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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

25 Feb 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0058-2007-CID789-23677 -
5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 08 NOV 2007, 0405 - 08 NOV 2007, 0405; 86TH COMBAT SUPPORT HOSPITAL,
INTERNATIONAL ZONE, BAGHDAD, IRAQ APO AE 09342

DATE/TIME REPORTED: 14 NOV 2007, 1811

INVESTIGATED BY:

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

SUBJECT:

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

VICTIM:

1. HASAN, ABD-AL-JABBER SULAYMAN (DECEASED); CIV; (DOB); (POB);
MALE; OTHER; COMPOUND 2, 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."

On 14 Nov 07, this office was notified by SA (b)(6), (b)(7)(C) Forensic Science Officer, 11th

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Military Police Battalion (CID), Camp Victory, Baghdad, Iraq APO AE 09342, of the death of Mr HASAN.

Preliminary investigation revealed Mr HASAN was treated for congestive heart failure at the 31st Combat Support Hospital (CSH), Camp Cropper, Baghdad, Iraq APO AE 09342. Mr HASAN was transported to the 86th CSH, International Zone, Baghdad, Iraq 09348, shortly thereafter for additional treatment. Subsequently, Mr HASAN was pronounced dead at 0405, 8 Nov 07, while at the 86th CSH.

An autopsy conducted by the Office of the Armed Forces Medical Examiner revealed the cause of death concerning Mr HASAN was acute myocardial infarction complicated by a mural thrombus of the left ventricle 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)] 7 Dec 07.
2. Personal Data Report and Enemy Prisoner of War Screening Report of Mr HASAN.
3. DA Form 3894, Hospital Report of Death, 8 Nov 07, pertaining to Mr HASAN.
4. DD Form 2064, Certificate of Death (Overseas), 8 Nov 07, pertaining to Mr HASAN.
5. Joint Patient Tracking Application Case Manager Notes, 8 Nov 07, pertaining to Mr HASAN.
6. Medical records of Mr HASAN.
7. AIR of SA [b(6), b(7)(C)] 14 Nov 07.

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8. Photographic packet (Autopsy)
9. Compact disc containing all images associated with Exhibit 8 (USACRC and file copies only).
10. AIR of SA [b(6), b(7)(C)] 15 Nov 07.
11. AIR of SA [b(6), b(7)(C)] 22 Feb 08.
12. OAFME Autopsy Report pertaining to Mr HASAN, number ME07-1293.
13. DD Form 2064, Certificate of Death (Overseas), 14 Nov 07, pertaining to Mr HASAN.

Not Attached:

None.

The originals of Exhibits 1 and 7-11 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of TF134, Camp Victory, Baghdad, IZ APO AE 09342. The originals of Exhibits 3-5 are retained in the files of the 86th Combat Support Hospital, International Zone, Baghdad, IZ APO AE 09348. The original of Exhibit 6 is retained in the files of the 31st Combat Support Hospital, Camp Cropper, Baghdad, IZ 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.

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 (Original)

Director, AFIP, AFIP Annex - Bldg 102, 1413 Research Blvd, Rockville, MD 20850

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

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

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

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

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

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

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

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

Office of the Staff Judge Advocate, CCCI, ATTN: CPT **b(6), b(7)(C)** TF 134,

International Zone, Iraq APO

File

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0058-07-CID789-23677

PAGE 1 OF 1 PAGE

DETAILS

BASIS FOR INVESTIGATION: About 1811, 14 Nov 07, SA **(b)(6), (b)(7)(C)** was notified by SA **(b)(6), (b)(7)(C)** of the death of Mr HASAN. SA **(b)(6), (b)(7)(C)** advised Mr HASAN was pronounced deceased on 8 Nov 07, and was awaiting autopsy at the Office of the Armed Forces Medical Examiner. SA **(b)(6), (b)(7)(C)** received correspondence indicating the preliminary cause of death was ventricular arrhythmia and myocardial infarction.

