### //SECRET



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 SA

(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) 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.  $\frac{b(6), b(7)(C)}{b(6), b(7)(C)}$  detailing Mr. HAMMEED planted explosives (USACRC copy only).

5. (U) English language translation of Mr.  $\frac{b(6), b(7)(C)}{b(6), b(7)(C)}$  statement Exhibit 4, translated by Mr.  $\frac{b(6), b(7)(C)}{T}$  Titan.

6. (U) Arabic language statement of Mr.  $\frac{b(6), b(7)(C)}{c}$  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<sup>b(6)</sup>, b(7)(C) 29 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.

11. (U) Sworn Statement of SPC  $^{(6), b(7)(0)}$  29 Aug 05, detailing his assistance with Mr. HAMMEED.

12. (U) Statement of CPT [30, b(7)(C)] 30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.

13. (U) Sworn Statement of SGT  $\frac{b(6), b(7)(C)}{30}$  30 Aug 05, detailing the condition of Mr. HAMMEED before he collapsed.

14. (U) Sworn Statement of SPC<sup>b(6)</sup>, b(7)(C) 29 Aug 05, detailing his treatment of Mr. HAMMEED.

15. (U) AIR of SA<sup>b(6)</sup>, 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 SAb(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 <sup>b(6)</sup>, 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<sup>b(6), b(7)(C)</sup> SSG<sup>b(6), b(7)(C)</sup> SPC<sup>b(6), b(7)(C)</sup> and LTC b(6), b(7)(C)

Report Prepared By:

Report Approved By:





Detachment Commander

Distribution:

1- Director, USACRC, ATTN: 6010 6th Street, Fort Belvoir, VA 22060-5506 (<u>cid001crcsc@sbelvoirdms.army.smil.mil</u>)
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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)

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)) <u>airaq.centcom.smil.mil</u>) (b(6), b(7)(C)) <u>airaq.centcom.smil.mil</u>) (email only)

1 - SJA, MNC-I (V CORPS), ATTN: LTC <sup>b(6), b(7)(C)</sup> 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<sup>b(6), b(7)(C)</sup> Camp Victory, IZ APO AE 09342 (email only) (b(6), b(7)(C) Diraq.centcom.smil.mil) 1-File



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### **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)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,  $48^{th}$  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 inprocessing procedures for detainees. SSG b(6), b(7)(C) related the capturing unit will transport the detainee to  $48^{th}$  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-



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cuffs are removed and the facility rules are read to them. The detainees are then moved to the inprocessing 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 place 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 **b**(6), **b**(7)(**C**) rurther provided a copy of the Mr. HAMMEED's detainee's file. (See detainee file for details)

About 1935, 31 Aug 05, SA b(6), b(7)(C) interviewed SGT b(6), b(7)(C)

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 (6), b(7)(C) 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  $\frac{b(6), b(7)(C)}{b(6), b(7)(C)}$  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.  $SGT^{b(6), b(7)(C)}$  reported he th<u>en started escorting Mr</u>. HAMMEED across the bathroom area back into the BIF when SPC b(6), b(7)(C)(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  $\frac{b(6), b(7)(C)}{c}$  related SPC  $\frac{b(6), b(7)(C)}{c}$  the medic on duty, rushed Mr. HAMMEED out the front door and into the ambulance.

## About 1945, SA<sup>b(6)</sup>, b(7)(C)<sub>coordinated</sub> with SPC<sup>b(6)</sup>, b(7)(C)

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)



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Scene Documentation: About 2000, 31 Aug 05, SAb(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 temparory 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)<sub>utilizing</sub> 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)** 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<sup>5(6), 5(7)(C)</sup> related the procedures at the BIF were for all detainees to be inprocessed and medically screened prior to being questioned by MI. SSG <sup>b(6), b(7)(C)</sup> 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<sup>b(6), b(7)(C)</sup>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<sup>b(6)</sup>, b(7)(C) interviewed CPT<sup>b(6)</sup>, 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<sup>b(6), b(7)(C)</sup>related Mr. HAMMEED appeared to be in good condition. CPT<sup>b(6), b(7)(C)</sup>related Mr. HAMMEED's chest and heart had a clear oscillitation

b(6), b(7)(C) Special Agent, <sup>(b)(7)(F)</sup>	48 <sup>th</sup> MP DET (CID) Camp Slayer, Iraq APO AE 093	42
<sup>5</sup> b(6), b(7)(C)	Date: 6 Sep 05 ACLU DDI CID ROI 2881	
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and regular beat. CPT<sup>b(6), b(7)(C)</sup> 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<sup>b(6), b(7)(C)</sup> 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 <sup>b(6), b(7)(C)</sup> related the group of detainees that accompanied Mr. HAMMEED had similar marks and nothing was out of the usual. CPT<sup>b(6), b(7)(C)</sup>related he prescribed Mr. HAMMEED 325mg of aspirin for his spleen and colon problems. CPT<sup>b(6), b(7)(C)</sup> 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)** 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)**<sub>stated</sub> 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. CPLb(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<sup>b(6), b(7)(C)</sup> CPL<sup>b(6), b(7)(C)</sup> stated after all the screenings were completed he walked out to the Murafa Yard to smoke a cigarette when he observed SGT<sup>b(6), b(7)(C)</sup>escorting Mr. HAMMEED towards the door. CPLb(6), b(7)(C) recalls he opened the door to the aide station while SPC <sup>b(6), b(7)(C)</sup> NFI) and SPC <sup>b(6), b(7)(C)</sup> (NFI) brought Mr. HAMMEED in and laid him on the examination table. CPLb(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. CPLb(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<sup>b(6), b(7)(C)</sup> and SA<sup>b(6), b(7)(C)</sup> interviewed CPT<sup>b(6), b(7)(C)</sup> Medical Doctor, 447<sup>th</sup> EMEDS, Camp Sather, IZ, who recalled b(6), b(7)(C) 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)



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### **AGENT'S INVESTIGATION REPORT**

### 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 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, SAb(6), b(7)(C) interviewed SPC  $\frac{b(6), b(7)(C)}{C}$  who stated while conducting roving guard, he noticed an older detainee stumbling and helped escort him to the aid station. SPC  $\frac{b(6), b(7)(C)}{C}$  stated he did not see any injuries or see the detainee fall or hit his head.



0234-2005-CID259-36335

Page 5 of 5 Pages

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### 48BCT CIR

LINE 1: Unit reporting: 48th 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

ACLU-RDI 5487 p.11

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Law Enforcement Sensitive

	RECEIPT FOR INMATE OR DE	TAINED PERSON	
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7. ORGANIZATION	N/A	8. STATION	N/A
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O. OFFENSE SEE CH. 17 CPA	FORM		
10. PERSONAL PROPERTY SEE I	DA 4137		
11. REMARKS N/A			
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-U-RDI 5487 p.12	FOR OFFICIAL US Law Enforcement S	SE ONLY ensitive	EXHIMMIT ?

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FOR OFFICIAL USE ONLY Law Enforcement Sensitive

WITNESS STATEMENT

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

I

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 Amercican 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,  $\frac{b(6), b(7)(C)}{2}$  and  $\frac{b(6), b(7)(C)}{2}$  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.



# ACLU DDI CID ROI 28817

ACLU-RDI 5487 p.15

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WITNESS STATEMENT

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

I

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0234 05 CID259-36335

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### COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained?

abvove 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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ACLU-RDI 5487 p.18

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1234-05-070259-36335-

For official Use Only Sworn Statement

Date 2005/08/29 Time: 0400

Location 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



ACLU-RDI 5487 p.19

0234 05 CID259-36335 FOR OFFICIAL USE ON ET// Bel 10 AND MCPL

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EXHIBIT 5



ACLU-RDI 5487 p.20

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)]34-05-ETP2591-36355

For official Use Only Sworn Statement

Date 2005/08/29 Time: 0400

Location 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(<u>6</u>), 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

# FOUODDI CID ROI 28828

EXHIBIT

ACLU-RDI 5487 p.21

' AW ENFORCEMENT SENSITIVE

	<b>ODE SET USE ON</b> Law Enforcement Sensitiv AUTHORIZED FOR LOCAL REPRODUCTION
MEDICAL RECO	ORD CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	<b>REPORT OF DETAINEE MEDICAL SCREENING:</b>
29 Aug Q5	History of Past Medical Conditions: (circle Htn, old Splenie & Colen problem
10:15	Medication Allergies: (NO) (YES) List:
	Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)
	Recent Injuries: (NO) (YES) Describe:

BP: 152 198 Pulse: 118 Resp: 14 -316 WF-150 **Exam Findings:** Utilize Diagram and space Below to Indicate Examination Findings. (YES) TATTOO: If additional space required continue on reverse Contulians SE Chipped lips In processing Exam: G brusions HEENT: Duy lings, pour 8 Jan 5 CTA Chest: Heart: RRR 5 mbs, decks or ABD: Preficiant 1 i theath EXT: NE 111 1/

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PATIENT'S NAME IDENTIFICATION: (F	For typed or written entries, give	ve: Name – last, first, middle	KEGISTEI	KINU.	



