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REGRADE FOR OFFICIAL USE ONLY///LAW ENFORCEMENT SENSITIVE  
WHEN SEPARATED FROM EXHIBIT 25

DEPARTMENT OF THE ARMY  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
10<sup>TH</sup> MILITARY POLICE BATTALION (CID)  
76<sup>TH</sup> MILITARY POLICE DETACHMENT (CID)  
APO AE 09342

REPLY TO THE ATTENTION OF:  
CIRF-ZA-BD (195)

13 Jul 06

(U) MEMORANDUM FOR SEE DISTRIBUTION

(U) SUBJECT: CID REPORT OF INVESTIGATION – FINAL(C)/SSI – 0234-2005-CID259-36335/5H9A

(U) DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. (U) 1200, 29 AUG 2005 – 0144, 31 AUG 2005; BATHROOM AREA, 48<sup>th</sup> BRIGADE COMBAT TEAM, BRIGADE INTERNMENT FACILITY, BAGHDAD INTERNATIONAL AIRPORT, BAGHDAD, IRAQ, APO AE 09342

(U) DATE/TIME REPORTED: 31 AUG 2005, 1720

(U) INVESTIGATED BY:

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

(U) SUBJECT:

1. (U) NONE; [NATURAL DEATH]

(U) VICTIM:

1. (U) HAMMEED, JOHAR NASIR (DECEASED); CIV; IRAQI; MALE; WHITE; CAPTURE TAG NUMBER: 2/3-014-B1437; AKA: HAMEED JOHAR AL JUNABI; XZ [NATURAL DEATH] (NFI)

(U) INVESTIGATIVE SUMMARY:

(U) This is an Operation Iraqi Freedom Investigation.

(U) On 31 Aug 05, this office was notified by SFC (b)(6), (b)(7)(C) Detention Operations Non-Commissioned Officer In Charge (NCOIC), 3<sup>rd</sup> Infantry Division (3ID), Detention Operations, Camp Liberty, IZ, of a detainee death at the 48<sup>th</sup> Brigade Combat Team (BCT) Brigade Internment Facility (BIF), Baghdad International Airport, IZ.

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(U) Investigation revealed on 28 Aug 05, Mr. HAMMEED was apprehended by members of Task Force (TF) Raptor, as a suspected participant in Anti Coalition Forces activities. On 29 Aug 05, Mr. HAMMEED became disoriented after utilizing the latrine, and was transported to the aid station. Mr. HAMMEED became unresponsive, his pulse dropped, and he appeared to have short, labored breathing. Mr. HAMMEED was immediately transferred to the US Air Force (USAF) 447th Air Expeditionary Group (AEG) Emergency Medical Squadron (EMEDS), Sather Air Base, Baghdad International Airport (BIAP), IZ, for continued treatment and died a natural death two days later as a result of a stroke.

(U) STATUTES:

N/A

(U) EXHIBITS/SUBSTANTIATION:

(U) ATTACHED:

1. (U) Agent's Investigation Report (AIR) of SA **b(6), b(7)(C)**, 6 Sep 05, detailing the initial notification, coordination with MAJ **b(6), b(7)(C)** interviews of MAJ **b(6), b(7)(C)**, SSG **b(6), b(7)(C)**, SGT **b(6), b(7)(C)**, SPC **b(6), b(7)(C)**, SSG **b(6), b(7)(C)**, CPT **b(6), b(7)(C)**, CPL **b(6), b(7)(C)** and CPT **b(6), b(7)(C)**, death scene verification; receipt of documents and interviews of SPC **b(6), b(7)(C)**, SPC **b(6), b(7)(C)** and SPC **b(6), b(7)(C)**
2. (U) 48<sup>th</sup> BCT Critical Incident Report, 31 Aug 05, detailing the summary of incident to include personnel involved.
3. (U) Detainee file of Mr. HAMMEED various dates, containing witness statements, Coalition Provisional Authority Forces Apprehension form, and evidence property custody documents.
4. (U) Arabic language statement of Mr. **b(6), b(7)(C)** detailing Mr. HAMMEED planted explosives (USACRC copy only).
5. (U) English language translation of Mr. **b(6), b(7)(C)** statement Exhibit 4, translated by Mr. **b(6), b(7)(C)** Titan.
6. (U) Arabic language statement of Mr. **b(6), b(7)(C)** detailing Mr. HAMMEED planted explosives. (USACRC copy only).
7. (U) English language translation of Mr. **b(6), b(7)(C)** statement Exhibit 6, translated by Mr. **b(6), b(7)(C)** Titan.
8. (U) Medical Documents of Mr. HAMMEED, 29 Aug 05, detailing care provided.

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9. (U) Scene Sketch of bathroom area, 31 Aug 05, prepared by SA [b(6), b(7)(C)]
10. (U) Sworn Statement of PFC [b(6), b(7)(C)] 29 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
11. (U) Sworn Statement of SPC [b(6), b(7)(C)] 29 Aug 05, detailing his assistance with Mr. HAMMEED.
12. (U) Statement of CPT [b(6), b(7)(C)] 30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
13. (U) Sworn Statement of SGT [b(6), b(7)(C)] 30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.
14. (U) Sworn Statement of SPC [b(6), b(7)(C)] 29 Aug 05, detailing his treatment of Mr. HAMMEED.
15. (U) AIR of SA [b(6), b(7)(C)] Aberdeen Proving Grounds Resident Agency, 6 Sep 05, detailing attendance of Mr. HAMMEED's autopsy.
16. (U) CD ME05-0835, containing photographs from Mr. HAMMEED's autopsy (USACRC and file copies only).
17. AIR of SA [b(6), b(7)(C)] 14 Sep 05, detailing receipt of 15-6 investigation.
18. (U) AR 15-6 Investigation conducted by CPT [b(6), b(7)(C)] Battalion S-1, 148<sup>th</sup> Support Battalion (SB), 48<sup>th</sup> BCT, Camp Stryker, IZ.
19. (U) AIR of SA [b(6), b(7)(C)] 37<sup>th</sup> MP Det (CID), 31 Aug 05, detailing the interview of MAJ (DR) [b(6), b(7)(C)] coordination with SGT [b(6), b(7)(C)] photographs of Mr. HAMMEED; and collection of medical records from the Patient Administration Division.
20. (U) Medical Records of Mr. HAMMEED, various dates.
21. (U) Compact Disc 050234.259 containing photographs of Mr. HAMMEED (USACRC and file copies only).
22. AIR of SA [b(6), b(7)(C)] 7 Jun 06, detailing the receipt of final autopsy report and death certificate.
23. (U) AFIP Final Autopsy Report ME-05-835, 29 May 06, of Mr. HAMMEED.

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24. (U) Overseas Death Certificate of Mr. HAMMEED, 31 Aug 05.

25. (U) Compact Disc (CD), 05234.259, containing photographs exposed during the scene verification. (USACRC copy only) (CLASSIFIED)

(U) NOT ATTACHED:

(U) NONE.

(U) The originals of Exhibits 1, 5, 7, 9 through 17, 19, 21, 22, and 25 are forwarded with USACRC copy of this report. The originals of Exhibits 2 and 18 are retained in the files of the 48<sup>th</sup> BCT, Camp Stryker, Baghdad, IZ APO AE 09342. The original of Exhibits 3, 4 and 6 are retained in the files of Task Force 134, Camp Victory, IZ APO AE 09342. The originals of Exhibits 8 and 20 are maintained in the Patient Administration Division of the Air Force Theater Hospital, Logistical Supply Area Anaconda, APO AE 09391. The originals of Exhibits 23 and 24 are retained in the files of the Armed Forces Institute of Pathology, OAFME, Rockville, MD, 20850.

(U) STATUS: This is a Final(C) Report. This investigation is being terminated in accordance with Section V, paragraph 4-17(a)7a, CIDR 195-1, in that medical authorities determined the that death resulted from natural causes and there is no evidence to contradict their findings.

LEADS REMAINING: Interview of SGT **b(6), b(7)(C)** SSG **b(6), b(7)(C)** SPC **b(6), b(7)(C)** and LTC **b(6), b(7)(C)**

Report Prepared By:

Report Approved By:

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

Special Agent, **(b)(7)(F)**

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

Detachment Commander

Distribution:

1- Director, USACRC, ATTN: 6010 6th Street, Fort Belvoir, VA 22060-5506  
(cid001ercsc@sbelvoirdms.army.smil.mil)

1 - CDR, USACIDC, ATTN: CIOP-ZA, 6010 6th Street, Fort Belvoir, VA 22060-5506  
(cid001dcsopsops2sc@belvoir.army.smil.mil)

1 - HQ, USACIDC, ATTN: Chief, Investigative Operations, 6010 6th Street, Fort Belvoir, VA 22060-5506 **b(6), b(7)(C)**@us.army.smil.mil) **b(6), b(7)(C)**@us.army.smil.mil)

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1 - HQ, USACIDC, ATTN: Chief, DCSOPS, 6010 6th Street, Fort Belvoir, VA 22060-5506  
([ciddscops1sc@sbelvoirdms.army.smil.mil](mailto:ciddscops1sc@sbelvoirdms.army.smil.mil))

1- CDR, 3D Military Police Group (CID), 4699 North 1<sup>st</sup> Street, Forest Park, GA 30297-5119

(b(6), b(7)(C)@force1.army.smil.mil) (email only)

1 - CDR, 10th Military Police Battalion (CID), Camp Victory, IZ APO AE

09342 (b(6), b(7)(C)@iraq.centcom.smil.mil) (b(6), b(7)(C)@iraq.centcom.smil.mil)

(email only)

1 - SJA, MNC-I (V CORPS), ATTN: LTC (b(6), b(7)(C) Camp Victory, IZ, APO

AE 09342 (b(6), b(7)(C)@iraq.centcom.smil.mil) (e-mail only)

1 - Provost Marshal, MNF-I, Al Faw Palace, Room 313A, Camp Victory, IZ APO AE 09342

(b(6), b(7)(C)@iraq.centcom.smil.mil) (b(6), b(7)(C)@iraq.centcom.smil.mil) (e-mail only)

1-Armed Forces Institute of Pathology, 1413 Research Blvd., Bldg. 102, Rockville, MD 20850

(b(6), b(7)(C)@us.army.smil.mil) (b(6), b(7)(C)@us.army.smil.mil)

1-CDR, Task Force 134, Detainee Operations, MNF-I, ATTN: MAJ (b(6), b(7)(C) Camp Victory,

IZ APO AE 09342 (email only) (b(6), b(7)(C)@iraq.centcom.smil.mil)

1-File

5

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ACLU DDI CID ROI 28807

**Basis for Investigation:**

About 1720, 31 Aug 05, this office received notification from SFC [b(6), b(7)(C)] Detention Operations Non-Commissioned Officer in Charge (NCOIC), 3<sup>rd</sup> Infantry Division (ID) Detention Operations, Camp Liberty, Iraq (IZ), who reported detainee Johar Nasir HAMMED, Capture Tag Number: 2/3-014-B1437, had died at 0210 hours, 31 Aug 05, while in the Theatre Support Hospital, Camp Anaconda, SFC [b(6), b(7)(C)] reported Mr. HAMMEED was a detainee in the custody of the 48<sup>th</sup> Brigade Combat Team (BCT), Provost Marshall Office (PMO), Brigade Internment Facility (BIF) (48<sup>th</sup> BCT BIF), Baghdad International Airport (BIAP), IZ, when he was transported to Camp Anaconda, IZ for an apparent stroke.

AGENT'S COMMENT: This office was notified two days after the death of Mr. HAMMEED, but it was determined about 0144, 29 Aug 05, LTC [b(6), b(7)(C)] 10<sup>th</sup> Combat Support Hospital, Logistical Support Area Anaconda, Balad, Iraq, pronounced Mr. HAMMEED dead.

About 1725, 31 Aug 05, SA [b(6), b(7)(C)] contacted MAJ [b(6), b(7)(C)] [b(6), b(7)(C)] S-3, Headquarters and Headquarters Company (HHC), 48<sup>th</sup> BCT, 3<sup>rd</sup> ID, Camp Stryker, IZ, pertaining to the death of the detainee at the 48<sup>th</sup> BCT BIF. MAJ [b(6), b(7)(C)] related he had a Critical Incident Report (CIR) pertaining to the death of the detainee and that MAJ [b(6), b(7)(C)] [b(6), b(7)(C)] Provost Marshall, 48<sup>th</sup> BCT, Camp Stryker, IZ was the point of contact. MAJ [b(6), b(7)(C)] provided this office with a copy of the CIR. (See CIR for details)

About 1730, 31 Aug 05, SA [b(6), b(7)(C)] interviewed MAJ [b(6), b(7)(C)] who related Mr. HAMMEED arrived at the 48<sup>th</sup> BCT BIF about 0730 hours, 29 Aug 05, after being apprehended by the 2/3 SFG (NFI). MAJ [b(6), b(7)(C)] stated Mr. HAMMEED was in-processed, which included a medical screening at 1015 hours, and was determined to be suitable for internment. MAJ [b(6), b(7)(C)] reported Mr. HAMMEED was observed staggering while walking to a hand-washing station at the BIF between 1200 and 1230 hours, so two guards escorted him to the Aide Station inside of the BIF. MAJ [b(6), b(7)(C)] stated there was a medic on duty, which transported Mr. HAMMEED to the 47<sup>th</sup> Expeditionary Medical Squadron (EMEDS), Camp Sather, IZ. MAJ [b(6), b(7)(C)] further related the BIF was under the Operation Control (OPCON) of the 48<sup>th</sup> BCT PMO, Camp Stryker, IZ.

About 1925, 31 Aug 05, SA [b(6), b(7)(C), b(7)(F)] this office, and SA [b(6), b(7)(C)] interviewed SSG [b(6), b(7)(C)] NCOIC, 48<sup>th</sup> Brigade Interrogation Facility (BIF), Baghdad International Airport (BIAP), IZ, who related he was not present during the medical complications of Mr. HAMMEED. SSG [b(6), b(7)(C)] provided a brief description of the in-processing procedures for detainees. SSG [b(6), b(7)(C)] related the capturing unit will transport the detainee to 48<sup>th</sup> BIF, where BIF personnel will review the documents accompanying the detainees. SSG [b(6), b(7)(C)] related the line all detainees against the outside for a quick search and "pat-down". The detainees are then moved to the holding area where the blindfolds and flexi-

[b(6), b(7)(C)] 48<sup>th</sup> MP DET (CID)  
Special Agent [b(6), b(7)(F)] Camp Slayer, Iraq APO AE 09342

S [b(6), b(7)(C)] Date: 6 Sep 05 Exhibit:  
ACLU DDI CID ROI 28808

## CID Regulation 195-1

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cuffs are removed and the facility rules are read to them. The detainees are then moved to the in-processing room where they are photographed, fingerprinted, stripped searched, entered into Biometric Automated Toolset (BATS), given facility apparel, and then are medically screened. SSG <sup>b(6), b(7)(C)</sup> related if detainees show signs of physical ailment during this stage, they are immediately seen by the Physician Assistant. SSG <sup>b(6), b(7)(C)</sup> related the detainees are then assigned cell assignments, showered, and then placed into their assigned cell. At this time, the detainees are considered "general population." SSG <sup>b(6), b(7)(C)</sup> related this process usually will take approximately 30 minutes. SSG <sup>b(6), b(7)(C)</sup> related within 24 hours, the detainees are given their initial physical. SSG <sup>b(6), b(7)(C)</sup> further provided a copy of the Mr. HAMMEED's detainee's file. (See detainee file for details)

About 1935, 31 Aug 05, SA <sup>b(6), b(7)(C)</sup> interviewed SGT <sup>b(6), b(7)(C)</sup> Detention Advisor, Headquarters and Headquarters Support Company (HHSC), 3<sup>rd</sup> ID, Camp Liberty, IZ, pertaining to his observations and actions at on 29 Aug 05. SGT <sup>b(6), b(7)(C)</sup> related he was outside on the side of the BIF, in an area identified as the Murafa Yard, smoking a cigarette when he observed Mr. HAMMEED stumble out of a port-a-john in a manner similar to a "drunken stooper." SGT <sup>b(6), b(7)(C)</sup> related approached Mr. HAMMEED as he stumbled across the Murafa Yard and observed Mr. HAMMEED's face appeared to be wet and flush, and Mr. HAMMEED looked like he was about to faint. SGT <sup>b(6), b(7)(C)</sup> stated he walked with Mr. HAMMEED over to the sink and watched as Mr. HAMMEED washed his hands and stood at the sink unsure of what he should do. SGT <sup>b(6), b(7)(C)</sup> stated Mr. HAMMEED then tried to refill his water bottle, but apparently lost hand-to-eye coordination and held his hand under the faucet unable to get any water into the bottle. SGT <sup>b(6), b(7)(C)</sup> reported he then started escorting Mr. HAMMEED across the bathroom area back into the BIF when SPC <sup>b(6), b(7)(C)</sup> (NFI) and SPC <sup>b(6), b(7)(C)</sup> (NFI) walked up and escorted Mr. HAMMEED to the Aide Station. SGT <sup>b(6), b(7)(C)</sup> recalled before they could get Mr. HAMMEED to the aide station, Mr. HAMMEED could not walk under his own power and had to be carried the last few feet. SGT <sup>b(6), b(7)(C)</sup> stated he then went to the Detention Operations section concerning the headcount, and returned to the aide station about five minutes later to see Mr. HAMMEED leaning over vomiting and his clothes were apparently soaked from urine and vomit. SGT <sup>b(6), b(7)(C)</sup> related SPC <sup>b(6), b(7)(C)</sup> the medic on duty, rushed Mr. HAMMEED out the front door and into the ambulance.

About 1945, SA <sup>b(6), b(7)(C)</sup> coordinated with SPC <sup>b(6), b(7)(C)</sup> 48<sup>th</sup> BIF, C Co, 148<sup>th</sup> Support Battalion, Camp Stryker, IZ, who provided this office with copies of Mr. HAMMEED's medical documentations. Mr. HAMMEED's medical documents included a Standard Form 600 reflecting his initial physical and prescription of Aspirin; and documentation from the 447<sup>th</sup> Expeditionary Medical Squadron (EMEDS), Camp Sather, IZ, which reflected his treatment after his arrival to EMEDS. (See medical documentation for details)

<sup>b(6), b(7)(C)</sup>Special Agent <sup>(b)(7)(F)</sup>48<sup>th</sup> MP DET (CID)

Camp Slayer, Iraq APO AE 09342

<sup>b(6), b(7)(C)</sup>

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28809

CID Form 94

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**Scene Documentation:** About 2000, 31 Aug 05, SA [b(6), b(7)(C)] conducted a scene verification of the bathroom area of the 48<sup>th</sup> BIF, BIAP, IZ.

**Characteristics of Scene:** The 48<sup>th</sup> BIF was a single-story concrete in construction facility with multiple rooms. The 48<sup>th</sup> BIF was utilized as a temporary holding/interrogation facility for detainees captured within the 48<sup>th</sup> Brigade Combat Team (BCT) Area of Operation (AOR). The 48<sup>th</sup> BIF did not consist of a building number, but was located at grid coordinates MB 27206 79789. The bathroom area of the 48<sup>th</sup> BIF was located immediately upon exiting out the rear entrance/exit (E/E) of the 48<sup>th</sup> BIF. The bathroom area consisted of loose gravel terrain. There were 10 port-a-johns located in the north east corner of the bathroom area, with eight in a row and facing south and the other two facing west. Eight port-a-johns were utilized by the detainees and the other two were utilized by the 48<sup>th</sup> BIF personnel. Located along the south perimeter were two plastic in construction portable hand-washing facilities. Located next to the portable hand-washing facilities were two, metal in construction fixed sinks. The sinks were fastened securely to a portion of the building. The bathroom area contained a perimeter, which consisted of double strand concertina wire.

**Condition of Scene:** The bathroom area was in neat and orderly condition. It was currently being utilized as a working bathroom area. There were no signs of trash. There were no obstacles or equipment that would cause injury to an individual.

**Scene Documentation:** Scene documentation sketch and photographs were conducted by SA [b(6), b(7)(C)] utilizing a Nikon 5900 Coolpix digital camera. (See scene documentation sketch and photos for details)

About 2015, 31 Aug 05, SA [b(6), b(7)(C)] interviewed SSG [b(6), b(7)(C)] [b(6), b(7)(C)] Interrogator and Counter Intelligence Agent, 248<sup>th</sup> Military Intelligence (MI) Company (Co), 48<sup>th</sup> BCT BIF, Camp Stryker, IZ, who related Mr. HAMMEED had not been screened by the team of interrogators located at the BIF prior to being transported to Balad for a medical condition. SSG [b(6), b(7)(C)] related the procedures at the BIF were for all detainees to be in-processed and medically screened prior to being questioned by MI. SSG [b(6), b(7)(C)] further related the only questioning conducted by MI Interrogators was considered tactical questioning, and the detainees had to be approved by Division, or transferred to a division facility, prior to being interrogated. SSG [b(6), b(7)(C)] stated there were not any interrogation reports on file at the 48<sup>th</sup> BIF from any questioning which may have been conducted by the apprehending unit, which was reported to be members of 2<sup>nd</sup> Battalion, 3<sup>rd</sup> Special Forces Group (SFG) (2/3 SFG).

About 2040, 31 Aug 05, SA [b(6), b(7)(C)] interviewed CPT [b(6), b(7)(C)] [b(6), b(7)(C)] Physician Assistant, 48<sup>th</sup> BIF, C Co, 148<sup>th</sup> Support Battalion, Camp Stryker, IZ, who recalled his initial physical of Mr. HAMMEED. CPT [b(6), b(7)(C)] related Mr. HAMMEED appeared to be in good condition. CPT [b(6), b(7)(C)] related Mr. HAMMEED's chest and heart had a clear oscillitation

[b(6), b(7)(C)] 48<sup>th</sup> MP DET (CID)  
Special Agent, (b)(7)(F) Camp Slayer, Iraq APO AE 09342

[b(6), b(7)(C)] Date: 6 Sep 05 Exhibit:  
ACLU DDI CID ROI 28810



and regular beat. CPT [b(6), b(7)(C)] related Mr. HAMMEED's pulse and blood pressure was a little high, but this was normal due to anxiety of the detainees being captured. CPT [b(6), b(7)(C)] related Mr. HAMMEED complained of old spleen and colon problems. CPT [b(6), b(7)(C)] related Mr. HAMMEED had a contusion on the right side of his face and a couple of minor abrasions. CPT [b(6), b(7)(C)] related the group of detainees that accompanied Mr. HAMMEED had similar marks and nothing was out of the usual. CPT [b(6), b(7)(C)] related he prescribed Mr. HAMMEED 325mg of aspirin for his spleen and colon problems. CPT [b(6), b(7)(C)] verified through the orders book that Mr. HAMMEED was not administered any medication to include aspirin prior to his medical complications.

About 2045, 31 Aug 05, SA [b(6), b(7)(C)] interviewed CPL [b(6), b(7)(C)] [b(6), b(7)(C)] Medical Specialist, C Co, 148<sup>th</sup> Support Battalion (SB), 48<sup>th</sup> BCT, Camp Stryker, IZ, who related he was the medic on duty at the 48<sup>th</sup> BIF on 29 Aug 05. CPL [b(6), b(7)(C)] stated he and the Physicians Assistant, CPT [b(6), b(7)(C)] (NFI), had screened Mr. HAMMEED at 1015 hours on 29 Aug 05, wherein Mr. HAMMED complained of existing Spleen and Colon medical conditions but could not give any specific information pertaining to the existing medical conditions. CPL [b(6), b(7)(C)] also related Mr. HAMMEED had a few abrasions, a laceration on one shin, and some light bruising on one cheek at the time of the screening, but couldn't remember which shin or which cheek. CPL [b(6), b(7)(C)] recounted Mr. HAMMEED'S pulse, blood pressure, and respirations as being within normal limits during the screening, and may have complained of a headache at the time. CPL [b(6), b(7)(C)] stated Mr. HAMMEED was screened and deemed fit for confinement; the other detainees were also medically screened by CPT [b(6), b(7)(C)] CPL [b(6), b(7)(C)] stated after all the screenings were completed he walked out to the Murafa Yard to smoke a cigarette when he observed SGT [b(6), b(7)(C)] escorting Mr. HAMMEED towards the door. CPL [b(6), b(7)(C)] recalls he opened the door to the aide station while SPC [b(6), b(7)(C)] (NFI) and SPC [b(6), b(7)(C)] (NFI) brought Mr. HAMMEED in and laid him on the examination table. CPL [b(6), b(7)(C)] recalled checking the pulse of Mr. HAMMEED, which was about 60 to 65 beats per minute, then prepared to check the blood pressure of Mr. HAMMEED as he became unresponsive. CPL [b(6), b(7)(C)] stated he instructed the interpreter to keep talking to Mr. HAMMEED while he attempted to provoke a response from Mr. HAMMEED by shaking, rubbing, pinching, and shouting. CPL [b(6), b(7)(C)] claimed after a few moments of being unable to obtain any response from Mr. HAMMEED, he transported Mr. HAMMEED to the EMEDS clinic at Camp Sather, IZ. CPL [b(6), b(7)(C)] related Mr. HAMMEED was breathing on his own and had a weak pulse when he was released to the EMEDS, but had never regained consciousness.

About 2140, 31 Aug 05, SA [b(6), b(7)(C)] and SA [b(6), b(7)(C)] interviewed CPT [b(6), b(7)(C)] [b(6), b(7)(C)] Medical Doctor, 447<sup>th</sup> EMEDS, Camp Sather, IZ, who recalled treating Mr. HAMMEED for what she thought was a hemorrhagic stroke on the left side. CPT [b(6), b(7)(C)] related her physical findings of Mr. HAMMEED, such as a unilateral blown pupil on the right side and unresponsiveness led her to believe he was having a stroke. CPT [b(6), b(7)(C)]

[b(6), b(7)(C)]  
Special Agent, [b(6), b(7)(F)]

48<sup>th</sup> MP DET (CID)  
Camp Slayer, Iraq APO AE 09342

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

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28811

CID Regulation 195-1

related Mr. HAMMEED's blood sugar and vital signs were normal. CPT [b(6), b(7)(C)] related she administered two IV's and administered an intubations tube to regulate Mr. HAMMEED's breathing. CPT [b(6), b(7)(C)] related Mr. HAMMEED was air transported to Balad, IZ because they possess a neurosurgeon on site.

About 1510, 1 Sep 05, SA [b(6), b(7)(C)] coordinated with SSG [b(6), b(7)(C)] who provided sworn statements of CPT [b(6), b(7)(C)] SPC [b(6), b(7)(C)] HHC 48<sup>th</sup> BCT, SPC [b(6), b(7)(C)] SGT [b(6), b(7)(C)] and SPC [b(6), b(7)(C)] All sworn statements were taken in reference to their knowledge concerning the medical evacuation of Mr. HAMMEED. (See sworn statements for details)

About 1145, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] [b(6), b(7)(C)] HHC 48<sup>th</sup> BCT, who stated while assigned to the front desk of the BIF he observed two guards escort Mr. HAMMEED to the aid station. Soon after he saw a medic come out of the aid station saying Mr. HAMMEED was having a stroke so SPC [b(6), b(7)(C)] went to the aid station to render any aid he could. SPC [b(6), b(7)(C)] stated he did not observe Mr. HAMMEED fall over or strike his head while walking, but he did see the guards grab him to prevent him from falling. SPC [b(6), b(7)(C)] then aided in loading Mr. HAMMEED into a helicopter for evacuation.

About 1215, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] who stated while conducting roving guard he, along with several other Soldiers, were getting the detainees ready to move to the bathroom area of the BIF when he noticed an older detainee moving very slowly. SPC [b(6), b(7)(C)] stated he then escorted the detainee back to the holding cell and left him there with a medic and SPC [b(6), b(7)(C)] SPC [b(6), b(7)(C)] stated he did not see the detainee fall or hit his head on anything.

About 1245, 6 Sep 05, SA [b(6), b(7)(C)] interviewed SPC [b(6), b(7)(C)] who stated while conducting roving guard, he noticed an older detainee stumbling and helped escort him to the aid station. SPC [b(6), b(7)(C)] stated he did not see any injuries or see the detainee fall or hit his head.

///LAST ENTRY///

[b(6), b(7)(C)]  
Special Agent, (b)(7)(F)

48<sup>th</sup> MP DET (CID)  
Camp Slayer, Iraq APO AE 09342

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

Date: 6 Sep 05

Exhibit:

ACLU DDI CID ROI 28812

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**48BCT CIR**

LINE 1: Unit reporting: 48<sup>th</sup> BCT PMO BIF Operations

LINE 2: Incident: Death of inmate in Custody (At medical facility, **stroke victim**)

LINE 3: Date/time group (DTG) incident occurred: 0210hrs, 31 August 2005

LINE 4: Location of incident: Army Medical Facility, Balad Iraq

LINE 5: Personnel involved:

Name	Rank	Unit	SSN	Sex	Age	Race
------	------	------	-----	-----	-----	------

LINE 6: Summary of incident: Detainee (2/3-014-B1437, JOHAR, Nasir Hammed) while in custody of 48<sup>th</sup> BDE passed away at 0210hrs, 31 August 2005 in the Army Medical facility located in Balad, Iraq . JOHAR collapsed after using the latrine at the 48<sup>th</sup> BDE BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transport to medical facility in Balad. More information to follow.