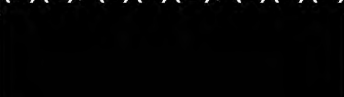
About 1830, 14 Nov 07, SA **(b)(6), (b)(7)(C)** coordinated with SSG **(b)(6), (b)(7)(C)** XXX-XX **(b)(6), (b)(7)(C)** NCOIC Patient Administration Division, 31st Combat Support Hospital (CSH), Camp Cropper, Baghdad, Iraq APO AE (CCIZ) who advised Mr HASAN was transported from the 31st CSH, CCIZ, on 5 Nov 07 to the 86th CSH, International Zone, Baghdad, IZ 09342.

About 1900, 14 Nov 07, SA **(b)(6), (b)(7)(C)** obtained the Personal Data Report (PDR) and Enemy Prisoner of War Screening Report (EPWSR) of Mr HASAN.

About 2055, 14 Nov 07, SA **(b)(6), (b)(7)(C)** coordinated with SA **(b)(6), (b)(7)(C)** Liaison Officer, Armed Forces Institute of Pathology, Officer of the Armed Forces Medical Examiner, Rockville, MD, who conducted a review of the DA Form 3894, Hospital Report of Death, and related Mr HASAN was pronounced dead at 0405, 8 Nov 07, by MAJ **(b)(6), (b)(7)(C)**, 86th CSH, IZ, who listed ailments of ventricular arrhythmia, cardiomyopathy, and myocardial infarction.

About 1000, 15 Nov 07, SA **(b)(6), (b)(7)(C)** coordinated with SA **(b)(6), (b)(7)(C)** who provided the DA Form 3894, Hospital Report of Death, DA Form 2064, Certificate of Death (Overseas), and Case Manager Notes pertaining to the treatment of Mr HASAN by MAJ **(b)(6), (b)(7)(C)**

About 1200, 7 Dec 07, SA **(b)(6), (b)(7)(C)** coordinated with SSG **(b)(6), (b)(7)(C)** XXX-XX **(b)(6), (b)(7)(C)** Patient Administration Division, 31st CSH, CCIZ, who provided all medical records pertaining to Mr. HASAN's treatment at the 31st CSH, CCIZ. A review of the records showed Mr. HASAN was seen during the early portion of November 2007 for enema and congestive heart failure. ///Last Entry///

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

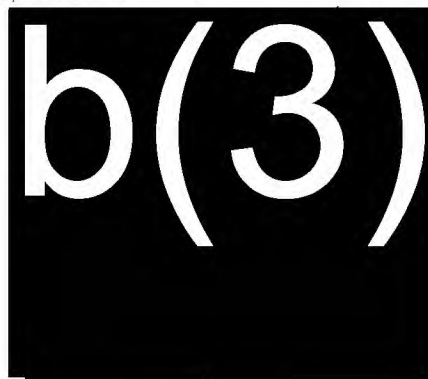
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PERSONAL DATA REPORT

GENERAL INFORMATION

PHOTOGRAPH

Dossier: {28723D99-5DD4-4588-9291-4CDF489677E2}
Enroll Date: 9/29/2005 12:05:52 PM
Enrollment Station: IRQ:CENTCOM:MNF-
W:IRQ:RCT8/BAT473:FALLUJAH_LIASON_TEAM
Person Type:
Reason Enrolled:
Title:



Name: ABD-AL-JABBER SULAYMAN HASAN (b)(6), (b)(7)(C)
(F,M,L,T):
Full Name:
Native Full Name:
WMD Category:
Operational Status:
Occupation:

ON ALERT? NO
20070915 VISITING ISN# (b)(6), (b)(7)(C)
FATHER CROPPER; SUSPECTED
INSURGENT

National ID #: (b)(6), (b)(7)(C)
Gender: MALE
Race: CAUCASIAN
Hair Color: BLACK
Eye Color: BROWN
Build: LARGE/HEAVY
Height (in): Min: 67 Max: 67
Weight (lb): Min: 170 Max: 170

PERSON COMMENTS

PERSONAL DATA

Birthdate: 31DEC1952
Death Date:
Religion: ISLAM-SUNNI
Primary Nationality: IRAQ
2nd Nationality:
Ethnicity: ARAB
Marital Status: MARRIED
Personnel Status: UNKNOWN