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CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record

STANDARD FORM 600 (REV. 6.97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1



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TIME COMI DIVENT	CCSINFUSED	RN RN			
PATIENT'S IDENTIFICATION (Use this spece Mechanical implicit)	RECORDS MAINTAINED AT: PAT(b)(6) TEN	Home E	Base	US / SERVICE	SEX M RANK / GRADE



	nem Sensitive	4 05 0102	59-36
ALTH RECORD	CHRONOLOGICAL RECORD OF MEDICA SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZA	LCARE TION (sign each entry)	
Symptoms: 11 mag	History		
Allergies: D NKDA WWW	Medications: WWWWWW		
Past Medical History: D IP:	unknown		
Last meal:	Annal and le	$\overline{c}$	
Events leading up to incident:	to batheorn, forced confi	at ont	

Espech, started withling. What out were 14 & dizzoness proor (to interpreter Ward X-Rays:  $\square \operatorname{Na}^{*}: \underline{139} \operatorname{K}^{*}: \underline{40} \operatorname{Glu} 15\mathbb{Z} \operatorname{Hct} \underline{40} \operatorname{Hgb}: \underline{(3.9)} \square \operatorname{Chest}:$   $\square \operatorname{ABG}: \operatorname{pH}: \underline{7.318} \operatorname{PG}: \underline{21.1} \operatorname{PO}_2: \underline{66}$   $\square \operatorname{Cr}:$ 7 cm about Juna Ett Mseuted 23 cm 24 Dteeth Abdomen: Cr: □ Other: □ hCG: □ Pds □ Neg FAST Exam: Fluid seen: D None D Pericardium RLQ (Morrison's pouch and paracolic gutter) LI LO (spleeno-renal recess and paracolic gutter) Suprapubic (Douglas' pouch) こう Prophylactic antibiotics: Levaquin 500 mg IV Upasyn 3 g IV Tetanus Prophylaxis:





EENT	Atraumatic	M Intact bilat	THAT I	my -		MINIA	- Oinol
	Z No hemotympanum		PMI	nd O	alan N	mila	ent
	Z Zygoma intact	No otorrhea	T VAT	1 3	JAN JAN V	un r	laer
1	Nose intact	No Battle's sign	C pru	pre s			
	Max la intact,	Mandible intact					22
	D PEARL	Dentition intact					
	BEON				and Constantinuity and States and State		
leck	C-spine non-tender						
	□ No claspine step-off						21
	D Tractea midline						
Chest	Clav cles intact						
ungs	D Breah sounds equ	al					
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	Radial pulse present Grip normal	<u>E</u> ER					
•	Capilla y refill <2 sec						
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Pelvis	M Pelvs stable						
		ALL AR					3
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Back	Atraumatic	□ Np gross blood					
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	Prostate not high-	Din priapism	TALIAA	1 Q A A A	neont	TINLI 2	p .
GU	Normal		Un	P			
	No lood at urethr	ecal or ine)					
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ATIENT'S IDE	NTIFICATION (Use this spe	nce for RECO		Home Base			
As a hand inter	rint)	MAINT	AINED AT:				
necnanica: IIIII			(0)		•••••		SEX
Aechanical imp		PAT (b)	)(6)				141
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# **ROUGH SKETCH DEPICTING MARFRA**

For Official Use Only Car Enforcement Semail ROEX 218836

ACLU-RDI 5487 p.28

	For use of thi	SWORN STATEN s form, see AR 190-45; the pr		OPS	
UTHORITY: RINCIPAL PURPOSE: OUTINE USES:	Title 10 USC Section 30	PRIVACY ACT STATE D1; Title 5 USC Section 2951; and law enforcement officials nber is used as an additional/al	MENT E.O. 9397 dated Novemb with means by which inf	per 22, 1943 <i>(SSN)</i> . ormation may be accurat	
LOCATION	Disclosure of your socia	I security number is voluntary. 2. DATE (YYYY	MMDDI 3. TIME	4. FILE NUMBER	
b(6), b(7)		<u>د محمد</u> 6_SSN b(6)	<u>829 /304</u> ), b(7)(C)	7. GRADE/STAT E4	US
Started a While tak Noticed dinzy Si Sgt. D(6), b( Sgt. Letianee I took	Marafa Run sing The defic The older defic The older defice o I put hi if he can if he can the Defian	, WANT TO 12. 15 pm SPC for The Detian inces down The tianee not low m on The end offer detian lees while The edic. nothing 	nees at the aisks to Mo oking well of the line to take a ecs were fir Older define	holding Cell arafa. I St he was Ki c. And aske look at th hishing Mara nee stayed	с <sup>b(6), b(7)(C)</sup> n d a f d d f e
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IO. EXHIBIT		11. INIT <mark>b(6), b(7</mark> ADING "STATEMENT			PAGES

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USE THIS PAGE IF NEEDED.		NOT NEEDED, F	LEASE PROCEED T	O FINAL PAGE	OF THIS FORM.
STATEMENT OF $Spc$ b(6), b	(7)(C)	TAKEN AT	1304	DATED	05/08/30
9. STATEMENT (Continued)					
INITIALS OF PERSON MAKING STATEMEN	⊤ b(6), b(7)(	<sup>C</sup> ACLU	J DDI C		28838 <sub>PAGES</sub>
<i>раде 2, да гогм 2823, дес 1998</i> CLU-RDI 5487 р.30	FOR	OFFICIAL	LUSE ONL	.Y	000032 1

	,	E FOR OFF Law Enfo	ICIAL USE		234 05	010259-3	0,
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STATEMENT			•				
1, <u>SP</u> C.	b(6), b(7)		AFFIDAVIT	AD OR HAVE HA	D READ TO ME	THIS STATEMENT	-
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	INISHMENT, AND WITH			6). b(7	<b>Z)(C)</b>		
				- ,, ( -	kir.	g Statement)	
WITNESSES:						erson authorized by law	
			administer at_BIF	er oaths, this <u>3</u>	day of <u></u>	1060ST . 05	
					3) h(7	Z\( <b>C</b> \	
				b(	J, $D(I$	八〇/	
ORGANIZATIO	JN OK ADDRESS			(Signature	b(7)		
ORGANIZATIO	UN OR ADDRESS			(Signature) (b(6)	, b(7)(	istering Oath)	
	DN OR ADDRESS			b(6)	b(7)	L)(4)	
ORGANIZATIO		<sub>ENT</sub> b(6), b(7)(0		b(6)		L)(4)	

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	For use	of this form, see A			gency is OD(	CSOPS			
		PRIV	ACY ACT ST	ATEMENT					
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B. ORGANIZATION O					// • /			-1	
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	(c) $b(7)/($								
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and walki	ng with dizz	eniss, Mys	IF Gad	5/0	(1)(0) <sco< td=""><td>nted</td><td>Defaince</td><td>#B1437</td><td></td></sco<>	nted	Defaince	#B1437	
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атемент ог <u>spc</u> b(6), b(	7)(С) _ так	EN AT	DATED	2005/08/29
STATEMENT (Continued)				
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		, HAVE READ OR HAVE	HAD READ TO ME	THIS STATEMENT
I, DO, DO, DO, TOO HILL WHICH BEGINS ON FACE I, AND ENER BY ME. THE STATEMENT IS TRUE. I	HAVE INITIALED ALL CO	Y UNDERSTAND THE CON	TENTS OF THE EN	CIRE STATEMENT MADE
I, DURING ON TAGE 1, AND END WHICH BEGINS ON TAGE 1, AND END BY ME. THE STATEMENT IS TRUE. I CONTAINING THE STATEMENT. I HA THREAT OF PUNISHMENT, AND WITH	HAVE INITIALED ALL COL VE MADE THIS STATEMEI	RREC 66	TENTS OF THE EN	IRE STATEMENT MADE
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SWORN STATEMENT