LINE 7: Damage to government and/or civilian property: NONE.

LINE 8: Commander reporting: SSG **b(6), b(7)(C)** BIF SOG 580-8279

**ACLU DDI CID ROI 28813**

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RECEIPT FOR INMATE OR DETAINED PERSON

1. RECEIVED FROM (Unit or Agency and Station) 2/3 SE		2. TIME 0520	3. DATE (YYYYMMDD) 09 AUG 05
4. INMATE NAME (Last, First, Middle) HAMMEED JOHAR NASTER		5. SSN 213-014-81437	6. GRADE N/A
7. ORGANIZATION N/A		8. STATION N/A	
9. OFFENSE SEE CH. 17 CPA FORM			
10. PERSONAL PROPERTY SEE DA 4137			
11. REMARKS N/A			
12. NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL b(6), b(7)(C) INPROCESSING NCOIC		13. SSN b(6), b(7)(C)	14. GRADE X
15. RECEIVING UNIT OR AGENCY AND STATION 48TH BCT LIGHTNING BIF		16. SIGNATURE b(6), b(7)(C)	

DD FORM 2708, NOV 1999

USAPA V1.00

ACLU DDI CID ROI 28814

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

B1417-B1425 +

CAD REPORT ID AND NUMBER

B1433-B1439

RECEIVING ACTIVITY

2/3 SF

LOCATION

BJAP

NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED

OWNER 2/3 SF  
 OTHER

ADDRESS (Include Zip Code)

385 MB 248 563

LOCATION FROM WHERE OBTAINED

ITEMS WERE CONFISCATED

REASON OBTAINED

SK

TIME/DATE OBTAINED

28 AUG 05

AT SAID CRTD COOP

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>
1	2	AK 47 SER. # 01K31204 @ KM 27198-
2	1	OO. GRN. MEL. TOTE BAG
3	11	AK 47 MAG'S
4	189	7.62 AK 47 ROUNDS

NF

ITEM NO.

DATE

RELEASED BY

CHAIN OF CUSTODY

RECEIVED BY

PURPOSE OF CHANGE OF CUSTODY

1-4

OSALAD

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

SIGNATURE

NAME, GRADE OR TITLE

DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete

ACLU DDI CID ROI 28815

LOCATIO

DOCUMENT NUMBER

USAPPC VI 00

100003713

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 2/3-019-81437		
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRD REPORT/CID ROI NUMBER		
RECEIVING ACTIVITY <i>Lighting BIF 93 SF</i>		LOCATION <i>BJAP</i>		
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input checked="" type="checkbox"/> OWNER <input type="checkbox"/> OTHER <i>Hammed, Jubur, Nasir</i>		ADDRESS (Include Zip Code) <i>385 MIB 248 563</i>		
LOCATION FROM WHERE OBTAINED <i>PERSON</i>		REASON OBTAINED <i>Detained</i>	TIME/DATE OBTAINED <i>29 AUG 05</i>	
ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES <small>(Include model, serial number, condition and unusual marks or scratches)</small>		
<i>1</i>	<i>1</i>	<i>wht. Dishdasha</i>		
		<i>AF</i>		
CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
<i>1</i>	<i>29 Aug 05</i>	SIGNATURE <i>no sign avail.</i> NAME, GRADE OR TITLE <i>Hammed, Jubur, Nasir</i>	<b>b(6), b(7)(C)</b>	<i>JK</i>
		SIGNATURE		
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 Aug 74 and DA FORM 4137-R Privacy Act Statement 26 Sep 75 Which are Obsolete

**ACLU DDI CID ROI 28816**

USAPPC V1.00

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**WITNESS STATEMENT**

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

I overheard Hameed Johar Al Junabi bragging about an attack he planned, on an American convoy in JULY 2004. He was bragging to me about the attack the day after it happened, sometime in JULY 2004, in the Al Hassaneen Mosque located in Al Ameriyah. He told me that he tasked members of his group to attack a convoy of American armored personnel carriers by L-shaped ambush, using RPG's. Hameed told me that a total of 12 RPG's were fired at the convoy and destroyed 5 to 6 armored personnel carriers.

Also, on 30 JAN 05, I overheard Hameed Johar Al Junabi, at the Al Jihad Mosque in Mahumudiyah, going over details of his plan to launch mortars from a pickup truck into the American forces base in Mahmudiah(it used to be an old meat factory). The mortar attack was carried out by his two sons, b(6), b(7)(C) and b(6), b(7)(C) and other individuals from his cell, later that day.

Also, in MAY 2005, I saw with my own eyes, Hameed Johar Al Junabi help load a number of RPG's and AK-47's into the back of a Kia van, in the parking lot of the Al Jihad Mosque in Mahmudiah. That day, Hamed was at the Al Jihad Mosque bragging to me that he planned an RPG attack on an American convoy on a road between Mahmudiah and Yusifiyah. The attack happened later that day, and Hameed was in the Al Jihad Mosque telling me that the convoy consisted of 4 or 5 HMMWV's and that only one was destroyed by RPG fire.

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

**ACLU DDI CID ROI 28817**

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**WITNESS STATEMENT**

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

I overheard Hameed Johar Al Junabi bragging about an attack he planned, on an American convoy in JULY 2004. He was bragging to me about the attack the day after it happened, sometime in JULY 2004, in the Al Hassaneen Mosque located in Al Ameriyah. He told me that he tasked members of his group to attack a convoy of American armored personnel carriers by L-shaped ambush, using RPG's. Hameed told me that a total of 12 RPG's were fired at the convoy and destroyed 5 to 6 armored personnel carriers.

Also, on 30 JAN 05, I overheard Hameed Johar Al Junabi, at the Al Jihad Mosque in Mahumudiyah, going over details of his plan to launch mortars from a pickup truck into the American forces base in Mahmudiah(it used to be an old meat factory). The mortar attack was carried out by his two sons, **b(6), b(7)(C)** and **b(6), b(7)(C)** and other individuals from his cell, later that day.

Also, in MAY 2005, I saw with my own eyes, Hameed Johar Al Junabi help load a number of RPG's and AK-47's into the back of a Kia van, in the parking lot of the Al Jihad Mosque in Mahmudiah. That day, Hammed was at the Al Jihad Mosque bragging to me that he planned an RPG attack on an American convoy on a road between Mahmudiah and Yusifiyah. The attack happened later that day, and Hameed was in the Al Jihad Mosque telling me that the convoy consisted of 4 or 5 HMMWV's and that only one was destroyed by RPG fire.

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

/s/ VI

**ACLU DDI CID ROI 28818**

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**COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM**  
YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

**Offense against Civilian(s) [check one] If "Other" then describe:** \_\_\_\_\_

<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input checked="" type="checkbox"/> Murder (I.P.C. 405)	<input checked="" type="checkbox"/> Destruction of Property (I.P.C. 477)
<input checked="" type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/ Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input checked="" type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

**Offense against Coalition Forces [check one] If "Other" then describe:** \_\_\_\_\_

<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance of Military Installation or Facility
<input checked="" type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input type="checkbox"/> Other

Apprehending Unit: TF Raptor Location Grid: 38S MB 248 563

Date of Incident: (D/M/Y) 28/ 08/ 2005 to 28/ 08/ 2005 Time of Incident: 0001 hrs to 0200 hrs Date of Report: (D/M/Y) 28/ 08/ 2005 Time of Report: 400

Detainee # *Hammeed Johar Nasir* Key Connected Person:  Victim  Witness

Last Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Given Name: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Scars/Tattoos/Deformities: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Scars/Tattoos/Deformities: \_\_\_\_\_

Eye-Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lb Height: \_\_\_\_\_ in Eye-Color: \_\_\_\_\_ Weight: \_\_\_\_\_ lb Height: \_\_\_\_\_ in

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Ethn/Tribe/ Sect:	Sex: <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB D/M/Y: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular
Ethn/Tribe/ Sect:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Phone#: _____	DOB D/M/Y: _____	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular

Passport  Dr. license  Other (specify) \_\_\_\_\_  Passport  Dr. license  Other (specify) \_\_\_\_\_

Document #: \_\_\_\_\_ Document #: \_\_\_\_\_

Total Number of Persons Involved \_\_\_\_\_ (list names/identifying info on reverse under "Additional Helpful Information")

**Vehicle Information** Vehicle Number \_\_\_\_\_ of \_\_\_\_\_ Vehicle(s) Owner: \_\_\_\_\_

Make: \_\_\_\_\_ Color: \_\_\_\_\_ VIN: \_\_\_\_\_

Model: \_\_\_\_\_ Type: \_\_\_\_\_ Plate No.: \_\_\_\_\_ Number of People in Vehicle: \_\_\_\_\_

Year: \_\_\_\_\_ Names of People in Vehicle: \_\_\_\_\_

Contraband/Weapons in Vehicle: \_\_\_\_\_

**Property/Contraband**  **Weapon** Photo Taken of Suspect with Weapon/Contraband: Yes/ No

Type: \_\_\_\_\_ Model: \_\_\_\_\_ Color/Caliber: \_\_\_\_\_

Serial No.: \_\_\_\_\_ Quantity: \_\_\_\_\_ Make: \_\_\_\_\_ Receipt Provided to Owner: Yes/ No

Other Details: \_\_\_\_\_ Where Found: \_\_\_\_\_ Owner: \_\_\_\_\_

Name of Assisting Interpreter: CPL **b(6), b(7)(C)** Email, Phone, or Contact Info: TF RAPTOR

Detaining Soldier's Name (Print): **b(6), b(7)(C)** Supervising Officer's Name (Print): **b(6), b(7)(C)**

Signature: **b(6), b(7)(C)** Last, First MI

Email: **b(6), b(7)(C)** @us.army.smil.mil **ACLU-RDI 5487 p.17** Email: **b(6), b(7)(C)** @us.army.smil.mil **28819**

Unit Phone: 318.453.0392 Date: 28/ 08/ 2005 Unit Phone: 318.453.0392 Date: 28/ 08/ 2005

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COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained?

above person has killed/kidnapped iraqi police, attacked iraqi police check points, attacked ING check points, a vbied against INGs, attacked a cf convoy with an ied, and detonated a vbied against a shiite mosque.

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.

elements of tf raptot and ictf taskforce.raptor@us.army.smil.mil

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying?

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

ACLU DDI CID ROI 28820

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Sworn Statement

Location

Date 2005/08/29 Time: 0400

Area 4

Last name, First name, Middle name

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

Organization

TF Raptor

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

I did my duty at Al-Mashroa district on 2005/08/29 Time 0200.

An arrest was made for the wanted (Hameed .....Gohar) at his home at.....number [4]

He plants explosive devises in Baghdad-Hillah Road

And he kills police officers and military soldiers,

///personal signature///

Translated by: b(6), b(7)(C)

Translator L-3 Communications Titan Corporation

Assigned to: 10th MP BN CID (FWD) 76 MP CID DET

APO AE 09342

**FOUO**

**ACLU DDI CID ROI 28824**

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~~Law Enforcement Sensitive~~

0234 05 CID259-36335

~~SECRET~~ // ~~Rel to USA and MCPJ~~

~~SECRET~~ // ~~Rel to USA and MCPJ~~ ACLU DDII CID ROI 30911

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

2234 - OS-EDP-251-36355

For official Use Only  
Sworn Statement

Location

Date 2005/08/29 Time: 0400

Area 4

Last name, First name, Middle name

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

Organization

TF Raptor

I b(6), b(7)(C) Want to make the following statement under oath.  
I did my duty at Al-Mashroa district on 2005/08/29 Time 0200. Successful  
arrest was made for the wanted (Hameed .....Gohar) at his home at.....number [4] He  
plants explosive devises in Baghdad -Hillah Road  
And kills police officers and military soldiers,  
b(6), b(7)(C)  
///personal signature///

Translated by: b(6), b(7)(C)  
Translator L-3 Communications Titan Corporation  
Assigned to: 10<sup>th</sup> MP BN CID (FWD) 76<sup>th</sup> MP CID DET  
APO AE 09342

**FOUO** DDI CID ROI 28828

<b>MEDICAL RECORD</b>		<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>	
SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)			
<b>REPORT OF DETAINEE MEDICAL SCREENING:</b>			
DATE		SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	
29 Aug 05 10:15		History of Past Medical Conditions: (circle) <i>Htn, old splenic &amp; colon problems undiagnosed.</i>	
		Medication Allergies: <input checked="" type="radio"/> (NO) (YES) List:	
		Current Medications: (Name/Dose/Frequency/Last Taken) <input checked="" type="radio"/> (NONE)	
		Recent Injuries: <input checked="" type="radio"/> (NO) (YES) Describe:	
<b>Exam Findings:</b>		BP: <u>152 / 98</u> Pulse: <u>118</u> Resp: <u>16</u> Ht - <u>5'6</u> Wt - <u>150</u>	

Utilize Diagram and space Below to Indicate Examination Findings. If additional space required continue on reverse

TATTOO:  (NO) (YES)

In processing Exam:

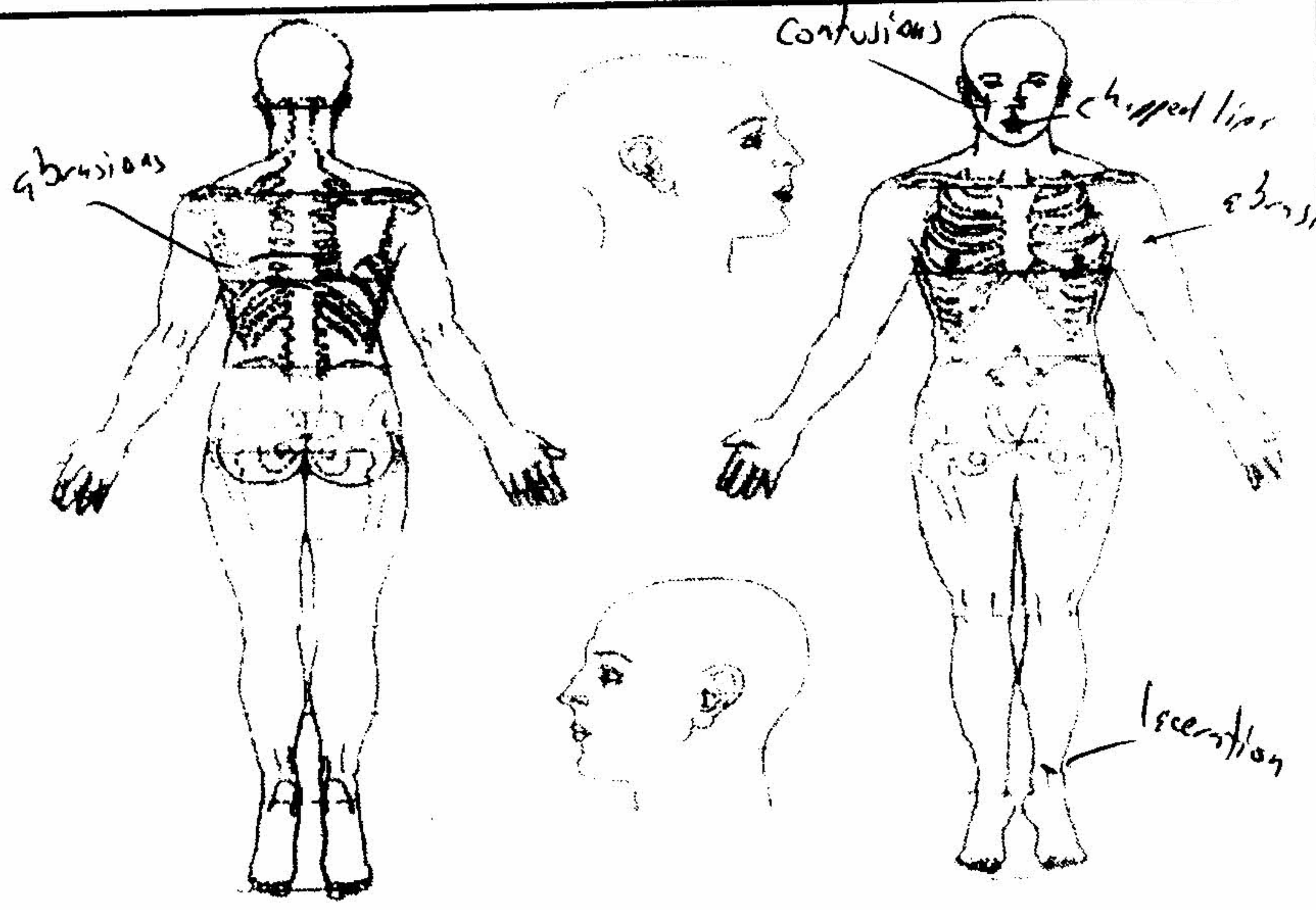
HEENT: *Dry lips, poor*

Chest: *CTA*

Heart: *RRR 5, rbs, dcl, w arrhythmia*

ABD: *Prob normal*

EXT: *Small abrasion & laceration d/w knee.*



(UNIFIT) For Confinement

(Does) <input checked="" type="radio"/> (Does Not) Require Further Evaluation		(b)(6)	
Name/Rank/Unit of Screener:		(b)(6)	
HOSPITAL OF MEDICAL FACILITY		ICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN / ID NO	RELATIONSHIP TO SPONSOR	
PATIENT'S NAME IDENTIFICATION: ( For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex, Date of Birth; Rank/Grade.)		REGISTER NO. <u>65410</u>	WARD NO.

**Detainee Information:**

Name: 1437

Control Number: \_\_\_\_\_

Date/Time of Detention: \_\_\_\_\_

Detainee Age: \_\_\_\_\_

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
 Medical Record  
 STANDARD FORM 600 (REV. 6.97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1 USAPA V2 00

**ACLU DDI CID ROI 28830**

**EXHIBIT 8**  
000024

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AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD

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

DATE

29 AUG 05

ASCVD

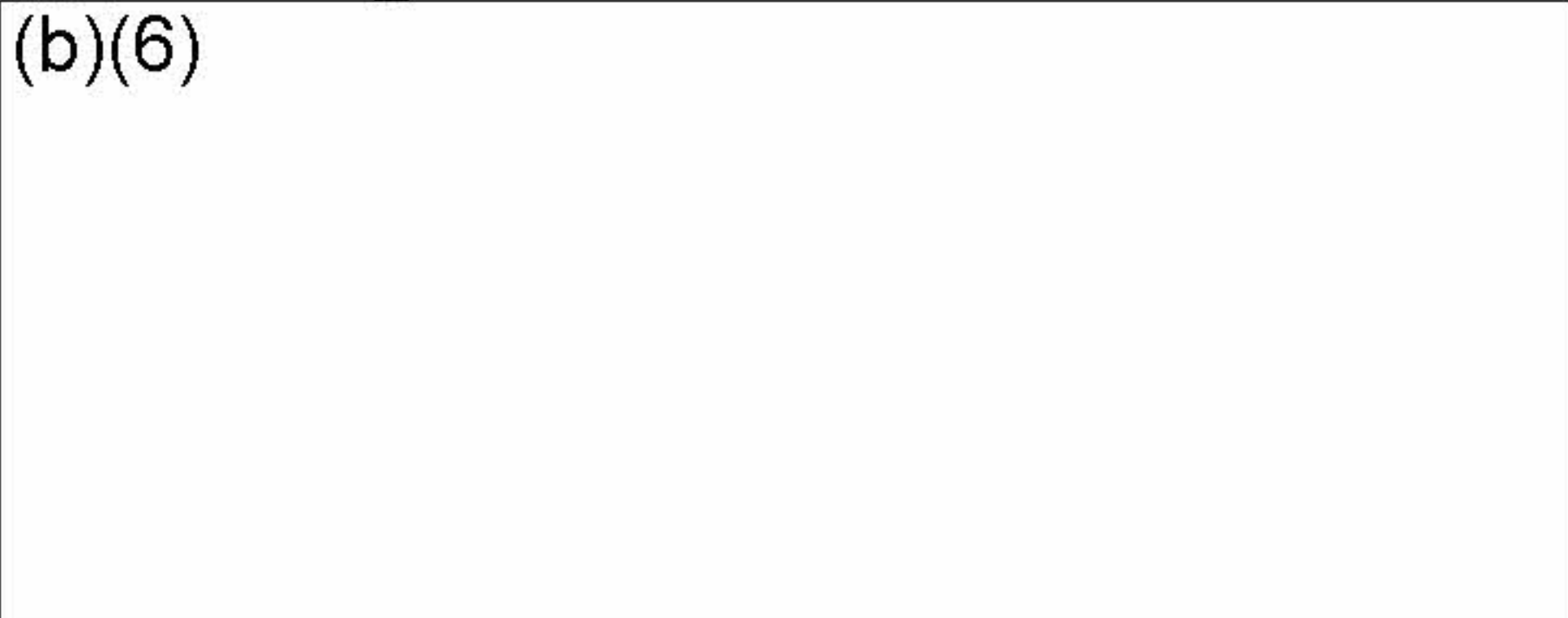
HTN

ASA 325mg QD

29 AUG 05

Chart entry note ASA ordered but not yet given. Debriefed medic.

(b)(6)



PATIENT'S MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

PATIENT'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

REGISTER NO.

WARD NO.

PATIENT'S IDENTIFICATION:

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

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

STANDARD FORM 600 (REV. 6-97)

1437  
ACLU DDI CID ROI 28831

Prescribed by GSA/ICMB  
EARN 41 CFR 201.20

USAPA 12-01





HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

TRAUMA FLOW SHEET

CO

	PROCEDURES	TIME	SITE	INITIALS	COMMENTS
AIRWAY	ORAL / NASAL AIRWAY				
	ENDOTRACHEAL TUBE # 7.0	1300			22 P teeth @ equal BS.
	CRICOTHYROTOMY				
BREATHING	OXYGEN 5 LPM	1252		1257 Intubated	
	PRAG VALVE MASK				
	VENTILATOR				
	NEEDLE THORACOSTOMY				
CIRCULATION	AUTO TRANSFUSER				
	FLUID INFUSER (WARMER)				
	CENTRAL LINE OR				
	IV CATHETER	1255			By R wrist
	BLANKET WARMER				
OTHER	CAVE	1335			By R wrist
	SPLINTS				
	FOLEY CATHETER	1305			Clear amber urine approx 100
	PERITONEAL SCAN				

IV'S						MEDICATIONS			
TIME	SITE	SOLUTION	DATE	CC'S INFUSED	INITIALS	TIME	MEDICATION	ROUTE	RN
1257			1257			1257	Hydromorphone 10mg	IV	
1257			1257			1257	Ativan 20	IV	
1205						1205	Valium 100	IV	
1208						1208	Versed 2mg	IV	
1208						1208	Versed 2mg	IV	
1310						1310	Valium 40mg	IV	
1315						1315	Valium 10mg	IV	

BLOOD PRODUCTS					
TIME	COMPONENT	UNIT #	CC'S INFUSED	RN	RN

PATIENT'S IDENTIFICATION (Use this space for Mechanical Implant)	RECORDS MAINTAINED AT:	Home Base		
	PAT(b)(6)			SEX M
	TEN		US / SERVICE	RANK / GRADE
	SUPERVISORS NAME / RANK		ORGANIZATION / SERVICE	
DATE ARRIVED AOR	SSN / IDENTIFICATION NO.	60501437		

Trauma Flow Sheet Rev 3  
CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 100-10  
Prescribed by and FIRM (4) C-1-45

ACLU DDI CID ROI 2883

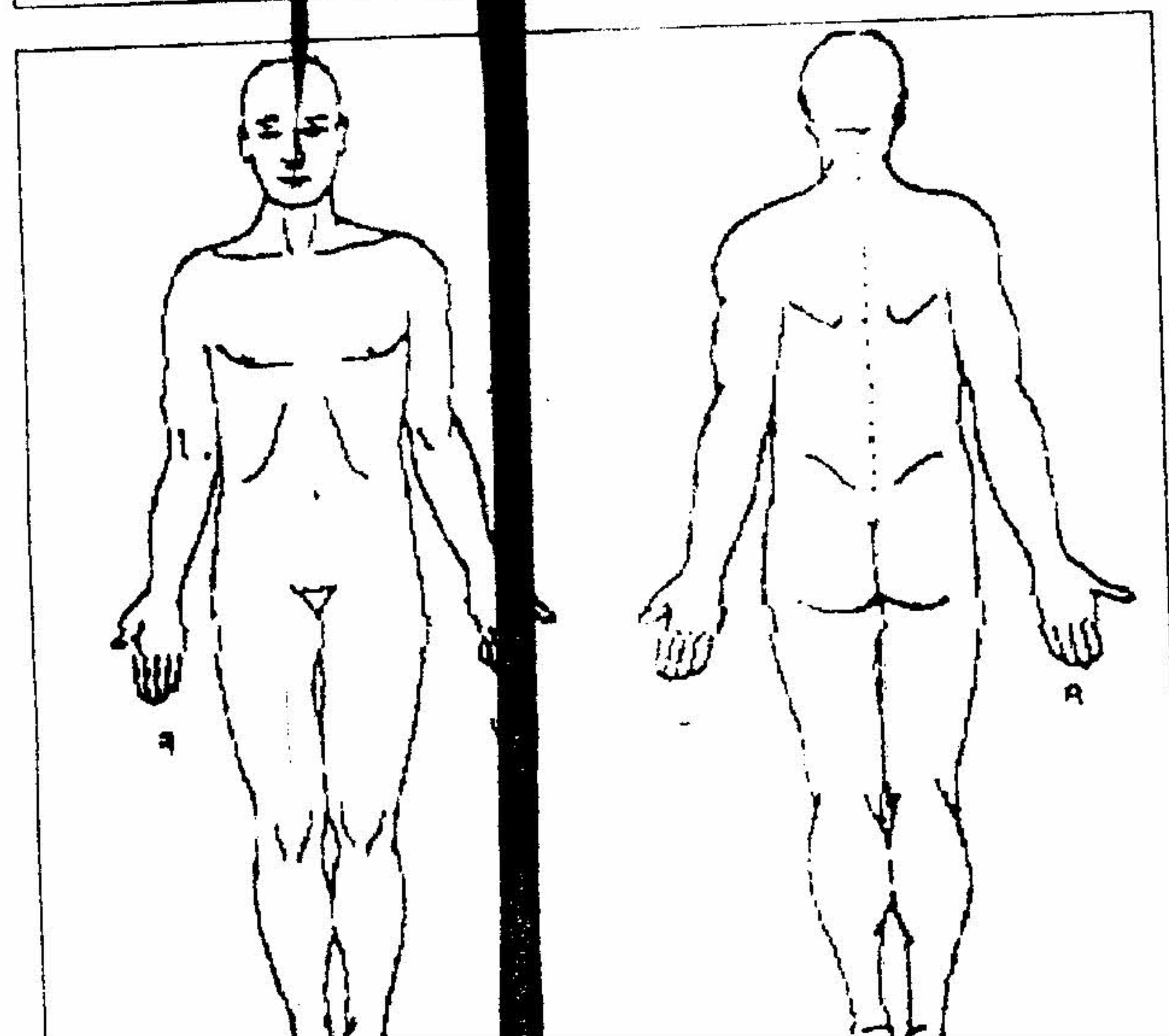
HEALTH RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE  
SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)

History

Symptoms: *unres*  
Allergies:  NKDA *unkn* Medications: *unknown*  
Past Medical History:  *unkn*  
Last meal:  
Events leading up to incident:  
*Pt walking to bathroom, looked confused & slurred speech, started wobbling. Went out clo severe HA & dizziness prior (to interpreter)*

Labs:  U/A: Blood  Pos  Neg  Na: *139* K: *4.0* Glu: *152* Hct: *44* Hgb: *13.9*  
 ABG: pH: *7.318* PO<sub>2</sub>: *65*  
 Cr:  hCG:  Pos  Neg

X-Rays:  C-spine:  Chest: *7 cm above umbil*  
 Abdomen: *ETT inserted 2-3 cm*  
 Pelvis:  Other: *to 24 @ teeth*



FAST Exam:  
Fluid seen:  None  
 Pericardium  
 RLQ (Morrison's pouch and paracolic gutter)  
 LLQ (spleno-renal recess and paracolic gutter)  
 Suprapubic (Douglas' pouch)  
Prophylactic antibiotics:  
 Levaquin 500 mg IV  
 Unasyn 3 g IV  
Tetanus Prophylaxis:  
 Up to date  
 Tetanus toxoid 0.5 ml IM *Unknown*

Diagnoses:  
*likely hemorrhagic stroke*

Physician Signature: (b)(6)

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

RECORDS MAINTAINED AT: (b)(6)	Home Base	SEX: <i>M</i>
PATIENT'S NAME: (b)(6)		RANK / GRADE
TENT NUMBER		ORGANIZATION HERE
SUPERVISORS NAME / RANK		
DATE ARRIVED AOR	SSN/IDENTIFICATION NO. <i>260501437</i>	DATE OF BIRTH

CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM 600 (REV. 5-84 Prescribed by GSA and ICMI FIRM (41 CFR) 201-46.50