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Exhibit 2
000006
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WATCH LIST

ALIASES

PLACE OF BIRTH

Birthplace: , Al Anbar, Al Anbar, IRAQ

ID NUMBERS

ID Number Type ID Number

Capture Tag CF-13300

ISN Num us [b(6), b(7)(C)]

CAPTURE INFORMATION

Evacuation Date: 010000Z OCT 2007

MP Number:

Capture Date: 010000Z OCT 2007

Capture Unit: MEF 2

Place: IRAQ, Al Anbar, Al Anbar, Fallujah, 38SMB0326696385

Documents:

Circumstances:

Weapons/Equip:

INDIVIDUAL STATUS INFORMATION

JITF-CT Classification U.S. Relationship Status

DoD Relationship Status

PASSPORT INFORMATION

Type	Number	Issue Date	Expiration Date	Country	Authority
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PERSONAL TRAITS

LANGUAGE(S)

Language Name	Language Proficiency	Is Native Language
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ARABIC, MODERN STANDARD	NATIVE PROFICIENCY	YES
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Comments:

ADDRESSES

EMPLOYMENT HISTORY

01JUL1988 - 01OCT2007; ; ; DETAINEE CALIMS TO WORK DIFFERENT SIDE JOBS. HE BUYS THINGS FROM DIFFERENT PEOPLE TO RESALE TO OTHERS. DETAINEE MAKES ANYWHERE BETWEEN 200 TO 300 THOUSAND IRAQI DINAR A MONTH.; ; ; IRAQ; AnBAR; FALLUJAH; KARAMH;

MILITARY SERVICE HISTORY

01JAN1976 - 01JUL1980; AR; PRIVATE; ; ; DETAINEE CLAIMS TO HAVE BEEN THE COMPANY COMMANDER DRIVER. HE WORKED FOR A SUPPLY UNIT.; ; ; IRAQ; Baghdad; ; ;

01AUG1980 - 01JUL1988; AR; PRIVATE; ; ; DETAINEE CALIMS TO HAVE BEEN THE COMPANY

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COMMANDER DRIVER IN AN AIR DEFENSE BATTALION,;;; IRAQ,;;;

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext.
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VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate
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Exhibit 2

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EPW SCREENING REPORT

PERSONAL

PHOTOGRAPH

MP Number: Evacuation Date: 010000ZOCT2007

Screening DTG:

Name (F,M,L,T): ABD-AL-JABBER SULAYMAN HASAN
[b(6), b(7)(C)]

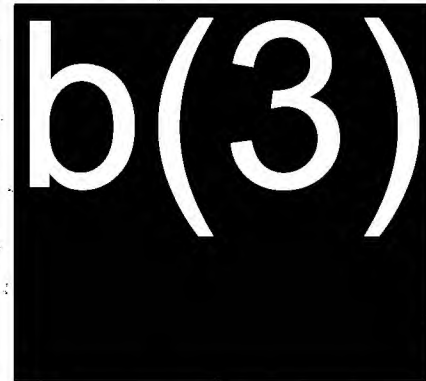
Gender: MALE

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

Birthdate: 31DEC1952

Marital Status: MARRIED

Status: UNKNOWN



ON ALERT? NO

20070915 VISITING ISN: [b(6), b(7)(C)]
FATHER CROPPER; SUSPECTED
INSURGENT

ALIASES

PLACE OF BIRTH

Birthplace: , Al Anbar, Al Anbar, IRAQ

ID NUMBERS

ID Number.Type ID Number

Capture Tag CF-13300

ISN Num us [b(6), b(7)(C)]

CAPTURE INFORMATION

Evacuation Date: 010000ZOCT2007

MP Number:

Capture Date: 010000ZOCT2007

Capture Unit: MEF 2

Place: IRAQ, Al Anbar, Al Anbar, Fallujah, 38SMB0326696385

Documents:

Circumstances:

Weapons/Equip:

DETENTION INFORMATION

Present: NO

Arrival Date: 030000ZOCT2007

Location: CROPPER2

Detainee Review
Board Date:

ICRC Level:

MI Hold: NO

Reason:

Prosecution
Value: NO

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Place to be Released:

Black List: NO

Prior Unit Coordination:

Civil Affairs Coordination:

HVT: NO

Special Instructions:

Group Name:

Tribe:

Meets Sec Def Criteria:

Special Handling Requirements:

Source Type:

Special Status:

FUD:

MQ: NO

MQ Response:

Reason for Hold:

Special Interest Group:

SIG Status:

SIG Justification:

KB Status:

Operation:

Comments: BUCCAL SWAB 04OCT2007
Passed away at 28csh due to natural causes...

