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**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Cropper CID Office  
20th/1149th Military Police Detachment (CID), 11th Military Police Battalion  
(CID), Camp Cropper, Baghdad, Iraq APO AE 09342

16 Mar 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0055-2007-CID789-23674 -  
5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 11 NOV 2007, 2008 - 11 NOV 2007, 2008; 31ST COMBAT SUPPORT HOSPITAL,  
CAMP CROPPER, BAGHDAD, APO AE 09342, IRAQ

DATE/TIME REPORTED: 11 NOV 2007, 2045

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. HABIB AL-SARRAY, SALIM ABO ALLA (DECEASED); CIV; IRAQ; (DOB);  
(POB); MALE; OTHER; COMPOUND 2C, CAMP REMEMBRANCE II, THEATER  
INTERNMENT FACILITY (TIF), CAMP CROPPER, BAGHDAD, IZ; XZ ; [DEATH BY  
NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

1

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**ACLU DDII CID ROI 26090**

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On 11 Nov 07, this office was notified by SSG **b(6), b(7)(C)** Patient Administration Division (PAD), 31st Combat Support Hospital (CSH), Camp Cropper, IZ APO AE 09342 (CCIZ), of an undetermined death of Mr. HABIB AL-SARRAY while he was treated for chest pains at the 31st CSH, CCIZ.

Investigation determined Mr HABIB AL-SARRAY was admitted to the 31st CSH on 11 Nov 07 for chest pains and was subsequently pronounced dead at 2028, 11 Nov 07. An autopsy conducted by the Office of the Armed Forces Medical Examiner (OAFME) revealed the cause of death concerning Mr HASAN was atherosclerotic cardiovascular disease and the manner of death was reported as natural. The results of this investigation were consistent with their findings.

STATUTES:

N/A

EXHIBITS:

Attached:

1. Agent's Investigation Report (AIR) of SA **b(6), b(7)(C)** 16 Nov 07.
2. Personal Data Report and Enemy Prisoner of War Screening Report of Mr HABIB AL-SARRAY, 11 Nov 07.
3. Medical Records of Mr HABIB AL-SARRAY.
4. AIR of SA **b(6), b(7)(C)** 11 Nov 07.
5. Scene Sketch prepared by SA **b(6), b(7)(C)** 11 Nov 07.
6. Photographic Packet (Death Scene).
7. CD containing original images associated with Exhibit 6. (USACRC and file copies only)

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8. AIR of SA **b(6), b(7)(C)** 15 Nov 07.
9. Photographic Packet (Autopsy).
10. CD containing original images associated with Exhibit 9. (USACRC and file copies only)
11. AIR of SA **b(6), b(7)(C)** 12 Mar 08.
12. Autopsy Report of OAFME pertaining to Mr HABIB AL-SARRAY, number ME07-1294.
13. DD Form 2064, Certificate of Death (Overseas), 13 Feb 08.

The originals of Exhibits 1, 4 and 5-11 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of TF134, Camp Victory, Baghdad, Iraq APO AE 09342. The original of Exhibit 3 is retained in the files of TF31, Camp Cropper, Baghdad, Iraq APO AE 09342. The originals of Exhibit 12 and 13 are retained in the files of the Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850.

Not Attached:

None.

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

CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.

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Report Prepared By:

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

Special Agent

Report Approved By:

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

Special Agent in Charge

**DISTRIBUTION:**

Dir, USACRC, Ft Belvoir, VA

Commander, 20th/1149th MP DET (CID), Camp Slayer, Baghdad, Iraq APO AE 09342

Commander, 3D MP GRP (CID), USACIDC, Fort Gillem, GA 30297

Chief, DSCOPS, USACIDC, 6010 6th Street, Fort Belvoir, VA 22060

FOB Commander, Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

Special Agent in Charge, Camp Cropper CID Office (Email only)

Commander, 31st Combat Support Hospital, Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

Commander, 535th MP BN, Camp Cropper, Baghdad, Iraq APO AE 09342 (Email only)

Commander, 11th MP BN (CID) (FWD), Camp Victory, Baghdad, Iraq, APO AE 09342

CID, AFIP, ATTN: SA **b(6), b(7)(C)** (Email only)

Director, Armed Forces of the Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850  
Dover Facility, Dover Air Force Base, Delaware (Email only)

FILE

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0055-07-CID789-23674

PAGE 1 OF 2 PAGES

## DETAILS

**BASIS FOR INVESTIGATION:** About 2038, 11 Nov 07, SA **b(6), b(7)(C)** was notified by SSG **b(6), b(7)(C)** **b(6), b(7)(C)** Patient Administration Division (PAD), 31st Combat Support Hospital (CSH), Camp Cropper, IZ APO AE 09342 (CCIZ); of a undetermined death of a detainee identified as Mr. SALIM Abo Alla Habib Al-Sarray, **b(6), b(7)(C)** Camp Remembrance II (CRII), Theater Internment Facility (TIF), CCIZ, while he was being treated for chest pains at the CSH, CCIZ.

About 2053, 11 Nov 07, SA **b(6), b(7)(C)** interviewed MAJ (Doctor) **b(6), b(7)(C)** Attending Physician, Intensive Care Unit, 31st CSH, CCIZ, who related Mr HABIB AL SARRAY arrived to ICU in shock at 1600, 11 Nov 07. MAJ **b(6), b(7)(C)** stated Mr HABIB AL SARRAY did not have any apparent external trauma indicative of blunt force trauma. Additionally, MAJ **b(6), b(7)(C)** described the history he received concerning Mr HABIB AL SARRAY as he was feeling poor the previous two to three days and was not able to eat or drink. MAJ **b(6), b(7)(C)** stated Mr HABIB AL SARRAY's blood pressure was low and his heart rate was rapid. MAJ **b(6), b(7)(C)** continued by stating Mr HABIB AL SARRAY was experiencing an overall lack of oxygen. MAJ **b(6), b(7)(C)** reported Mr ABIB AL SARRAY was intubated on a breather, given nine liters of intravenous fluids. Further, MAJ **b(6), b(7)(C)** related life saving measures continued, which included cardiopulmonary resuscitation and injections of Dopamine and Levofed. MAJ **b(6), b(7)(C)** advised he pronounced Mr HABIB AL SARRAY dead at 2028, 11 Nov 07 and Mr HABIB AL SARRAY was identified via retinal scan by TIF personnel.

About 2100, 11 Nov 07, SA **b(6), b(7)(C)** interviewed SFC **b(6), b(7)(C)** Sergeant of the Guard, CRII, TIF, 28th MP Company (CO), 535th MP Battalion (BN), CCIZ, who stated he heard radio traffic pertaining to Mr HABIB AL SARRAY's condition. SFC **b(6), b(7)(C)** related he then went to the 31st CSH where Mr HABIB AL SARRAY was admitted at 1553, 11 Nov 07. Further, SFC **b(6), b(7)(C)** advised Mr HABIB AL SARRAY was admitted to the ICU, 31st CSH, where he subsequently died. SFC **b(6), b(7)(C)** concluded the interview and stated Mr HABIB AL SARRAY was a resident of Compound 2C, Camp Remembrance II, TIF, CCIZ, since 3 Oct 07..

About 2120, 11 Nov 07, SA **b(6), b(7)(C)** coordinated with INV **b(6), b(7)(C)** Military Police Investigations (MPI), CRII, TIF, 535th MP BN, CCIZ, who related Mr HABIB AL SARRAY was moved to the Detainee Medical Center at 1438, 11 Nov 07, where he was evaluated and subsequently transported to the 31st CSH for treatment. INV **b(6), b(7)(C)** related Mr HABIB AL SARRAY has been a resident of Compound 2C since 3 Oct 07.

About 2152, 11 Nov 07, SA **b(6), b(7)(C), b(7)(F)** released the remains of ISN: **b(6), b(7)(C)** to SFC **b(6), b(7)(C)** **b(6), b(7)(C)** 31st CSH, CCIZ, for transportation to the Armed Forces Institute of Pathology (AFIP), Dover, MD, for autopsy.

About 2218, 11 Nov 07, SA **b(6), b(7)(C), b(7)(F)** obtained copies of Mr. HABIB AL SARRAY's Personal

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <b>b(6), b(7)(C), b(7)(F)</b>		20 <sup>th</sup> /1149 <sup>th</sup> Military Police Detachment (CID)	
SIGNATURE <b>b(6), b(7)(C)</b>		Camp Cropper, Baghdad, Iraq, APO AE 09342	
		DATE	EXHIBIT
		16 Nov 07	

ACLU DDII CID ROI 26094

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

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DETAILS

Data Report (PDR) and his Enemy Prisoner of War Screening Report (EPWSR) (see PDR and EPWSR for details).

About 1606, 16 Nov 07, SA **b(6), b(7)(C)** obtained Mr. SALIM's in-patient medical records from SSC **b(6), b(7)(C)** (see medical records for details). ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

20<sup>th</sup>/1149<sup>th</sup> Military Police Detachment (CID)  
Camp Cropper, Baghdad, Iraq, APO AE 09342

SIGNATURE

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

DATE

16 Nov 07

EXHIBIT

**ACLU DDII CID ROI 26095**

CID FORM  
ACLU-RD-5501 p.0

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000006

PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {D25BDAA4-1507-468C-B362-C955DC9378CA}

Enroll Date: 10/4/2007 3:27:10 AM

Enrollment Station: IRQ:CENTCOM:MNF-I:TF 134:CROPPER/BAT/N-CROPBATIHA01

Person Type: Enemy Prisoner Of War or Enemy Combatant

Reason Enrolled: Others under state control

Title:

Name (F,M,L,T): SALIM ABO ALLA HABIB AL-SARRAY ()

Full Name:

Native Full Name:

WMD Category:

Operational Status:

Occupation:

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

Gender: MALE

Race: CAUCASIAN

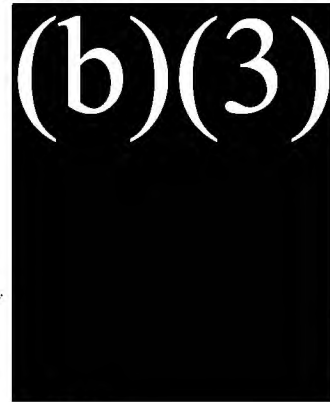
Hair Color: BLACK

Eye Color: BROWN

Build: LARGE/HEAVY

Height (in): Min: 66 Max:

