

~~FOR OFFICIAL USE ONLY~~

0012-05-C10579  
0154-04-C10579-81185

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~~FOR OFFICIAL  
USE ONLY~~

EXHIBIT 31

10-L-0126 ACLU DDII CID ROI 20982

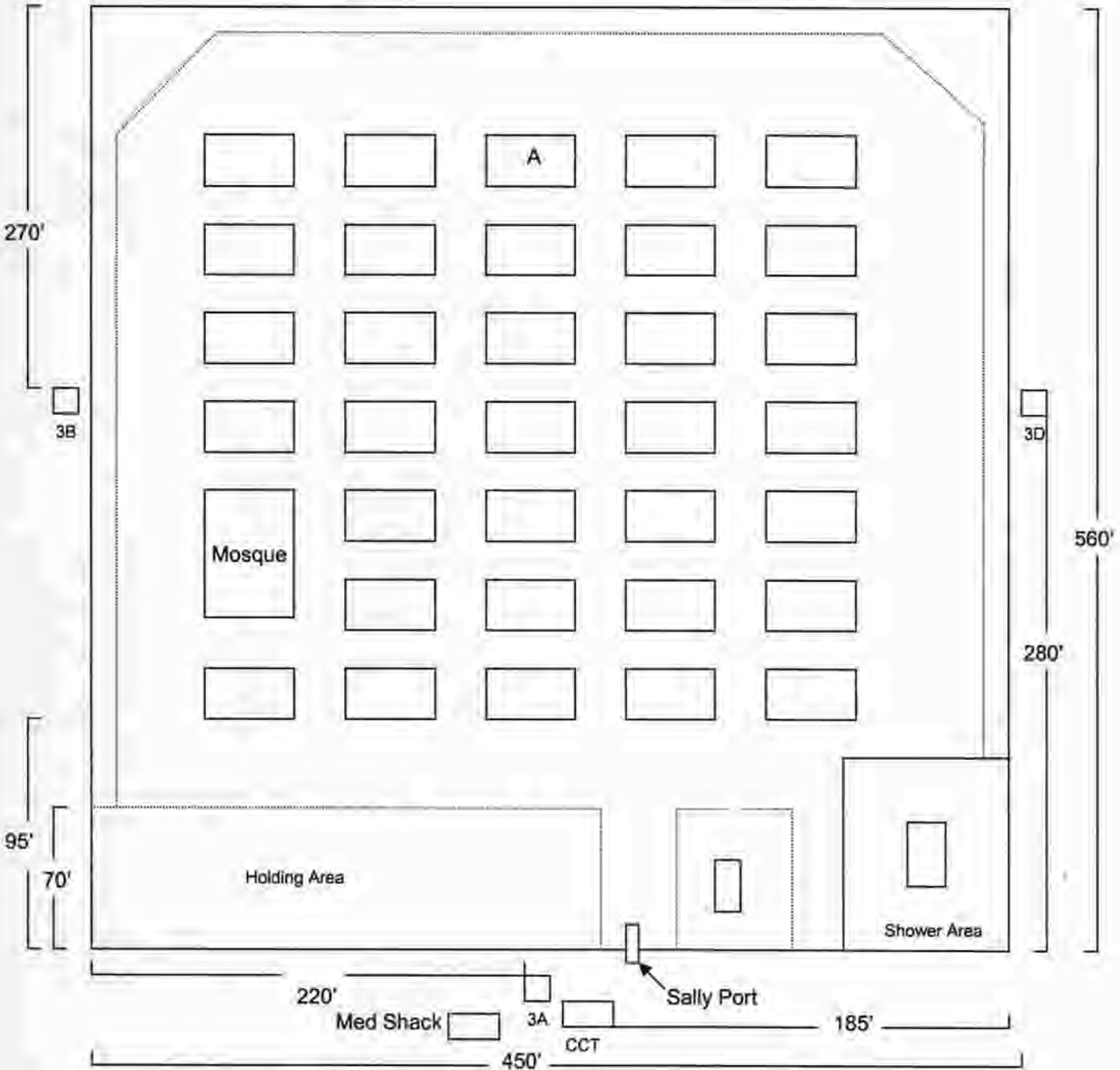


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LAW ENFORCEMENT SENSITIVE

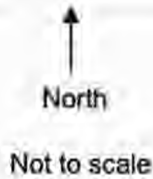
3C

205'