MILITARY SERVICE HISTORY

01JAN1976 - 01JUL1980; AR; PRIVATE; ; ; DETAINEE CLAIMS TO HAVE BEEN THE COMPANY COMMANDER DRIVER. HE WORKED FOR A SUPPLY UNIT. ; ; ; IRAQ; Baghdad; ; ;

01AUG1980 - 01JUL1988; AR; PRIVATE; ; ; DETAINEE CALIMS TO HAVE BEEN THE COMPANY COMMANDER DRIVER IN AN AIR DEFENSE BATTALION. ; ; ; IRAQ; ; ; ;

CIVILIAN SERVICE HISTORY

01JUL1988 - 01OCT2007; ; ; DETAINEE CALIMS TO WORK DIFFERENT SIDE JOBS. HE BUYS THINGS FROM DIFFERENT PEOPLE TO RESALE TO OTHERS. DETAINEE MAKES ANYWHERE BETWEEN 200 TO 300 THOUSAND IRAQI DINAR A MONTH. ; ; ; IRAQ; AnBAR; FALLUJAH; KARAMH;

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
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ARABIC, MODERN STANDARD	NATIVE PROFICENCY	YES
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Comments:

ADMIN

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Exhibit 2
Page 2 of 4

Screener: B1770/O5420

Approaches: DIRECT

ASSESSMENT

Cooperation: 2

Personalities: D

Intelligence: AVG

Knowledge: B

Physical Cond: GOOD/DETAINEE CLAIMED TO HAVE HEART PROBLEMS

Mental State: ALERT

Education: DETAINEE CLAIMS TO HAVE COMPLETED NINE YEARS OF EDUCATION.

REMARKS

Remarks:

1. SCREENER'S COMMENT:

PACKET SCREENED AS AL QA'IDA IN IRAQ (AQI). DETAINEE IS A 50 YEAR OLD SUNNI MALE FROM THE AL-HALABSA TRIBE. DETAINEE IS ASSESSED AS MEDIUM COOPERATION AND MEDIUM KNOWLEDGE ABILITY (2B) AND RECOMMENDED FOR NO FURTHER EXPLOITATION (NFE) BASED ON COOPERATION LEVEL, FOLDER CONTENT, EXPLOITED PROPERTY AND SCREENING. DETAINEE'S ASSOCIATION WITH AQI CANNOT BE DETERMINED BASED ON THIS ASSESSMENT.

2. KNOWLEDGEABILITY:

DETAINEE CAN MOST LIKELY PROVIDE ATMOSPHERIC INFORMATION ON AQI IN THE AL RASHAD VILLAGE, KARMAH, FALLUJAH AREA. DETAINEE WAS COOPERATIVE AND ANSWERED ALL QUESTIONS WITHOUT ANY SIGNS OF DECEPTION FOR THE MOST PART UNTIL IT CAME TO QUESTIONS ABOUT HIS SON (b)(6) AND HIS INVOLVEMENT WITH AQI.

3. CIRCUMSTANCES OF CAPTURE:

CF ARRESTED DETAINEE ON 01 OCTOBER 2007 DURING A CORDON AND SEARCH OPERATION TO CAPTURE SUSPECTED AQI MEMBERS.

4. RESIDENCE:

DETAINEE LIVES IN AL RASHAD VILLAGE, KARMAH, FALLUJAH, IZ. DETAINEE DID NOT PROVIDE A STREET OR HOUSE NUMBER.

5. EVIDENTIARY SUPPORT:

EVIDENCE IN DETAINEE'S PACKET INCLUDES: TWO CF SWORN STATEMENTS AND ONE DRAFT INTERROGATION INTELLIGENCE REPORT.

