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LAW ENFORCEMENT SENSITIVE

**DEPARTMENT OF THE ARMY**  
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND  
76<sup>th</sup> MILITARY POLICE DETACHMENT (CID) (FWD) (-)  
10<sup>th</sup> MILITARY POLICE BATTALION (CID) (FWD)  
BAGHDAD CENTRAL CONFINEMENT FACILITY  
ABU GHRAIB, IRAQ  
APO AE 09342

CIRF-ZA-BD

11 Feb 2006

MEMORANDUM FOR SEE DISTRIBUTION.

SUBJECT: CID REPORT OF INVESTIGATION – FINAL – 0013-06-CID789-78453-5H9

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 12 JAN 2006, 1010; 344<sup>TH</sup> FIELD HOSPITAL (FH), BAGHDAD CENTRAL CONFINEMENT FACILITY (BCCF); GRID 38S MB130840; ABU GHRAIB, IRAQ (AGI)

DATE/TIME REPORTED: 12 JAN 2006, 1015

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

SUBJECT: 1. NONE; OTHER DEATH (COMBAT ACTION)

VICTIM: 1. UNKNOWN; IRAQ; MALE; WHITE; XZ; (NFI) OTHER DEATH (COMBAT ACTION)

“THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION”.

INVESTIGATIVE SUMMARY: On 12 Jan 06, this investigation was initiated when SGT (b)(6),(b)(7)(C) 44<sup>th</sup> FH, BCCF, AGI, notified this office of a death that occurred in the 344<sup>th</sup> FH.

Investigation determined that the UNK individual was shot by U.S. forces at a checkpoint as a result of a combat action. A review of the capture paperwork pertaining to the incident revealed the UNK individual lunged at U.S. Forces with a knife at a checkpoint located at MB26358740 and was shot by U.S. Forces.

The UNK individual was transported to the 10<sup>th</sup> Combat Support Hospital (CSH), Baghdad, IZ and received treatment for his wounds and underwent several operations before he was transported to the 344<sup>th</sup> FH, AGI. It is assumed that the UNK individual would have been in-processed here at AGI as a detainee if and when he recovered from his wounds.

1

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

**ACLU DETAINEE DEATH 2 CID 579**

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STATUTES: None

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 10 Feb 06, detailing the basis for investigation, coordination with SGT (b)(6),(b)(7)(C) photographs of the detainee's body, interview of MAJ (b)(6),(b)(7)(C) receipt of report of death and death certificate, receipt of medical records, coordination with the IHA, receipt of information report from Balad, IZ CID, coordination with the 10<sup>th</sup> CSH and receipt of the information report from the 76<sup>th</sup> MP DET (CID).

2. Certificate of Death and Hospital Report of Death, 12 Jan 06, pertaining to the deceased.

3. (3-1 through 3-10) Medical Records obtained from the 344<sup>th</sup> FH, AGI, pertaining to the deceased.

4. AIR of SA (b)(6),(b)(7)(C) 8 Jan 06, detailing the receipt of the request for assistance, coordination with MSGT (b)(6),(b)(7)(C) coordination with MA (b)(6),(b)(7)(C) and coordination with MAJ (b)(6),(b)(7)(C)

5. AIR of SA (b)(6),(b)(7)(C) 27 Jan 06, detailing the receipt of the request for assistance, coordination with COI (b)(6),(b)(7)(C) coordination with MA (b)(6),(b)(7)(C) review of received documents, and the interview of MA (b)(6),(b)(7)(C)

6. (6-1 through 6-26) Medical Records obtained from the 10<sup>th</sup> CSH, Baghdad IZ, pertaining to the deceased.

NOT ATTACHED:

None

The originals of Exhibits 1, 4, and 5 are forwarded with the USACRC copy of this report. The originals of Exhibit 2 and 3 are maintained in the files of Patient Administration Division, of the 344<sup>th</sup> FH, AGI. The originals of Exhibit 6 are maintained in the files of Patient Administration Division, of the 10<sup>th</sup> CSH, Baghdad, IZ.

STATUS: This is a Final Report.

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

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Report Prepared By:

Report Approved By:

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

Special Agent (b)(2)

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

Special Agent in Charge

Distribution:

TO: DIR, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (ORIGINAL)  
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CDR 3<sup>RD</sup> MILITARY POLICE BRIGADE, 539<sup>TH</sup> MILITARY POLICE DET

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

CDR 10<sup>TH</sup> MP BN (CID) (FWD)

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

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DET SGT 16<sup>TH</sup> Military Police DET

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CDR FOR ABU GHRAIB, MNC-I, BCCF, ABU GHRAIB, IZ

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CDR 96<sup>TH</sup> MP BN, BCCF, ABU GHRAIB, IZ

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STA 452<sup>ND</sup> MP DET, 43<sup>RD</sup> MP BDE, BCCF, ABU GHRAIB, IZ

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

CDR DETAINEE OPERATIONS, ATTN: CP (b)(6),(b)(7)(C) MNF-I, TF 134,

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

I - File

AGENT'S INVESTIGATIVE REPORT

ROI NUMBER 0013-06-CID789-78453

CID Regulation 195-1

Page 1 of 2 pages

DETAILS:

Basis for Investigation: About 1015, 12 Jan 06, this office was notified by SGT (b)(6), (b)(7)(C) Patient Administration Division (PAD), 344<sup>th</sup> Medical Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq APO AE 09342 (AGI) that detainee Internment Serial Number (ISN) (b)(6), (b)(7)(C) had died.

About 1030, 12 Jan 06, (b)(6), (b)(7)(C) this office coordinated with SGT (b)(6), (b)(7)(C) PAD who stated the detainee was transferred from the 10<sup>th</sup> Combat Support Hospital (CSH), Balad, Iraq on 6 Jan 06 at approximately 2110 and arrived with a gunshot wound to the abdomen and one to the right leg. SGT (b)(6), (b)(7)(C) stated the detainee had no further identifying information other than the ISN he arrived with.

About 1030, 12 Jan 06, SA (b)(6), (b)(7)(C) exposed photograph's of the detainee's body.

About 1037, 12 Jan 06, SA (b)(6), (b)(7)(C) interviewed MAJ (b)(6), (b)(7)(C) 344<sup>th</sup> Medical Field Hospital, BCCF, AGI, who stated the detainee was MEDEVAC'd from the 10<sup>th</sup> CSH with multiple gunshot wounds to the abdomen and right leg. MAJ (b)(6), (b)(7)(C) stated the detainee was transferred to the 344<sup>th</sup> due to his detainee status. MAJ (b)(6), (b)(7)(C) stated that the lifesaving measures consisted of Cardio Pulmonary Resuscitation (CPR) which was performed once on 11 Jan 06, and twice on 12 Jan 06. MAJ (b)(6), (b)(7)(C) stated the preliminary cause of death was Sepsis due to the gunshot wounds.

About 1050, 12 Jan 06, SGT (b)(6), (b)(7)(C) provided a copy of the Hospital Report of Death and Certificate of Death which listed the time of death as 1010, 12 Jan 06 and the preliminary cause of death was sepsis due to a gunshot wound to the abdomen and to the right leg. SGT (b)(6), (b)(7)(C) stated he would make a copy of the detainee's medical records for this office to pick up.

About 1700, 12 Jan 06, SA (b)(6), (b)(7)(C) obtained copies of the medical records pertaining to the detainee.

About 0800, 13 Jan 06, (b)(6), (b)(7)(C) provided copies of the medical records to the IHA office, so they could be sent with the body to AFIP for autopsy. SA (b)(6), (b)(7)(C) coordinated with SGM (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) 96<sup>th</sup> MP BN, AGI, to insure the medical records had been placed with the body prior to it being transported to AFIP. SGM (b)(6), (b)(7)(C) stated that the body was not going to the states for autopsy and was going to be released to the Iraq police as the individual was not a detainee, and was never in-processed. There was no other info such as capture data available.

About 1645, 19 Jan 06, (b)(6), (b)(7)(C) this office received the information report from Balad, IZ, our unk individual was never in there area, the toe tag number had a error, investigation revealed that the 10<sup>th</sup> CSH is in Baghdad and not in Balad, This incorrect information was obtained from the 344<sup>th</sup> here at Abu.

TYPE NAME SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION 76 <sup>TH</sup> MP DET (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
SIG (b)(6), (b)(7)(C)	DATE 10 Feb 06	EXHIBIT

CID FORM 94-E

(Automated)

**EXHIBIT 2**

**Exhibit(s): 2 and 3**

**Page(s): 6 thru 18**

**Referred to:**

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

AGENT'S INVESTIGATIVE REPORT

CID Regulation 195-1

ROI NUMBER

0013-06-CID789-78453

Page 2 of 2 pages

DETAILS:

About 1700, 19 Jan 06, SA (b)(6), (b)(7)(C) contacted the 10<sup>th</sup> CSH, 318-239-7623, and requested any and all information available on the UNK victim. The 10<sup>th</sup> CSH had him listed as John DOE and stated they would research of any other info they could find. They did say that they thought the UNK individual was "shot in prison by a guard" (NFI).

About 2000, 10 Feb 06, SA (b)(6), (b)(7)(C) received information from SA (b)(6)(b)(7)(C) 76<sup>th</sup> MP DET (CID). A review of the received paper work revealed that the 10<sup>th</sup> CSH called the UNK individual a security internee and stated he was shot in prison by a guard. SA (b)(6), (b)(7)(C) further clarified that the UNK individual was in fact shot by US forces at a checkpoint as explained in the capture paperwork.///Last Item///

TYPE: SA (b)(6), (b)(7)(C), (b)(7)(F)	ORGANIZATION 76 <sup>TH</sup> MP DET (CID)(FWD)(-), BCCF, AGI, APO AE 09342	
SIGN: (b)(6), (b)(7)(C)	DATE 10 Feb 06	EXHIBIT

CID FORM 94-E

(Automated)

**EXHIBIT 2**

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

NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms)
GRADE Grade
BRANCH OF SERVICE Arme
SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation
NATION (e.g., United States) Pays
DATE OF BIRTH Date de naissance
SEX Sexe
RACE Race
MARITAL STATUS État Civil
RELIGION Culte
NAME OF NEXT OF KIN Nom du plus proche parent
RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit
STREET ADDRESS Domicilié à (Rue)
CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)

MEDICAL STATEMENT Declaration médicale
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.
ANTecedent CAUSES
Symptômes précurseurs de la mort.
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives

MODE OF DEATH Condition de décès
AUTOPSY PERFORMED Autopsie effectuée
MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie
CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES
Circumstances de la mort suscitées par des causes extérieures
NAME OF PATHOLOGIST Nom du pathologiste
SIGNATURE Signature
DATE Date
AVIATION ACCIDENT Accident à Avion

DATE OF DEATH (Hour, day, month, year) Date de décès (l'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.

NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire
TITLE OR DEGREE Titre ou diplôme
INSTALLATION OR ADDRESS Installation ou adresse
SIGNATURE Signature

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EXHIBIT 2
1 State disease, injury or complication which caused death...
2 State conditions contributing to the death, but not related to the disease or condition causing death.

TAB

**CERTIFICATE OF DEATH**

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

INTERMENT (b)(6)

FROM:

TO:



NAME (Last, first, MI) <b>Unknown, Unknown</b>		GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH (b)(6)	CAUSE OF DEATH <b>Sepsis</b>	
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)

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).

Pt with sepsis causing multi-organ failure - on vent maximum dose pressors + IV antibiotics, sustained cardiac arrest (b)(6) JAN + twice on (b)(6) JAN. Last arrest pt was unable to be resuscitated despite full ACLS protocol.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE (b)(6)	(b)(6)
SIGNATURE OF COMMANDING OFFICER <b>06</b>	

WITNESSES	
SIGNATURE	ADDRESS
SIGNATURE	ADDRESS

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EDITION OF 1 JUL 63 IS OBSOLETE.  
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**EXHIBIT** 27

DA FORM 2669-R, MAY 82



Instructions - Medical Officer in attendance will:  
 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)  (b)(6)  (b)(6) Patient Social Security Account No., register number and Ward Number	2. TIME OF DEATH (Hour-day-month-year) 10:10 (b)(6) 06	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH		

**CAUSE OF DEATH**

**APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH**

7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of) Sepsis	5 days
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	(1) Gun shot wound to abdomen	13 days
	(2) Gunshot wound to right leg	13 days
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)	SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)
----------------------	--	--

**SECTION B - ADMINISTRATIVE ACTION**

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

**SECTION C - RECORD OF AUTOPSY**

20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	21. AUTOPSY ORDERED BY (Signature)
--	------------------------------------

22. PROVISIONAL PATHOLOGICAL FINDINGS

23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR

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**EXHIBIT**

28

MEDICAL RECORD

PROGRESS NOTES

0013-06-010789-78453

DATE	Nursing	NOTES
11/6/06 0215	Pt dropped O2 sat to 84% @ 1145. Pt's FIO2 ↑ to 100% by (b)(6), RT. (b)(6) notified. Pcr done and reviewed by (b)(6) ETR Dr. As per (b)(6) No orders received at the time.	
	Continued to monitor pt closely. Pt's O2 sat ↑ to 92% after midnight. Pt remained stable until 0050 when BP ↓ to 82/45 & HR 90 RR 21 and SaO2 91%. (b)(6) notified. Called ETR (b)(6). As per (b)(6) started Dopamine.	
12:00 17:00	gtt @ 5mcg/k/min and decreased fentanyl to 50 mcg/hr. (b)(6) attempted to start arterial line on (R) wrist, but unsuccessful. Arterial line started to (R) femoral arterial by (b)(6). CVP monitor connected to pt's central line. Will cont. to monitor. (b)(6)	
0300	Nursing Pt continues on vent on A/C mode FIO2 100% VT100 and rate 10. O2 Sat 91% BP 102/55 HR 113 RR 17. Urinary output for 0100 was 14cc, then ↑ to 80cc by 0300. Pt appears to be sleeping, easily arouse, but won't remain awake. (b)(6)	

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			(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)

UNKNOWN, UNKNOWN  
M I DETAINEE  
TRF # 10TH CSK  
6 JAN 06

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

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EXHIBIT 39.1



MEDICAL RECORD

PROGRESS NOTES

0013-06-CID789-78453

DATE

NOTES

10 JAN 06

Trauma

1635

Pt seen + examined

Im-101.8 Tnew-101.1 p-110's bp-95/53

I/O-7185/3515 G-tube-1300 VAC-800

failed trach collar - back on vent

Lungs - bilat crackles

Abd - soft, NT G-tube / Dobhoff in place wound VAC in place

Ext - (R) knee disartic disc intact

Labs: 8.9 | 10.4 | 706 | 128 | 107 | 27 | 250  
30.9 | 4.3 | 23 | 0.3

BC - G+ cocci in clusters

Cath tip - G- rods

Abd fluid - G+C, G- rods

(R) BKA stump - G+C, G- rods

AP (1)

POD #1 Ex lap / Abd VAC

- mult (+) cultures - await sens

currently on Cipro + Flagyl

- Hgb stable

- wear vent as tol

- CR Thursday for VAC a possible closure (R)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or other)

LAST

FIRST

MI

Stump

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)

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)



MEDICAL RECORD

PROGRESS NOTES

0013-06-070789-78453

DATE

NOTES

Jan 06

Medical Nutrition Therapy

1440

Trans from 10<sup>m</sup> CSH, previously on TPN. Currently on TPN @ 70% IL 45u/hr. ESW abd and leg. (R) AKA

68" 180: -6%, AKA 145# ± 10% SSI leverage IVF DsNS 100u/hr

FSBS: 257, 195 (gluc 242↑) (alb 2.0↓) TP 4.4↓

A: P4 @ risk AEB ↓ alb, need for alt. nutrition.