ACLU DDI CID ROI 28834

**HEALTH RECORD**  
**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (sign each entry)  
**447 AEG/EMEDS, Baghdad, Iraq**  
**Trauma Flow Sheet**

Date/Time arrived: 1350

Bed Number: 1

Primary Survey		Observations/Intervention/Notes
Airway	<input type="checkbox"/> Patent	↓ gag NOT handling secretions NO response to pain
C-Spine	<input checked="" type="checkbox"/> C-collar <input type="checkbox"/> Backboard	
Breathing	<input checked="" type="checkbox"/> Unlabored	
Circulation	<input checked="" type="checkbox"/> Spontaneous	
Disability	GCS: <u>3</u>	

Vitals				
	Temp	HR	Resp	SpO2
<u>1350</u>	<u>100</u>	<u>81</u>	<u>17</u>	<u>32</u>
				<u>96%</u>

Secondary Survey		Observations/Intervention/Notes
HEENT	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> No hemotympanum <input checked="" type="checkbox"/> Zygoma intact <input checked="" type="checkbox"/> Nose intact <input checked="" type="checkbox"/> Maxilla intact <input type="checkbox"/> PEARL <input type="checkbox"/> EOM <input checked="" type="checkbox"/> TM intact bilat <input checked="" type="checkbox"/> No rhinorrhea <input checked="" type="checkbox"/> No otorrhea <input checked="" type="checkbox"/> No Battle's sign <input checked="" type="checkbox"/> No raccoon eyes <input checked="" type="checkbox"/> Mandible intact <input checked="" type="checkbox"/> Dentition intact	Rte lower lip R pupil 6mm nonreactive L pupil 3mm min react
Neck	<input type="checkbox"/> C-spine non-tender <input type="checkbox"/> No C-spine step-off <input checked="" type="checkbox"/> Trachea midline <input checked="" type="checkbox"/> No JVD	
Chest	<input type="checkbox"/> Equal expansion <input checked="" type="checkbox"/> Clavicles intact	
Lungs	<input checked="" type="checkbox"/> CTAs <input checked="" type="checkbox"/> Breath sounds equal	
Heart	<input checked="" type="checkbox"/> RRR <input checked="" type="checkbox"/> Not muffled	
Upper Ext	Atraumatic Motor normal Sensation intact Radial pulse present Grip normal Capillary refill <2 sec	L R L R L R L R L R L R
Abdomen/Pelvis	<input checked="" type="checkbox"/> Soft NT <input type="checkbox"/> Bowel sounds present and normoactive <input checked="" type="checkbox"/> Pelvis stable	
Lower Ext	Atraumatic Motor normal Sensation intact DP or PT pulse present Capillary refill <2 sec	L R L R L R L R L R
Back	<input checked="" type="checkbox"/> Atraumatic	
Rectal	<input type="checkbox"/> Normal rectal tone <input type="checkbox"/> Prostate not high-riding <input type="checkbox"/> No gross blood	
GU	<input type="checkbox"/> Normal <input type="checkbox"/> No blood at urethral meatus <input type="checkbox"/> No incontinence (fecal or urine)	@ urinary incontinence

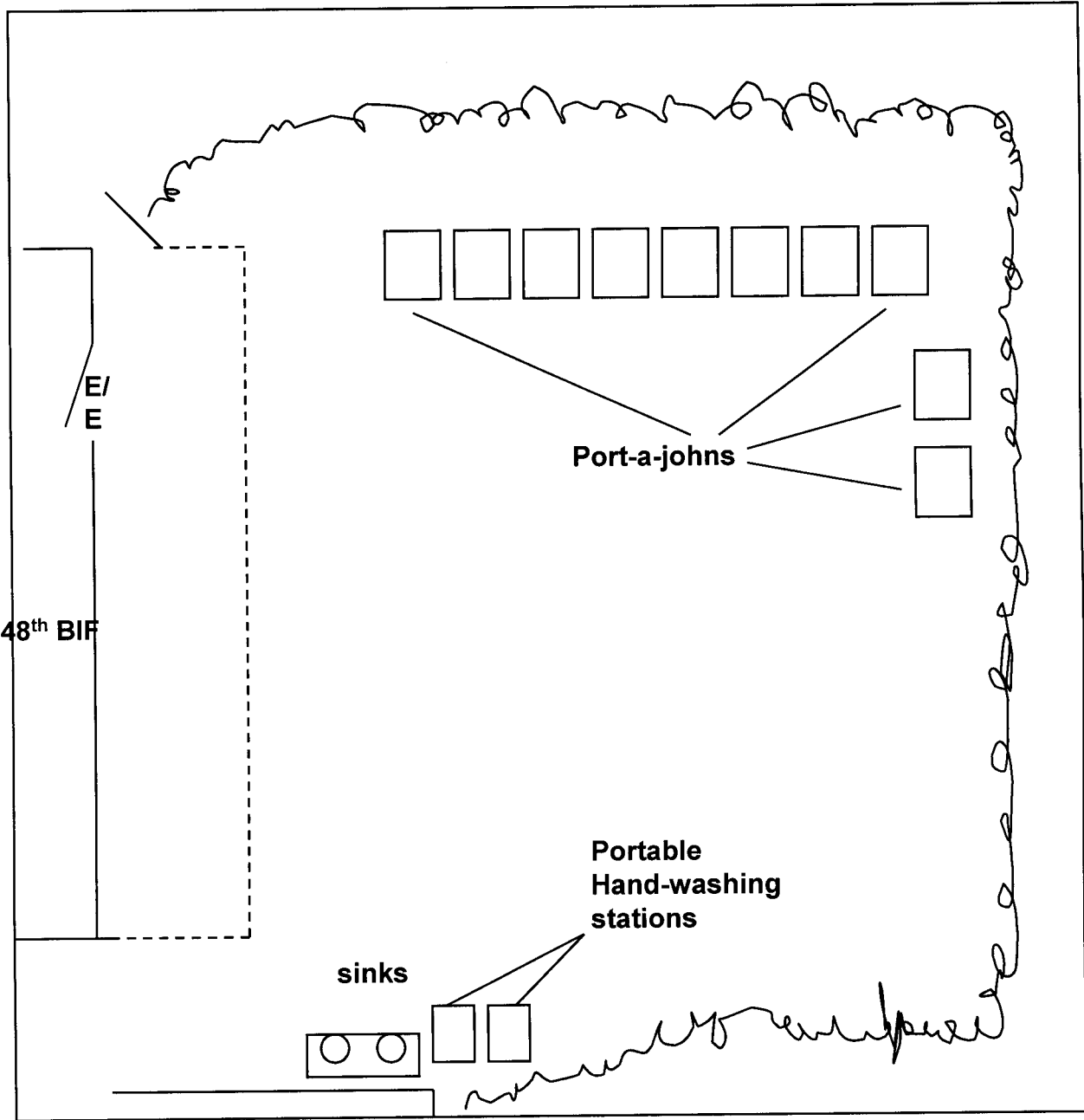
PATIENT'S IDENTIFICATION (Use this space for Mechanical imprint)	RECORDS MAINTAINED AT: <b>Home Base</b>	SEX: <u>M</u>	
	PAT (b)(6)	RANK / GRADE	
	TEN	STATUS / SERVICE	
	SUPERVISORS NAME / RANK	ORGANIZATION HERE	
	DATE ARRIVED AOR	SSN/IDENTIFICATION NO. <u>2005 01437</u>	DATE OF BIRTH
	CHRONOLOGICAL RECORD OF MEDICAL CARE : STANDARD FORM (REV. 5-84 Prescribed by GSA and ICM FIRM (41 CFR) 201.45.50		

Trauma Flow sheet Page 1  
 REV 120 Jun 04

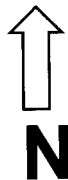
**ACLU DDI CID ROI 28835**

1425000029

# ROUGH SKETCH DEPICTING MARFRA



LEGEND



**NOT TO SCALE**

TITLE BLOCK

Case Number: 0234-05-CID259-36335  
 Offense: *Undetermined Death*  
 Scene Portrayed: *Bathroom Area* 48<sup>th</sup> BIF  
 Location: Baghdad International Airport (BIAP)  
 Victim: Hammeed, Johar Nasir  
 Time and Date Began: 2000, 31 Aug 05  
 Sketched By: SA *b(6), b(7)(C)*  
 Verified By: SA *b(6), b(7)(C)*

For Official Use Only - Law Enforcement Sensitive EXPL 28836

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  
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 BIF	2. DATE (YYYYMMDD) 050829	3. TIME 1304	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E4	
8. ORGANIZATION OR ADDRESS			

9. I, SPC b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
 At 12.15pm SPC b(6), b(7)(C) and I SPC b(6), b(7)(C) started a Marafa Run for The Detianees at the holding Cell. while taking The detianees down The aisles to Marafa. I SPC b(6), b(7)(C) Noticed The older detianee not looking well he was kind of dizzy. So I put him on The end of the line. and asked Sgt. b(6), b(7)(C) if he can get a medic to take a look at the detianee. while the other detianees were finishing Marafa. I took the Detianees while The older detianee stayed behind with the medic. nothing further. /// \_\_\_\_\_ ///

/// \_\_\_\_\_ End of Statement \_\_\_\_\_ ///

10. EXHIBIT	11. INITIALS OF THE PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 3 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED.

ACLU DDI CID ROI 28837

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

STATEMENT OF Spec. b(6), b(7)(C) TAKEN AT 1304 DATED 05/08/30

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C) **ACLU DDI CID ROI 28838** PAGE 2 OF 3 PAGES

STATEMENT OF Spec. b(6), b(7)(C) TAKEN AT 1304 DATED 05/08/30

9. STATEMENT (Continued)

Spec. b(6), b(7)(C) AFFIDAVIT

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of AUGUST, 05 at BIF

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

b(6), b(7)(C) (Signature of Person Administering Oath)

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

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

UCMJ ART 136 (b)(4) (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C) **ACLU DDI CID ROI 28839** PAGE 3 OF 3 PAGES

Law Enforcement Sensitive

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
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: 48th BCT Lightning BIF
2. DATE (YYYYMMDD): 2005/08/29
3. TIME: 1311
4. FILE NUMBER
5. b(6), b(7)(C)
6. SSN: b(6), b(7)(C)
7. GRADE/STATUS: E-4

8. ORGANIZATION OR ADDRESS

9. I, SPC b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
ON or about 12:20 hrs I (SPC b(6), b(7)(C)) observed Detainee # B1437 moving slowly and walking with dizziness, myself and SPC b(6), b(7)(C) escorted Detainee # B1437 to medic's.
End of Statement

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

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

ACLU DDI CID ROI 28840



STATEMENT OF SPC b(6), b(7)(C) TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

AFFIDAVIT

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

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 30th day of AUGUST, 05 at BIF

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

b(6), b(7)(C)  
(Signature of Person Administering Oath)

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

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

UCMJ ART 15(b)(4)  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

ACLU DDI CID ROI 28841

PAGE 2 OF 2 PAGES

**FOR OFFICIAL USE ONLY**

Law Enforcement Sensitive  
**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  
**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 48th Brigade Lightning BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1600	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)		6. SSN b(6), b(7)(C)	7. GRADE/STATUS O-3

8. ORGANIZATION OR ADDRESS  
HHC 148th SB, BIF Camp Striker, Iraq APO AE 09372

9. I, CPT b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
On 29 August 2005 at approximately 1230 hours, I was notified that detainee B#1437 suffered a medical condition and was being evacuated to EMEDS having convulsions. I received a brief from the (SOG) SSG b(6), b(7)(C) and SGT b(6), b(7)(C). Apparently, B#1437 began to show signs of disorientation, unbalance, and virtually passed out during a routine restroom break. A medic, SPC b(6), b(7)(C) and 2 guards SPC b(6), b(7)(C) and b(6), b(7)(C) went to EMEDS in an ambulance. I began notifications to the Provost Marshall, the BDE TOC, and requested for a replacement medic from the TMC. Shortly afterwards, SPC b(6), b(7)(C) and b(6), b(7)(C) came back and informed me that B#1437 suffered a stroke and now was being evacuated to the green zone. They retrieved copies of the detainee's packet and medical records and were to provide escort on the helicopter to the hospital in the green zone. Again, I made the necessary notifications.

Later, I received notice from SPC b(6), b(7)(C). He told me the detainee's medical condition had gotten worse and they would stay in the hospital facility in Balad overnight. He also indicated the detainee's chances for survival were low and may die. I made the necessary notifications.

*END OF STATEMENT*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ MADE AT \_\_\_\_\_ DATED \_\_\_\_\_"  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND PAGE NUMBER MUST BE INDICATED.

**ACLU DDI CID ROI 28842**

STATEMENT OF CPT b(6), b(7)(C) TAKEN AT BIF DATED 2005/08/30

9. STATEMENT (Continued)

AFFIDAVIT

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

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

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

WITNESSES:

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

ORGANIZATION OR ADDRESS

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

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

ACLU DDI CID ROI 28843

PAGE 2 OF 4 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  
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 48TH BCT LIGHTNING BIF	2. DATE (YYYYMMDD) 2005/08/30	3. TIME 1109	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 SGT

8. ORGANIZATION OR ADDRESS

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

On 29/08/2005, at approx:1220, I SGT b(6), b(7)(C) was outside in the rear of the facility near the portatoilets observing escort procedures. I observed Detainee (bravo number: 2/3-14-B1437) exit the porta toilet and walk towards the hand washing sinks. As Detainee 1347 walked toward the sinks, I noticed him swaying back and forward in a drunken manner. Being concerned that something might be wrong with Detainee 1347, I walked over to Detainee 1347 and he appeared almost incoherent as he walked toward the sinks. I escorted Detainee 1347 over to the sink to wash his hands and face. Afterward I tried to get Detainee 1347 to fill his water bottle; it appeared that Detainee 1347 had no hand /eye coordination as he allowed the water to run over his hands instead of inside the water bottle. At that point SPC b(6), b(7)(C) the duty medic, told SPC b(6), b(7)(C) and SPC b(6), b(7)(C) to bring him into the aid station because something is wrong with him. By the time SPC b(6), b(7)(C) and SPC b(6), b(7)(C) escorted Detainee 1347 to the aid station, Detainee 1347 passed out. SPC b(6), b(7)(C) and SPC b(6), b(7)(C) then carried Detainee 1347 into the aid station. ///  
-----  
End of Statement b(6), b(7)(C) -----  
///

10. EXHIBIT	11. 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 \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

ACLU RDI CID ROI 28844

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

STATEMENT OF SGT b(6), b(7)(C) TAKEN AT 1109 DATED 05/08/30

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C) **ACLU DDI CID ROI 28845** PAGE 2 OF 3 PAGES

STATEMENT OF **b(6), b(7)(C)** TAKEN AT 1109 DATED 05/08/30

9. STATEMENT (Continued)

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

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

**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 30<sup>TH</sup> day of August, 05 at BJE

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

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

WLMJ PRT 136 (b)(4)  
(Authority To Administer Oaths)

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

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

INITIALS OF PERSON MAKING STATEMENT **b(6), b(7)(C)** **ACLU DDI CID ROI 28846** PAGE 3 OF 3 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  
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 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS E4/SPC	
8. ORGANIZATION OR ADDRESS			

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

On the 29th of August 2005 at 1015, I inprocessed a new detainee, Detainee 2/3-14-B1437. The doctor, CPT. b(6), b(7)(C) asked if he had any past medical conditions to which the detainee said he had old spenic and Colin problems. CPT. b(6), b(7)(C) asked if he had any medical allergies or has he been taking any medications and detainee #1437 said no. CPT. b(6), b(7)(C) also asked if he had any recent injuries and detainee #1437 said he had none. His blood pressure was 152/98, his pulse was 118, respirations was 16. After getting vitals from detainee #1437, I noted on his 600 that he had a bruise on his left eye and abrasions on his right shoulder and mid back. I then released him back to the guards as fit for confinement. At 1215 I went outside to smoke a cigarette and noted that detainee #1437 was a little confused. When he finished washing his hands he then turned around and stumbled around. He looked around and stumbled and almost fell. At that point I told the guards to bring him in my office because something was wrong. I had the guards lay him on the exam table and instructed one of the guards to go and get the translator. The translator came in and asked the detainee what was wrong and the detainee said he had an extreme head ache and the room was spinning. I checked his pulse and it was 65 also his breathing was shallow. I went to check his chart when he became unresponsive. I then tried to wake him to no effect. I then looked at his eyes and saw one was dilated the other was pinpointed. I then started to prep him to go to emeds when he vomited. We then put him on a stretcher and took him to emeds. At 1240 we arrived at emeds and turned him over to Dr. b(6), b(7)(C) ///-----  
///-----End of Statement-----  
///-----

10. EXHIBIT	11. INITIALS b(6), b(7)(C) NG STATEMENT	PAGE 1 OF 3 b(6), b(7)(C) PAGES
-------------	---	---------------------------------

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

ACLU RDI CID ROI 28847

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

STATEMENT OF SPC **b(6), b(7)(C)** TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

**ACLU (D) CID ROI 28848**

PAGE 2 OF 3 PAGES



STATEMENT OF SPC **b(6), b(7)(C)** TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

I, SPC **b(6), b(7)(C)**, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE OR 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 30th day of August, 05 at BIF

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

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

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

**b(6), b(7)(C)**  
*(Typed Name of Person Administering Oath)*  
UCMJ ART 136 (b)(4)  
*(Authority To Administer Oaths)*

INITIALS OF PERSON MAKING STATEMENT

**b(6), b(7)(C)** **ACLU RDI CID ROI 28849** PAGE 3 OF 3 PAGES

## FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT		ROI NUMBER (0152-05-CID112) 0234-05-CID259-36335
CID Regulation 195-1		PAGE 1 OF 2 PAGE
<p>DETAILS</p> <p>About 0900, 1 Sep 05, this office received a Category 1 request for assistance (RFA) to attend the autopsy of Detainee HAMEED, 48<sup>th</sup> Brigade Combat Team Brigade Internment Facility (BIF). Further, this office was requested to obtain the Autopsy Report, photographs, fingerprints, and any additional evidence identified. Detainee HAMEED reportedly passed away at 0210, 31 Aug 05, while in the care of Air Force Theater Hospital (AFTH), Logistical Support Area Anaconda (LSAA), Balad, Iraq, APO AE 09391.</p> <p>This is an "Operation Iraqi Freedom 2004-2006" Investigation.</p> <p>About 0700, 6 Sep 05, this office was notified by MSG <b>b(6), b(7)(C)</b> <b>b(6), b(7)(C)</b> USA, Investigative Operations, Operational Investigations, Office of the Armed Forces Medical Examiner, Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850, that the remains of Detainee HAMEED had arrived at Dover Air Force Base (DAFB), DE 19902, and the autopsy would be conducted later that morning.</p> <p>About 1230, 6 Sep 05, SA <b>b(6), b(7)(C)</b> attended the autopsy of Detainee HAMEED (ME 05-835), which was conducted by Dr. (MAJ) <b>b(6), b(7)(C)</b> <b>b(6), b(7)(C)</b> USA, Deputy Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Rockville, MD 20850. Dr. <b>b(6), b(7)(C)</b> opined that the preliminary Cause and Manner of Death would be listed as pending, due to ongoing toxicology tests. Photographers from OAFME exposed digital photographs of the autopsy and prepared a compact disk containing all images exposed. A copy of the compact disk (CD) containing those images was obtained. Latent Print Examiners of the Latent Print Unit, Federal Bureau of Investigation (FBI), Quantico, VA, obtained a ten-block fingerprint card of Detainee HAMEED, and subsequently provided a copy of the card to SA <b>b(6), b(7)(C)</b>. No additional evidence was identified during the autopsy of Detainee HAMEED. (See Photo CD/Copy of Major Case Prints of Detainee HAMEED)</p> <p>AGENT'S COMMENT: The official results of the autopsy will be documented in the Final Autopsy Report, which will be posted when completed, to the Army Knowledge Online (AKO), by SA <b>(b)(6), (b)(7)(C), (b)(7)(F)</b> Operational</p>		
TYPED AGENT'S NAME AND SEQUENCE NUMBER SA <b>(b)(6), (b)(7)(C), (b)(7)(F)</b>		ORGANIZATION Aberdeen Proving Ground Resident Agency Aberdeen Proving Ground, MD 21005
<b>b(6), b(7)(C)</b>		DATE 6 Sep 05
		EXHIBIT 15

**ACLU DDJ CID ROI 28850**

FOR OFFICIAL USE ONLY

<b>AGENT'S INVESTIGATION REPORT</b>		ROI NUMBER (0152-05-CID112) 0234-05-CID259-36335	
<i>CID Regulation 195-1</i>		PAGE 2 OF 2 PAGE	
DETAILS Investigations, OAFME, AFIP, 1413 Research Blvd, Building 102, Rockville, MD 20850.///Last Entry///			
TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)		ORGANIZATION Aberdeen Proving Ground Resident Agency Aberdeen Proving Ground, MD 21005	
SI (b)(6), (b)(7)(C)		DATE 6 Sep 05	EXHIBIT 15

ACLU DDI CID ROI 28851

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0234-05-CID259-36335

PAGE 1 OF 1 PAGES

DETAILS

On 14 Sep 05, SA **(b)(6), b(7)(C)** received a copy of the 15-6 investigation regarding Mr. HAMMEED's death from CPT **(b)(6), b(7)(C)** HHC, 48<sup>th</sup> BCT, Camp Striker, IZ. (See 15-6 Report for details)

///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

76<sup>th</sup> MP Det (CID) (FWD)  
Camp Slayer, Iraq APO AE 09342

SIGNATURE

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

DATE

14 Sep 05

EXHIBIT

17

# EXHIBIT 18

Page(s) 000123 thru 000194 referred to

OFFICE OF THE JUDGE ADVOCATE  
GENERAL  
FOIA PUBLIC LIAISON  
ATTENTION: DAJA-AL  
1777 NORTH KENT  
10TH FLOOR  
ROSSLYN, VA 22209

**ACLU DDI CID ROI 28930**

05-147

# 48BCT



## Office of the Staff Judge Advocate

### AR 15-6 INVESTIGATION CONTROL SHEET

NAME OF IO: (b) (6)

UNIT: 48BCT BIF

DATE OF INCIDENT: 31 August 2005

DATE OF APPOINTMENT: 03 September 2005

**SYNOPSIS:** Detainee B1437, Nasir Hamed Johar, while in custody of the 48<sup>th</sup> Bde passed away a 0210 hours 31 August 2005 in the Army Medical facility in Balad, Iraq. Johar collapsed after using the latrine at the 48<sup>th</sup> Bde BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transported to the medical facility in Balad.

**IO RECOMMENDATION:** All appropriate procedures were followed and BIF personnel should continue to follow established SOPs. BIF personnel should undergo periodic training involving detainee casualties.

DATE: 06 September 2005

**CO CDR RECOMMENDATION** (if applicable):

DATE:

**SJA RECOMMENDATION:**

*Order*

(b) (6)

DATE: 7 SEP 05

**BCT CSM RECOMMENDATION** (if applicable):

DATE:

**BCT CDR DECISION:**

DATE:

**RETURNED TO OSJA DATE:**

**SENT TO DIV BY OSJA DATE:**

ACLU DDI CID ROI 28931

EXECUTIVE SUMMARY

1. SITUATION- Detainee B1437, Nasir Hamed Johar, while in custody of the 48th Bde passed away a 0210 hours 31 August 2005 in the Army Medical facility in Balad, Iraq. Johar collapsed after using the latrine at the 48th Bde BIF located at west BIAP and was diagnosed with a likely hemorrhagic stroke on 29 August 2005, immediately following diagnosis he was transported to the medical facility in Balad.
2. INVESTIGATION- On 02 September 2005, (b) (6) was verbally appointed to be the Investigating Officer. On 03 September 2005, (b) (6) began his investigation. The detainee did not collapse because of the quick reaction from the guards who intervened and took him to medical care.
3. RECOMMENDATION- All appropriate procedures were followed and BIF personnel should continue to follow established SOPs. BIF personnel should undergo periodic training involving detainee casualties.

(b) (5)



ACLU DDI CID ROI 28932

48<sup>th</sup> Brigade Combat Team  
Office of the Staff Judge Advocate

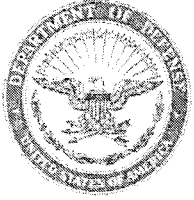


Confidential Documents  
for

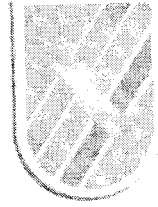
(b)(6)

**ACLU DDI CID ROI 28933**





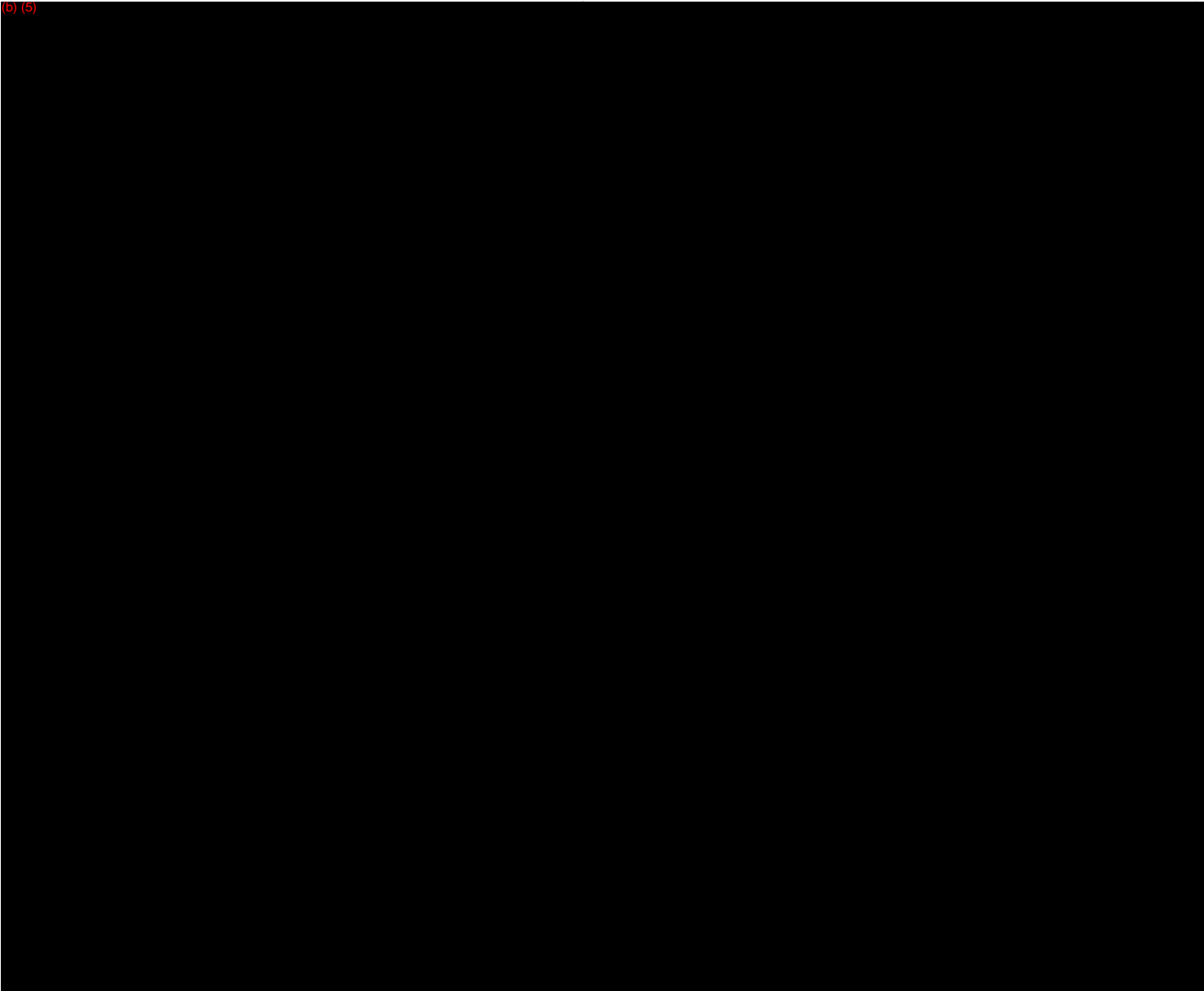
**DEPARTMENT OF THE ARMY**  
HEADQUARTERS, 48th BRIGADE COMBAT TEAM  
3<sup>RD</sup> INFANTRY DIVISION  
CAMP STRIKER, IRAQ  
APO AE 09372



UNIT OF  
OPERATION OF  
GAHQ-SJA

6 September 2005

MEMORANDUM FOR Commander, 48th Brigade Combat Team



**ACLU DDI CID ROI 28934**

(b) (5)



ACLU DDI CID ROI 28935

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG.

