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DEPARTMENT OF THE ARMY
U.S. ARMY CRIMINAL INVESTIGATION COMMAND
Bucca CID Office

05 Aug 2006

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL/SSI - 0042-2006-CID579-79209 - 5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 07 MAR 2006, 0405 - 07 MAR 2006, 0426; BUILDING #2, COMPOUND 9B,
THEATER INTERNMENT FACILITY (TIF), CAMP BUCCA, UMM QASR, APO AE 09375,
IRAQ

DATE/TIME REPORTED: 07 MAR 2006, 0426

INVESTIGATED BY:

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

SA

SA

SA

SUBJECT:

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

VICTIM:

1. LABAIH, TAHA TURKI (DECEASED) ; CIV; IRAQ; 1 JAN 1969; ANBAR, IRAQ;
MALE; OTHER; BUILDING #2, COMPOUND 9B, THEATER INTERNMENT FACILITY
(TIF), CAMP BUCCA, UMM QASR, APO AE, IZ; XZ ; AKA: DETAINEE,
(b)(6), (b)(7)(C) [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

On 7 Mar 06, this office was notified by the Theater Internment Facility (TIF), Operations,
Camp Bucca, Iraq, APO AE 09375, that Detainee Taha Turki LABAIH, Internment Serial
Number (ISN) US9IZ-175891CI, died in Compound 9B, TIF, CBI

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ACLU DDII CID ROI 23145

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Investigation determined the cause of death for Detainee LABAIH was Atherosclerotic Cardiovascular Disease (Hardening of the Arteries) and the manner of death was natural. Toxicology tests for screened drugs of abuse and medications were negative.

STATUTES:

Not Applicable

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 8 Mar 06, documenting the basis for investigation, interviews of medical personnel, collection of evidence, certificate of death, hospital report of death, compound personnel rosters, Military Police blotter reports, and medical records, exposing photographs of Detainee LABAIH, interviews of witnesses, and identification of the body using biometrics.
2. Certificate of Death, 7 Mar 06, detailing the time and date of death as 0426, 7 Mar 06.
3. Hospital Report of Death, 7 Mar 06, detailing the preliminary cause of death to be Cardio respiratory Arrest.
4. Detainee In-processing Packet, 7 Mar 06, detailing biographical data, results of the Combined Review and Release Board, and Camp Bucca Facility Requests Forms (CBF-510) pertaining to Detainee LABAIH.
5. Compound 9B Personnel Roster, 7 Mar 06, detailing all of the detainees currently assigned to Compound 9B.
6. Military Police Blotter Report, DA Form 3997, 7 Mar 06, detailing the Tactical Operations Center (TOC) was notified by the Emergency Room, TIF Hospital of a detainee death at 0429, 7 Mar 06.
7. Medical Records of Detainee LABAIH, 8 Mar 06, detailing Detainee LABAIH was only treated once at the TIF Hospital for symptoms of a cold and diarrhea and the rest of the documents pertained to medical screenings during in-processing.
8. AIR of SA (b)(6),(b)(7)(C) 7 Mar 06, documenting witness and canvass interviews.

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

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9. Sworn Statement of SSGT (b)(6),(b)(7)(C) 7 Mar 06, relating his attempts to get Detainee LABAIH to the TIF Hospital.
10. Sworn Statement of SSGT (b)(6),(b)(7)(C) Mar 06, relating he provided over watch security while the medics assisted Detainee LABAIH.
11. Sworn Statement of AIC (b)(6),(b)(7)(C) 7 Mar 06, relating he observed several detainees carrying another detainee towards the sally port in a blanket and later observed the medics providing first aid to the detainee.
12. Sworn Statement of SSGT (b)(6),(b)(7)(C) 7 Mar 06, relating she received a call at 0350, 7 Mar 06 stating there was a detainee at the sally port gate of Compound 9B needing medical assistance and she witnessed the medics perform lifesaving measures on that detainee.
13. AIR of SA (b)(6),(b)(7)(C) 7 Mar 06, documenting the death scene examination.
14. Death Scene Sketch prepared by SA (b)(6),(b)(7)(C) Mar 06, documenting Compound 9B and the proposed location of where the detainee began having medical problems.
15. Compact disk 060042.579, containing the originals of all digital images exposed by USACIDC during this investigation. (USACRC, AFIP, and file copies only)
16. AIR of SA (b)(6),(b)(7)(C) 13 Mar 06, documenting a witness interview and collection of an English Translation.
17. Arabic Language Statement of Detainee (b)(6),(b)(7)(C) 13 Mar 06, relating he never told anybody Detainee LABAIH had been choked by someone, rather he was informed Detainee LABAIH died from choking on something or had a heart attack.
18. English Translation of Exhibit 17 prepared by Mr. (b)(6),(b)(7)(C) 13 Mar 06.
19. AIR of SA (b)(6),(b)(7)(C) 14 Mar 06, documenting the autopsy protocol and collection of a photographic disc containing all photos taken at the autopsy.
20. Compact disk 060042.579, containing digital images of the autopsy. (USACRC and file copies only)
21. AIR of SA (b)(6),(b)(7)(C) 03 Aug 06, documenting the receipt of the Final Autopsy Report.

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

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22. Final Autopsy Examination Report ME 06-0217, 05 Jul 06, which reflected the cause of death of Detainee LABAIH to be Atherosclerotic Cardiovascular Disease and the manner of death as natural.

23. Evidence/Property Custody Documents, DA Form 4137 (EPCD), Voucher (VO) # 073-06, 7 Mar 06 and # 074-06, 7 Mar 06.

Not Attached:

Retained in the evidence depository, Camp Arifjan, Kuwait:

24. Blanket, Item # 1, VO # 073-06

25. Boxer Shorts, Item # 1, VO # 074-06

26. T-Shirt, Item # 2, VO # 074-06

27. Pants and Gown, Item # 3, VO # 074-06

The originals of Exhibits 1, 8 thru 19, and 21 are forwarded with the USACRC copy of this report. The originals of Exhibits 2, 3, and 7 are retained in the files of the TIF Hospital, CBI. The originals of Exhibits 4 thru 6 are retained in the files of the TOC, TIF, CBI. The originals of Exhibits 20 and 22 are retained in the files of the Armed Forces Institute of Pathology (AFIP), Rockville, MD. The originals of Exhibit 23 are retained in the files of the Camp Arifjan Evidence Depository, Camp Arifjan, Kuwait.

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

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REPORT PREPARED BY

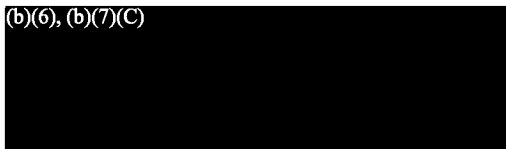
(b)(6), (b)(7)(C), (b)(7)(F)



Special Agent

REPORT APPROVED BY

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



Special Agent-in-Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

THRU: 10TH MP BN (CID)(OPERATIONS)

THRU: CDR, 3D MP GROUP (CID)(OPERATIONS)

TO: CDR, USACIDC (ATTN: CIOP-COP-CO), Fort Belvoir,
43D MP BDE, BATTLE CAPTAIN, BAGHDAD, IRAQ
21ST MP DETACHMENT (CID), ARIFJAN, KUWAIT
DIRm AFIP, ATTN: OAFME, Rockville, MD

COMMANDER, 785TH MP BN, TIF, UMM QASR, IRAQ, APO AE 09375

COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

STAFF JUDGE ADVOCATE, CAMP BUCCA, UMM QASR, IRAQ, APO AE 09375

COMMANDER, MNF-I, TASK FORCE 134

DEPUTY COMMANDER, FOB BUCCA, UMM QASR, IRAQ, APO AE 09375

FILE

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ACLU DDII CID ROI 23149

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

PAGE 1 OF 3

DETAILS

BASIS FOR INVESTIGATION: On 7 Mar 06, this office was notified by the Theater Internment Facility (TIF), Operations, Camp Bucca, Iraq, APO AE 09375, that Detainee Taha Turki LABAIH, Internment Serial Number (ISN) (b)(6), (b)(7)(C) died in Compound 9B, TIF, CBI.

About 0445, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed CPT (DR) (b)(6), (b)(7)(C) 344th Task Force Medical (TFM), TIF Hospital, TIF, CBI, who stated he was informed by the compound medics Detainee LABAIH was unresponsive and in cardiac arrest when they made it to him. He stated he was also told by the medics they performed life saving measures by hooking Detainee LABAIH up to an Automatic External Defibrillator (AED), which is used to analyze the heart, and provide a shock if necessary. CPT (b)(6), (b)(7)(C) stated he was informed the AED never shocked Detainee LABAIH because it never detected a rhythm. He also stated the medics stated they performed Cardiac Pulmonary Resuscitation (CPR) while taking Detainee LABAIH to the TIF Hospital for medical treatment. CPT (b)(6), (b)(7)(C) stated Detainee LABAIH was brought into the Emergency Room (ER) at about 0405, 7 Mar 06, and he was not talking, pulse-less, unresponsive, not breathing, eyes closed, and no movement at all. CPT (b)(6), (b)(7)(C) stated Detainee LABAIH was hooked up to a cardiac monitor, which was flat lined, hooked up to an intravenous (IV) line, and CPR continued. CPT (b)(6), (b)(7)(C) stated resuscitative medication such as atropine, epinephrine, glucose, and bicarbonate were administered. CPT (b)(6), (b)(7)(C) stated there was not one time when Detainee LABAIH had any signs of life after being brought into the ER and stated Detainee LABAIH had gone into full cardiac arrest in Compound 9B. CPT (b)(6), (b)(7)(C) stated Detainee LABAIH did not have any obvious signs of trauma, scars, or signs of chronic illness in his medical history. CPT (b)(6), (b)(7)(C) stated Detainee LABAIH arrived with just his clothing on and no personal items, to include his Detainee Identification Tag, which was missing. CPT (b)(6), (b)(7)(C) stated he pronounced Detainee LABAIH dead at 0426, 7 Mar 06. CPT (b)(6), (b)(7)(C) provided a copy of the Certificate of Death and a Hospital Report of Death, which revealed the manner of death was unknown at this time. (See Certificate of Death and Report of Death for details)

About 0515, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) 601st Area Support Medical Company (ASMC), Medic, TIF, CBI, who stated he was working at Compound 9 and was called over to quad 9A in reference to a detainee with a headache or stomach ache. SPC (b)(6), (b)(7)(C) stated a guard from quad 9B came over and told him Detainee LABAIH was brought up to the fence and asked if he could take a look at Detainee LABAIH. SPC (b)(6), (b)(7)(C) stated when he walked over to quad 9B he saw Detainee LABAIH on a blanket and he was unconscious with no signs of trauma. He stated he accessed Detainee LABAIH who was breathing weakly and had a weak pulse. SPC (b)(6), (b)(7)(C) stated the translator related the other detainees tried to wake Detainee LABAIH up for prayer time and noticed he was breathing very fast. SPC (b)(6), (b)(7)(C) stated he asked one of the guards to tell the ambulance to drive up to quad 9B. He stated Detainee LABAIH went into complete cardiac arrest and he began cardiopulmonary resuscitation (CPR). SPC (b)(6), (b)(7)(C) stated with the help of SPC (b)(6), (b)(7)(C) 601st AMSC, Medic, TIF, CBI, he connected the leads of the Automatic External Defibrillator (AED) to Detainee LABAIH, and then Detainee LABAIH was loaded into the ambulance. SPC (b)(6), (b)(7)(C) stated he continued with CPR while SPC (b)(6), (b)(7)(C) drove them to the

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

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

ER

21st MP DET (CID) (FWD)

Camp Bucca CID

Camp Bucca, IZ APO AE 09375

DATE

8 Mar 06

EXHIBIT

1/1-3/

ONLY LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

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DETAILS

hospital, once at the hospital they unloaded the detainee from the ambulance and took the detainee into the emergency room (ER). SPC (b)(6), (b)(7)(C) stated the ER staff continued with the medical treatment.

Between 0516-0518, 7 Mar 06, SA (b)(6), (b)(7)(C) collected a pair of grey boxer shorts, one yellow t-shirt, one pair of yellow pants, and one yellow gown as evidence, which was removed by SGT (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 344th TFM, TIF Hospital, TIF, CBI from Detainee LABAIH in order to render proper medical aid. (See Evidence/Property Custody Document (EPCD) for details)

About 0520, 7 Mar 06, SA (b)(6), (b)(7)(C) exposed digital photographs of Detainee LABAIH, while in the Emergency Room, TIF Hospital, TIF, CBI, using a Nikon Coolpix 4300 digital camera with automatic flash, which did not reveal any signs of external trauma to his body. (See Photographic Compact Disc for details)

About 0522, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed SPC (b)(6), (b)(7)(C) 601st AMSC, Medic, TIF, CBI, who stated he was outside the wire of Compound 9 waiting in the ambulance. He stated SPC (b)(6), (b)(7)(C) went in to compound 9 to check on a detainee. SPC (b)(6), (b)(7)(C) stated a short time later a guard came over to the ambulance and told him a detainee needed to be transported. He stated he entered the compound and found SPC (b)(6), (b)(7)(C) at quad 9B in the sally port with Detainee LABAIH. SPC (b)(6), (b)(7)(C) stated SPC (b)(6), (b)(7)(C) asked him to get a J tube and the oxygen. SPC (b)(6), (b)(7)(C) stated he went back to the Ambulance and brought the J tube, the oxygen and a stethoscope back with him to the sally port. He stated when he came back SPC (b)(6), (b)(7)(C) told him Detainee LABAIH was in full cardiac arrest and he needed the AED. SPC (b)(6), (b)(7)(C) stated he went back to the Ambulance and brought the AED back with him to the sally port. He stated when he came back SPC (b)(6), (b)(7)(C) had already started CPR and he helped SPC (b)(6), (b)(7)(C) connect the leads of the AED to Detainee LABAIH. SPC (b)(6), (b)(7)(C) stated he ran a test with the AED and the test results said no shock advised. SPC (b)(6), (b)(7)(C) stated he helped SPC (b)(6), (b)(7)(C) load the detainee into the ambulance and they took him to the TIF hospital ER. He stated when Detainee LABAIH was brought into the ER the medical staff took over. SP (b)(6), (b)(7)(C) stated he did not see any trauma on the detainee.

About 0545, 7 Mar 06, SA (b)(6), (b)(7)(C) coordinated with PV2 (b)(6), (b)(7)(C) Detainee Processing, 785th Military Police Battalion (MP BN), Headquarters Headquarters Company (HHC), TIF, CBI. PV2 (b)(6), (b)(7)(C) positively identified the deceased as Detainee LABAIH through the use of a Biometric Automated Tool Set (BATS) IRIS retinal scanner. SA (b)(6), (b)(7)(C) collected all documents in Detainee LABAIH'S file, and a Personal Data Report from BATS. A review of these documents revealed biographical data and miscellaneous in processing paperwork on Detainee LABAIH. The paperwork did not reveal anything of evidentiary value. (See Detainee In-processing Packet for details)

About 0555, 7 Mar 06, SA (b)(6), (b)(7)(C) coordinated with PV2 (b)(6), (b)(7)(C) and obtained a copy of the Compound 9B Detainee Personnel Roster which details all detainees which were currently assigned to Compound 9B on 7 Mar 06. (See Compound 9B Detainee Personnel Roster for details)

TYPE OF SYNTAX AND SEQUENCE NUMBER

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

21st MP DET (CID) (FWD)
Camp Bucca CID
Camp Bucca, IZ APO AE 09375

DATE

8 Mar 06

EXHIBIT

112-3

ACLU-RDI CID ROI 23151

LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

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DETAILS

About 0640, 7 Mar 06, SA (b)(6), (b)(7)(C) obtained a copy of the Military Police Blotter Report from Airmen (b)(6), (b)(7)(C) TIF Control, 886th Expeditionary Security Forces Squadron (ESFS), CBI, which revealed TIF Control was notified by ER personnel at approximately 0429, 7 Mar 06, Detainee LABAIH died of cardiac arrest while enroute to the hospital. (See Military Police Blotter, DA Form 3997, for details)

About 1528, 7 Mar 06, SA (b)(6), (b)(7)(C) conducted a check of the Detainee Reporting System (DRS) for Detainee LABAIH, which revealed he was currently assigned to Compound 9B, TIF, CBI.

About 1636, 8 Mar 06, SA (b)(6), (b)(7)(C) obtained medical treatment records of Detainee LABAIH from SGT (b)(6), (b)(7)(C) 344th Task Force Medical (TFM), Patient Administration Division (PAD), Camp Bucca TIF Hospital, CBI. A review of Detainee LABAIH'S medical records revealed he was only treated at the TIF Hospital once for a cold and diarrhea and the other visits were merely in processing screenings. The medical records did not show anything of evidentiary value to support Detainee LABAIH had any previous medical problems which could have contributed to his sudden death. (See Medical Treatment Record for details)

///-----LAST ENTRY----- ///

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

SA

21st MP DET (CID) (FWD)
Camp Bucca CID
Camp Bucca, IZ APO AE 09375

DATE

8 Mar 06

EXHIBIT

1(3-3)

ACLU-RDI 5519 p.8
ENFORCEMENT SENSITIVE
000008

FOUO

SN: 175891

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)				0042 06 CID 579 79209	
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom, Prénom, Second)			ARMED SERVICES Arme		SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
Labaih, Tah					
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe	
		unknown	(b)(6) 1969	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Négréide		MARRIED Marié		CATHOLIC Catholique	
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) unknown		WIDOWED Veuf		JEWISH Juif	
NAME OF NEXT OF KIN Nom du plus proche parent			RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit		
unknown					
STREET ADDRESS Domicile à (Rue)			CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)		
MEDICAL STATEMENT Déclaration médicale					
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort					Cardiorespiratory Arrest
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					acute
ANTECEDENT CAUSES Symptômes précurseurs de la mort		MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives					
MODE OF DEATH Condition de décès		AUTOPSY PERFORMED Autopsie effectuée		CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle		<input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non			
ACCIDENT Mort accidentelle		MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie			
SUICIDE Suicide		NAME OF PATHOLOGIST Nom du pathologiste			
HOMICIDE Homicide		SIGNATURE Signature		DATE Date	
				AVIATION ACCIDENT Accident à Avion	
				<input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, jour, mois, année)		PLACE OF DEATH Lieu de décès			
0426, (b)(6) 2006		Emergency Room, TIF Hospital, Camp Bucca, Iraq			
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.					
NAME OF MEDICAL OFFICER Nom du médecin militaire		TITLE OR DEGREE Titre ou diplôme			
(b)(6)		Doctorate in Medicine			
GRADE Grade		INSTALLATION OR ADDRESS Installation ou adresse			
(b)(6)		344th Med Task Force, Camp Bucca IRAQ			
DATE Date		SIGNATURE Signature			
7 MAR 06		(b)(6)			

1 State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc

2 State conditions contributing to the death, but not related to the disease or condition causing death.

3 Préciser la nature de la maladie, de la blessure ou de la complication contribuant à la mort, mais n'ayant pas causé la mort.