REN: 30-35 Kcal/Kg = 2160 - 2520 Kcal

EPN: 1.2-1.5g/Kg = 87-108g pro

Per (b)(6) note, to start TF tomorrow. Jevity 1.2

@ goal of 75u/hr will provide 2160 Kcal, 100g pro

1447 u free H<sub>2</sub>O. If remaining on TPN, ↑ to 115u/hr

IL 5x/wk

P/R

① TF = Jevity 1.2 goal of 75u/hr

② Depending on IVF may need additional flush of 115u H<sub>2</sub>O q 4<sup>o</sup>

③ Consider Δ IVF to NS for better glucose control once TF is initiated.

④ Nil follow

(b)(6)

RELATIONSHIP TO SPONSOR

SPONSOR'S NAME

SPONSOR'S ID NUMBER (SSN or Other)

LAST

FIRST

MI

DEPT./SERVICE

HOSPITAL OR MEDICAL FACILITY

RECORDS MAINTAINED AT

PATIENT'S IDENTIFICATION

Name - last, first, middle; Rank/Grade

REGISTER NO.

WARD NO.

UNKNOWN, UNKNOWN

M I DETAINEE

TRF FRM 10TH CSH

6 JAN 06

(b)(6)

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
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EXHIBIT

12  
54

MEDICAL RECORD

PROGRESS NOTES

0013-06-CID 789-78453

DATE	NOTES
6 JAN 2006 2355hrs	Pt received from ETR via stretcher @ 2310 hrs. Opened eyes spont & to tactile stimuli. Maintains eye contact. Intermittently tracks bedside activity. Follow any commands in English or Arabic. PERRLA 3mm, moderate. Resp even & unlabored. Tolerated current vent settings well. Suctioned orally through trach for small amts thick, tan secretions. Trach care performed by RT (b)(6). Chest expansion symmetrical. All dsgs C/D/I. R stump dsg Δ'd in ETR by (b)(6).
	All lines & drains patent, intact. Safety precautions maintained. (b) wrist restraints applied to prevent removal of trach or lines/drains. All meds & procedures explained to pt. Distress noted. Will monitor pt closely. See ICU flowsheet for completion of assessment. Tylenol given PR @ 2330 hrs for T 101.9. (b)(6)
7 JAN 2006 0405hrs	Pt remains febrile. Tylenol given as ordered. Pt alert, follows simple commands in Arabic @ this time. Distress noted. (b)(6)
0640hrs	AM lab results showed to RT & (b)(6) unit PRBC ordered - request taken to lab. Pt remains febrile. (b)(6) notified. Fentanyl 1.75mg/hour @ 0630hrs for R stump pain. Pt assessed by (b)(6). Safety precautions maintained. Distress noted. (b)(6)
7 JAN 06 07:00	Orally - Reverse Chond, X-ray & Exam of (b)(6) - (b)(6) in use - No obs for signs of necrosis or infection - will proceed to OR for (b)(6) removal or APC (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPT./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)				

UNKNOWN UNKNOWN  
UNK M I DETAINEE

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

16 JAN 06

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EXHIBIT 13-5



**EMERGENCY RESUSCITATION RECORD**

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

**PART 1 - Complete this report immediately following the event. Place the original in the patient's record and provide a copy to the nursing supervisor/OIC.**

1. DATE: 11 Jan 06

3. PATIENT STATISTICS:

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Height (in): \_\_\_\_\_

Weight (lbs): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

2. LOCATION OF RESUSCITATION:  Ward: ICU Bed 4

MICU  SICU  CCU  NICU  PICU  ED  PACU  OR

Diagnostic/Procedure Area: \_\_\_\_\_

Outpatient Clinic: \_\_\_\_\_

Other (Specify): \_\_\_\_\_

4. INITIAL CONDITION:

CONSCIOUS? BREATHING? vent

Yes  No  Yes  No

PULSE?  Yes  No Pulse Site: \_\_\_\_\_

WITNESSED ARREST?  Yes  No  Unknown

MONITORED AT ONSET?  Yes  No

5. INITIAL RHYTHM:

Asystole 2nd  Pulseless Electrical Activity  Other: \_\_\_\_\_

Bradycardia 91  Ventricular Fibrillation

Perfusing Rhythm  Ventricular Tachycardia

RETURN OF SPONTANEOUS CIRCULATION (ROSC):

Returned at: 1725  Never Achieved

Unsustained ROSC:  < 20 min  > 20 min

TIME CPR STOPPED: 1725 DUE TO:  ROSC  DNR  Death

6. IMMEDIATE CAUSE OF ARREST/EVENT: (Check One)

Hypotension/Hypovolemia

Lethal Arrhythmias

Metabolic

Myocardial Infarction or Ischemia

Respiratory Depression

Trauma

Unknown

Other: \_\_\_\_\_

7. RESUSCITATION ATTEMPTED:

YES (Check all that apply)

Airway Management  Cardiac Massage

Chest Compressions  Defibrillation

NO (Check one)

False Alarm/Arrest (BLS/ALS not needed)

Do Not Resuscitate (DNR)

Pronounced Dead Prior to Resuscitation

Other: \_\_\_\_\_

8. EVENT TIMES: (The times below are required to calculate the American Heart Ass'n and European Resuscitation Council in-hospital chain of survival.)

Time (Military)

Collapse/Arrest Onset: \_\_\_\_\_

CPR Started: \_\_\_\_\_

1st Defibrillation: \_\_\_\_\_

Airway Achieved: \_\_\_\_\_

1st Dose Epinephrine: \_\_\_\_\_

Code Team Called:  Yes  No

Code Team Arrived: \_\_\_\_\_

9. INTERVENTIONS:		COMMENTS
(CHECK THOSE IN PLACE AT START OF RESUSCITATION)	(CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME)	
<input checked="" type="checkbox"/> IV Access Gauge: _____ Site: _____	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Endotracheal Tube Size: <u>#8 Trache</u>	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time(s) _____ / _____	
<input checked="" type="checkbox"/> Arterial Line	<input type="checkbox"/> Time(s) _____ / _____	
<input checked="" type="checkbox"/> Central Venous Line	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Pulmonary Artery Catheter	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Nasogastric Tube	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Pacing Device (Specify): _____	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Implantable Defibrillator/Cardioverter	<input type="checkbox"/> Time(s) _____ / _____	
<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Time(s) _____ / _____	

PATIENT DISPOSITION FOLLOWING RESUSCITATION:

PATIENT IDENTIFICATION (For typed or written entries note: Name-last, first, middle initial; grade; DOB; hospital or medical facility)

(b)(6)

10. GLASGOW COMA SCALE: (Post-resuscitation)

Circle appropriate score for each parameter, then total score.

<b>EYE OPENING</b>	<b>MOTOR RESPONSE</b>
4 - Spontaneously	6 - Obeys verbal commands
3 - To voice	5 - Localizes painful stimulus
2 - To pain	4 - Withdraws from pain stimulus
1 - No response	3 - Flexion, decorticate posturing
<b>VERBAL RESPONSE</b>	2 - Extension, decerebrate posturing
5 - Oriented, converses	1 - No movement
4 - Disoriented, converses	
3 - Inappropriate responses	
2 - Incomprehensible sounds	
1 - No response	

SCORE: \_\_\_\_\_

MEDICAL RECORD

PROGRESS NOTES

0013-06-C10789-7853

DATE	NOTES
12 Jan 1943	<p>PT. expired @ 1010 <del>after</del> <sup>declared</sup> <del>end</del> by (b)(6) 15 min or after a resuscitative <sup>semi</sup> efforts were <del>deem</del> <sup>were</sup> ineffective &amp; bring pt back to stability.</p> <p>Independent stability, receive a series of atropine (x3) and epinephrine (x4). Chest compressions were perform and manual bag valve ventilation was conducted. Was on maximum deemed doses (As per MD's order) on dopamine, levophed and epinephrine.</p> <p>Asystole was verified in 2 leads &amp; plus the patients A-line and un palpable pulses (<del>are</del> <sup>are</sup> <del>curated</del> <sup>curated</sup>).</p>
	(b)(6)

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.

PROGRESS NOTES Medical Record

STANDARD FORM 509 (REV. 5-99) Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

FOR OFFICIAL USE ONLY

EXHIBIT 15-7



MEDICAL RECORD

PROGRESS NOTES

0013-06 CID 789-78453

DATE	NOTES
4 JAN 06	Received report, assessment completed per ICU flow sheet
1945 hrs	Received report in bed. Noted to be on Dopamine and Levophed drip to maintain blood pressure. IVF changed to 0.45% NS w/ 3 amp NaHCO <sub>3</sub> due to acidotic status
(b)(6)	at bedside delay
2110 hrs	Levophed titrated up to 50 mcg/min due to decreasing blood pressure & increase noted
0045 hrs	At midnight, suddenly became severely hypotensive and pulseless. O <sub>2</sub> sat. decreased to 20%. Chest compressions initiated, Atropine and Epinephrine given and notified. Return of B/P and pulse noted. P. blood on Epinephrine drip per MD order. Increase in B/P noted. Labs drawn and given D50 and insulin due to increased potassium
0200 hrs	Epinephrine infusing at max dose as well as Dopamine & Levophed at max. doses. Blood pressure remain low but stable
0300 hrs	Status unchanged. Blood pressure remain stable
0400 hrs	Status unchanged.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME	
LAST	FIRST	MIDDLE
DEPART./SERVICE		HOSPITAL OR MEDICAL FACILITY
PATIENT		REGISTER NO.
UNKNOWN, UNKNOWN		WARD NO.
M I DETAINEE		

(b)(6)

6 JAN 2006  
JAB FIGHT CSH

A14F1

Name - last, first, middle; Rank/Grade

ICU #4

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

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EXHIBIT 16  
3-8

MEDICAL RECORD

PROGRESS NOTES

0013-06-010789-78453

DATE	NOTES
11 JAN 06	PT grew progressively hypotensive and @ 1700 coded (see flow sheet)
1993	Dopamine increased to max dose as per M.D.'s order. Levophed drip started. Pulmonary status is poor sitting 46% on 100% FIO2. VS's are stable. Has been disoriented all day.

(b)(6)

11 JAN 06

Trauma

At seen + examined  
Tm-102.7 p-110's bp-80/37 on pressors + Dopex Levophed  
on vent via trach.

Lungs - crackles bilat, ↓ bs on (L)  
CVR - tachy

Abd - soft, ND, VAE in place  
Ext - @ knee stump = worsening necrotic muscle tissue

Labs: 7.4 / 8.1 / 960 / 127 / 111 / 46 / 144  
24.7 / 6.6 / 15 / 1.8

ABG 7.13 / 39.9 / 76 / 14 / 90%

CXR - (L) pleural effusion

Cult - E. coli, Enterococcus faecalis, E. faecium  
Kluyvera ascorbata

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)		

PROGRESS NOTES  
Medical Record

STANDARD FORM 509 (REV. 5-99)  
Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.203(b)(10)

UNKNOWN, UNKNOWN  
M I DETAINEE  
15 JAN 2006  
TRF 10TH CSH

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EXHIBIT 17 39



MEDICAL RECORD

INTRAOPERATIVE DOCUMENT

For use of this form, see AR 40-66, the proponent agency, and the office of The Surgeon General.

1. PATIENT TRANSPORTED TO OPERATING ROOM *Respiratory therapist*  
 VIA *litter* BY *OR personnel*

2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)

3. DATE *07 JAN '06* TIME PATIENT ARRIVED IN SUITE *1215*

4. PATIENT IN ROOM TIME *1215* NUMBER *4*

5. PREOPERATIVE EMOTIONAL STATUS

- CALM  ANXIOUS  EXCITED  CRYING  ANGRY  WITHDRAWN  OTHER (Specify) *TRACHEOSTOMY*

COMMENTS:

6. NURSING PERSONNEL

ASSIGNED SCRUB	(b)(6)	RELIEF SCRUB	
ASSIGNED CIRCULATOR	(b)(6)	RELIEF CIRCULATOR	

7. POSITION AND POSITIONAL AIDS (Specify)

- SUPINE  LITHOTOMY  PRONE  KRASKE LATERAL:  LEFT SIDE UP  RIGHT SIDE UP

COMMENTS:

8. SKIN PREPARATION

HAIR REMOVAL  YES  NO

DONE BY:  OR  NURSING UNIT

METHOD:  DEPILATORY  RAZOR  CLIP

PREP SOLUTION (Specify) *Betadine scrub + fresh sol*

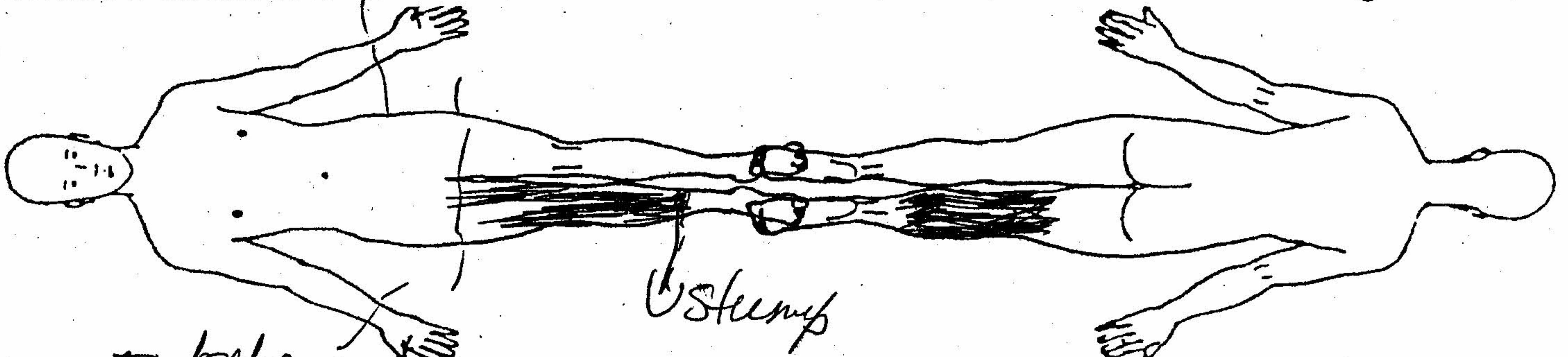
SITE: *Right leg* BY WHOM: (b)(6)

SITE: *Stump* BY WHOM: (b)(6)

COMMENTS:

COMMENTS: *no prep pooling noted*

9. LOCATION OF EXTERNAL DEVICES



LEGEND X Ground Pad -- Safety Strap === Tourniquet

0. COUNTS		C = Correct I = Incorrect		SCRUB	CIRCULATOR
Other**	First Closing Count	Final Closing Count			
ponge <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	(b)(6)	(b)(6)	(b)(6)	(b)(6)	(b)(6)
needle Sharp <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
instrument <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
other <input type="checkbox"/> Yes <input type="checkbox"/> No					

11. PATIENT IDENTIFICATION (For typed or written entries give: Name - Last, first, middle; Grade; Date; Hospital or Medical Facility;)

(b)(6) *A14F1*

UNKNOWN UNKNOWN  
UNK M I DETAINEE *CA#4*

06 JAN 06

12. ELECTROSURGERY DEVICE(S) (ESU)  YES  NO

*Boovie setting up - 40*

ESU NO: *001203*

GROUND PAD: BRAND *VALLEY LAB* LOT NO: *89303*

ESU NO: \_\_\_\_\_

GROUND PAD: BRAND \_\_\_\_\_ LOT NO: \_\_\_\_\_

BIPOLAR NO: \_\_\_\_\_

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0009-06-CID919

Page 1 of 1

### DETAILS

About 1030, 14 Jan 06, this office received a Request for Assistance (RFA) from the 76<sup>th</sup> Military Police Detachment (CID), Baghdad Central Confinement Facility (BCCF), Abu Ghraib, IZ APO AE 09342, to obtain information from the 10<sup>th</sup> Combat Support Hospital (CSH), Logistical Support Area Anaconda, Iraq, APO AE 09391 (LSAA) regarding an unknown male detainee that died at the BCCF.