LEGEND

A: Tent ZARJAWI lived in



TITLE BLOCK

CASE NUMBER: 0012-05-CID579- / 0154-04-CID519-81185  
 OFFENSE: Undetermined Death  
 DEPICITING: Compound 3, Row 3, Tent 7  
 LOCATION: Camp Bucca, IZ APO AE 09375  
 SUBJECT: Menkhi AL ZARJAWI, ISN (b)(6), (b)(7)(C)  
 VICTIM: None  
 SKETCH BEGAN: 1715, 19 Feb 05  
 SKETCHED BY: SA (b)(6), (b)(7)(C)  
 VERIFIED BY: SA (b)(6), (b)(7)(C)

Exhibit \_\_\_\_\_

10-L-0126 ACLU BDP CID ROI 20993

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0012-05-CID579

PAGE 1 OF 1

## DETAILS

0154-04-CID519-81185

About 1000, 22 Feb 05, SA **(b)(6), b(7)(C)**, SA **(b)(6), b(7)(C)** and Mr. **(b)(6), b(7)(C)** interviewed Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** who provided a hand written statement detailing his knowledge of Ahmed's death. (See statement and translation)

AGENT'S COMMENT: **(b)(6), b(7)(C)** only knew ZARJAWI by his nickname Ahmed.

About 1145, 22 Feb 05, SA **(b)(6), b(7)(C)**, SA **(b)(6), b(7)(C)** and Mr. **(b)(6), b(7)(C)** interviewed Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN: **(b)(6)(b)(7)** **(b)(6)(b)** who stated he lived in the same tent as Ahmed and he was one of the detainees who carried Ahmed to the gate. **(b)(6), b(7)(C)** stated that on the day Ahmed died, Ahmed told him he did not feel good and wanted to lie down. About an hour later **(b)(6), b(7)(C)** stated he checked on Ahmed and noticed he had a fever and was shaking. They put a wet cloth on his forehead to cool him down and Ahmed appeared to get a little better. **(b)(6), b(7)(C)** stated a short time later Ahmed got worse and they carried him to the gate and informed the guards he was sick. **(b)(6), b(7)(C)** stated he later learned Ahmed died. **(b)(6), b(7)(C)** stated he had known Ahmed about four months and during that time Ahmed had on occasion complained of getting dizzy, would occasionally get nosebleeds and he was always depressed about unknown family matters. **(b)(6), b(7)(C)** stated he did not know if Ahmed was taking any medications or what caused his death.

AGENT'S COMMENTS: **(b)(6), b(7)(C)** could not read or write in Arabic; therefore, a statement was not taken. **(b)(6), b(7)(C)** only knew ZARJAWI by his nickname Ahmed.

About 1500, 22 Feb 05, SA **(b)(6), b(7)(C)**, SA **(b)(6), b(7)(C)** and Mr. **(b)(6), b(7)(C)** interviewed Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN: **(b)(6)(b)(7)(C)** who provided a hand written statement detailing his knowledge of Ahmed's death. (See statement and translation)

AGENT'S COMMENT: **(b)(6), b(7)(C)** only knew ZARJAWI by his nickname Ahmed.

About 1035, 24 Feb 05, SA **(b)(6), b(7)(C)**, SA **(b)(6), b(7)(C)** and Mr. **(b)(6), b(7)(C)** interviewed Detainee **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** ISN: **(b)(6)(b)(7)(C)** who provided a hand written statement detailing his knowledge of AHMED's death. (See statement and translation) ///LAST ENTRY///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

380<sup>th</sup> MP DET (CID) (FWD)  
Camp Bucca, Iraq 09375

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

10-L-0126 ACLE DDII CID **(b)(6), b(7)(C)** 24 Feb 05

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0154-04-CID519-81185

On October (10) he was having a fever and thinking about his family a lot. The brothers in the camp put some wet cloth on his head because he was heating up then we carried him to the door and we told the guards. They told us that they would get the doctor shortly so he could treat him. We took him back to the tent but after a while his condition got worth we carried him to the gate again and the guards got the doctor. The doctor used a medical device on him but he passed away after that at the gate then they took him to the hospital.