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by (b)(6) (Appointing authority)

on 3 September 2005 (Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at Camp Stryker, Iraq (Place) at 0915 (Time)

on 4 September 2005 (Date) (If a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended, the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 0830 (Time) on 6 September 2005 (Date)

and completed findings and recommendations at 1100 hrs (Time) on 6 September 2005 (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES		YES	NO <sup>1)</sup>	NA <sup>2)</sup>
1	Inclosures (para 3-15, AR 15-6)			
	Are the following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
a.	The letter of appointment or a summary of oral appointment data?	X		
b.	Copy of notice to respondent, if any? (See item 9, below)			X
c.	Other correspondence with respondent or counsel, if any?			X
d.	All other written communications to or from the appointing authority?			X
e.	Privacy Act Statements (Certificate, if statement provided orally)?			X
f.	Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g., absence of material witnesses)?			X
g.	Information as to sessions of a formal board not included on page 1 of this report?			X
h.	Any other significant papers (other than evidence) relating to administrative aspects of the investigation or board?			X

FOOTNOTES: 1) Explain all negative answers on an attached sheet.  
2) Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

ACLU DDI CID ROI 28936

		YES	NO <sup>1)</sup>	NA <sup>2)</sup>
2	Exhibits (para 3-16, AR 15-6)			
	a. Are all items offered (whether or not received) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	X		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	X		
	d. Are copies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is the location of the original evidence indicated?	X		
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			X
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	X		
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			X
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			X
<b>B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)</b>				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?			
<b>C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)</b>				
9	Notice to respondents (para 5-5, AR 15-6):			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate --			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings):			
	a. Was he properly notified (para 5-5, AR 15-6)?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?			
11	Counsel (para 5-6, AR 15-6):			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(if counsel is a lawyer, check here <input type="checkbox"/> )			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to (para 5-8a, AR 15-6):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			

FOOTNOTES: <sup>1)</sup> Explain all negative answers on an attached sheet.  
<sup>2)</sup> Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

**ACLU DDI CID ROI 28937**

FORM 1574 V1.20

**EXHIBIT 8**

SECTION IV - FINDINGS (para 3-10, AR 15-6)

The (investigating officer) (~~board~~), having carefully considered the evidence, finds:

//////////SEE ATTACHED//////////

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the (investigating officer) (~~board~~) recommends:

//////////SEE ATTACHED//////////

ACLU DDI CID ROI 28938

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

\_\_\_\_\_  
(Recorder)

\_\_\_\_\_  
(Investigating Officer) ~~(President)~~

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure \_\_\_\_\_, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosure.)

\_\_\_\_\_  
(Member)

\_\_\_\_\_  
(Member)

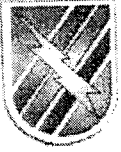
SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (investigating officer) ~~(board)~~ are (approved) (disapproved) (approved with following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

(b)(6)  


Commanding

ACLU DDI CID ROI 28939



48 BCT Commander's 15-6 Worksheet

(b)(6)

Commanding

ACLU DDI CID ROI 28940



DEPARTMENT OF THE ARMY  
148<sup>TH</sup> SUPPORT BATTALION  
CAMP STRYKER, IRAQ  
APO AE 09372

REPLY TO  
ATTENTION OF:

4 September 2005

GASB-ADJ

MEMORANDUM FOR RECORD

SUBJECT: AR 15-6 Investigation and Recommendation, 48<sup>th</sup> Brigade Interrogation Facility  
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

1. Summary of Facts (Continuation of Section IV, DA Form 1574)

This 15-6 Investigation and report is a result of Nasir Hammed Johar's death after incarceration at the 48<sup>th</sup> Brigade Combat Team Interrogation Facility (BIF). Johar, a 65 year old male, was captured by Special Forces soldiers and brought to the BIF at (according to (b) (6)) approximately 0500. Johar was then placed into a "holding" Cell until approximately 1015 hours. \*Note -- Placing detainees into the holding cell is standard procedure until the medical staff performs a medical interview and exam.

The following facts concerning this incident are based solely on interviews and witness statements. At 1015 hours Johar was interviewed and given a medical examination by (b) (6) Company C, 148<sup>th</sup> SPT BN. The medical exam and interview was performed IAW BIF medical SOP in the presence of an interpreter (See Exhibit A). During personal interview, (See Exhibit B) (b) (6) said that Johar did have the following injuries:

- a. Bruises to Right Cheek
- b. Small abrasions to the back and left bicep
- c. A healing laceration to left ankle

Additionally, Johar stated to (b) (6) that he had previously been diagnosed with hypertension and spleen abnormalities. His vital signs were as follows:

- a. Height: 66
- b. Weight: 150
- c. Blood Pressure: 152/98
- d. Pulse Rate: 118

During the medical interview Johar did not request any additional medical assistance nor did he state that he currently had any problems. Johar denied that he was currently taking medications for the above stated history of hypertension and spleen abnormalities. Based on the facts that there were no major visible injuries and the statements from Johar, (b) (6) medically cleared him for interrogation.

While awaiting interrogation, at 1215 Hrs. Johar, along with other detainees, was taken outside to "marafa" (use the porta potties) by (b) (6) and (b) (6) and (b) (6) were also standing by observing. When Johar exited the porta pottie, (b) (6) states that Johar was stumbling and looked confused. (b) (6) described to me during a

ACLU DDI CID ROI 28941



GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48<sup>th</sup> Brigade Interment Facility  
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

personal interview that Johar "acted as if he were drunk at one of his college parties." (See Exhibit C) (b) (6) described to me that Johar was trying to wash his hand but couldn't manage to get his hands under the water. "It was like his entire coordination was gone," (b) (6) said. At that time, (b) (6) decided that Johar needed medical attention and started helping Johar to the medic station. But by the time they arrived in the exam room (b) (6) and (b) (6) were almost carrying Johar. At the medic station (b) (6) Company C, 148<sup>th</sup> SPT BN attended to Johar. After several attempts to get Johar to respond, (b) (6) made the decision to take Johar to E-MEDs. He was taken there by (b) (6) and (b) (6). Upon arrival at E-MEDs, (b) (6) was told that Johar would be transported to the medical facility at BILAD. According to paragraph 1b, BIF Medical SOP, a guard must accompany any detainee that is sent for higher levels of care. It was decided that (b) (6) and (b) (6) would escort Johar to BILAD.

Upon arrival, (b) (6) and (b) (6) were informed by the attending physician that Johar "had blood in his brain and there was nothing they could do and the detainee would die." Both (b) (6) and (b) (6) were instructed by the medical staff at BILAD that they would be required to stay with Johar until he died. Johar passed away at 0144 Hrs on 31 August 2005. He was pronounced dead, due to an Hemorrhagic Stroke by (b) (6) MD. Johar's body was transported to Dover, Delaware as order by (b) (6) (48<sup>th</sup> MP DET). Autopsy results are still pending.

## 2. Findings of Facts (Section IV -- Findings)

This investigation required that I interview several witnesses questioning their actions on 29 August 2005, the day Nasir Hammed Johar arrived at the 48<sup>th</sup> BCT Interrogation Facility.

There is a Medical SOP in place and it was followed exactly. (b) (6) was the first to perform a medical assessment/interview on Johar. Based on his professional medical assessment as well as the answers to medical question (b) (6) found no reason to segregate Johar from the general population as he did not complain of any medical issues.

The guard personnel as well the medic on duty responded to the medical emergency in a timely and appropriate manner.

Guard personnel followed the established medical SOP and remained with Johar until his death on 31 August 2005.

Johar's body was released to (b) (6) 246<sup>th</sup> QM Co (MA) and flown to Dover, Delaware for autopsy.

Autopsy results are not available at this time.

No further investigation required.

3  
ACLU DDI CID ROI 28942

GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48<sup>th</sup> Brigade Interment Facility  
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

Exhibits:

- a. SOP for Medical Care at the 48<sup>th</sup> BCT BIF
- b. Statement and interview from (b) (6)
- c. Statement and interview from (b) (6)
- d. Statement from (b) (6)
- e. Statement from (b) (6)
- f. Statement from (b) (6)
- g. Statement from (b) (6)
- h. Statement from (b) (6)
- i. Statement from (b) (6)
- j. Initial report of medical screening
- k. Report of medical care from EMEDS
- l. SIR/CCIR and treatment statement from BALAD medical facility
- m. Death Certificate
- n. Transfer of Remains (DD Form 1075)

3. Answers to questions raised in the appointment letter:

Exact Chronology of Events

Timeline of events:

- a. Approx 0500 Hrs, 29 Aug 05, Johar arrives at BIF
- b. 1015 Hrs 29 Aug 05, Johar receives medical screening
- c. 1215 Hrs, 29 Aug 05, Johar is acting dazed and confused while outside using the porta pottie
- d. 1250 Hrs, 29 Aug 05, Johar arrives at EMEDS
- e. Approx 1400 Hrs, 29 Aug 05, Johar was flown to Balad, escorted by (b) (6) and (b) (6)
- f. 1450 Hrs, 29 Aug 05, Johar was admitted into the Intensive Care Unit at the Balad Medical facility.
- g. 0144 Hrs, 31 Aug 05, Johar died of a Hemorrhagic Stroke.

Detainee's Name: Nasir Hammed Johar

Cause of Death: Hemorrhagic Stroke

Detainee's medical condition after Collapsing? The detainee did not collapse because of the quick reaction from the guards, (b) (6) and (b) (6). The detainee was confused and would have collapsed if (b) (6) and (b) (6) hadn't intervened and taken him to medical care. Upon arrival at the Balad Medical facility Johar was very seriously ill.

3  
**ACLU DDI CID ROI 28943**

GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48<sup>th</sup> Brigade Interment Facility  
Detainee #1437 Illness on 29 August 2005 and Subsequent Death on 31 August 2005

Detainee's medical condition upon arriving at the BIF? Bruises to Right Cheek, Small abrasions to the back and left bicep, A healing laceration to left ankle. Additionally, Johar stated to (b) (6) that he had previously been diagnosed with hypertension and spleen abnormalities. His vital signs were as follows:

- a. Age: 65
- b. Height: 66
- c. Weight: 150
- d. Blood Pressure: 152/98
- e. Pulse Rate: 118

Medical Personnel Involved. (b) (6) P/A/C performed the initial medical assessment IAW established medical SOP. (b) (6) performed the emergency treatment and made the decision to transport the detainee to EMEDs. This was all performed IAW established SOP.

Medical Personnel while at Balad. The attending physician was (b) (6) MD

Autopsy Reports? Not available. The detainee's body was transported to Dover, DE for the autopsy.

When/Who took possession of Johar's body? (b) (6) 246<sup>th</sup> QM Co (MA) took possession of Johar's remains at 0300 31 August 2005.

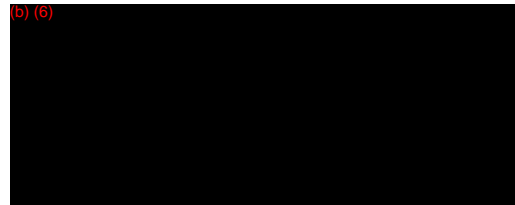
Applicable SOPs? See Exhibit A

Were the appropriate procedures followed to report the incident? Yes (b) (6) (b) (6) immediately notified the 48<sup>th</sup> BCT Provost Marshall, the BCT TOC and gathered the appropriate statements from all personnel who were involved as well as the guards who witnessed the event.

#### 4. Recommendations (Section V)

Recommend all BIF personnel continue to follow established SOP.

Recommend BIF personnel undergo periodic training involving detainee casualties. This would reinforce compliance with established SOP.



4  
ACLU DDI CID ROI 28944





HEADQUARTERS  
48<sup>th</sup> BRIGADE COMBAT TEAM, 3<sup>rd</sup> INFANTRY DIVISION  
CAMP STRIKER, BAGHDAD  
APO, AE 09372

S: 06 September 2005

GAHQ-SJA

03 September 2005

MEMORANDUM FOR (b) (6) HHC 148<sup>th</sup> SB

SUBJECT: Appointment as 15-6 Investigating Officer

1. You are hereby appointed as an investigating officer to conduct an investigation pursuant to AR 15-6, paragraph 2-1(a)(3) to investigate the facts and circumstances of the death of detainee B1437, on or about 310210AUG05, at the 48<sup>th</sup> Brigade Interrogation Facility. You are to make specific findings and recommendations concerning the incident and any actions taken by the element. Until the investigation is completed, this will be your primary duty.
2. Your investigation will include, but not be limited to, determining the following:
  - a. The exact chronology of events leading to and through the reporting of the matter;
  - b. A timeline of the Investigating Officer's activities from receipt of the appointment letter to completion of investigation;
  - c. What was the name of the detainee;
  - d. What caused the death of the detainee;
  - e. After collapsing, what was the detainee's medical condition? What was the detainee's condition upon arrival at the medical facility in Balad, Iraq?
  - f. Particular questions in regard to the detainee: What was his medical condition upon arrival at the BIF? Did he have any obvious wounds or ailments? What was the detainee's age, height, and weight?
  - g. Who, if any, were the medical personnel involved in the detainee treatment (both initial and emergency) while at the BIF;
  - h. Who were the medical personnel involved in the detainee's medical treatment upon arrival at the Army Medical Facility located in Balad, Iraq;
  - i. Are there any autopsy reports or coroner's reports available;
  - j. When and who took possession of Nasir Hamed Johar's body;
  - k. What are the applicable SOPs for dealing with detainee operations; and
  - l. Were appropriate procedures followed to report the incident?

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GAHQ-SJA  
SUBJECT: Appointment as 15-6 Investigating Officer

- 3. You will use informal procedures under AR 15-6, Chapter 4. If, during your investigation, you suspect that persons you intend to interview may have violated any provision of the Uniform Code of Military Justice (UCMJ) or any other criminal law, you must advise them of their rights under the UCMJ, Article 31 as documented on DA Form 3881. Witness statements should be sworn and recorded on DA Form 2823.
- 4. Prepare the report of proceedings on DA Form 1574 and submit the original to me no later than the suspense date. You must submit any requests for delay to me in writing. Include with your report all documentary evidence, sworn statements, and other information or evidence you considered.
- 5. Before proceeding with the investigation, you must contact \_\_\_\_\_ at the Brigade Annex for an initial legal briefing. \_\_\_\_\_ will serve as your primary legal advisor and can be reached at VOIP \_\_\_\_\_
- 6. By virtue of your appointment, you may direct the assistance of personnel with special technical knowledge to assist or advise you during your investigation. Requests should be coordinated through your legal advisor.
- 7. If during the course of your investigation you discover systemic training, maintenance, and/or equipment design deficiencies that potentially caused or contributed to the incident under investigation, you will immediately contact your legal advisor for further guidance.



Commanding

**ACLU DDI CID ROI 28947**

EXHIBIT INDEX

- A. Standard Operating Procedures for Medical Care, 48<sup>th</sup> BCT Brigade Interigation Facility dated 22 July 2005 from Company C, 148<sup>th</sup> Support Battalion
- B. DA 2823-Sworn Statement from (b) (6) dated 04 September 2005 and Interview with (b) (6) dated 04 September 2005
- C. DA 2823-Sworn Statement from (b) (6) dated 03 September 2005 and Interview with (b) (6) dated 04 September 2005
- D. DA 2823-Sworn Statement from (b) (6) dated 03 September 2005
- E. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- F. DA 2823-Sworn Statement from (b) (6) dated 30 August 2005
- G. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- H. DA 2823-Sworn Statement from (b) (6) dated 29 August 2005
- I. DA 2823-Sworn Statement from (b) (6) dated 30 August 2005
- J. SF 600-Chronological Record of Medical Care from (b) (6) dated 29 August 2005 (initial screening)
- K. SF 600-Chronological Record of Medical Care from EMEDS
- L. SIR/CCIR
- M. DA 2064-Certificate of Death (Overseas) for Nasir Hammed Johar dated 31 August 2005
- N. DD 1075-Convoy List of Remains of Deceased Personnel for Nasir Hammed Johar dated 31 August 2005

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**Exhibit A**

**ACLU DDI CID ROI 28949**

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EXHIBIT 000141/8



DEPARTMENT OF THE ARMY

Charlie Company, 148<sup>th</sup> Support Battalion  
48<sup>th</sup> Brigade Combat Team  
Camp Striker, Iraq APO AE 09372

22 JUL 05

RE: STANDARD OPERATING PROCEDURES FOR MEDICAL CARE, 48<sup>th</sup> BCT BIF.

I. GENERAL

- a. The medical clinic at the 48<sup>th</sup> BCT Brigade Internment Facility (BIF) is a level I treatment facility that is manned continuously by two 91W's of C 148<sup>th</sup> Medical Company. A licensed provider (physician or physician's assistant) attends the clinic daily in order to supervise and conduct admission and discharge exams, perform sick call and is available 24/7 for emergency consultation. An Arabic interpreter is available daily to facilitate communication for the medical care provided. MNC-1 as well as DIV guidelines are in practice and incorporated into this SOP.
- b. All detainees receive an admission physical performed by the in house clinic medic within one hour of in-processing to the facility and will be examined by the provider in no more than 12 hours after in-process is completed. An admission weight, heart rate, blood pressure, respiratory and general physical exam will be conducted and annotated on a SF 600 medical screening form with statement of any admission finding either chronic or acute. All identifying marks, abrasions, lacerations, wounds, tattoos or bruises will be recorded as well. All concern of injuries or medical conditions that may affect life, limb or eyesight to include but not limited to an unconscious or unresponsive detainee, severe hemorrhage or seizures will be assessed and documented. The provider will be contacted and available to assess the patient within 60 minutes of discovery of urgent or emergent medical conditions. In the event the provider is unavailable or unable to be contacted via electronic/telephonic means the medic is authorized to EVAC the patient to the nearest level II or III facility for medical consultation. BIF guard personnel will accompany all detainees forwarded for higher levels of medical care. All previous medical conditions and medications that the detainee has been taking prior to detention will be annotated on the SF 600 and re-evaluation and treatment of these conditions will be conducted by the provider with continuation of treatment determined on an individual patient basis.
- c. All acute trauma, as listed above, will be noted on the SF 600. The detainee will be questioned on the mechanism and individual or group that caused the injury. Questioning will be conducted with open-ended query. Both the question and response will be noted on the SF 600. Photo-documentation and a report will then be forwarded through the BIF administrative and medical chain-of command (OIC of the BIF and the BDE surgeon). All detainees claiming physical abuse will be photographed regardless of physical signs.
- d. Previously prescribed medications that accompany the detainee on admission to the BIF will not be used unless equivalent US Army formulary medications are unavailable. The provider may deem it necessary to utilize the medication in order to prevent deterioration of the detainee's medical condition until an equivalent US Army formulary medication can be obtained.
- e. The SF 600 must be completed prior to MI interrogation and will be kept in a medical file secured in the clinic. SF 600's completed by the medic or provider of the capturing unit, prior to BIF admission, will be removed from the detainee packet and kept in the medical record, secured in the BIF clinic. Only BIF medical staff will have access to the detainee health records.

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- f. The medical staff will document "medically cleared for interrogation" documentation for the MI staff prior to interrogation or any list of restrictions based on the detainee's prior medical history and physical examination. This document will be included in the detainee-processing packet.
- g. Specific medical information is protected under HIPPA guidelines unless a potential complicating factor to the interrogation process or detention facility is identified by the BIF provider.
- h. Extraordinary care (e.g.: increased access to bathroom for those with systemic disease), will be noted on the Request for Exception to Commander's Policy on the "Treatment of Detainees" form and forwarded to the SOG and/or OIC of the BIF facility. This information will be provided to the guard team in order to assure appropriate and timely care.
- i. Sick Call: Daily Sick Call will be conducted by the medical provider and interpreter between 0800 and 1200 hours depending on census, unless delayed by mission essential tasks. The provider and interpreter, if available, with stop at each detainee cell to ask if there are medical complaints, issues or questions. Only detainees with these issues, complaints etc will be encountered unless it is determined by the provider that there are others to be addressed. The remainder of detainees in that cell will turn and face the outside wall with hands against the wall to maintain order and patient privacy. Once each concerned detainee is addressed the remainder will follow in succession until all with issues have been addressed. Admission medical history (past medical history, current medications, allergies etc) is also accomplished at this time for the new detainees. Once completed with all cells, the provider submits a list of detainees to the guard team requiring further evaluation within the clinic. The detainee will be accompanied by a guard during all clinic exams. All physical encounters are recorded on the detainee SF 600. Medical orders (medications, phlebotomy, lab and dressing changes) are placed in the medical order book to be completed by the medic and signed off with date, time, and the medic's initials. If the provider is delayed in reporting to the clinic, the in house medic and interpreter will conduct sick call to identify all medical issues and later notify the provider of concerns. The medic and provider are available 24/7 for all the medical issues identified by the guards or raised by the detainee. Medical triage by the 91W will occur within 10 minutes of the identified concern.
- j. Documentation of care provided during detention will be placed on the SF 600 or a continuation sheet of the same. This includes sick call evaluation, serial blood pressure checks, glucose checks and labs to include urine dipstick results. A separate provider order book is maintained in the clinic for documentation of medical orders, to include but not limited to, medications, serial blood sugar measurements, UA requests, phlebotomy, and BP checks. Once completed the medic will sign off on completed orders with the date, time, and his initials. Repeat weight measurement will be conducted on any detainee that exceeds 30 days of internment or for any medical condition.
- k. Discharge: A "detainee discharge/transfer" physical examination must be completed within 24 hours prior to discharge or transfer from the BIF. It is documented on the SF 600 or continuation sheet. It is the BIF chain of command's responsibility to notify the clinic personnel of pending discharges or transfers in a timely manner. All detainees will be questioned about physical abuse and neglect during their period of internment. All positive or negative responses will be recorded. The BIF medical staff will examine detainees for evidence of abuse not found at admission. Any physical evidence to include, but not limited to, new marks, wounds or bruising will be photo-documented and annotated on the detainees SF600. Evidence or claim of abuse will be reported to the provider, BIF commander and Brigade Surgeon. Re-examination by the provider will be done prior to discharge or transfer of the detainee. The original SF 600 to include a summary of care, when appropriate, will be forwarded to the gaining facility with a copy kept in a secured medical filing cabinet located in the BIF clinic. The folder and all SF 600's will be identified with the full alphanumeric detainee serial number and name. 72 hours of medication and pertinent instruction for use will also be provided to the detainee on transfer or release.

**ACLU DDI CID ROI 28951**

EXHIBIT 18  
000143

- l. A copy of the SF 600 and any continuation sheet must be maintained by the clinic. These records must be retired upon redeployment of the BDE IAW MNCI Frago 018 and the Deployment.
- m. Medical Documentation Guidance/Reporting Requirements provided by the MNC-1 Surgeons Office 20 Mar 05 upon redeployment of the BDE.

2. DUTIES AND RESPONSIBILITIES

a. Medic on duty.

- (1) Is on present at the BIF to provide routine medical care, to include admission and discharge exams and acute care within 10 minutes of notification 24/7.
- (2) Maintains accountability of equipment in the BIF clinic.
- (3) Inventories and inspects formulary medications on an ongoing basis (see formulary section for details).
- (4) Ensures shelves are fully stocked and shortage annexes forwarded for Class VIII needs.
- (5) Maintains clinic order and cleanliness at all times, to include but not limited to, sweeping and mopping with disinfectant daily.
- (6) Reports any acute medical condition and/or care concerns to the provider as required by prevailing U.S. standards of medical care.
- (7) Provides level of care within scope of QIW competency identified and credentialed by the tasking unit. If IV fluids are initiated or parenteral medications used, the provider must be notified and the patent examined in 12 hours or less. The medic is not authorized to provide prescription medications or parenteral medications unless directly ordered by the provider prior to administration. Limited products medications may be ordered telephonically by the provider as deemed necessary.
- (8) Ensures proper documentation of all care, to include but not limited to, the delivery of medication, results of laboratory testing in previously identified locations.
- (9) Ensures records are maintained and secured. A copy of all detainee records is made and filed appropriately on discharge/transfer from the facility.
- (10) Monitors, mitigates, and reports any and all concerns of detainee medical and detention care issues to the BIF provider. When appropriate reports to the BIF chain of command.
- (11) Maintains personal, uniform, fitness, and discipline standards at all times IAW with regulatory guidance

b. Licensed Provider

- (1) Responsible for all medical issues regarding the care, hygiene and physical well being of the detainee population.
- (2) Responsible for ensuring that consistent, unbiased, and quality medical care is provided to all detainees.

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- (3) Responsible for the regular inspection of the BIF for compliance of hygiene and health principles they pertain to detainee and or soldier care and safety.
- (4) Conducts daily sick call and is available for consultation 24/7. The provider will have a mobile telephone or radio provided by the BIF to provide uninterrupted contact with the BIF clinic.
- (5) Ensures that an admission physical exam is accurately completed as outlined above and that the detainee is medically cleared prior to interrogation by the MI team. Responsible for ensuring documentation of medical care provided during internment and accurate completion of discharge physical examination.
- (6) Responsible for providing weekly BIF MEDSITREP report to the chain of command. Report will include daily account of census, admissions, discharges and transfers as well as a report of all extraordinary issues (to include evidence of acute trauma and any emergent care provided).
- (7) Ensures that preventive medicine, hygiene, and detention care standards are met and maintained. Responsible for reporting any concerns of violations of issues or standards through the BIF chain of command as well as to the BDE surgeon.
- (8) Responsible for completing and reporting monthly DNBI report to the BDE surgeon.
- (9) Maintains uniform, physical fitness and military-bearing standards at all times IAW regulatory guidance.

c. BRIGADE SURGEON

- (1) Provides oversight for all medical care. Reviews medical documentation weekly.
- (2) Approves changes to medical policies and procedures.
- (3) Forwards reports of medical evidence of detainee abuse through medical channels.
- (4) Available for consultation for acute and chronic medical problems as well as patient evacuation decisions.
- (5) Establishes formulary of medications in cooperation with BIF provider.

3. FORMULARY

- a. A formulary of prescription and OTC (over the counter) medications will be maintained in the BIF clinic. The clinic will be secured when the provider or medic is not present.
- b. No controlled medications will be stocked at the BIF clinic.
- c. A monthly expiration inspection of all medications will be performed by the medic and recorded for review by the provider. Identified expired medications will be disposed of IAW the unit Class VIII SOP and the medic will ensure that appropriate restockage of medication occurs. Every attempt will be made to transfer pending expired medications of IMC stock to BIF by classification.
- d. Limited emergency medications to include but not limited to nitroglycerin, epinephrine and concentrated dextrose will be maintained in the BIF clinic.

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- e. Any medication requiring refrigeration will be stored in a separate "medication only" refrigerator located in the BIF clinic. No batteries or foodstuffs will be stored in the BIF clinic medication refrigerator.
4. EMERGENCY MEDICAL EQUIPMENT
- a. An Automatic External Defibrillator (AED) will be maintained in the BIF clinic at all times.
  - b. Two D cylinders of medical oxygen will be maintained in the BIF clinic at all times.
  - c. A suction device will be maintained in the BIF clinic at all times.
  - d. A glucometer will be maintained in the BIF clinic at all times.
5. PREVENTIVE MEDICINE
- a. Medical clinic
    - (1) Universal precautions will be used during all patient care to include routine physical exams, phlebotomy, urinalysis and dressing changes.
    - (2) Medical waste will be disposed of properly. A red biohazard bag and trashcan will be located in the clinic and used for any item with body fluids. When full the biohazard bag will be transported to the Class VIII facility and disposed of in accordance with unit SOP.
    - (3) A sharps container will be maintained in the BIF clinic and used for needles or any sharps. No recapping of needles is permitted. Containers will be maintained and emptied at  $\frac{3}{4}$  capacity, for proper biohazard risk management. Disposal will be conducted IAW unit Class VIII SOP.
    - (4) Hand washing with soap and water or disinfectant lotion will be conducted prior to and after any and all patient care contact.
    - (5) Tuberculosis testing will be considered for all BIF personnel at 6 months of assignment to facility or as clinical care indicates.
  - b. Detainee Health and Welfare
    - (1) Preventive medicine guidelines have been established for detainee well being and stabilization and or improvement of their clinical condition. Every effort will be made for optimization of health care and prevention of communicable diseases.
    - (2) The BIF provider will be responsible for daily inspection of the BIF for the health and welfare of the detainees. He will ensure that cleanliness, personal hygiene privileges, nutritious food, adequate hydration and use of toilet facilities are regular and within the scope of clinical health and reduction of possible or existing disease processes. All deficiencies will be reported through the Brigade medical channels.
    - (3) Weekly inspection of the BIF for hygiene purposes will be conducted by the brigade preventive medicine officer and a written monthly report forwarded to the BDE surgeon and the brigade commander.

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6. MEDICAL CARE for BIF PERSONNEL

- a. Medical care is available to all BIF personnel from the BIF clinic. It is the soldier's responsibility to clear the sick call visit through their chain of command. Soldiers must notify the same if any work restrictions or referrals are made.
- b. The BIF clinic reserves the right to refer BIF military personnel to their BAS or C/148th TMC if there are any concerns of conflict or improper secondary gain.
- c. Mental health care, to include smoking cessation, anger or stress management counseling care will be made available to all BIF personnel on a bimonthly or monthly basis by the Combat Stress Control Team. It may be increased if clinically indicated.