Weight (lb): Min: 265 Max:



ON ALERT? NO

ASSAULT/ATTACK ON COALITION FORCES

PERSON COMMENTS

PERSONAL DATA

Birthdate: 31DEC1968

Death Date:

Religion: ISLAM-SHIITE

Primary Nationality: IRAQ

2nd Nationality:

Ethnicity: ARAB

Marital Status: MARRIED

Personnel Status: UNKNOWN

WATCH LIST

EXHIBIT 2

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PHONE NUMBERS					
Type	Infl	Area Code	Phone #	Ext.	
VEHICLE INFORMATION					
RELATIVES					
Relation	First	Middle	Last	Maiden	Birthdate

**EXHIBIT** 2

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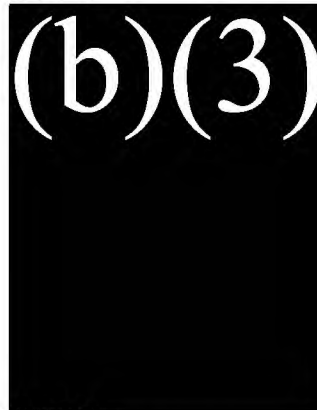
0055-07-CID 789-23674

EPW SCREENING REPORT

PERSONAL

PHOTOGRAPH

MP Number: Evacuation Date:  
Screening DTG: 041507ZOCT2007  
Name (F,M,L,T): SALIM ABO ALLA HABIB AL-SARRAY ()  
Gender: MALE  
Service/ID #: [b(6), b(7)(C)]  
Birthdate: 31DEC1968  
Marital Status: MARRIED  
Status: UNKNOWN



ON ALERT? NO  
ASSAULT/ATTACK ON COALITION FORCES

ALIASES

Alias (F,M,L,T):  
AKA Full Name:  
Nickname: [b(6), b(7)(C)]  
Comments:

PLACE OF BIRTH

Birthplace: Guraitiya, Al Basrah, Al Basrah, IRAQ

ID NUMBERS

ID Number Type ID Number  
ISN Num [b(6), b(7)(C)]  
CAP TAG [b(6), b(7)(C)]

CAPTURE INFORMATION

Evacuation Date: MP Number:  
Capture Date: 300000ZSEP2007 Capture Unit: TF-17  
Place: IRAQ, Al Basrah, Al Basrah, Guraitiya, 38RQU5009153044  
Documents:  
Circumstances: ASSAULT/ATTACK ON COALITION FORCES  
Weapons/Equip:

DETENTION INFORMATION

Present: YES Arrival Date: 030000ZOCT2007

EXHIBIT 2  
ACLU DDII CID ROI 26099



Screener: C3816/A0259

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Approaches: DIRECT

ASSESSMENT:

Cooperation: 3

Personalities:

Intelligence: AVG

Knowledge: A

Physical Cond: GOOD

Mental State: ALERT

Education: 7 YRS

REMARKS

Remarks:

1. SCREENER'S COMMENT:

PACKET SCREENED AS JAYSH AL MAHDI (JAM). DETAINEE IS A 39-YEAR-OLD SHIA MALE FROM THE AL-SARAI TRIBE (DETAINEE CONFIRMED HIS TRIBE). DETAINEE IS ASSESSED AS LOW COOPERATION AND HIGH KNOWLEDGEABILITY (3A) AND IS RECOMMENDED FOR FURTHER EXPLOITATION (FER) BASED ON FOLDER CONTENT AND SCREENING. DETAINEE MAY BE AFFILIATED WITH JAM.

2. KNOWLEDGEABILITY:

DETAINEE CLAIMED JAM WERE PUSHED OUT OF THE AL OBEIDI, BAGHDAD AREA BY CF BUT SOME JAM ARE STILL THERE. DETAINEE IS ACCUSED OF BEING A JAM SPECIAL GROUPS LEADER. DETAINEE MAY BE ABLE TO ANSWER CJSOTF-PIR# 1; MNC-I PIR# 2.

3. CIRCUMSTANCES OF CAPTURE:

DETAINEE WAS ARRESTED BY CF ON 30 SEP 2007 DURING A TARGETED RAID IN WHICH DETAINEE WAS THE TARGET.

4. RESIDENCE:

AL SHUHADA, AL OBEIDI, BAGHDAD.

5. EVIDENTIARY SUPPORT:

EVIDENCE IN DETAINEE'S FILE INCLUDES TWO SWORN STATEMENTS AND ONE EXPLOSIVES RESIDUE TEST.

6. COOPERATION:

DETAINEE DENIED BEING AFFILIATED WITH JAM AND CLAIMED HE JUST GOES TO WORK AND BACK HOME. DETAINEE DENIED KNOWING OR HEARING THE NAME [b(6), b(7)(C)] DETAINEE DENIED ALL ALLEGATIONS AGAINST HIM.

7. ASSESSMENT:

DETAINEE WAS COMFORTABLE DURING QUESTIONING AND SAT IN A NORMAL POSTURE. DETAINEE DID NOT SHOW ANY OBVIOUS SIGNS OF DECEPTION. WHEN ACCUSED OF BEING A JAM LEADER, DETAINEE JUST RESPONDED WITH "NO". MULTIPLE DETAINEES HAVE IDENTIFIED DETAINEE AS A JAM LEADER.

8. INDICATORS FOR APPROACH: DIRECT

A. FEAR UP/LONG TERM INCARCERATION- DETAINEE IS THE PROVIDER FOR HIS FAMILY.

B. INCENTIVE OF EARLY RELEASE- SAME REASON AS (A).

C. PRIDE AND EGO UP/EMOTIONAL HATE FOR COMRADES- IF DETAINEE KNOWS THAT OTHER JAM MEMBERS HAVE CLAIMED HE IS A JAM LEADER, DETAINEE MAY BEGIN TO TALK ABOUT OTHER JAM MEMBERS.

9. CLAIM OF ABUSE:

DETAINEE CLAIMED A CF SOLDIER HIT HIM WITH HIS RIFLE IN DETAINEE'S LEFT

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EYE.

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10. REVIEWER'S COMMENTS: M1513  
DETAINEE PUT ON MIH BY THE REQUEST OF THE ICE ON 26 OCT 2007.

PIR:

IR:

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**ACLU DDII CID RO126102**

<b>HOSPITAL REPORT OF DEATH</b> <small>FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>	NAME AND LOCATION OF HOSPITAL
--	-------------------------------

*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

<p>1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)</p> <div style="border: 1px solid black; padding: 5px; min-height: 60px;">(b)(6)</div> <p>Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number</p>	<p>2. TIME OF DEATH (Hour-day-month-year)</p> <p style="font-size: 1.2em;">2005 (b)(6) 07</p>	<p>3. MEDICAL EXAMINER/ CORONER'S CASE</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>4. RELIGION</p> <p>5. CHAPLAIN NOTIFIED</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH</p>		

CAUSE OF DEATH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

<p>7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)</p>	<p>DUE TO (or as a consequence of)</p> <p style="font-size: 1.2em;">Shock of undetermined etiology</p>	<p>2.5 hours</p>
<p>7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)</p>	<p>DUE TO (or as a consequence of)</p> <p>(1)</p> <p>(2)</p>	
<p>8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT</p>	<p>a.</p> <p>b.</p>	

9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE
(b)(6)	(b)(6)	(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

<p>20. AUTOPSY PERFORMED (If yes, give date and place)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>21. AUTOPSY ORDERED BY (Signature)</p>	
<p>22. PROVISIONAL PATHOLOGICAL FINDINGS</p>		
<p>23. DATE</p>	<p>24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY</p>	<p>25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY</p>
<p>26. DATE</p>	<p>27. TYPED NAME AND GRADE OF REGISTRAR</p>	<p>28. SIGNATURE OF REGISTRAR</p>

ACLU DDII CID ROI 26104

TAB

CERTIFICATE OF DEATH

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

INTERMENT SERIAL NUMBER

FROM:

TO:

NAME (Last, first, MI) <i>Sajid Abu Ala Habib Al Sarray</i>	(b)(6)	GRADE	SERVICE NUMBER (b)(6)
--	--------	-------	--------------------------

NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE
-------------	--------------	-------------------------------------

PLACE OF BIRTH	DATE OF BIRTH (b)(6) <i>1968</i>
----------------	-------------------------------------

NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN	FIRST NAME OF FATHER
--	----------------------

PLACE OF DEATH <i>31 SH IOW Bldg</i>	DATE OF DEATH (b)(6) <i>2007</i>	CAUSE OF DEATH <i>Shock of undetermined etiology</i>
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).

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE	SIGNATURE OF MEDICAL OFFICER
	SIGNATURE OF COMMANDING OFFICER	
	WITNESSES	
	SIGNATURE	ADDRESS
	SIGNATURE	ADDRESS

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MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

(b)(6) 07 1059

28 yo M was feeling ill for several days. Per report was not eating or drinking. Initially evaluated in ER and given a liter of IVF before transfer to ED. In the ED he was clinically volume depleted given his history of poor intake and not feeling well. Initial ED vitals 54/40, 118, 27 and Temp 102.8 F. Patient became hypoxic in the ED and was resuscitated by team I arrived. Initial impression was hypovolemia vs sepsis. Given 3-4 LNS bolus and Mefenidone. Initially, HR decreased to 40 and SBP 70-80. About 10' after the initial IVF he again became hypotensive and tachycardic. He did not respond to additional IV boluses and dopamine started. Despite titrating to 15 mcg/kg/min MAP fell to 25 and HR 150. Vasopressin started and MAP temporarily increased to 70, but then dropped again to 55. More IV fluid given, Hydrocortisone 50mg given. Vasopressin not declared, but patient went into PEA pending arrival of Vasopressin. PEA code for 15 minutes a total 2mg Atropine & total 3mg Epinephrine and 4000U Vasopressin. Did not respond and pronounced dead.