- Q. What was the name of the individual you describe above?
- A. Ahmed Alkoufee.
- Q. How long did you know Ahmed before he died?
- A. One month only.
- Q. Who else helped you carry Ahmed to the gate?
- A. **b(6), b(7)(C)** <sup>b(6), b(7)(C)</sup> **b(6), b(7)(C)**
- Q. Did Ahmed ever complain of having any medical condition prior to this incident?
- A. No.
- Q. Was Ahmed having any problems before this incident?
- A. Yes he was depressed and thinks a lot about his family.
- Q. Do you know if Ahmed was taking any medications?
- A. No.
- Q. Did you live in the same tent with Ahmed?
- A. Yes in tent 7 before and its tent 13 now.
- Q. Was Ahmed breathing when he was brought to the gate?
- A. Yes.
- Q. Do you know if anyone in the compound gave Ahmed any medication?
- A. No.
- Q. Did Ahmed have any injury or was he bleeding when he was brought to the gate?
- A. No.
- Q. Did Ahmed have any problems with other detainees in the compound?
- A. No.
- Q. Do you know what caused Ahmed's death?
- A. Heart attack.
- Q. Is there any thing else you would like to add to this statement?
- A. No.

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

**b(6), b(7)(C)**  
2/22/2005  
11:05 Pm

Translated by **b(6), b(7)(C)**  
**b(6), b(7)(C)**  
Fair Corporation  
2/22/2005  
11:54

~~For Official Use Only Law Enforcement Sensitive~~

0154-04-CID519-81185

Between eight thirty and nine o'clock in the morning we were sitting in the tent. My friends and me, we noticed that our friend Ahmed in bad health. We carried him to the gate in hurry and it was very hot. We talked to the guards regarding Ahmed they said the doctor is not here but he is coming. We took him back to the tent because it's too hot. We put cloth on his head to cool him down but his condition got worth and again we took him to the gate and when we got to the gate the guards saw him shaking then the doctor came and checked his pulse. He told the guards that he is dead and that is my statement.

- Q. How long did you know Ahmed before he died?
- A. Two weeks at least.
- Q. Before Ahmed died did he ever complain of being sick or not feeling well?
- A. No.
- Q. Do you know if Ahmed was taking any medications?
- A. No.
- Q. Do you live in the same tent with Ahmed?
- A. Yes in tent 7 but now its tent 13.
- Q. Do you know what caused Ahmed death?
- A. No.
- Q. Was Ahmed sick the day before he died?
- A. Very depressed and think a lot.
- Q. Did you see any injuries on Ahmed when you brought him to the gate?
- A. No.
- Q. Is there anything else you would like to add to this statement?
- A. No.

**b(6), b(7)(C)**  
2/22/2005  
3:33 Pm

Translated by **b(6), b(7)(C)**  
**b(6), b(7)(C)**  
Titan Corporation  
2/22/2005  
5:19

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EXHIBIT 37  
000184



In The month of Ramadan Ahmed Al-Koufi passed away in our tent and some detainees that live in the tent carried Ahmed outside of the tent to the door but the guards told us to take him back to the tent. The second time we carried him outside he passed away.