6. COOPERATION:

DETAINEE IS COOPERATIVE ON BIOGRAPHICAL DATA AND CIRCUMSTANCES OF CAPTURE, HOWEVER, WHEN IT COMES TO TALKING ABOUT HIS SON (b)(6) AND HIS AFFILIATION TO AQI, DETAINEE BECOMES CONFUSED AND GIVES YOU MULTIPLE ANSWERS TO THE QUESTIONS. DETAINEE WOULD SAY, "I DON'T KNOW" BUT QUICKLY CHANGE IT TO "NO, HE IS NOT INVOLVED, HE IS JUST A HIGH SCHOOL BOY".

DETAINEE CLAIMS THAT HE WAS SLEEPING AT HOME WITH HIS FAMILY WHEN CF CAME AND ARRESTED HIM. HE DOES NOT KNOW WHY HE WAS ARRESTED AND HAVE ASKED THE DIFFERENT INTERROGATORS HE HAS SPOKEN TO, BUT HE JUST KEEPS BEING TOLD THAT THEY WILL TELL HIM LATER.

7. ASSESSMENT:

DETAINEE SAT UPRIGHT IN THE CHAIR WITH HIS HANDS ON HIS LEGS. DETAINEE ANSWERED ALL QUESTIONS OF IRRELEVANT INFORMATION WITHOUT ANY HESITATION. DETAINEE SEEMED COOPERATIVE AND FOR THE MOST PART DID NOT SEEM UPSET. ON THE REPORT THAT LED TO DETAINEE'S ARREST IT

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SHOWED THE NAME [b(6), b(7)(C)] TO BE THE FIRST NAME OF THE PERSON THE CF WAS LOOKING FOR WHICH HAPPENS TO BE ONE OF THE DETAINEE'S SONS. DETAINEE CLAIMS THAT HE COULD NOT BE INVOLVED IN STRENUOUS ACTIONS BECAUSE HE HAS A BAD HEART.

DETAINEE BECAME VERY DECEPTIVE WHEN ASKED ABOUT HIS SON'S INVOLVEMENT WITH AQI. DETAINEE COULD NOT ACCOUNT FOR HIS SON'S WHEREABOUTS FOR MOST OF THE TIME. DETAINEE INSISTED THAT HIS SON COULD NOT BE INVOLVED WITH AQI BECAUSE HE WAS JUST IN HIGH SCHOOL AND HE JUST HUNG AROUND BOYS OF THE SAME AGE. DETAINEE ALSO WOULD CHANGE HIS ANSWERS FROM I DON'T KNOW TO NO AS IF HE REALIZED THAT HE WAS BEING A BAD FATHER IF HE TURNED HIS SON IN. DETAINEE'S SON IS 21 YEARS OLD.

8. INDICATORS FOR APPROACH:

DIRECT - DETAINEE RESPONDS WELL TO DIRECT QUESTIONS EXCEPT WHEN TALKING ABOUT HIS SON'S INVOLVEMENT WITH AQI. QUESTION DETAINEE ON IRRELEVANT INFORMATION TO CREATE A BASELINE.

FEAR UP MILD - DETAINEE IS AWARE OF THE CONSEQUENCES OF CONTINUOUS ACTIVITY WITH TERRORIST. POINT OUT THE PENALTIES THE SON IS FACING AND THAT IT WILL BE BEST IF THEY STOPPED HIM RIGHT NOW BEFORE HE GETS HURT.

EMOTIONAL LOVE OF FAMILY - DETAINEE MADE REFERENCES TO HIS FAMILY AND IS WORRIED ABOUT BEEN INSIDE THE DETENTION CENTER BECAUSE NO ONE IS TAKING CARE OF THEM.

FEAR DOWN/INCENTIVE OF EARLY RELEASE - DETAINEE ASKED SCREENER TO HELP HIM. DETAINEE SAID THAT HE WAS INNOCENT AND THAT HE WOULD LIKE TO GO HOME BECAUSE HE IS IN HERE AND HAS DONE NOTHING WRONG TO WARRANT HIS ARREST.