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

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; IL Date of Birth; Rank/Grade.) (b)(6)

(b)(6)

(b)(6)

STANDARD FORM 600 (REV. 8-97) Prescribed by GSA/IGMP (FORM 144) (CFR) 301.15.102 26106

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MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	LOG NUMBER: <b>B</b>	TREATMENT FACILITY: <b>EMT</b>
		RECORDS MAINTAINED AT	

PATIENT'S HOME ADDRESS OR DUTY STATION

STREET ADDRESS	DATE (Day, Month, Year)	TIME
	(b)(6) 07	1535

CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY
			VG / Amb

SEX: <b>40</b>	DUTY/LOCAL PHONE	MILITARY STATUS	THIRD PARTY INSURANCE
AGE: <b>M</b>	AREA CODE NUMBER	ITEM YES NO N/A	ITEM YES NO
	HOME PHONE	PRP	ADDITIONAL INSURANCE
	AREA CODE NUMBER	FLYING STATUS	DD 2568 IN CHART
		MEDICAL HISTORY OBTAINED FROM	NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS	EMERGENCY ROOM VISIT
	ITEM YES NO WHEN (Date)	DATE LAST VISIT 24 HOUR RETURN
	IS THIS AN INJURY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

ALLERGIES: <b>NRPA</b>	INJURY/SAFETY FORMS	TETANUS
	HOW	DATE LAST SHOT COMPLETED INITIAL SERIES
		<input type="checkbox"/> YES <input type="checkbox"/> NO

CHIEF COMPLAINT

CATEGORY OF TREATMENT

<input type="checkbox"/> EMERGENT	TIME: <b>1535</b>	VITAL SIGNS			
<input checked="" type="checkbox"/> URGENT		TIME: <b>1535</b>	<b>1630</b>		
<input type="checkbox"/> NON-URGENT		BP: <b>88/40</b>	<b>108/40</b>		
		PULSE: <b>118</b>	<b>119</b>		
		RESP: <b>21</b>	<b>24</b>		
		TEMP: <b>-</b>	<b>102</b>		
		WT: <b>96kg</b>	<b>98kg</b>		

LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	<input checked="" type="checkbox"/> ABG	<input checked="" type="checkbox"/> PT/PTT	<input checked="" type="checkbox"/> BHC/G/URINE/BLOOD/QUANT	X-RAY ORDERS	<input type="checkbox"/> CXR PA & LAT/PORTABLE	<input type="checkbox"/> C-SPINE
	<input checked="" type="checkbox"/> URINE C&S	<input checked="" type="checkbox"/> UA MSCC/CATH	<input checked="" type="checkbox"/> CHEM: <b>CMR</b>	<input type="checkbox"/> ACUTE ABDOMEN		<input type="checkbox"/> LS SPINE	
	<input type="checkbox"/> BLOOD C&S X			<input type="checkbox"/> SINUS		<input type="checkbox"/> HEAD CT	

**cardiac pain**

ORDERS

<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR	<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
<b>10</b>	<b>1 LNSOLEN</b>	<b>(b)(6)</b>		<b>11:25</b>	<b>long vecuronium</b>
	<b>975 Tylenol PRN</b>			<b>10:00</b>	<b>versed</b>
	<b>25mg etomidate</b>			<b>10:45</b>	<b>mirac perium 19m</b>
	<b>125 mg succ</b>				<b>in resp to rx</b>

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.	
MODIFIED DUTY UNTIL	RETURN TO DUTY	

CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED TO	WHEN
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED	<b>1625</b>	<b>ICU</b>	
	TIME OF RELEASE	I have received and understand these instructions.	

PATIENT'S SIGNATURE

PATIENT'S IDENTIFICATION	(For typed or written entries, give: Name - last, first, middle; ID no. (SSN or other); hospital or
(b)(6)	

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

ACLU DDII CID ROI 26107

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

TIME

CHIEF COMPLAINT: CP to ER via VG. from Pmc

Initial V.S.

BP PRE-HOSPITAL CARE:

P

R INITIAL ASSESSMENT: RT NO x3. % Anxiety CP. Dusky color. ↓ JVD. S4 A/AISC

T 1610 - 25mg Etom 110 succ FV ON RSE AT Urmus MI 4MO

SAO2 1620 10mg Vec 5mg Vec MEDS. Code worked

(b)(6)

MED ALLERGIES

INTERVENTIONS

O2 Not Rebreather MONITOR ✓ EKG: Y/N IV ACCESS x2 R/L AK

LABS: CBC CE T/S XMATCH FOLEY Y/N NG: Y/N

CHEST TUBE: XRAYS: CXR CT:

MED HX DRSG's DRAINS HARDWARE

1610 Entubated LS O2

MEDICATIONS GIVEN

1.) Etom 25mg FV @ 1610 hrs by (b)(6) 4.) Etom 5mg Vec @ 1620 hrs by (b)(6)

OTHER 2.) Succ 110mg FV @ 1610 hrs by (b)(6) 5.) @ hrs by

3.) Vec 10mg FV @ 1620 hrs by (b)(6) 6.) @ hrs by

HOSPITAL OR MEDICAL FACILITY TF-31 / Camp Cropper / EMT STATUS Admit ICW ICU OR DEPART./SERVICE Admitting Doc: RECORDS MAINTAINED AT Pt Report to:

SPONSOR'S NAME AN Signature: SSN/ID NO. Delivery @ hrs RELATIONSHIP TO SPONSOR Transported Mode: Amb / WC / Gurney

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)

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97)

OR OFFICIAL USE ENFORCEMENT SENSITIVE Prescribed by GSA/ICMR HRMP 12 CFR 201-926108 USAPA V2.00

CAMP CROPPER

(b)(6) 2007@1624

Page 1

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/40 Reg #: Military Unit: UNKNOWN

(b)(6) Col: (b)(6) 07@1609 Hcp: (b)(6) PLASMA Req Loc: DMC C: (b)(6) 07@1620

STAT PT. . . . . 19.8 H (7.0-14.0) sec INR . . . . . 2

Interpretations: Patient not on therapy: 0.8-1.5 Patient on therapy: 2.0-3.0

APTT. . . . . 88.6 H (21.0-50.0) sec

(b)(6) Col: (b)(6) 07@1559 Hcp: (b)(6) BLOOD Req Loc: DMC C: (b)(6) Nov07@1616

WBC . . . . . 10.3 (4.8-10.8) x10 3/uL RBC CNT . . . . . 4.01 L (4.20-6.10) x10 6/uL HGB . . . . . 11.8 L (12.0-18.0) g/dL HCT . . . . . 35.8 L (42-52) % MCV . . . . . 89.2 (80.0-99.0) fl MCH . . . . . 29.5 (27.0-31.0) pg MCHC . . . . . 33.1 (33.0-37.0) g/dL PLATELETS . . . . . 214 (130-400) x 10 (3) /u LYMPH% . . . . . 27 (20.0-44.0) % LYMPH# . . . . . 2.8 (0.7-4.3) x10 3/uL

(b)(6) Col: (b)(6) 07@1559 Hcp: (b)(6) SERUM Req Loc: DMC C: (b)(6) 07@1624

NA+ . . . . . 133 (128-145) mmol/L Result Comment: 2+ Hemolysis Interpretations: PERFORMED ON PICOLLO ANALYZER K . . . . . 4.1 (3.3-4.7) mmol/L CO2 . . . . . 24 (18-33) mmol/L CL- . . . . . 93 L (98-108) mmol/L GLUCOSE . . . . . 78 (73-118) mg/dl

Interpretations: PERFORMED ON PICOLLO CHEMISTRY ANALYZER CA . . . . . 8.0 (8.0-10.3) mg/dL BUN . . . . . 12 (7-22) mg/dL CREAT . . . . . 2.9 H (0.6-1.2) mg/dL ALK PHOS . . . . . 135 (26-184) U/L

Interpretations: PERFORMED ON PICCOLO CHEMISTRY ANALYZER ALT . . . . . 58 H (10-47) U/L AST . . . . . 306 H (16-55) U/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed []=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

FOR OFFICIAL USE ONLY ACLU RDI CID ROI 26109 LAW ENFORCEMENT SENSITIVE

Exhibit 3

CAMP CROPPER

(b)(6) 2007@1624

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6)  
Ph:

(b)(6)

M/40

Reg #:

Military Unit: UNKNOWN

(b)(6)

Col: (b)(6) 07@1559

Hcp: (b)(6)

SERUM

Req Loc: DMC

TBILI . . . . .	0.6		(0.2-1.6)	mg/dL
ALBUMIN . . . . .	2.4	L	(3.3-5.5)	g/dL
PROTEIN TOTAL . . .	5.3	L	(6.4-8.1)	g/dL

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 26110



### 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 SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER		LIST TIME ORDER NOTED AND SIGN
			HOURS	
(b)(6)	(b)(6) 107	1834		(b)(6)
		1) Probs I LNS - pressure bag - done		(b)(6)
		2) Dopamine 5mg/kg/min and typhoid to MAP > 65 and C90 mmHg		(b)(6)
		(b)(6)		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER		LIST TIME ORDER NOTED AND SIGN
			HOURS	
(b)(6)	11/11/06	1855		(b)(6)
		1) Dopamine 2mg/kg/min - done		(b)(6)
		(b)(6)		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER		LIST TIME ORDER NOTED AND SIGN
			HOURS	
(b)(6)	11/11/06	1909		(b)(6)
		1) OLC prepared off - done 11/11/06 1910 PR		(b)(6)
		2) Washed off 2mg/kg/min and typhoid to dual secretion - done		(b)(6)
		(b)(6)		

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER		LIST TIME ORDER NOTED AND SIGN
			HOURS	
(b)(6)	11/11/06	1919		
		1) Probs I LNS		
		2) Dopamine to 15mg/kg/min		

FOR OFFICIAL USE ONLY

AGLUDDII CID ROI 26112

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 SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD SYSTEM IS USED, WRITE PROBLEM NUMBER IN COLUMN INDICATED BY ARROW BELOW.

PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	107 1800	
		1) Admit to ICU of Abel	
		2) Diagnosis: Hypovolemia R/O Sepsis	
		3) Condition: Guarded	
		4) All: NKA	
		5) Vitals: per ICU protocol	
		6) Activity: Bed rest	
		7) Nursing: per ICU protocol	
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)			
		8) Diet: NPO	
		9) IVF: NS @ 150 ml/hr - done	
		10) Meds:	
		propofol q4 20mg/kg/min to mod sedation	
		fentanyl q4 25 mcg/hr to mod sedation - done	
		Zentac 50 mg IV q8 1st now	
		Morphine 19mg IV q8 1st dose 0100	
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)			
		11) Labs:	
		- Blood Ex; c/a and CX; ABG, CMP	
		and CBC qAM; Lipidic enzymes	
		q6 x2	
		Report call	
		12) CXR qAM	
		13) STAB: 14; TV 600; PEEP 5;	
PATIENT IDENTIFICATION	DATE OF ORDER	TIME OF ORDER	
(b)(6)			
		FiO2 1.0	
		13) Tapir FiO2 to keep SaO2 > 92%	

ACLU DDII CID ROI 26113

CAMP CROPPER

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

Discharge Summary for CROP, (b)(6)

Report requested by: (b)(6)

Attending Physician: (b)(6)

Admission Date: (b)(6) 2007

Discharge Date: (b)(6) 07

Admitting Diagnosis:  
CHEST PAIN, UNSPECIFIED (ICD 786.50)

Discharge Diagnosis:  
CHEST PAIN, UNSPECIFIED (ICD 786.50)

ICD Operations/Procedures:

Active Problem List:

Principal Diagnosis:  
Pre-renal azotemia  
Hypovolemic hyponatremia  
Hypogastric discomfort and nausea

Secondary Diagnosis:  
PSVT

Principal Procedures/Operations:

Patient's condition at time of Discharge:  
Improved

Active Outpatient Medications:  
...No active outpatient prescriptions...

Pending at time of Discharge:

Lab Tests	Ordered for	Status
THYROID PANEL	(b)(6) 2007	PENDING
C DIFF RAPID	(b)(6) 2007	PENDING
FECAL LEUKOCYTES	(b)(6) 2007	PENDING
STOOL CULTURE	(b)(6) 2007	PENDING
PROSTATE SPECIFIC AG	(b)(6) 2007	PENDING
BLOOD CULTURE	(b)(6) 2007	INTERMEDIATE
BLOOD GAS	(b)(6) 2007	UNACKNOWLEDGED

Radiology Exams  
No pending Radiology Exams

Future Appointments:

Clinic/Div	Provider	Date/time	Type	Status
------------	----------	-----------	------	--------

(b)(6) CROP, (b)(6)  
 (b)(6) 1967 / Male  
 Loc:  
 Spon: CROP, (b)(6)  
 Unit:

Automated version of SF502

ACLU DDII CID ROI 26114  
FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Exhibit 24<sup>3</sup>



CAMP CROPPER

Discharge Summary for CROP (b)(6)

Report requested by: (b)(6)

Activity Limitations:

- No driving for:
- No jogging for:
- No swimming for:
- No golf, tennis, similar sports for:
- No sexual intercourse for:
- No long walks for:
- No stair climbing for:
- No shower/bath for:

Do not return to work until:

Diet: REGULAR

Patient Instructions:

Medications:

- Lopressor 50mg po BID
- Aciphex 20mg po bid
- Reglan 10mg po qac
- Lac-Hydrin TID to dry skin prn

Follow-up in the DMC in 2 weeks. If your symptoms have not resolved you need to be referred to a Gastroenterologist for an EGD.

Physician Responsible for Dictation:

Discharge Summary:

40 YO M with 2-3 week history of hypogastric pain, nausea, post-prandial emesis and early satiety. Due to poor PO intake he developed pre-renal azotemia with creatinine to 3.8 and hypovolemic hyponatremia. Patient volume repleted with NS with a reduction in creatinine to 1.1 and normalization of Na. Treated with high dose PPI and Reglan QAC. Hypogastric symptoms improved to the point he can tolerate soft fruits, but not back to normal. CT abdomen is normal. I E-mailed (b)(6) our consulting Gastroenterologist in theater who would like to do an EGD in 2 weeks if patient has persistent symptoms. Conditions such as gastritis or PUD should improve with PPI. If no improvement, need EGD to rule out other forms of outlet obstruction.

Verified by: TF 31 MED, Internal Medicine Physician on (b)(6) 2007

**\*\*NOTE\*\*** The following note is an addendum written after the original Discharge Summary was completed and verified.

Note:  
 Patient developed runs of PSVT with a heart rate in the 120's. In the ED he broke with adenosin, but on the floor he did not break with regular adenosine. Placed on Lopressor 50mg bid and he is discharged in normal sinus rhythm.

Verified by: TF 31 MED, Internal Medicine Physician on (b)(6) 2007

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

(b)(6) 1967 / Male

Loc:

Spon: CROP (b)(6)

Unit:

Automated version of SF502

FOR OFFICIAL USE ONLY  
 LAW ENFORCEMENT SENSITIVE  
 ACLU DDII CID ROI 26115

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6)

07

⑤ 40 yo ♂ who by report has been ill appearing for several days, poor PO intake, urinary and fecal incontinence. Went to clinic today and given T & NS. Then sent to ED for further evaluation. In ED, suddenly became hypoxic & tach in 10" on high flow O<sub>2</sub>. In ED also noted to have Temp 102, SPP 85-105 and HR 120". Patient inactivated and Foley removed - 100cc dark yellow urine. When I arrived patient was hypoxic in 80-90" c HR 120" and flat neck veins. Subsequently received 3c NS via pressure bag and Meropenem 1 gram IV.

1730  
Pain  
Pant  
hypoxastic  
discomfort  
Pre-renal  
azotemia  
Meds

Leptinid 500mg  
Aciphax 20mg  
Koylan/Amiflo AC  
All

⑥ No. 8 115 102/50(71) 100% FiO<sub>2</sub> 1.0 200cc dark yellow urine  
SPO<sub>2</sub> 14 TV 600 PEEP 5 FiO<sub>2</sub> 1.0 PEEP 20 MV 11-12  
Gen' Secluded on PEEP and Poutant/PTTS. Intermittently open eyes. PEP/CL  
Neck: CVP barely seen in the dimple above the clavicle  
27 carotid pulses, clear  
Lungs: CTA (2)  
CV: leg wld up/16  
Abd: soft, n/rt, possible limit edge of costal margin

(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.

(b)(6)

PROGRESS NOTES  
Medical Record  
STANDARD FORM 509 (REV. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

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ACLU DDII CID ROI 26116

LAW ENFORCEMENT SENSITIVE

Exhibit 26 3

MEDICAL RECORD      PROGRESS NOTES

DATE	NOTES
(b)(6) 107 <del>107</del> 1850	Blood pressures falling to 70/40" - Peds (CNS) - Start dopamine - attempt A-line by several operators w/o success - EKG
(b)(6) 107 1859	MAPs in 50's despite dopamine 10mcg/kg/min - Start L-tryptophan 2mg/kg/min - Subclavian L-tryptophan - MAPs are now 98mmHg
(b)(6) 107 1920	MAPs 50-55mmHg; CVP on distal port 8-10 - Peds (CNS) - Dopamine to 15mcg/kg/min - EKG shows tach @ 95 - c diffuse ST depression possibly rate related - Repeat INR 2.2 / PTT 98 - Send Repeat Cardiac panel

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	

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. 5/1999)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)(10)  
USAPA V1.00

ACLU DDII CID ROI 26117

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 273

CAMP CROPPER

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

LABORATORY AND INQUIRY  
FORM NO. NOV 67 11 NOV 71

Report requested by: (b)(6)

CROP (b)(6) (b)(6) M/40  
Ph:

(b)(6)	Col (b)(6) 07@1946			BLOOD
	Hcp: (b)(6)			Req Loc: ICW 1
WBC . . . . .	11.2	H	(4.8-10.8)	x10 3/uL C (b)(6) @1958
RBC CNT . . . . .	3.47	L	(4.20-6.10)	x10 6/uL
HGB . . . . .	9.9	L	(12.0-18.0)	g/dL
HCT . . . . .	30.8	L	(42-52)	%
MCV . . . . .	88.8		(80.0-99.0)	fl
MCH . . . . .	28.6		(27.0-31.0)	pg
MCHC . . . . .	32.2	L	(33.0-37.0)	g/dL
PLATELETS . . . . .	216		(130-400)	x 10(3)/u
LYMPH% . . . . .	29		(20.0-44.0)	%
LYMPH# . . . . .	3.3		(0.7-4.3)	x10 3/uL

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

EXHIBIT 283

CAMP CROPPER

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

PATIENT LAB INQUIRY

Form 10 Nov 67 12 Mod 0

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/40  
Ph:

07 (b)(6) 1680 Col: (b)(6) @1735 PLASMA  
STAT Hcp: (b)(6) Req Loc: OTHER MT  
PT. . . . . 22.4 H (7.0-14.0) sec C (b)(6) 07@1840  
INR . . . . . 2.2

Interpretations:  
Patient not on therapy: 0.8-1.5  
Patient on therapy: 2.0-3.0

APTT. . . . . 97.8 H (21.0-50.0) sec

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE  
ACLU DDII CID ROI 26119

CAMP CROPPER

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

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/40  
Ph:

(b)(6) Col: (b)(6) 07@1918 BLOOD  
Hcp: (b)(6) Req Loc: ICW 1  
C: (b)(6) 07@1944

CK-MB . . . . . 2.7 (0-4.3) ng/mL

Interpretations:

Performed on Triage Meter analyzer

MYOGLOBIN . . . . . H\* (5-107) ng/mL  
>500.0

TROPONIN I . . . . . 0.27 (0-0.4) ng/mL

Result Comment:

BNP = 49.0 pg/mL

DDIM = 2300 ng/mL

Critical value reported to ICU @ 1945.