About 0800, 18 Jan 06, (b)(6), (b)(7)(C) coordinated with MSGT (b)(6), (b)(7)(C) 332<sup>nd</sup> Expeditionary Medical Group (EMDG), Air Force Theater Hospital (AFTH), LSAA, who stated the identification number on the male's toe tag could not be retrieved in the Joint Patient Tracking Application (JPTA) as the identification number (b)(6), (b)(7)(C) was incorrect. MSGT (b)(6), (b)(7)(C) related the first three digits identified the location of the treatment facility and the remaining digits represented a patient identification number. MSGT (b)(6), (b)(7)(C) demonstrated by entering the number into the system but changed the 101 to 100, which indicated the treatment facility was 10<sup>th</sup> CSH, Baghdad, IZ. MSGT (b)(6), (b)(7)(C) entered (b)(6), (b)(7)(C) into JPTA which identified an unknown male with similar injuries treated at the 10<sup>th</sup> CSH on 31 Dec 05, who was transferred to a Civilian Acute Care Facility on 6 Jan 06. MSGT (b)(6), (b)(7)(C) checked Emergency Room records for the 6 Jan 06 time period and found no description of a male Iraqi patient with similar injuries.

About 0830, 18 Jan 06, (b)(6), (b)(7)(C) coordinated with MAJ (b)(6), (b)(7)(C) Orthopedic Surgeon, 332<sup>nd</sup> EMDG, LSAA, who stated he was part of a small team of surgeons at the 332<sup>nd</sup> AFTH, who made rounds to all of the patients daily. MAJ (b)(6), (b)(7)(C) viewed the photographs and stated he did not recognize the male or his injuries as a patient at the hospital. MAJ (b)(6), (b)(7)(C) concluded the patients admitted into 332<sup>nd</sup> AFTH are in the JPTA system and given a 000 series identification number.

About 1630, 18 Jan 06, (b)(6), (b)(7)(C) coordinated with MAJ (b)(6), (b)(7)(C), Medical Regulating Officer (MRO), Task Force (TF) 30<sup>th</sup> Medical Brigade, who confirmed the unknown male was admitted into the 10<sup>th</sup> CSH in Baghdad, IZ on 31 Dec 05, and was never admitted into the 332<sup>nd</sup> AFTH, LSAA.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER	ORGANIZATION
(b)(6), (b)(7)(C), (b)(7)(F)	31 <sup>ST</sup> Military Police Detachment (CID) LSA Anaconda, Iraq APO AE 09391
	DATE
	18 Jan 06
	EXHIBIT

CID FORM 94  
1 FEB 77

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# EXHIBIT 19

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<b>AGENT'S INVESTIGATION REPORT</b>	ROI NUMBER <b>0018-06-CID259/0013-06-CID789-78453</b>
<i>CID Regulation 195-1</i>	<b>PAGE 1 of 2 PAGES</b>

**DETAILS**  
**BASIS FOR INVESTIGATION:** About 1430, 23 Jan 06, this office received a Request for Assistance (RFA) from the Prisoner Interrogation Team (PIT)(CID), 76<sup>th</sup> MP Detachment (CID)(FWD), Abu Grhaib, Iraq APO AE 09342, to coordinate with 10<sup>th</sup> Combat Support Hospital (CSH), International Zone (IZ), Iraq and obtain any and all records pertaining to an individual that was transferred by helicopter (MEDEVAC) to the 344<sup>th</sup> Field Hospital (FH), Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq, about 2110, 6 Jan 06, from 10<sup>th</sup> CSH, and subsequently died on 12 Jan 06, at BCCF.

About 0915, 27 Jan 06, SA (b)(6), (b)(7)(C) and SA (b)(6), (b)(7)(C) this office, coordinated with COL (b)(6), (b)(7)(C), Commander, 10<sup>th</sup> CSH, IZ, Iraq, and briefed him on all aspects of this investigation.

About 0930, 27 Jan 06, SA (b)(6), (b)(7)(C) coordinated with MAJ (b)(6), (b)(7)(C) OIC, Patient Administration Division (PAD), 10<sup>th</sup> CSH, IZ, Iraq, who stated the hospital could not identify the unknown Iraqi male who was admitted to the 10<sup>th</sup> CSH on 31 Dec 06, with two gunshot wounds, one to the right ankle and one on the right buttocks area. MAJ (b)(6), (b)(7)(C) stated the unknown Iraqi male was operated on numerous times and then MEDEVAC to the 344<sup>th</sup> FH, BCCF on 6 Jan 06. MAJ (b)(6), (b)(7)(C) provided this office with a summary of the unknown Iraqi males medical procedures provided to him while at 10<sup>th</sup> CSH. MAJ (b)(6), (b)(7)(C) also provided this office with capture documentation of the unknown Iraqi male. (See Medical Summary for details)

**AGENT'S COMMENTS:** A review of the capture documentation conducted by SA (b)(6), (b)(7)(C) revealed the capturing unit was Charlie Company (C CO), 1-151 Field Artillery (FA), and the unknown Iraqi male was shot by either, SPC (b)(6), (b)(7)(C) Task Force (TF) 145 (NFI) or PFC (b)(6), (b)(7)(C) TF 145 (NFI) while performing duties at blocking position (grid MB 26358740) during combat operations. Both individuals provided a sworn statement in which they stated the unknown Iraqi male lunged at them with a knife and was subsequently shot. (See Capture Documents for details)

About 1000, 27 Jan 06, SA (b)(6), (b)(7)(C) interviewed MAJ (Dr.) (b)(6), (b)(7)(C) Surgeon, 10<sup>th</sup> CSH, IZ, Iraq who stated he performed 5 surgeries on the unknown Iraqi male while he was admitted to the 10<sup>th</sup> CASH. MAJ (b)(6), (b)(7)(C) stated he did not know the name of the unknown Iraqi male and had no information pertaining to how he received his injuries. MAJ (b)(6), (b)(7)(C) provided this office with a discharge summary and five operative reports of the unknown Iraqi male. (See Discharge Summary and Operative Reports for details)

<b>TYPED AGENT'S NAME AND SEQUENCE NUMBER</b> SA (b)(6), (b)(7)(C), (b)(7)(F)	<b>ORGANIZATION</b> 76 <sup>th</sup> MP Det (CID) Camp Slayer, Iraq APO AE 09342
<b>SIGN</b>	<b>DATE</b> 27 Jan 06
	<b>EXHIBIT</b>

CID FORM 94

**EXHIBIT** 5  
20

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<b>AGENT'S INVESTIGATION REPORT</b>	ROI NUMBER <b>0018-06-CID259/0013-06-CID789-78453</b>
<i>CID Regulation 195-1</i>	<b>PAGE 2 of 2 PAGES</b>

DETAILS  
AGENT'S COMMENT: MAJ (b)(6)(b)(7)(C) was notified by Emergency Room personnel that the unknown Iraqi male was shot by a prison guard. MAJ (b)(6), (b)(7)(C) was not certain if the unknown Iraqi male was actually shot by a prison guard, but noted it in his medical report. A review of the capture documents provided by the Military Police stated the unknown Iraqi male was shot after he lunged at two U.S. soldiers while performing duties at a blocking position during combat operations.

STATUS: This case is closed in the files of this office with no further investigative activity anticipated. Any additional investigative activity will be documented under a separate sequence.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER SA (b)(6), (b)(7)(C), (b)(7)(F) SIG [REDACTED]	ORGANIZATION 76 <sup>th</sup> MP Det (CID) Camp Slayer, Iraq APO AE 09342
DATE 27 Jan 06	EXHIBIT

CID FORM 94

**EXHIBIT 5** 21

**Exhibit(s): 6**

**Page(s): 22 thru 47**

**Referred to:**

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

10TH COMBAT SUPPORT HOSPITAL

27 Jan 2006@1007

Page 1

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

Report requested by: (b)(6)

05 Jan 2006@1400 INPT Register # (b)(6) PHYSICIAN  
DISCHARGE NOTE

Date of Dictation: 5 Jan 2006

Name: Doe, John

SSN: (b)(6)

Date of Admission: 31 Dec 2005

Date of Discharge/ Transfer: 5 Jan 2006

Narrative Summary of History of Present Illness and Hospital Course:  
This security internee was evidently shot in prison by a guard. On presentation to the EMT his only wound was noted low on the posterior right lower extremity. He had an open tibia/ fibula fracture as well as a left hemopneumothorax noted on chest xray. There was a bullet noted to be overlying the left shoulder on the radiograph. He had peritoneal signs and a positive FAST exam. Based on this he was taken to the OR for exploratory laparotomy. Of note, his blood glucose was 600 in the EMT. He was noted to have colon, small bowel, and diaphragm injuries-all of which were resected or repaired. The abdomen was closed with a temporary closure. He was placed in the ICU for resuscitation and warming. He will need to return to the OR later to address the lower extremity fracture. Of note, he had no pulses in the foot in the EMT. His abdominal and chest injuries took precedence. He will also need bowel reanastomosis and or diversion. He was taken later for I and D and external fixation of his ankle fracture. A repeat washout was done 24 hours later. He was hypotensive on the first night of his stay which prompted a return to the OR to look for bleeding which was not found. He stabilized overnight and returned to the OR the next evening. The small bowel was reanastomosed and after an on-table bowel prep, a colorectal anastomosis and abdominal closure were performed. He returned to the ICU and was weaned from the ventilator. Of note, on further external inspection, a second bullet wound was located in the right gluteal fold which explains the pattern of injury much better. He developed issues with respiratory failure and he was taken to the OR for tracheostomy. He ultimately received a right BKA. A head CT done to evaluate poor mental status was normal.

Discharge Diagnoses:

- 1) GSW to right leg
- 2) GSW to right buttock, through abdomen and left chest
- 3) Left colon injuries-resected
- 4) Small bowel injuries-resected and repaired
- 5) Diaphragm injury
- 6) Left hemopneumothorax
- 7) Open right tibia/ fibula fracture

Procedures During Admission:

- 1) Exploratory laparotomy, left colectomy, small bowel

=====

(b)(6)	DOE, JOHN (b)(6)	FOREIGN NATIONAL - POW/INTERNE
(b)(6)	1912 / Male	H: not on file
Loc:		W: not on file
Spon: DOE, JOHN (b)(6)		Rank:



10TH COMBAT SUPPORT HOSPITAL

27 Jan 2006@1007

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

Progress Note

Report requested by: (b)(6)

resection-multiple, repair of enterotomies- multiple, repair of diaphragm injury, tube thoracostomy

2) I and D and external fixation of right open tibia/ fibula fracture

3) Exploratory laparotomy with washout

4) Ex-lap with duodeno-jejunostomy, jejuno-jejunostomy, on-table prep, anterior resection, omentectomy, colorectal anastomosis, abdominal closure

5) Tracheostomy

6) Right BKA

Recommended Medications on Discharge:

1) Narcotics for pain

2) Ancef, Unasyn, Gentamicin, Flagyl

3) Hydrocortisone 20mg iv qam and 10mg iv q pm for 24 hours , then stop (he got some hydrocortisone during an episode of hypotension with the thought of adrenal insufficiency)

Condition:

Stable

Plan/ Recommendation:

1) Remove NG tube when gut function resumes, then advance diet as tolerated

2) Wound care

3) Amputation revision

Signed: (b)(6)

(b)(6)

DOE, JOHN (b)(6)

FOREIGN NATIONAL - POW/INTERNE

(b)(6) 1912 / Male

H: not on file

Loc:

W: not on file

Spon: DOE, JOHN (b)(6)

Rank:

Unit:

RR:

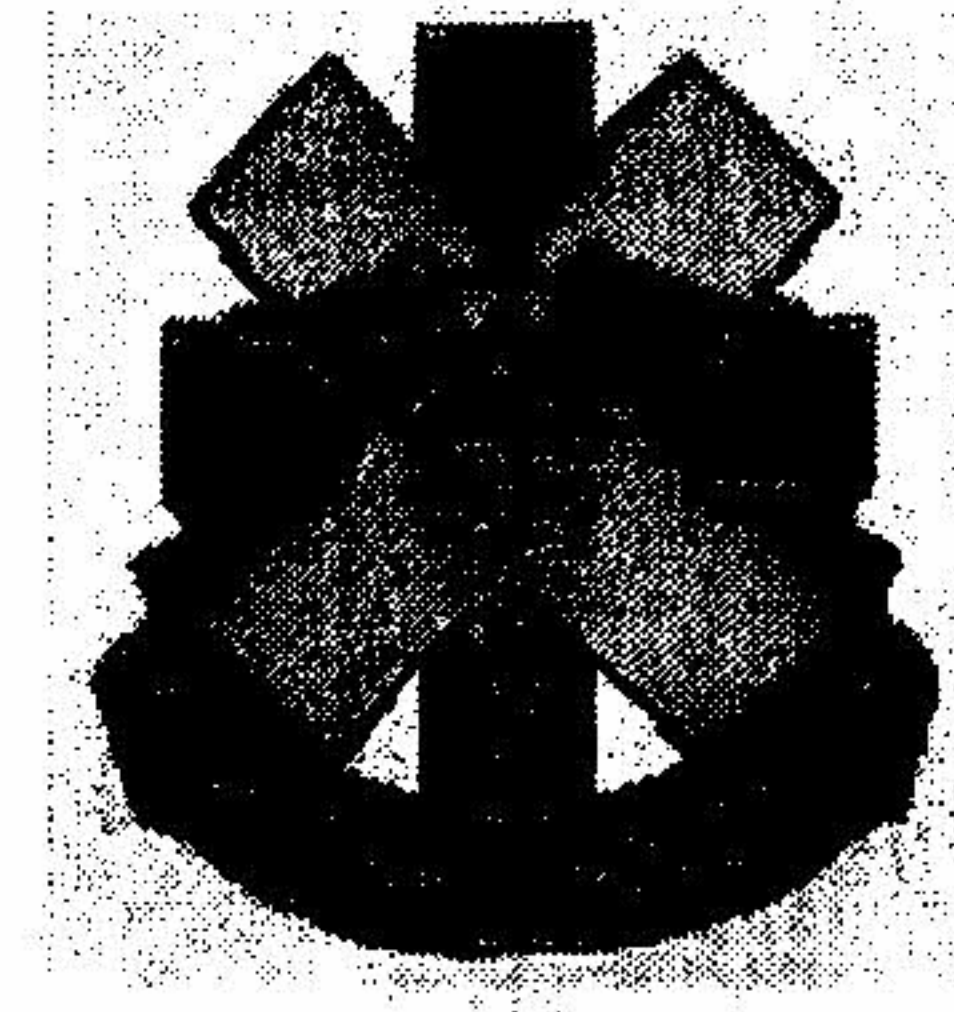
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**EXHIBIT** (232)