9. CLAIM OF ABUSE:

DETAINEE MADE NO CLAIMS OF ABUSE.

10. REVIEWERS COMMENTS: DETAINEE PLACED ON MI HOLD ON 6 OCT 07 BY REQUEST OF THE ICE.

PIR:

IR:

ACLU DDII CID ROI 26280

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Exhibit 2
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HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL 86TH CSH BAGHDAD				
FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL						
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) HASAN,AL JABBAR N (b)(6)		2. TIME OF DEATH (Hour-day-month-year) (b)(6) 07 0405		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		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) VENTRICULAR ARRHYTHMIA			3 YEARS	
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		(1) CARDIOMYOPATHY			3 YEARS	
		(2) MYOCARDIAL INFARCTION			3 YEARS	
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a.				
		b.				
9. DATE (b)(6) 07		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE (b)(6)			ENDORSEMENT	
SECTION B - ADMINISTRATIVE ACTION						
TYPE OF ACTION		HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON						
13. POST ADJUTANT GENERAL NOTIFIED						
14. IMMEDIATE CO OF DECEASED NOTIFIED						
15. INFORMATION OFFICE NOTIFIED						
16. POST MORTUARY OFFICER NOTIFIED						
17. RED CROSS NOTIFIED						
18. OTHER (Specify)						
19.						
SECTION C - RECORD OF AUTOPSY						
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input 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		

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) HASAN, AL JABBAR N		GRADE Grade	BRANCH OF SERVICE Arme
ORGANIZATION Organisation DETAINEE		NATION (e.g., United States) Pays IRAQ	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
RACE Race		MARITAL STATUS État Civil	RELIGION Culte
CAUCASOID Caucasique		SINGLE Célibataire	PROTESTANT Protestant
NEGROID Négróide		MARRIED Marié	CATHOLIC Catholique
<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier) IRAQ		WIDOWED Veuf	JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le susdit	
STREET ADDRESS Domicile à (Rue)		CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH ¹ Maladie ou condition directement responsable de la mort. VENTRICULAR ARRHYTHMIA			3 YEARS
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	CARDIOMYOPATHY	3 YEARS
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire	MYOCARDIAL INFARCTION	3 YEARS
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée <input 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	
NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
ACCIDENT Mort accidentelle			
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste		
HOMICIDE Homicide	SIGNATURE Signature	DATE Date	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input type="checkbox"/> NO Non
DATE OF DEATH (Hour, day, month, year) Date de décès (Heure, le jour, le mois, l'année) 0405 (b)(6) 07		PLACE OF DEATH Lieu de décès BAGHDAD, IRAQ	
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunt et je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci dessus			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire		TITLE OR DEGREE Titre ou diplôme	
(b)(6)			
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	86TH CSH BAGHDAD		
DATE Date	SIGNATURE		
(b)(6) 07	(b)(6)		
¹ State disease, injury or complication which caused death, but not mode of dying such as heart failure, etc. ² State conditions contributing to the death, but not related to the disease or condition causing death. ¹ Préciser la nature de la maladie, de la blessure ou de la complication qui a contribué à la mort, mais non la manière de mourir, telle qu'un arrêt du cœur, etc. ² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou la condition qui a provoqué la mort.			

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Joint Patient Tracking Application

Welcome SSG (b)(6), (b)(7)(C) **86th CSH Ibn Sina (Baghdad)**

[Patient Reg./Update](#) [Patient Search](#) [Patient Info.](#) [Reports](#) [Patients By Service](#)
[Guidelines/Info.](#) [Admin](#) [Help](#) [Logout](#)

Patient Treatment Management

SSN (b)(6) ? NAME ?