7. POC for this memorandum is the undersigned.



jws20050722

Page 6 of 6

**ACLU DDI CID ROI 28955**

**Exhibit B**

**ACLU DDI CID ROI 28956**

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).  
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
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 48th BIF	2. DATE (YYYYMMDD) 2005 09 04	3. TIME 10:14	4. FILE NUMBER
5. (b) (6) NAME FIRST NAME MIDDLE NAME	(b) (6) SSN	7. GRADE/STATUS	

8. ORGANIZATION OR ADDRESS  
C CO 148th SB

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

On 29 AUG 05 I was present for duty at the 48th BIF. At 10:15 hrs I performed an inprocessing interview and exam on detainee # B1437. He was a stable 65 y/o Iraqi male with medical problems consisting of hypertension, complaints of old spleen abnormalities and colon problems. The detainee denied taking medications at home for the above stated problem. The record reflects that the detainee had multiple abrasions and a healing laceration to the left ankle area that appeared days old and non-colonized. The detainee's vital signs were stable at that time. An Arabic Interpreter was present for the entirety of the exam. At approximately 13:30 hrs I was notified per I-com that the detainee was acutely ill but had already been evaluated at E-MEDS on BIAS and was pending evacuation to the Babel medical treatment facility by means of air evacuation. I did not see the detainee at that time and did not encounter him again. At approximately 20:30 hrs I returned to the 48th BIF to counsel and debrief (b) (6) on his involvement which I consider at this time exemplary performance.

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b) (6)	PAGE 1 OF 3 PAGES
-------------	--	-------------------

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

ACLU DDI CID ROI 28957



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

STATEMENT OF (b) (6) PAC TAKEN AT YHL BIF DATED 20050904

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 2 OF 3 PAGES

DDI CID ROI 28958

STATEMENT OF (b) (6) TAKEN AT 4th BIF DATED 2015 07 14

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

AFFIDAVIT

I, (b) (6), hereby affirm that THIS STATEMENT  
WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY  
BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS  
CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT  
THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL  
STATEMENT MADE  
OF EACH PAGE  
WARD, WITHOUT

Witnesses:  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
(Signature of Person Administering Oath)  
\_\_\_\_\_  
(Typed Name of Person Administering Oath)  
\_\_\_\_\_  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT PAGE OF PAGES

ACLU DDI CID ROI 28959

Sensitive

taken at 0950 4 Sep 05

Questions asked to

1. Who brought the detainee, Nasir Hammed Johar, to the BIF? What was the date and time?

Don't know guards name  
29 Aug 05 1015 hrs

2. Do you sign for detainees upon arrival? If so, I need a copy of the Chain of Custody.

N/A

3. Did he ask or receive any medical attention upon arriving at the BIF?

Did not ask for medical help  
didn't state that he had any problems

2. How did the detainee look upon arrival at the BIF? Scrapes, bruises, welts, etc...

Had bruises to right cheek  
small abrasions to the back and left bicep  
Had healing laceration on left ankle

3. Upon arrival, what were your actions to assess the detainee's medical condition? What was his age, height and weight.

Normal in processing Exam -

Age 65

Height 5'6

Weight 150

4. Is there an SOP in place that outlines what your medical procedures are upon receiving a detainee? If so, did you follow these outlines?

Standard SOP states all detainees will be  
in processed w/ medical interview + Exam (Arabic Interpreter Present)  
SOP was followed

5. After your assessment did you document the detainee's condition? If so, I need a copy of your medical assessment.

Yes, see Attached

6. What is the procedure after you deem the detainee medically fit to be integrated into the general population?

After doc at med history + Exam  
Patient was placed in general population and checked  
daily for medical problems by a PA or doc.

7. Had he complained of any illness or injury after he was admitted into the general population?

No, detainee was present in general population  
for only 2 hours when acute symptoms occurred

ACLU DDI CID ROI 28960

Questions asked to

8. How long after your initial medical assessment was the detainee in the general population before he collapsed and died? *Detainee did not die at 48th BPF.*

*He was here only 2 hours*

9. How long was he outside (in the heat) prior to him collapsing?

*Approx 15 min*

10. How often are detainees given water?

*Anytime they want it. Individual water bottle is w/in 15 ft. of detainee at all times*

11. Who was the first responding US Soldier to render medical aid to the detainee?

*(b) (6) [redacted] C-148*

12. Was he breathing at the time?

*Yes*

13. Was CPR initiated? If not, explain

*No, Not warranted  
Patient was breathing on his own w/ a pulse*

14. What is the protocol for pronouncing a detainee dead? Is it in an SOP?

*~~ATA~~ Medical Provider is called to scene. By the time the Medical Provider arrived, Detainee was on aircraft to BFCAD*

15. Has the cause of death been determined and was a autopsy initiated?

*Unknown*

16. Give timeline (date&Time) of events starting with detainee arrival until detainee death.

- a. Detainee Arrival \_\_\_\_\_
- b. Detainee medical assessment *1615, 29 Aug*
- c. Detainee first distressed *Approx 1230 hrs*
- d. Detainee pronounced death *UKN*

ACLU DDI CID ROI 28961

**Exhibit C**



STATEMENT OF (b) (6) TAKEN AT 0316 DATED 3 SEPT 2005

9. STATEMENT (Continued)

[Large diagonal line indicating redacted content]

AFFIDAVIT

(b) (6) 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.

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of September, 05 at BIF

ORGANIZATION OR ADDRESS

(b) (6) (Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b) (6) (Typed Name of Person Administering Oath)

UCMJ ART 136 (b)(4) (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

ACLU DDI CID ROI 28964

Questions asked to

(b) (6)

taken on 1028 4 Sep 05

1. Who brought the detainee, Nasir Hammed Johar, to the BIF? What was the date and time?

SF, around 0500 hrs

2. Do you sign for detainees upon arrival? If so, I need a copy of the Chain of Custody.

Yes

3. Did he ask or receive any medical attention upon arriving at the BIF?

The SF guys released him to us in good health

2. How did the detainee look upon arrival at the BIF? Scrapes, bruises, welts, etc...

He had a bruise on the (R) side of his Neck, "That's pretty normal for these guys though"

3. Upon arrival, what were your actions to assess the detainee's medical condition? What was his age, height and weight.

N/A

4. Is there an SOP in place that outlines what your medical procedures are upon receiving a detainee? If so, did you follow these outlines?

Yes

5. After your assessment did you document the detainee's condition? If so, I need a copy of your medical assessment.

N/A

6. What is the procedure after you deem the detainee medically fit to be integrated into the general population? We feed them give them water

We escort them outside to the bathroom. They must bend at the waist when they walk anywhere

7. Had he complained of any illness or injury after he was admitted into the general population?

No, I was here when he was outside and helped him into the medics area. He looked as if he was drunk, one of my

ACLU DDI CID ROI 28965



Questions asked to

(b) (6)

8. How long after your initial medical assessment was the detainee in the general population before he collapsed and died?

I didn't medically assess him

9. How long was he outside (in the heat) prior to him collapsing?

Approx 10, maybe 15 min

10. How often are detainees given water?

When they want it

11. Who was the first responding US Soldier to render medical aid to the detainee?

(b) (6)

12. Was he breathing at the time?

Yes

13. Was CPR initiated? If not, explain

N/A ?

14. What is the protocol for pronouncing a detainee dead? Is it in an SOP?

\_\_\_\_\_

15. Has the cause of death been determined and was a autopsy initiated?

\_\_\_\_\_

16. Give timeline (date&Time)of events staring with detainee arrival until detainee death.

- a. Detainee Arrival \_\_\_\_\_
- b. Detainee medical assessment \_\_\_\_\_
- c. Detainee first distressed \_\_\_\_\_
- d. Detainee pronounced death \_\_\_\_\_

ACLU DDI CID ROI 28966

**Exhibit D**

**ACLU DDI CID ROI 28967**



STATEMENT OF (b) (6) TAKEN AT 0500 DATED 3 Sep 2005

9. STATEMENT (Continued)

(b) (6)

(b) (6)

(b) (6)

(b) (6)

AFFIDAVIT

(b) (6), 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 INFLUENCE.

(b) (6)  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 3rd day of September, 05 at BTF

(b) (6)  
(Signature of Person Administering Oath)

(b) (6)  
(Typed Name of Person Administering Oath)

UCMS ART 136 (b) (4)  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 2 OF 2 PAGES

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

# Exhibit E

**ACLU DDI CID ROI 28970**

1/8

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 (SSA).  
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
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 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	

8. ORGANIZATION OR ADDRESS

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

On the 29th of August 2005 at 1015, I inprocessed a new detainee, Detainee 2/3-14-B1437. The doctor, (b) (6) asked if he had any past medical conditions to which the detainee said he had old spenic and Colin problems. (b) (6) asked if he had any medical allergies or has he been taking any medications and detainee #1437 said no. (b) (6) also asked if he had any recent injuries and detainee #1437 said he had none. His blood pressure was 152/98, his pulse was 118, respirations was 16. After getting vitals from detainee #1437, I noted on his 600 that he had a bruise on his left eye and abrasions on his right shoulder and mid back. I then released him back to the guards as fit for confinement. At 1215 I went outside to smoke a cigarette and noted that detainee #1437 was a little confused. When he finished washing his hands he then turned around and stumbled around. He looked around and stumbled and almost fell. At that point I told the guards to bring him in my office because something was wrong. I had the guards lay him on the exam table and instructed one of the guards to go and get the translator. The translator came in and asked the detainee what was wrong and the detainee said he had an extreme head ache and the room was spinning. I checked his pulse and it was 65 also his breathing was shallow. I went to check his chart when he became unresponsive. I then tried to wake him to no effect. I then looked at his eyes and saw one was dilated the other was pinpointed. I then started to prep him to go to emeds when he vomited. We then put him on a stretcher and took him to emeds. At 1240 we arrived at emeds and turned him over to (b) (6)

---End of Statement---

10. EXHIBIT	11. INITIAL (b) (6) OF PERSON MAKING STATEMENT	PAGE 1 OF 3 PAGES
-------------	--	-------------------

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

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

ACLU DDI CID ROI 28971

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

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

STATEMENT OF (b) (6) TAKEN AT 3/1 DATED 3/15/20

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT (b) (6) PAGE 2 OF 3 PAGES

**ACLU DDI CID ROI 28972**

STATEMENT OF (b) (6) TAKEN AT 1311 DATED 2005/08/29

9. STATEMENT (Continued)

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

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

(b) (6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 20th day of August, 2005 at BIE (b) (6)

Organization or address lines

(b) (6)

(Signature of Person Administering Oath)

Organization or address line

(Typed Name of Person Administering Oath)

12CMJ ART 136 (b)(4)

(Authority To Administer Oaths)

Organization or address line

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28973



**Exhibit F**

**ACLU DDI CID ROI 28974**

18

Law Enforcement Sensitive

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
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: 48TH BCT LIGHTNING BIF
2. DATE (YYYYMMDD): 2005/08/30
3. TIME: 1109
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b) (6)
6. SSN: (b) (6)
7. GRADE/STATUS: (b) (6)
8. ORGANIZATION OR ADDRESS

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

On 29/08/2005, at approx:1220, I (b) (6) was outside in the rear of the facility near the portatoilets observing escort procedures. I observed Detainee (bravo number: 2/3-14-B1437) exit the porta toilet and walk towards the hand washing sinks. As Detainee 1347 walked toward the sinks, I noticed him swaying back and forward in a drunken manner. Being concerned that something might be wrong with Detainee 1347, I walked over to Detainee 1347 and he appeared almost incoherent as he walked toward the sinks. I escorted Detainee 1347 over to the sink to wash his hands and face. Afterward I tried to get Detainee 1347 to fill his water bottle; it appeared that Detainee 1347 had no hand /eye coordination as he allowed the water to run over his hands instead of inside the water bottle. At that point (b) (6) the duty medic, told (b) (6) and (b) (6) to bring him into the aid station because something is wrong with him. By the time (b) (6) and (b) (6) escorted Detainee 1347 to the aid station, Detainee 1347 passed out. (b) (6) and (b) (6) then carried Detainee 1347 into the aid station. (b) (6)

End of Statement

10. EXHIBIT
11. INITIAL (b) (6) OF PERSON MAKING STATEMENT
PAGE 1 OF 3 PAGES

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

ACLU DDI CID ROI 28975



STATEMENT OF (b) (6) Enforcement Sensitive TAKEN AT \_\_\_\_\_ DATED 05/08/97

9. STATEMENT (Continued)

AFFIDAVIT

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of August, 97 at BFF

ORGANIZATION OR ADDRESS

(b) (6) (Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Type name of person Administering Oath) WLM, DET 136 (b) (4) (Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28977

# Exhibit G

**ACLU DDI CID ROI 28978**

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 (SSM).  
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately  
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 48th BCT Lightning BIF	2. DATE (YYYYMMDD) 2005/08/29	3. TIME 1311	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	
8. ORGANIZATION OR ADDRESS			

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

ON or about 12:20 hrs I (b) (6) observed Detainee # 81437 moving slowly  
and walking with dizziness, myself and (b) (6) escorted Detainee # 81437  
to medic's.

*End of Statement*

10. EXHIBIT	11. INITIALS (b) (6) MAKING STATEMENT	PAGE 1 OF 2 PAGES
-------------	---------------------------------------	-------------------

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

ACLU DDI CID ROI 28979

OFFICIAL USE ONLY  
Enforcement Sensitive

STATEMENT OF (b) (6)

TAKEN AT (b) (6) DATED 2/08/09/09

9. STATEMENT (Continued)

AFFIDAVIT

(b) (6) 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 ON EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY AND WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL

(b) (6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 30th day of AUGUST, 05 at BIF

(b) (6)

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b) (6)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

DEPT ART 176 (A)(4)  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 2 OF 2 PAGES

ACLU DDI CID ROI 28980

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

**Exhibit H**

**ACLU DDI CID ROI 28981**

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

16



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  
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 BIF	2. DATE (YYYYMMDD) 050829	3. TIME 1304	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME (b) (6)	6. SSN (b) (6)	7. GRADE/STATUS (b) (6)	
8. ORGANIZATION OR ADDRESS			

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

At 12.15pm SA (b) (6) and I (b) (6) started a Marafa Run for The Detainees at The holding Cell. while taking The detainees down The aisle to Marafa. I (b) (6) Noticed The older detainees not looking well he was kind of dizzy. So I put him on The end of the line. and asked (b) (6) if he can get a medic to take a look at the detainee. while the other detainees were finishing Marafa. I took the Detainees while The older detainee stayed behind with the medic. nothing further. ///

/// End of Statement ///

10. EXHIBIT	11. INITIALS (b) (6) ON MAKING STATEMENT	PAGE 1 OF 3 PAGES
-------------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

ACLU DDI CID ROI 28982

USE THIS PAGE IF NEEDED. THIS PAGE IF NEEDED, PLEASE PROCEED TO \_\_\_\_\_ PAGE OF THIS FORM.

Law Enforcement Sensitive

STATEMENT OF

(b) (6)

TAKEN AT

1304

DATED

05/09/02

9. STATEMENT (Continued)

INITIALS OF PERSON MAKING STATEMENT

(b) (6)

PAGE 2 OF 3 PAGES

ACLU DDI CID ROI 28983

STATEMENT OF (b) (6) Enforcement Sensitive  
TAKEN AT LSC DATED 05/08/05

9. STATEMENT (Continued)

AFFIDAVIT

I, (b) (6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE two. 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)  
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of AUGUST, 05 at BIF

ORGANIZATION OR ADDRESS

(b) (6)  
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(b) (6)  
DEPT ART B6 (4)(4)  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b) (6)

PAGE 3 OF 3 PAGES

ACLU DDI CID ROI 28984

**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

# Exhibit I

**ACLU DDI CID ROI 28985**  
**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

EXHIBIT 18  
000177

Law Enforcement Sensitive

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
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: 48th Brigade Lightning BIF
2. DATE (YYYYMMDD): 2005/08/30
3. TIME: 1600
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME
6. SSN
7. GRADE/STATUS

8. ORGANIZATION OR ADDRESS
HHC 148th SB, BIF Camp Striker, Iraq APO AE 09372

9. I, [redacted], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 29 August 2005 at approximately 1230 hours, I was notified that detainee B#1437 suffered a medical condition and was being evacuated to EMEDS having convulsions. I received a brief from the (SOG) [redacted] and [redacted]. Apparently, B#1437 began to show signs of disorientation, unbalance, and virtually passed out during a routine restroom break. A medic, [redacted] and 2 guards [redacted] and [redacted] went to EMEDS in an ambulance. I began notifications to the Provost Marshall, the BDE TOC, and requested for a replacement medic from the TMC. Shortly afterwards, [redacted] and [redacted] came back and informed me that B#1437 suffered a stroke and now was being evacuated to the green zone. They retrieved copies of the detainee's packet and medical records and were to provide escort on the helicopter to the hospital in the green zone. Again, I made the necessary notifications.

Later, I received notice from [redacted]. He told me the detainee's medical condition had gotten worse and they would stay in the hospital facility in Balad overnight. He also indicated the detainee's chances for survival were low and may die. I made the necessary notifications.

END OF STATEMENT

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

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

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

ACLU DDI CID ROI 28986

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**FOR OFFICIAL USE ONLY**  
Law Enforcement Sensitive

STATEMENT OF (b) (6)

DATED 2005/08/30

9. STATEMENT (Continued)

**AFFIDAVIT**

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

(b) (6)  
\_\_\_\_\_  
(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 (b) (6)

PAGE 2 OF 2 PAGES

**ACLU DDI CID ROI 28987**

**Exhibit J**

**ACLU DDI CID ROI 28988**

SIR/CCIR

Person making report: (b) (6)  
Name: 867 [redacted] Rank: \_\_\_\_\_  
Duty Section: Detachment 332 APTG Date/Time of Report: \_\_\_\_\_  
Telephone: (b) (6) E-mail: (b) (6)

Incident: Down with knowledge  
Name/s: (b) (6) Rank: \_\_\_\_\_  
Unit: \_\_\_\_\_ Contact info (phone/e-mail): \_\_\_\_\_

USAF USA USM USN KBR DoD Contractor  Other: (b) (6)

Location of incident: \_\_\_\_\_

Details of incident:  
Unresponsive terrain brought to attention  
CP run to home (P) nonresponsive knowledge  
(Please provide report on attached page 2)  
lab - showed CR 529  
Patrol given contact mission on 12/12/01  
Picked up at base

ACLU DDI CID ROI 28989



**AUTHORIZATION AND TREATMENT STATEMENT**

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

**ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)**

1. REGISTER NO		2. NAME (Last, First, Middle Initial) <i>Yarned, James</i>		3. RELIGION	
4. FACILITY CODE		5. MEDICAL TREATMENT FACILITY		6. TIME OF ADM <i>1450</i>	7. DATE OF ADM <i>13 August 05</i>
8. TYPE	9. SSN	10. BENEF TYPE <i>EPW</i>	11. GRADE	12. AFSC	13. AVIATION SVC CODE
14. RATING	15. LENGTH OF SVC	16. AGE <i>65</i>	21. CURRENT ORGANIZATION <i>Detainee</i>		22. INPATIENT UNIT <i>ICW-1</i>
17. SEX <i>M</i>	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE	23. FACILITY ADM CODE	24. FACILITY OF INITIAL ADMISSION
25. DATE INITIAL ADM		26. ROOM	27. BED		
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29. CLINIC SERVICE(S)		30. ADMISSION CLERK <i>(b)(6)</i>	
31. EMERGENCY ADDRESS/RELATIONSHIP			32. NAME AND ADDRESS OF SPONSOR		
33. PRIMARY ADMISSION DIAGNOSIS <i>Pare Stroke</i>			34. SECONDARY ADMISSION DIAGNOSIS		
35. CAUSE OF INJURY					
36. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		38. SIGNATURE OF PATIENT OR SPONSOR		37. ADMITTING PROVIDER <i>(b)(6)</i>	

**TREATMENT**

38. DIAGNOSES - PROCEDURES <i>(b)(6)</i>		39. PROVIDERS OF CARE	
---	--	-----------------------	--

40. LOD:  YES  EPFS. LOD not applicable  AF Form 348 (Check  if continued on reverse)

41. ADMINISTRATIVE DATA: Change in physical profile required  YES (Prepare AF Form 422)  NO (Meal Card  YES  NO)

42. DISPOSITION

43. DATE OF DISPOSITION

44. TIME OF DISPOSITION

45. CC OF WHOLE BLOOD

46. CC OF PACKED CELLS

47. CONVALESCENT LEAVE TAKEN

48. CONVALESCENT LEAVE RECOMMENDED

49. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER

50. SIGNATURE OF PATIENT AFFAIRS OFFICIAL

AF IMT 560, 19870401, V2

PREVIOUS EDITION WILL BE USED  
**ACLU DDI CID ROI 28990**

FOR OFFICIAL USE  
Law Enforcement Sensitive

# Exhibit M

## ACLU DDI CID ROI 28991

EXHIBIT 18  
000183

FOR OFFICIAL USE ONLY
Law Enforcement Sensitive

Form with fields for Name of Deceased (Hameed Nasir), Organization, Race (Arabi), Cause of Death (Natural), Date of Death (0144 31 Aug 05), and Signature (b)(6).

Form with fields for Grade, Branch of Service, Social Security Number (869), Sex (Male), Religion (Protestant), and Circumstances Surrounding Death (None).

ACLU-DDI CID ROI 28992

FOR OFFICIAL USE ONLY  
Law Enforcement Sensitive

CERTIFICATE OF DEATH (Acte de décès)

NAME OF DECEASED (Nom et prénom): **Hameed Nasser**      GRADE: **869**

ORGANIZATION (Organisation):      MATRIM. (Matrimoniaire):

RACE (Race):      MARITAL STATUS (Statut matrimonial):

CAUCASOID (Caucasique)      SINGLE (Célibataire)

NEGROID (Négré)      MARRIED (Marié)

OTHER (Specify) (Autre (Spécifier)) **Arabic**      WIDOWED (Veuf)

NAME OF NEXT OF KIN (Nom du plus proche parent):      RELATIONSHIP TO DECEASED (Rapport):

STREET ADDRESS (Domicile à l'usage):      CITY OR TOWN AND STATE (Ville et État):

MEDICAL STATEMENT (Certification médicale)

CAUSE OF DEATH (Enter only one cause per line)  
Cause du décès (N'indiquer qu'une cause par ligne)

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
Maladie ou condition directement responsable de la mort:

ANTECEDENT CAUSES (Symptômes précurseurs de la mort):

ACUTE CONDITION, IF ANY, LEADING TO PRIMARY CAUSE (Condition aiguë, s'il y a lieu, menant à la cause principale): **Hemorrhagic shock**

UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE (Raison sous-jacente, s'il y a lieu, ayant suscité la cause principale):

OTHER SIGNIFICANT CONDITIONS (Autres conditions significatives):

MODE OF DEATH (Cause de la mort):

NATURAL (Non naturelle)

ACCIDENT (Non accidentelle)

SUICIDE (Suicide)

HOMICIDE (Homicide)

DATE OF DEATH (Hour, day, month, year) (Date de décès (l'heure, le jour, le mois, l'année)): **0144 31 Aug 05**

PLACE OF DEATH (Lieu de décès): **332 APT B**

I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME REPORTED AND FROM THE EXAMINATION OF VISIBLE PORTIONS OF THE BODY IT IS CONCLUDED THAT DEATH WAS CAUSED BY THE ABOVE CAUSE(S) AT THE TIME AND PLACE REPORTED.

NAME OF MEDICAL OFFICER (Nom du médecin): **(b)(6)**

TRADE (Profession): **(b)(6)**

DATE (Date): **31 Aug 05**

SIGNATURE (Signature): **(b)(6)**

CID ROI 28993

<b>MEDICAL RECORD</b>	
<b>DATE</b>	<b>SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)</b>
<b>REPORT OF DETAINEE MEDICAL SCREENING:</b>	
29 Aug 05	History of Past Medical Conditions: (circle) <i>Htn, old splenic &amp; colon problems undiagnosed.</i>
10:15	Medication Allergies: (NO) (YES) List:
	Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)
	Recent Injuries: (NO) (YES) Describe:
<b>Exam Findings:</b>	BP: 152 / 98 Pulse: 118 Resp: 16 HT - 5'6 WT - 150

Utilize Diagram and space Below to Indicate Examination Findings. If additional space required continue on reverse

TATTOO: (NO) (YES)

In processing Exam:

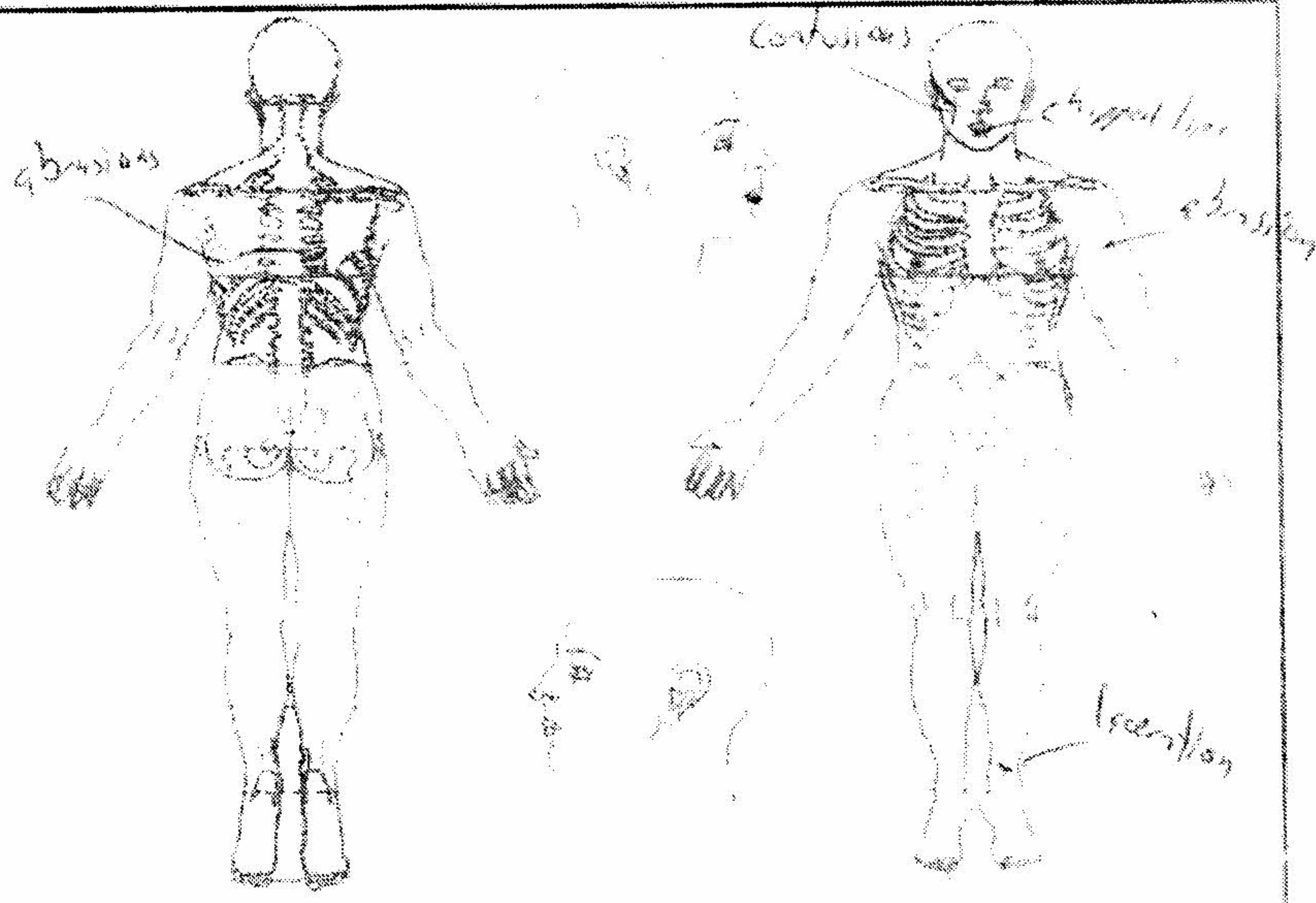
HEENT: Dry bases, poor

Chest: CTA

Heart: RRR S, abd, dcl, w anything

ABD: Prob normal

EXT: small abrasions & lacerations of w knee.



(PTN) (UNIFIT) For Confinement

(Does) (Does Not) Require Further Evaluation (b)(6)

Name/Rank/Unit of Screener: (b)(6)

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

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

65410

**Detainee Information:**

Name: 1437  
 Last First Middle

Control Number: \_\_\_\_\_

Date/Time of Detention: \_\_\_\_\_

Detainee Age: \_\_\_\_\_

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. 6.97)  
 Prescribed by GSA/ICMR  
 FIRMR (41 CFR) 201-9.202-1 USAPA V2 00

ACLU DDI CID ROI 28996

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AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD | CHRONOLOGICAL RECORD OF MEDICAL CARE

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

29 AUG 05

ASCVD

> ASA 325mg QD

HTN

29 AUG 05

Chart entry note ASA ordered but not yet given. Debriefed  
medic.