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10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Discharge Summary

Date of Dictation: 5 Jan 2006

Name: Doe, John

SSN: (b)(6)

Date of Admission: 31 Dec 2005

Date of Discharge/ Transfer: 5 Jan 2006

Narrative Summary of History of Present Illness and Hospital Course:

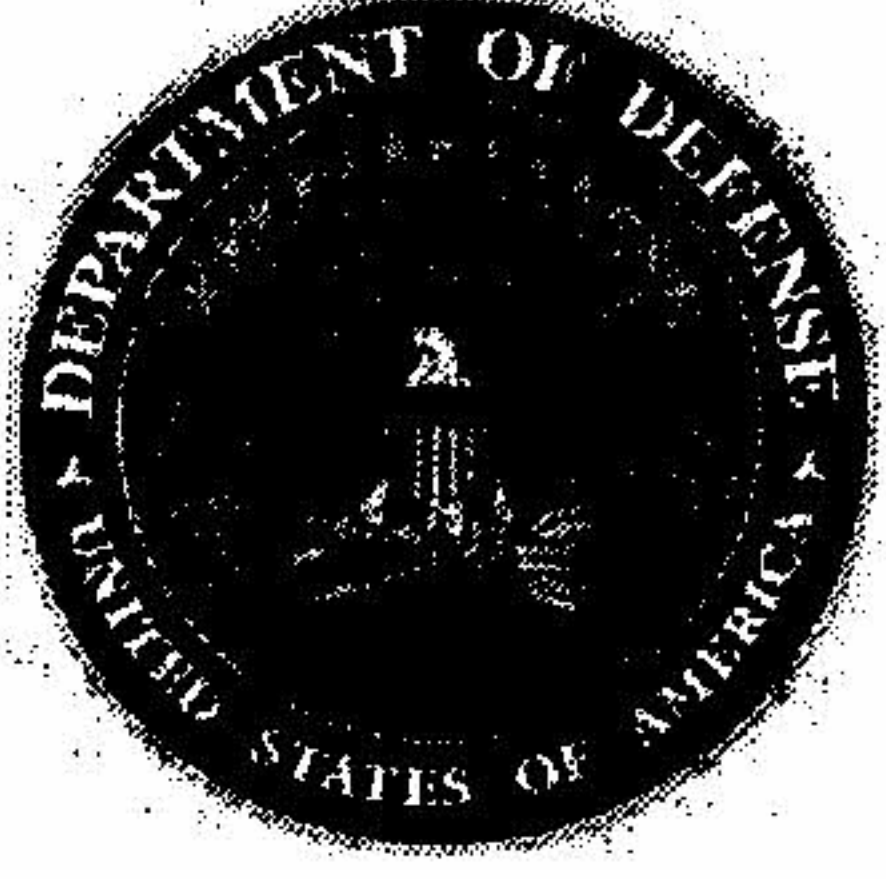
This security internee was evidently shot in prison by a guard. On presentation to the EMT his only wound was noted low on the posterior right lower extremity. He had an open tibia/ fibula fracture as well as a left hemopneumothorax noted on chest xray. There was a bullet noted to be overlying the left shoulder on the radiograph. He had peritoneal signs and a positive FAST exam. Based on this he was taken to the OR for exploratory laparotomy. Of note, his blood glucose was 600 in the EMT. He was noted to have colon, small bowel, and diaphragm injuries—all of which were resected or repaired. The abdomen was closed with a temporary closure. He was placed in the ICU for resuscitation and warming. He will need to return to the OR later to address the lower extremity fracture. Of note, he had no pulses in the foot in the EMT. His abdominal and chest injuries took precedence. He will also need bowel reanastomosis and or diversion. He was taken later for I and D and external fixation of his ankle fracture. A repeat washout was done 24 hours later. He was hypotensive on the first night of his stay which prompted a return to the OR to look for bleeding which was not found. He stabilized overnight and returned to the OR the next evening. The small bowel was reanastomosed and after an on-table bowel prep, a colorectal anastomosis and abdominal closure were performed. He returned to the ICU and was weaned from the ventilator. Of note, on further external inspection, a second bullet wound was located in the right gluteal fold which explains the pattern of injury much better. He developed issues with respiratory failure and he was taken to the OR for tracheostomy. He ultimately received a right BKA. A head CT done to evaluate poor mental status was normal.

Discharge Diagnoses:

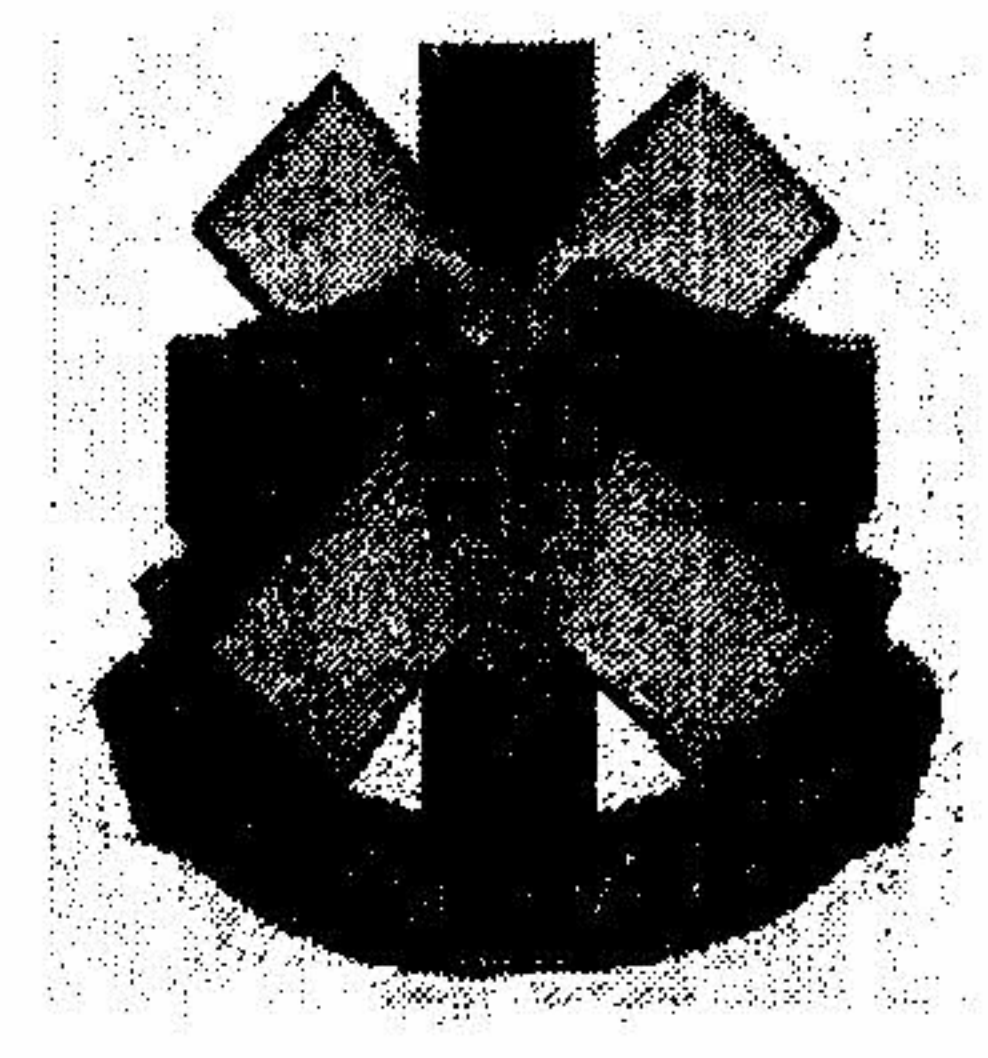
- 1) GSW to right leg
- 2) GSW to right buttock, through abdomen and left chest
- 3) Left colon injuries—resected
- 4) Small bowel injuries—resected and repaired
- 5) Diaphragm injury
- 6) Left hemopneumothorax

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LAW ENFORCEMENT SENSITIVE

**EXHIBIT** 24-3



10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

7) Open right tibia/ fibula fracture

Procedures During Admission:

- 1) Exploratory laparotomy, left colectomy, small bowel resection-multiple, repair of enterotomies- multiple, repair of diaphragm injury, tube thoracostomy
- 2) I and D and external fixation of right open tibia/ fibula fracture
- 3) Exploratory laparotomy with washout
- 4) Ex-lap with duodeno-jejunostomy, jejuno-jejunostomy, on-table prep, anterior resection, omentectomy, colorectal anastomosis, abdominal closure
- 5) Tracheostomy
- 6) Right BKA

Recommended Medications on Discharge:

- 1) Narcotics for pain
- 2) Ancef, Unasyn, Gentamicin, Flagyl
- 3) Hydrocortisone 20mg iv qam and 10mg iv q pm for 24 hours , then stop ( he got some hydrocortisone during an episode of hypotension with the thought of adrenal insufficiency)

Condition:

Stable

Plan/ Recommendation:

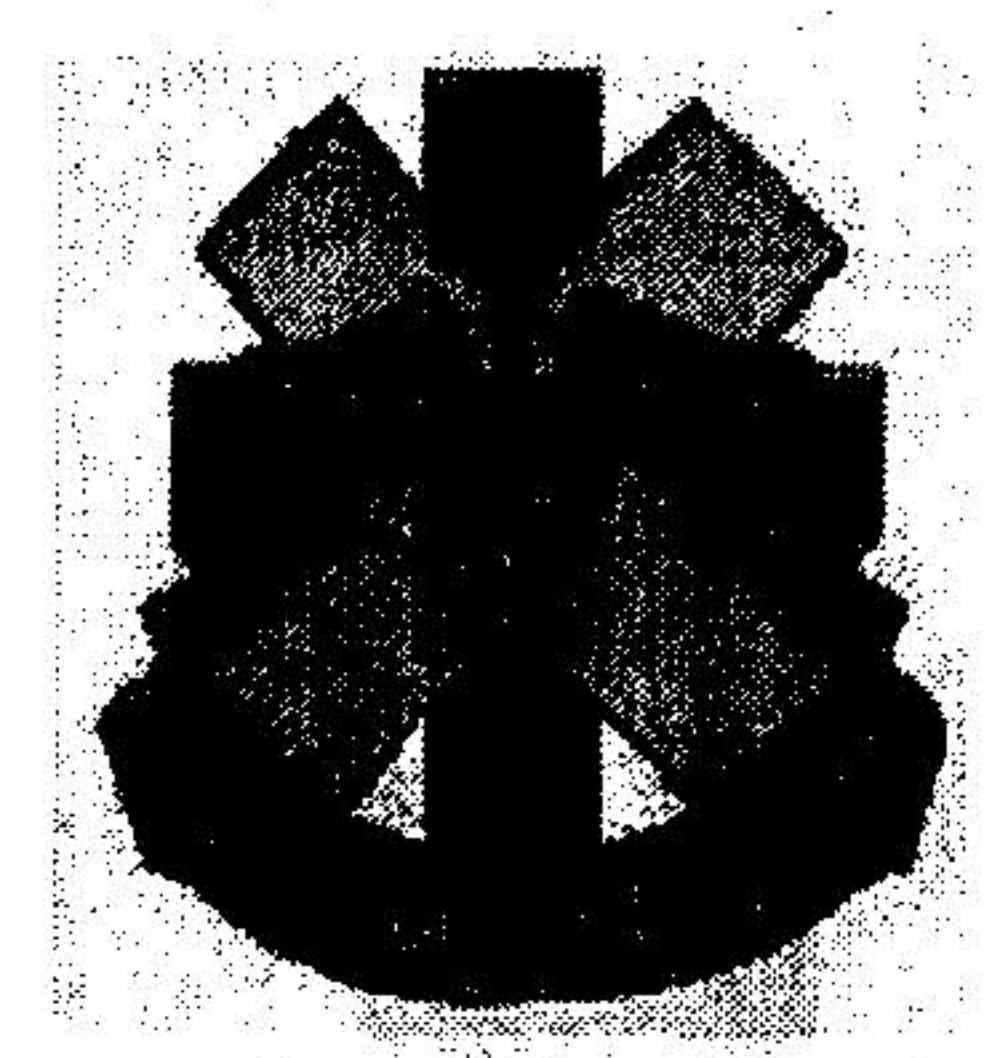
- 1) Remove NG tube when gut function resumes, then advance diet as tolerated
- 2) Wound care
- 3) Amputation revision

(b)(6)



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10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Operative Report

Date of Dictation: 31 Dec 2005

Name:

SSN: (b)(6)

Date of Procedure: 31 Dec 2005

Service/ Country: Iraqi

Preoperative Diagnosis: GSW to right LE with open tib/fib fracture, left hemopneumothorax, acute abdomen with positive FAST exam

Postoperative Diagnoses: GSW to right LE through abdomen and left chest with left colon and small bowel injuries, diaphragm injury and left hemopneumothorax

Procedures: Exploratory laparotomy, left colectomy, multiple small bowel resections, repair of multiple enterotomies, no reanastomosis, VAC closure of abdomen, repair of diaphragm injury, left tube thoracostomy

Surgeon: (b)(6)

Assistant: (b)(6)

Anesthesia: GETA

Estimated Blood Loss: See anes note

Fluids: See anes note

Blood Products: See anes note

Drains: VAC dressing

Indications: GSW as above

Gross Findings: Severe injuries to splenic flexure, descending colon, multiple segments of small bowel, diaphragm injury, moderate peritoneal fecal contamination

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**EXHIBIT**

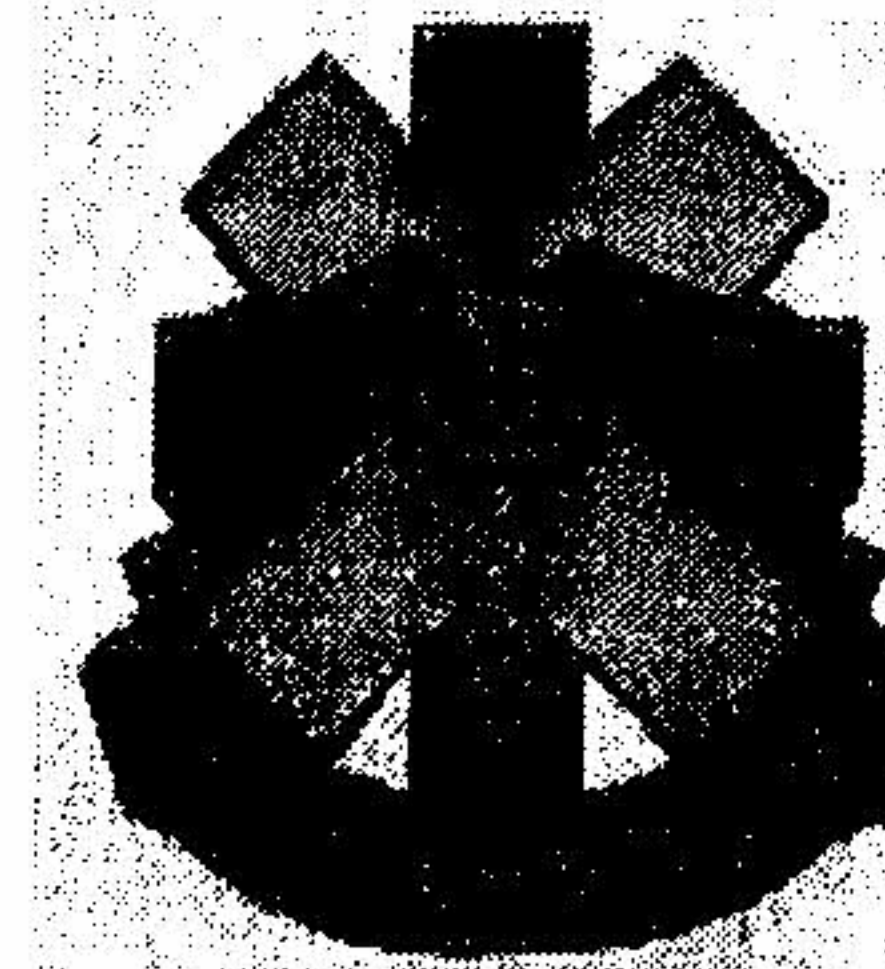
6-5  
26



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0013 06 CID 789 7284 798

10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Description of Procedure: After induction of GETA, he was prepped and draped in sterile fashion. A midline laparotomy incision was made. A moderate amount of blood was encountered. Packs were placed and the injuries were assessed. A number of sever small bowel injuries were noted. Those suitable for repair were closed and the rest were resected. Severe injuries to the splenic flexure and descending colon were noted. A left colectomy was performed. No anastomosis was done given his condition, temperature, and coagulopathy. The diaphragm injury was closed with prolene suture. A partial omentectomy was performed. No other injuries were noted. The abdomen was irrigated copiously with normal saline. The abdomen was closed with a VAC dressing. The chest tube placed in the EMT was in poor position and was secured poorly so it was replaced with a 36 fr right angle tube.