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

ACLU DDII CID ROI 26120

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 3

CAMP CROPPER

(b)(6)

2007@1710

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP (b)(6) (b)(6) M/40 Reg #: Military Unit: UNKNOWN

07 (b)(6) Col: (b)(6) 07@1609 Hcp: (b)(6) PLASMA Req Loc: DMC C: (b)(6) 07@1620

PT. . . . . 19.8 H (7.0-14.0) sec

INR . . . . . 2

Interpretations:

Patient not on therapy: 0.8-1.5
Patient on therapy: 2.0-3.0

APTT. . . . . 88.6 H (21.0-50.0) sec

07 (b)(6) Col: (b)(6) 07@1559 Hcp: (b)(6) BLOOD Req Loc: DMC C: (b)(6) 07@1616

WBC . . . . . 10.3 (4.8-10.8) x10 3/uL
RBC CNT . . . . . 4.01 L (4.20-6.10) x10 6/uL
HGB . . . . . 11.8 L (12.0-18.0) g/dL
HCT . . . . . 35.8 L (42-52) %
MCV . . . . . 89.2 (80.0-99.0) fl
MCH . . . . . 29.5 (27.0-31.0) pg
MCHC . . . . . 33.1 (33.0-37.0) g/dL
PLATELETS . . . . . 214 (130-400) x 10 (3) /u
LYMPH% . . . . . 27 (20.0-44.0) %
LYMPH# . . . . . 2.8 (0.7-4.3) x10 3/uL

07 (b)(6) Col: (b)(6) @1559 Hcp: (b)(6) SERUM Req Loc: DMC C: (b)(6) 07@1624

NA+ . . . . . 133 (128-145) mmol/L

Result Comment: 2+ Hemolysis

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K . . . . . 4.1 (3.3-4.7) mmol/L
CO2 . . . . . 24 (18-33) mmol/L
CL- . . . . . 93 L (98-108) mmol/L
GLUCOSE . . . . . 78 (73-118) mg/dl

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA . . . . . 8.0 (8.0-10.3) mg/dL
BUN . . . . . 12 (7-22) mg/dL
CREAT . . . . . 2.9 H (0.6-1.2) mg/dL
ALK PHOS . . . . . 135 (26-184) U/L

Interpretations:

PERFORMED ON PICCOLO CHEMISTRY ANALYZER

ALT . . . . . 58 H (10-47) U/L
AST . . . . . 306 H (16-55) U/L

L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

ACLU DDII CID ROI 26121

Exhibit

CAMP CROPPER

(b)(6) 2007@1710

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6)  
Ph:

(b)(6)

M/40

Reg #:   
Military Unit: UNKNOWN

07 (b)(6)

Col: (b)(6) 07@1609

Hcp: (b)(6)

BLOOD

Req Loc: DMC

C: (b)(6) 07@1710

CK-MB . . . . . 2.9 (0-4.3) ng/mL

Interpretations:

Performed on Triage Meter analyzer

MYOGLOBIN . . . . . H\* (5-107) ng/mL

>500.0

Result Comment: Critical values reported to EMT by (b)(6) @ 1711.

TROPONIN I. . . . . <0.05 (0-0.4) ng/mL

*BSP: 42.8 pg/mL*

*DDIM: 3170 ng/mL* (b)(6)

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

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LAW ENFORCEMENT SENSITIVE



CAMP CROPPER

(b)(6)

2007@1710

Page 2

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP, (b)(6)  
Ph:

(b)(6)

M/40

Reg #:

Military Unit: UNKNOWN

(b)(6)

Col: (b)(6) 07@1559

SERUM

Hcp: (b)(6)

Req Loc: DMC

TBILI . . . . .	0.6		(0.2-1.6)	mg/dL
ALBUMIN . . . . .	2.4	L	(3.3-5.5)	g/dL
PROTEIN TOTAL . . .	5.3	L	(6.4-8.1)	g/dL

=====  
 L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susp I=Intermed  
 []=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
 =====

ACLU DDII CID ROI 26123

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EXHIBIT

3

CAMP CROPPER

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

PATIENT LAB INQUIRY

For: (b)(6) 07 - (b)(6) 07

Report requested by: (b)(6)

CROP (b)(6) (b)(6) M/40  
Ph:

07 (b)(6) Col: (b)(6) 07@1717 ARTERIAL BLO  
STAT Hcp: (b)(6) Req Loc: OTHER MT  
PH BG . . . . . 7.35 L (7.35-7.45) c: (b)(6) 07@1718  
PCO2 . . . . . 38 (35.0-45.0) mmHg  
PO2 . . . . . 67 L (80-100) mmHg  
HCO3 POCT . . . . . 21 L (22-26) mmol/L

Interpretations:

PERFORMED ON ISTAT ANALYZER

BASE EXCESS . . . . . -5 L mmol/L  
O2 SAT % . . . . . 92 L (95-98) %  
TCO2 . . . . . 22 (18-33) mmol/L

Interpretations:

PERFORMED ON THE I-STAT

IONIZED CA+ . . . . . 1.08 L (1.12-1.32) mmol/L

Interpretations:

PERFORMED ON I-STAT

=====  
L=Lo H=Hi \*=Critical R=Resist S=Susc MS=Mod Susc I=Intermed  
[]=Uncert /A=Amended Comments= (O)rder, (I)nterpretations, (R)esult  
=====

MEDICAL RECORD		PROGRESS NOTES	
DATE		NOTES	
(b)(6)	1970	Late Entry Nurses Note Pt Arrived from ER intubated. Pt extubated during transport. Pt reintubated by PA (b)(6) Pt placed on vent SIMV. tv: 600 Rep: 5 PSV 10. Rate: 14. Pt Blood Pressure 110/80 upon arrival. Pt given another liter of NS for a total of three at that point at 1800 hrs. Pt BP improved to 110/80's Pt remained stable until approx 1815 when BP began trending down. Pt given 1 liter of NS, at that time bolus. bpentine to fall. <del>vent</del> Dopamine drip began 1834. at 0.5 ml/hr. Titrated up to 10 ml/hr per Dr. (b)(6) guidance. Dopamine failed to stabilize BP. At 1855 Levophed started 2 mg/min. BP had not stabilized at 1900 hrs. Report was given and (b)(6) will stay to help stabilize. (b)(6)	

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER
	LAST	FIRST	MI	(SSN or Other)
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. 5/19)  
Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)  
USAPA V1

ICW #9

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Exhibit 000035

EMERGENCY-RESUSCITATION REPORT

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: (b)(6) 07  
 2. LOCATION OF RESUSCITATION:  Ward: \_\_\_\_\_  
 MICU  SICU  CCU  NICU  PICU  ED  PACU  OR  
 Diagnostic/Procedure Area: \_\_\_\_\_  
 Outpatient Clinic: \_\_\_\_\_  
 Other (Specify): \_\_\_\_\_

3. PATIENT STATISTICS:  
 Age: \_\_\_\_\_ Gender: M  
 Height (in): \_\_\_\_\_  
 Weight (lbs): \_\_\_\_\_ Weight (kg): \_\_\_\_\_

4. INITIAL CONDITION:  
 CONSCIOUS?  Yes  No BREATHING?  Yes  No  
 PULSE?  Yes  No Pulse Site: carotid  
 WITNESSED ARREST?  Yes  No  Unknown  
 MONITORED AT ONSET?  Yes  No

5. INITIAL RHYTHM:  
 Asystole  Pulseless Electrical Activity  Other: \_\_\_\_\_  
 Bradycardia  Ventricular Fibrillation  
 Perfusing Rhythm  Ventricular Tachycardia

RETURN OF SPONTANEOUS CIRCULATION (ROSC):  
 Returned at: \_\_\_\_\_  Never Achieved  
 Unsustained ROSC:  < 20 min  > 20 min

TIME CPR STOPPED: 2008 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: 1955  
 CPR Started: 1955  
 1st Defibrillation: N/A  
 Airway Achieved: pre-arrest  
 1st Dose Epinephrine: 1950  
 Code Team Called:  Yes  No already at bedside  
 Code Team Arrived: N/A

9. INTERVENTIONS:

(CHECK THOSE IN PLACE AT START OF RESUSCITATION)	(CHECK THOSE INITIATED DURING RESUSCITATION, NOTE TIME)	COMMENTS
<input checked="" type="checkbox"/> IV Access Gauge: <u>OSCTC</u> Size: <u>P14 x 3</u>	<input type="checkbox"/> Time(s) <u>1955</u>	<u>MPR</u>
<input checked="" type="checkbox"/> Endotracheal Tube Size: _____	<input type="checkbox"/> Time(s) _____	
<input checked="" type="checkbox"/> Mechanical Ventilation	<input type="checkbox"/> Time(s) _____	
<input 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) _____	

\* All checked interventions were initiated prior to code

PATIENT DISPOSITION FOLLOWING RESUSCITATION: \_\_\_\_\_

PATIENT IDENTIFICATION (For typed or written entries note: Name-last, first)  
 (b)(6)

10. GLASGOW COMA SCALE: (Post-resuscitation)  
 Circle appropriate score for each parameter, then total score.

EYE OPENING	MOTOR RESPONSE
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
VERBAL RESPONSE	2 - Extension, decerebrate posturing
5 - Oriented, converses	1 - No movement
4 - Disoriented, converses	
3 - Inappropriate responses	
2 - Incomprehensible sounds	
1 - No response	

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

ACLU-RDI 5561 p.36  
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 ACLU-DDI CID ROI 26126  
 Exhibit 36<sup>3</sup>

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0055-07-CID789-23674

PAGE 1 OF 2 PAGES

## DETAILS

**Scene Examination:** Between 2045 and 2205 SA **b(6), b(7)(C)** and SA **b(6), b(7)(C)** this office, conducted a death scene examination of Bed #9, Intensive Care Unit (ICU), 31<sup>st</sup> Combat Support Hospital (CSH), Camp Cropper, Iraq APO AE 09342 (CCIZ).

*Characteristics of Death Scene:* The 31<sup>st</sup> CSH was a single story, aluminum type construction, grey in color building used as a hospital. The main entrance to the 31<sup>st</sup> CSH was gained through a double door entrance located on the Northwest wall of the building. Upon entrance into the CSH there are several rooms located on both sides of the hallways. Mr. SALIM Abo Alla Habib Al-Sarray, **b(6), b(7)(C)** was located in the ICU of the 31<sup>st</sup> CSH. The ICU was located in the Eastern most corridor of the hospital, the last set of doors on the southern wall. The entrance to the ICU was two double doors which opened into the main ICU area. The floor of the ICU was white in color, linoleum type construction which covered the entire floor, from wall to wall. The walls of the ICU were white in color, aluminum type construction. The walls appeared to be flat and level and ran from floor to ceiling. The ceiling of the ICU was white in color, aluminum type construction, there was several fluorescent lights which appeared to be centered on the ceiling and ran north to south. The lights were on during the time of the examination. The ceiling appeared to be level and ran from wall to wall. Upon entering there were two doors on the north wall which opened to a storage room and a latrine. After the storage room the ICU opened and there were five beds located along the north wall, three of which were occupied. The beds numbered two through six. Opposite the storage room, the south wall turned at a 90 degree angle and a small inlet held a sink and a refrigerator, after which continued on to another room which held supplies for the ICU. After the room was a large nurse's station which sat flush with the south wall. After the nurse's station, were two beds which were numbered eight and nine. Mr. SALIM was located in bed nine which was located in the Southeast portion of the room along the Southern wall. Bed nine was positioned directly adjacent the nursing station. The head of the bed was facing the southern wall with the Western side of the bed along the West wall. At the opposite ends of the room from the main E/E was another opening to another storage room and a break room. Centered in front of the opening to the second storage room sat a guards desk with two chairs.