	For use of this form, se	e AR 190-45; the proponen	t agency is ODCSOP	S
	PI Title 10 USC Section 301; Title 5	RIVACY ACT STATEMENT	397 dated November	22, 1943 <i>(SSN)</i> .
ROUTINE USES:	To provide commanders and law of Your social security number is use	enforcement officials with m ed as an additional/alternate	neans by which inforr	mation may be accurately ion to facilitate filing and retrieval.
DISCLOSURE:	Disclosure of your social security	2. DATE (YYYYMMDD) 2005/08/30	) 3. TIME 1600	4. FILE NUMBER
48th Brigade Lightnir	NAME, MIDDLE NAME	LE SSN	), b(7)(C)	7. GRADE/STATUS O-3
	ADDRESS		,, s(: ,(e)	
$\frac{1}{14800}$ CPT $b(6)$ , b	Camp Striker, Iraq APO AE 093			TATEMENT UNDER OATH:
On 29 August 2005 a evacuated to EMEDS began to show signs.	t approximately 1230 hours, I w having convulsions. I received of disorientation, unbalance, and	as notified that detainee E a brief from the (SOG) S l virtually passed out durin EDS in an ambulance.	8#1437 suffered a n SSG <sup>5(6), b(7)(C)</sup> and SG ng a routine restroo	nedical condition and was being T b(0), b(7)(C) Apparently, B#1437 om break. A medic, SPC b(6), b(7)( to the Provost Marshall, the BDE C) and b(0), b(7)(C) came back and
informed me that B# detainee's packet and the neccessary notifie	1437 suffered a stroke and now v 1 medical records and were to pr cations.	was being evacuated to the ovide escort on the helico	e green zone. They opter to the hospital	in the green zone. Again, I mad
	ice from SPC $\stackrel{b(6), b(7)(C)}{\longrightarrow}$ He told malad overnight. He also indicate	d the detaillee's chances r		n worse and they would stay in the wand may die. I made the
/	END OF STATE	MENT-		/
			*	
		b(6), b(7)(C 11. INITIALS (	MAKING STATEME	NT 2
10. EXHIBIT				PAGE 1 OF PAGES
ADDITIONAL PAGES	S MUST CONTAIN THE HEADING "	STATEMENT	EN AT DAT	
THE BOTTOM OF EA MUST BE BE INDICA	ACH ADDITIONAL PAGE MUST BEA			ROFIE 28842
CRAFEREN 3848	7 <sup>DEC, 1998</sup> FOR	DA FORM 2823, JUL 72, IS OFFICIAL USE w Enforcement Sen		USAPA V 1000036

ATEMENT OF	<sub>CPT</sub> b(6), b(7)(C)	TAKI	EN AT BIF	DATED _2005/08/30	)
STATEMENT					
STATEMENT	(continued)				
			<u></u>		
CDT	b(6), b(7)(C)			VE HAD READ TO ME THIS ST	
WHICH BEGIN	S ON PAGE 1, AND ENDS (	ON PAGE 2 I FULL	Y UNDERSTAND THE C	ONTENTS OF THE ENTIRE STA	TEMENT MADE
BY ME. THE S CONTAINING	STATEMENT IS TRUE. I HA THE STATEMENT. I HAVE	VE INITIALED ALL COR MADE THIS STATEMEN		INITIALED THE BOTTOM OF EA	ACH PAGE WITHOUT
THREAT OF P	JNISHMENT, AND WITHOU	JT COERCION, UNLAWF	UL INFLUENCE, OUIC	5), $b(7)(C)_{NT.}^{REWARD,}$	
				ing Statem	nent)
WITNESSES:				worn to before me, a person au his day of	
			at		`
	ON OR ADDRESS		(Sigi	nature of Person Administering (	Oath)
ORGANIZATI					
ORGANIZATI					
ORGANIZATI			(Туре	d Name of Person Administering	g Oath)
ORGANIZAT	ON OR ADDRESS			(Authority To Administer Oaths	)
ORGANIZAT	ON OR ADDRESS RSON MAKING STATEMEN	⊤ <sup>b(6), b(7)(C)</sup>		(Authority To Administer Oaths	)

ør.

	For use of this		STATEMENT -45; the proponent a						
				gency is ODCSOPS	,				
AUTHORITY: PRINCIPAL PURPOSE: ROUTINE USES: DISCLOSURE:	PAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately IE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrie SURE: Disclosure of your social security number is voluntary.								
1. LOCATION 48TH BCT LIGHTN			TE (YYYYMMDD) 2005/08/30	3. TIME 1109	4. FILE NUMBER				
D(0), D(7)(C)	NAME, MIDDLE NAME		6. SSN <b>b(6)</b> , I	o(7)(C)	7. GRADE/STAT				
3. ORGANIZATION OF	ADDRESS								
b(6), b(7)(C)	(7)(C)		WANT TO MAKE TH	E FOLLOWING STA	TEMENT UNDER OA	ГН:			
In this water bottle, in instead of inside the v id station because so Detainee 1347 passed //	appeared that Detainee vater bottle. At that poin mething is wrong with h out. SPO	t SPC <sup>b(6), b(7)(C)</sup> th im. By the time S <sup>b(6), b(7)(C)</sup> then carrie End of Statemen	1 /eye coordination le duty medic, told PC and SPC and SPC and Detainee 1347 in to brive	as he allowed the SPC and SP (0) brite escorted Da to the aid station.	water to run over h Control to bring hin Stance 1347 to the a	is hands n into the id station			
0. EXHIBIT		11. INITIAL	<del>ۿ(6), ۵(7)(۵)</del>	NG STATEMENT	PAGE 1 OF _3	PAGES			
	UST CONTAIN THE HEADI				PAGE 1 OF	PAGES			

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USI	THIS PAGE IF NEEDED. IF	THIS PAGE IS NOT NEEDED, I	PLEASE PROCEED TO	FINAL PAGE OF THIS	FORM.
STATEMENT OF	<u>ser</u> b(6), b	0(7)(C)	1109	DATED 05/	58/30
9. STATEMENT	(Continued)			<u>,</u> ,	
INITIALS OF PE	RSON MAKING STATEMENT	b(6), b(7)(C)	U DDI C	ID ROL2	8845
	<i>вм 2823, дес 1998</i> 5487 р.37				USAPA V

b(6), b(7)	FOR OFFICIAL Law Enforceme	1101	DATED 05/08/30	
9. STATEMENT (Continued)				
, b(6), b(7)(0		AVE READ OR HAVE	HAD READ TO ME THIS STATEMEN	
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			Statement)	
WITNESSES:	a	administer oaths, this	n to before me, a person authorized b 30 <sub>114</sub> day of <u>Aubust</u> , 6), b(7)(C)	05
ORGANIZATION OR ADDRESS		(Sign	ninistering Oath)	
		(Typed Na	6), $b(7)(\overline{C})$ time of Person Administering Oath) A = 3b(b)(4)	
ORGANIZATION OR ADDRESS			thority To Administer Oaths)	

		WORN STATEMENT AR 190-45; the proponent	agency is ODCSOP	S
	·			-
PRINCIPAL PURPOSE: To pro ROUTINE USES: Your se	DUSC Section 301; Title 5 vide commanders and law er	JSC Section 2951; E.O. 93 nforcement officials with me d as an additional/alternate r	ans by which inform	
1. LOCATION	sure of your social security h	2. DATE (YYYYMMDD)	3. TIME	4. FILE NUMBER
48th BCT Lightning BIF		2005/08/29	1311	
b(6), b(7)(C)		6. SSN b(6)	, b(7)(C)	7. GRADE/STATUS E4/SPC
8. ORGANIZATION OR ADDRE	SS			
<sup>9.</sup> b(6), b(7)(C)				
had any past medical condition medical allergies or has he be injuries and detainee #1437 st vitals from detainee #1437, I I then released him back to t #1437 was a little confused.	ons to which the detainee s een taking any medication aid he had none. His block noted on his 600 that he h he guards as fit for confin When he finished washing	aid he had old spenic and as and detainee #1437 said of pressure was 152/98, h had a bruise on his left eye ement. At 1215 I went out g his hands he then turned	Colin problems, d no. CPT. <sup>16(b)</sup> b(7)(0 is pulse was 118, e and abrasions on side to smoke a ci around and stumb	betor, CPT, <sup>5(6), 5(7)(C)</sup> asked if he CPT. <sup>5(6), 5(7)(C)</sup> asked if he had an also asked if he had any recer respirations was 16. After get his right shoulder and mid ba garette and noted that detained bled around. He looked aroun
and stumbled and almost fell. guards lay him on the exam t the detainee what was wrong and it was 65 also his breathi no effect. I then looked at hi when he vomited We then n	At that point I told the g able and instructed one of and the detainee said he h ng was shallow. I went to s eyes and saw one was di with im on a stretcher and	uards to bring him in my the guards to go and get ad an extreme head ache check his chart when he lated the other was pinpo took him to emeds. At 12	office because sor the translator. Th and the room was became unrespon- inted. I then start 240 we arrived at	nething was wrong. I had the he translator came in and asked spinning. I checked his pulse sive. I then tried to wake him ed to prep him to go to emeds emeds and turned him over to
Dr. $b(6), b(7)(C)$ ///				/
///		End of Statement		,
		End of Statement		
10. EXHIBIT		End of Statement		
	11	• INITI <b>b(6), b(7)(C</b>		PAGE 1 OF 3 5(6), 5(7)(0), AGES