Q. Where did this take place?

A. In camp 3 tent 7.

Q. What was your title inside camp number 3 when Ahmed died?

A. Camp rep.

Q. Did you help carry Ahmed to the gate?

A. No.

Q. Who carried Ahmed to the gate?

A. **b(6), b(7)(C)** **b(6), b(7)(C)** <sup>b(6), b(7)(C)</sup> and **b(6), b(7)(C)** but he was released.

Q. Did Ahmed ever complain of having any medical condition prior to this incident?

A. Before in Abu-Guraib but I don't know which camp.

Q. What was his chief complaint or medical ailment?

A. He complained about difficulty breathing in Abu-Guraib.

Q. What was he complaining of at Bucca?

A. No.

Q. Do you know if Ahmed was taking any medication?

A. No.

Q. Do you know if anyone in the compound gave Ahmed any medications?

A. No.

Q. Did Ahmed have any injury or was he bleeding when he was brought to the gate?

A. No.

Q. Did Ahmed have any problems with other detainees in the camp?

A. No.

Q. Do you know what caused Ahmed death?

A. Hart attack.

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

A. No.

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

2/24/2005

11:19 AM

Translated by: **b(6), b(7)(C)**

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

Titan Corporation

2/24/200

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~~10-L-0126 AGLU DDII CID ROI-21006~~

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USE ONLY~~

EXHIBIT 39  
000187

**EVIDENCE/PROPERTY CUSTODY DOCUMENT**

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

MPR/CID SEQUENCE NUMBER  
**0159-04-L10519**  
CRD REPORT/CID ROI NUMBER  
**81185**

RECEIVING ACTIVITY <b>Kummit Branch Office</b>	LOCATION <b>Camp Doha, Kummit APO AE 09889</b>
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER <b>SSG b(6), b(7)(C)</b> <input checked="" type="checkbox"/> OTHER	ADDRESS (Include Zip Code) <b>Internment Facility Aid Station Camp Bucca, Iraq APO AE 09375</b>
LOCATION FROM WHERE OBTAINED <b>From the hands of SSG b(6), b(7)(C) while at the Internment Facility Aid Station Camp Bucca, Iraq APO AE 09375</b>	REASON OBTAINED <b>Evidence</b>
	TIME/DATE OBTAINED <b>2351/19 Oct 04</b>

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)
1	1	Pants, black in color, clothe type material, used and soiled condition, cut along each leg from waist to cuff, elastic around the waist, pockets on each leg section, placed into a paper bag, bag marked with b(6), b(7)(C) 2351/19 Oct 04 (hands of SSG b(6), b(7)(C)). <b>///Last Item/////</b>
<p>MFR: Item 1 was submitted to evidence custodian on 21 Oct 04 due to the need of drying. The evidence was secured in a locked office until release b(6), b(7)(C)</p> <p style="text-align: right;">31</p>		

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1 OF 1	19 Oct 04	b(6), b(7)(C)	b(6), b(7)(C)	Evaluation as Evidence
1 OF 1	21 Oct 04	b(6), b(7)(C)	b(6), b(7)(C)	Received by Evidence Custodian
		NAME, GRADE OR TITLE SA b(6), b(7)(C)	NAME, GRADE OR TITLE SA b(6), b(7)(C)	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