(b)(6)

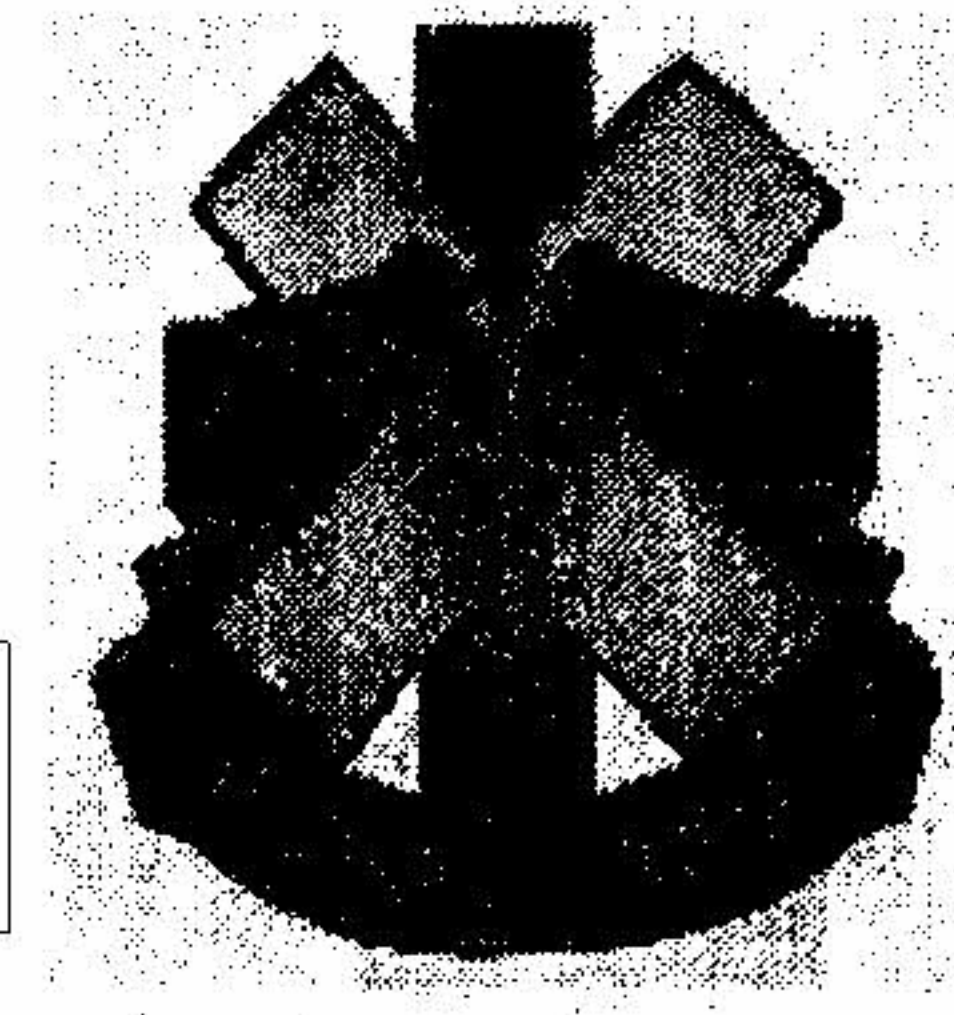
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**EXHIBIT** 6-6

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10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Operative Report

Date of Dictation: 31 Dec 2005

Name: Doe, John

SSN: (b)(6)

Date of Procedure: 31 Dec 2005

Service/ Country: Iraqi

Preoperative Diagnosis: Open abdomen s/p damage control laparotomy with hypotension

Postoperative Diagnoses: Same, no active intra-abdominal bleeding

Procedures: Exploratory laparotomy

Surgeon: (b)(6)

Assistant: (b)(6)

Anesthesia: GETA

Estimated Blood Loss: See anes note

Fluids: See anes note

Blood Products: See anes note

Drains: VAC dressing

Indications: GSW as above

Gross Findings: No active bleeding

Description of Procedure: After induction of GETA, he was prepped and draped in sterile fashion. The VAC dressing was removed. The abdomen was explored and no hemorrhage was noted. The abdomen was irrigated copiously with warm saline. The VAC dressing was replaced and he was returned to the ICU.

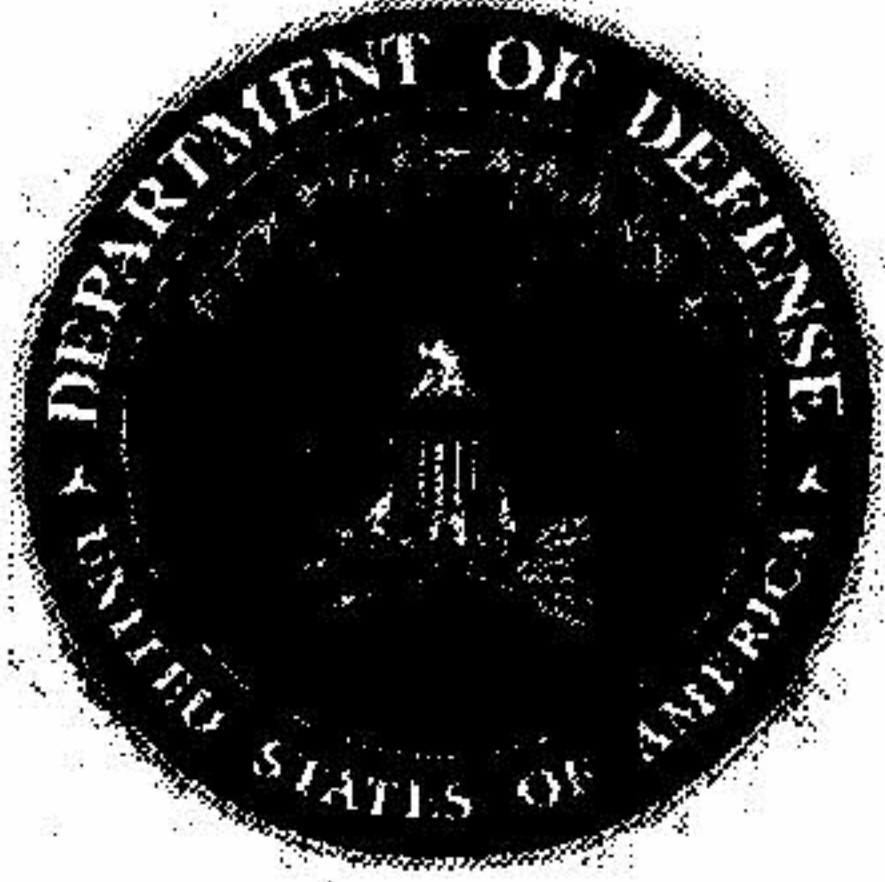
EKJ, MAJ, MC

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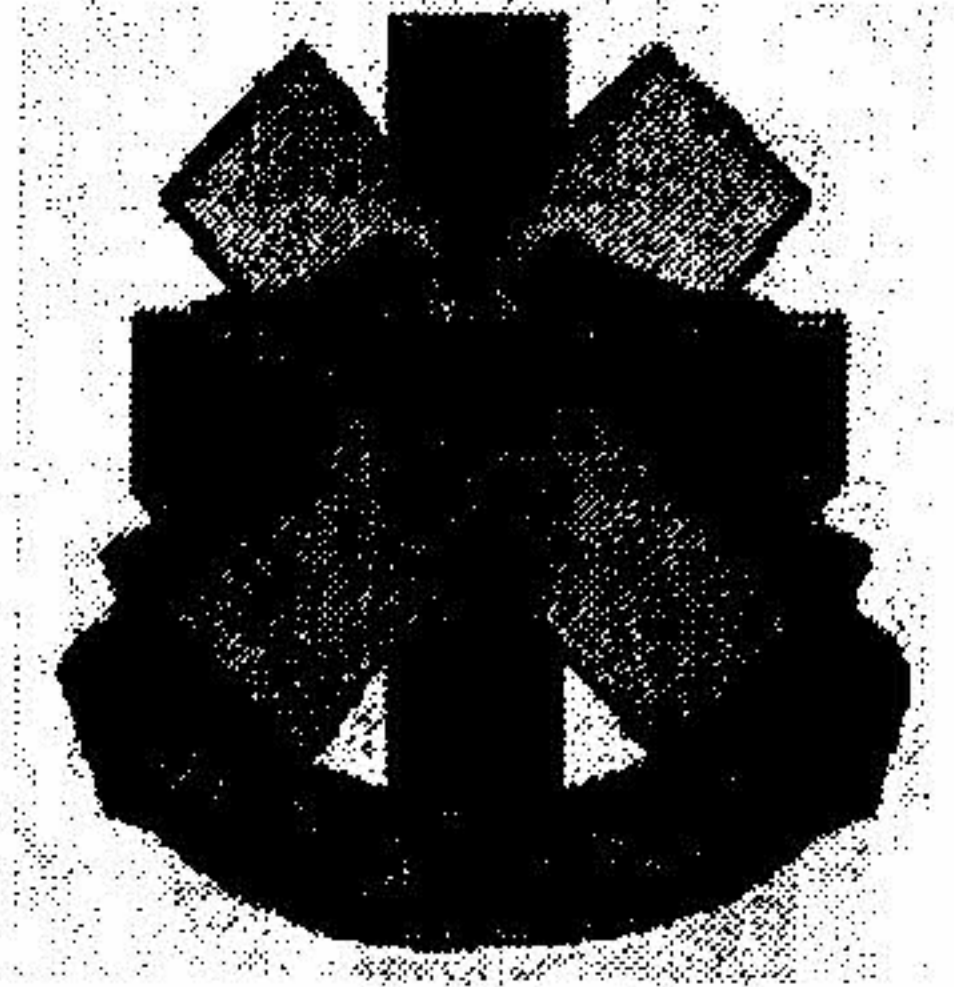
**EXHIBIT** 287

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10013 06 CID 789 78453



10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

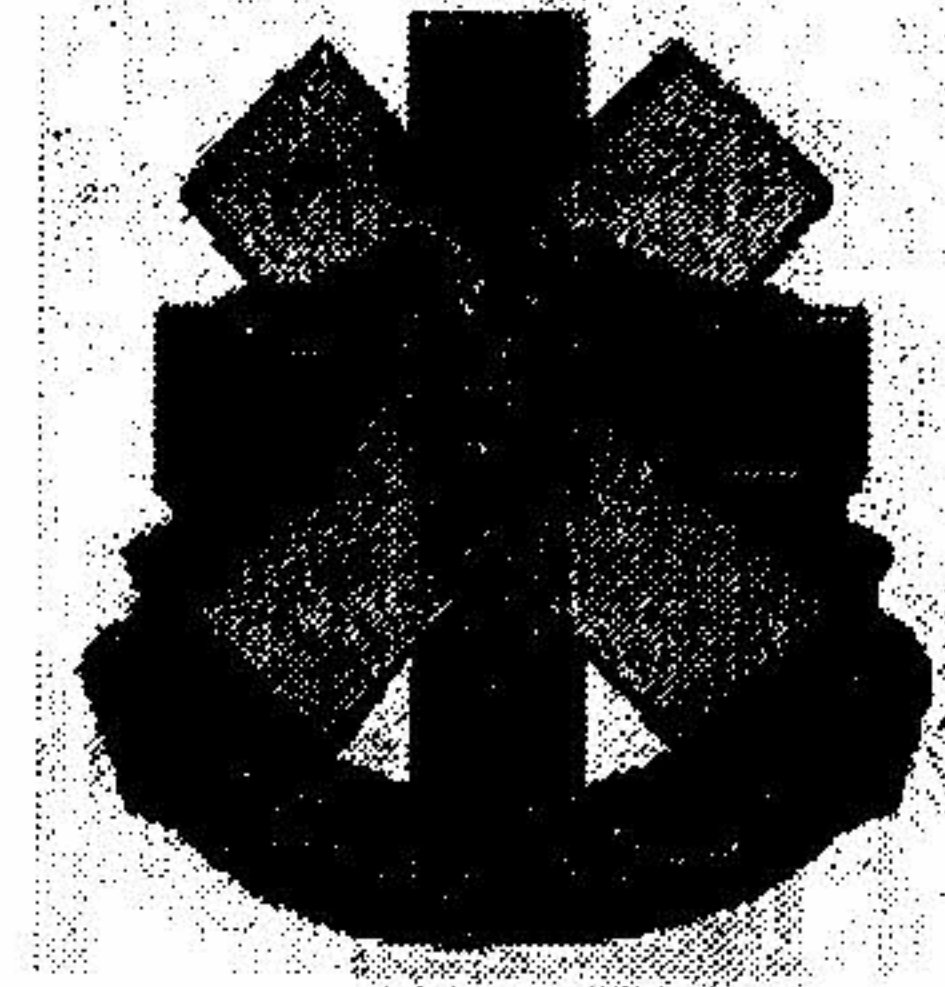
10<sup>th</sup> CSH, General Surgery

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**EXHIBIT** 6-8  
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10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Operative Report

Date of Dictation: 1 Jan 2006

Name: Doe, John

SSN: (b)(6)

Date of Procedure: 1 Jan 2006

Service/ Country: Iraqi

Preoperative Diagnosis: Open abdomen s/p damage control laparotomy with unanastomosed bowel

Postoperative Diagnoses: Same, s/p duodeno-jejunostomy, small bowel anastomosis, on-table bowel prep, appendectomy, anterior resection, distal transverse colon to rectum anastomosis, omentectomy, abdominal closure

Procedures: Exploratory laparotomy, duodeno-jejunostomy, small bowel anastomosis, on-table bowel prep, appendectomy, anterior resection, distal transverse colon to rectum anastomosis, omentectomy, abdominal closure