4 Préciser la condition qui a contribué à la mort, mais n'ayant pas causé la mort.

FOUO

CID ROI 23154

ACLFOR 2165549 p.9

REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R (PAS), 26 SEP 1975, WHICH ARE OBSOLETE

USAPA V1.0

F. 600002 (1-2)

~~FOUO~~

0042 06 C 1579 79209 175891

~~LAW ENFORCEMENT SENSITIVE~~
CERTIFICATE OF DEATH

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

FROM:

TO:

NAME (Last, first, MI) Labaih, Tah		GRADE	SERVICE NUMBER
NATIONALITY unknown	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE unknown	
PLACE OF BIRTH unknown		DATE OF BIRTH (b)(6) 1969	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN unknown		FIRST NAME OF FATHER	
PLACE OF DEATH Camp Bucca, TIF	DATE OF DEATH (b)(6) 2006	CAUSE OF DEATH Cardiorespiratory Arrest	
PLACE OF BURIAL		DATE OF BURIAL	
IDENTIFICATION OF GRAVE			

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

☐ RETAINED BY DETAINING POWER ☐ FORWARDED WITH DEATH CERTIFICATE TO (Specify) ☒ FORWARDED SEPARATELY TO (Specify) **CID**

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

37 y/o male without prior medical history arrived in full cardiac arrest by medics, resuscitation measures done without success. Patient declared dead.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE (b)(6) 2006	SIGNATURE OF MEDICAL OFFICER (b)(6)
	SIGNATURE OF COMMANDING OFFICER	
	WITNESSES	
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS

~~FOUO~~

DA FORM 2669-R, MAY 82

~~LAW ENFORCEMENT SENSITIVE~~

Ex 000010 (2-2)

~~FOUO~~

ISN: 115071

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40-40. THE PROPONENT AGENCY IS OCSA OF THE ARMY.

NAME AND LOCATION OF HOSPITAL: 00426 CID 579 79209
00426 TIF IRAQ

~~LAW ENFORCEMENT SENSITIVE~~

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

Prepare, in one copy only, items 1 through 10 and sign item 11. Print or type entries.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

(b)(6)

Labairh, Taha

DOB: 1969 (b)(6)

Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number

2. TIME OF DEATH (Hour-day-month-year)

0426

3. MEDICAL EXAMINER/ CORONER'S CASE

☐ YES ☒ NO

4. RELIGION

unknown

5. CHAPLAIN NOTIFIED

☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

TIF, (RCA) [Signature]

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Cardiorespiratory Anest

sudden

7b. ANTECEDENT CAUSES (Preexisting conditions, if any, giving rise to the above cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1)

(2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.

b.

9. DATE

(b)(6)

06

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

☐ YES

☒ NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

BN-S-1 **FOUO** dead 3/7/06
0042 06 C10579 79209

LAW ENFORCEMENT SENSITIVE				DATE (YYYYMMDD)	
Detainee Information Sheet				2006/03/06	
NAME (Last, First, M) (AKA) LABAIH, TAHA TURKI					
SEQ 175891		ISN NUMBER (b)(6), (b)(7)(C)		HOUSING COMPOUND 09B-	
Left Profile		Left 45		Frontal	
Right 45		Right Profile			
(b)(3)					
Theater CENTCOM		Power Served IRAQ		Capturing Country UNITED STATES OF AME	
ICRC AL HUISSI		Compound COMPOUND 09B			
Capture Tag (DD2745) K0835		Capture Date 2005/07/20		Capture By 2MEF 150TH EN	
Circ. of Capture UNKNOWN		Grid/Coor ANBAR			
Physical Condition GOOD		Enemy Unit		Hard Labor NO	
Marital Status Married					
Foreign ISN		MI Number 2MEF 17-1028		Sex Male	
Age 37		Date of Birth 1969/01/01			
Race YELLOW (A)		Ethnic Group UNKNOWN		Nationality IRAQ	
Religion SUNNI-ISLAM		Hair Color BLACK		Eye Color BROWN	
Confinement Type DETAINED		Military Service		Height 64	
Weight 171		Custody MIN			
Presence IN FACILITY		Status GENERAL POPULATION		Place of Birth ANBAR, GV IRAQ	
Citizenship IRAQ		Place of Confinement CAMP BUCCA 105TH MP BN UMM QASR, GV (318) 853-1037		Arrival Date 2005/10/02	
Sentence Information:					
Current MXRD:		Court Martial Type:			
MRD:		Discharge:			
NO SENTENCE INFORMATION					
Alias:					
Alias		From Date		To Date	
Languages:					
Language				Skill Level	
ARABIC-MODERN					
Property:					
Property		Date		Tag	
Disposition		Qty			
13,750 DINAR, ID CARD, WATCH, PA		2005/07/29		683	
Civilian School:					
School Name		Age		Highest Grade Completed	
Degree		From Date		To Date	
UNKNOWN				12	
FOUO					
Civilian Employer:					
Employer Name		Type of Work		Salary	
Full/Part Time		From Date		To Date	

LAW ENFORCEMENT SENSITIVE

ACLU IDH C1644(1-0)

FOUO

SEE COS FIELD		LAW ENFORCEMENT SENSITIVE					004206 CID 579 79209
Family Address:							
Address	City	State	Phone	From Date	To Date	HOR	
AL AMRIA	FALLUJAH					Yes	
CONTINUED							

DRS Detainee Information Report 2006/03/08

Page 1

FOUO**LAW ENFORCEMENT SENSITIVE EXHIBIT**

FOUO

0042 06 CID 579 79209

LAW ENFORCEMENT SENSITIVE					DATE (YYYYMMDD)	
Detainee Information Sheet					2006/03/06	
NAME (Last, First, M) (AKA) LABAIH, TAHA TURKI						
SEQ 175891		IDN NUMBER (b)(6), (b)(7)(C)		HOUSING COMPOUND 09B-		
Family Members:						
Name	Relationship	Phone	Next of Kin	Emergency Contact	Dependant	
(b)(6), (b)(7)(C)	MOTHER					
	FATHER					
			✓			
	OTHER					
LAST ITEM						
FOUO						

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID R0123159

FOUO

0042 06 CID579 79209

LAW ENFORCEMENT SENSITIVE

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

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

NDRS PROCESS

ISN

Detainee's Name (Print)

Your Name

Date

10/07/05

1) Photograph system

2) Capture tag #

3) Confirm all information is in system (Signature of person inputting info)

4) QC by Supervisor

5) Print 2 Dossiers and Detainee Personnel Report (Must have photos on both)

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

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

BIRTHDAY (YYYY/MM/DD):	1969 / 1 / 11	EDUCATION. 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	
NATIONALITY:	Iraqi	OCCUPATION:	Mechanic
EYE COLOR:	Brown	EMPLOYER NAME	Alaakha.com
HAIR COLOR:	Black	ADDRESS:	Ummirayah - Sakhiriyah
RELIGION: SHITE/SUNNI/OTHER		CITY/COUNTRY:	ALANbar / Iraq
SERVICE #:		TELEPHONE #:	
CAPTURE DATE (YYYY/MM/DD):	2005 / 7 / 20	NEXT OF KIN 1ST NAME:	(b)(6), (b)(7)(C)
LOCATION OF CAPTURE:	ALANbar	NEXT OF KIN MIDDLE NAME:	
MARITAL STATUS:	Married	NEXT OF KIN LAST NAME:	
BIRTH CITY:	ALANbar	NEXT OF KIN RELATIONSHIP:	Father
BIRTH COUNTRY:	Iraq	NEXT OF KIN ADDRESS:	Same as above
CITIZENSHIP:	Iraqi	NEXT OF KIN CITY/COUNTRY:	Same as above
FIRST NAME:	(b)(6), (b)(7)(C)	FATHER'S FIRST NAME:	Same as and name
MIDDLE NAME:	(b)(6), (b)(7)(C)	FATHER'S MIDDLE NAME:	Same as 3rd name
LAST NAME:	(b)(6), (b)(7)(C)	FATHER'S LAST NAME:	Same as Last name
OTHER NAME:		MOTHER'S 1ST NAME:	(b)(6), (b)(7)(C)
OTHER NAME:		MOTHER'S MIDDLE NAME:	
OTHER NAME:		MOTHER'S LAST NAME:	

Arabic

FOUO

EXHIBIT 4(4-10)

LAW ENFORCEMENT SENSITIVE

ACLU DDH OIR 23160

#	Facility Request Form Bucca Form 510, Aug 2004		1. Date: (YYYYMMDD) 2005/11/12
2. To:	Facility Commander Superintendent Operations Branch Services Branch Other: (b)(6), (b)(7)(C) 09		
Request that I be authorized to speak to the following section or have the following question answered			
3. Request To Name, Title or Section:	LEGAL LAW ENFORCEMENT SENSITIVE		
4a. SUBJECT AND PURPOSE OF REQUEST: (Be Specific) Asking A memorandum for Record			
b. Name of Internee:	c. ISN: (b)(6), (b)(7)(C)	d. Compound:	e. Bldg/Tent/Cell #:
Taha Turkey Lbag		2	9
ACTION (Do not write below. To be filled out by facility staff only)			
5a. Request or Interview Was: <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> UNAUTHORIZED (Show reason under Remarks)		b. Date: (YYYYMMDD)	
6a. Forward To (Name and/or Section)		b. Date: (YYYYMMDD)	
7a. REMARKS or DISPOSITION			
8. Name, Grade, Title & Signature of Disposition Official:		(b)(6), (b)(7)(C) c. Date: (YYYYMMDD) NOV 14 2005	

All requests will be answered in a timely manner. Upon completion Return to Services Branch for filing

#	Facility Request Form Camp Bucca Form 510, Aug 2004		1. Date: (YYYYMMDD) 22 - OCT - 2005
2. To:	Facility Commander Superintendent Operations Branch Services Branch Other: Legal		
Request that I be authorized to speak to the following section or have the following question answered			
3. Request To Name, Title or Section:	LEGAL		
4a. SUBJECT AND PURPOSE OF REQUEST: (Be Specific) Asking A memorandum for Record			
b. Name of Internee:	c. ISN: (b)(6), (b)(7)(C)	d. Compound:	e. Bldg/Tent/Cell #:
Taha Turkey Lbag		2	9
ACTION (Do not write below. To be filled out by facility staff only)			
5a. Request or Interview Was: <input type="checkbox"/> AUTHORIZED <input type="checkbox"/> UNAUTHORIZED (Show reason under Remarks)		b. Date: (YYYYMMDD)	
6a. Forward To (Name and/or Section)		b. Date: (YYYYMMDD)	
7a. REMARKS or DISPOSITION			
b. Name, Grade, Title & Signature of Disposition Official:		(b)(6), (b)(7)(C) c. Date: (YYYYMMDD) OCT 24 2005	

All requests will be answered in a timely manner. Upon completion Return to Services Branch for filing

FOUO

0012 06 CID 579 79209

PERSONAL DATA REPORT

GENERAL INFORMATION

Dossier: {3291BF90-FEE9-4760-92C0-515865B663A3}

Enroll Date: 7/23/2005 1:57:41 PM

Enrollment IRQ:155 BCT:2nd MP BN:FOB KALSU

Station:

Person Type:

Title:

Name (F,M,L,T): TAHA TURKI LABACH ()

Full Name:

WMD Category:

Operational
Status:

Occupation:

National ID #: (b)(6), (b)(7)(C)

Gender: MALE

Race: CAUCASIAN

Hair Color: BLACK

Eye Color: BROWN

Build: MEDIUM/AVERAGE

Height (in): Min: 65

Max:

Weight (lb): Min: 176

Max:

ON ALERT? YES

JIHAD FIGHTER



PERSONAL DATA

Birthdate: 01JUL1969

Death Date:

Religion: ISLAM-SUNNI

Primary IRAQI

Nationality:

2nd Nationality:

Ethnicity: ARAB

Marital Status: MARRIED

Personnel Status: UNKNOWN

ALIASES

Alias (F,M,L,T):

AKA Full Name:

Nickname: ABU YASSIM

Comments:

PLACE OF BIRTH

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23165-10)

EXHIBIT Page 1 of 3
000019

FOUO

0042 06 CID 579 79209

Birthplace: SAKHRIA, AL OWESAT, AL ANBAR, IRAQ

LAW ENFORCEMENT SENSITIVE

ID NUMBERS

ID Number Type

ID Number

CAP TAG

K0835

CAPTURE INFORMATION

Evacuation Date:

MP Number: 45690

Capture Date: 210200ZJUL2005

Capture Unit: 2MEF

Place: IRAQ, AL ANBAR, AL OWESAT, SAKHRIA, 38SMB1600059000

Documents: NONE

Circumstances: SUSPECTED LEADER OF TAWEED AL JIHAD CELL

Weapons/Equip: NONE

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification

U.S. Relationship Status

DoD Relationship Status

PASSPORT INFORMATION

Type

Number

Issue Date

Expiration
Date

Country

Authority

PERSONAL TRAITS

LANGUAGE(S)

Language Name:

Language Proficiency

Is Native Language

ARABIC, MODERN STANDARD

NATIVE PROFICIENCY

YES

Comments: NONE

ADDRESSES

To: PRESENT

IRAQ

From:

ANBAR, IRAQ, FALLUJAH, FALUJAH,

Comments:

EMPLOYMENT HISTORY

- PRESENT; ; ; UNEMPLOYED, CLAIMS TO BE ON THE PAYROLL OF THE FORMER MILITARY OPTICAL FACILITY IN AL AMERIYAH RECEIVING ID 200,000 MONTHLY WHILE THE COMPANY IS IN SOME KIND OF TRANSITION TO PRIVATE OWNERSHIP. WORKS ON SMALL FARM WITH 3 DONEMS.; ; ; ; ;

MILITARY SERVICE HISTORY

- PRESENT; AR; ; ; 1988; SERVED 45 DAYS AND RELEASED FROM ACTIVE DUTY TO WORK FOR DEFENSE COMPANY MANUFACTURING MILITARY OPTICAL DEVICES IN AL AMERIYAH.; ; ; ; ;

PHONE NUMBERS

Type

Intl

Area Code

Phone #

Ext.

VEHICLE INFORMATION

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23168 (4/9-10)

EXHIBIT Page 2 of 3
000020

3/7/2006

ACLU-RDI 5519 p.18

FOUO

0042 06 CID 579 79209

RELATIVES

Relation First

LAW ENFORCEMENT SENSITIVE

Birthdate

Cousin HAMEED MUHAMMED SARHAN

Residence: AL-AMERIA/ FALLUJAH/ ANBAR

Occupation:

Age/Descr:

Dossier #:

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 4(10-10)
ACLU DDII CID RO 23167

#	ISN	LAST NAME	LAW ENFORCEMENT	HOLDING AREA
1	(b)(6), (b)(7)(C)			COMPOUND 09B
2				COMPOUND 09B
3				COMPOUND 09B
4				COMPOUND 09B
5				COMPOUND 09B
6				COMPOUND 09B
7				COMPOUND 09B
8				COMPOUND 09B
9				COMPOUND 09B
10				COMPOUND 09B
11				COMPOUND 09B
12				COMPOUND 09B
13				COMPOUND 09B
14				COMPOUND 09B
15				COMPOUND 09B
16				COMPOUND 09B
17				COMPOUND 09B
18				COMPOUND 09B
19				COMPOUND 09B
20				COMPOUND 09B
21				COMPOUND 09B
22				COMPOUND 09B
23				COMPOUND 09B
24				COMPOUND 09B
25				COMPOUND 09B
26				COMPOUND 09B
27				COMPOUND 09B
28				COMPOUND 09B
29				COMPOUND 09B
30				COMPOUND 09B
31				COMPOUND 09B
32				COMPOUND 09B
33				COMPOUND 09B
34				COMPOUND 09B
35				COMPOUND 09B
36				COMPOUND 09B
37				COMPOUND 09B
38				COMPOUND 09B
39				COMPOUND 09B
40				COMPOUND 09B
41				COMPOUND 09B
42				COMPOUND 09B
43				COMPOUND 09B
44				COMPOUND 09B
45				COMPOUND 09B

FOUO

Report corrections on a Detainee Movement Sheet and report to control for Processing to make corrections. 1of5

FOUO
ACLU DDH CID ROI 23168
LAW ENFORCEMENT SENSITIVE
 Exhibit 5 (15)
 000022

FOUO

Compound 5

0042 06 C10579 79209

12:34 PM

79209

46	(b)(6), (b)(7)(C)	COMPOUND 09B
47		COMPOUND 09B
48		COMPOUND 09B
49		COMPOUND 09B
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51		COMPOUND 09B
52		COMPOUND 09B
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88		COMPOUND 09B
89		COMPOUND 09B
90		COMPOUND 09B
91		COMPOUND 09B

FOUO

Report corrections on a Detainee Movement Sheet and report to control for Processing to make corrections. 2of5

LAW ENFORCEMENT SENSITIVE

ACLU RDI 5519 RQI 23169

EXHIBIT 5(2-5)

FOUO
Compound 9B

0042 06 CID 579 12:34 PM 7/9/2009

92	(b)(6), (b)(7)(C)	COMPOUND 09B
93		COMPOUND 09B
94		COMPOUND 09B
95		COMPOUND 09B
96		COMPOUND 09B
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131		COMPOUND 09B
132		COMPOUND 09B
133		COMPOUND 09B
134		COMPOUND 09B
135		COMPOUND 09B
136		COMPOUND 09B
137		COMPOUND 09B

Report corrections on a Detainee Movement Sheet and report to Control for Processing to make corrections. 3of5

FOUO

LAW ENFORCEMENT SENSITIVE **ACLU DDJ CID ROI 23170** **EXHIBIT 3(3-5)**

FOUO
Compound 9B

12:34 PM

0042 06 CID 579 79209

138	(b)(6), (b)(7)(C)	SENSITIVE
139		COMPOUND 09B
140		COMPOUND 09B
141		COMPOUND 09B
142		COMPOUND 09B
143		COMPOUND 09B
144		COMPOUND 09B
145		COMPOUND 09B
146		COMPOUND 09B
147		COMPOUND 09B
148		COMPOUND 09B
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177		COMPOUND 09B
178		COMPOUND 09B
179		COMPOUND 09B
180		COMPOUND 09B
181		COMPOUND 09B
182		COMPOUND 09B
183		COMPOUND 09B

FOUO

Report corrections on a Detainee Movement Sheet and report to control for Processing to make corrections. 4of5

LAW ENFORCEMENT SENSITIVE**ACLU RDI CID ROI 23171****EXHIBIT 5(4-5)**
000025

FOUO
Compound 9B

12:34 PM

0042 06 CID 579 79209

184	(b)(6), (b)(7)(C)	SENSITIVE
185		COMPOUND 09B
186		COMPOUND 09B
187		COMPOUND 09B
188		COMPOUND 09B
189		COMPOUND 09B
190		COMPOUND 09B
191		COMPOUND 09B
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217		COMPOUND 09B
218		COMPOUND 09B
219		COMPOUND 09B
220		COMPOUND 09B
221		COMPOUND 09B
222		COMPOUND 09B
223		COMPOUND 09B

Report corrections on a Detainee Movement Sheet and report to control for processing to make corrections. 5of5

FOUO
LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23172

FOUO

(From 0001 to 2400 hours)

PAGE NO. 1

MILITARY POLICE BLOTTER

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

LAW ENFORCEMENT SENSITIVE /2006

NO. OF PAGES

4

UNIT OR STATION IDENTIFICATION

0042 06 CID 579 79209

Camp Bucca Detention Facility, Camp Bucca, Iraq APO AE 09375

ENTRY TIME SUMMARY OF COMPLAINT, INCIDENT, POLICE INFORMATION SUMMARY OF ACTION ENTERED BY

1.	0001	INFORMATION SrA (b)(6), (b)(7)(C) continues duties as RTO and Blotter Clerk. SrA (b)(6), (b)(7)(C) continues duties as Alarm Monitor.	Logged	(b)(6), (b)(7)(C)
2.	0002	DETAINEE MOVEMENT ISN (b)(6), (b)(7)(C) was transferred from Compound 8 to Compound 6W.	Compound 8 686 Compound 6W 28	(b)(6), (b)(7)(C)
3.	0110	ALARM ACTIVATION Sensor: Intrusion Alarm from Sensor #843-001 Notifications: Rover Control Status: 0116: Alarm Terminated. All Secure, Unknown Cause for Alarm	Logged	(b)(6), (b)(7)(C)
4.	0345	INFORMATIONAL Compound 9 notified Viper Base ISN (b)(6), (b)(7)(C) was suffering from severe abdominal pains and headaches. ER was contacted and responded.	Logged	(b)(6), (b)(7)(C)
5.	0429	DETAINEE DEATH ER notified Viper Base ISN (b)(6), (b)(7)(C) died from cardiac arrest while en route to ER from Compound 9 sally port. Further investigation revealed (b)(6), (b)(7)(C) was brought to the sally port from bravo quad by other detainees while medic was on scene. Detainees stated he would not wake up for morning prayer. 0426: Time of death. Notifications: CID, Processing and Compound 9.	S-3 Notified	(b)(6), (b)(7)(C)
6.	0516	ALARM ACTIVATION Sensor: Intrusion Alarm from Sensor #834-001 Notifications: Rover Control Status: 0519: Alarm Terminated. All Secure, Unknown Cause for Alarm	Logged	(b)(6), (b)(7)(C)
7.	0542	ISN COUNT Compound 3 reports completed ISN count: 879 Assigned / 879 Present: Compound 3A reports completed ISN count: 218 Assigned / 218 Present.	Logged	(b)(6), (b)(7)(C)

FOUO

DA FORM 3997, DEC 1998

DA FORM 2997, DEC 72, IS OBSOLETE

LAW ENFORCEMENT SENSITIVE CID ROI 23173

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

FOUO

0042 06 CID 579 79209

(b)(3)

Last Name LABAIH
First Name TAHA
Middle TURKI
Category CI-CIVILIAN INTERNEE
Power IZ-Iraq

Arm of Service

MOS

COS

Service No 2MEF 17-1028

Grade

Geneva Cat.