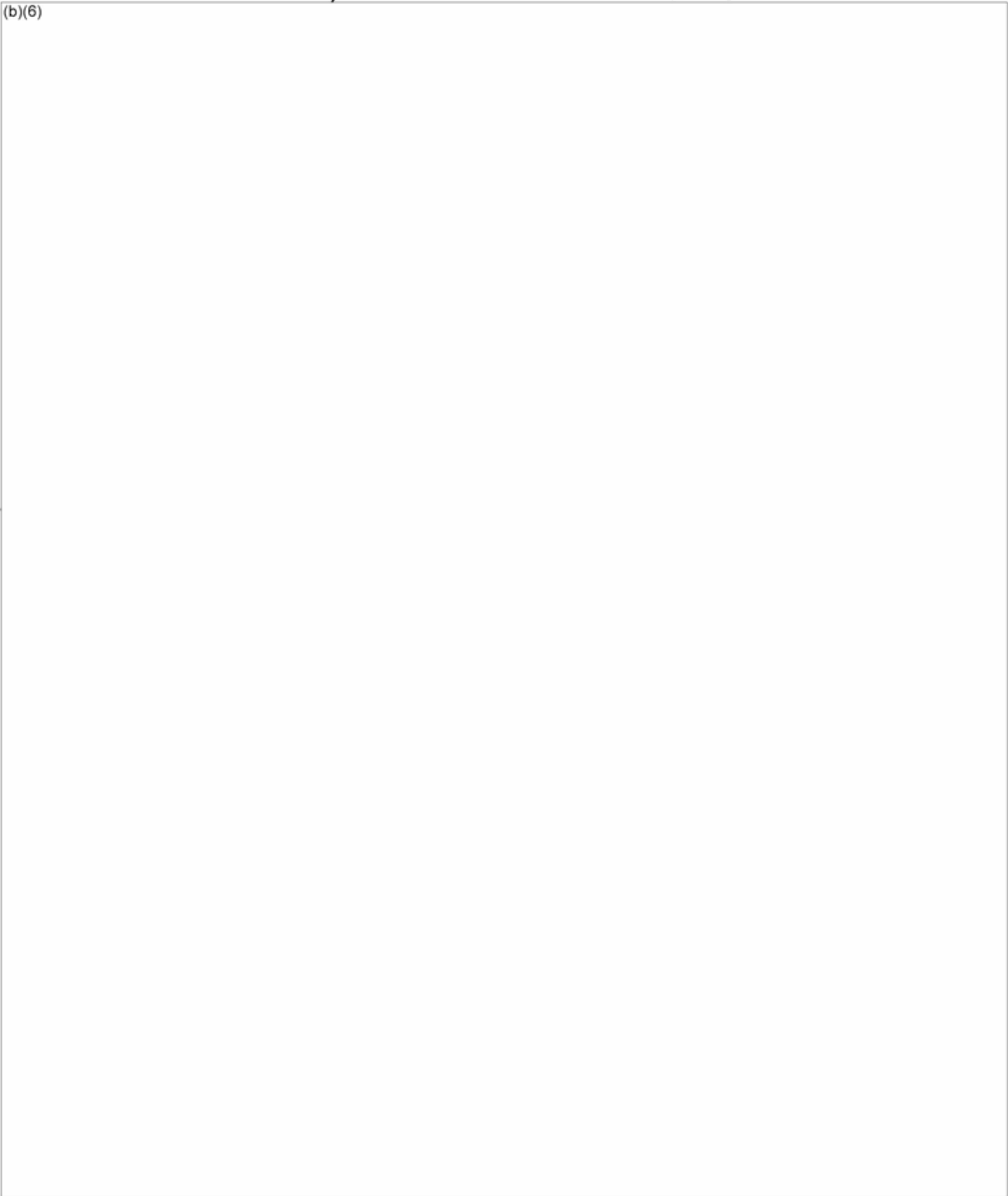
DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 JUL 76  
DA FORM 4137, 1 JUL 76  
24 Sep 75 W. J. G. 10

**10-L-0126 ACLU DDII CID ROI 21007**

DOCUMENT NUMBER  
**118-04**

(b)(6)



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~~RU-1-0128 ACLU DDII CID R0110802~~ EXHIBIT 57  
~~LAW ENFORCEMENT SENSITIVE~~

0498 - CID 056 76349  
0302-05-C10919

(b)(6)

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(b)(6)

Record # (b)(6) date of Record 7-3-1962

R.

Name of the patient : (b)(6)

date 1/1

Age :

high <sup>TC</sup>

He has p/blood pressure, diabetes, stiffen of arteries and a former heart attack (b)(6)

up to his request, he was provided with this statement.

with respect

(b)(6)

signature

(b)(6)