	"»	
	IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED	
STATEMENT OF $SPC$ $b(6)$ ,	b(7)(C) <sub>taken at</sub> _/3//	DATED 2005/08/29
9. STATEMENT (Continued)		
INITIALS OF PERSON MAKING STATEMEN		
<sub>ваде 2</sub> . <i>ра говм 2823, DEC 1998</i> CLU-RDI 5487 р.40	FOR OFFICIAL USE ONL	

STATEMENT OF	<u>SPC</u> b(6),	b(/)(C		311	DATED	5/08/29
9. STATEMENT						U C
	b(6) b	(7)(C)	AFFIDAVIT			<u></u>
I, <u>SSC</u> WHICH BEGINS	S ON PAGE 1, AND ENDS	<b>СГ ДСЭ</b> 5 ON PAGE <u>3</u> 1	FULLY UNDERSTA	ND THE CONTEN	D READ TO ME THIS	STATEMENT MADE
CONTAINING 1	TATEMENT IS TRUE. 1 H THE STATEMENT. 1 HAV JNISHMENT, AND WITHO	'E MADE THIS STAT	EMENT FREELY WI	ND HAVE INITIAL THOUT HOPE OF	ED THE BOTTOM O BENEFIT OR REWA	F EACH PAGE RD, WITHOUT
			b(b	5), b(7	)(C)	
WITNESSES:			Subscri	bed and sworn to	hefore me a perso	nauthorized by law t
WITNESSES.			administe		TH day of Auru	
			ut	b(6),	b(7)(C)	
ORGANIZATIO	ON OR ADDRESS		······		inister	ng Oath)
	<u></u>			D(D), (Typed Name	of Person Administe	ring Oath)
ORGANIZATIO	ON OR ADDRESS			UCMJ A	ty To Administer Oa	( <u>4</u> ) ths/
INITIALS OF PER	SON MAKING STATEME	NT	A b(6), b(7)		D RO122	8849 <sub>AGES</sub>

#### 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
DETAILS	

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.

This is an "Operation Iraqi Freedom 2004-2006" Investigation.

About 0700, 6 Sep 05, this office was notified by MSG b(6), b(7)(C)

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

About 1230, 6 Sep 05, SA b(6), b(7)(C) attended the autopsy of Detainee HAMEED (ME 05-835), which was conducted by Dr. (MAJ) b(6), b(7)(C)b(6), b(7)(C) USA, Deputy Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Rockville, MD 20850. Dr. b(6), b(7)(C) 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(6), b(7)(C) No additional evidence was identified during the autopsy of Detainee HAMEED. (See Photo CD/Copy of Major Case Prints of Detainee HAMEED)

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

TYPED AGENT'S NAME AND SEQUENCE $SA(b)(6), (b)(7)(C), (b)$	CE NUMBER ORGANIZATION (7)(F) Aberdeen Proving Gro Aberdeen Proving Gro	und Resident A und, MD 2100	Agency 5
b(6), b(7)(C)		D ROI	28850
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AGENT'S INVESTIGATI	ON REPORT	ROI NU	JMBER (0152-05-0 0234-05-0	CID112) CID259-36335	
CID Regulation 19	5-1		PAGE 2	OF 2 PAGE	
DETAILS Investigations, OAFME, AFIE MD 20850.///Last Entry///	2, 1413 Res	earch Blvd,	Building	102, Rockvi	lle,
TYPED AGENT'S NAME AND SEQUENCE NUM	BER	ORGANIZATION Aberdeen Provi	ng Ground Res	sident Agency	
SA(b)(6), (b)(7)(C), (b)(7	)(F)	Aberdeen Provi DATE	ng Ground, MI	D 21005	
<sup>s</sup> b(6), b(7)(C)	A			012885	1
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AGENTS INVESTIGATION REPORT	ROI NUMBER 0234-05-CID259-36335
CID Regulation 195-1	PAGE 1 OF 1 PAGES
DETAILS On 14 Sep 05, SA <sup>b(6)</sup> , b(7)(C), received a copy of the 15-6 inversion CPT b(6), b(7)(C) HHC, 48 <sup>th</sup> BCT, Camp Striker, IZ ///LAST ENTRY///	estigation regarding Mr. HAMMEED's death Z. (See 15-6 Report for details)
SA SA Camp Sla	ом Det (CID) (FWD) ayer, Iraq APO AE 09342 Ехнівіт
CID FORM 94	Sep 05
ACLU-RDI 5487 p.44	

### 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

ACLU-RDI 5487 p.45



### Office of the Staff Judge Advocate AR 15-6 INVESTIGATION CONTROL SHEET

HUR VI

**48BCT** 



NAME OF IO: 016 UNIT: 48BCT BIF DATE OF INCIDENT: 31 August 2005

DATE OF APPOINTMENT: 03 September 2005

**SYNOPSIS:** Detainee B1437, Nasir Hammed 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

### ACLU DDI CID ROI 28931

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#### EXECUTIVE SUMMARY

1. SITUATION- Detainee B1437, Nasir Hammed 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,<sup>(b) (b)</sup> was verbally appointed to be the Investigating Officer. On 03 September 2005,<sup>(b) (b)</sup> 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.

#### ACLU DDI CID ROI 28932

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



### Confidential Documents for

### ACLU DDI CID ROI 28933

F DODI 253

ACLU-RDI 5487 p.48



DEPARTMENT OF THE ARMY HEADQUARTERS, 48th BRIGADE COMBAT TEAM 3RD INFANTRY DIVISION CAMP STRIKER, IRAO APO AE 09872

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6 September 2005

MEMORANDUM FOR Commander, 48th Brigade Combat Team



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# ACLU DDI CID ROI 28935 EXdod1ByT 18