*Conditions of the Scene:* Mr. SALIM's remains were positioned on the bed lying face up with his head facing the Southern wall. Mr. SALIM was approximately 5'6" tall, 270lbs, tanned skin tone, with a beard and mustache; he appeared to have black thinning hair and brown eyes. Mr. SALIM appeared to be of a heavy stature. He had two tattoos on the left arm. The first tattoo was on the lower left arm on the outside of the forearm and appeared to be two lines of Arabic writing running length wise down his arm. The second tattoo was located on his upper left arm, which also appeared to be two lines of Arabic writing running width wise on his arm. Mr. SALIM had another tattoo on his right upper arm, which was similar to his tattoos on the opposite side. Upon arrival at scene, Mr. SALIM was attached to a portable crash cart, which monitored his vital signs and held a portable defibrillator. There were several black, red and green in color wires which ran from the cart to Mr. SALIM's chest, arms, left leg, and index finger on his right hand. The wires were attached to his chest by small adhesive electrodes. There were four bags of what was described as saline

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

20<sup>th</sup>/1149<sup>th</sup> Military Police Detachment (CID)  
Camp Cropper, Baghdad, Iraq, APO AE 09342

DATE

11 Nov 07

EXHIBIT

ACLU DDII CID ROI 26127

CID  
ACLU-Report p.37

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000037

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0055-07-CID789-23674

PAGE 2 OF 2 PAGES

## DETAILS

solution and contained injected medication. The bags were attached to his arms by tubes which were then attached to needles, placed into his arms. There was also a foley catheter in place in Mr. SALIM's genitals. The bed below Mr. SALIM's remains had large pools of reddish fluid around his right arm. Mr. SALIM's eyes were partially opened with a breathing tube in his open mouth. There were four circular wounds, varying in size from 1" in diameter to 1 1/2" in diameter on his right hip. The wounds appeared to be older and unhealed. Mr. SALIM's back and lower extremities were purplish in color, apparently from the blood pooling since his death.

*Environmental Conditions:* At the time of the examination it was dark outside. The temperature outside was 62 degrees and clear skies while the temperature inside the ICU was 68 degrees. There were no odors out of the ordinary near the remains during the time of the examination.

*Factors Pertinent to Entrance/Exit (E/E):* The main entrance and exit point to the ICU could be gained from the southern most wall in the ICU. There was a set of double doors which could be accessed by pushing in either direction. There were no other E/E points in the room. All other doors led to alternate room.

*Scene Documentation:* The scene was documented by SA [REDACTED] utilizing a Nikon Coolpix 5900 digital camera. A death scene sketch was prepared by SA [REDACTED]

*Search for Latent Impressions:* There was no search for latent impressions due to the entire staff and patients of the 31<sup>st</sup> CSH had unfettered access to the scene.

*Collection of Evidence:* A collection of evidence was not performed due to the fact that the remains were located at the ICU for several hours prior to his demise and all clothing had been disposed of by hospital staff.

*Search Beyond the Scene:* A search beyond the scene was not conducted due to the victim was in the care and custody of the 31<sup>st</sup> CSH staff and no signs of foul play were observed. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA [REDACTED]

SIGNATURE

[REDACTED]

ORGANIZATION

20<sup>th</sup>/1149<sup>th</sup> Military Police Detachment (CID)  
Camp Cropper, Baghdad, Iraq, APO AE 09342

DATE

11 Nov 07

EXHIBIT

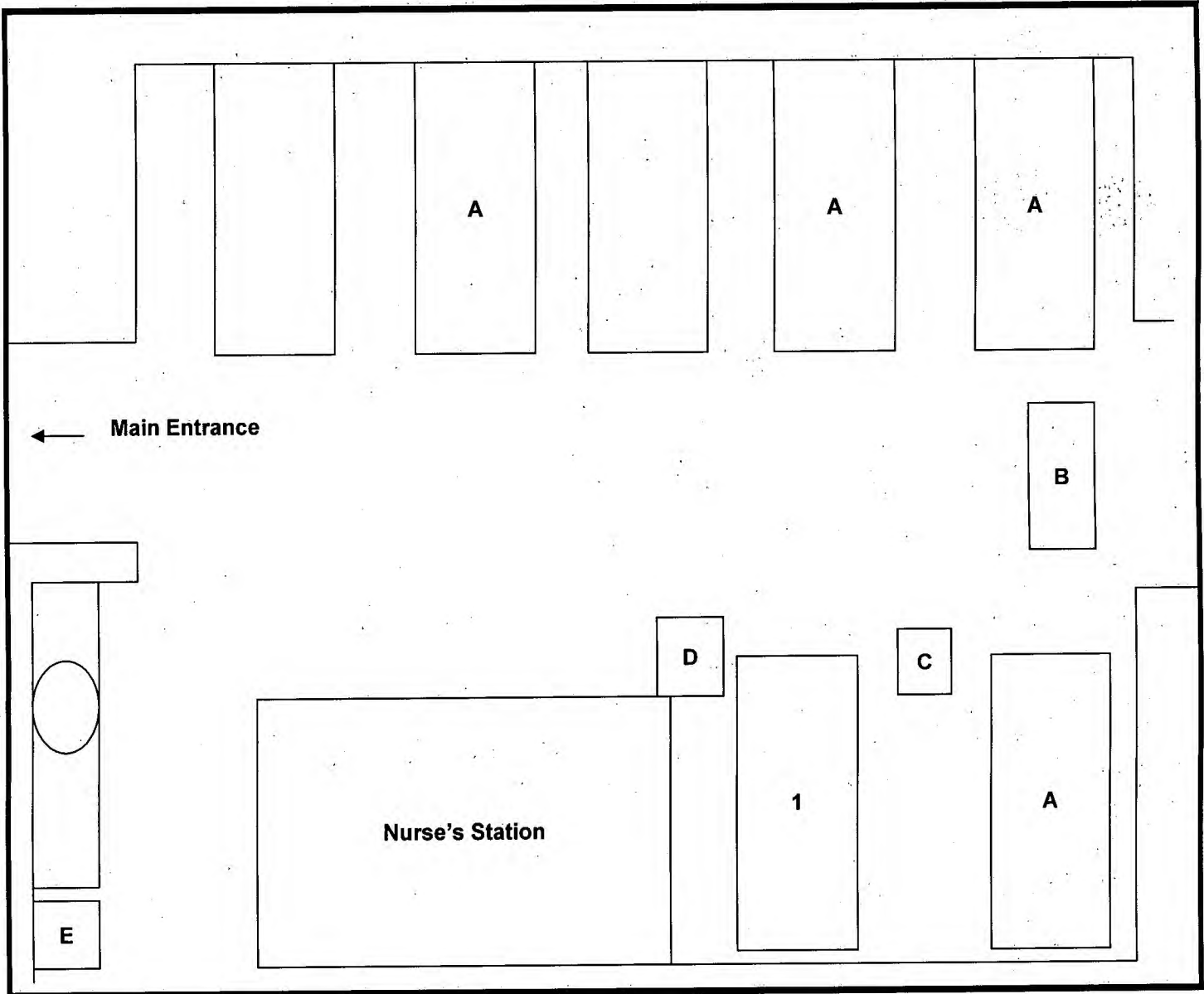
ACLU DDII CID ROI 26128

CID F  
ACLU-RD

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LAW ENFORCEMENT SENSITIVE


000038

# ROUGH SKETCH DEPICTING CRIME SCENE



### LEGEND

- 1 - Location of Mr. SALIN
- A - Occupied Bed
- B - Guards Desk
- C - Crash Cart
- D - Cart with medical supplies
- E - Refrigerator

  
**N**  
 Not To Scale

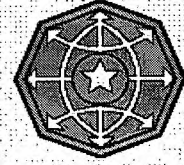
### TITLE BLOCK

Case: 0055-07-CID789 - ~~23674~~  
 OFFENSE: Undetermined Death  
 SCENE PORTRAYED: ICU, 31<sup>st</sup> CSH  
 LOCATION: Camp Cropper, IZ APO AE 09342  
 VICTIM: ISN: ~~b(6), b(7)(C)~~  
 TIME & DATE BEGAN: 2200 11 Nov 07  
 SKETCHED BY: SA ~~b(6), b(7)(C)~~  
 VERIFIED BY: SA ~~b(6), b(7)(C)~~

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**Law Enforcement Sensitive**      **ACLU DDII CID ROI 26129**



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
DSCN1316	Establishing of Mr SALIM
DSCN1317	Establishing of Mr SALIM (lower)
DSCN1318	Establishing of Mr SALIM (complete)
DSCN1319	Establishing of Mr SALIM (upper)
DSCN1320	Close of up Mr SALIM (lower)
DSCN1321	Close of up Mr SALIM (middle)
DSCN1322	Close of up Mr SALIM (upper)
DSCN1323	Face of Mr SALIM
DSCN1334	Tattoo of left forearm
DSCN1325	Tattoo of Left shoulder
DSCN1326	Striae to left side of Mr SALIM
DSCN1327	Left thigh of Mr SALIM
DSCN1328	Left lower leg of Mr SALIM
DSCN1329	Left foot of Mr SALIM
DSCN1330	Right side of face of Mr SALIM
DSCN1331	Right arm of Mr SALIM
DSCN1332	Right hand with ID bracelet of Mr SALIM
DSCN1333	Lesions to Mr SALIM's left buttocks
DSCN1334	Right side of face of Mr SALIM
DSCN1335	Torso of Mr SALIM with striae