10-L-0126 ACLU DDII CID ROL 20803



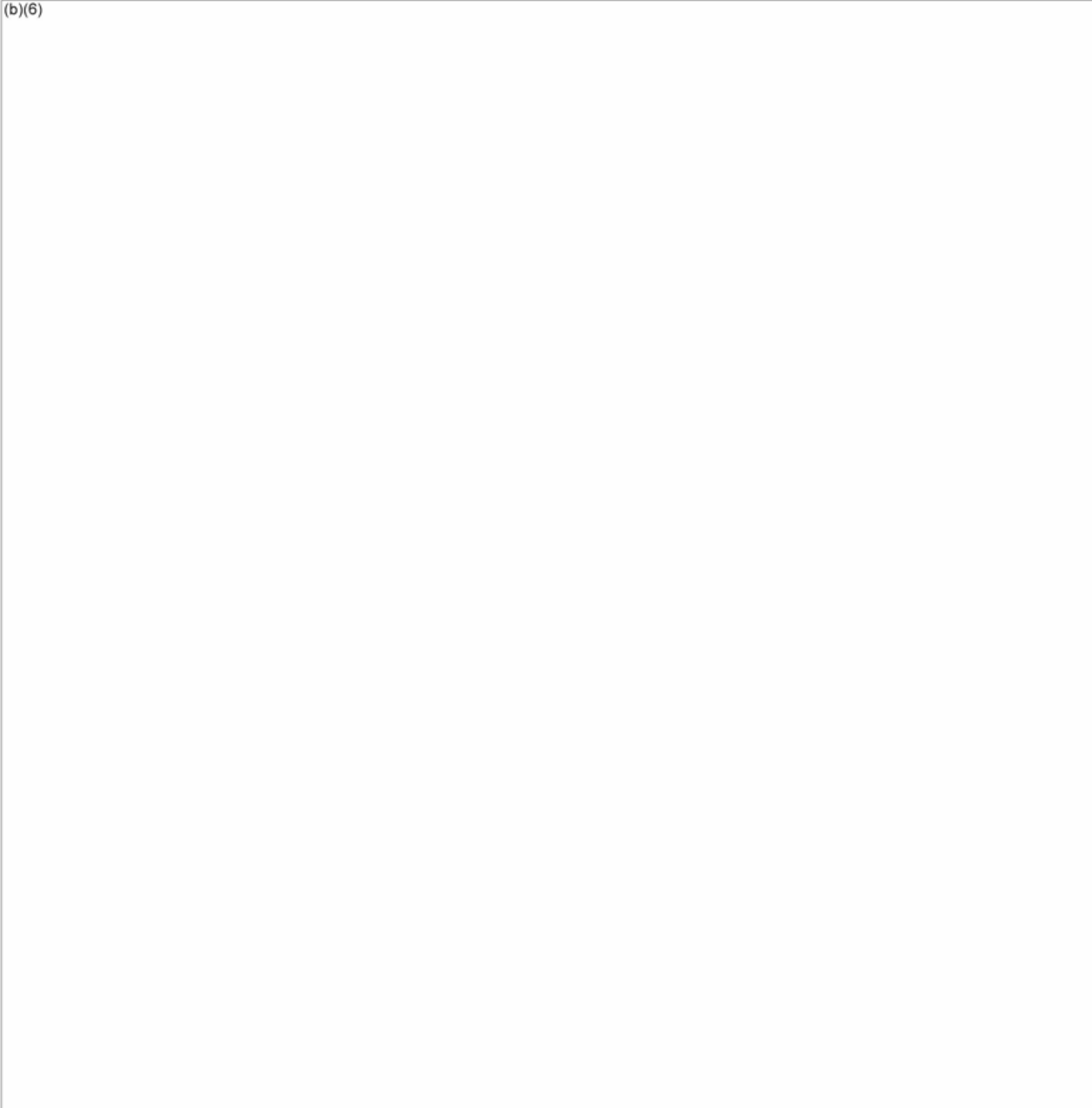
(b)(6)

Death Certificate

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~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)



(b)(6)

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~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 59

Exhibit

Republic of Iraq  
Ministry of Health

Death Certificate  
Enomorate division of  
health and life

No. of certificate \_\_\_\_\_  
Date of arrangement 11  
(b)(6)

- 1- Name of deceased Rahman 2- Gender male 3- Nationality Iraqi 4- Religion moslim  
 5- profession Retired 6- marital status (b)(6) 7- Date of birth 7-8-36  
 8- place of birth District not legible county Baghdad 9- permanent residence not legible  
 District Balad County salahaddin 10- Death place at home (b)(6) Date of deth  
 (in writing) (b)(6) Name of deceased  
 father (b)(6) 13- Name of deceased mother (b)(6)  
 14- Name of the messenger (b)(6) 15- relationship to deceased (b)(6)  
 16- Complet address of the messenger (b)(6)

17- physical certificate of deat

The closest period possible  
between the causes and  
the death.