ICRC

Camp Name BCF

Enclosure 7-IHA

Holding/Cel IHA

Height

Nationality

IZ-Iraq

Sex

M

Weight

Blood Type

Hair Color

Religion

33-SUNNI-ISLAM

DOB

1969/01/01

Eye Color

Race

A-YELLOW

Complexion

Marks

(b)(6), (b)(7)(C)		CI-CIVILIAN INTERNEE				Issuing Facility: BCF Date Issued: 2005/07/29 Issuing UIC: WYTNAA	ID Particular 45690 Marks	
(b)(3)	Grade		Geneva Cat.				Left Index	Right Index
	Height (in)	Weight(lbs)	Hair	Eye				
	Date Of Birth 1969/01/01	Blood Type	ICRC					
Signature								
Name LABAIH, TAHA TURKI								

(b)(3)	(b)(6), (b)(7)(C)	ID Particular 45690
LABAIH, TAHA TURKI		
Grade	Geneva Cat.	DOB 1969/01/01
Height (in)	Weight(lbs)	Hair
Sex M	ICRC	Blood Type
Issued By: BCF	UIC: WYTNAA	Date: 2005/07/29

FOUO

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROJ 23174

FOUO

0042 06 C 10579 79209

HEALTH RECORD

CAMP BUCCA TIF

DETAINEE PRE-INTERROGATION EVALUATION

LAW ENFORCEMENT SENSITIVE

PRE-INTERROGATION EVALUATION:

DATE: 25 FEB 06

BP: 162/98 **P:** 83 **R:** non-labored **PO₂:** 98%

TIME: 1534

PMHx: non-contributory

PSHX: non-contributory

SUBJECTIVE :

37 yo detainee without acute medical concerns, complaints, or questions.

MEDS: none

ALLERGIES:
NKDA

OBJECTIVE:

GENERAL: WNWD Male, NAD, calm, alert and oriented;

LUNGS:

CARDIAC:

ABDOMEN:

OTHER: NONE

ASSESSMENT AND PLAN:

Medically cleared for interrogation.

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

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

Maj, USAF, MC

Family Medicine Physician, JIDC/DHT, Camp Bucca

☒ INTERPRETER PRESENT DURING PRE AND POST-INTERROGATION EVALUATION.

☒ CAMP MEDICAL RECORDS AVAILABLE AND REVIEWED.

POST-INTERROGATION EVALUATION:

DATE: 25 FEB 06

☒ NO CONCERNS OR COMPLAINTS / NO ACUTE DISTRESS AND WELL APPEARING.

TIME: 1601

OTHER ISSUES: NONE

PULSE: 90

PO₂: 97%

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

BP: 154/98

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

Maj, USAF, MC

Family Medicine Physician, JIDC/DHT, Camp Bucca

ISN: 175891

NAME: Labaih, Taha Turki

FOUO

SEX: MALE

CAMP: Bucca 9

DOB: 1 JAN 1969

LAW ENFORCEMENT SENSITIVE

~~FOUO~~

0042 06 C10579 79209

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

~~LAW ENFORCEMENT SENSITIVE~~

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

JUL 29 2003

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

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS -

NKDA

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

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

TRANSLATOR PRESENT

No

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

TOBACCO USE Y/N ☒ PP DAY X YRS
ETOH:

Eye allergies



T BP 120/88 PULSE 86 BICEPS CIRC
HEIGHT 5'4" WEIGHT 171 BMI 29

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

VISION: NORMAL ☒ GLASSES
HEARING: NORMAL ☒ ABNORMAL EXPLAIN

DENTAL



OVERALL APPEARANCE WNL

HEENT Benign

HERNIA

SKIN/SCARS/BRUISING Dentures

GENITAL

CARDIOPULMONARY SYSTEM ECTH

NEUROBEHAVIORAL

MUSCULOSKELETAL WNL

DETAILS ON REVERSE SIDE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

(b)(6)

LABAIH,
TAHA TURKI

(b)(1) 1969

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

~~FOUO~~

STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/MCMR
FPMR (41 CFR) 201-9.202-1

~~LAW ENFORCEMENT SENSITIVE~~

ACLU RDI 23177

EXHIBIT 7(3-39)

000030

~~FOUO~~

0042 06 C10579 79209

JUL 29 2003

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

DETAINEE HEALTH AND MEDICAL RECORDS (SF 600) OVERPRINT, VER. 1.3, IAW AR 190-8

CONTINUATION:

IMMUNIZATION GIVEN TODAY (CIRCLE):

☒ DT MMR POLIO HEP A HEP B TYPHOID OTHER

LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER

CHEST XRAY: NAD ()

LIMITATIONS

ACTIVITY RESTRICTIONS:

DIET RESTRICTIONS:

OTHER RESTRICTIONS:

TRAVEL (IF NO GO LIST REASONS)

(b)(6)

ISN

CAMP

NAME

DOB

AGE

SEX

PROVIDER

~~FOUO~~

STANDARD FORM 600 (REV. 6-97) BACK

JUL 29 2005

~~FOUO~~

0042 06 C10579 79209

~~LAW ENFORCEMENT SENSITIVE~~

Eye Health Questionnaire

(b)(6)

~~FOUO~~

0042 06 CID579 79209

Detainee Mental Health Screen

ISN (b)(6)

~~LAW ENFORCEMENT SENSITIVE~~

DATE 29 July 2008

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

Current Concerns

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

Past Concerns

- | | | |
|--|----------|--|
| 5. Have you ever been treated for a psychological problem in the past?
(if the answer is NO, skip question 6) | ____ Yes | <input checked="" type="checkbox"/> No |
| 6. Have you ever been a patient in a psychological hospital? | ____ Yes | <input checked="" type="checkbox"/> No |
| 7. Have you ever been treated for illegal drug abuse? | ____ Yes | <input checked="" type="checkbox"/> No |
| 8. Have you ever tried to kill yourself? | ____ Yes | <input checked="" type="checkbox"/> No |

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

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

OBSERVATION

- | | | |
|---|----------|--|
| <input type="checkbox"/> General appearance unusual for setting | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Behavior unusual for setting | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Auditory or visual hallucinations reported or apparent | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Appears anxious | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Appears depressed | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Aggressive | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Behavior inconsistent with reported complaints | ____ Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Physical trauma evident during interview (wound, bruise, etc.) | ____ Yes | <input checked="" type="checkbox"/> No |

DISPOSITION

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

SCREENER:

(b)(6)

(b)(6)

ACLU DDIL CID ROI 23180

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 7(6-39)

000033

~~FOUO~~

0042 06 CID 579 79209

~~LAW ENFORCEMENT SENSITIVE~~

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

29 JUL 05

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

EXAMINATION PER AR 190-8 6-6	DATE	TRAVEL GO/ OR NO-GO	CORRECTED TO GO	COMMENT
MEDICAL EXAMINATION WAS COMPLETED	29 JUL 2005	GO		
DENTAL SCREENING WAS COMPLETED				
CHEST X-RAY/TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED	29 JUL 2005	GO		
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	7/29 2005	GO		

LIMITATIONS

ACTIVITY RESTRICTIONS
DIET RESTRICTIONS
OTHER RESTRICTIONS:

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

(b)(6)

PROVIDER SIGNATURE AND DATE

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

P. (b)(6)

IP No. or SSN; Sex;

REGISTER NO.

WARD NO.

LABAIH,
TAHA TURKI

(b) 1969

ACLU-RDI 5519 p.32

~~FOUO~~

CHRONOLOGICAL RECORD OF MEDICAL CARE

AGLU RDI 0101 RO 23181

~~LAW ENFORCEMENT SENSITIVE~~

STANDARD FORM 600 (REV. 8-97)
Issued by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

000034 T 7(7-39)

~~FOUO~~

042 06 C10579 79209

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography/Magnetic Resonance Imaging)

EXAMINATION(S) REQUESTED

PATIENT'S NAME (Last, first, middle)

AGE SEX SSN (Sponsor)

WARD/CLINIC

REGISTER NO.

FILM NO.

PREGNANT

☐ YES ☐ NO

REQUESTED BY (Print)

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

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

CXR
TB SCREENING

DATE OF EXAMINATION (Month, day, year)

NOV 22 2005

DATE OF REPORT (Month, day, year)

DEC 01 2005

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: name — last, first, middle, Medical Facility)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

~~FOUO~~

(b)(6)

EXHIBIT 7(8-39)

ACLU DDII CID RDI 22182

~~LAW ENFORCEMENT SENSITIVE~~STANDARD FORM 519-B (8-83)
Prescribed by GSA/ICMR
MR (41 CFR) 101-11.606-8

2 — PHYSICIAN

000035

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

5/5/05

~~LAW ENFORCEMENT SENSITIVE~~

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding Ulcers, Chronic Bowel problems, Thyroid Dz

Medication Allergies: (NO) (YES) List -

Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

Recent Injuries: (NO) (YES) Describe -

Exam Findings: BP: 140/76 Pulse: 78 Resp: 16

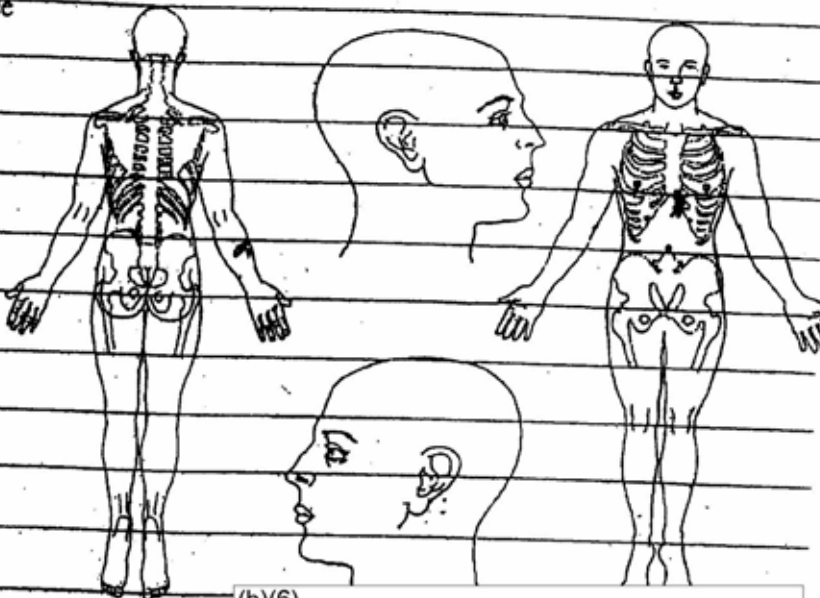
Utilize Diagram and Space Below to Indicate Examination Findings.

If additional space required, continue on reverse

SCAL ON (D) FLEMA FLAK

CHICKEN POX

HEAT LASH ABANDONED



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPART./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

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

REGISTER NO.

WARD NO.

Detainee Information:

Name: Last: Lebach First: Taha Middle: Turkey

Control Number: (b)(6)

Date/Time of Detention:

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR

FIMR (41 CFR) 201-9.202-1

USAPA V2.00

~~FOUO~~

ACLU DDII CID ROI 23183
~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 1000036(9-39)

~~FOUO~~

0042 06 CID579 79209

APPENDIX H: CHRONOLOGICAL RECORD OF MEDICAL CARE (SF 600)

HEALTH RECORD		LAW ENFORCEMENT SENSITIVE CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)		
27 July 1988	PRE-TRANSFER MEDICAL ASSESSMENT		
**LIST ANY YES RESPONSES IN REMARKS SECTION ON REVERSE SIDE OF FORM			
AGE: 34		SEX: M	
(Y) (N)	(Y) (N)		
() (X) Allergies	(X) (X) Recent illness/injury		VGE
() (X) Dental Problems	() (X) History of psychological problems (Date)		
() (X) HIV positive	() (X) Chronic health problems or infectious diseases		
() (X) Previous Suicide Attempts (Date)	() (X) Are you pregnant?		
() (X) History of alcohol abuse/treatment (Date)	() (X) Current medications		
() (X) Current physical complaint(s)	1. N/A		
1. Cough/Sputum Production	2. N/A		
2. Rash	3. N/A		
3. Diarrhea/Vomiting			
4. Night sweats			
5. Pain			
6. Exposure to TB			
7. Lice/Other infestation			
8. Contagious disease in the past 12 months?			
8. Other:			
***** FOR MEDICAL PERSONNEL USE ONLY DETAINEE'S INITIALS ()			
HIV/TUBERCULOSIS QUESTIONNAIRE			
Do you have a history or, or do you presently have any of the following symptoms or conditions:			
(Y) (N)	(Y) (N)		
() (X) Persistent cough/shortness of breath	() (X) Cough with blood and/or dry cough		
() (X) Unexplained weight loss/diarrhea X 2 weeks	() (X) Unexplained persistent fever		
() (X) Night Sweats	() (X) Swollen glands/lymph nodes		
() (X) Prolonged fatigue or run-down feeling	() (X) Loss of appetite and or white patches in mouth		
() (X) Recent exposure to someone with TB	() (X) Past abnormal X-Ray (Date)		
() (X) Hepatitis B series completed	() (X) Previous TB infection or treatment		
() (X) Stomach surgery, Kidney failure, Blood disorders			
() (X) Scars, birthmarks, tattoos:			
1. N/A	4. N/A		
2. N/A	5. N/A		
3. N/A	6. N/A		
PATIENT'S IDENTIFICATION (Use this space for Mechanical Imprints)		RECORDS MAINTAINED AT:	
(b)(6)		PATIENT'S NAME (Last, First, Middle Initial)	
		SEX	
		RELATIONS TO SPONSOR	
		STATUS	
		RANK/GRADE	
		DETAINEE	
		SPONSOR'S NAME	
		ORGANIZATION	
		DEPART/SERVICE	
		SSN/IDENTIFICATION NO.	
		DOB	

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

EX-105 23184 (10-39)

~~FOUO~~

APPENDIX H: CHRONOLOGICAL RECORD OF MEDICAL CARE (SF 600) (BACK)

DATE	SYMPTOMS, DIAGNOSIS, TREATING ORGANIZATION (Sign each entry)	
BELOW PORTION TO BE COMPLETED BY MEDICAL STAFF		
LAW ENFORCEMENT SENSITIVE		
27 July 2009	PHYSICAL APPEARANCE	
	Clean, well groomed	(Y) (N)
	Rashes, needle marks	(Y) (N)
	Body deformities	(Y) (N)
	Cuts, bruises, lesions	(Y) (N)
	Tremors, sweating	(Y) (N)
	Exposure to tuberculosis	(Y) (N)
	Infestations	(Y) (N)
	Confinement Phys. Date:	22 July 2009
VITAL SIGNS: Weight: 169# Height: 5' Temp: 98.2 B/P: 128/82 Pulse: 79 Resp: 18		
PPD given: N/A HIV drawn: N/A RPR drawn: N/A		
Physical Exam: Within normal limits (Y) (N) See remarks for any (N) answers		
	Head	(Y) (N) TM's (B) bright & clear
	Lungs/Chest	(Y) (N) LAB (if available)
	Back	(Y) (N) CBC: N/A
	Heart	(Y) (N) U/A: N/A
	Extremities	(Y) (N) Chest X-Ray:
MENTAL STATUS		
	(Y) (N)	
	(Y) () Alert, well oriented	
	(Y) () Long and short term memory intact	
	() (Y) Experiencing hallucinations, delusions, or feelings of paranoia	
	(Y) () Calm, cooperative	
DISPOSITION		
	(Y) (N)	Prescriptions: NONE
	(Y) () Cleared for basic transfer procedures	
	() () Cleared for litter transfer procedures	
	() () NOT medically cleared for transfer	(days/weeks)
	Recommended type of confinement (Y) Normal () Solitary () Other -explain:	
I do not have any SUICIDAL and or HOMICIDAL feelings at this time. If I develop any such ideas or plans, I will notify a staff member before acting on such feelings or ideas. (SIG.)		
Date/Time information transmitted to component surgeon's office		
Infection Control recommendations		
	(Y) Standard Precautions	
	() Contact/Droplet Precautions	
	() Airborne Precautions	
	(b)(6)	(b)(6)
	SCREENER	(b)(6)
	MEDICAL S	(b)(6)
	SCREENER	(b)(6)
	MEDICAL STAFF SIGNATURE	(b)(6)

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 23185 (11-39)

~~NEORCUMENT SENSITIVE~~

Mingo - NADA.		
DETAINEE	TYPE	MEDS

(b)(6)

[illegible]

Instructions and Notes

LAW ENFORCEMENT DIVISION 1862, 39)

~~Pre/Post Interrogation Exam~~
~~LAW ENFORCEMENT SENSITIVE~~

24/JULY/2005 @ 19.56
PRE-EXAM
T N/A HR 89 BP 140/88 RR 18

HEENT - NMI/ADD
CHEST - NMI/ADD
ABD - NMI/ADD
EXTREMITIES - NMI/ADD

No MARKS OR BRUISES

Fit for interrogation / not fit for interrogation. Calling provider for assessment

END AS

Signature

(b)(6)

24/JULY/2005 @ 21.33
POST-EXAM
T N/A HR 85 BP 130/84 RR 20

HEENT - NMI/ADD
CHEST - NMI/ADD
ABD - NMI/ADD
EXTREMITIES - NMI/ADD

NO MARKS OR BRUISES

Fit for detention / Not fit for detention. Calling provider for assessment

END AS

Signature

(b)(6)

IDENTIFICATION (USE THIS SPACE FOR MECHANICAL IMPRINT)

RECORDS
MAINTAINED
AT:

(b)(6)

PATIENT'S NAME: (LAST, FIRST, MIDDLE INITIAL)

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ACTIVITY/DIVISION

DEPART/SERVICE

IDENTIFICATION NO

DATE OF BIRTH

~~LAW ENFORCEMENT SENSITIVE~~ EXPIRATION 8814-39

Pre/Post Interrogation ~~LAW ENFORCEMENT SENSITIVE~~

24 July 2008 @ 17:19

PRE-EXAM
T N/A HR 77 BP 135/82 RR 22

HEENT - NML/ABN
CHEST - NML/ABD
ABD - NML/ABD
EXTREMITIES - NML/ABD

(b)(6)

Fit for interrogation / not fit for interrogation. Calling provider for assessment

C No As

Signature

(b)(6)

1800
POST-EXAM
T N/A HR 85 BP 132/90 RR 20

HEENT - NML/ABD
CHEST - NML/ABD
ABD - NML/ABD
EXTREMITIES - NML/ABD

Fit for detention / Not fit for detention. Calling provider for assessment

C No changes

Signature

(b)(6)
(b)(6)
(b)(6)

IDENTIFICATION (USE THIS SPACE FOR MECHANICAL IMPRINT)

(b)(6)

RECORDS
MAINTAINED
AT:

PATIENT'S NAME: (LAST, FIRST, MIDDLE INITIAL)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ACTIVITY/DIVISION
DEPART/SERVICE	IFICATION NO	DATE OF BIRTH

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

Regional Detachment, Facility, Medical

0042 06 CID 579 79209

Date 22 JUL 05 Time 1544

AGE 26/10 Male / Female

PMH - HTN

Medications - HEADACHE

Allergies NKDA

Heart Disease

Lung Disease

DM

Cancer

Mental Health

TB

Other

NONE

ROS- cough

hemoptysis

weight loss

fever

diarrhea

rash

lice

Spontaneous

pain

dental problems

Other

NONE

PE

Weight 146lb Height 65" Temp 97.3 HR 107 BP 140/98 RR 18

General appearance WELL NAD.