(b)(6)

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

1437

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

ACLU DDI CID ROI 28997

EXHIBIT 18  
000189

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0234 05 CID259-36335

## Exhibit K

**ACLU DDI CID ROI 28998**

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EXHIBIT 000190/ (

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

History

Symptoms: *unres*

Allergies:  NKDA

Medications: *unknown*

Past Medical History:  HIP: *unknown*

Last meal:

Events leading up to incident:

*Pt walking to bathroom, looked confused & slurred speech, started wobbling. Went out clo severe HA & dizziness prior (to interpreter)*

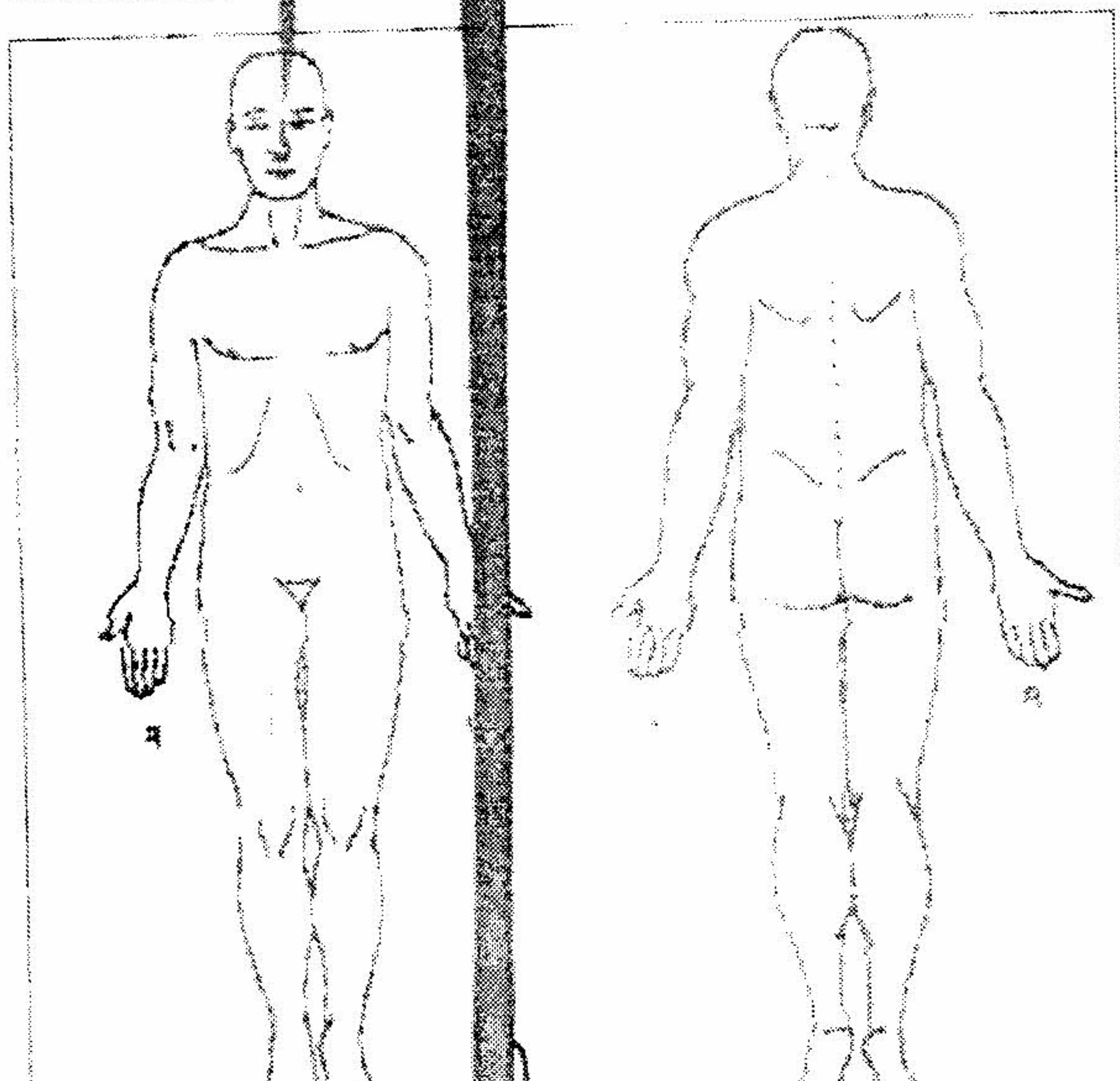
Labs:

- U/A: Blood  Pos  Neg
- Na: *139* K: *4*
- ABG: pH: *7.378* PO<sub>2</sub>: *211* PCO<sub>2</sub>: *66*
- Cr:
- hCG:  Pos  Neg

*eg 152 Hct 44 Hgb 13.9*

X-Rays:

- C-spine:
- Chest: *7cm above umbil*
- Abdomen: *ETT inserted 2-3 cm*
- Pelvis:
- Other: *to 24 @ teeth*



FAST Exam:

- Fluid seen:  None
- Pericardium
- RLQ (Morrison's pouch and paracolic gutter)
- LLQ (spleno-renal recess and paracolic gutter)
- Suprapubic (Douglas' pouch)

Prophylactic antibiotics:

- Levaquin 500 mg IV
- Unasyn 3 g IV

Tetanus Prophylaxis:

- Up to date
- Unknown
- Tetanus toxoid 0.5 ml IM

Diagnoses:

*likely hemorrhagic stroke*

Physician Signature

(b)(6)

Home Base

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

RECORD MAINTAINED AT:

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

(b)(6)

SEX

TENT NUMBER

ICE

RANK / GRADE

SUPERVISORS NAME / RANK

ORGANIZATION HERE

DATE ARRIVED AOR

SCHEMATIC IDENTIFICATION NO.

(b)(6)

*1437*

DATE OF BIRTH

ACLU DDI CID ROI 28999



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

447 AEG/EMEDS, Baghdad, Iraq  
Trauma Flow Sheet

Bed Number: 1

Date/Time arrived: 1350

Primary Survey

Airway	<input type="checkbox"/> Patent	<i>↓ gag not handling secretions NO response to pain</i>
C-Spine	<input checked="" type="checkbox"/> C-collar <input type="checkbox"/> Backboard	
Breathing	<input checked="" type="checkbox"/> Unilateral	
Circulation	<input checked="" type="checkbox"/> Spontaneous	
Disability	GCS: 3	

Vitals

1350	152/81	74	32	96%
------	--------	----	----	-----

Secondary Survey

HEENT	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> No hemotympanum <input checked="" type="checkbox"/> Zygoma intact <input checked="" type="checkbox"/> Nose intact <input checked="" type="checkbox"/> Maxilla intact <input checked="" type="checkbox"/> PEARL <input checked="" type="checkbox"/> EOM	<input checked="" type="checkbox"/> TM intact bilat <input checked="" type="checkbox"/> No rhinorrhea <input checked="" type="checkbox"/> No otorrhea <input checked="" type="checkbox"/> No Battle's sign <input checked="" type="checkbox"/> No raccoon eyes <input checked="" type="checkbox"/> Mandible intact <input checked="" type="checkbox"/> Dentition intact	<i>Bite lower lip R pupil 6mm nonreactive L pupil 3mm non react.</i>
Neck	<input type="checkbox"/> C-spine non-tender <input type="checkbox"/> No C-spine step-off <input checked="" type="checkbox"/> Trachea midline <input checked="" type="checkbox"/> No JVD		
Chest	<input checked="" type="checkbox"/> Equal expansion <input checked="" type="checkbox"/> Clavicles intact		
Lungs	<input checked="" type="checkbox"/> CTA <input checked="" type="checkbox"/> Breath sounds equal		
Heart	<input checked="" type="checkbox"/> RRR <input checked="" type="checkbox"/> Not muffled		
Upper Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> Radial pulse present <input checked="" type="checkbox"/> Grip normal <input checked="" type="checkbox"/> Capillary refill <2 sec	<input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	<i>No spontaneous movements Unable to assess neuro/MS.</i>
Abdomen/Pelvis	<input checked="" type="checkbox"/> Soft NT <input checked="" type="checkbox"/> Bowel sounds present and normoactive <input checked="" type="checkbox"/> Pelvis stable		
Lower Ext	<input checked="" type="checkbox"/> Atraumatic <input checked="" type="checkbox"/> Motor normal <input checked="" type="checkbox"/> Sensation intact <input checked="" type="checkbox"/> DP or PT pulse present <input checked="" type="checkbox"/> Capillary refill <2 sec	<input checked="" type="checkbox"/> L <input checked="" type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> R	
Back	<input checked="" type="checkbox"/> Atraumatic		
Rectal	<input type="checkbox"/> Normal rectal tone <input type="checkbox"/> Prostate not high-riding	<input type="checkbox"/> No gross blood	
GU	<input checked="" type="checkbox"/> Normal <input checked="" type="checkbox"/> No blood at urethral meatus <input checked="" type="checkbox"/> No incontinence (fecal or urine)	<input type="checkbox"/> No priapism	<i>Urinary incontinence</i>

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

RECORDS MAINTAINED AT:	Home Base	
PATIENT'S NAME (Last, First, Middle Initial)	SEX	
(b)(6)	M	
STATUS / SERVICE	RANK / GRADE	
SUPERVISORS NAME / RANK	ORGANIZATION HERE	
DATE ARRIVED AOR	SSN/IDENTIFICATION NO.	DATE OF BIRTH
	(b)(6) 1437	

Trauma Flow sheet Page 1  
REV 120 Jun 04

CHRONOLOGICAL RECORD OF MEDICAL CARE - STANDARD FORM (REV. 5-84)  
Prescribed by GSA and ICM  
FIRM (41 CFR) 201-45.50

ACLU DDI CID ROI 29000

ALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

TRAUMA FLOW SHEET

CO

	PROCEDURES	TIME	SITE	INITIALS	COMMENTS
AIRWAY	ORAL NASAL AIRWAY				
	ENDOTRACHEAL TUBE # 7.0	1200			22 P teeth 35
	CRICOTOYDOSTOMY				Ⓟ equal Ⓟ
BREATHING	OXYGEN 5 L/MIN	1252		1257 Intubated	
	RAG VALVE ASS				
	VENTILATOR				
	NEEDLE THORACOSTOMY				
CIRCULATION	AUTO TRANSFUSER				
	FLUID INFUSION WARMER				
	CENTRAL LINE				
	IV CATHETER 18g R wrist	1255			
	BLANKET WARMER				
OTHER	SPRINTS				
	FOLEY CATH 18	1305			1300 Amber? Urinal apparatus
DIAG.	NO				
	PERITONEAL WASH				
	CT SCAN				

		IV'S			MEDICATIONS				
TIME	CC'S REFUSED	INITIALS	TIME	MEDICATION	ROUTE	RN			
		(b)(6)	1256	Sibicaine 100mg	IV				
			1257	Sibicaine 100mg	IV				
			1257	Etom 20	IV				
			1205	Levital 100	IV				
			1306	Vericep 2mg	IV				
			1308	Vericep 2mg	IV				
			1310	Xanax 40mg	IV				
			1310	Vericep 10mg	IV				

BLOOD PRODUCTS					
TIME	COMPONENT	UNIT #	CC'S INFUSED	RN	RN

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

RECORDS MAINTAINED AT: Home Base

PATIENT'S NAME (Last First Middle Initial): (b)(6)

SEX: M

STATUS / SERVICE: [Redacted]

RANK / GRADE: [Redacted]

SUPERVISORS NAME / RANK: [Redacted]

ORGANIZATION / REF: [Redacted]

DATE ARRIVED AOR: [Redacted]

SCHEMATIC IDENTIFICATION NO.: (b)(6) 1437

CHRONOLOGICAL RECORD OF MEDICAL CARE - STANDARD FORM 1013-1 Prescribed by [Redacted] and [Redacted] FIRM (41 CFR 101-11.45)

ACLU DDI CID ROI 290

**Exhibit L**

**ACLU DDI CID ROI 29002**

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EXH000194

18

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# Exhibit N

**ACLU DDI CID ROI 28994**

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EXHIBIT / 8  
000186



AGENT'S INVESTIGATIVE REPORT

0216-05-CID919

CID Regulation 195-1

PAGE 1 OF 1 PAGES

BASIS FOR INVESTIGATION: At 1800, 31 Aug 05, this office received a Request For Assistance from the 48<sup>th</sup> Military Police Detachment (CID), Camp Victory, Baghdad, Iraq, to interview medical personnel at the Balad Air Force Theatre Hospital (AFTH), Logistical Support Area Anaconda, Iraq, (LSAA), who treated Mr. Nasir J. HAMMED, Detainee Number 2/3-014-B1437. Their office further requested to photograph Mr. HAMMED, obtain all medical documents to include the death certificate of Mr. HAMMED, and to ensure Mr. HAMMED was being transported to Dover, Delaware for an autopsy.

At 1840, 31 Aug 05, SA [REDACTED] interviewed MAJ [REDACTED] Medical Examiner (ME), AFTH, who stated he treated Mr. HAMMED on 30 Aug 05. MAJ [REDACTED] stated Mr. HAMMED was in a comatose state when he arrived to the AFTH, and appeared to have had a hemorrhagic stroke. He stated Mr. HAMMED did not react to any deep pain and had chaine stokes breath due to the right side of his brain not functioning. MAJ [REDACTED] stated Mr. HAMMED was only taking in 66% oxygen, which was far below the normal level. He stated Mr. HAMMED's kidney's shut down completely and did not work. MAJ [REDACTED] stated Mr. HAMMED showed no signs of abuse, and never noticed blood in his urine. He stated if Mr. HAMMED were abused, he would have probably had blood in his urine, which he did not.

At 1920, 31 Aug 05, SA [REDACTED] coordinated with SGT [REDACTED] 246<sup>th</sup> Quarter Master Company, Mortuary Affairs, LSAA, who provided this office with copies of Mr. HAMMED's death certificate and other medical documents. SGT [REDACTED] related Mr. HAMMED would be transported to Dover, Delaware for an autopsy. SA [REDACTED] exposed photographs of Mr. HAMMED utilizing a Cannon Power Shot SD200, digital camera.

At 2000, 31 Aug 05, SA [REDACTED] coordinated with MAJ [REDACTED], Patient Administration Department, AFTH, LSAA, who provided this office with copies of all medical documents pertaining to Mr. HAMMED.///LAST ENTRY///

SA [REDACTED]	37 <sup>th</sup> MP Det. (CID) LSA Anaconda, Iraq APO AE 09391
Sig [REDACTED]	Date: 31 Aug 05
Exhibit:	<p style="text-align: center;"><b>ACLU DDI CID ROI 29003</b></p> <p style="text-align: center;"><del>FOR OFFICIAL USE ONLY</del></p>

718309

Incident: Death  
Date: 31 Aug 05  
Time: 0144

SIR/CCIR

Person making report: (b)(6)

Name: (b)(6) Rank: (b)(6)

Duty Section: ~~Detachment~~ 332 BPTH Date/Time of Report: 31 Aug 05 0145

Telephone: (b)(6) E-mail: (b)(6)

Incident: Death due to hemorrhagic stroke

Name/s: 869 Hamed, N.H.F Rank: \_\_\_\_\_

Unit: \_\_\_\_\_ Contact info (phone/e-mail) \_\_\_\_\_

USAF USA USM USN KBR DoD Contractor Other EPW

Location of incident: \_\_\_\_\_

Details of incident:

Unresponsive detainee brought to ED. Noted on  
CT scan to have (P) hemispheric hemorrhagic stroke.  
(P) eye pinpoint pupil unreactive, GCS 3  
labs - elevated CK ~529 O/W unremarkable.  
Patient given comfort measures and expedient status.  
Placed away at tent above.

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USE BALL POINT PEN  
PRESS HARD

0216 05 CID 9197  
Expectant  
0234 05 010259-36335

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

<b>I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)</b>												
1. REGISTER NO. 7183109		NBSUF		2. NAME (Last, First, Middle Initial) Hameed, Jaber				3. RELIGION				
4. FACILITY CODE		5. MEDICAL TREATMENT FACILITY				6. TIME OF ADM 1450		7. DATE OF ADM 129 August		8. TYPE OF CASE D		
9. FMP 99		SSN 869		10. BENEF TYPE EPW		11. GRADE	12. AFSC	13. AVIATION SVC CODE		14. RATING	15. LENGTH OF SVC	16. AGE 65
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE		21. CURRENT ORGANIZATION Detainee				22. INPATIENT UNIT ICW-1			
23. FAC INT ADM CODE		24. FACILITY OF INITIAL ADMISSION				25. DATE INITIAL ADM		26. ROOM		27. BED		
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29. CLINIC SERVICE(S)				30. ADMISSION CLERK (b)(6)						
31. EMERGENCY ADDRESSEE/RELATIONSHIP						32. NAME AND ADDRESS OF SPONSOR						
33. PRIMARY ADMISSION DIAGNOSIS Pass Stroke						34. SECONDARY ADMISSION DIAGNOSIS						
35. CAUSE OF INJURY												
36A. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.		SIGNATURE OF PATIENT OR SPONSOR				37. ADMITTING PROVIDER (b)(6)				
<b>II. TREATMENT</b>												
38. DIAGNOSES - PROCEDURES 497A (b)(6)								39. PROVIDERS OF CARE				
LOD: <input type="checkbox"/> YES <input type="checkbox"/> EPTS, LOD not applicable <input type="checkbox"/> AF Form 348 (Check <input type="checkbox"/> if continued on reverse)						(Check <input type="checkbox"/> if continued on reverse)						
40. ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO)								(Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)				
(Check <input type="checkbox"/> if continued on reverse)												
41. DISPOSITION		42. DATE OF DISPOSITION		43. TIME OF DISPOSITION		44. CC OF WHOLE BLOOD		45. CC OF PACKED CELLS		46. CONVALESCENT LEAVE TAKEN RECOMMENDED		
47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER						48. SIGNATURE OF PATIENT/AF AIRS OFFICIAL						

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ACLU RDI CID ROI 29006

PREVIOUS EDITION WILL BE USED.



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0216 05 010919-  
0234 05 010259-36335

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme
Hameed, Nasir		869	
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance
			SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		MARITAL STATUS Etat Civil	
CAUCASOID Caucasiqne		SINGLE Célibataire	
NEGROID Négróide		MARRIED Marié	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) <i>Berqi</i>		WIDOWED Veuf	
		DIVORCED Divorcé	
		SEPARATED Séparé	
		PROTESTANT Protestant	
		CATHOLIC Catholique	
		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
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>			
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	Hemorrhagic stroke	
	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 type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes externes	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide			
HOMICIDE Homicide	NAME OF PATHOLOGIST Nom du pathologiste	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (l'heure, le jour, le mois, l'année)	PLACE OF DEATH Lieu de décès		
0144 31 Aug 05	332 AFTK		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		(b)(6)	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	332 AFTK		
DATE Date	SIGNATURE Signature		
31 Aug 05	(b)(6)		

**ACLU DDICID ROI 29007**

ACLU-RDI-5487-0121

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000198

<sup>1</sup> State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.  
<sup>2</sup> Other conditions contributing to the death, but not related to the disease or condition causing death.  
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.

DATE: 29 AUG 07 CHIEF COMPLAINT: LOC TRIAGE CATEGORY: Immediate  Minimal  Expectant

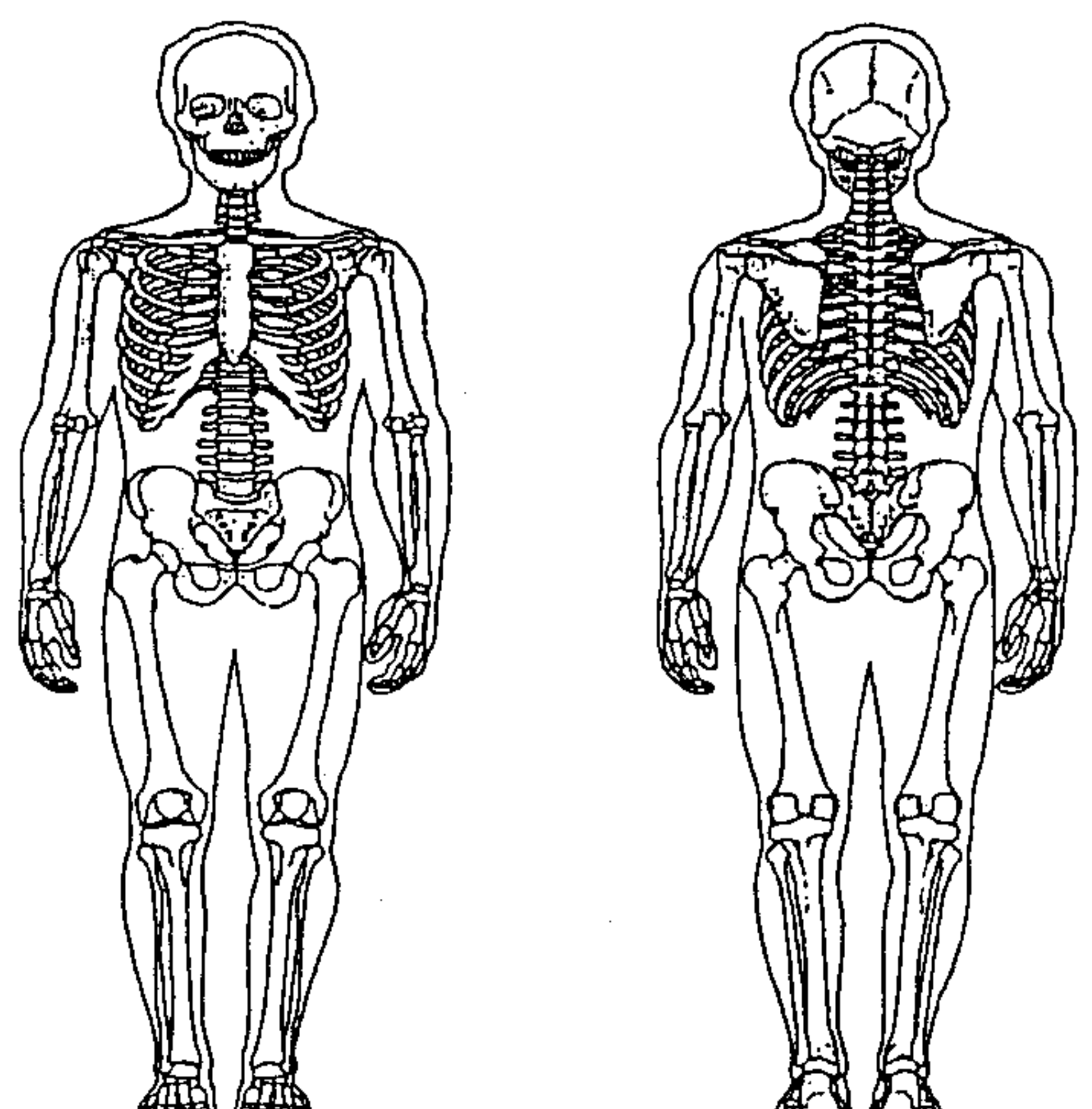
TIME OF INJURY: 15:00 76 R14 119 BP 1/4 Oz Sat 5

ATTENDING PHYSICIAN: \_\_\_\_\_

HISTORY & PHYSICAL MECHANISM OF INJURY: \_\_\_\_\_

INJURY DESCRIPTION: R L L R

(AB)rasion  
(AMP)utation  
(AV)ulsion  
(BL)eeding  
(B)um  
(C)repitus  
(D)eformity  
(DG)Degloving  
(E)chymosis  
(FX)Fracture  
(F)oreign Body  
(GSW)Gun Shot Wound  
(H)ematoma  
(LAC)eration  
(PW)Puncture Wound  
(P)ain



Pulses Present:  
S= Strong  
P= Palpable  
D= Doppler  
A= Absent

GSW/Bullet  CBRNE  
 Blunt trauma  Blast  
 Single fragment  Burn  
 Multi-fragment  Crush  
 MVC  Fall  
 Aircraft crash  IED  
 Knife/edge (stab)  Other LOC  
 Mortar/RPG/Grenade

Head  
Head  
R/CVA

HISTORY & PHYSICAL Procedures:

Head & Neck: (L) Pupil ↓ reactivity Tym Membranes:  R Clear   R Blood   Intubate  Canthotomy  CRIC  Cantholysis

Chest: Bilat Breath sounds  Pulmonary Contusion  Pulmonary Hematoma  Oral  Nasal  Chest tube  R  L  Air  Blood  Needle decompression

Abdomen: Soft, non-tender, & palpable  FAST  DPL  NG/OG  Pelvic Blinder  Foley

Pelvis: stable  Closed reduction  EXT Fixation  Splint  Long Bone Splint  Tourniquet Type \_\_\_\_\_ Time on: \_\_\_\_\_ Time off: \_\_\_\_\_

Upper Extremities: Flaccid, & lesions  Closed reduction  EXT Fixation  Splint  Long Bone Splint  Tourniquet Type \_\_\_\_\_ Time on: \_\_\_\_\_ Time off: \_\_\_\_\_

Lower extremities: (L) Shin & abrasion  Sedated  Chemically Paralyzed  Seizure Protocol

Neuro: GCS: 2 Vision: Pupils R L  Brisk  Sluggish   NR  Hand motion  Light perception  No light perception  Size mm mm

Skin: Burn: 1st 2nd 3rd %TBSA  Intraosseus  Bair Hugger  Level 1  Central Line  Chill Buster  A-Line  Cooling Blanket

Damage Control Procedures:  Yes  No Hypothermia:  Yes  No Coagulopathy:  Yes  No Class of Hemorrhage: I  II  III  IV  Shock:  Yes  No

DNBI CATEGORY:

Cardiac  GI  Injury, MVA  Nephrology  Psychiatric, Stress  
 Dermatologic  Heat/Cold  Injury, Work/Training  Ob/Gyn  Pulmonary  
 Endocrine  Infectious Disease  Injury, Other  Ophthalmologic  STDs  
 Fever, Unexplained  Injury, Rec./Sports  Neurologic  Psychiatric, Mental  All Other Medical/Surgical

Evacuation Priority:  Routine  Priority  Urgent

Evacuated/Dispositioned to:  OR, ICU, ICW  Level III, Level IV, Host Nation, Coalition Facility  RTD Unit \_\_\_\_\_  Deceased (see below)

Time of Disposition: (hr, dd, mm, yy) \_\_\_\_\_

Cause of Death:

Anatomic:  Airway  Head  Neck  Chest  Abdomen  Pelvis  Extremity(Upper/ Lower)  Other, specify: \_\_\_\_\_

Physiologic:  Breathing  CNS  Hemorrhage  Total Body Disruption  Sepsis  Multi-organ Failure  Other, specify: \_\_\_\_\_

PATIENT NAME: 869 Physician Signature: \_\_\_\_\_

SSN/ID: \_\_\_\_\_ Printed or typed name: \_\_\_\_\_

0234 05 010259-36335

CBC: 5.4 11.7 338 SMA7: 141 109 115 Urinals: 1.0 4.1 22		SpGr: _____ Ph: _____ Chem: _____	<input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Cardiac <input type="checkbox"/> Respiratory <input type="checkbox"/> Seizure <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Ulcers <input type="checkbox"/> Other
PT/INR/PTT: _____ ABG: _____ FIO2: _____ Ph: _____ PCO2: _____ PO2: _____ HCO3: _____ Sat: _____ BE: _____ Vent: Yes <input type="checkbox"/> No <input type="checkbox"/> ETT SIZE: _____		Amylase: _____ Alk Phos: _____ LDH: _____ Billi: _____ SGOT: _____ SGPT: _____	<input type="checkbox"/> NKDA <input type="checkbox"/> Other _____ <input type="checkbox"/> ASA <input type="checkbox"/> PCN <input type="checkbox"/> Sulfa <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input checked="" type="checkbox"/> Latex
Medications: <input type="checkbox"/> DT, <input type="checkbox"/> ATBX, <input type="checkbox"/> Versed, <input type="checkbox"/> Morphine, <input type="checkbox"/> Fenatnyl, <input type="checkbox"/> Other		IV Fluids/Blood Products: <input type="checkbox"/> Crystalloids _____ cc's, <input type="checkbox"/> Colloids _____ cc's, <input type="checkbox"/> PRBC's _____ units, <input type="checkbox"/> FFP _____ units, <input type="checkbox"/> Whole Bld _____ units, <input type="checkbox"/> Cryo _____ units, <input type="checkbox"/> PLT's _____ packs, <input type="checkbox"/> NS, <input type="checkbox"/> LR	

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	OBTAINED	PENDING	RESULTS	FRACTURE/SPLINTING	REMARKS
RADIOLOGY	<input checked="" type="checkbox"/> HEAD	<input type="checkbox"/>			② hemispheric hemorrhagic stroke
	<input type="checkbox"/> C-SPINE	<input type="checkbox"/>			
RADIOLOGY	<input type="checkbox"/> ABDOMEN/PELVIS	<input type="checkbox"/>			WNL. Widen mediastinum
	<input type="checkbox"/> CHEST	<input type="checkbox"/>			
RADIOLOGY	<input checked="" type="checkbox"/> SUPINE	<input type="checkbox"/>			
	<input type="checkbox"/> UP RIGHT	<input type="checkbox"/>			
	<input type="checkbox"/> C-SPINE	<input type="checkbox"/>			
	<input type="checkbox"/> FLEXION	<input type="checkbox"/>			
	<input type="checkbox"/> EXTENSION	<input type="checkbox"/>			
RADIOLOGY	<input type="checkbox"/> T-SPINE	<input type="checkbox"/>			
	<input type="checkbox"/> L-SPINE	<input type="checkbox"/>			
	<input type="checkbox"/> PELVIS	<input type="checkbox"/>			
RADIOLOGY	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
	<input type="checkbox"/> _____ RL	<input type="checkbox"/>			
RADIOLOGY	<input type="checkbox"/> _____	<input type="checkbox"/>			
	<input type="checkbox"/> _____	<input type="checkbox"/>			
	<input type="checkbox"/> _____	<input type="checkbox"/>			

Attending Staff: \_\_\_\_\_

Diagnosis: *Consulted Neuro Surgery*

Plan: *Comfort measures only. Non-survivable stroke*

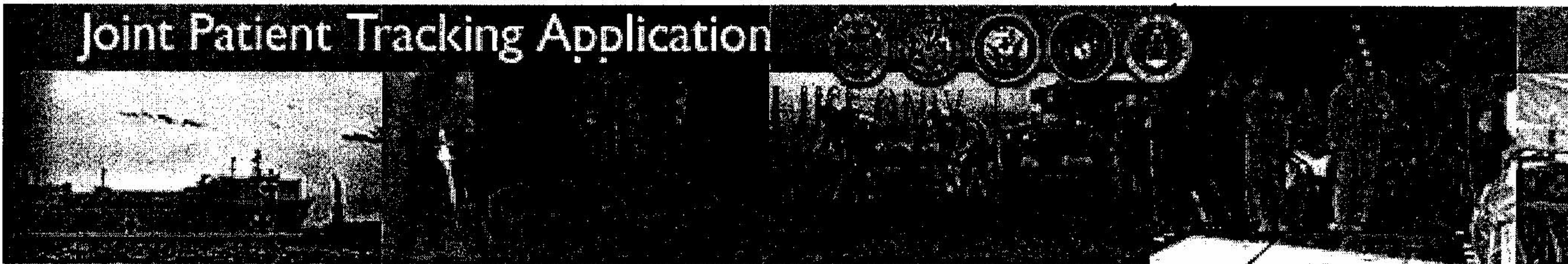
Physician Signature: *(b)(6)*

Physician Printed or Typed Name: *(b)(6)*

Date (dd/mm/yy): \_\_\_\_\_ Patient ID/SSN: **869**

ACLU DDI CID ROI 29009  
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0234 05 010259-36335



Welcome (b)(6)

332 EMDG-BALAD

Patient Reg./Update

Patient Search

Patient Info.