(1) The desense or the situation that caused the death.  
(a) not legible (because of or resulted as follow)

Any sickness reason (if there is any) caused the death?

(b) not legible (because or resulted as follow)

pointout the reason as mentioned above and  
indicate it.

(c) The reason of death is shots were fired  
on him

(2) Any other reasons caused the death that not  
related to the above mentioned causes  
shot on the head.

If the deceased is a pregnant women close to her labor and her  
age is between (15-49) mark out one of the following square:

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18- The death occurred at home \_\_\_\_\_ Hospital \_\_\_\_\_ other place \_\_\_\_\_

19- I swear that the death occurred because of the above mentioned reasons. The working place of the doctor not legible

name of the doctor and his signature.

20- Forensic physical report (should be filled out and signed by the Forensic physician)

I am the undersigned Dr. \_\_\_\_\_ physician of \_\_\_\_\_  
I \_\_\_\_\_ the deceased corpse that was sent by \_\_\_\_\_  
along with anatom Number \_\_\_\_\_ and dated \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ at  
\_\_\_\_\_ o'clock on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_, and I found the cause of death  
\_\_\_\_\_  
Dr. signature \_\_\_\_\_ seal of \_\_\_\_\_  
Forensic office

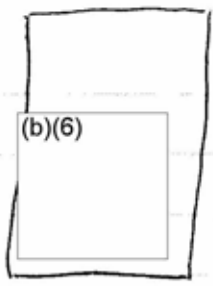
21- special information of Directorate of Civil Affairs should taken out of deceased (identification)

No. of the record (b)(6)  
The personal I.D.# (b)(6) it is attached to this certificate.

C-C- to:

- 1- To the Directorate of Civil Affairs.
- 2- To who is related to the case.
- 3- To the organizer of this certificate.

(b)(6)



Republic of Iraq  
Ministry of Health

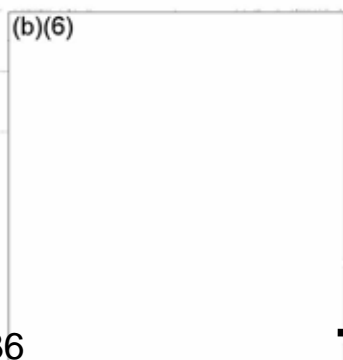
The office of The pupolar physical clinic  
pupolar physical clinic in \_\_\_\_\_

Medical card  
~~Ration card of~~  
~~Medication~~  
~~Medicine~~  
year - (b)(6) -

Card No. : (b)(6)  
Date Issued : (b)(6)

Cheking result:

The physician report that issued from Hospital  
No. of the report  
Date of the report



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~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)



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~~LAW ENFORCEMENT SENSITIVE~~ 101-0126-ACLU-RDI CID EXHIBIT 08

Full name: (b)(6)  
Date & place of birth: (b)(6)  
Gender: (b)(6)  
permanent address \_\_\_\_\_



Diabetes and blood pressure

The physician committee has offered him a medication card and provide him monthly base medicins for his treatment;

- 1 Capotine 88
- 2 Temormin 100
- 3 Asprine
- 4 sweeten

The patient has been checked in general check.

(b)(6)

Guidence:

- 1- You should indicate all the information in doctor's report
- 2- check the patient on monthly base with medicine indication.
- 3- The medicine should be written with the date he had received
- T.S. 4- It is illegal to change the medicin that is indicated in patient's medical card.

(b)(6)

-0126 ACLU DDII CID ROI 20809