HEENT nml / abn PERLA. NCAI. I.M. BRIGHT & LIGHT (R)

Lungs nml / abn CTAL.

CV nml / abn NRSA.

ABD nml / abn TBSTAO. OPX.

Extrem nml / abn NO APPROPRIATE. OPX.

Mental nml / abn AFO X2

Document all injuries and bruises:

NO BRUISES OR ABRASIONS

PATIENT'S IDENTIFICATION (This space for Mechanical Imprint)

RECORDS
MAINTAINED
AT:

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

SEX

RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ACTIVITY DIVISION

(b)(6)

FOUO

EXHIBIT 7(16-39)

TAW ENR 0042 06 CID 579 79209

DATE

SYMPT

DIAGNOSIS, TREATMENT, TREAT

ORGANIZATION (Sign each entry)

Notes and continuation

~~FOUO~~

0042 06 CID579 79209

~~LAW ENFORCEMENT SENSITIVE~~

Assessment

- ☒ Fit for confinement. General Population.
☐ Fit for confinement. Isolation cell and face mask
☐ Fit for confinement General population with the following treatment plan

☐ Not fit for confinement. Transfer to another facility for medical care.

(b)(6)

(b)(6)

(b)(6)

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ 7/12/39

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

EXAMINATION(S) REQUESTED CXR	AGE/SEX/SSN (Sponsor) M	WARD/CLINIC	REGISTER NO.
	LAW ENFORCEMENT SENSITIVE		PREGNANT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
REQUEST (b)(6)		TELEPHONE/PAGE NO.	
SIGNATURE OF REQUESTER (b)(6)		DATE REQUESTED 29 JUL 05	
SPECIFIC REASON(S) FOR REQUEST (Complete and findings)			(b)(6)

INITIAL MEDICAL SCREENING

DATE OF EXAMINATION (Month, day, year) 30 Jul	DATE OF REPORT (Month, day, year)	DATE OF TRANSCRIPTION (Month, day, year)
---	-----------------------------------	--

RADIOLOGIC REPORT

(b)(6)

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give:
Name - last, first, middle, Medical Facility)

LOCATION OF MEDICAL RECORDS

(b)(6)

LABAIIH,
TAHA TURKI

(b)(6) 1969
(6)

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

DATE OF CONSULTATION

STANDARD FORM 619-B (7-43)
Prescribed by GSA/ICMR

NOU

ACLU DDII CID ROL 23192
LAW ENFORCEMENT SENSITIVE

EXHIBIT 7/18-391
000045

~~FOUO~~

(b)(6)

~~LAW ENFORCEMENT SENSITIVE~~

(b)(6)

BAAGHDAD CENTRAL CORRECTIONAL FACILITY
MARKS, SCARS AND TATTOOS REPORT

Male Detainee (b)(6)

Name

Taher Turki Labuh

ISN: (b)(6)

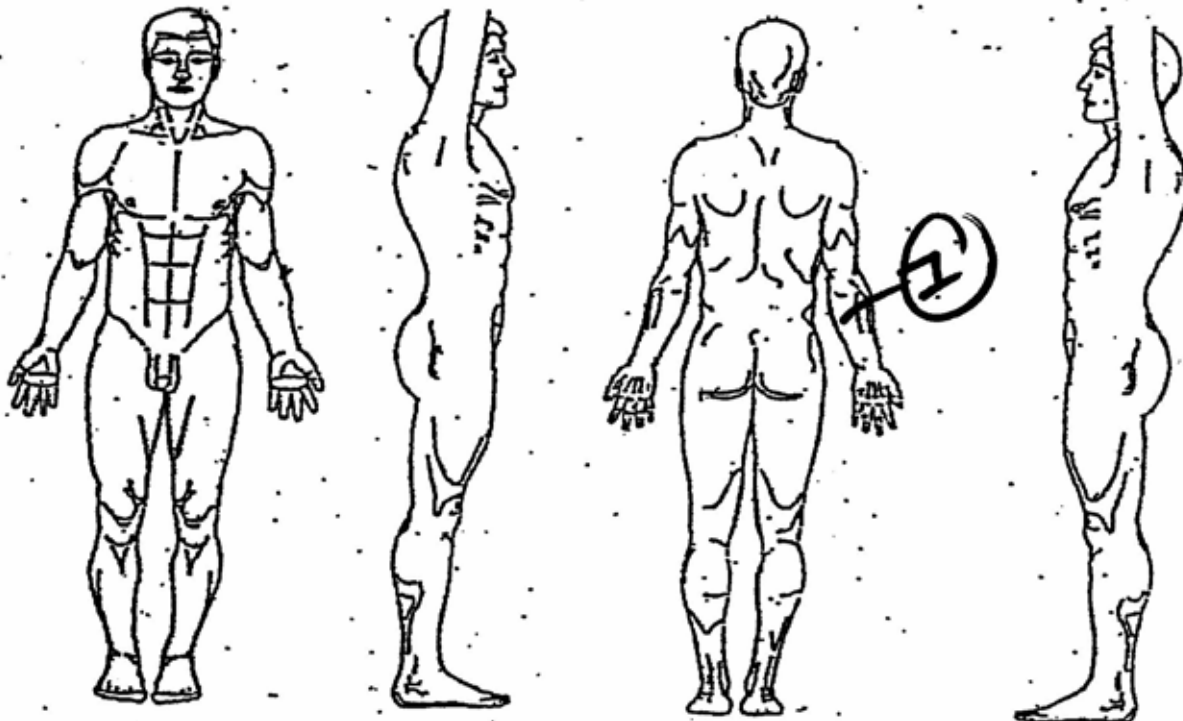
Nationality

REASON FOR REPORT:

- ☐ IN PROCESSING ☐ CHANGE/UPDATE ☐ RELEASE/REGISTRATION ☐ REPORTED OR SUSPECTED VIOLENCE

PURPOSE: To provide or update baseline physical identification marks on the body of the detainee.

INSTRUCTIONS: Annotate the location of identifying marks, scars, or tattoos using the numbers below after thorough examination. Use a coloration sheet or photos, if necessary, to accurately portray written or graphically designed tattoos. Injuries will be reported to medical officials.



Mark with numbers and an arrow to the location of any of the following and describe if needed:

1. SCAR
2. MARK
3. TATTOO
4. CUT
5. BRUISE
6. SWELLING
7. OTHER

Reviewed By:

CAUSE OR REASON:

COMPLETED BY:

(b)(6)

PRINTED NAME

RANK

(b)(6)

DUTY POSITION

(b)(6)

~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 7(19-39)

CAMP KANGAROO REGIONAL DETENTION FACILITY
~~FOUO~~
SCARS AND MARKS SHEET

0042 06 CID 579 79209

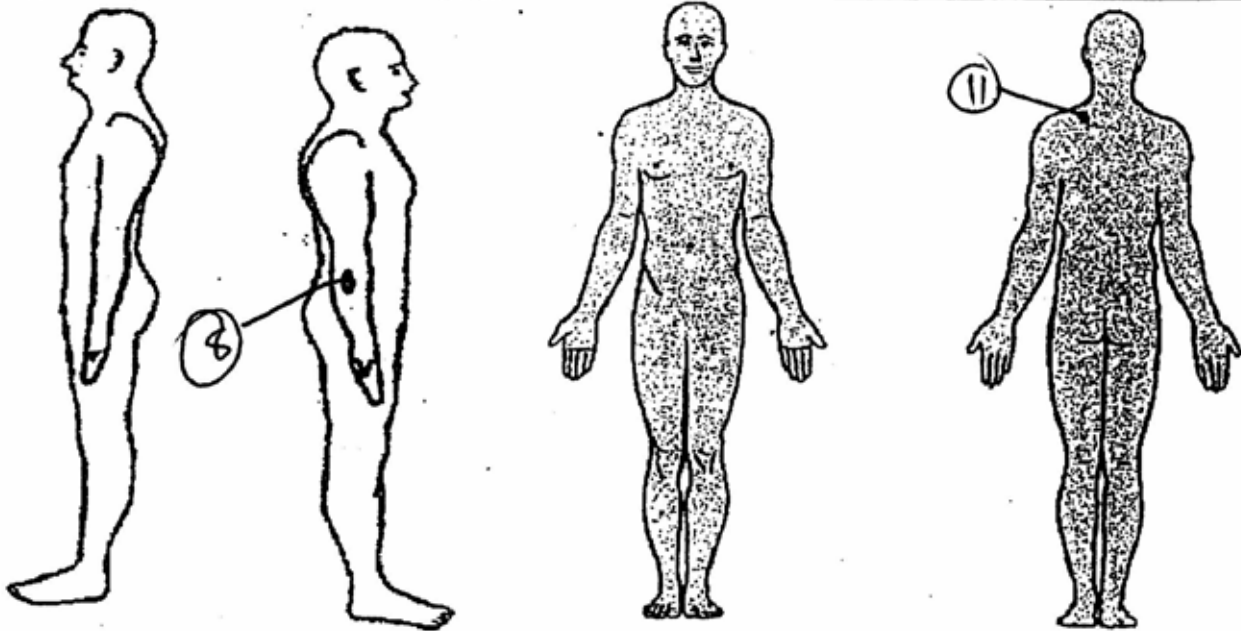
NAME (Last, First, MI):

~~LAW ENFORCEMENT SENSITIVE~~ IDN:

(b)(6)

PURPOSE: The purpose of this form is to identify all scars, marks, tattoos, and/or birthmarks upon restraint. All areas that contain scars, marks, tattoos, and/or birthmarks, must be annotated as follows:

- | | | |
|-------------------|----------------------|-------------------|
| 1. OPERATION SCAR | 7. LACERATION | 13. AMPUTATION |
| 2. CUT SCAR | 8. SMALL POX VACCINE | 14. FALSE TEETH |
| 3. ABRASION | 9. DEFORMITY | 15. BIRTH MARK |
| 4. CONTUSION | 10. ACNE | 16. TATTOO |
| 5. BURN | 11. MOLE | 17. STRETCH MARKS |
| 6. RASH | 12. MUSTACHE | 18. BRANDS |



COMMENTS / REMARKS:

NO BRUISES OR ABRASIONS

MEDICAL STAFF RELEASED SIGNATURE

(b)(6)

RELEASING SUPERVISOR
SIGNATURE/DATE

22 July 2005
RECEIVING DATE

~~FOUO~~

MEI (b)(6)

DATE

RECEIVING SUPERVISOR'S SIGNATURE

~~LAW ENFORCEMENT SENSITIVE~~ CID 23194(20-39)

MASTER PROBLEM LIST

For use of this form, see AR 40-66; the proponent is the Office of The Surgeon General

MAJOR PROBLEMS

0042 06 CID 579 79209

PROBLEM NUMBER	DATE ONSET	DATE ENTERED	PROBLEM	DATE RESOLVED
1.		JUL 29 2005	LAW ENFORCEMENT SENSITIVE	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

TEMPORARY (MINOR) PROBLEMS

PROBLEM LETTER	PROBLEM	DATES OF OCCURRENCES
A.	Hemorrhoids	7/29/05
B.		
C.		
D.		
E.		
F.		
G.		
H.		

PATIENT'S IDENTIFICATION (Use mechanical imprint if available; for typed or written entries give: Name, SSN, Unit, Sex, Birthdate, and

SUMMARY OF PROBLEMS, ALLERGIES, MEDICATIONS, SURGERIES AND TRAUMAS:

(b)(6)

LABAIIH,
TAHA TURKI

(b) /1969

PMH

[Signature]

PSH

[Signature]

MEDS

[Signature]

ALL

[Signature]

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ EXHIBIT 1000048 (2139)

HOSPITAL REPORT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.

~~FOUO~~

NAME AND LOCATION OF HOSPITAL

CAMP BUCCA, TIF IRAQ

~~LAW ENFORCEMENT SENSITIVE~~

Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.

Send form without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.

SECTION A - ATTENDING MEDICAL OFFICER'S REPORT

PERSONAL DATA

1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)

(b)(6)

2. TIME OF DEATH (Hour-day-month-year)

0426

3. MEDICAL EXAMINER/
CORONER'S CASE

☐ YES ☒ NO

4. RELIGION

unknown

5. CHAPLAIN NOTIFIED

☐ YES ☒ NO

6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH

(b)(6)

TIF

Patient's name (Last, first, middle initial) Grade,
Social Security Account No., Register Number and Ward Number

Labakh, Taha

DOB: 1969

(b)(6)

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN
ONSET
AND DEATH

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, anoxia, etc. It means the disease, injury, or complication which caused death)

DUE TO (or as a consequence of)

Cardiorespiratory Arrest

sudden

7b. ANTECEDENT CAUSES (Hereditary conditions, if any, giving rise to the above cause, stating the underlying condition last)

DUE TO (or as a consequence of)

(1)

(2)

8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

a.

b.

9. DATE

(b)(6)

06

10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE

(b)(6)

SECTION B - ADMINISTRATIVE ACTION

TYPE OF ACTION	HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON					
13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
17. RED CROSS NOTIFIED					
18. OTHER (Specify)					
19.					

SECTION C - RECORD OF AUTOPSY

20. AUTOPSY PERFORMED (If yes, give date and place)

☐ YES ☒ NO

21. AUTOPSY ORDERED BY (Signature)

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE

24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY

25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY

26. DATE

27. TYPED NAME AND GRADE OF REGISTRAR

28. SIGNATURE OF REGISTRAR

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDIL CID ROI 23196

(b)(6)

~~FOUO~~

2 06 C10579 79209

1. REPORTING MTF						2. MTF LOCATION		ADMISSION AND CODING INFORMATION											
1	2	3	4	5	6	7	8	(State or Country Code) LAW ENFORCEMENT SENSITIVE The proponent agency is OTSG											
A	1	3	8	1		I	Z												
3. REGISTER NUMBER						NAME (Last, First, Middle Initial)						4. PAY GRADE		5. SEX					
9	10	11	12	13	14	15	Labahn, Tatta						16	17	18				
0	0	1													m				
6. DATE OF BIRTH (YYYYMMDD)						7. AGE AT ADMISSION		8. RACE		9. ETHNIC		RELIGION							
19	20	21	22	23	24	25	26	27	28	29	30	31	unk.						
1	9	6	9	0							u	u							
10. LENGTH OF SERVICE						ETS		11. FMP		12. SOCIAL SECURITY NUMBER									
32	33	34						35	36										
								2	0	(b)(6)									
ORGANIZATION (Active Duty Only)						13. MARITAL STATUS		HOUR OF ADMISSION		BRANCH / CORPS (COMPOUND IF DETAINEE)									
						46	unk.				9B								
14. FLYING STATUS			15. BENEFICIARY CATEGORY			16. ZIP CODE OF RESIDENCE													
47	48	49	50	51	52	53	54	55	56	57	58	59	60	61					
17. UNIT LOCATION (State or Country Code)			18. MOS			19. TRAUMA			PREV. ADMISSION YEAR										
62	63	64	65	66	67	68	69	70	71	<input type="checkbox"/> NO									
20. SOURCE OF ADMISSION/ AUTHORITY FOR ADMISSION			WARD			NAME/RELATIONSHIP OF EMERGENCY ADDRESSEE													
72	ER / CRO						ADDRESS OF EMERGENCY ADDRESSEE (Include ZIP Code)												
						TELEPHONE NUMBER OF EMERGENCY ADDRESSEE													
NAME AND LOCATION OF MEDICAL TREATMENT FACILITY																			
344TH TASK FORCE MEDICAL/CAMP BUCCA TIF																			
21. TYPE OF DISPOSITION			22. MTF TRANSFERRED TO			23. DATE OF DISPOSITION (YYYYMMDD)													
73	74	75	76	77	78	79	80	81	82	83	84	85	86	87					
24. CLINIC SVC - ADMITTING			25. MTF TRANSFERRED FROM			26. DATE THIS ADMISSION (YYYYMMDD)													
89	90	91	92	93	94	95	96	97	98	99	100	101	102	103					
										2	0	0	0	3					
27. LOCATION OF OCCURRENCE (Battle Casualty Only)			28. MTF OF INITIAL ADMISSION			29. DATE INITIAL ADMISSION (YYYYMMDD)													
107	108	109	110	111	112	113	114	115	116	117	118	119	120	121					
FOR LOCAL USE																			
DIAGNOSIS 47 y/o buddies brought to mps. Didn't respond for prayers. No pulse/CPR initiated, brought directly to ETR (b)(6)																			
(b)(6)																			
ADMITTING OFFICER (Signature, as required)																			
SIGNATURE OF ADMITTING CLERK																			

~~LAW ENFORCEMENT SENSITIVE~~

ROI 23197

EXHIBIT 11

7/23/99

~~FOUO~~

ISN: 175891
004206 C10579 79209

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Over-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)		GRADE Grade	BRANCH OF SERVICE Arme
Labaih, Taha			
ORGANIZATION Organisation	NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
	unknown	(b)(6) 1969	<input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin
RACE Race		RELIGION Culte	
CAUCASOID Caucasique		PROTESTANT Protestant	
NEGROID Négride		CATHOLIC Catholique	
X OTHER (Specify) Autre (Spécifier) unknown		JEWISH Juif	
MARITAL STATUS État Civil		OTHER (Specify) Autre (Spécifier)	
SINGLE Célibataire			
MARRIED Marié			
WIDOWED Veuf			
DIVORCED Divorcé			
SEPARATED Séparé			
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
unknown			
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort			Cardiorespiratory Arrest acute
ANTECEDENT CAUSES Symptômes précurseurs de la mort	MORBID CONDITION, IF ANY LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire		
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste		
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à l'Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année)		PLACE OF DEATH Lieu de décès	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER (b)(6)		TITLE OR DEGREE (b)(6)	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse		
	344 th Med Task Force, Camp Bucca IRAQ		
DATE (b)(6) 06	SIGNATURE Signature (b)(6)		

¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc.
² State conditions contributing to the death, but not related to the disease or condition causing death.
³ Prior to the nature of the disease, the measure or the complication which caused death.
⁴ Prior to the condition which contributed to the death, but not having any relationship to the disease or condition causing death.