ACLU-RDI 5487 p.50

REPORT OF PROCEEDINGS BY IN	VESTIGATING OFFICI	ER/BOAh OF	OFFICERS		
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For use of this form, see IF MORE SPACE IS REQUIRED IN FILLING OUT	TANY PORTION OF THIS FO	KM, AITAUN ADDI	**************************************		
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3 September 2005 (Attach inclosure 1: Letter of appoint	ment or summary of oral appo	intment data.) (See p	ara 3-15, AR 15-	6.)	
(Date)					
SEC	TION II - SESSIONS				
				0915	
(investigation) found, commenced at Camp Stryker, Iraq	(Place)		at	(Time)	
		Indicate in an inclos	ure the time each	session began and	1
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Exhibits	(para 3-16, AR 15-6)		NO <sup>U</sup> NA
4	I items offered (whether or not received) or considered as evidence individually numbered or lettered as ts and attached to this report?	×	
b. Is an	ndex of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	X	
c. Has the an ext	e testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as	X	
d. Are c the lo	opies, descriptions, or depictions (if substituted for real or documentary evidence) properly authenticated and is eation of the original evidence indicated?	×	
	escriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?		X
	h written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an t or recorded in a verbatim record?	×	
	cial notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter ch official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?		×
Was a qu	orum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?		X
COMPL	TE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)		
	tial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?		1
	orum present at every session of the board (para 5-2b, AR 15-6)?		
	absence of any member properly excused (para 5-2a, AR 15-6)?		
	mbers, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?		
	mbers who voted on findings or recommendations were not present when the board received some evidence, nclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?		
	TE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6) 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 t	he date of delivery at least five working days prior to the first session of the board?		
c. Does	each letter of notification indicate		2
(1)	the date, hour, and place of the first session of the board concerning that respondent?	, <b>, , , , , , , , , , , , , , , , , , </b>	E.
(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 t	he respondent provided a copy of all unclassified documents in the case file?		
e. If the	e were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?		
a	pondent was designated after the proceedings began (or otherwise was absent during part of the proceedings): e properly notified (para 5-5, AR 15-6)?		
b. Was 1	ecord of proceedings and evidence received in his absence made available for examination by him and his counsel ipara 5-4c, AR 15-61?		•••••
Counsel	(para 5-6, AR 15-6):	1	
a. Was e	ach respondent represented by counsel?		
Name	and business address of counsel:		
1	unsel is a lawyer, check here 📋 )		
1	espondent's coursel present at all open sessions of the board relating to that respondent?		
action	tary counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the taken on it included in the report (para 5-6b, AR 15-6)?		
Loron many services	pondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6): he challenge properly denied and by the appropriate officer?	1.20	
b. Did e	the member successfully challenged cease to participate in the proceedings?		
S	respondent given an opportunity to (para 5-8a, AR 15-6):		
a. Be pr	esent with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?		
1	ine and object to the introduction of real and documentary evidence, including written statements?		
	t to the testimony of witnesses and cross-examine witnesses other than his own?		
d. Call y	vitnesses and otherwise introduce evidence?		
	y as a witness?		
	or have his counsel make a final statement or argument (para 5-9, AR 15-6)?		
arranging	ed, did the recorder assist the respondent in obtaining evidence in possession of the Government and in for the presence of witnesses (para 5-8b, AR 15-6)?		
	f the respondent's requests and objections which were denied indicated in the report of proceedings or in an or exhibit to it (para 5-11, AR 15-6)?		
I DOTNOTES	<ul> <li>If Explain all negative answers on an attached sheet.</li> <li>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.</li> </ul>	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	6

#### ACLU-RDI 5487 p.52

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SECTION IV - FINDINGS (para 3-10, AR 15-6) The (investigating officer) (hoard), having carefully considered the evidence, finds: /////////SEE ATTACHED\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
//////////SEE ATTACHED\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	1
SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)	
In view of the above findings, the (investigating officer) (board) recommends:	
//////////SEE ATTACHED\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	3
Page 3 of 4 pages, DA Form 1574, Mar 83 ACLU DDI CID ROI 28938	
Page 3 of 4 pages. DA Form 1574, Mar 83	PA V1.20

ACLU-RDI 5487 p.53

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	FOR OFFICIAL USL CIL 10234 05 CID259-30
HE DEDODT OF DEOCREDINCS IS COMPLET	TE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII)
low, indicate the reason in the space where his si	ignature should appear.)
(Recorder)	(Investigating Officer) ( <del>President</del> )
(Member)	(Member)
(Member)	(Member)
Ci	ECTION VII - MINORITY REPORT (para 3-13, AR 15-6)
o the extent indicated in Inclosure	the undersigned do(es) not concur in the findings and recommendations of the board.
n the inclosure, identify by number each finding a	and/or recommendation in which the dissenting member(s) $d_{\Theta}(e_{s})$ not concur. State the
asons for disagreement. Additional/substitute fine	dings and/or recommendations may be included in the inclosure.)
(Member)	(Member)
be findings and recommendations of the (investig	VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6) gating officer) (board) are (approved) (disapproved) (approved with following exceptions/ the proceedings to the investigating officer or board for further proceedings or a summary, if oral) as a numbered inclosure.)
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ACLU-RDI 5487 p.55



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

REPLY TO ATTENTION OF:

GASB-ADJ

4 September 2005

#### MEMORANDUM FOR RECORD

SUBJECT: AR 15-6 Investigation and Recommendation, 48<sup>th</sup> Brigade Interrrogation 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

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)

- 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 hat 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.

While awaiting interrogation, at 1215 Hrs, Johar, along with other detainees, was taken outside to "marafa" (use the porta potties) by the porta potties) by the porta potties by the potties by the porta potties by the potties by th

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GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th 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) 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,"<sup>(b)(6)</sup> said. At that decided that Johar needed medical attention and started helping Johar to the medic time, and were station. But by the time they arrived in the man room Company C, 148th SPT BN almost carrying Johar. At the medic station made the decision to attended to Johar. After several attempts to get Johar to respond, Opon arrival at E-MEDs, take Johar to E-MEDs. He was taken there by (6)(6) and<sup>(b) (6)</sup> was told that Johar would be transported to the medical facility at BILAD. According to paragraph 1b, BIF Medical SOP, a guard must accompanying any detainee that is sent for higher would escort Johar to and levels of care. It was decided that BILAD. were informed by the attending physician that Johar "had nnd Upon arrival, blood in his brain and there was nothing they could do and the detainee would die." Both were instructed by the medical staff at BILAD that they would be required to stay and with Johar until he died. Johar passed away at 0144 Hrs on 31 August 2005. He was pronounced MD. Johar's body was transported dead, due to an Hemorrhagic Strake by (48th MP DET). Autopsy to Dover, Deleware as order by

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 48th BCT Interrogation Facility.

was the first to perform There is a Medical SOP in place and it was followed exactly. a medical assessment/interview on Johar. Based on his professional medical assessment as well as found no reason to segregate Johar from the general the answers to medical question 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 Deleware for autopsy.

246th QM Co (MA) and flown to Dover,

Autopsy results are not available at this time.

No further investigation required.

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#### GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th 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 48th BCT BIF
- b. Statement and interview from
- c. Statement and interview from
- d. Statement from
- e. Statement from
- f. Statement from
- g. Statement from
- h. Statement from
- i. Statement from
- j. Initial report of medical screening
- k. Report of medical care from EMEDS
- 1. 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 Hrs29 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, and a the detainee was hadn't intervened and taken confused and would have collapsed if und him to medical care. Upon arrival at the Balad Medical facility Johar was very seriously ill.

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GASB-ADJ

SUBJECT: AR 15-6 Investigation and Recommendation, 48th Brigade Interment Facility Detaince #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 that he had previously been diagnosed with hypertension and spleen stated to 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

PA/C performed the initial medical Medical Personnel Involved. performed the assessment IAW established medical SOP. 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

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

246<sup>th</sup> QM Co (MA) When/Who took possession of Johar's body? 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.

immediately notified the 48th 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.



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		Timeline for AR 15-6 Investigation
7. Son.05	0930 hrs	Received packet and "draft" appointment memorandum from the 48th BCT JAG office
3-Sep-05	1445 hrs	Einiched formulating questions to ask BIF personnel
3-Sep-05	1500 hrs	Spake with (0) (6) by advice on how to handle investigation, tips on questions to ask, etc.
3-Sep-05	1630 hrs	Went to BIF and spoke with (b) (c) Set appointment for 0930 hrs 4 Sep 05 to intervew BIF personnel Arrived at BIF, spoke with (b) (c) (b) (c) (b) (c) and (b) (c) Was advised that CID had already completed
4-Sep-05	0915 hrs	
1.0. 3.0	1000 6-0	Spoke with b) (6) at PMO concerning investigation that CID had already completed. Received phone 4's to CID at output votery
4-Sep-05	1105 hrs	Spoke with "Desk Sgt" at the 48th MP Det (CID) @ Victory. The investigating officer is going to return my call.
4-Sep-05	1450 hrs	Called 48th MP Det again. Spoke with (0) (0) Concerning the seath of Johan (0) (0) gave me several sworn statements Arrived at the 48th MP Det and met with (b) (6) Concerning the seath of Johan (0) (6) gave me several sworn statements that had alread been completed. Additionally, I questioned him on why the body had been flown to Deleware and he informed me that it is protocol for any inmate death to have an autopsy performed. Also, he said that the autopsy coud not be performed in theater because
4-Sep-05	1745 hrs	there is not sufficient services available.
4-Sep-05		Started memorandum for record as "attachment" to DA Form 1574
		Continued memorandum and compiling Exhibits.
5-Sep-05	1800 hrs	Completed memorandum for record.

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#### FOR OFFICIAL USE ONLY 0234 05 CID259-36335 Lew Enforcement Sensitive HEADQUARTERS 48th BRIGADE COMBAT TEAM, 3rd INFANTRY DIVISION CAMP STRIKER, BAGHDAD APO, AE 09372

S: 06 September2005

03 September 2005

GAHQ-SJA

MEMORANDUM FOR

HHC 148th 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  $48^{th}$  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 Hammed Johar's body;

k. What are the applicable SOPs for dealing with detainee operations; and

1. 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 will serve as your primary Brigade Annex for an initial legal briefing. 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.