Surgeon: (b)(6)

Assistant: (b)(6)

Anesthesia: GETA

Estimated Blood Loss: See anes note

Fluids: See anes note

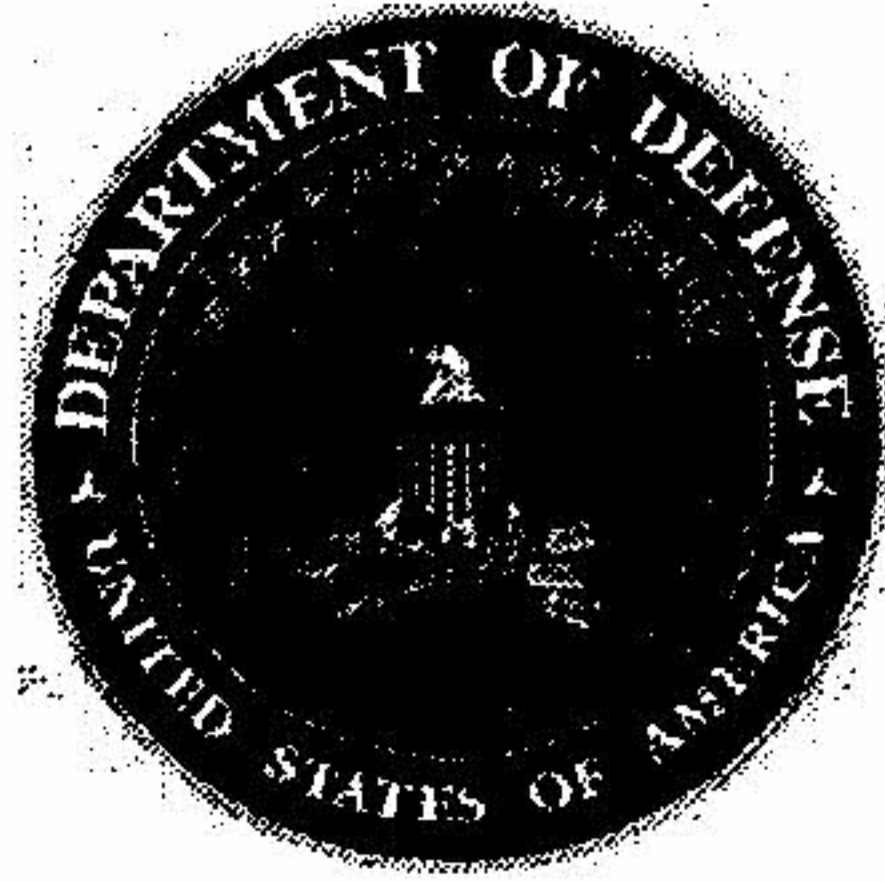
Blood Products: See anes note

Drains: none

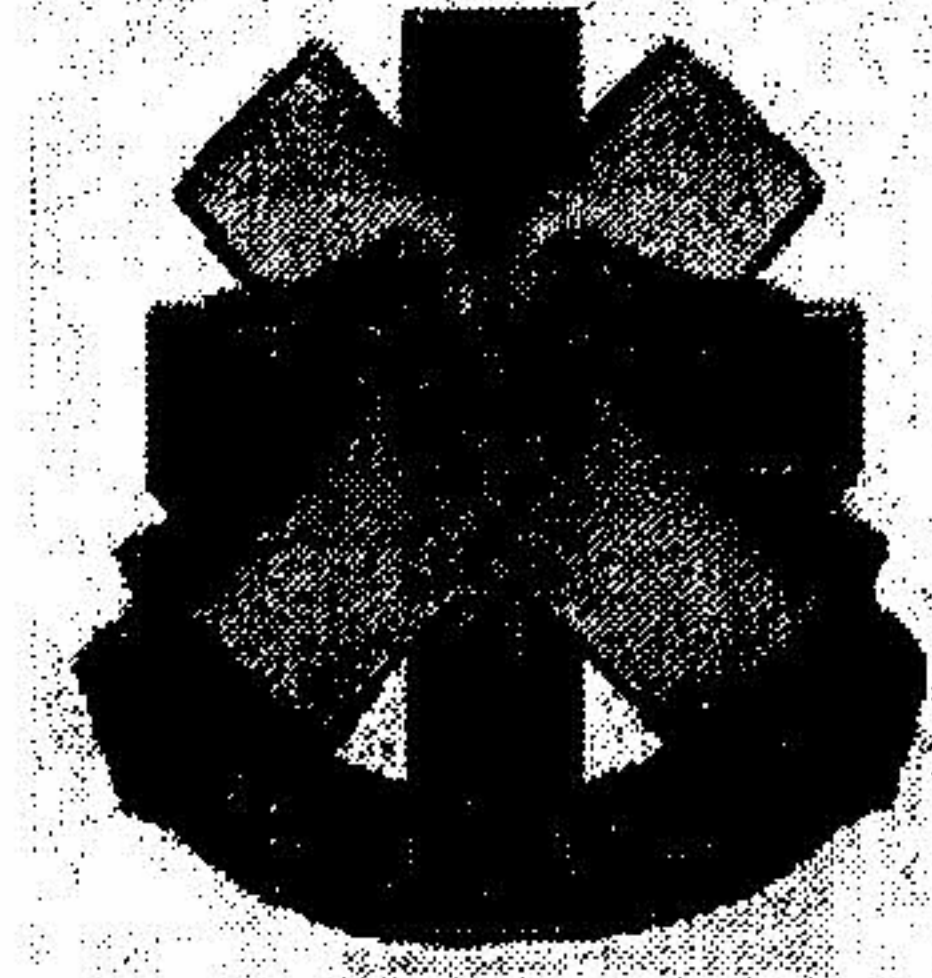
Indications: GSW as above

Gross Findings: healthy appearing bowel, no bleeding





10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



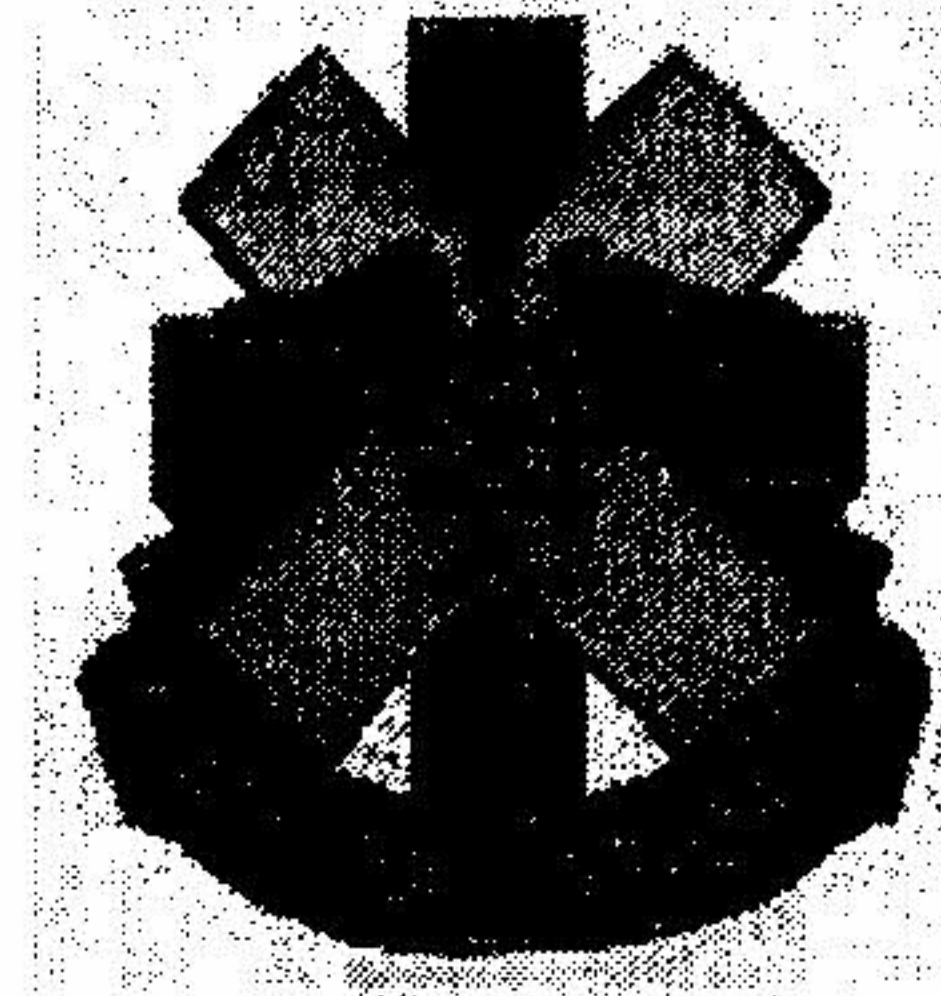
(b)(6)

Description of Procedure: After induction of GETA, he was prepped and draped in sterile fashion. The VAC dressing was removed. The abdomen was explored and no hemorrhage was noted. The bowel appeared healthy and all enterotomy repairs looked good. The first small bowel injury and resection was at the ligament of treitz. Because of the location of injury we elected to do a hand sewn side to side duodenojejunostomy. The proximal jejunum was delivered through a defect created in the transverse mesocolon. The jejunum was laid to rest on top of the duodenum after performing a Kocher maneuver. A posterior layer of interrupted silk suture was placed. An enterotomy and duodenotomy were created and anastomosed with a running 3.0 PDS Connell suture. An anterior layer of interrupted silk suture was place. The anastomosis was widely patent by palpation. The mid-jejunum was reanastomosed in a side to side, functional end to end fashion using the GIA 60mm stapler. The remaining enterotomy was closed with a TA 60 stapler. The mesenteric defect was closed and the staple line was imbricated. The distal transverse colon was mobilized so it would reach the sacral promontory. An anterior resection of the long Hartmann's pouch was performed. An appendectomy was performed and a 22 french foley was placed through the appendicostomy and secured. The distal colonic staple line was excised and corrugated anesthesia tubing was secured in the bowel with an umbilical tape. An on-table bowel prep was done until the effluent was clear. The Hartmann's pouch was irrigated clean from below. The anvil of an EEA 31 mm stapler was secured in the distal transverse colon with a 2.0 prolene suture. A stapled 31mm end to end anastomosis was created between the distal T-colon and the rectum. It was air tested under saline and did not leak. The abdomen was irrigated copiously with warm saline. The midline fascia was closed with running #1 looped PDS suture. The skin was closed very loosely with staples and the wound was wicked open. He tolerated the procedure well.

(b)(6)



10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Operative Report

Date of Dictation: 4 Jan 2006

Name: Doe, John

SSN: (b)(6)

Date of Procedure: 4 Jan 2006

Service/ Country: Iraqi

Preoperative Diagnosis: Respiratory failure, failure to extubate

Postoperative Diagnoses: Same, S/P tracheostomy, ischemic right lower limb requiring amputation

Procedures: Tracheostomy

Surgeon: (b)(6)

Assistant: none

Anesthesia: GETA

Estimated Blood Loss: See anes note

Fluids: See anes note

Blood Products: See anes note

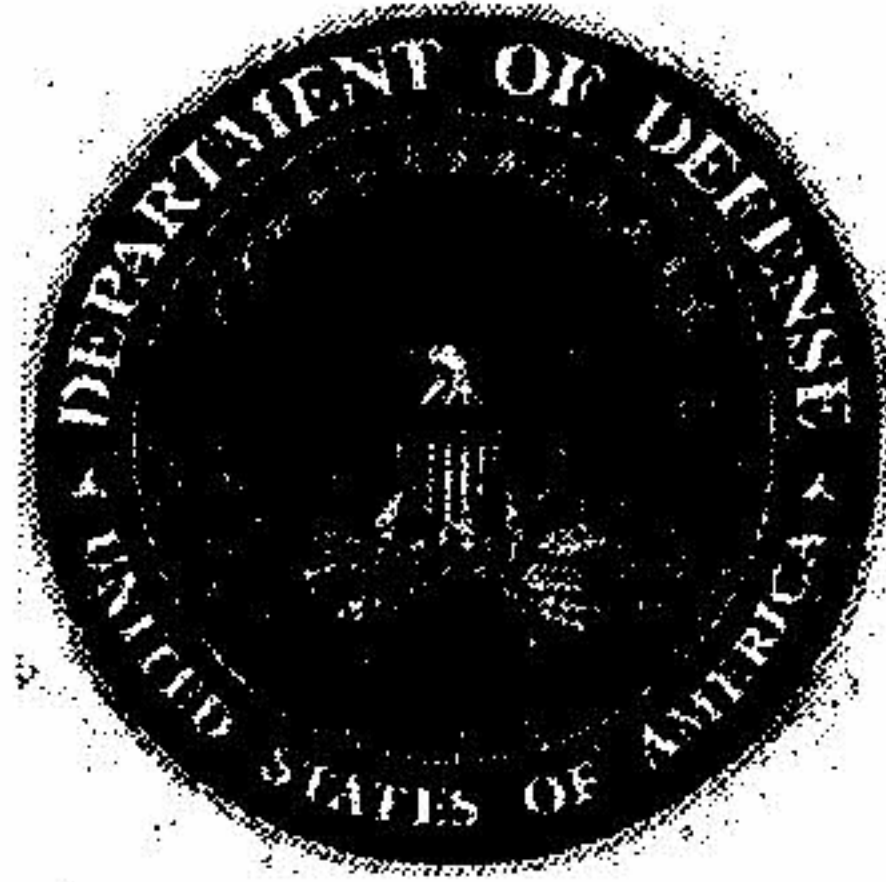
Drains: none

Indications: respiratory failure

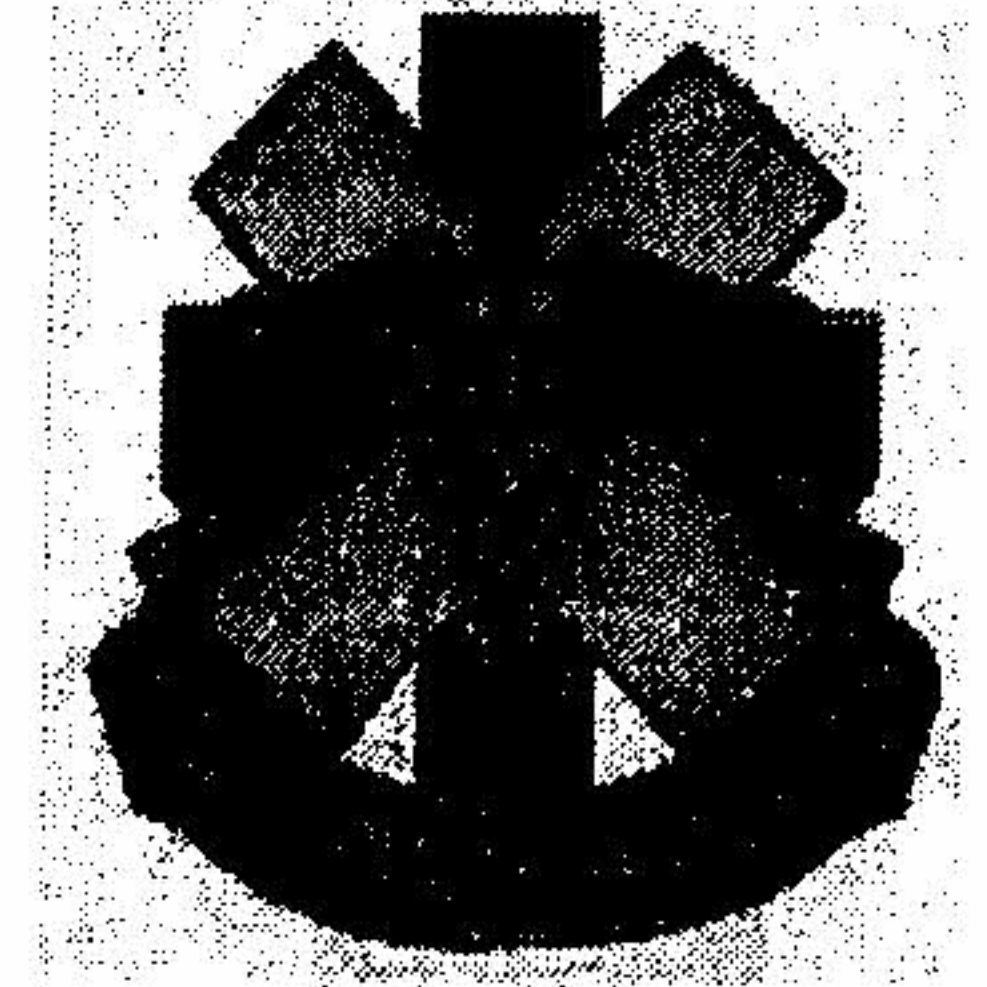
Gross Findings: ischemic and necrotic right lower leg