~~FOUO~~

ISN# (b)(6)

STATEMENT OF IDENTIFICATION
For use in ~~LAW ENFORCEMENT SENSITIVE~~

NAME OF DECEASED (Last, First, MI)

GRADE SSN

BRANCH OF SERVICE

004200010579 79209

Labaih, Tah

ORGANIZATION AND BASE

PLACE OF DEATH/INCIDENT

CONDITION OF REMAINS (Describe briefly in Narrative below)

Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below)

Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	Visual Recognition	Identification Tag(s)
Other (Specify in Narrative)			

ENCLOSURES

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 368	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	DD Form 2064
SF 801	Photo		

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

Patient taken to TIF Inprocessing for retinal scan

~~FOUO~~

~~FOUO~~

TAB

0042

15N 1758919209
06 CID 57979209

CERTIFICATE OF DEATH

~~LAW ENFORCEMENT SENSITIVE~~

SERVICE NUMBER

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

FROM:

TO:

NAME (Last, first, MI) Labaih, Tah		GRADE	SERVICE NUMBER
NATIONALITY unknown	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE unknown	
PLACE OF BIRTH unknown		DATE (b)(6) / 1969	
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN unknown		FIRST NAME OF FATHER	
PLACE OF DEATH Camp Bucca, TIF	DATE OF DEATH (b)(6) 2006	CAUSE OF DEATH Cardiorespiratory Arrest	
PLACE OF BURIAL	DATE OF BURIAL		
IDENTIFICATION OF GRAVE			

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

☐ RETAINED BY DETAINING POWER

☐ FORWARDED WITH DEATH
CERTIFICATE TO (Specify)

☒ FORWARDED SEPARATELY TO
(Specify)

CID

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

39 y/o male without prior medical history arrived in full cardiac arrest
by medics, resuscitation measures done without success. Patient
declared dead.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE (b)(6) 2006	SIGNATURE OF MEDICAL OFFICER (b)(6)
	SIGNATURE OF COMMANDING OFFICER	
	WITNESSES	
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS

~~FOUO~~

DA FORM 2669-R, MAY 82

EDITION OF 1 JUL 83 IS OBSOLETE

~~LAW ENFORCEMENT SENSITIVE~~ UDDI CID ROI 29200

MEDICAL RECORD

AUTHORIZATION FOR AUTOPSY

~~LAW ENFORCEMENT SENSITIVE~~

In the event authorization for autopsy is obtained by letter, telegram, voice recording or memorandum, call, paragraphs 1, 2, and 3 shall be completed by medical facility authorities and the letter, telegram, voice recording or memorandum confirming telephone call of authorization attached to this form for permanent file.

1. NAME AND LOCATION OF MEDICAL FACILITY

DATE AND TIME

2. I(We) request and authorize the physicians in attendance at the above named medical facility to perform a complete autopsy on the remains of _____

I(We) understand that a complete autopsy may include, but not be limited to, examination of the head, eyes, spinal cord, chest, abdomen and extremities unless excluded under restrictions hereunder, and I(We) authorize the removal and retention or use for diagnostic, scientific, or therapeutic purposes any parts, tissues, or organs as such physicians or their designees may deem proper, and the final disposal thereof in such manner as may be prescribed by competent authority (Commanding Officer, Medical Director, etc.) in this facility.

This authority is granted subject to the following restrictions: _____

(If No Restrictions, Write "None")

The following special examinations are requested: _____

3. I(We) represent that I am (we are) the _____ (Relationship/Authority)

the deceased and entitled by law to control the disposition of the remains.

Signed _____

WITNESSES (medical facility staff members):

Signed _____

Witnessed _____ (Name and Title)

Witnessed _____ (Name and Title)

FOR ADMINISTRATIVE USE ONLY

Case falls within jurisdiction of Medical Examiner/Coroner
Medical Examiner/Coroner released remains from his jurisdiction to this authority

☐ YES ☐ NO
☐ YES ☐ NO

NATURE

TITLE

DATE

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

REGISTER NO.

WARD NO.

AUTHORIZATION FOR AUTOPSY
Medical Record

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ STANDARD FORM 523 (REV. 12-93)
ACLU DDICID R0123201
U.S. GPO: 2000-461-707/20304

PAGE OF _____

CHAIN OF CUSTODY

FINAL DISPOSAL ACTION

RELEASE TO (NAME, GRADE AND TITLE) _____ DATE _____

SIGNATURE _____

REMARKS

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII GID FOI 23202
EXHIBIT 7 (2839)

~~LAW ENFORCEMENT SENSITIVE~~
MULTI-NATIONAL FORCES - IRAQ

The Multinational Force-Iraq deeply regrets the loss of your loved one and wishes the return of the human remains of _____ to his/her primary next of kin. The remains have been treated with the same respect and courtesies required by Muslim or Christian tradition and have been treated with the same respect and courtesy as those of the Coalition forces. The person receiving the remains acknowledges that Coalition forces have provided the remains in a respectful manner. Any perceived violation of local customs is wholly unintentional on the part of Coalition forces. All personal effects that were found with the remains are being turned over and an inventory is attached.

(b)(6)

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DDII CID RDI 23203

~~FOUO~~

0042 06 C10579 79209

16.

~~LAW ENFORCEMENT SENSITIVE~~

CONCUR	NONCONCUR	AGENCY	NAME (RANK, LAST NAME)	PHONE	DATE	REMARK
<input type="checkbox"/>	<input type="checkbox"/>	ACCE				
<input type="checkbox"/>	<input type="checkbox"/>	CIS				
<input type="checkbox"/>	<input type="checkbox"/>	CJSOTF-AP				
<input type="checkbox"/>	<input type="checkbox"/>	CMO				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	GRD				
<input type="checkbox"/>	<input type="checkbox"/>	INTEL				
<input type="checkbox"/>	<input type="checkbox"/>	JASG-C				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	USSF				
<input type="checkbox"/>	<input type="checkbox"/>	MNSTC-I				
<input type="checkbox"/>	<input type="checkbox"/>	OPS AVN				
<input type="checkbox"/>	<input type="checkbox"/>	PME				
<input type="checkbox"/>	<input type="checkbox"/>	PROTECTION				
<input type="checkbox"/>	<input type="checkbox"/>	ROC				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	SOCLE-IZ				
<input type="checkbox"/>	<input type="checkbox"/>	SPA				
<input type="checkbox"/>	<input type="checkbox"/>	XXXXXXXXXX				
<input type="checkbox"/>	<input type="checkbox"/>	TARGETING				
<input type="checkbox"/>	<input type="checkbox"/>	PSCC				
<input type="checkbox"/>	<input type="checkbox"/>					

IF RETURNED REQUESTING AGENCY FOR CORRECTION

IF RETURNED FOR CORRECTION

48. OTHERS (Rank/Name/Phone)
MGR/DOC

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

2

ACLU DDIT/D ROL 23204

EXHIBIT 7(30-39)

000057

~~FOUO~~

0042 06 C10579 79209

MNF-I FRAGO MEMORANDUM

1. TITLE: MNF-I Detainee Death Procedures

~~LAW ENFORCEMENT SENSITIVE~~

☐ URGENT ☒ ROUTINE

2. TODAY'S DATE
OCT 05

3. OFFICE SYMBOL
MNF-I-R&S-SG

4. MNF Orders Manager Control Number

5. SUSPENSE TIME/DATE
OCT 05

6. Tasker Number

MNF:

CENTCOM:

Other:

8. DISPOSITION:

☐ Approve

☐ Signature

☐ Information

☐ Decision

☐ Other

9. STRAT OPS COMMENTS: Approved for staffing.

10. EXECUTIVE SUMMARY: (Describe the task, origin of the action, issue and the requirement. Provide fact-filled background and comments. Short and clear statement of purpose, major issue, and objective. Why are you telling this to the CG? What should CG know and discuss? What is the objective of the action? Be sure to discuss any enclosed documents and tabs.)

A. BACKGROUND: Clear and comprehensive MNF-I guidance does not exist on procedures to follow when a Detainee death occurs.

B. REASON FOR SUBMISSION: Clarification and guidance of Detainee Death procedures is provided under this FRAGO.

C. ISSUES: Deaths of Detainees require a similar yet different process than US/Coalition procedures.

D. ENCLOSURES: 1-Draft FRAGO, 2-DA Form 2669-R, 3-Detainee Information Sheet, 3-Tracking and Custody Sheet, 4-Iraqi Civilian Turn-over Form

E. Directorate O-6/Above Reviewer and confirms security classification of FRAGOS and/or attachments for posting on CENTRIXS.

11. RECOMMENDATION (Provide a brief statement defining the desired action by the final approval authority and explain why this is the best option).
Recommend approval for publication.

TITLE	INITIAL	DATE (DD MM YY)	APPROVED	NOTED	SEE ME	BRIEF ME	NOTE CHANGES

12. ACTION OFFICER NAME (Name/Position/Phone Number/Email)
(b)(6)

14. ORDERS MANAGER NAME (Name/Position/Phone Number/Email)
(b)(6)

15. FILE LOCATION (IDENTIFY FILE LOCATION - EXAMPLE: J:\COMMONB DOE\CONGRESSIONALS\CIVPAY.DOC)
(b)(6)

SEE REVERSE FOR COORDINATION SUMMARY

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~

ACLU DBI CID 23205

EXHIBIT 1 (31-39)

000058

~~FOUO~~

004206 CID579 79209



~~LAW ENFORCEMENT SENSITIVE~~
MORTUARY AFFAIRS COLLECTION POINT
(BALAD) LSA ANACONDA IRAQ APO AE 09391
(b)(6)



Iraqi Detainee Information Sheet

(PLEASE COMPLETE 1-14 WHILE PROCESSING)

1. NAME OF DECEASED:

BTB:

(b)(6)

2. DETAINEE NUMBER:

3. SEX:

MALE

FEMALE

4. RECEIVE DATE - TIME:

5. RECEIVE FROM:

6. SHIPPING DATE - TIME:

7. FLIGHT NUMBER:

8. ROUTE:

9. ETD:

10. ETA:

11. TCN:

12. POE:

13. POD:

14. AGENCY RECEIVING SHIPMENT:

DOVER AFB

CONSIGNEE:

CONSIGNOR:

CC:

SH:

TP:

AD:

TAC:

(b)(6)

WEIGHT:

DIMENSIONS:

TRANSFER CASE=118LBS + HR WEIGHT

L = 88 in W = 27 in H = 19 in

Iraqi Detainee Information Sheet

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ CID ROI 23206

EXHIBIT 7(32-39)

000059

In system

FOUO 0042 06 C10579 79209
NSN 7540-01-075-3786

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT LAW ENFORCEMENT SENSITIVE				LOG NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT	
STREET ADDRESS						DATE (Day, Month, Year)	TIME
CITY						STATE	ZIP CODE
TRANSPORTATION TO FACILITY						ARRIVAL	
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
M	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM
AGE	HOME PHONE		FLYING STATUS			ADDITIONAL INSURANCE	
37	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			DD 2568 IN CHART	
CURRENT MEDICATIONS			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
unknown			ITEM	YES	NO	DATE LAST VISIT	24 HOUR RETURN
ALLERGIES			IS THIS AN INJURY?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
unknown			INJURY/SAFETY FORMS			TETANUS	
			HOW			DATE LAST SHOT	COMPLETED INITIAL SERIES
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
CHIEF COMPLAINT Brought to ETR by base medic to O2, AED and CPR in progress. Asystole on monitor in ETR. No pulses palpated. No evidence of trauma.							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input checked="" type="checkbox"/> EMERGENT	TIME		TIME 0405				
<input type="checkbox"/> URGENT	INITIALS		BP				
<input type="checkbox"/> NON-URGENT	(b)(6)		PULSE				
			RESP				
			TEMP				
			WT				
LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHC/G/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE	
	URINE C&S	UA MSCC/CATH		CHEM:		ACUTE ABDOMEN	
	BLOOD C&S X					SINUS	
						ANKLE R/L	
ORDERS							
<input type="checkbox"/> PULSE OX <input type="checkbox"/> MONITOR <input type="checkbox"/> ECG							
TIME	ORDERS		BY	COMPLETED BY	TIME	PATIENT'S RESPONSE	
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY		<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.		Expired (b)(6) 0420			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED TO WHEN			
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED				I have received and understand these instructions.			
<input type="checkbox"/> DETERIORATED		TIME OF RELEASE		PATIENT'S SIGNATURE			
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or medical facility)							
Labain, Tara							

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

FOUO

FOUO 0042 06 C10579 79209
NSN 7540-01-075-3786

EXHIBIT 7(33-39)
000060

(b)(6)

(b)(6)

1969

ACLU-RDI 5519 p.58

~~0042 06 010579 79209~~

EMERGENCY RESUSCITATION RECORD

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

PART 1 - Complete this report immediately following the event.

[illegible]

~~FOUO~~ 0042 06 CID579 79209

CLINICAL RECORD - DOCTOR'S ORDERS

For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGNATURE OF ALL ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY AR 40-66.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			(b)(6)	06 0405 HOURS	
Camp 9B Labail, Taha			①	To Trauma room in stretcher, start CPR (0405)	
			②	Cardiac Monitor, MIBP, Pulse Ox	
			③	2 IV lines 0.9 NSS full drip (0415)	
			④	Ambu Bag @ 100% O ₂	
			⑤	Endotracheal Intubation 7.5 French (0408)	
NURSING UNIT	ROOM NO.	BED NO.	⑥	Epinephrine 2mg IV flushed with saline by ETT (0412)	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
			⑥	Epinephrine 1mg IV x 3 (0416/0422/0424)	
			⑦	Atropine 1mg IV x 3 (0414/0417/0408)	
			⑧	D50w 1 ampule IV push (0418)	
			⑨	Defibrillation Biphasic 120 J (0422)	
			⑩	NaHCO ₃ 1 ampule IV push (0425)	
NURSING UNIT	ROOM NO.	BED NO.	⑪	Stop CPR 0426	
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
			⑬	Notify 344 th Med TOC	
NURSING UNIT	ROOM NO.	BED NO.			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	
				HOURS	
NURSING UNIT	ROOM NO.	BED NO.			

DA FORM 4256
1 APR 79

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

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

PROGRESS NOTES 0042 06 CID579 79209

DATE

~~LAW ENFORCEMENT SENSITIVE~~

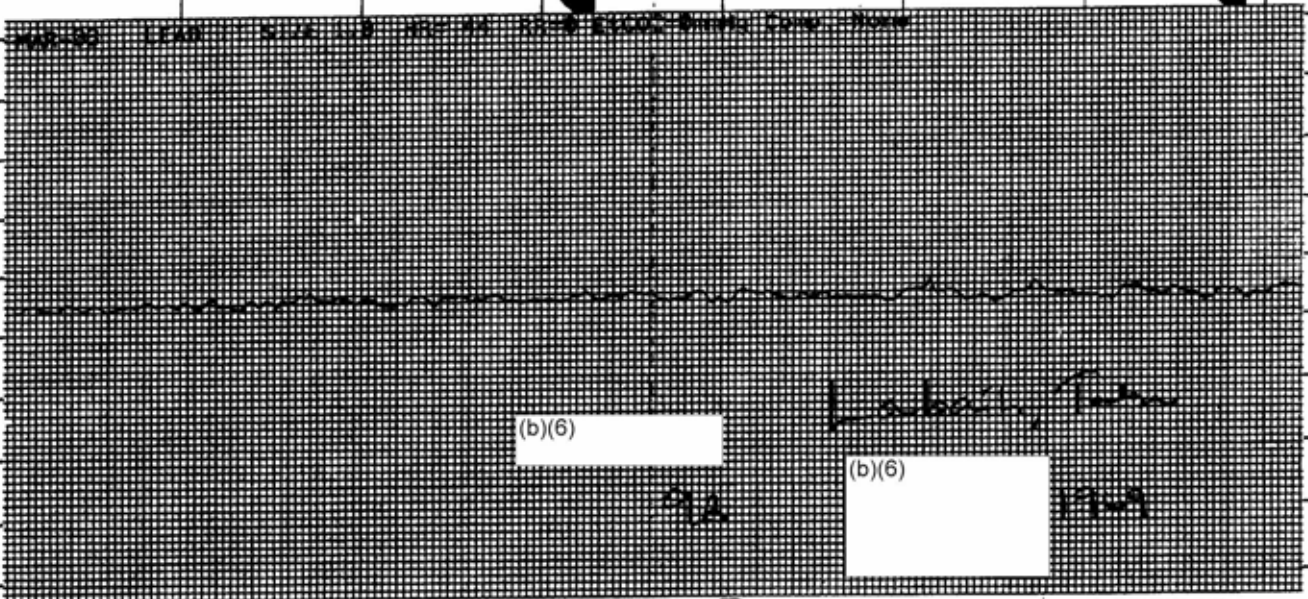
(b)(6)

0405

As per room medics. Detainee carried by other detainee to wire. They were unable to wake patient up for prayer. Unresponsive, breathing shallow and pulse weak in field. O2 via face mask ^{Enlow was present} AED and CPR started in the field by medics. In ER patient remains unresponsive asystolic on monitor. No pulses palpated. CPR continues. Skin color pale and cold. Code team assembled in attendance. See resuscitation sheet.