ACLU DDI CID ROI 28947

EXHIBIT 18

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#### 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

	act 22 stury 2000 nom company of 110	<u>- oupport</u> Datation	
В.	DA 2823-Sworn Statement from <sup>(6)</sup>	dated 04 September 2005 and Interview with	
(D) (D)	lated 04 September 2005		
C.	DA 2823-Sworn Statement from	dated 03 September 2005 and Interview with	
(b) (6	lated 04 September 2005		
D	DA 2823-Sworn Statement from	dated 03 September 2005	
E.	DA 2823-Sworn Statement from	dated 29 August 2005	
F.	DA 2823-Sworn Statement from <sup>(b) (6)</sup>	dated 30 August 2005	
G	. DA 2823-Sworn Statement from (b) (6)	dated 29 August 2005	
$\mathbb{H}$	. DA 2823-Sworn Statement from <sup>(6)</sup>	dated 29 August 2005	
I.	DA 2823-Sworn Statement from	dated 30 August 2005	

dated 29 August 2005 (initial J. SF 600-Chronological Record of Medical Care from 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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#### DEPARTMENT OF THE ARMY

\* 1881 3

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.

#### 1. GENERAL

- a. The medical clinic at the 48<sup>th</sup> BCT Brigade Internment Facility (BIF) is a level 1 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.
- All detainees receive an admission physical performed by the in house clinic medic within one h. 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 detaince 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 of provider of the capturing unit, prior to BB admission, will be removed from the detainee packet and kept in the medical record, secured in the B1F clinic, Only B1F medical staff will have access to the detainee health records.

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- r. 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 faeility. This information will be provided to the guard team in order to assure appropriate and timely care.
- Sick Call: Daily Sick Call will be conducted by the medical provider and interpreter between 0800 ĩ. 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 detainces 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 detainces. 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 elinic 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 detained 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 interment. 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 photodocumented 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,

Page 2 of a

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- 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 MNC1 Frago 018 and the Deployment.
- m. Medical Documentation Guidance/Reporting Requirements provided by the MNC-I 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 91W 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 regulatoryguidance
- 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 cure 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 TMC 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. Ewo 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 elinic and used for needles or any sharps. No recapping of needles is permitted. Containers will be maintained and emptied at he 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 B1F 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.



5vs20050722

Page 6 of 6

### ACLU DDI CID ROI 28955

EX0014711 ) {

ACLU-RDI 5487 p.70

FOR OFFICIAL USE ONLY 0234 05 010259-36335 Law Enforcement Sensitive

### **Exhibit B**



F000148311 | {

ACLU-RDI 5487 p.71

Eaw Forcement Sensitive 234 05 010259-36335 SWORN STATEMENT For use of this form, see AR 190-45; the proponent agency is PMG. PRIVACY ACT STATEMENT Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN). AUTHORITY: To provide commanders and law enforcement officials with means by which information may be accurately PRINCIPAL PURPOSE: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. **ROUTINE USES:** Disclosure of your social security number is voluntary DISCLOSURE: 4. FILE NUMBER 2. DATE (YYYYMMDD) 3. TIME 1. LOCATION 48th BIF 20050904 0:14 7. GRADE/STATUS 8. ORGANIZATION OR ADDRESS IN8FW SB C co9. PA - C , WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: On ZGAUG as I was present for duty at the 48th BIF. At 10:15 hrs I performed an inprocessing interview and exam on detained # BI437. He was a stable 65 4/0 Iraqi male with medical problems consistenting of hypertension, complaints of old spleen abnormalites and colon problems. The detained denied taking medicaters at home for He above started problem. The record reflects that the determine tail militiple abrasicions and a healing laceration to the left ankle area that appeared days do and non-colonized. The detamates vital and stable at that time. An Arabic Interpreter was present entirety of the exem. At approximately 13:30 hrs I was I per I-can that the detainer was acutely ill been walketel at E-MED'S on BIAP and was pending him to the Balad medical treatment freakity by me of air evocution. I did not see the detunine at that fine and did not eventer him again. At approximately 20:3. his I returned to the 48th BiF to consel and depring his envolvent which I consider at this time exceptioney -Dettorme MAKING STATEMENT 11. INITIALS PAGES 10. EXHIBIT PAGE 1 OF 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. USAPA V1.01 DA FORMA873, JUL 72 IS CID ROI 28957 DA FORM 2823, DEC 1998

ACLU-RDI 5487 p.72

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ACLU-RDI 5487 p.73

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#### **Ouestions** asked to

1 1 1 0

E000152 / d

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

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

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

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

Had bruises to Right Cheek brice Simply abrusions to the back and left brice Had healing loceration on left ankle 3. Upon arrival, what were your actions to assess the detainee's medical condition? What was

- his age, height and weight. No round i'm processing Exam-
- A5x 65 Hight 516

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 Jetaines will be In processed w/ modical intervinue + Exam (Alabic Intervinue + Exam (Alabic Intervinue + Exam (Alabic Intervinue + Exam (Alabic Intervinue + Exam) 5. After your assessment did you document the detainee's condition? If so, I need a copy of your

medical assessment. Ves, See Attached

6. What is the procedure after you deem the detainee medically fit to be integrated into the o. what is the procedure after you deen the detailed medically it to be integrated into the general population? Affler Olde at Med History - Example from the placed ingrand population are erected at a first work placed ingrand population are erected at a first to be and the placed ingrand proplement of the placed.

7. Had he complained of any illness or injury after he was admitted into the general population? NO, Datainee was pleant in Gueral Regulation Aar only 2 hours when Accute systems accord ACLU DDI CID ROI 28960

ACLU-RDI 5487 p.75

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#### Questions asked to

#### FOR OFFICIAL USE ONLY Law Enforcement Sensitive

023 & 05 01D259-36335

8. How long after your initial medical assessment was the detainee in the general population before he collapsed and died? Detainee Aid not dire at 48th BFF.

Are was here only thours

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

Applax 15 min

10. How often are detainees given water?

Water bottle is w/in 15 ft. of definee at all times 11. Who was the first responding US Soldier to render medical aid to the detainee? C-148

- 12. Was he breathing at the time? VQS
- 13. Was CPR initiated? If not, explain No, Not Worrantel Patient was breathing on his own w/ a pulse

By the time the Medical Provider aborrised Detained Was on aircraft to 15. Has the cause of death been determined and was a autopsy initiated?

Unkrown

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

a. Detainee Arrival

b. Detainee medical assessment 15 29Aug

- c. Detainee first distressed Affant 1230115
- d. Detainee pronounced death UKN

## ACLU DDI CID ROI 28961

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ACLU-RDI 5487 p.76

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## Exhibit C



ACLU-RDI 5487 p.77

	51	OFFICIAL OSE TEMOTCEMENT SOF VORN STATEMENT		
		AR 190-45; the proponent a	gency is ourcours	
	PRIV Title 10 USC Section 301; Title 5 U	ACY ACT STATEMENT	7 dated November 2	2, 1943 <i>(SSN</i> ).
AUTHORITY: PRINCIPAL PURPOSE:	To provide commanders and law en-	forcement officials with me	ans by which informa	ition may be accurately
OUTINE USES:	Your social security number is used	as an additional/alternate m	neans of identification	to facilitate filing and retrieval.
SCLOSURE:	Disclosure of your social security nu	imber is voluntary.	3. TIME (b) (6)	4. FILE NUMBER
LOCATION		2. DATE (YYYYMMDD) 2005/08/03	3. TIME 0000	4. FILE NUMBER
ightning BIF, 48th I		6, SSN (b) (6)		7. GRADE STATUS
IACT MANAE FIRST	NAME MIDDLE NAME			(b) (6)
3. OBGANIZATION OP THC 148 SB, BIF C	ADDRESS AMP STRIKER, IRAQ APO AE (	09372		
(b) (6)		, WANT TO MAKE T	HE FOLLOWING STA	TEMENT UNDER OATH:
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	Cuberribed and SWOTP 1	to before me, a person authorized by law to
WITNESSES:	administer oaths, this $\underline{3}$	ed day of <u>September</u> 05
		of Person Administering Oath)
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INITIALS OF PERSON MAKING STATEM		PAGE & OF & PAGES
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Questions asked to

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

OFFICIAL USE ONLY 0234 05 010259-36335 taken m 1028 15epts

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

125

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

The SP 8045 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 Osides at his Nack, That's pratty normal for those suys though "

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

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?  $\frac{1}{2}$ 

/

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

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 oustile to the both room. They most bend bat the waist alter they ublk anywhite 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 medices when the both of as integrated him into the medices when the both of as integrated him into the medices when the both of as integrated here when the both of the medices when the both of as integrated here is the boost of the the both of the both of the both of the book of the both of the book of the **Ouestions asked to** 

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

I didn't Medically assess him

taken a.