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	HASAN, ABD AL JABBAR SULAY	M	SI	UNKNOWN
DIAGNOSIS:	EDEMA			
ATTACHMENTS: 0 files			AF3899: Create	
View SF 502 Narrative Summary (PDF)				

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU-Camp Cropper	(b)(6) 2007 4:20:15 PM	31st CSH - CROPPER
TRANSFERRED TO ARMY MTF	10th CSH - N. Baghdad	2007 2:08:03 PM	
INPATIENT	ICU-icu 1	2007 2:51:26 PM	86th CSH Ibn Sina (Baghdad)
EXPIRED		2007 5:17:37 AM	

FACILITY	AUTHOR	DATE	NOTES
			HASAN, AL JABBAR (b)(6) DOB: (b)(6) 1957 CARDIOLOGY CONSULTATION Date of Evaluation: (b)(6) 2007 HPI: Patient is a 50-year-old man whose history is challenging due to language barrier and security status who presents in transfer from the 31st CSH with end-stage heart failure. Per the patient, he was on his way to Jordan to get his heart fixed when he was arrested. He reports first complaint of heart disease was approximately 3 years ago. Patient admitted to 31st CSH and started on dobutamine and furosemide drips. The peripheral line for the dobutamine was accidentally cut en route. Per my discussion with the patient he has no complaint, but also denies ever being in the hospital before. Per the reports from the Emergency Department the patient reports his heart was 'hurting' to include left anterior chest wall discomfort and radiation down both arms. He

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Exhibit 5

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86th CSH
Ibn Sina
(Baghdad)

(b)(6) /2007
(b)(6) 5:39:19
PM

reported in the Emergency Department he had a history of 'blockage'. The patient reports that he has orthopnea. The blood pressure in the Emergency Department was 115/51 with a heart rate of 47bpm and oximetry of 95% on 4 liters nasal cannula. Based on notes on the ECGs, the patient was evaluated with an ECG for 'shortness of breath' on (b)(6) 2007 at 22:59h. Pre-Transfer Hospital Course: Per notes from sending facility - patient admitted (b)(6) 07 for chest pain syndrome, and re-admitted on (b)(6) (b)(6) 07 for acute heart failure exacerbation (BNP 1310). Medications included furosemide, clopidogrel, metoprolol, lisinopril, metformin and sliding scale insulin. Metoprolol and lisinopril discontinued due to hypotension and dobutamine and furosemide drips started for oliguria. Allergies: NKDA Physical Examination: VITALS: 86/46, P 112, SaO2 96% on 4 liters NC GEN: NAD, oriented to situation NECK: No JVD appreciated, normal carotid contour CHEST: No evidence of accessory muscle use, no evidence of intercostal retraction. Grossly clear to auscultation anterior apices, mildly reduced breath sounds bilateral bases, no clear rales CV: Normal S1S2, left ventricular apical heave, unable to appreciate pathologic murmur ABD: Non tender, distended, ecchymosis from enoxaparin subcutaneous injections EXT: +2 symmetric radial pulses, 2+ symmetric dorsal pedalis pulses, 2+ pitting edema to lower extremities ECG: Normal sinus rhythm with 1st degree AVB, frequent PAC with compensatory pauses, occasional right bundle inferior axis morphology non-sustained monomorphic VT of no more than 4 consecutive beats. No electrocardiographic evidence of active ischemia. Delayed precordial transition, left atrial enlargement. No long QT, no short PR, no voltage criteria suggestive of ventricular hypertrophy. No evidence of PR depression. Chest X-Ray: Portable chest x-ray with what is suggestion of right>left pleural effusion with cephalization of vascularity and pronounced cardiomegaly. No widening of mediastinum. Echocardiogram: Technically limited echocardiogram but adequate to answer the question. Grossly dilated left ventricle, with severely depressed ejection fraction visually estimated at <10%, with quantitative Teicholtz of 4%. The only wall with any discernible cardiac motion was his inferior wall which was hypokinetic. Mild mitral regurgitation, no mitral stenosis, unable to distinguish associated relaxation abnormality using Doppler across mitral valve because of frequency of premature and fusion beats. There was evidence of biatrial enlargement, the right ventricle appeared to be at the upper limit of normal in size with suggestion of moderately reduced systolic function but again limited in views. The aortic valve was morphologically normal appearing, as was the aortic root. There is no evidence of aortic stenosis or

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Exhibit 5

regurgitation. Laboratory: (b)(6) 07 at 14:23 - glucose 237, BUN 53, Cr 1.4, sodium 132, potassium 4.6, magnesium 1.6, AST 52, ALT 55. (b)(6) 07 at 14:23 - CK 791, CK-MB 2.4