(b)(6)

(b)(6)



(b)(6)

(b)(6)

ZOLL Medical Corporation

Reorder P/N: 8000-0300

ZOLL Medical Corporation

Reorder P/N: 8000-0300

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER
(SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)

Labait, Taha

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1989)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

~~FOUO~~

~~LAW ENFORCEMENT SENSITIVE~~ ACLU RDI CID ROI 23210

EXHIBIT 00003(36-39)

~~FOUO~~

AUTHORIZED FOR LOCAL REPRODUCTION

PROGRESS NOTES 0042 06 CID579 79209

MEDICAL RECORD

~~LAW ENFORCEMENT SENSITIVE~~

DATE

(b)(6)

06

Death Note

0520

Detainee is brought by Rova Medics in full cardiac arrest, given CPR, respirations by face mask and hooked up to an AED that showed no shockable rhythm. Pt was immediately taken to trauma room, hooked up to cardiac monitor which showed asystole. No pulse felt. CPR continued and Pt was ventilated by bag valve mask. Pt was intubated by me after visualization of vocal cords. Breath sounds heard bilaterally after intubation and ventilations. While IV lines were started Pt was given Epinephrine 2mg IV flushed by ETT. While on active CPR at no time did Pt regain pulse or have any rhythm. IV lines were obtained, and Pt was given aggressive ACLS measures to include Atropine, Epinephrine, NaHCO₃ and D50W. Pt had a slight variation in base line of asystole so a trial defibrillation attempt was done w/ no results. Despite aggressive measures, Pt never regained ~~cardiac~~ pulse or consciousness. Patient declared dead at 0426 on (b)(6) 2006

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MI

DEPART./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

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

REGISTER NO.

WARD NO.

(b)(6)

Labail, John

PROGRESS NOTES
Medical Record

STANDARD FORM 509 (REV. 5/1999)

Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)

USAPA V1.00

~~FOUO~~

Camp. #9B

~~LAW ENFORCEMENT SENSITIVE~~ ACLU DDJ CID ROI 23211

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

~~FOUO~~

0042 06 CID 579 79209

Patient: BUCCA (b)(6)
Facility: (b)(6)Date: (b)(6) 2006 0602 AST
Clinic: WTH MEDAppt Type: ROUTIN
Provider: (b)(6)~~LAW ENFORCEMENT SENSITIVE~~

AutoCites Refreshed by (b)(6) @ (b)(6) 2006 0609 AST
Problems
No Problems Found.
Active Medications
No Active Medications Found.
Allergies
No Allergies Found.

Screening Written by (b)(6) @ (b)(6) 2006 0602 AST

Appointment Reason For Visit: CARDIAC ARREST: .

Selected Reason(s) For Visit: .
CARDIAC ARREST (New) Comments:Vitals
Vitals Written by (b)(6) @ (b)(6) 2006 0603 AST
HR: 0, RR: 0, T: 91.3 °F,

SO Note Written by (b)(6) @ (b)(6) 2006 0617 AST

History of present illness

The Patient is a 37 year old male.
* Encounter Background information: 37 year old male detainee who is brought by medics from compound after being found in cardiopulmonary arrest. Patient is brought receiving CPR, ventilations by face mask and attached to an AED which read no shockable rhythm. Patient transferred immediately to Trauma bay, hooked up the cardiac monitor which showed asystole, no pulse felt. ACLS protocol started.

Past medical/surgical history

Reported History:

Past medical history NONE when old medical chart was reviewed.

Physical findings

Vital signs:

* Normal no vitals found, patient in cardiac arrest.

General appearance:

* General appearance: Pale, unresponsive, central cyanosis.

Head:

* Normal.

Eyes:

General/bilateral:

* Eyes: normal.

Ears, Nose, Throat:

* Normal.

Neck:

* Normal.

Lymph Nodes:

* Normal.

Chest:

* Chest: no raise of chest without assistance

Lungs:

* Lungs: no spontaneous breath sounds

Name: BUCCA, (b)(6)	Sex: M	Sponsor: BUCCA, (b)(6)
FMP/SSN: (b)(6)	Tel H:	Rank:
DOB: (b)(6) 1968	Tel W:	Unit:
PCat:	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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~~FOUO~~

Page 1 of 2

~~LAW ENFORCEMENT SENSITIVE~~ ROI 23212

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
(b)(6)	2006 0602	Facility: WSCC	Unit: 344TH MED Provider: (b)(6)

0042 06 010579 79209

Cardiovascular system:

- Cardiovascular system: no heart sounds

~~LAW ENFORCEMENT SENSITIVE~~**Back:**

- Normal.

Abdomen:

- Abdomen: no bowel sounds

Urinary system:

- Genital findings were normal.

Genitalia:

- Normal.

Perineum:

- Normal.

Rectum:

- Rectum: no rectal tone

Skin:

- Skin: cyanosis, no rigor noted

Hair:

- Normal.

Nails:

- Normal.

Musculoskeletal system:

- General/bilateral: • Musculoskeletal system: normal.

Neurological:

- System: GCS 3/15, no reflexes, limp extremities

A/P Written by (b)(6) @ (b)(6) 2006 0619 AST

1. CARDIAC ARREST

Comments: Patient brought in cardiac arrest, code team activated. Pt intubated and ACLS protocol done at ETR. Despite aggressive resuscitation efforts and ACLS medications, no pulse was obtained, Pt remained in asystole throughout code. Patient declared dead at 0426 on (b)(6) 06

Disposition Written by (b)(6) @ (b)(6) 2006 0620 AST

Expired

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

Appointment Class: Outpatient

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

Signed By @ (b)(6) 2006 0620

(b)(6)

Name: RUCCA (b)(6)	Sex: M	Sponsor: BUCCA (b)(6)
FMP/SSN: (b)(6)	Tel H:	Rank:
DOB: (b)(6) 1968	Tel W:	Unit:
PCat:	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

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~~FOUO~~

Page 2 of 2

~~LAW ENFORCEMENT SENSITIVE~~ CID ROI 23213

EXHIBIT 7 (39-39)

FOR OFFICIAL USE ONLY/LAW ENFORCEMENT SENSITIVE
AGENT'S INVESTIGATION REPORT 0042-06-CID579-79209

CID Regulation 195-1

PAGE 1 OF 5 PAGES

At 0457, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed SSGT (b)(6), (b)(7)(C) 886th Expeditionary Security Forces Squadron (ESFS), A Company, Camp Bucca, Umm Qasr, Iraq, APO AE 09375 (CBI), who related his actions to get Detainee LABAIH to the hospital immediately after he was first detected with a problem. SSGT (b)(6), (b)(7)(C) subsequently rendered a sworn statement re-iterating his actions. (See Sworn Statement for details)

AGENT'S COMMENT: Detainee LABAIH was brought to the sally port about 0345, 7 Mar 06.

At 0522, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed SSGT (b)(6), (b)(7)(C) 886th ESFS, A Company, CBI, who related he provided over watch protection while the medics tended to Detainee LABAIH. SSGT (b)(6), (b)(7)(C) subsequently provided a sworn written statement re-iterating his actions. (See Sworn Statement for details)

At 0527, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed A1C (b)(6), (b)(7)(C) 886th ESFS, A Company, CBI, who related he first observed several detainees carrying one detainee in a blanket towards the sally port. He further stated he observed a medic performing CPR. A1C (b)(6), (b)(7)(C) subsequently provided a sworn statement re-iterating his actions and observations. (See Sworn Statement for details)

At 0536, 7 Mar 06, SA (b)(6), (b)(7)(C) interviewed SSGT (b)(6), (b)(7)(C) 886th ESFS, A Company, CBI who related Detainee LABAIH was gasping for breaths and foaming at the mouth upon her arrival at the sally port. SSGT (b)(6), (b)(7)(C) subsequently provided a sworn statement re-iterating her observations. (See Sworn Statement for details)

At 0550, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) this office, interviewed Detainee (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C) Building 3, Compound 9B, Theater Internment Facility (TIF), Camp Bucca, Umm Qasr, Iraq. Detainee (b)(6), (b)(7)(C) stated he was awakened by someone, he was not sure who, and was told someone was sick. As he was going to Building 2 he noticed several other Detainees bringing out Detainee LABAIH. Detainee (b)(6), (b)(7)(C) related he touched Detainee LABAIH's forehead and he was cold to the touch. He also related Detainee LABAIH was breathing heavy and foaming at the mouth. He related once the medic arrived he notified the medic that Detainee LABAIH was choking in the building. He then reported the medic initiated CPR and Detainee LABAIH was gurgling.

At 0601, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he was Detainee

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

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

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

Date:
7 Mar 06

Exhibit:

8(1-5)

CID Form 94

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ACLU DDII CID ROI 23214

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AGENT'S INVESTIGATION REPORT

0042-06-CID579-79209

CID Regulation 195-1

PAGE 2 OF 5 PAGES

LABAIH's uncle and he would normally sleep next to him. Detainee (b)(6), (b)(7)(C) related he woke up when he heard Detainee LABAIH choking. Detainee (b)(6), (b)(7)(C) related Detainee LABAIH had foam coming out of his mouth and attempts to wake him up were futile. Detainee (b)(6), (b)(7)(C) and other detainees immediately took Detainee LABAIH to the sally port to get assistance from the guards. Detainee (b)(6), (b)(7)(C) related Detainee LABAIH was not taking any medications and had made no complaints of pain or otherwise. He did not know of any family medical history involving heart attacks and related Detainee LABAIH's father who was born in 1953 was still alive. He further related Detainee LABAIH was not and did not take any type of legal or illegal drugs.

AGENT'S COMMENT: According to Detainee (b)(6), (b)(7)(C) their family could be found at Alanbar Falloujah Alamaria District, Alsaquria area, Alawasat Tribe. There is no exact address or way of contacting; a person would have to go to the local chief and have him escort a contact to the family group.

At 0612, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C) Bldg 3, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he was sleeping but because he was the compound interpreter he was awakened and told he was needed at the gate. He related he arrived at the gate and only the guards were present and Detainee LABAIH was breathing but he was short of breath. Detainee (b)(6), (b)(7)(C) related he asked for a medic and stayed to translate for the uncle. Detainee (b)(6), (b)(7)(C) described Detainee LABAIH's condition as choking and foaming, making gurgling sounds when he tried to breath, and would not wake up. Detainee (b)(6), (b)(7)(C) related Detainee LABAIH complained of a headache and sore throat approximately 3 to 4 days prior to his death.

At 0621, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) ISN (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he was sleeping about four mats away from Detainee LABAIH when he heard (b)(6), (b)(7)(C) being called out. Detainee (b)(6), (b)(7)(C) related he woke up and saw Detainee LABAIH's uncle and another detainee next to him. Detainee (b)(6), (b)(7)(C) asked what was happening and was told that Detainee LABAIH was snoring and choking. Detainee (b)(6), (b)(7)(C) was sent to get the compound chief and the interpreter and returned and helped carry Detainee LABAIH to the sally port. While in route to the sally port Detainee LABAIH would stop breathing for about half a minute then start gurgling again. Detainee (b)(6), (b)(7)(C) did not know Detainee LABAIH personally and did not notice if his actions changed in the days prior to his death. Detainee LABAIH would spend his time reading and walking and was normally responsible for leading the Morning Prayer.

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

Signature:

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

Date:
7 Mar 06

Exhibit:

8, (2-5)

CID Form 94

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ACLU DBI CID ROI 23215

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AGENT'S INVESTIGATION REPORT

0042-06-CID579-79209

CID Regulation 195-1

PAGE 3 OF 5 PAGES

AGENT'S COMMENT: The term "Abuyasim" is used to identify the father of a child for example the term Abu (Father) of (b)(6), (b)(7)(C). Therefore, Detainee LABAIH was the father of (b)(6), (b)(7)(C) and would be referred to as "Abuyasim".

At 0630, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he was sleeping next to Detainee LABAIH when he heard a loud snoring noise. He related Detainee LABAIH usually did not snore which caused him to get up and check what was wrong. He called out Detainee LABAIH's name in an attempt to wake him but Detainee LABAIH did not wake up. He then sent another detainee to get the compound chief and the interpreter. Detainee (b)(6), (b)(7)(C) related Detainee LABAIH usually walked and there had been no change in his activity. He stated he did not talk very often to Detainee LABAIH and did not know him personally. Detainee (b)(6), (b)(7)(C) stated the medics were no issue, and he noticed Detainee LABAIH was given oxygen and CPR.

At 0637, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he woke up when he heard someone yelling "ABUYASIM". He related the compound chief and interpreter came into the building and told him to help carry Detainee LABAIH to the sally port. He related he did not know Detainee LABAIH personally and did not know his daily activities.

At 0640, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he woke up when he heard Detainee LABAIH's uncle yelling "ABUYASIM". He related the compound chief and the interpreter were present and he was told to help carry Detainee LABAIH to the sally port. He did not know Detainee LABAIH personally and did not know what his daily activities were.

At 0657, 7 Mar 06, SA (b)(6), (b)(7)(C) and Mr. (b)(6), (b)(7)(C) interviewed Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Detainee (b)(6), (b)(7)(C) related he returned back to Building 2 at 0220, 7 Mar 06, from the latrine when Detainee LABAIH stopped him and asked him what time it was. Detainee (b)(6), (b)(7)(C) related Detainee LABAIH was fine at that point and was awake and laying on his mat. Detainee (b)(6), (b)(7)(C) stated he was later awakened by the sounds of Detainee LABAIH's uncle trying to wake him up. He related Detainee LABAIH was making snoring sounds.

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

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

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

Date:
7 Mar 06

Exhibit:
8 (3-5)

CID Form 94

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LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23216

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AGENT'S INVESTIGATION REPORT

0042-06-CID579-79209

CID Regulation 195-1

PAGE 4 OF 5 PAGES

AGENT'S COMMENT: Detainee (b)(6), (b)(7)(C) was able to know the time because of a clock posted at the guard shack visible to all detainees when they go by. He had gone by it after departing the latrine. A comparison of the clock with the time on SA (b)(6), (b)(7)(C) watch revealed the clock was 7 minutes ahead.

Between 0657 and 0728, 7 Mar 06, the following detainees were canvassed and none had anything significant to provide. All stated they were sleeping and did not know anything had happened to Detainee LABAIH. All the detainees lived in Bldg 2, Compound 9B, TIF, CBI.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

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

Date:
7 Mar 06

Exhibit:
8(4-5)

CID Form 94

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AGENT'S INVESTIGATION REPORT 0042-06-CID579-79209

CID Regulation 195-1

PAGE 5 OF 5 PAGES

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

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

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

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

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

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

During the course of the canvass interviews the following detainees related they woke up and heard Detainee LABAIH gurgling or gasping for air. Neither one assisted in any way.

Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI. Also saw Detainee LABAIH foaming at the mouth.

Detainee (b)(6), (b)(7)(C) Bldg 2, Compound 9B, TIF, CBI

////////Last Item////////

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

Special Agent (b)(7)(F)

21ST Military Police Det (CID)
Camp Bucca, APO AE 09375

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

Date:
7 Mar 06

Exhibit:

8(5-5)

CID Form 94

FOR OFFICIAL USE ONLY
LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 23218

SWORN STATEMENT

For use of this form, see AR 190-45. The reporting agency is PMG.

PRIVACY ACT STATEMENT

0042 06 C10579 79209

AUTHORITY:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 12958 dated November 22, 1943 (SSN).

PRINCIPAL

To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES:

Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.

DISCLOSURE:

Disclosure of your social security number is voluntary.

1. LOCATION

Compound 93, Camp Bucca Iraq

2. DATE (YYYYMMDD)

20060307

3. TIME

0601

4. FILE NUMBER

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

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

7. GRADE/STATUS

E-5/AD

8. ORGANIZATION OR ADDRESS

886 C-SES / Alpha Company

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

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

At APP 0345 I, SSGT (b)(6), (b)(7)(C) Received a Call via ICOM Radio from T93, AIC (b)(6), (b)(7)(C) the Detainees in Bravo Quad were bringing a detainee to the Holding Area and they were carrying him in a Blanket. SSGT (b)(6), (b)(7)(C) ID-1, SSGT (b)(6), (b)(7)(C) BIA and myself responded from Delta quad and made contact with (b)(6), (b)(7)(C) Fsu (b)(6), (b)(7)(C) Interpreter and (b)(6), (b)(7)(C) said that his friend was very sick. At the same time the medics were in Alpha quad dealing with a detainee with a sore tooth. I looked at detainee (b)(6), (b)(7)(C) in my quad and noticed he was foaming at the mouth and was unconscious and not appear to be breathing. I then yelled over to the medic in Alpha and told him about the situation and the medic took a minute then walked over to me and asked when he got here, I told him right when he got in Alpha, the medic stated these guys do this all the time. myself and SSGT (b)(6), (b)(7)(C) secured the Holding Area at APP 0346 and I unlocked the exterior Spain Post gate for the medic. The medic entered the Spain Post and about 5 minutes later he called for a transport so they could take him to the Hospital. About 4 minutes later the medical Humvee arrived and a second medic walked up to the Holding Area. The first medic stated he needed an oxygen tank, a stretcher and a tube. The second medic went back to the vehicle and about 5 minutes later he came back with a defibrillator. They connected the machine and it said no shock needed - Clear Airway. I assisted with the stretcher and they carried him to the vehicle and they left at APP 0408. The medic did try CPR and gave the detainee oxygen and the entire time I did not notice the detainee appear to be breathing at any time. 11620 or

STATEMENT 11

10. EXHIBIT

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

PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING

TAKEN AT DATED

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

FOUO

ENFORCEMENT SENSITIVE

PAGE 2 OF 2 PAGES

INITIALS OF PERSON MAKING STATEMENT

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

WITNESSES:

FOUO (Authority To Administer Oaths)

SA (Person Making Statement) (C)(7)(g)(9)(b)

(C)(7)(g)(9)(b) (Oath)

at TLE, GAMT, BCCA, 1040

administer oaths, this 7 day of MARCH, 2006

Subscribed and sworn to before me, a person authorized by law to

administer oaths, this 7 day of MARCH, 2006

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

AFFIDAVIT

0042 06 010579 79209

9. STATEMENT (Continued)

ENFORCEMENT SENSITIVE

TAKEN AT [Signature] DATED [Signature]

STATEMENT OF

(C)(7)(g)(9)(b)

FOUO

ACLU DDII CID ROI 23220

SWORN STATEMENT

For use of this form, see AR 160-40. Reporting agency is PMG.

PRIVACY ACT STATEMENT

AUTHORITY:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL

To provide commanders and law enforcement officials with means by which information may be accurately identified.

ROUTINE USES:

Your social security number is used as an identification number for the purpose of identification to facilitate filing and retrieval.

DISCLOSURE:

Disclosure of your social security number is voluntary.

1. LOCATION

Compound 9

2. DATE (YYYYMMDD)

20060307

3. TIME

0510

4. FILE NUMBER

5. NAME

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

NAME

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

7. GRADE/STATUS

E-5 / AD

8. ORGANIZATION OR ADDRESS

886 ESFS / A Flight / Compound 9

9. I, (b)(6), (b)(7)(C)

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 7 MAR 06 at approx 0348 hrs I went over to Bravo quad to assist with a detainee that was brought to the holding area. The detainees told Ssgt (b)(6), (b)(7)(C) that he was very sick. Ssgt (b)(6), (b)(7)(C) called over to Alpha quad for the medic that was checking on another detainee in Alpha. The medic came over to Bravo quad and went into the Sallay port. I provided an overwatch while the medic checked his vitals. The medic had Ssgt (b)(6), (b)(7)(C) call the ECP to have the ambulance that was up there respond to Bravo quad. The ambulance arrived, the medics put a J-tube into the detainees mouth and started CPR. The medics hooked up the diffibulator to the detainee and the machine said that there was not shock necessary. The medics loaded the detainee onto the stretcher and transported him out of the Compound. I was Delta quad CCT leader and heard the call on the radio and went to Bravo quad to overwatch. ||| END OF STATEMENT ||| (b)(6), (b)(7)(C)

10. EXHIBIT

11. INITIALS (b)(6), (b)(7)(C)

STATEMENT

PAGE 1 OF 2 PAGES

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

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

FOUO

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1 01

LAW ENFORCEMENT SENSITIVE

FOUO

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

TAKEN AT Compound 9

DATED 7 MAR 05

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

0042 06 CID 579 79209

NOT USED

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

AFFIDAVIT

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

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

(Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of MARCH, 2006 at TIF, CAMP BUCCA, IRAQ

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

ORGANIZATION OR ADDRESS

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

SA

(Type Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

FOUO

AT 136 COME

(Authority To Administer Oaths)

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

LAW ENFORCEMENT SENSITIVE CID 579 79209

SWORN STATEMENT

FOUO
 For use of this form, see AR 15-45. The proponent agency is PMG.