Reports

F

Patient Treatment Management

SSN 000000869

?

NAME

?

SSN	NAME	SEX	RANK	BRANCH
000000869	HAMEED, JAHER	M	N/A	UNKNOWN
DIAGNOSIS:	CEREBROVASC DISEASE NOS			
ATTACHMENTS: 0 files			AF3899: <a href="#">Create</a>	

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICW-1-332 EMDG	8/29/2005 8:50:47 AM	332 EMDG-BALAD
INPATIENT	PENDING INP-332 EMDG	8/29/2005 7:02:49 AM	332 EMDG-BALAD

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(6)	8/29/2005 7:02:49 AM	PT HAS A POSSIBLE STROKE	<a href="#">Edit</a>	<a href="#">Delete</a>
332 EMDG-BALAD	(b)(6)	8/30/2005 1:59:52 AM	DNR after massive stroke	<a href="#">Edit</a>	<a href="#">Delete</a>

PENDING RTD  PENDING TRANSFER  FOLLOW UP APPT

Type notes here:

SAVE NOTES

Procedure Hx

REFRESH PAGE

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LAW ENFORCEMENT SENSITIVE

PROGRESS NOTES

29 Aug 05 <sup>DATE</sup> Patient arrived from ED, non-respon-  
1745 sive. R eye pinpoint & reactive, L  
eye ~~absent~~ pinpoint & reactive, nasal  
tampet in place, lungs & rhonchi  
1/0; 5, 52; abdomen soft & non-  
tender; Foley & clear yellow urine;  
cont & palliative care, monitor

(b)(6)

@1830 Patient & unlabeled fiberoptic  
monitor

(b)(6)

29 Aug 05 0 verbalizations. Mouth breathing & wet lungs sound.  
2000 - M504 @ 20mg/hr. - comfort care initiated.  
0600 Foley patent. Nasal tampet @ 1000. D5 1/2 NS  
@ 125/hr. @ awake - shallow breaths. Q, A  
neuro V.

(b)(6)

30 Aug 05 unresponsive to verbal stimuli, retentive forced, bil. breathes  
0730 sound, deep sternal respiration - tampet snug in place. M504  
drip @ 20mg/hr. Foley to BSD & scant urine output -  
1800 remains obtunded, scattered crackles on all lung fields  
u/o

(b)(6)

(b)(6)

31 Aug 05 0. & respirations, 0 pulse. - SOD notified  
0144 DIs + Foley DIED Post mortem care  
completed.

(b)(6)

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ACLU RDI CID ROI 29011  
EXHIBIT 20  
000202

0216 05 CID 919

0234 05 CID 259-36335

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LAW ENFORCEMENT SENSITIVE

ARRIVAL STATUS Date: <u>27 AUG 05</u> Time of arrival: _____ Time of injury: _____ Transit time: _____ C-spine immob: YES / NO Intubated: YES / NO T: <u>98.9</u> BP: <u>119/64</u> HR: <u>76</u> RR: <u>14</u> C <sub>s</sub> Sat: <u>99</u> PAIN: 0 1 2 3 4 5 6 7 8 9 10 Last Tetanus: _____ GCS: _____		RI: <u>Immediate</u> <input type="checkbox"/> Delayed <input type="checkbox"/> Minimal <input type="checkbox"/> Expectant	CATEGORY: _____	WOUNDED BY: <input type="checkbox"/> Unknown <input type="checkbox"/> Friendly <input type="checkbox"/> Training <input type="checkbox"/> Self accident <input type="checkbox"/> Self non-accident <input type="checkbox"/> Sports recreation <input type="checkbox"/> Other:	MOD: <input type="checkbox"/> Walked <input type="checkbox"/> Carried <input type="checkbox"/> USMC CASEVAC <input type="checkbox"/> Non-med ground <input type="checkbox"/> Ground Ambulance <input checked="" type="checkbox"/> Air Ambulance <input type="checkbox"/> Ship EVAC <input type="checkbox"/> Other:	ARRIVAL	PATIENT CATEGORY Nation: <input type="checkbox"/> US <input type="checkbox"/> Host nation <input type="checkbox"/> Coalition: <input type="checkbox"/> Enemy: Service: <input type="checkbox"/> USA <input type="checkbox"/> USN <input type="checkbox"/> USMC <input type="checkbox"/> USAF <input type="checkbox"/> SOF <input type="checkbox"/> Civilian <input type="checkbox"/> Combatants <input type="checkbox"/> Contractor <input type="checkbox"/> Non-gov't org <input checked="" type="checkbox"/> Other: <u>EPW</u>
TOURNIQUET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time on: _____ Time off: _____	CPR IN PROGRESS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Time started: _____ Time ended: _____	GENDER: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		EXPOSURE <input type="checkbox"/> Remove clothes <input checked="" type="checkbox"/> Warm blanket <input type="checkbox"/> Cooling blanket <input type="checkbox"/> Bear hugger <input type="checkbox"/> Radiant warmer <input type="checkbox"/> IV bag warmer <input type="checkbox"/> Other:			
PROTECTION <input type="checkbox"/> Unknown		<input type="checkbox"/> Helmet <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated Kevlar or ACH (circle one)		<input type="checkbox"/> Flak vest <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Ceramic plate <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Eye protection <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Deltoid/axilla <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated <input type="checkbox"/> Groin/leg <input type="checkbox"/> Worn <input type="checkbox"/> Struck <input type="checkbox"/> Penetrated			

PRIMARY SURVEY

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

SECONDARY SURVEY

HEAD/NECK/EENT Drainage: _____ Nose (color): _____ CSF: Halo sign _____ Glucose _____ Eyes: Equal R/L Fixed R/L <u>Reactive R/L</u> Dilated R/L Other: _____ C-Spine tender: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Dental injury: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Tympanic Membrane: <input type="checkbox"/> Clear R L <input type="checkbox"/> Blood R L	HEART Rhythm: <input checked="" type="checkbox"/> NSR <input type="checkbox"/> Sinus tachycardia <input type="checkbox"/> Sinus bradycardia <input type="checkbox"/> Asystole <input type="checkbox"/> Other Pulses: S = Strong P = Palpable Carotid <u>S</u> Right <u>S</u> Left Femoral _____ Right _____ Left Brachial _____ Right _____ Left Radial _____ Right _____ Left Pedal _____ Right _____ Left JVD Distension: <input type="checkbox"/> Right <input type="checkbox"/> Left	ABDOMINAL/GU <input checked="" type="checkbox"/> Flat <input type="checkbox"/> Distended <input type="checkbox"/> Obese <input type="checkbox"/> Non-tender <input type="checkbox"/> Tender <input type="checkbox"/> Rigid <input type="checkbox"/> Guarding <input type="checkbox"/> Rebound tenderness <input checked="" type="checkbox"/> Unable to assess Bowel sounds: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Last Meal @ _____	EXTREMITIES ROM: <input type="checkbox"/> YES <input type="checkbox"/> NO Fracture/dislocation: <input type="checkbox"/> RUE <input type="checkbox"/> RLE <input type="checkbox"/> LUE <input type="checkbox"/> LLE Motor Sensation RUE + - + - LUE + - + - RLE + - + - LLE + - + - Back Exam: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Time logrolled: <u>1458</u>
--	--	--	--

PATIENT IDENTIFICATION Name/Rank: _____ SSN/Patient Id #: <u>869</u> DOB: (ddmmyy) Deployed unit: MTF transferred from:	ALLERGIES <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> NKDA <input type="checkbox"/> PCN <input type="checkbox"/> Sulfa <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Other:	PAST MED HX <input checked="" type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Respiratory hx <input type="checkbox"/> Seizure hx <input type="checkbox"/> Cardiac hx <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Ulcers <input type="checkbox"/> Other:	CURRENT MEDICATIONS <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NONE <input type="checkbox"/> OTHER LAST MED GIVEN @: <input type="checkbox"/> Morphine <input type="checkbox"/> Fentanyl <u>1200</u> <input type="checkbox"/> Antibiotic <u>100mg</u> <input type="checkbox"/> Other: <u>50CC VERSER 1200</u>
--	---	---	---

332nd EMDG/Balad, Iraq

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EXHIBIT 120  
000203

LAB 40@ 1316

See 1315

0234 05 010259-36335

VITAL SIGNS: 02160 05 010259-36335

Estimated Weight: \_\_\_\_\_ kg

INTUBATION/MECH VENT  
 FIO2: 100 Time: \_\_\_\_\_  
 PEEP: 5 Mode: SIMV  
 ET/NT Size: 7.0 Rate: 14  
23 cm at the  
 Teeth  Lips  
 \_\_\_\_\_ cm at nares  
 R  L  
 Tidal Volume: 700

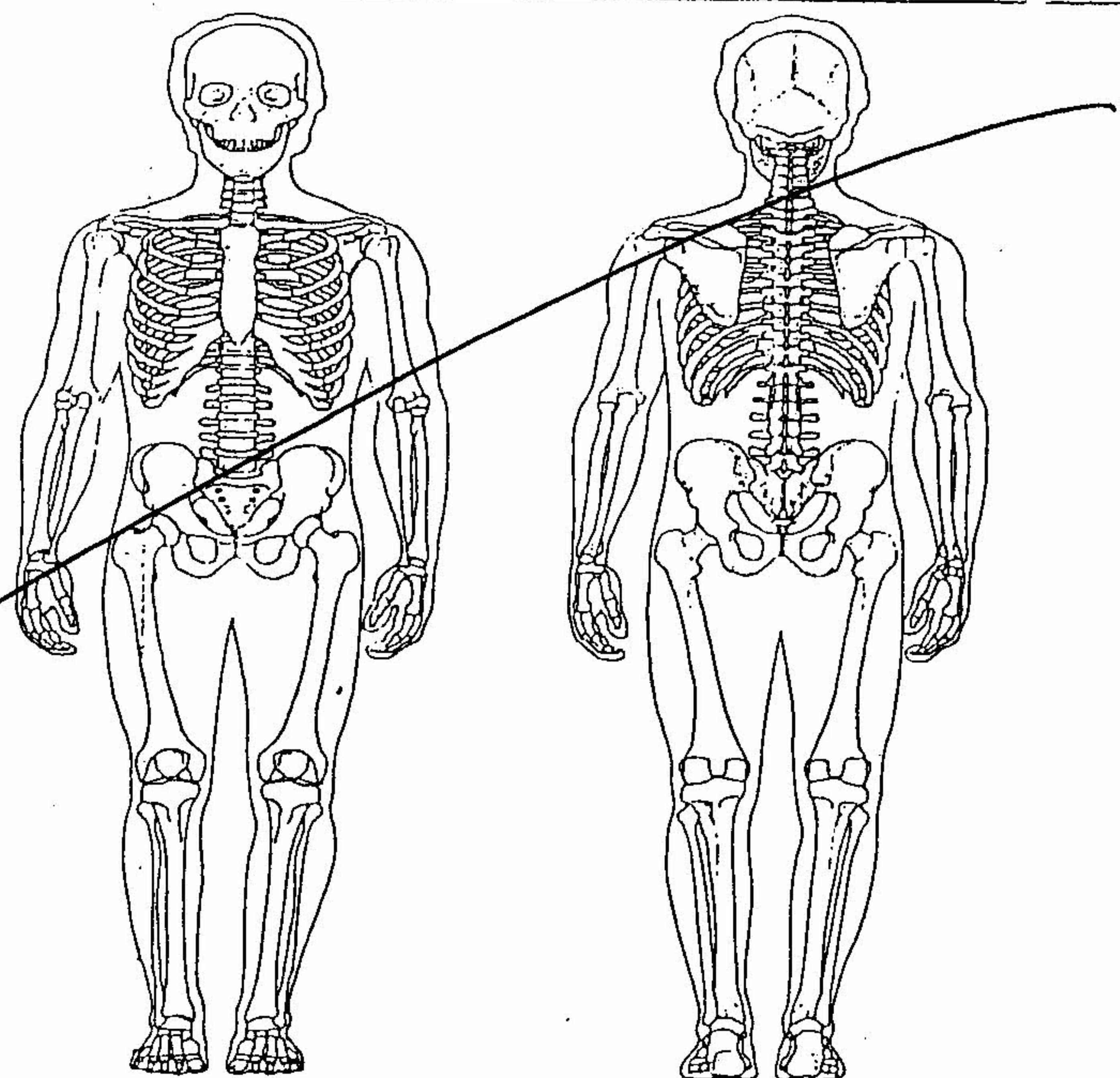
Time	Temp	HR	B/P	R	thm	SPO2	Mode	E	V	M	T	Pain	Initials
1500		83	147/79			99	VENT						
1503		72	135/72			99	VENT						

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 LAW ENFORCEMENT SENSITIVE**

SECONDARY SURVEY

MECHANISM OF INJURY

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

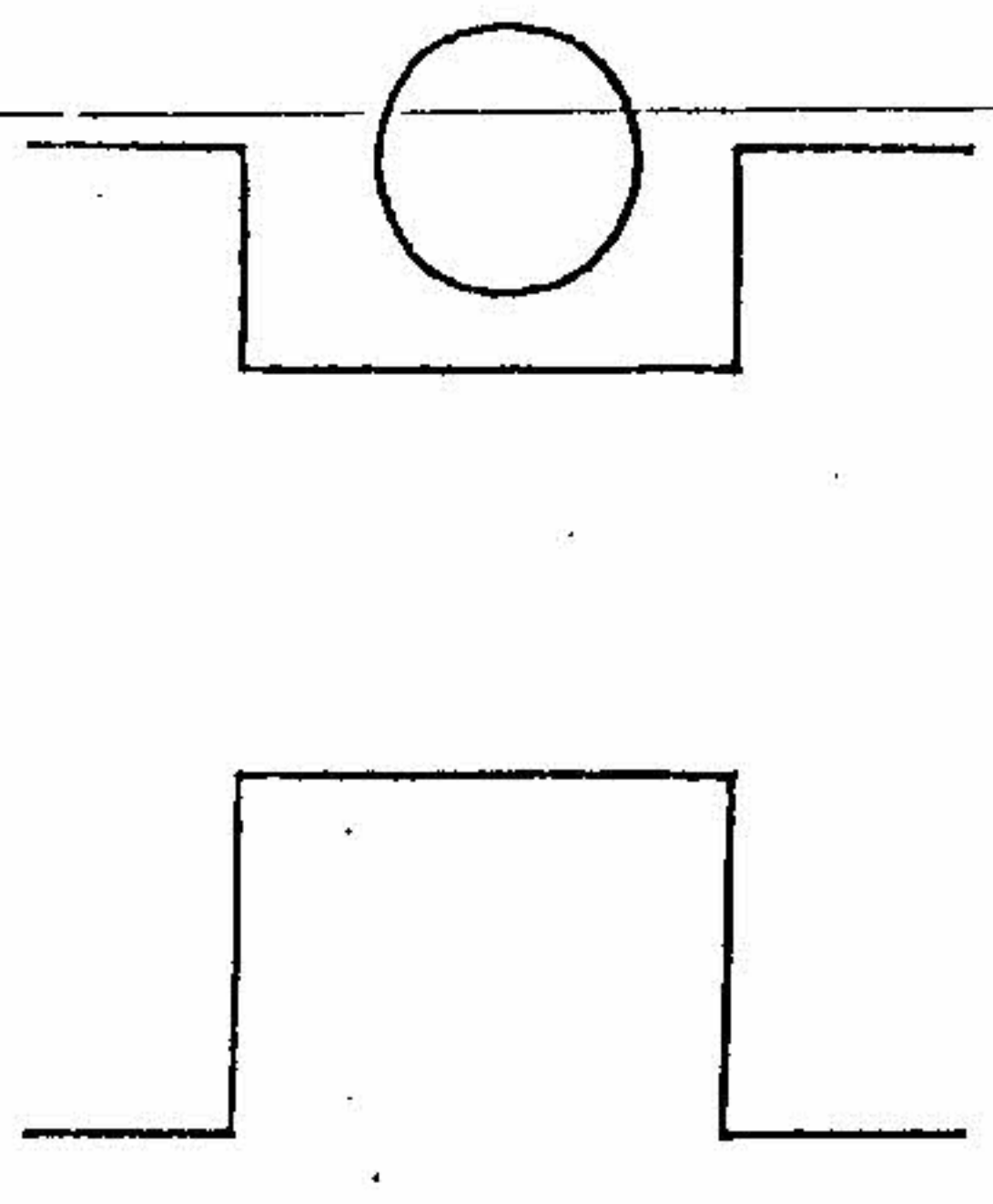


- GSW/Bullet
- Blunt trauma
- Single fragment
- Multi-fragment
- MVC
- Aircraft crash
- Knife/edge (stab)
- Mortar/RPG/Grenade
- CBRNE
- Blast
- Burn
- Crush
- Fall
- IED
- Other:

Burn:  
 1st  2nd  3rd  
 %TBSA = \_\_\_\_\_

VASCULAR ASSESSMENT

LAB	X-RAY	CT	PROCEDURES					
			Time	Lab test	Time	CT	Proced	Size
(b)(6)	C-spine	Head				Foley		
	Chest	Chest				NG		
	Abd	Abd				Ch tube-1		
	Pelvis	Pelvis				Ch tube-2		
	Extrem	Other:				Cent Ln		
Glucose	Other:					A-Line		
HCG						FAST		NEG
Other:						Other:		



S Strong  
 P Palpable  
 D Doppler  
 A Absent

GLASCOW COMA SCALE

Best Eye Opening		Best Verbal Response		Best Motor Response	
Spontaneous	4	Oriented	5	Obeys commands	6
To speech	3	Confused	4	Localizes pain	5
To pain	2	Inappropriate words	3	Withdraws from pain	4
None	1	Incomprehens sounds	2	Flexion to pain	3
		None	1	Extension from pain	2
				No response	1

Pupil Size:  
 R = \_\_\_\_\_ mm L = \_\_\_\_\_ mm

Brisk  Brisk  
 Sluggish  Sluggish  
 Non-reactive  Non-reactive

PATIENT IDENTIFICATION

Name: \_\_\_\_\_  
 Patient Id./SSN: 869

0234 05 CID259-36335

OXYGENATION			INTAKE	PUT
O2 on:	O2 off:	Delivery Method:	Amount	Amount
		Nasal Canula		Urine:
		NRB Mask:		NGT:
		BVM:		Blood:
		Other:		Chest tube (R):
				Chest tube (L):
				Other:
			TOTAL	TOTAL

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LAW ENFORCEMENT SENSITIVE

IV ACCESSES					MEDICATIONS				
Date	Time	Gauge	Site	Initials	Medication	Time	Dose	Route	Initials
	PTA	18	R WRIST		Tetanus (if needed)		0.5	IM	
	PTA	18	L WRIST		Versed	1550	10mg	IV	(b)(6)
					Morphine	1605	20mg	IV	
					Loxapine				

IV FLUIDS					
Time	Fluid	Rate	Amt UP	Amt IN	Initials
PTA	LR				
PTA	LR				

BLOOD PRODUCTS						DISPOSITION			
Time beg/end	Type	Unit #:	Time UP	Total in	Initials	<input type="checkbox"/> RTD	<input type="checkbox"/> Evacuated to:	Evac priority: <input type="checkbox"/> Routine <input type="checkbox"/> Priority <input type="checkbox"/> Urgent	
/								Report called to:	
/								Time Transferred:	
/								Accompanied by:	
/								Via: <input type="checkbox"/> Stretcher <input type="checkbox"/> Wheelchair	
/							<input type="checkbox"/> Deceased		

VALUABLES AND CLOTHING				DEATH INFORMATION	
<input type="checkbox"/> None Found	<input type="checkbox"/> Weapon Disposition:			Time of Death:	
<input type="checkbox"/> Given to Patient					Time to Morgue:
<input type="checkbox"/> Secured by PAD	<input type="checkbox"/> Other:			Time Services Notified:	

TIME	NOTES
	INTUBATED PTA. FOLEY INTACT PTA. GCS 3 PTA. N/A
	BLOOD SUGAR 144 (b)(6)
1505	(R) ARM MOVEMENT & NOXIOUS STIMULI DOES NOT FOLLOW COMMANDS.
1610	Extubated. Nasopharyngeal insert. Aired. 06 Removed. (b)(6)

PATIENT IDENTIFICATION		Nurse Name:	
Name:		Signature:	
Patient Id./SSN:	869	Date:	
		Time:	

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EXHIBIT 20  
000205



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**LAW ENFORCEMENT SENSITIVE**

**DOCTOR'S ORDERS - (SIGN ALL ORDERS)**

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION  
**HANMEED, NASIR**  
**869**

DATE OF ORDER **8.29.05** TIME  
**ADMIT 1201 WARD**  
**COMFORT CARE / EXPECTANT**  
**(R) HEMISPHERIC HEMORRHAGE**  
**SMALL**  
**ROOM AIR**  
**MORPHINE 20mg/hr**  
**Foley TO GRAVIDY**

NURSE'S SIGNATURE  
*[Signature]*  
**noted**  
(b)(6)

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION  
*[Diagonal line]*

DATE OF ORDER **8.29.05** TIME (b)(6)  
**NEOPHARYNGEAL AIRWAYS**  
**(TRUMPET) pm**

(b)(6)  
**1700**  
**8/29/05**

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION  
*[Diagonal line]*

DATE OF ORDER TIME

*[Diagonal line]*

NURSING UNIT ROOM NO. BED NO.

PATIENT IDENTIFICATION  
*[Diagonal line]*

DATE OF ORDER TIME

*[Diagonal line]*

NURSING UNIT ROOM NO. BED NO.



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**LAW ENFORCEMENT SENSITIVE**

0216 05 0 29192  
 0234 05 010259-36335

**EMDG LABORATORY REQUEST FORM**  
 (Subject to Privacy Act of 1974)

PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE: _____	TIME: _____	STAT _____	PRE-OP _____	ROUTINE _____
Patient Name (Last, First, MI): <b>809</b>	Pt SSN/Pseudo SSN: _____	Pt DOB: _____	Pt Sex: M F	
	Pt UNIT/WARD/TMC/FOB: <b>ED</b>	_____/_____/_____		
Ordering Provider Name: _____	Ordering Provider E-mail: _____	Other Contact Information: _____		

Minor Trauma Panel (Includes type and hold, CBC and HCG – if female)  
 1 Purple and Urine – if female

Major Trauma Panel (Includes type and hold, CBC, Met 8, PT/PTT and HCG – if female)  
 2 Purples, 1 Green, 1 Blue and Urine – if female

**CBC (Hematology) – Purple Top**

WBC 4.4-11 x 10<sup>3</sup>/μl  
 RBC 4.5-5.9 x 10<sup>6</sup>/μl

(M) \_\_\_\_\_  
 (F) \_\_\_\_\_  
 (A) \_\_\_\_\_  
 (I) \_\_\_\_\_

WBC 11.4 10<sup>3</sup>/μl 4.5 10.5  
 RBC 5.4 10<sup>6</sup>/μl 4.5 5.9  
 Hgb 11.7 g/dl 12.0 16.0  
 Hct 33.1 % 35.0 45.0  
 MCV 77.1 fL 75.0 99.9  
 MCH 21.9 g/dL 27.0 31.0  
 MCHC 28.4 g/dL 33.0 37.0  
 RDW 13.8 % 11.5 14.0  
 PLT 114 x 10<sup>3</sup>/μl 150 400  
 LY% 74 % 50 80  
 LY# 84 x 10<sup>3</sup>/μl 12 30

Neutrophils \_\_\_\_\_  
 Lymphocytes \_\_\_\_\_  
 Monocytes \_\_\_\_\_  
 Eosinophils \_\_\_\_\_  
 Basophils \_\_\_\_\_  
 Other \_\_\_\_\_

**Urinalysis (Chemistry)**

Color Straw, Yel, Amber  
 Clarity Clear  
 Spec Gr 1.003-1.030  
 pH 4.6-8.0  
 LEU Neg  
 NIT Neg  
 PRO Neg  
 GLU Neg  
 KET Neg  
 UBG 0.1-1.0  
 BIL Neg  
 BLD Neg  
 Other \_\_\_\_\_

**Urinalysis (Microscopic)**

WBC 0-5/Hpf  
 RBC 0-3/Hpf  
 Epi 0-5/Hpf  
 - Type \_\_\_\_\_  
 Bact \_\_\_\_\_ Neg  
 Mucous \_\_\_\_\_ Neg  
 Crystals \_\_\_\_\_ Neg  
 Yeast \_\_\_\_\_ Neg  
 Trich \_\_\_\_\_ Neg  
 Casts \_\_\_\_\_ Neg  
 - Type \_\_\_\_\_  
 Other \_\_\_\_\_

**Serology – Red Top**

Test	Result	Ref Range
Serum HCG	_____	Neg
Urine HCG	_____	Neg
Inf Mono	_____	Neg
RPR	_____	Neg
HIV	_____	Neg
Strep A	_____	Neg
Chlamydia	_____	Neg

**Microbiology**

Test	Result	Ref Range
Gram stain	_____	NBS
Culture	_____	
Source:		
Wound	_____	NG x 4 Days
Blood	_____	NG x 7 Days
CSF	_____	NG x 4 Days
Urine:		
CCMS	_____	NG x 24 Hrs
CATH	_____	NG x 48 Hrs

Comments: \_\_\_\_\_

**CSF Analysis**

Test	Result	Ref Range
Color	_____	
Clarity	_____	
RBC	_____	None
WBC	_____	<5 Lymph/mm <sup>3</sup>

**Coagulation Studies – Blue Top (Full)**

Test	Result	Ref Range
PT	<b>17.3</b>	8-14 Sec
INR	<b>1.7</b>	
PTT	<b>147.5</b>	20-40 Sec
D-dimer	_____	Neg
FDP	_____	Neg

**Blood Bank - Purple Top**

**Must Submit SF 518 with every unit requested**

ABO/Rh **OPOS**

**Malaria Smears – Purple Top**

Test	Result	Ref Range
Thin Smear	_____	Neg
Thick Smear	_____	Neg

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**ACLU RDI CID ROI 29017**  
**USE ONLY**

000208

Radiology Form 552 EMDG NAME 0216 US 8/27/19  
 Phone (b)(6) Security (b)(6) **FOR OFFICIAL USE**  
 Army (b)(6) NOTE: for mass casualty substitute Trauma Number only for Name and SSN  
 Date (Month/Day/Year) → / /  
 time (ICU patients only): hrs

**Location** (circle one) ER PACU PT/OT EMEDDS ICU-1 ICU-2 ICU-3 Ward# \_\_\_\_\_  
 if none of above, enter name of clinic and phone number here:

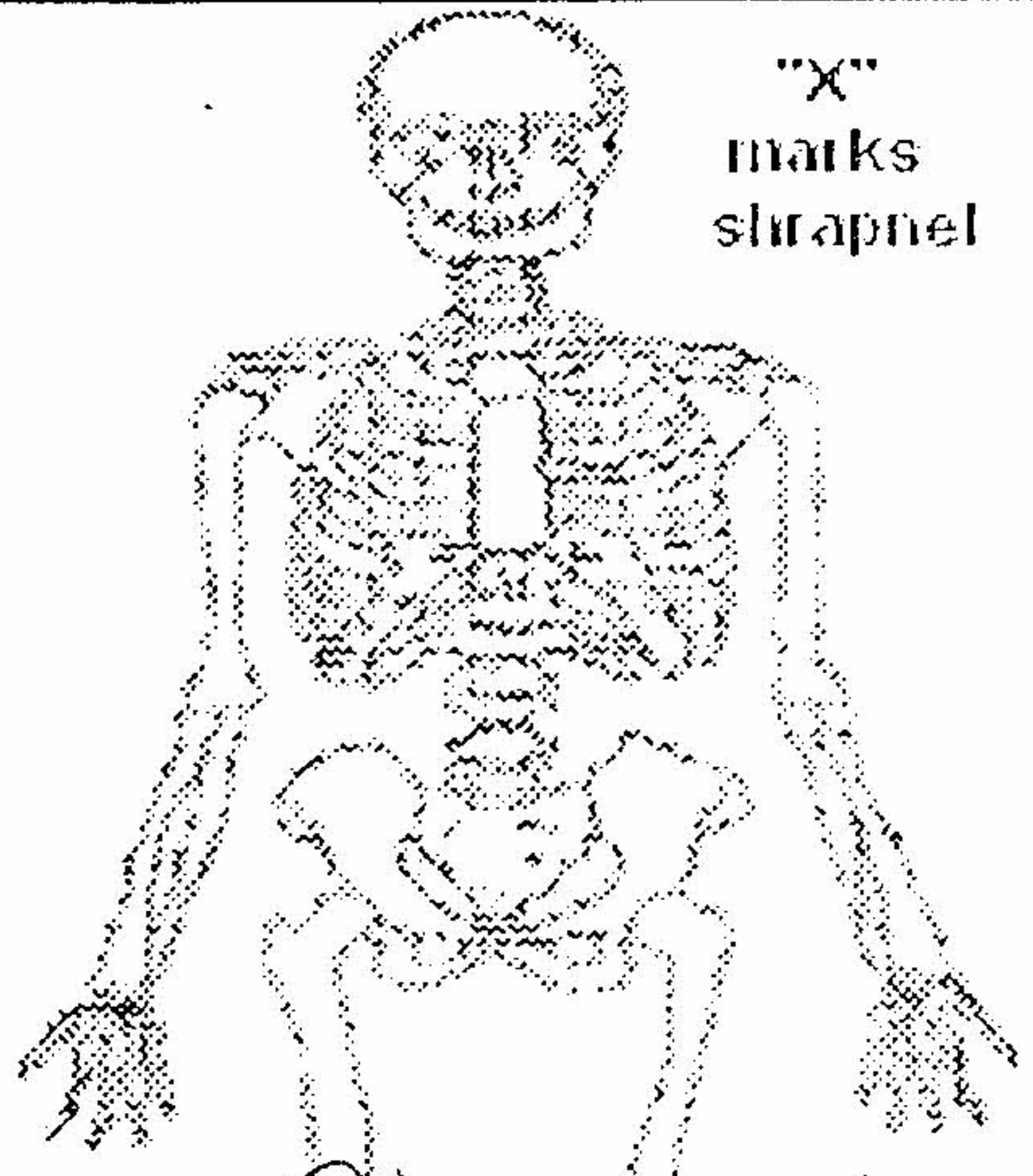
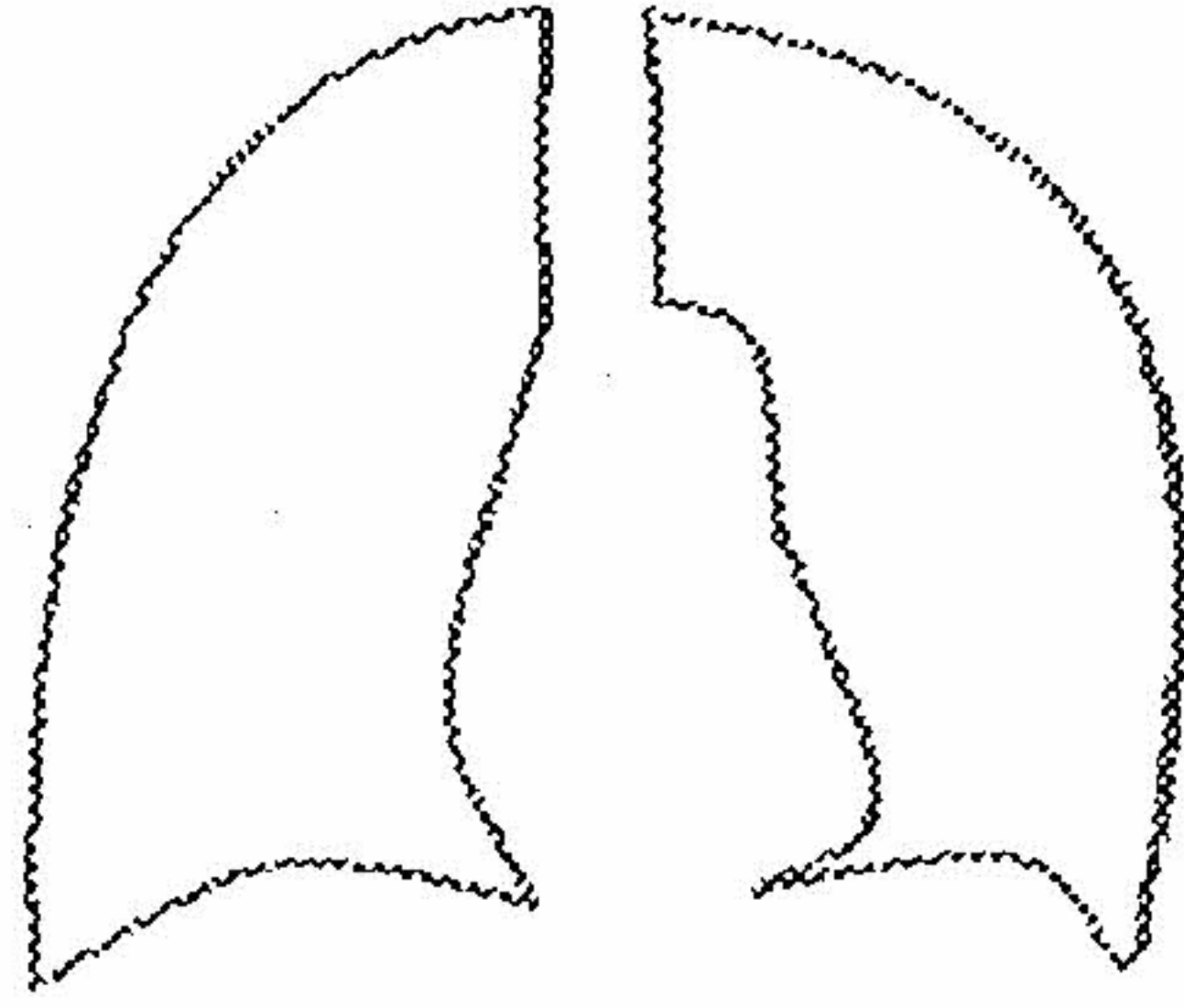
**History:** (circle one of following or list below) IED Mortar Gunshot MVA ETT Central Line NG/OG-Tube  
 Possible CVA

Provider who will get these results:		RT	LT	CLAVICLE
<b>Exam Requested</b> circle here if portable (ER/ICU/PACU only) → <u>PORTABLE</u>		RT	LT	SHOULDER
<u>Chest X Ray</u> Cervical Spine Other (Specify)		RT	LT	HUMERUS
KUB Thoracic Spine		RT	LT	ELBOW
Pelvis Lumbar Spine		RT	LT	FOREARM
Do Not Request CT or Ultrasound on same form as Plain Film (use separate form)		RT	LT	WRIST
CT scan of the <u>Head</u> Face	Ultrasound of the Testicles	RT	LT	HAND
Cervical Spine	Legs (DVT study)	RT	LT	FEMUR
Abdomen/Pelvis	RUQ	RT	LT	KNEE
CT Other:	US Other:	RT	LT	TIB/FIB
DO NOT WRITE BELOW THIS LINE	DO NOT WRITE BELOW THIS LINE	RT	LT	ANKLE
		RT	LT	FOOT

Time Processed: hrs Findings Continued on Back if Checked

Findings: Normal See-Below Better Worse Unchanged

Device	"Check" means Position Adequate	Heart	Lungs	Pneumo Thorax?
<u>ETT/Trach</u>	<input checked="" type="checkbox"/>	<u>Normal</u> See Below	<u>Normal</u> See Below	<u>No</u> Yes
Subclav Line	<input type="checkbox"/>			
IJ Line	<input type="checkbox"/>			
NG/Feed Tube	<input type="checkbox"/>			
Chest Tube	<input type="checkbox"/>			



CXR = NAD, Neg for age.

CT Head = lg area acute hemorrhage involving (R) temporal  
 + posterior parietal region. (+) Intraventricular  
 hemorrhage + Subdural hemorrhage + SAH.  
 (+) subfalxine hematoma (L) descending transtentorial  
 herniation.

Daniel Duffy, Radiologist  
Maj., USAF MC

Linwood He  
Lt Col

(b)(6)

CID ROI 29018  
 101-11.806-8

332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Patient Name:

Physician:

ID:  
Address:

ID:  
Address:

Age:

Sex:

Room:

Sample ID: 869  
Misc:

Fluid: SERUM  
Misc:

Priority: ROUTINE  
Misc:

Test		Result		Normal Range		
GLUCOSE	HI	115.	mg/dL	74.	-	106.
UREA NITROGEN		13.	mg/dL	9.	-	20.
CREATININE		1.0	mg/dL	.7	-	1.5
SODIUM		141.	mmol/L	137.	-	145.
POTASSIUM		4.1	mmol/L	3.5	-	5.1
CHLORIDE	HI	109.	mmol/L	98.	-	107.
CARBON DIOXIDE		22.	mmol/L	22.	-	30.
CK	HI	529.	U/L	55.	-	170.

Test Init Date: Aug 29 05 15:03:50

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0234-05-CID259-36335

PAGE 1 OF 1 PAGES

DETAILS

On 7 Jun 06, this office received the Final Autopsy Report, ME-05-0611, from the Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), which ruled Mr. HAMMEED's death as natural. Also received the Overseas Death Certificate. (See Report and Certificate for details)

///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

76<sup>th</sup> MP Det (CID) (FWD)  
Camp Slayer, Iraq APO AE 09342

SIGNATURE

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

DATE

7 Jun 06

EXHIBIT

208

CID FORM 94

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ACLU DDI CID ROI 29052





AUTOPSY REPORT (b)(6)  
BTB Hammed, Johar Nasir

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**FINAL AUTOPSY DIAGNOSES:**

I. Acute Intracerebral Hemorrhage

A. Acute Intracerebral Hemorrhage

1. An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries.
2. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

II. Blunt Force Injuries

A. Injuries of the Head

1. A 9.4 x 3.8 cm abraded contusion of the right cheek
2. A 4.0 x 1.0 cm area of purple discoloration of the inferior aspect of the right eye socket, probable contusion
3. A 1.4 x 1.0 cm abrasion with laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa
4. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck, extends down to left side of thyroid cartilage
5. A 2.7 x 2.5 cm contusion of the lateral aspect of the right neck
6. An approximately 5.0 x 3.0 cm resolving subgaleal contusion (probable) of the left parietal scalp

B. Injuries of the Torso

1. Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm
2. A 2.0 x 1.5 cm contusion is on the medial left chest
3. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest
4. A 6.2 x 4.1 cm contusion is on the left buttock
5. A 1.5 x 1.0 cm contusion over the sternum, identified on dissection
6. A 2.2 x 1.2 cm contusion of the right chest wall, identified on dissection

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C. Injuries of the Extremities

1. A 2.4 x 1.4 cm contusion of the right shoulder
2. A 6.0 x 4.0 cm contusion of the left upper arm, over the left biceps
3. A 3.0 x 1.5 cm contusion of the lateral left forearm
4. A 0.5 x 0.3 cm abrasion of the posterior left wrist
5. A 2.5 x 1.0 cm abrasion on the medial aspect of the right wrist
6. A 0.4 x 0.4 cm crusted abrasion of the left fourth finger
7. A 1.5 x 1.0 cm abrasion of the left knee
8. A 2.5 x 1.5 cm area of abraded callused skin of the left knee
9. A 7.0 x 2.0 cm contusion of the medial aspect of the left ankle
10. A 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle extending to the left foot
11. A 4.0 x 2.0 cm area of abraded skin on the medial aspect of the left foot
12. A 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe
13. A 0.7 x 0.7 cm laceration of the medial aspect of the right foot

III. Injuries Suggestive of Wrist Restraint

1. A 2.8 x 0.2 cm patterned linear abrasion of the right wrist that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion of the right wrist
2. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist that is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the anterior right wrist
3. A 1.8 x 0.2 cm abrasion of the medial right wrist
4. A 1.2 x 0.2 cm abrasion of the medial right wrist

IV. Evidence of Probable Medical Intervention

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist
5. Segment of bio-occlusive dressing on the anterior left wrist

V. Other Autopsy Findings

1. Cardiomegaly (480 grams) with bilateral ventricular dilation
2. Mild atherosclerosis (25% stenosis) of the right coronary artery and minimal abdominal aortic atherosclerosis
3. Bilateral pulmonary edema
4. Liver hemangioma (2.0 x 1.5 cm)
5. Splenomegaly (1120 grams)
6. Renal cortical cyst (3.2 cm in diameter) and granular renal cortical surfaces
7. Moderate to severe trabeculation of the urinary bladder with diverticuli formation
8. Multiple prostatic concretions

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VI. Identifying Marks

1. A 4.0 x 0.3 cm horizontal scar of the left costal margin
2. A 2.1 x 1.0 cm seborrheic keratosis of the back
3. A 1.0 x 1.0 cm callus of the anterior surface of the right foot
4. Black ink writing on right chest "869"

VII. Toxicology is negative for ethanol, cyanide and screened drugs of abuse. The blood contains 0.22 mg/L of morphine and 2% carboxyhemoglobin (normal for non-smokers 0-3% and smokers 3-10%)

**EXTERNAL EXAMINATION**

The body is received wrapped in a white bed sheet and is that of a well-developed appearing 70 inch long, 161 pounds Iraqi National male whose appearance is consistent with the reported age of 65 years. Lividity is fixed along the left side of the body and posterior surface. Rigor is easily broken in the extremities.

The scalp is covered with gray with admixed black hair in a normal distribution with male patterned baldness. The medial conjunctiva of each eye is moderately edematous and slightly yellow. The irides are brown and the pupils are round and equal in diameter (6 mm). The external auditory canals are free of abnormal secretions. The ears are unremarkable. The nares are patent. The frenula of the lips are intact. The nose and maxillae are palpably stable. The facial hair consists of a gray and black mustache and a gray stubble beard. The teeth appear natural and in fair repair.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. There are several contusions of the chest described below. The abdomen is flat and free of any gross injuries. The genitalia are those of a circumcised, normal adult 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. Injuries of the extremities are described below.

**CLOTHING AND PERSONAL EFFECTS**

The body is received for examination without clothing or personal effects

**MEDICAL INTERVENTION**

The following findings represent possible prior intravascular access sites:

1. A 7.0 x 3.0 cm ecchymosis of the anterior left forearm
2. A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand
3. A 7.0 x 2.0 cm ecchymosis of the posterior right forearm
4. A 0.7 x 0.7 cm ecchymosis of the lateral right wrist

AUTOPSY REPORT (b)(6)

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5. A segment of bio-occlusive dressing on the anterior left wrist

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates neither acute or remote fractures nor any foreign bodies.

### EVIDENCE OF INJURY

#### Blunt Force Trauma Injuries

##### Injuries of the Head:

A 9.4 x 3.8 cm abraded contusion is on the right cheek, immediately in front of the right ear. A 4.0 x 1.0 cm area of purple discoloration is along the inferior aspect of the right eye socket, representing a probable contusion. There is a 1.4 x 1.0 cm abrasion with a laceration of the lower left lip associated with a 2.0 x 2.0 cm ecchymosis of the buccal mucosa. This area is most likely secondary to blunt trauma, although the possibility of this injury being secondary to endotracheal intubation cannot be excluded. A 5.2 x 2.3 cm contusion of the strap muscles of the left side of the neck extends down to left side of thyroid cartilage. A 2.7 x 2.5 cm contusion is on the lateral aspect of the right neck. On the subgaleal membranes of the left parietal scalp is an approximately 5.0 x 3.0 cm area of a probable resolving contusion.

##### Injuries of the Torso:

Four contusions surround the right nipple, ranging in size from 0.3 x 0.3 cm to 4.6 x 2.5 cm. A 1.5 x 1.0 cm contusion is over the sternum and a 2.0 x 1.5 cm contusion is on the medial left chest. A 2.2 x 1.2 cm contusion of the right chest wall is revealed on examination of the intercostal muscles. A 6.0 x 2.0 cm abraded contusion is on the right flank, overlying the anterior iliac crest and a 6.2 x 4.1 cm contusion is on the left buttock.

##### Injuries of the Extremities:

A 2.4 x 1.4 cm contusion is on the right shoulder and a 6.0 x 4.0 cm contusion is on the left upper arm, over the left biceps muscle. A 3.0 x 1.5 cm contusion is on the lateral left forearm and there is a 0.5 x 0.3 cm abrasion of the posterior left wrist. A 0.4 x 0.4 cm crusted abrasion is on the left fourth finger. On the medial aspect of the right wrist is a 2.5 x 1.0 cm abrasion. On the left knee are a 1.5 x 1.0 cm abrasion of the left knee and a 2.5 x 1.5 cm area of abraded callused skin of the left knee. The left ankle and foot have a 7.0 x 2.0 cm contusion on the medial aspect of the left ankle, a 10.8 x 0.9 cm abrasion of the anterior aspect of the left ankle that extends the left foot, a 4.0 x 2.0 cm area of abraded skin is on the medial aspect of the left foot and a 1.5 x 1.5 cm and a 2.5 x 0.5 cm contusion of the left great toe. A 0.7 x 0.7 cm laceration is on the medial aspect of the right foot.

##### Injuries Suggestive of Wrist Restraint:

On the posterior surface of the right wrist is a 2.8 x 0.2 cm patterned linear abrasion that is 0.5 cm apart from a parallel 2.0 x 0.2 cm linear abrasion. A 1.1 x 0.5 cm patterned linear abrasion of the anterior right wrist is 0.5 cm apart from a linear 0.5 x 0.1 cm abrasion of the

**AUTOPSY REPORT** (b)(6)

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anterior right wrist. On the medial aspect of the right wrist are a 1.8 x 0.2 cm abrasion and a 1.2 x 0.2 cm abrasion.

**INTERNAL EXAMINATION**

**HEAD:**

The calvarium is intact, as is the dura mater beneath it. Bloody cerebrospinal fluid surrounds the 1420 gm brain. There are no skull fractures. The atlanto-occipital joint is stable.

An approximately 8 x 8 cm area of necrotic brain tissue in the right parietal lobe of the brain surrounds an intraventricular hematoma that extends to the inferior surface of the right cerebral hemisphere and is associated with approximately 30 to 40 ml of collectible subdural clotted blood and an additional 20 to 30 ml of subdural hematoma that is loosely adherent to the posterior dura mater and the superior surface of the tentorium cerebelli. The right cingulate gyrus is prominent and distorts the falx cerebri. The cerebellar tonsils are prominent. The basilar artery has minimal atherosclerosis and there are no gross aneurysms of the cerebral arteries. Neuropathology consultation reveals an acute parenchymal hemorrhage of the right inferior temporal-occipital region due to amyloid angiopathy (see full consultation report below)

**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 free of bite marks, hemorrhage, or other injuries.

**BODY CAVITIES:**

The ribs, sternum, and vertebral bodies are visibly and palpably intact. No excess fluid is in the pleural, pericardial, or peritoneal cavities. The organs occupy their usual anatomic positions.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 990 and 930 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is moderately to severely congested and edematous. No mass lesions or areas of consolidation are present.

**CARDIOVASCULAR SYSTEM:**

The 490 gm 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 mild (25% stenosis) atherosclerosis of the right coronary artery. The left coronary artery and its branches are free of atherosclerosis. The myocardium is homogenous, red-brown, and soft. The left ventricle is grossly dilated. The valve leaflets are thin and mobile. The walls of the left and right ventricles are 1.2 and 0.2-cm 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.

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LIVER & BILIARY SYSTEM:

The 1930 gm liver is enlarged and has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. A 2.0 x 1.5 cm area of the inferior portion of the right lobe of the liver is consistent with a hemangioma. The gallbladder contains a minute amount of green-black bile and no stones. The gallbladder mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 1120 gm spleen is massively enlarged and has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles. There are no masses within the parenchyma.

PANCREAS:

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

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

GENITOURINARY SYSTEM:

The right and left kidneys weigh 130 and 160 gm, respectively. The external surface of the right kidney is intact and smooth. The left kidney contains a 3.2 cm diameter simple cyst. 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. A white bladder mucosal overlies a severely trabeculated bladder wall that has several diverticuli. The bladder contains a scant amount of urine. The prostate is normal in size, with lobular, yellow-tan parenchyma and multiple concretions. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The stomach contains approximately 80-90 ml of cloudy white liquid. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES

- Documentary photographs are taken by an OAFME photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous, blood, urine, spleen, lung, kidney, liver, bile, gastric contents, adipose and psoas muscle
- The dissected organs are forwarded with body
- Personal effects are released to the appropriate mortuary operations representatives

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**EXHIBIT 23**

**AUTOPSY REPORT** (b)(6)  
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**CONSULTATIONS**

**Neuropathology Consultation (Department of Neuropathology, AFIP, Washington D.C.):**

This case was reviewed in conference on 12 Apr 06.

We examined the 1365-gram formalin-fixed brain submitted in reference to this case. The brainstem and cerebellum have been artifactually displaced superiorly between the occipital lobes during fixation. Subdural hemorrhage is delicately attached to the dura near the occiput; however, membrane formation is not noted. Patchy subarachnoid hemorrhage is identified over both cerebral hemispheres, left greater than right. The leptomeninges of the interpeduncular cistern, brain stem, and cerebellum are free of hemorrhage. A 5.5 x 4.0 cm, hemorrhagic defect is present in the inferior surface of the right temporal-occipital lobes. Cerebral cortical contusions are not seen. The remainder of the cerebral cortex has an unremarkable gyral pattern. The cranial nerve stumps identified are unremarkable. The circle of Willis is dissected from the brain and shows an adult pattern without aneurysms, atherosclerosis, or sites of occlusion. There is mild displacement of the right cingulate gyrus to the left, but definite herniation is not identified. There is no evidence of uncal or tonsillar herniation. The brain stem and cerebellum are normal in size, shape, and consistency. Coronal sections of the cerebrum confirm the presence of the temporal-occipital lobe hemorrhage, which extends up to 3.0 cm into the white matter and periventricular region. Focal intraventricular extension is noted. Otherwise, the ventricular system is of normal size and shape. No other abnormalities are noted in the cerebral cortex, white matter, and deep gray matter nuclei. The substantia nigra and locus ceruleus are normally pigmented for age. The cerebral aqueduct is patent and free of blood. Transverse sections of the brain stem and cerebellum show no abnormalities. The fourth ventricle has the usual size and is free of blood. The spinal cord is not available for examination.

Summary of microscopic sections: 1. Left superior and middle frontal gyri. 2. Left inferior parietal lobule. 3. Left superior and middle temporal gyri. 4. Left cingulate gyrus. 5. Left hippocampus. 6. Left caudate and putamen. 7. Left putamen and globus pallidus. 8. Left thalamus. 9. Midbrain (right inked black). 10. Pons (right inked black). 11. Medulla (right inked black). 12. Left cerebellum. 13. Cervico-medullary junction (right inked black). 14. Right uncus. 15. Right inferior parietal lobule. 16. Right inferior parietal lobule. 17. Dura with hemorrhage. 18-20. Right inferior parietal lobule.

The tissue was processed in paraffin; a section prepared from each paraffin block was stained with H&E. Additional sections prepared from selected blocks were stained with an iron stain, Halls and immunohistochemical methods for  $\beta$ -amyloid.

Microscopic sections show acute hemorrhage in sections of cerebral cortex and white matter with associated neutrophils and occasional macrophages. White matter rarefaction, hypereosinophilic neurons, white matter vacuolation, foci of necrosis, thickened vessels and scattered axonal spheroids are identified adjacent to the hemorrhage. Immunohistochemical staining for  $\beta$ -amyloid highlights amyloid deposition within vessel walls, consistent with

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amyloid angiopathy. Acute subarachnoid hemorrhage is noted in several sections, confirming the findings described in the gross examination. Acute subdural hemorrhage without evidence of early organization or membrane formation is identified in the section of dura. The above features are consistent with an acute parenchymal hemorrhage most likely secondary to amyloid angiopathy with extension into the subarachnoid and subdural spaces. An associated acute infarct with accompanying edema is also present. Although the changes could be due to a hemorrhagic infarct with incidental amyloid angiopathy, the above interpretation is favored.

Sections of cerebral cortex also demonstrate numerous plaques, which are highlighted with immunohistochemical staining for  $\beta$ -amyloid. Sections of hippocampus exhibit scattered Hirano bodies and a few neurofibrillary tangles. These features represent non-specific neurodegenerative changes.

Multiple sections, including those from the basal ganglia, are remarkable for arteriosclerosis with associated perivascular hemosiderin-laden macrophages.

- Diagnoses: Brain, autopsy:
1. Parenchymal hemorrhage, acute, right inferior temporal-occipital region, with associated acute infarction, subarachnoid hemorrhage and subdural hemorrhage.
  2. Amyloid angiopathy.
  3. Arteriosclerosis.
  4. Non-specific neurodegenerative changes

Thank you for submitting this case for study.

Signed by (b)(6) on 12 APR 06.

**MICROSCOPIC EXAMINATION**

Selected portions of organs, other than the brain (noted above) are retained in formalin, without preparation of histologic slides.

**OPINION**

This BTB 65 year old Iraqi National male died as a result of an acute cerebrovascular accident that is due to amyloid angiopathy. Amyloid is a proteinaceous material that is produced by the body and can accumulate in the viscera and/or the blood vessels of the body and brain. In this particular case, the acute cerebral hemorrhage occurred in contemporary relationship to the decedent being detained by American forces. Review of investigative and medical records reveals that the decedent was awake and alert upon intake into the detention facility. His blood pressure was mildly elevated (152/ 98 mmHg). It was documented he had blunt force trauma injuries consistent with being forcibly detained. At noon, approximately two hours after being medically evaluated and several hours after capture, the decedent was witnessed to stumble out of a port-a-john and then quickly became unresponsive. The decedent was determined to have an acute stroke, which was confirmed on

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**EXHIBIT** 23



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CT scan. The decedent survived in the medical treatment facility approximately 48 hours before succumbing to the stroke. The mechanism for the stroke is presumed to be the transient increase in blood pressure within a diseased cerebral arteriole, during the process of elimination while the decedent was in the latrine. There is no definitive evidence the blunt force trauma sustained during the capture of the decedent precipitated the stroke, therefore the manner of death is natural. The morphine (narcotic analgesic) and carboxyhemoglobin present in the blood did not contribute to the death.

(b)(6)

(b)(6) Medical Examiner



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

REPLY TO  
ATTENTION OF

AFIP-CME-T

**PATIENT IDENTIFICATION**

AFIP Accessions Number      Sequence

(b)(6)

(b)(6)

Name

HAMMED, JOHAR

SSAN: XXU-05-0835

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: September 19, 2005

TO:

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

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 8/31/2005

Date Received: 9/8/2005

**CARBON MONOXIDE:** The carboxyhemoglobin saturation in the blood was 2% as determined by spectrophotometry with a limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers and 3-10% for smokers. Saturations above 10% are considered elevated and are confirmed by gas chromatography.

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

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

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

Positive Opiate: Morphine was detected in the blood by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.22 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

(b)(6)

(b)(6)

Office of the Armed Forces Medical Examiner

Office of the Armed Forces Medical Examiner

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EXHIBIT 23

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Hammed, Johar,</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Iraq</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>2/3014B1437</b>
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	SINGLE Célibataire	PROTESTANT Protestant
	NEGROID Negroïde	MARRIED Marié	CATHOLIC Catholique
	OTHER (Specify) Autre (Spécifier)	WIDOWED Veuf	JEWISH Juif
DATE OF BIRTH Date de naissance		SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		Acute Cerebrovascular Accident due to Amyloid Angiopathy	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
SUICIDE Suicide	SIGNATURE Signature (b)(6)	DATE Date <b>6 September 2005</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
HOMICIDE Homicide			
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>31 August 2005</b>		PLACE OF DEATH Lieu de décès <b>Balad Iraq</b>	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>06 JUN 06</b>	(b)(6)		

DD FORM 1 APR 77 2064

REPLACES DA FORM 3685, 1 JAN 72 AND DA FORM 1561- (IPAS, 26 SEP 76, WHICH ARE OBSOLETE)

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