Description of Procedure: After induction of GETA, he was prepped and draped in sterile fashion. A transverse cervical incision was made in the midline. Dissection was carried through the platysma using cautery. The anterior jugular veins were ligated. The strap muscles were split and the trachea was exposed. A tracheotomy was made after placing bilateral stay sutures. A number 8.0 tracheostomy tube was placed and ETCO<sub>2</sub> was

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10<sup>th</sup> Combat Support Hospital  
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Baghdad, Iraq



(b)(6)

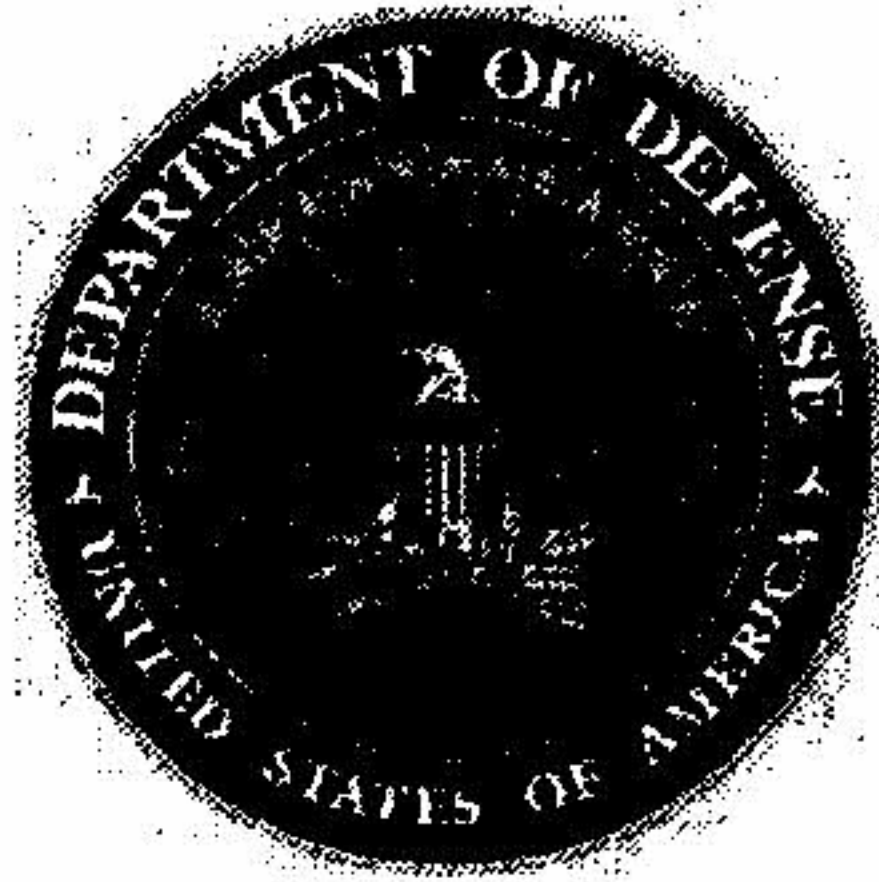
confirmed. The tube was secured to the skin. He tolerated this procedure well. His right lower leg was noted to be ischemic and necrotic during (b)(6) washout. He made the determination that the limb needed to be amputated. The case was turned over to him at this point.

(b)(6)

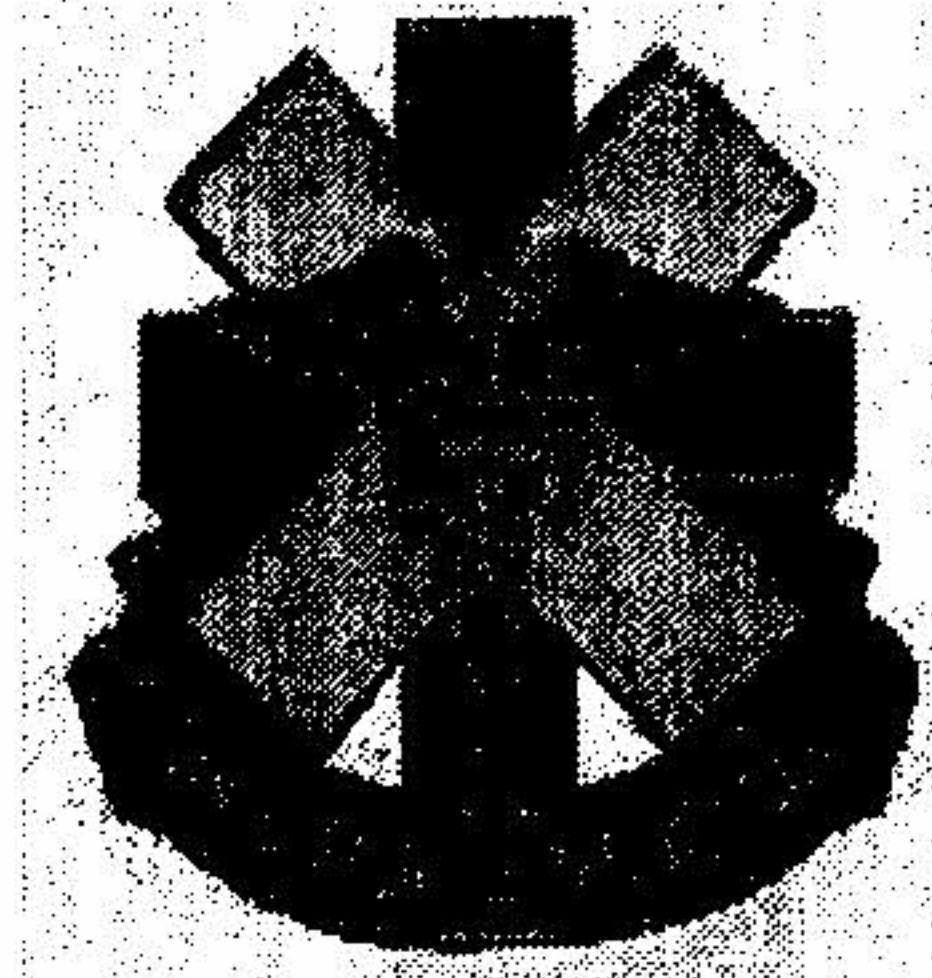
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**EXHIBIT**

133-12



10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

Operative Report

Date of Dictation: 6 Jan 2006

Name: Doe, John

SSN: (b)(6)

Date of Procedure: 6 Jan 2006

Service/ Country: Iraqi

Preoperative Diagnosis: Fascial separation with purulent fluid draining from peritoneal cavity

Postoperative Diagnoses: Same, necrotic lower left rectus muscle (along bullet tract), all anastomoses intact

Procedures: Exploratory laparotomy, washout, debridement of rectus muscle, buttressed abdominal closure with Surgisis, placement of retention sutures, Stamm gastrostomy with adjacently placed feeding jejunal tube

Surgeon: (b)(6)

Assistant: (b)(6)

Anesthesia: GETA

Estimated Blood Loss: 25 cc

Fluids: See anes note

Blood Products: None

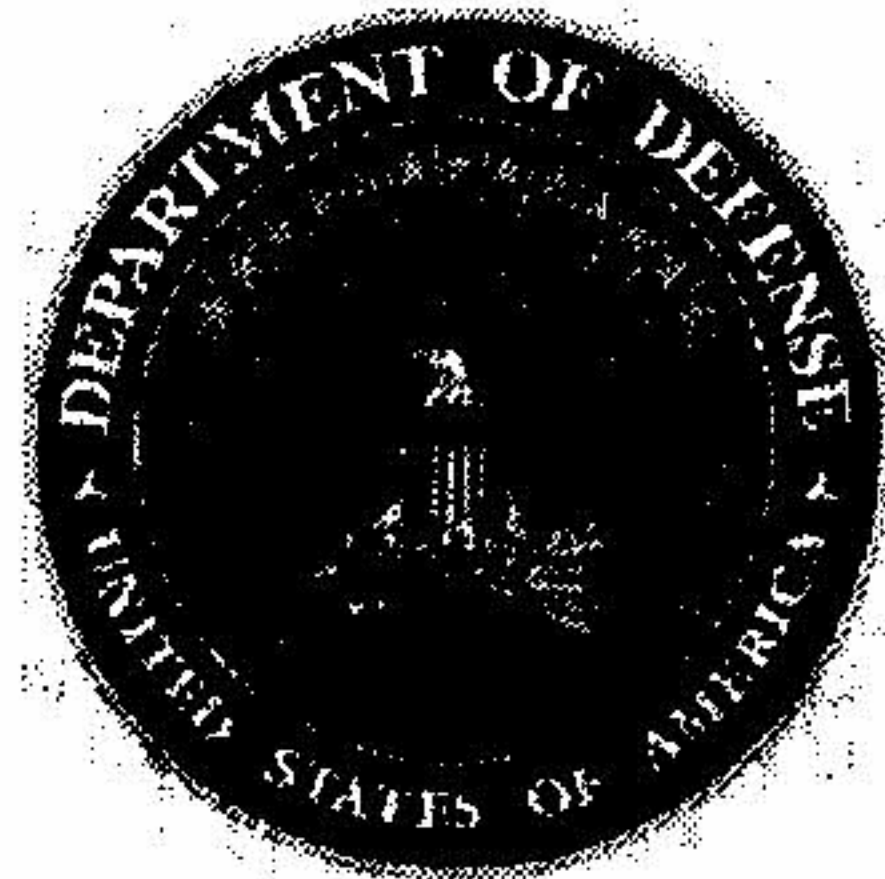
Drains: none

Indications: fascial separation with purulent drainage as above

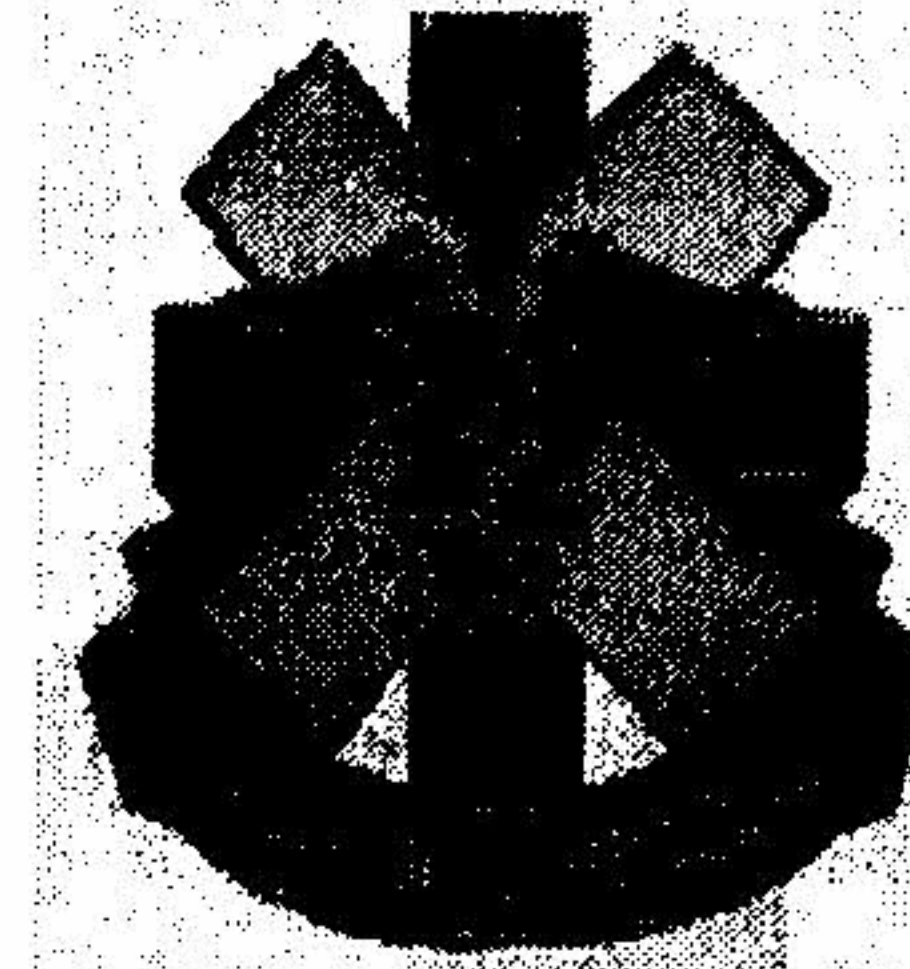
Gross Findings: necrotic left lower rectus with cloudy peritoneal fluid--cultured

Description of Procedure: After induction of GETA, he was prepped and draped in sterile fashion. The midline incision was opened. His fascia was not frankly necrotic, but did

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10<sup>th</sup> Combat Support Hospital  
Ibn Sina Hospital  
Baghdad, Iraq



(b)(6)

not look particularly healthy. A portion of the lower left rectus muscle was noted to be necrotic along the bullet tract. This was debrided. An extensive abdominal washout was performed. All three anastomoses were completely visualized and were not leaking. The gallbladder was completely normal in appearance. A Stamm gastrostomy was created using a 24 fr malecot tube. A dohoff tube was placed along side the malecot and was directed through the duodenojejunosomy and was laid to rest approximately 20 cm beyond the anastomosis. Both tubes were secured to the abdominal skin. A piece of "Ablock" surgisis was sewn to both sides of the fascia, in effect creating an internal retention closure. #2 ethibond retention sutures were also placed prior to closing the fascia with a running #1 looped PDS. The wound was irrigated and left open. He was turned over to (b)(6) for I and D of his amputation stump.