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

Approx 13, Maybe 15 Min

10. How often are detainees given water?

When Huy want

- 11. Who was the first responding US Soldier to render medical aid to the detainee?
- 12. Was he breathing at the time?

13. Was CPR initiated? If not, explain



- 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.

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

ACLU DDI CID ROI 28966 FOR OFFICIAL USE ONLY

ACLU-RDI 5487 p.81

**Exhibit D** 



ACLU-RDI 5487 p.82

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

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	For use of this form	LawoRN <sup>f</sup> 8f2 n, see AR 190-45; 1			S
an an ann an		PRIVACY ACT S			
UTHORITY: Title 10	USC Section 301; Til	tle 5 USC Section 2	2951; E.O. 9397	7 dated November	22, 1943 <i>(SSN)</i>
RINCIPAL PURPOSE: To prov	ide commanders and I	law enforcement of	ficials with mea	ns by which inform	nation may be accurately on to facilitate filing and retrieval.
	icial security number is ure of your social secu			eans or identificati	on to racintate ning and removal.
ISCLOSURE: Disclos	ure of your social secc	2. DATE (	YYYYMMDD)	3. TIME	4. FILE NUMBER
Sth Lightning BIF		200	5/09/03	0500	
LAST NAME FIRST NAME. I	MIDDLE NAME	6.	SSN (b) (6)		7. GRADE/STATUS
ORGANIZATION OR ADDRES	2 C				
HAC 148 5B, BI	F Cam So: K	er I.coa f	APO AE C	29372	
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NITIALS OF PERSON MAKING	PAGE 2 OF 2 PAGES

#### FOR OFFICIAL USE ONL' Law Enforcement Sensitive

## Exhibit E

# ACLU DDI CID ROI 28970

ACLU-RDI 5487 p.85

FOR UPPICE Law Enforcement Sensure



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# Exhibit F

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ACLU-RDI 5487 p.89

FOR OFFICIAL USE ONLY Law Enforcement Sensitive



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FOR OFFICIAL USE ONLY Law Enforcement Sensitive

# Exhibit G

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#### FOR OFFICIAL USE ONLY Law Enforcement Sensitive

Exhibit H



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Exhibit I



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FOR OFFICIAL USE ONLY Law Enforcement Sensitive

## **Exhibit J**

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ACLU-RDI 5487 p.103

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29Aug 05	History of Past Medical Conditions: (circle H4m, de Splenie & colon poblicos Madefinie), de Splenie & colon poblicos
ic: C	Medication Allergies: (MØ) (YES) List:
	Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)
	Recent Injuries: (NO) (YES) Describe:



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PATIENT'S NAME IDENTIFICATION: ( 1) No or SSN: Sex. Date of Birth: Rank/Grade.)	For typed or written entries, giv	ve: Nance Tast, first, middle: REGIST	ER NO. WARD NO.
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Medical Record STANDARD FORM 600 (REV. 6.97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1 USAPA V2.00

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## Detainee Age: ACLU DDI CID ROI 28996

#### ACLU-RDI 5487 p.109

#### FOR OFFICIAL USE ONLY Law Enforcement Sensitive



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THE SERVICE TON. Date of Birth: Rank/Grade) CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record 1437-STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9 202-1 ACLU DDI CID ROI 28997 FOR OFFICIAL USE ONLY ACLU-RDI 5487 p.110

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Law Enforcement Sensitive

## 9234 05 CID259-36335 FOR OFFICIAL USE ONL Law Enforcement Sensitive

## Exhibit K

## ACLU DDI CID ROI 28998



## FOR OFFICIAL USE ONLY Law Enforcement Sensitive

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# OR OFFICIAL USE ONLY U234 05 CID259-36335 Law Enforcement Sensitive

## Exhibit L

### ACLU DDI CID ROI 29002 FOR OFFICIAL USE ONLY Law Enforcement Sensitive EXH000194 / /

FOR OFFICIAL USE ONL' Law Enforcement Sensitive

**Exhibit N** 



ACLU-RDI 5487 p.116

FOR OFFICIAL USE ONLY Law Enforcement Sensitive

#### FOR OFFICIAL USE ONLY 0234 05 010259-36335

#### CONVOY LIST OF REMAINS OF DECEASED PERSONNEL

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. FROM Lighting-BIF, 48th BC		2. TO Balad Mortuyary Affairs Colle LSA Anaconda, Iraq APO AE	ction Point 09391	3. DATE PREPAREI (YYYYMMDD) 20050831	D 4. PAGE 1 OF 1 PAGES
5. VEHICLE/AIRCRAFT	6. EVACUATION	7. TENTATIVELY IDENTIFIED DE			
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ACLU-RDI 5487 p.117

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#### OR OFFICIAL USE ONLY Law Enforcement Sensitive

#### **AGENT'S INVESTIGATIVE REPORT**

<u>9234 05 CID259-36335</u>

#### CID Regulation 195-1

PAGE 1 OF 1 PAGES

0216-05-CID919

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,  $SA^{b(6), b(7)(C)}$  interviewed MAJ b(6), b(7)(C) Medical Examiner (ME), AFTH, who stated he treated Mr. HAMMED on 30 Aug 05. MAJ b(6), b(7)(C) 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. MAJb(6), b(7)(C) 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. MAJb(6), b(7)(C) 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. MAJb(6), b(7)(C) stated Mr. HAMMED was only taking 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,  $SA^{b(6), b(7)(C)}$  coordinated with SGT b(6), b(7)(C) 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 elated Mr. HAMMED would be transported to Dover, Delaware for an autopsy. SA<sup>b(6), b(7)(C)</sup> exposed photographs of Mr. HAMMED utilizing a Cannon Power Shot SD200, digital camera.

At 2000, 31 Aug 05, SA<sup>b(6), b(7)(C)</sup>coordinated with MAJ b(6), b(7)(C), Patient Administration Department, AFTH, LSAA, who provided this office with copies of all medical documents pertaining to Mr. HAMMED.///LAST ENTRY///



## FOR OFFICIAL USE ONL 0216 05 CID919-Law Enforcement Sensitive 0234 05 CID259-36335 718309

Incident: Dem Date: 3125 Time: 0144

#### SIR/CCIR



Location of incident:

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#### Details of incident:

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#### ACLU-RDI 5487 p.119

## ACLU DDI CID ROI 29005 FOR OFFICIAL USE ONLY

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DNBI CATEGORY       GI         Cardiac       GI         Dermatologic       Heat/Cold         Endocrine       Infectious Disease         Fever, Unexplained       Injury, Rec./Sports	Injury, MVA Injury, Work/Training Injury,Other	Nephrology       Psychiatric, Stress         Ob/Gyn       Pulmonary         Ophthalmologic       STDs         Psychiatric, Mental       All Other Medical/Surgical
Image: Notatile       Image: Notatile         Image: Notatile       Image: Notatile	evel IV, Host Nation, Coalition F Unit	
	domen 🗌 Pelvis 🗌 Extrem	mity(Upper/ Lower) Other, specify:











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





# ACLU-REPIS 5/487/17pc.1r2r4.amedd.army.mil/PatientInformation/secured/PatientLocation/casemgr/.008/20/2005



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#### ACLU-RDI 5487 p.125

## FOAGLUCID CID ROI 29011 USE ONLY

STANDARD FORM 509 (REV. 7-91) BACK

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332nd EMDG/Balad, Iraq ACLU-RDI 5487 p.126	FACHLER C USE ONLY	ID ROI 29012
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#### PLEASE FILL OUT ALL GREY AREAS, OR SPECIMEN WILL NOT BE PROCESSED

DATE:	TIME:	ΓPRE-OP	ROUTINE
Patient Name (Last, First, MI): 809	Pt SSN/Pseudo SSN: - Pt UNIT/WARD/TMC/FOB:	Pt DOB:	Pt Sex: M F
Ordering Provider Name:	ED Ordering Provider E-mail:	Other Contact Inform	ation:

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1 Purp	le and Urine	- if female			4	2 Purples, 1 Greer	i, 1 B	lue and Urine -	<u>- if fema</u>	le
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					GLU	Neg		Chlamydia		Neg
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#### T:/LAB/Forms/332<sup>ND</sup> EMDG LABORATOR Y REQUEST FORM Page 1/2

## FOR OFFICIAL CID ROI 29017 USE ONLY

Updated 5 Jan 05



Provider who will get these r	esults:	RT	LT	CLAVICLE
Exam Requested circle	here if portable (ER/ICU/PACU only)⇔ <u>PORTABLE</u>	RT	LT S	SHOULDER
Chest X Ray 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 of	n same form as Plain Film (use separate form)	RT	LT	WRIST
CT_scan of the Ultr	asound of the	RT	LT	HAND
Head Face	Testicles	RT	LT	FEMUR
Cervical Spine	Legs (DVT study)	RT	LT	KNEE
Abdomen/Pelvis	RUQ	RT	LT	TIB/FIB
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marks See-Below Worse Unchanged Normal Better Findings shraphel "Check" means Position Adequate Device ET //Trach Heart (Normal See Below Lungs Normal) See Below Subclav Line IJ Line Pneumo NG/Feed Tube Yes No Chest Tube Thorax? - NAD, Neg for age. g area auté hemonage molving (R) Leninora Intraventrub. + porterios ponetal region





GLUCOSE	HI	115.	mg/dL	74.	<u> </u>	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.	<u> </u>	ЗО.
CK	HI	529.	U/L	55.	-	170.

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

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#### ACLU-RDI 5487 p.133

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## ACLU DDI CID ROI 29019 FOR OFFICIAL







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	CONVOY	Law Enforcement Se	EASED PER	RSONNEL <sup>4</sup>	> 010627-20
PURPOSE AND USE:	Sections 1481 through the section of	PRIVACY ACT STATEME gh 1488, EO 9397, Nov. 1943 (SS stablish initial identification of dece	NTN). ased personn	el.	
DISCLOSURE: Persor may result in imprope	nal information provide r identification of the c	d on this form is given on a volunta leceased person and person making	ry basis. Fail visual identif	ure to provide this i lication.	information, however,
1. FROM Lighting-BIF, 48th BC		2. TO Balad Mortuyary Affairs Colle LSA Anaconda, Iraq APO AE	ction Point	<b>3. DATE PREPAR</b> (YYYYMMDD) 20050831	ED 4. PAGE 1 OF 1 PAGES
5. VEHICLE/AIRCRAFT	6. EVACUATION	7. TENTATIVELY IDENTIFIED DE	CEDENT (If u	nidentified, so state	
ID NUMBER	NUMBER	a. NAME (Last, First, Middle Initial)	b. GRADE	c. SSN	d. ORGANIZATION
	(b)(6) Co./Balad	BTB: Hameed, Jaher	Detainee		Detainee # 2/3-014-B1437
		Nothing Follows			
			-	-	

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8. AIRCRAFT/VEHICLE				c. ORGANIZA	TION
DEPARTED	(b)(6)	Middle Initial)	<b>b. GRADE</b> (b)(6)	HHC 48th I	
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AGENT'S INVESTIGATION REPORT	ROI NUMBER 0234-05-CID259-36335
CID Regulation 195-1	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	ORGANIZATION	
	76 <sup>th</sup> MP Det (CID) (FW	D)
<sub>SA</sub> (b)(6), (b)(7)(C), (b)(7)(F)	Camp Slayer, Iraq APC	
SIGNATU h(C) h(7)(C)	DATE	EXHIBIT
D(O), D(I)(C)	7 Jun 06	A. 2
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ACLU-RDI 5487 P.R. SFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE 000243

1-34-05-010259-36335



#### ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner 1413 Research Blvd., Bldg. 102 Rockville, MD 20850 (b)(6)



#### **AUTOPSY EXAMINATION REPORT**

Name: BTB Hammed, Johar Nasir Internment Serial Number: 2/3-014-B1437

Autopsy Ne	o.: (b)(6)
AFIP No.:	

Date of Birth: Unknown Date of Death: 31 AUG 2005 Date of Autopsy: 06 SEP 2005 Date of Report: 29 MAY 2006 Rank: Civilian Place of Death: Camp Anaconda, Iraq Place of Autopsy: Port Mortuary Dover AFB, DE

**Circumstances of Death:** This believed to be 65 year old Iraqi male civilian detainee died from an acute intracerebral hemorrhage that occurred on 29 AUG 2005, after being detained by American forces. According to the CID investigation of the decedent's death the decedent was detained in the early morning hours on 29 AUG 2005 and suffered some abrasions and contusions by offering moderate resistance during his apprehension. Upon arrival to the detention center at approximately 0730 hrs, the decedent was reported to be awake, alert and oriented. A detention center medical team evaluated the decedent approximately 3 hours after arrival and cleared him medically. At about noon the same day, the decedent entered a portable toilet under his own power and without difficulty. Upon exiting the toilet, the decedent was witnessed to stagger and appeared dis-oriented with slurring of his speech. The decedent was transported to the local medical facility for treatment of a suspected

cerebrovascular accident (stroke). The decedent was diagnosed with an acute intracerebral bleed. The decedent was hospitalized for treatment and died on 31 AUG 06.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

**Identification:** Presumptive identification is established by the internment serial number and accompanying records.

CAUSE OF DEATH: Acute Cerebrovascular Accident due to Amyloid Angiopathy

#### MANNER OF DEATH: Natural

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information ActArogram", DoD Firetice PD9, Rearine 20054 Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply. ACLU-RDI 5487 p.136 FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

0234-05-CID259-36335 FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE AUTOPSY REPORT (b)(6) Page 2 of 10 **BTB Hammed, Johar Nasir** 

#### FINAL AUTOPSY DIAGNOSES:

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- Acute Intracerebral Hemorrhage 1.
  - 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)
- Blunt Force Injuries II.

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  $5.0 \ge 3.0$  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  $6.2 \ge 4.1$  cm contusion is on the left buttock

5. A  $1.5 \ge 1.0$  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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AUTOPSY REPORT (b)(6) **BTB Hammed, Johar Nasir** 

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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  $3.0 \ge 1.5$  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 toot
  - 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
- Injuries Suggestive of Wrist Restraint III.
  - 1. A 2.8 x 0.2 cm patterned linear abrasion of the right wrist that is 0.5 cm apart from a parallel  $2.0 \ge 0.2 \text{ cm}$  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  $1.2 \ge 0.2$  cm abrasion of the medial right wrist

#### Evidence of Probable Medical Intervention IV.

- 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
- Liver hemangioma  $(2.0 \times 1.5 \text{ cm})$ 4.
- 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  $1.0 \ge 1.0$  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:

# A 7.0 x 3.0 cm ecchymosis of the anterior left forearm A 7.0 x 3.0 cm ecchymosis of the posterior surface of the left hand A 7.0 x 2.0 cm ecchymosis of the posterior right forearm A 0.7 x 0.7 cm ecchymosis of the lateral right wrist FOR OFFICIAL USE ONLY LAW ENFORCEMENTS ENTRE CID ROI 29057

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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  $6.2 \times 4.1$  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

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anterior right wrist. On the medial aspect of the right wrist are a  $1.8 \ge 0.2$  cm abrasion and a  $1.2 \ge 0.2$  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  $2.0 \times 1.5$  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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#### **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 arteriolosclerosis with associated perivascular hemosiderin-laden macrophages.

Diagnoses: Brain, autopsy: 1. Parenchymal hemorrhage, acute, right inferior temporaloccipital region, with associated acute infarction, subarachnoid hemorrhage and subdural hemorrhage. 2. Amyloid angiopathy.

- 3. Arteriolosclerosis.
- 4. Non-specific neurodegenerative changes

Thank you for submitting this case for study.



on 12 APR

#### **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 andor 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 detainment 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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#### AUTOPSY REPORT<sup>(b)(6)</sup> **BTB Hammed, Johar Nasir**

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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.

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0234-05-00259-36335

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

REPLY TO ATTENTION OF

AFIP-CME-T

TO:

#### OFFICE OF THE ARMED FORCES MEDICAL EXAMINER

ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON, DC 20306-6000 PATIENT IDENTIFICATIONAFIP Accessions NumberSequence(b)(6)(b)(6)Name(b)(6)HAMMED, JOHARAutopsy:SSAN: XXU-05-0835Autopsy:Toxicology Accession #:(b)(6)

Date Report Generated: September 19, 2005

#### **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.



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