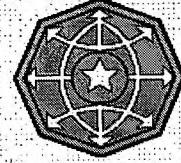
EXHIBIT 6

**ACLU DDII CID ROI 26130**





# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
DCSN1336	Lower portion of Mr HABIB's right side
DCSN1337	Lesion to Mr HABIB's right side
DCSN1338	Right leg of Mr HABIB
DCSN1339	Right foot of Mr HABIB
DCSN1340	Right chest of Mr HABIB
DCSN1341	Top view of Mr HABIB's torso
DCSN1342	Top view of Mr HABIB's waist
DCSN1343	Top view of Mr HABIB's legs
DCSN1344	Tattoo on right shoulder of Mr HABIB (Arabic writing)
DCSN1345	Tattoo on left shoulder of Mr HABIB (Arabic writing)
DCSN1346	Livor mortis on back of Mr HABIB
DCSN1347	Livor mortis on back of Mr HABIB
DCSN1348	Livor mortis and lesions on back of Mr HABIB
DCSN1349	Livor mortis and lesions on back of Mr HABIB
DCSN1350	Livor mortis and lesions on back of Mr HABIB
DCSN1351	Livor mortis on back of Mr HABIB
DCSN1352	Face of Mr HABIB

EXHIBIT 6

**ACLU DDII CID ROI 26131**

**Original Death Scene Photos**

**USACRC Copy**

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Exhibit 7

**ACLU DDII CID ROI 26132**

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0242-07-CID112

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: On 13 Nov 2007, this office received a Request for Assistance (RFA) from Special Agent in Charge, Camp Cropper CID Office, APO AE 09342. The request required this office to attend the autopsy of Detainee Salim Abo Alla HABIB AL-SARRAY, b(6), b(7)(C) Compound 2C, Camp Remembrance II, Theater Internment Facility (TIF), Camp Cropper, APO, AE 09342, who died while in custody.

About 1300, 14 Nov 07, SA b(6), b(7)(C) and SA b(6), b(7)(C) attended the autopsy of Detainee HABIB AL-SARRAY which was conducted by Dr. (CPT), b(6), b(7)(C) Office of Armed Forces Medical Examiner (OFAME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Bldg 102, Rockville, MD 20850. Dr. b(6), b(7)(C) opined that the preliminary cause and manner of death were pending further medical review. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA b(6), b(7)(C) this office, obtained the fingerprints of Detainee HABIB AL-SARRAY. A copy of the CD containing all images was obtained. (See, Fingerprints, and CD for details.)

Agent's Comment: The official results of the autopsy will be documented in the Final Autopsy Report, which will be provided upon completion. ////////////////////////////////////LAST ENTRY////////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Aberdeen Resident Agency, CID  
Aberdeen Proving Ground, MD 21005

SIGN

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

DATE

15 Nov 07

EXHIBIT

ACLU DDII CID ROI 26171

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0055-07-CID789-23674

PAGE 1 OF 1 PAGE

DETAILS

About 2330, 12 Mar 08, SA **b(6), b(7)(C)** received the Autopsy Examination Report, number ME07-1294, Armed forces Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850. The report listed the cause of death concerning Mr HASAN was atherosclerotic cardiovascular disease and the manner of death was reported as natural. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Camp Cropper CID Office, 1149<sup>th</sup>/20<sup>th</sup> MP DET (CID)  
Camp Cropper, Baghdad, Iraq APO AE 09342

SIGNATURE

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

DATE

12 Mar 08

EXHIBIT

**ACLU DDII CID ROI 26256**

CID FORM 100-101

USE ONLY-LAW ENFORCEMENT SENSITIVE

Exhibit(s) 12, 13

Pages 000165 thru 000175 referred to:

COMMANDER  
USAMEDCOM  
ATTN: FOIA OFFICE, STOP 76  
1216 STANLEY ROAD, 2<sup>ND</sup> FLOOR  
FORT SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 26257



**ARMED FORCES INSTITUTE OF PATHOLOGY**  
**Office of the Armed Forces Medical Examiner**  
 1413 Research Blvd., Bldg. 102  
 Rockville, MD 20850  
 301-319-0000



**AUTOPSY EXAMINATION REPORT**

Name: Habib Al-Sarray, Salim Abo Alla

Autopsy No.: (b)(6)

ISN: (b)(6)

AFIP No.: (b)(6)

Date of Birth: (b)(6) 1968

Rank: Civilian/Detainee

Date of Death: (b)(6) 2007

Place of Death: Iraq

Date/Time of Autopsy: (b)(6) 2007 @ 1230 hrs

Place of Autopsy: Port Mortuary, Dover AFB, Dover, DE

Date of Report: 12 February 2008

**Circumstances of Death:** This 38-year-old Operation Iraqi Freedom detainee, as reported, complained of malaise and was found to have a low blood pressure and high heart rate. He was transported to the ICU where he went into shock and was treated with life saving measures which were unsuccessful. He was pronounced dead on (b)(6) 2007.

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

**Identification:** Presumptive identification per CID investigation.

**CAUSE OF DEATH:           ATHEROSCLEROTIC CARDIOVASCULAR DISEASE**

**MANNER OF DEATH:       NATURAL**

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ACLU RDI CID RDI 26258

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Exhibit 1652

AUTOPSY REPORT (b)(6)  
 HABIB AL-SARRAY, Salim Abo Alla

Page 2 of 8

### EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male. The body weighs 246 pounds, is 70 inches in length and appears compatible with the reported age of 38 years. The body is cold. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The head is normocephalic, and the scalp hair is black and gray. A well healed scar is on the lateral surface of the right forehead. The Facial hair consists of a black beard. The irides are brown. The corneae are cloudy. The vessels of the right conjunctiva and sclera are engorged, but the left is unremarkable. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton and maxilla are palpably intact. The teeth are natural and in good condition. The upper and lower frenulae are unremarkable. Examination of the neck reveals no evidence of injury.

The abdomen is protuberant. The external genitalia are those of a normal adult circumcised male. There is a 4 inch well healed scar on the left lower abdominal quadrant. On the lateral surface of the right buttock are four superficial circular healed ulcers measuring up to ¾ inches in maximum dimension. There is a ½ x ¼ x 1/8 inch anal skin tag on the twelve o'clock surface of the anus.

The extremities show no evidence of fractures, lacerations or deformities. The fingernails are intact. There are numerous Arabic character tattoos on both arms and left forearm.

### CLOTHING AND PERSONAL EFFECTS

None identified.

### MEDICAL INTERVENTION

- Endo-tracheal tube present in the mouth, resulting in a left upper lip contused laceration (measuring ½ x ¼ inches) and a contusion of the left inner lower lip (measuring 2 x 0.5 centimeters)
- Left subclavian IV-line
- Left and right antecubital fossa IV-lines with surrounding contusions measuring up to 3 inches in maximum dimension.
- Foley catheter
- Dorsal surface IV-line on the left hand with surrounding contusion measuring up to 2 inches in maximum dimension.
- There is a linear array of the minute puncture marks, about 25, located on the right upper chest below the right clavicle measuring 4 x 1 inches in area.
- Cardio-Pulmonary Resuscitation (CPR) related injuries:
  - Right anterior 2<sup>nd</sup>-5<sup>th</sup>
  - Left anterior 3<sup>rd</sup>-6<sup>th</sup>
  - There is a 5 x 5 inch contusion on the sternal surface of the chest.

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000166  
 Exhibit 12

AUTOPSY REPORT (b)(6)  
 HABIB AL-SARRAY, Salim Abo Alla

Page 3 of 8

### RADIOGRAPHS

A complete set of postmortem radiographs is obtained and demonstrates the following changes listed below.

### EVIDENCE OF INJURY

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity. All wound pathways are given relative to standard anatomic position.

There is a 1 x 1 inch contusion near the right elbow.

There is a dry, bloodless anal laceration measuring  $\frac{1}{4}$  x  $\frac{1}{4}$  of an inch at the six o'clock position located  $\frac{1}{4}$  of an inch from the anal verge.

There is an area of soft tissue hemorrhage measuring 3.5 centimeters in maximum dimension located along the dorsal surface of the right wrist.

### INTERNAL EXAMINATION

#### BODY CAVITIES:

There is 50 milliliters of serosanguineous fluid in the pericardial sac. All body organs are present in normal anatomical position. There are two subcutaneous lipomas near the umbilicus and at the upper (midline region) abdominal quadrant measuring 5 x 5 x 2 centimeters and 7 x 4 x 3 centimeters, respectively.

Remote rib fractures are identified along the right lateral (1<sup>st</sup> -4<sup>th</sup> and 6<sup>th</sup>) right posterior (4<sup>th</sup> and 6<sup>th</sup>) ribs. Remote rib fractures are identified along the left lateral (3<sup>rd</sup>, 4<sup>th</sup>, and 9<sup>th</sup>) ribs.

The subcutaneous fat layer of the abdominal wall is 2  $\frac{1}{2}$  inches thick.

#### HEAD AND NECK:

The galena and subarea soft tissues of the scalp are free of injury. There are no skull fractures. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels are intact.

The brain weighs 1350 grams and has unremarkable gyri and sulci. Coronal sections through the cerebral hemispheres reveal no lesions. Transverse sections through the brain stem and cerebellum are unremarkable. The atlanto-occipital joint is stable.

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The anterior strap muscles of the neck are homogenous and red-brown, without hemorrhage by layer-wise dissection. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact tan mucosa. The tongue is free of bite marks, hemorrhage, or other injuries. Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury and no cervical spine fractures.

#### CARDIOVASCULAR SYSTEM:

The heart weighs 460 grams and is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment.

The coronary arteries are present in a normal distribution, with a left-dominant pattern. Cross sections of the heart show the right coronary artery with severe, greater than 75% luminal stenosis measuring 5 centimeters from the right coronary artery orifice; the diagonal branch of the left coronary artery with severe, greater than 75% luminal stenosis near the bifurcation with the left coronary artery; and left main/anterior descending artery with moderate, greater than 50% luminal stenosis measuring 4 centimeters from the opening of the left coronary artery. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 1.5, 1.7, and 0.3 centimeter thick, respectively. The endocardium is smooth and glistening.

The aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

#### RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material: the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally.

The pulmonary parenchyma is diffusely congested and edematous, exuding large amounts of blood and frothy fluid; no focal lesions are noted.