0042 06 CID 579 79209

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 USC Section 301, Title 5 USC Section 2051, E.O. 9397, and 44 CFR 2.22, 1943 (SSN).
PRINCIPAL: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your social security number is voluntary.

LAW ENFORCEMENT SENSITIVE

1. LOCATION Camp Bucca, Iraq Compound 9B	2. DATE (YYYYMMDD) 2006 03 07	3. TIME 06:17	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6), (b)(7)(C)	6. SSN (b)(6), (b)(7)(C)	7. GRADE/STATUS E-3 /Active	
8. ORGANIZATION OR ADDRESS 826TH ESFS			
9. (b)(6), (b)(7)(C) I, _____, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: AT approximately 0345 on 07 March 2006 I observed approximately 5 detainees carry another to the holding area from the direction of caravan #2. 3 Air Force guards walked over to the holding area. An Army medic came over and entered the holding area. I then observed the medic begin what appeared to be CPR. Another medic came and the detainee left the wire from a stretcher to an awaiting ambulance where it left the compound at 0408. I was in Compound 9 Bravo tower. 11/6ND OF STATEMENT 11/ (b)(6), (b)(7)(C)			

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____"		
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.		

FOUO

FOUO

STATEMENT OF (b)(6), (b)(7)(C) TAKEN AT Camp Bucca DATED 07 MAR 06

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

0042 06 CID 579 79209

NOT USED

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of MARCH, 2006

at CAMP BUCCA, THAB, J.E.

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

(ath)

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ACT 136 UCMJ

(Authority To Administer Oaths)

FOUO

INITIALS OF PERSON MAKING STATEMENT

ACLU DDIL CID RO1 23224

SWORN STATEMENT

For use of this form, see AFM 7-21.1. The component agency is PMG

FOUO

PRIVACY ACT STATEMENT 0042 06 CID 579 79209

AUTHORITY:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

PRINCIPAL

To provide commanders and law enforcement officials with information that may be accurately identified.

ROUTINE USES:

Your social security number is used as an additional alternate means of identification to facilitate filing and retrieval.

DISCLOSURE:

Disclosure of your social security number is voluntary.

LAW ENFORCEMENT SENSITIVE

1. LOCATION

Compound 9 Bravo shack

2. DATE (YYYYMMDD)

20060307

3. TIME

0543

4. FILE NUMBER

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

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

7. GRADE/STATUS

E-5/SSgt

8. NAME (Last, first, middle initial)

881st EISF, Camp Bucca Iraq Alpha Company.

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

I, _____

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

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

On 7 Mar 06 at approx. 0350 received call that detainee was in sally port gate needing medics. Detainee was surrounded by approx. 6 detainees, and had gasping breaths. I instructed the detainees to roll him on his side (open airway since he was choking on his tongue), so they lifted him up and placed his head on their laps. My leader was talking to medics in Alpha Quad saying we need them over here now. Medic came over while detainee was foaming at the mouth and stated "this happens all the time." Medic instructed all detainees to leave the sally port except for interpreter. Still no mammat medic entered, and assessed situation. About 3-5 minutes after medic entered he asked for the vehicle to be brought up. Kitchen (other medic) drove vehicle in and walked up wondering what medic needed. Medic requested oxygen and a j-tube. Few minutes later kitchen returned with items. J-tube was inserted, and oxygen bag broke. It was then medic noticed detainee stopped breathing. Medic conducted CPR while kitchen went to get defibrillator. They placed the pads on, and reading came back "no shock needed." They then placed him on a gurney and exited. They left this location at 0408. !!! END OF STATEMENT !!!

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

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

PAGE 1 OF 2 PAGES

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

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

FOUO

LAW ENF

ACLU DDJ CID ROI 23225

LAW ENF SENSITIVE

FOUO

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

TAKEN AT Campanel 9

DATED 7 March

LAW ENFORCEMENT SENSITIVE

9. STATEMENT (Continued)

0042 06 CID579 79209

NOT USED

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

AFFIDAVIT

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

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

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 7 day of MARCH, 2006 at TIE CAMP BUCCA, IRAN

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

Oath)

ORGANIZATION OR ADDRESS

SA

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

FOUO

Art 136 UCMJ
(Authority To Administer Oaths)

INITIALS (b)(6), (b)(7)(C) NG STATEMENT

LAW ENFORCEMENT SENSITIVE

ACLU DDIL CID RO123226

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

PAGE 1 OF 1

DETAILS

DEATH SCENE EXAMINATION: Between 0650 and 0710, 7 Mar 06, SA (b)(6), (b)(7)(C) conducted a death scene examination of Building 2, Compound 9B, TIF, CBI.

CHARACTERISTICS OF THE SCENE: Building 2 is a concrete, metal, and wood building located in the east side of Compound 9B and was the second building on the east side. Building 2 is a one story building, approximately 20 feet wide and 60 feet long, and was used as a living area for numerous detainees. There were two main Entry/Exit ways (E/E) to the building. One E/E was centered in the east wall and one E/E was centered in the west wall of the building. Building 2 is surrounded by building 1 to the north and building 3 to the south.

CONDITIONS OF THE SCENE: Compound 9B appeared to be lived in. The compound had eight caravans, four on the east side and four on the west side. At the south end of the compound between building 4 and 5 was an area with mats on the ground. This area was used by the detainees for praying. In the center of the compound was a volleyball net. There were several detainees outside the caravan's walking around.

ENVIRONMENTAL CONDITIONS: At the time of the death scene examination, the outside temperature was approximately 62 degrees Fahrenheit.

FACTORS PERTINENT TO ENTRY/EXIT: Access to the building could be gained through the east E/E and the west E/E. Access to Compound 9B could be gained through a gate (sally port) on the west side of the compound. The compound was enclosed by cyclone and concertina wire.

SCENE DOCUMENTATION: SA (b)(6), (b)(7)(C) exposed digital photographs of the death scene using a Nikon Coolpix 4300 digital camera with automatic flash and SA (b)(6), (b)(7)(C) drafted a death scene sketch. (See compact disk and death scene sketch for details)

COLLECTION OF EVIDENCE: About 0710, 7 Mar 06, SA (b)(6), (b)(7)(C) collected one blanket, which was wedged between the fence and the gate of Compound 9B, as evidence. The blanket was used to wrap around Detainee LABAIH when he was carried to the Entry Control Point (ECP) of Compound 9B and was placed between the fence by an unknown detainee. (See Evidence/Property Custody Document (EPCD) for details)

AGENT'S COMMENT: About 0650, 7 Mar 06, SA (b)(6), (b)(7)(C) attempted to prepared a complete death scene examination of Compound 9B, TIF, CBI; however, because of a lack of security within the TIF compounds, a death scene examination was not able to be thoroughly completed. Approximately 272 detainees, most of whom are detained for violent acts versus coalition forces, reside in the essentially autonomous compound. Security forces infrequently enter the compound, and much of the administration of daily happenings rests with detainee leaders. A security force of adequate size was not available to provide security; therefore, all documentation was completed from the ECP of Compound 9B.//~~LAST ENTRY~~////////////////////////////////////

TYPE AGENTS NAME AND SEQUENCE NUMBER

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

21st MP DET (CID) (FWD)
Camp Bucca CID
Camp Bucca, IZ APO AE 09375

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

DATE
7 Mar 06

EXHIBIT

13

CID FO

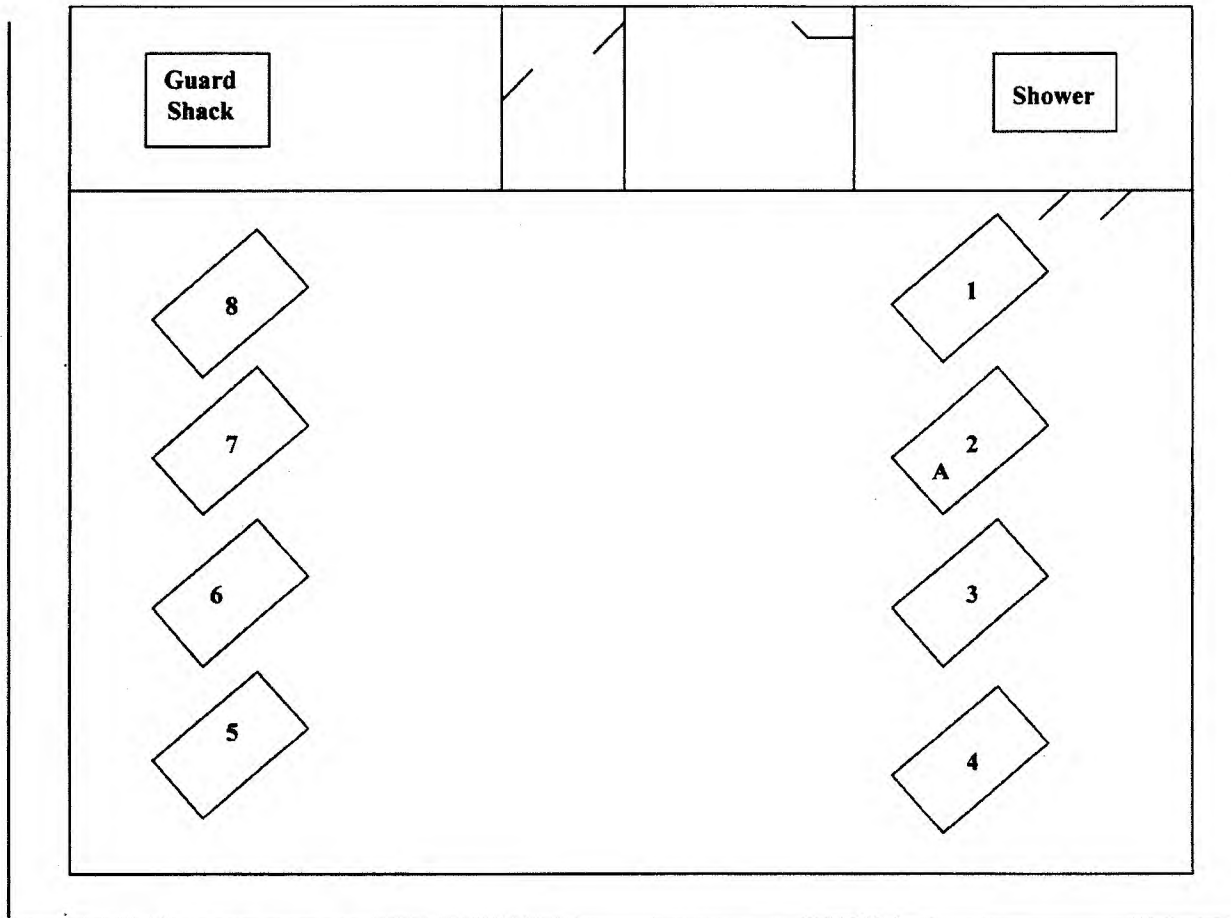
FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ACLU-REDI CID ROI 23227

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

ROUGH DEATH SCENE SKETCH

Official Numbering of Buildings

**LEGEND**

A: Proposed location of incident

N



Not to Scale

TITLE BLOCK

CASE NUMBER: 0042-06-CID579-79209

OFFENSE: Undetermined Death

VICTIM: Detainee Taha Turki LABAIH, ISN (b)(6), (b)(7)(C)

DEPICITING: Compound 9B, Theater Internment Facility (TIF)

LOCATION: Camp Bucca, IZ APO AE 09375

SKETCH BEGAN: 0650, 7 Mar 06

SKETCHED BY: SA (b)(6), (b)(7)(C)

VERIFIED BY: SA (b)(6), (b)(7)(C)


FOR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

Exhibit 14**ACLU DDII CID ROI 23228**




ACLU DDII CID ROI 23259

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



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



ACLU DDII CID ROI 23260

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

ACLU DDII CID ROI 23261

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



AGLU DDII CID ROI 23262



ACLU DDII CID ROI 23263



ACLU DDII CID ROI 23264



ACLU DDII CID ROI 23265



ACLU DDII CID ROI 23266

ACLU-RDI 5519 p.87

000118

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



ACLU DDII CID ROI 23271



ACLU DDII CID ROI 23272

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

PAGE 1 OF 1

DETAILS

About 1407, 13 Mar 06, SA (b)(6), (b)(7)(C) and Mr (b)(6), (b)(7)(C) this office, interviewed Detainee (b)(6), (b)(7)(C) TIF, CBI, who stated he helps the American guards on occasion by providing information which they ask for about the detainees within the compound. Detainee (b)(6), (b)(7)(C) stated he was asked by one of the guards, whom he cannot remember his name, to find out what happened to the detainee which died in Compound 9B. Detainee (b)(6), (b)(7)(C) stated he went to most of the detainees who lived in this compound and they all stated Detainee LABAIH either had a heart attack or choked on something. Detainee (b)(6), (b)(7)(C) stated he never told anyone Detainee LABAIH was choked or hurt by anyone. Detainee (b)(6), (b)(7)(C) stated this must have been confused when the information was passed along. Detainee (b)(6), (b)(7)(C) provided an Arabic Language Statement detailing he did not say anything about Detainee LABAIH getting hurt by anyone. (See Arabic Language Statement for details)

AGENT'S COMMENT: Detainee (b)(6), (b)(7)(C) was interviewed after this office received information from the TIF, that this detainee was saying Detainee LAITH had been choked to death.

About 1449, 13 Mar 06 (b)(6), (b)(7)(C) received an English translation of Detainee (b)(6), (b)(7)(C) Arabic language statement from Mr (b)(6), (b)(7)(C) (See English Translation for details)
 ///-----LAST ENTRY-----///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

SA

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

21st MP DET (CID) (FWD)
 Camp Bucca CID
 Camp Bucca, IZ APO AE 09375

DATE

13 Mar 06

EXHIBIT

16

ACLU-DOJ CID ROI 23273
 ENFORCEMENT SENSITIVE

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

STATEMENT OF

Camp Bucca, Iraq

DATED: 13 MAR 2006

CONTINUED:

STATEMENT (Continued)

004206 CID 579 79209

NOT

USED

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

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

أقرار الشاهد كتابة بالقسم (أيمين)

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

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

قرأت هذا التقرير والذي يبدأ من الصفحة 1 وينتهي في الصفحة (b)(6), (b)(7)(C). وأفهم أنا الشاهد أن الشاهد قد قرأ لي هذا التقرير. أنا أفهم محتوى هذا التقرير. أنا أفهم ما ورد في أفادتي من تصحيحات كما وقعت أيضا بالأحرف الأولى من أسمى في أسفل كل صفحة من صفحات أفادتي. لقد أنليت بشهادتي بحرية لا أملاً في الحصول على مكافأة أو منفعة ودون تلقي تهديد من أحد على معاقبتي أو أقناعي أو إجباري بشكل غير قانوني.

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

WITNESSES:

توقيع (Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____, 2006 at 21st MP DET (CID), Camp Bucca, Iraq, APO AE 09375

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

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

الاسم الكامل للشخص الذي يستلم التقرير

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

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

ARTICLE 136, UCMJ

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

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

الاسم المختصر أو الأحرف الأولى لاسم الشخص الذي يكون التقرير

PAGE 2 OF 2 PAGES

00-2 06 CID579 79209

SWORN STATEMENT

تقرير أو (أفادة) الشاهد

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

LOCATION المكان 21 st Military Police Det (CID) (b) (6), (b) (7)(C)	DATE التاريخ 7/2/82	TIME الوقت 7/8	FILE NUMBER رقم التقرير
ORGANIZATION OR ADDRESS عنوان السكن وإذا كان عسكري (اسم الوحدة وموقعها) (b) (6), (b) (7)(C)	SSN # / ISN # رقم الهوية ISN (b) (6), (b) (7)(C)	STATUS عسكري أم مدني Detainee	
I, (b) (6), (b) (7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH أريد الادلاء بشهادتي تحت القسم (اليمين) أما بالصفة بل هذا القول أنا لم أقول هذه الشخص توفيقاً هالة فائق ولا كما ذكرنا بل أنا لم أقول أنا أنه يفتنق وخبره قلبة لمن حكيت مع المعتقلين الآخرين ما قال أنه أراد أن يقبله Q: SA (b) (6), (b) (7)(C) A: Detainee (b) (6), (b) (7)(C) Q: Did you ever hear any Detainee in Compound 9B say someone hurt Detainee Taher Turki LABAITH? A: Yes Q: Did you tell anyone someone choked that Detainee? A: Yes Q: Do you have any information which could help us with this investigation? A: Yes Q: Do you have anything to add at this time? A: Yes /// END OF STATEMENT ///			
13 MAR 82 / 1407			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT بم المختصر أو الأحرف الأولى لاسم الشخص الذي يكون التقرير	PAGE 1 OF 2 PAGES الصفحة 1 من مجموع صفحات	
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF (b) (6), (b) (7)(C) CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE ___ OF ___ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.			

DA FORM 2823

1 JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

FOR OFFICIAL USE ONLY-LAW ENFORCEMENT SENSITIVE

0042-06-CID579-79209

Regarding what they are saying, I never said that the person who died got choked. The detainees are saying the cause of death is choking or heart attack. When I talked to the other detainees, nobody said that somebody tried to kill him.

Q: Did you ever hear any detainee in compound 9B say someone hurt detainee Taha Turki LABAIH?

A: No.

Q: Did you tell anyone someone choked that detainee?

A: No.

Q: Do you have any information which could help us with this investigation?

A: No.

Q: Do you have anything to add at this time?

A: No.

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

Time: 1407

Date: 13-Mar-06

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

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

L3 Communication

Time: 1449

Date: 13-Mar-06

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ACLU DDII CID ROI 23276

Basis for Investigation: On 8 Mar 06, this office received a Request for Assistance (RFA) from the Special Agent in Charge, 21st Military Police Detachment (CID), 10th Military Police Battalion, Camp Bucca, Iraq 09375. The request required this office to attend the autopsy of Detainee Taha Turki LABAIH, Internment Serial Number (ISN) (b)(6), (b)(7)(C) Theater Internment Facility (TIF), Camp Bucca, Iraq 09375, and provide preliminary finding and photographs.