(b)(6)

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**EXHIBIT**

635

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Date 20061231

CCO I-151 FA

Detainee Check List

1- Capturing Unit POC

- S2 or ranking person at the scene

(b)(6)

- Phone number

FOB *victory*

- Person or escort of detainee

(b)(6)

- Remarks

2- Necessary Paperwork

- Coalition Apprehension Form
- 2 Sworn Statements
- Hand Receipt

(b)(6)

Patient # (b)(6)

Detainee #

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EXHIBIT

365

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**10TH CSH SECURITY INTERNEE DATA SHEET**

NAME PT (b)(6)

CAPTURING UNIT JF HS

WHY DETAINED Attack on coalition forces

WHERE DETAINED (GRID) MB 26358740

DATE TIME GROUP OF DETENTION 310500 Dec 2005

HOSPITAL ADMISSION DATE 310530 Dec 2005

INJURIES GSW to Rt leg

SCARS TATOOS OR OTHER IDENTIFYING MARKS

COALITION CAPTURE FORM AND 2 SWORN STATEMENTS: Y / N (ATTACH)

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**EXHIBIT**

376

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COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

YELLOW FIELDS MUST BE FILLED IN, IF APPLICABLE, UPON APPREHENSION

<input type="checkbox"/> Offense against Civilian(s) [check one] if "Other" then describe: _____ <input type="checkbox"/> Arson (I.P.C. 342) <input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428) <input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399) <input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430) <input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402) <input type="checkbox"/> Theft (I.P.C. 439) <input type="checkbox"/> Murder (I.P.C. 405) <input type="checkbox"/> Destruction of Property (I.P.C. 477) <input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410) <input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487) <input type="checkbox"/> Maiming (I.P.C. 412) <input type="checkbox"/> Discharging Firearm/Explosive in City/Town/Village (I.P.C. 495) <input type="checkbox"/> Simple Assault (I.P.C. 415) <input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3)) <input type="checkbox"/> Kidnapping (I.P.C. 421) <input type="checkbox"/> Other			
<input checked="" type="checkbox"/> Offense against Coalition Forces [check one] if "Other" then describe: _____ <input type="checkbox"/> Violation of Curfew <input type="checkbox"/> Trespass on Military Installation or Facility <input type="checkbox"/> Illegal Possession of Weapon <input type="checkbox"/> Photographing/Surveillance of Military Installation or Facility <input checked="" type="checkbox"/> Assault/Attack on Coalition Forces <input type="checkbox"/> Obstructing Performance of Military Mission <input type="checkbox"/> Theft of Coalition Force Property <input type="checkbox"/> Other			
Apprehending Unit: <u>TP 14571</u>	Location Grid: <u>M626358740</u>		
Date of Incident (D/M/Y): <u>31/DEC/05 to 31/DEC/05</u>	Time of Incident: <u>0630 hrs to 0835 hrs</u>	Date of Report (D/M/Y): <u>31/DEC/05</u>	Time of Report: <u>0630 hrs</u>
Detainee # <u>(b)(6)</u>	Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness		
Last Name: _____	Last Name: _____		
First Name: _____ Given Name: _____	First Name: _____ Given Name: _____		
Hair Color: _____ Scars/Tattoos/Deformities: _____	Hair Color: _____ Scars/Tattoos/Deformities: _____		
Eye Color: _____ Weight: _____ lb Height: _____ in	Eye Color: _____ Weight: _____ lb Height: _____ in		
Address: _____	Address: _____		
Place of Birth: _____	Place of Birth: _____		
Ethn/Tribel/Sect: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: _____	Ethn/Tribel/Sect: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: _____		
DOB D/M/Y: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Regular	DOB D/M/Y: _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Regular		
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) _____		
Document #: _____	Document #: _____		
Total Number of Persons Involved <u>1</u> (list names/identifying info on reverse under "Additional Helpful Information")			
<input type="checkbox"/> Vehicle Information Vehicle Number _____ of _____ Vehicle(s) Owner: _____ Make: <u>N/A</u> Color: _____ VIN: _____ Model: _____ Type: _____ Plate No.: _____ Number of People in Vehicle: _____ Year: _____ Names of People in Vehicle: _____ Contraband/Weapons in Vehicle: _____			
<input type="checkbox"/> Property/Contraband <input checked="" type="checkbox"/> Weapon Photo Taken of Suspect with Weapon/Contraband: Yes/No <u>No</u> Type <u>KW IPC</u> Model: _____ Color/Caliber: _____ Serial No.: _____ Quantity: _____ Make: _____ Receipt Provided to Owner: Yes/ No Other Details: _____ Where Found: _____ Owner: _____			
Name of Assisting Interpreter: _____ Email, Phone, or Contact Info: _____			
Detaining Soldier's Name (Print): <u>(b)(6)</u>	Supervising Officer's Name (Print): <u>(b)(6)</u>		

14318

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**EXHIBIT 6387**



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○ COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM ○

Why was this person detained? (b)(6) (b)(6)  
detainee lunged at US forces with knife

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.  
(b)(6) (b)(6) WHERE THE FORCES THE WITNESS  
THE LOCAL CAME AT THEM W/ KNIFE AND DISTURBED THEM  
THEIR UNIT IS US DONT 550-7148 IN THE IR AT  
POB FOLMORZ

How was this person travelling (car, bus, on foot)? ON FOOT

Who was with this person? (b)(6) HE WAS ALONE

What weapons was this person carrying? HE HAD A KNIFE

What contraband was this person carrying? NONE

What other weapons were seized? NONE KNIFE WAS LEFT ON SCENE

What other information did you get from this person? NONE

Additional Helpful Information: NONE

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EXHIBIT 397

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

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

1. LOCATION <i>CSH Baghdad</i>	2. DATE (YYYYMMDD) <i>20051231</i>	3. TIME <i>0655</i>	4. FILE NUMBER
5. LAST NAME FIRST NAME MIDDLE NAME (b)(6)	6. SSN (b)(6)	7. GRADE/STATUS (b)(6)	
8. ORGANIZATION OR ADDRESS (b)(6)			

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

*Myself and (b)(6) were securing the blocking position at location MB26358740 on the 31 DEC 2005. The Iraqi man came to attack with a knife. It was at this time of approximately 0500 that he was shot to stop his efforts.*

Q. (b)(6)  
A. (b)(6)

Q. Do you have anything to add to this statement?  
A: No (b)(6)

*/// End of statement ///*

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF <i>2</i> 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.

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

9. STATEMENT (Continued)

Not used

(b)(6)

AFFIDAVIT

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

(b)(6)

Statement:

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of DECEMBER 2008 at 10th CSH, [redacted]

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Art 136 UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

SWORN STATEMENT

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

PRIVACY ACT STATEMENT :

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

1. LOCATION: 10<sup>th</sup> CAS Baghdad  
2. DATE (YYYYMMDD): 20061230  
3. TIME: 0650  
4. FILE NUMBER:

5. LAST NAME FIRST NAME MIDDLE NAME: (b)(6)  
6. SSN: (b)(6)  
7. GRADE/STATUS: (b)(6)

8. ORGANIZATION OR ADDRESS: (b)(6)

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

I was at a Blocking Position with (b)(6) when a man turned the corner with a knife. We detained the individual (b)(6) on 31 of Dec 2006. We were on duty providing security for the assault force at grid MB26358740 at a blocking position.

Q: (b)(6)  
A: (b)(6) (b)(6)

Q: Do you have anything to add to this statement?  
A: No (b)(6)

// End of Statement //

(b)(6)

10. EXHIBIT: 11. INITIALS OF PERSON MAKING STATEMENT: (b)(6) 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.

EXHIBIT

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

9. STATEMENT (Continued)

NOT USED

(b)(6)

AFFIDAVIT

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

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 31 day of December 2005 at 1011 154

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(Typed Name of Person Administering Oath)

Art 136 UCMJ

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING (b)(6)

(b)(6)

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LAW ENFORCEMENT SENSITIVE  
**EXHIBIT**

43  
6-22

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RECEIPT FOR INMATE OR DETAINED PERSON

1. RECEIVED FROM (Unit or Agency and Station)		3. DATE (YYYYMMDD)	
TRF 145		2008 10 31	
4. INMATE NAME (Last, First, Middle)		5. SEN	
PT			
7. ORGANIZATION		8. STATION	
9. OFFENSE <u>SHOCK ON COLLISION FORCES</u>			
10. PERSONAL PROPERTY <u>NONE</u>			
11. REMARKS			
12. NAME AND TITLE OF PERSON RECEIVING ABOVE INDIVIDUAL		14. GRADE	
(b)(6)		ES	
13. RECEIVING UNIT OR AGENCY AND STATION			
CSH Military Police			
DD FORM 2708, NOV 1998			

(b)(6)

(b)(6)

(b)(6)

(b)(6)

10/30/08 11:00

EXHIBIT 44

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG

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PAGE NO. 1 NO. OF PAGES 1

ORGANIZATION OR INSTALLATION 527th MP CO	LOCATION 10th CSIT International Zone	PERIOD COVERED	
		FROM HOUR DATE 2000 05/20/06	TO HOUR DATE 0800 06/20/06

ITEM NO.	TIME		INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL
	IN	OUT			
1	2000		(b)(6) Assume duties	Logged	(b)(6)
2	2200	2000	(b)(6) starts guard duties watching 2 females	Logged	
3	0000	2200	(b)(6) RELIEVES (b)(6) on guard duty	Logged	
4	0200	0000	(b)(6) RELIEVES (b)(6) on guard duty	Logged	
5	0014	0010	(b)(6) Checks on PT (b)(6) in ICU 2	Checked	
6	0400	0200	(b)(6) RELIEVES (b)(6) on guard duty	Logged	
7		0400	(b)(6) RELIEVES (b)(6) on guard duty	logged	
8	0600	0530	Chow rotation	logged	
9	0800		SI Report SENT to strike x-ray	logged	
10	0800		2-3 reports for duty	logged	
11		0800	FTD	logged	

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY (b)(6)	SIGNATURE (b)(6) IMP
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FOR OFFICIAL USE ONLY **EXHIBIT** 45  
 10-L-0126 ACLU DD II CID ROI 4374  
 LAW ENFORCEMENT SENSITIVE

DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG

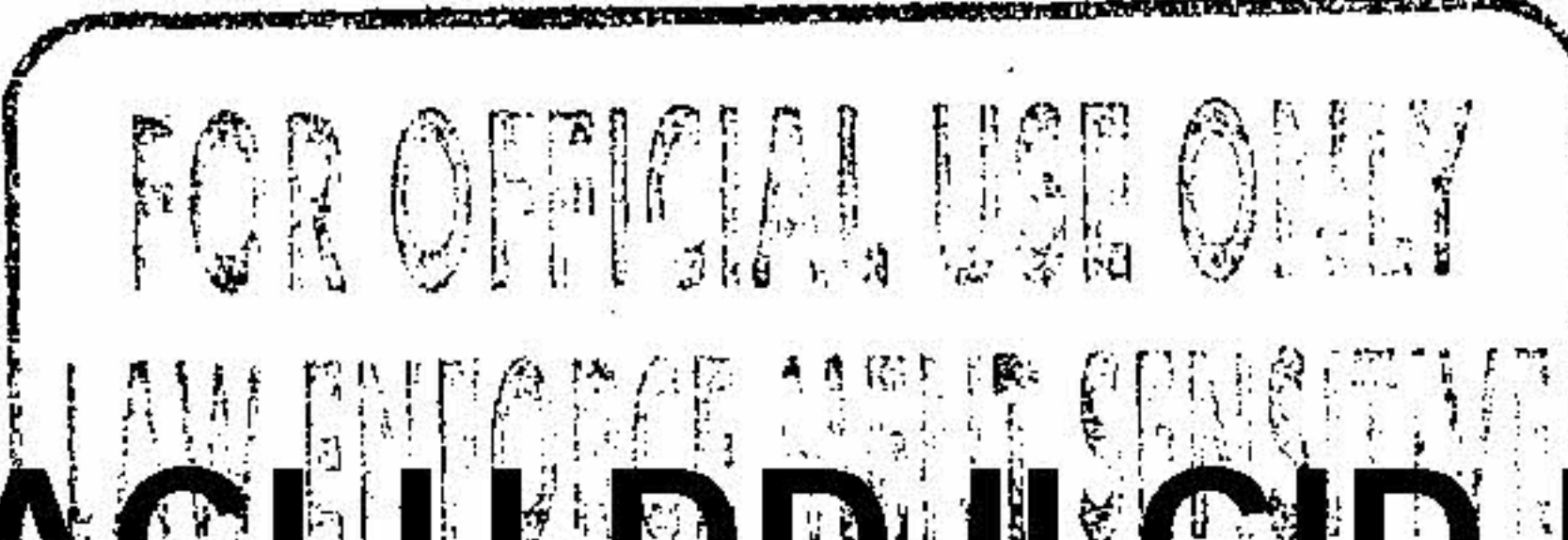
For use of this form by AR 220-15, the proponent agency, is Office of The Liaison Chief of Staff for Operations & Plans

PAGE NO. 1 NO. OF PAGES 1

ORGANIZATION OR INSTALLATION 527MP CO 43 MP BDE		LOCATION 10 <sup>th</sup> CSH	PERIOD COVERED	
			FROM	TO
			HOUR DATE 0800 06Jan06	HOUR DATE 2000 06Jan06

ITEM NO.	TIME		INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL
	IN	OUT			
1	0800	/	(b)(6) begin shift.	Logged	(b)(6)
2	0800	1150	(b)(6) assumes duty at ICW1 hallway.	Logged	
3	0855	0950	(b)(6) Escorts (b)(6) to CT Scan Area	Escorted	
4	1022	1034	(b)(6) unlocks restraints on (b)(6) to assist ICU2	Assist	
5	1130	1210	Chow Rotation	Consumed Food	
6	1151	1610	(b)(6) Assumes duty at ICW1 hallway	Logged	
7	1215	/	(b)(6) unlocks restraints on (b)(6)	/	
	/	1219	for C/R.	Unlocked	
8	1233	1235	NEW key for Linen Cabinet Drains off	Secured	
9	1738	1815	Chow rotation.	Logged	
10	1822	1825	2 AF SF visit MP station.	Logged	
11	1905	1907	(b)(6) (PND) informs this station in person	/	
	/	/	the (b)(6) has been called in to Abu G for flight	Logged	
12	/	2000	Relieved by (b)(6)	ETD's	

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY (b)(6)	SIGNATURE (b)(6)
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**EXHIBIT** 46  
6-25



DAILY STAFF JOURNAL OR DUTY OFFICER'S LOG

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PAGE NO.

NO. OF PAGES

ORGANIZATION OR INSTALLATION

3RD SQD  
527th MP CO

LOCATION

10TH CSH

PERIOD COVERED

FROM TO  
HOUR DATE HOUR DATE  
2000 06 Jan 06 0800 07 Jan 06

ITEM NO.	TIME		INCIDENTS, MESSAGES, ORDERS, ETC.	ACTION TAKEN	INL
	IN	OUT			
1	2000	/	(b)(6) assume duties.	Logged	(b)(6)
2	2000	2300	(b)(6) assumes duty at ICWI hallway.	Logged	(b)(6)
3	2245	2300	Patient in ICWI locks self in bathroom	Logged	
4	2300	/	Unit representative for ICWI Patient arrives and convinces patient to come out of bathroom (b)(6) is relieved of duties in ICWI.	Logged	
5	0029	0049	Chow rotation	Logged	
6	0139	/	Possible SE arrives in FR	Logged	
7	0421	/	Patient # (b)(6) brought in from OR	Logged	
8	0621	0637	Chow rotation	Logged	
9	0700	0703	Sensitive items report sent to strike x-ray	Logged	
10	0800	/	(b)(6) assume duties. ETD.	Logged	

TYPED NAME AND GRADE OF OFFICER OR OFFICIAL ON DUTY

(b)(6)

Military Police

SIGNATURE

(b)(6)

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EXHIBIT

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