The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 1080 grams; the left 1030 grams.

#### HEPATOBIILIARY SYSTEM:

The 2700 gram liver has an intact smooth capsule covering a yellow and fatty parenchyma with no focal lesions noted.

The gallbladder contains 10 milliliters of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

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**GASTROINTESTINAL SYSTEM:**

The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains 350 milliliters of serosanguineous fluid.

The small and large bowels are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is absent.

**GENITOURINARY SYSTEM:**

The right kidney weighs 180 grams; the left 200 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface.

The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable.

Tan bladder mucosa overlies an intact bladder wall. The bladder contains approximately 15 milliliters of yellow urine. The testes, prostate gland and seminal vesicles are unremarkable. A 0.3 x 0.3 x 0.3 centimeter yellow calcified nodule is present in the urethra of the prostate gland.

**LYMPHORETICULAR SYSTEM:**

The 210 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable.

There is an enlarged lymph node of the neck (cervical) measuring 1.4 centimeters in maximum dimension. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

The pituitary gland is left *in situ* and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The right and left adrenal glands are symmetric, with bright yellow cortices and red-brown medullae. No masses or areas of hemorrhage are identified.

**MUSCULOSKELETAL SYSTEM:**

A healed 4<sup>th</sup> metatarsal fracture of the right foot is identified radiologically. No non-traumatic abnormalities of muscle or bone are identified.

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### MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin with preparation of histology slides listed below.

Sections of the right coronary artery (slide 1) display severe stenosis due to atherosclerotic plaque composed of fibrin, cholesterol clefts, calcification, and a mixed inflammatory cell infiltrate.

Sections of the diagonal branch of the left coronary artery (slide 2) display only an edge of the vessel attached with fibro-adipose tissue. No pathological diagnosis identified.

Sections of the left anterior descending coronary artery (slide 3) display a tangential cross section of stenosis due to atherosclerotic plaque composed of fibrin, cholesterol clefts, calcification, and a mixed inflammatory cell infiltrate

Sections of the umbilical and abdominal masses (slides 4 and 5, respectively) display unremarkable adipocytes surrounded by congested blood vessels and a benign fibrous capsule.

Section of the bisected cervical lymph node (slide 6) displays unremarkable tissue.

Sections of the left and right lungs (slides 7 and 8, respectively) display congested blood vessels with benign alveolar and hemosiderin-laden (heart failure cells) macrophages. No frank acute or chronic inflammation, necrosis, granulomas, viral cytopathic effect, emboli, or malignancy identified.

Sections of the liver (slide 9) display severe mixed macrosteatosis and microsteatosis with chronic inflammatory cells and bile duct proliferation at the portal tracts. There is no evidence of regenerated nodules, discrete masses, granulomas, cytopathic effect, or frank inflammation identified.

### ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME.
2. Personal effects are released to the appropriate mortuary operations representatives.
3. Specimens retained for toxicology testing and/or DNA identification are: vitreous fluid, blood, urine, bile, gastric contents, spleen, liver, lung, kidney, brain, myocardium, adipose tissue and skeletal muscle.
4. The dissected organs are forwarded with body.

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**FINAL AUTOPSY DIAGNOSES**

- I. Atherosclerotic cardiovascular disease:**
- A. Right coronary artery, severe, greater than 75% luminal stenosis
  - B. Diagonal branch of the left coronary artery, severe, greater than 75% luminal stenosis near the bifurcation with the left coronary artery
  - C. Left anterior descending coronary artery, moderate, greater than 50% luminal stenosis
  - D. Pericardial effusion, 50 milliliters of serosanguinous fluid
  - E. Pulmonary congestion, right lung 1080 grams, left lung 1030 grams
- II. Additional findings/preexisting injuries:**
- A. Contusion of the right elbow
  - B. Postmortem laceration of the anus
  - C. Soft tissue hemorrhage of the right wrist.
  - D. Subcutaneous lipomas of the umbilicus and at the midline of the upper abdominal quadrant
  - E. Multiple superficial circular healed ulcers of the lateral surface of the right buttock
  - F. Remote/healed rib fractures, bilateral
  - G. A healed 4<sup>th</sup> metatarsal fracture of the right foot
  - H. Fatty liver change, severe
  - I. Calcified nodule in prostate
  - J. Benign cervical lymphadenopathy
  - K. Status/post appendectomy
- III. Evidence of Medical Therapy: Described above**
- IV. Identifying Body Marks**
- A. Multiple tattoos of the right and left arms and left forearm
  - B. Well healed scar of the left lower abdominal quadrant and right forehead
- V. Toxicology (AFIP)**
- A. VOLATILES: No ethanol detected in the blood and vitreous fluid
  - B. DRUGS: No screened drugs of abuse/medications detected in the urine

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**OPINION**

This 38-year-old Operation Iraqi Freedom detainee died from atherosclerotic cardiovascular disease with moderate to severe narrowing (luminal stenosis of the left anterior descending, diagonal branch of the left coronary artery, and right coronary artery) of the coronary vessels and resulting in the back up of blood in the pulmonary vessels (pulmonary congestion). Additional findings at autopsy include abdominal lipomas, fatty liver change and superficial ulcers of the right buttock. The cut (laceration) and bruise (contusion) of the lips are likely due to intubation. Bruises of the chest and anterior ribs fractures were likely produced by CPR-related chest compressions. Bruises of the upper extremities are likely due to IV-line insertions to help treat the decedent's cardio-pulmonary collapse. The minute puncture marks located on the right upper chest were likely produced by multiple syringe injections of cardiac medication(s) during his emergency medical intervention. There were several healed rib fracture identified on both sides of the rib cage and right foot, the significance of these remote injuries is uncertain. Soft tissue hemorrhage to the right wrist may be due to the vigorous intervention by the emergency response team to acutely treat the detainee while he was hand cuffed. The manner of death is natural.

(b)(6)

(b)(6) Medical Examiner

(b)(6)

(b)(6) Medical Examiner

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

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

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

**PATIENT IDENTIFICATION**

AFIP Accessions Number      Sequence

(b)(6)

(b)(6)

Name

HABIB AL-SARRAY, SALIM

SSAN:

Autopsy: (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: (b)(6) 2007

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: (b) 2007

Date Received: (b) /2007

(6)

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

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

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FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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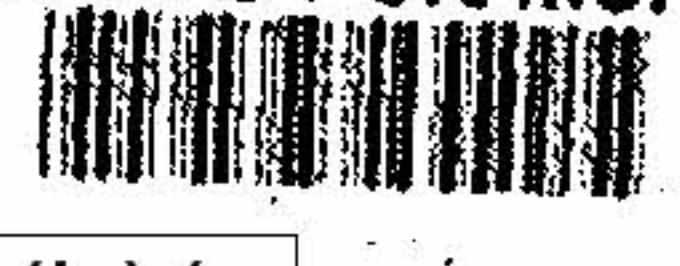
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EXHIBIT 1732

**PATH/DIVISION OF FORENSIC TOXICOLOGY - TOXICOLOGICAL REQUEST FORM**

<b>TO:</b> ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6825 16TH STREET, N.W. WASHINGTON, DC 20306-6000	<b>FORWARD</b> Incident : OIF Remains/Case #: (b)(6) Recovery/TC #: (b)(6) Process Date: (b)(6) 07 ME #: (b)(6)
	Dover AFB Port Mortuary 

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
BTA MOSID AL-SARAY, Salim				

DATE OF INCIDENT/ ACCIDENT	TIME AND DATE OF DEATH	AUTOPSY #
(b)(6) 07	(b)(6) 07	

**MEDICATION HISTORY** (Prescribed or administered, in patient's possession, containers found near body, etc.)

SPECIMEN/AMOUNT	SPECIMEN/AMOUNT	SPECIMEN/AMOUNT
1. URYEUD	5. Lung	9. Bile
2. Brain error T.T.	6. adipose	10. spleen
3. heart error T.T.	7. urine	11. gastric
4. Blood	8. LIVER	12. kidney

**INCIDENT/ACCIDENT DETAILS** (Include pertinent information regarding crash site/autopsy or investigation, (e.g., What happened))

**DFT#**  
(b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE / ADDRESS
(b)(6)		07	

**CHAIN OF CUSTODY (CC)**  
 Each individual charged with custody of specimens must complete information below (continued on reverse as required)

RELEASED BY	RECEIVED BY	DATE	TIME	PURPOSE OR TRANSFER
(b)(6)				
		0805		Received From Courier
		0805		TOXICOLOGY TESTING SECURED STORAGE
SIGNATURE	SIGNATURE			
PRINTED NAME	PRINTED NAME			
SIGNATURE	SIGNATURE			
PRINTED NAME	PRINTED NAME			

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EXHIBIT 1742

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) <b>BTB Habib Al-Sarray, Salim Abo, Alla</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation <b>(b)(6)</b>		NATION (e.g. United States) Pays <b>Iraq</b>	DATE OF BIRTH Date de naissance <b>(b)(6)</b> <b>1968</b>
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
<input checked="" type="checkbox"/>	CAUCASOID Caucasique	<input type="checkbox"/>	PROTESTANT Protestant
<input type="checkbox"/>	NEGROID Negroïde	<input type="checkbox"/>	CATHOLIC Catholique
<input type="checkbox"/>	OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/>	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		<b>Atherosclerotic Cardiovascular Disease</b>	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input checked="" type="checkbox"/>	NATURAL Mort naturelle		
<input type="checkbox"/>	ACCIDENT Mort accidentelle		
<input type="checkbox"/>	SUICIDE Suicide		
<input type="checkbox"/>	HOMICIDE Homicide		
NAME OF PATHOLOGIST Nom du pathologiste <b>(b)(6)</b>		AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non	
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>(b)(6)</b> <b>2007</b>		PLACE OF DEATH Lieu de décès <b>Camp Cropper Iraq</b>	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE J'ai examiné les restes mortels du dé funt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire <b>(b)(6)</b>		TITLE OR DEGREE Titre ou diplôme <b>(b)(6)</b>	
DATE Date <b>(b)(6)</b> <b>/2008</b>		SIGNATURE Signature <b>(b)(6)</b>	
INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>			

FORM DD 1 APR 77 2064

REPLACES DA FORM 3565, 1 JAN 72 AND DA FORM 3565-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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Exhibit 1753