On 14 Mar 06, SA (b)(6), (b)(7)(C) at (b)(6), (b)(7)(C) of Detainee LABAIH (ME # 06-2217), which was conducted by Dr. (LCDR) (b)(6), (b)(7)(C) Associate Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause and manner of death was listed as pending. (b)(6), (b)(7)(C) related that additional Cardiopathology examination was required prior to listing the official cause and manner of death. Dr. (b)(6), (b)(7)(C) further opined there were no signs of trauma on Detainee LABAIH's remains. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images and fingerprints from the FBI was obtained. (See CD and fingerprints for details)

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). No evidence was collected or identified.

STATUS: This action is closed within the files of this office. No further investigative activity is contemplated.

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

SA

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

APG Resident Agency (CID)

APG, MD 21005

Date:
14 Mar 06

Exhibit:

19

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ACLU DDII CID ROI 23277

0044-06-CID112- -

0042 06 CID579 79209



OFFICE OF THE ARMED FORCES
MEDICAL EXAMINER

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

FORENSIC PHOTOGRAPHER

116 26TH STREET

DOVER AFB, DE 19902

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

afip.osd.mil

(302) 677-3218 EXT 3142

(330) 715-7262

FAX: (302) 677-3137

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ACLU DDH ~~EXHIBIT~~ ²⁰ RDI 23278

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0042-06-CID579-79209

PAGE 1 OF 1

DETAILS

At 0900, 3 Aug 06, SA (b)(6), (b)(7)(C) received the Final Autopsy Report, ME 06-0217 of Detainee LABAIH from the Armed Forces Institute for Pathology (AFIP). The report documented the cause of death to be Atherosclerotic Cardiovascular Disease (Hardening of the Arteries) and the manner of death to be natural. Toxicology tests for screened drugs of abuse and medications were negative. (See AFIP report for details)

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

TYPE (b)(6), (b)(7)(C), (b)(7)(F)
SA (b)(6), (b)(7)(C)21st MP DET (CID) (FWD)
Camp Bucca CID
Camp Bucca, IZ APO AE 09375

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

DATE 3 Aug 06

EXHIBIT 26

CID FORM 9

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ACLU-DDI-CID-ROI-23319

~~FOUO~~

0042 06 CID 579 79209



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ARMED FORCES INSTITUTE OF PATHOLOGY

Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102

Rockville, MD 20850

(b)(6)



AUTOPSY EXAMINATION REPORT

Name: Labaih, Taha Turki

SSAN: (b)(6)

Date of Birth: (b)(6) 1969

Date of Death: (b)(6) 2006

Date/Time of Autopsy: 14 MAR 2006/1230

Date of Report: 05 JUL 2006

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Place of Death: Camp Bucca, Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This 37-year-old, detainee was interned at Camp Bucca, Iraq during Operation Iraqi Freedom. Investigative reports state that Mr. Labaih was sleeping between two relatives when he was noted to make loud gurgling noises and gasping sounds. Cardiopulmonary resuscitation was initiated and he was transported to the theater internment facility hospital. Aggressive attempts at resuscitation were unsuccessful.

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

Identification: Presumptive identification by accompanying reports.

CAUSE OF DEATH: Atherosclerotic Cardiovascular Disease

MANNER OF DEATH: Natural

FOR OFFICIAL USE ONLY and may be exempt from mandatory disclosure under FOIA. DoD 5400.7R, "DoD Freedom of Information Program", DoD Directive 5230.9, "Clearance of DoD Information for Public Release", and DoD Instruction 5230.29, "Security and Policy Review of DoD Information for Public Release" apply.

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ROI 23321

EXHIBIT 22(1-8)

000170

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AUTOPSY REPORT (b)(6)
LABAIH, Taha Turki

0042 06 CID 579 79209
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FINAL AUTOPSY DIAGNOSES:

- I. No evidence of recent trauma is identified
- II. Evidence of medical intervention
 - A. Defibrillator pads on the anterior chest
 - B. Self-adhesive electrocardiogram leads (4) on the anterior chest
 - C. Intravenous catheters (2) in the right antecubital fossa and on the dorsum of the left hand
 - D. Orotracheal tube, appropriately placed
 - E. Camp Bucca, death tag affixed to the left great toe, (b)(6) Labaih, Taha"
- III. Autopsy findings
 - A. Cardiomegaly, borderline (450-grams)
 - B. Focal severe coronary atherosclerosis, single vessel disease (75% luminal narrowing of the proximal left anterior descending artery)
 - C. Bilateral pulmonary edema (right lung-560 grams, left lung-510 grams)
- IV. Post mortem changes consist of mild decomposition
- V. Toxicology
 - A. Volatiles (blood and vitreous fluid): no ethanol detected
 - B. Carbon Monoxide (blood): Carboxyhemoglobin saturation of less than 1%
 - C. Cyanide (blood): none detected
 - D. Screened drugs of abuse and medications (urine): none detected

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ACLU DDJ/CID ROI 23322

EXHIBIT 52(2-8)
000171

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0042 06 010519 79209

AUTOPSY REPORT (b)(6)

LABAIH, Taha Turki

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EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished appearing, 66-1/2-inches tall, 171-pounds adult male whose appearance is consistent with the reported age of 37 years. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. Rigor is present to an equal degree in all extremities. The body is received unclad and the temperature of the body is that of the refrigeration unit.

The scalp is covered with short straight black hair in a normal distribution. The irides are brown, and the pupils are round and equal in diameter. The external auditory canal is free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The nose and maxillae are palpably stable. The teeth appear natural and in fair condition.

The neck is straight, and the trachea is midline and mobile. The chest is symmetric. No injury of the ribs or sternum is evident externally. The abdomen is protuberant. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema.

MEDICAL INTERVENTION

Evidence of medical intervention consists of multiple (4) self-adhesive electrocardiogram leads affixed to the anterior torso, multiple (2) intravenous catheters in the right antecubital fossa and the dorsum of the left hand, orotracheal tube appropriately placed and defibrillator pads (2) affixed to the anterior chest.

RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates no evidence of recent or remote trauma.

EVIDENCE OF INJURY

There is no evidence of significant recent or remote injury. Separate dissections into the back, both wrists and both lower extremities reveal no evidence soft tissue of trauma.

INTERNAL EXAMINATION

HEAD:

The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. Clear cerebrospinal fluid surrounds the 1560 gm brain, which has unremarkable gyri and sulci. Coronal sections demonstrate sharp

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EXHIBIT 000122(3-8)

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AUTOPSY REPORT (b)(6)

LABAIH, Taha Turki

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demarcation between white and grey matter, without hemorrhage or contusive injury. The ventricles are of normal size. The basal ganglia, brainstem, cerebellum, and arterial systems are free of injury or other abnormalities. There are no skull fractures. The atlanto-occipital joint is stable.

NECK:

The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage. The thyroid cartilage and hyoid are intact. The larynx is lined by intact white mucosa. The thyroid 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 upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The right and left lungs weigh 560-grams and 510-grams, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous exuding slight amounts of bloody fluid. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 450-gram heart is contained in an intact pericardial sac. The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable. The heart is sent for formal Cardiovascular Pathology consultation.

Consultation Report:

Diagnosis: (b)(6) Focal severe coronary atherosclerosis, single vessel disease, 75% narrowing of proximal left anterior descending artery.

Heart: 450 grams (predicted normal value 345 grams, upper limit 455 grams for a 171 lbs man); normal epicardial fat; oval fossa aneurysm, 25 x 20 mm, with probe patent foramen ovale; normal cardiac chamber dimensions: left ventricular cavity diameter 35 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 13 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; early myocardial myocyte hypertrophy without inflammation, necrosis, or scarring

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CAH1314

22(4-8)

AUTOPSY REPORT (b)(6)
LABAIH, Taha Turki

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Coronary arteries: Normal ostia; right dominance; focal severe atherosclerosis, single vessel disease:

Left main coronary artery: 20% luminal narrowing by pathologic intimal thickening

Left anterior descending artery (LAD): 75% narrowing of proximal LAD by pathologic intimal thickening with foam cell infiltrates and smooth muscle rich intimal thickening; no significant narrowing of mid or distal LAD

Left circumflex artery (LCA): 25% narrowing of proximal LCA by pathologic intimal thickening

Right coronary artery (RCA): 30% narrowing of proximal RCA by pathologic intimal thickening; no significant narrowing of mid to distal RCA or posterior descending artery

Signed: (b)(6) Cardiovascular Pathologist, 19 April 2006

LIVER & BILIARY SYSTEM:

The 1830-gram liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains 3-milliliters of green-black bile and no stones. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 180-gram spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

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 140-grams each. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 11 milliliters of cloudy yellow urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

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AUTOPSY REPORT (b)(6)

6

LABAIH, Taha Turki

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GASTROINTESTINAL TRACT:

The esophagus is intact and lined by smooth, grey-white mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains approximately 150-milliliters of thick pasty tan liquid with particles of partially digested food. The gastric wall is intact. The duodenum, loops of small bowel, and colon are unremarkable. The appendix is present.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographers
- Specimens retained for toxicologic testing and/or DNA identification are: heart blood, vitreous fluid, urine, gastric contents, bile, spleen, liver, lung, kidney, adipose tissue, and psoas muscle.
- Full body radiographs are obtained.
- Selected portions of organs are retained in formalin and histological slides are prepared
- The dissected organs are forwarded with the body
- Personal effects are released to the mortuary affairs representatives.
- Formal Cardiovascular Pathology consultation

MICROSCOPIC EXAMINATION

Gastrointestinal (slides #5,8,9): Mild hepatic macrovesicular steatosis, no significant pathologic diagnosis
 Pulmonary (#3,4,6-8): Vascular congestion, no significant pathologic diagnosis
 Genitourinary (#2-7): Renal vascular congestion, no significant pathologic diagnosis
 Cardiovascular (#10): No significant pathologic diagnosis (aorta), for heart see attached Cardiovascular Pathology consultation
 Hematopoietic (#10): No significant pathologic diagnosis
 Endocrine (#1-3): No significant pathologic diagnosis
 Central Nervous System (#11-16): No significant pathologic diagnosis

OPINION

This 37-year-old Iraqi detainee, Taha Turki Labaih, died of atherosclerotic cardiovascular disease. Focal severe coronary atherosclerosis of the left anterior descending artery was demonstrated with 75% luminal narrowing. His heart weighed 450-grams and the expected heart weight for his size (171 pounds) is 345-grams with an upper limit of 455-grams. No traumatic injuries were identified at autopsy. Toxicology tests for ethanol and screened drugs of abuse and medications are negative. The manner of death is natural.

(b)(6)

(b)(6)

(b)(6)

Medical Examiner

(b)(6)

Medical Examiner

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CID ROL 23326
 EXHIBIT 22 (6-8)
 000175

AUTOPSY REPORT (b)(6)
LABAIIH, Taha Turki

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7

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PATIENT IDENTIFICATION

(b)(6)
LABAIIH, Taha Turki
(b)(6) AB/rjk
(b)(6) 2006

(b)(6)

AFIP-OATMT:
1413 Research Blvd.
Bldg. 102
Rockville, MD 20850

FINAL DIAGNOSIS

DIAGNOSIS: (b)(6) Focal severe coronary atherosclerosis, single vessel disease, 75% narrowing of proximal left anterior descending artery

History: 27 year old Iraqi detainee, 66", 171 lbs. who began gasping for breath and making gurgling sounds while sleeping, became unresponsive and could not be resuscitated

Heart: 450 grams (predicted normal value 345 grams, upper limit 455 grams for a 171 lbs man); normal epicardial fat; oval fossa aneurysm, 25 x 20 mm, with probe patent foramen ovale; normal cardiac chamber dimensions; left ventricular cavity diameter 35 mm, left ventricular free wall thickness 10 mm, ventricular septum thickness 15 mm; right ventricle thickness 4 mm, without gross scars or abnormal fat infiltrates; grossly unremarkable valves and endocardium; early myocardial decomposition without gross fibrosis or necrosis; histologic sections show mild left ventricular myocyte hypertrophy without inflammation, necrosis, or scarring

Coronary arteries: Normal ostia; right dominance; focal severe atherosclerosis, single vessel disease:

Left main coronary artery: 20% luminal narrowing by pathologic intimal thickening

Left anterior descending artery (LAD): 75% narrowing of proximal LAD by pathologic intimal thickening with foam cell infiltrates and smooth muscle rich intimal thickening; no significant narrowing of mid or distal LAD

Left circumflex artery (LCA): 25% narrowing of proximal LCA by pathologic intimal thickening

Right coronary artery (RCA): 30% narrowing of proximal RCA by pathologic intimal thickening; no significant narrowing of mid to distal RCA or posterior descending artery

(b)(6)

Cardiovascular Pathologist

Blocks made: 11 (5 heart, 6 coronary arteries)
Slides made: 12 (11 H&E, 1 Mass)

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REPLY TO
ATTENTION OF

AFIP-CME-T

004206 CID 579 79209
~~FOUO~~
DEPARTMENT OF DEFENSE
ARMED FORCES INSTITUTE OF PATHOLOGY
WASHINGTON, DC 20306-6000

~~LAW ENFORCEMENT SENSITIVE~~

TO:

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

PATIENT IDENTIFICATION

AFIP Accessions Number Sequence

(b)(6)

(b)(6)

Name

LABAIH, TAHA TURKI

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: March 22, 2006

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident (b)(6) 2006

Date Received: 3/16/2006

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

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

(b)(6)

Office of the Armed Forces Medical Examiner

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EVIDENCE/PROPERTY CUSTODY DOCUMENT

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

MPR/CID SEQUENCE NUMBER
0042-06-CID579

CRD REPORT/CID ROI NUMBER
79209

RECEIVING ACTIVITY 21st MP DET (CID), Camp Bucca CID Office	LOCATION Camp Bucca, Iraq APO AE 09375
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED OWNER <input type="checkbox"/> CRIME SCENE OTHER <input checked="" type="checkbox"/> X	ADDRESS (Include Zip Code) N/A
LOCATION FROM WHERE OBTAINED: Wedged in the fence of the holding area, Compound 9B, TIF, Camp Bucca, Iraq APO AE 09375	REASON OBTAINED Evidence
	TIME/DATE OBTAINED 0654 7 Mar 06

ITEM NO.	QUANTITY	DESCRIPTION OF ARTICLES (Include model, serial number, condition and unusual marks or scratches)
1	1	BLANKET, red, yellow, green, pink, and orange in color, fabric in construction, unknown size, used to wrap around Detainee LABAIIH when he was carried to the front of compound 9B. Placed in a clean, brown in color, paper bag, sealed with paper packaging tape, and marked for ID with 0654, 7 Mar 06. (Wedged between the fence of the holding area gate, Compound 9B, TIF) -----LAST ITEM-----

CHAIN OF CUSTODY				
ITEM NO.	DATE	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
1	7 Mar 06	SIGNATURE N/A	(b)(6), (b)(7)(C)	Evaluation As Evidence
		NAME, GRADE OR TITLE Crime Scene	SA (b)(6), (b)(7)(C)	
1	8 MAR 06	(b)(6), (b)(7)(C)	SIGNATURE 7003-3110-0002-5127-1214	In transit to Camp Artisan Evidence Room
		NAME, GRADE OR TITLE SA	(b)(6), (b)(7)(C)	
1	14 MAR 2006	SIGNATURE 700331100002 5127 1214	(b)(6), (b)(7)(C)	Received by Evidence Custodian
		NAME, GRADE OR TITLE CERTIFIED MAIL	NAME, GRADE OR TITLE SA	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
		SIGNATURE	SIGNATURE	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	

DA FORM 4137
1 Jul 76

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

LOCATION

DOCUMENT
NUMBER

073-06
ACLU DDII CID ROI 23329

COPY
ACLU-RDI 5519 p.105

Ex 000178 23(1-2)

EVIDENCE/PROPERTY CUSTODY DOCUMENT		MPR/CID SEQUENCE NUMBER 0042-06-CID579	
For use of this form see AR 190-45 and AR 195-5; the proponent agency is US Army Criminal Investigation Command		CRO REPORT/CID ROI NUMBER 79209	
RECEIVING ACTIVITY 21st MP Det (CID), Camp Bucca CID Office		LOCATION Camp Bucca, Iraq APO AE 09375	
NAME, GRADE AND TITLE OF PERSON FROM WHOM RECEIVED <input type="checkbox"/> OWNER SGT (b)(6), (b)(7)(C) <input checked="" type="checkbox"/> OTHER SSN (b)(6), (b)(7)(C)		ADDRESS (Include Zip Code) TIF Hospital Camp Bucca, Iraq APO AE 09375	
LOCATION FROM WHERE OBTAINED Taken from the right hand of SGT (b)(6), (b)(7)(C) while in the Emergency Room, TIF Hospital, Camp Bucca, Iraq, APO AE 09375		REASON OBTAINED EVIDENCE	TIME/DATE OBTAINED 0516 - 0518 7 Mar 06
ITEM NO	QUANTITY	DESCRIPTION OF ARTICLES <i>(Include model, serial number, condition and unusual marks or scratches)</i>	
1	1	BOXER SHORTS, unknown size, bearing a white and black tag which had the name (b)(6), (b)(7)(C). The boxer shorts were worn by Detainee (b)(6), (b)(7)(C) when he was brought into the TIF Hospital for treatment. The boxer shorts were removed by SGT (b)(6), (b)(7)(C). The boxer shorts were placed in a clean, brown in color paper bag, sealed with paper packaging tape, and marked for ID with 0516, 7 Mar 06. Hand of SGT (b)(6), (b)(7)(C). -----Unused Space Between Next Item-----	
2	1	T-SHIRT, yellow in color, stained in various places, unknown size, cut when removed from Detainee (b)(6), (b)(7)(C) at the TIF Hospital when he was brought in for treatment. The T-Shirt was removed by (b)(6), (b)(7)(C). The T-Shirt was placed in a clean, brown in color paper bag, sealed with paper packaging tape, and marked for ID with 0517, 7 Mar 06. Hand of SGT (b)(6), (b)(7)(C).	
3	1	PANTS and GOWN, yellow in color, unknown size. The pants and gown were worn by Detainee (b)(6), (b)(7)(C) when he was brought into the TIF Hospital for treatment. The pants and gown were removed by SGT (b)(6), (b)(7)(C). The pants and gown were placed in a clean, brown in color paper bag, sealed with paper packaging tape, and marked for ID with 0518, 7 Mar 06. Hand of SGT (b)(6), (b)(7)(C). ///-----LAST ITEM-----///	
ITEM NO	DATE	RELEASED BY (b)(6), (b)(7)(C)	PURPOSE OF CHANGE OF CUSTODY EVALUATION AS EVIDENCE
1-3	7 Mar 06	RECEIVED BY (b)(6), (b)(7)(C)	
1-3	8 MAR 06	SIGNATURE (b)(6), (b)(7)(C)	In transit to Camp Arifjan Evidence Room
1-3	14 MAR 2006	SIGNATURE 70033110 0002 5127, 1214 NAME, GRADE OR TITLE (RTIFIED MAIL)	Received by Evidence Custodian
		SIGNATURE (b)(6), (b)(7)(C)	
		SIGNATURE (b)(6), (b)(7)(C)	
		SIGNATURE (b)(6), (b)(7)(C)	
		SIGNATURE (b)(6), (b)(7)(C)	

DA FORM 4137, 1 JUL 76

Replaces DA FORM 4137, 1 Aug 74 and
DA FORM 4137-2, February Act Statement
28 Sep 75 Which are Obsolete

DOCUMENT

USAPC 71 DE