(b)(6) 07 at 14:23 - CK 791, CK-MB 2.4, myoglobin >500, Tn-I 0.15ng/mL 05 NOV 07 at 14:17 - WBC 10.8, Hgb 14.1, Hct 47.2, platelets 186, lymphocytes 13% IMPRESSION: 1. End-stage ischemic cardiomyopathy 2. Diabetes 3. Renal insufficiency RECOMMENDATIONS: 1. Initiation of medical therapy as follows - metoprolol 12.5mg PO BID, lisinopril 5mg PO QD, simvastatin 40mg PO QD, digoxin 0.25mg PO Q8 hours then 0.125mg PO QD, aspirin 81mg PO QD. Avoid metformin with CHF, continue sliding scale insulin to determine 24 hour needs with transition to NPH when available. Continue enoxaparin 1mg/kg BID, although suspect myocardial injury is subendocardial ischemia. 2. Suspect that he is intravascularly volume down in the setting of peripheral edema. He is pre-renal in his indices, he is hemoconcentrated, and he has pronounced hypotension. Will monitor urine output and pressures off dobutamine (which may be exacerbated arrhythmia) and furosemide. 3. Mortality data about those with acute on chronic exacerbation of heart failure is not well defined. However, we can use the multivariate risk model from the Seattle Heart Failure Model (Levy WC et al. Circulation 2006;113:1424-33) to define a 'best-case' scenario. After input of the known 14 continuous variables and 10 categorical values, the patient's one-year mortality is approximately 60% with a mean life-expectancy of 1.1 years. Assuming contemporary intervention, to include effect of beta-blockers and implantable defibrillators, he has a mean life-expectancy of 1.6 years. For calculation purposes, this model is available at <http://www.SeattleHeartFailureModel.org>. For academic completeness, work by Mozaffarian D et al. (Circulation 2007;116:392-8) would suggest that although he is still more likely to die from sudden arrhythmic death versus pump-failure (2 to 1), his incidence of pump failure death has risen significantly. Again, these are 'best-case' scenarios for patients without acute exacerbation, and represent outcomes on the day prior to admission (b)(6) 07), assuming maximization of medical management by contemporary standards. Given dependence on vasoactive medication at this time, this patient would not be a candidate for placement of an implantable defibrillator and should not be offered provisions for extension of life when there is no evidence to suggest that these interventions will be of significance to alter outcomes. 4. Thank you for the opportunity to evaluate your patient. Should additional assistance be requested or if new conditions require further evaluation, please feel free to contact myself.

86th CSH
Ibn Sina
(Baghdad)

(b)(6) /2007

(b)(6) 5:40:02
PM

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Exhibit

5

<p>86th CSH Ibn Sina (Baghdad)</p>	<p>(b)(6)</p>	<p>(b)(6) /2007 10:10:13 AM</p>	<p>(b)(6)</p> <p>Patient remains in critical condition. Continues on dobutamine, clear that he is dependent on the infusion. Increasing abdominal discomfort, suspect multifactorial, to include bowel ischemia and bowel wall edema. Exam finds him to be mildly tympanic, but given high risk for mortality with any surgical intervention, will not pursue beyond contemporary medical management. Urine output has picked up quite a bit, and uncertain if increase in CK is due to wash-out effect or continued systemic hypoperfusion. Troponin remains at same level, which is not suggestive of an acute coronary syndrome as an etiology. Overall, condition is stable but with that I mean a stable demise. We will continue to try to maximize therapy with a primary objective of relief of suffering.</p> <p>86th CSH Ibn Sina (Baghdad)</p>
<p><input type="checkbox"/> This patient will be available at a VA medical facility SAVE VA STATUS</p>			
<p>PENDING RTD <input type="checkbox"/> PENDING TRANSFER <input type="checkbox"/> FOLLOW UP APPT <input type="checkbox"/> PENDING EVAC <input type="checkbox"/></p>			
<p>Show Template</p>			
<p>BUILD NOTE</p>			
<p>Type notes here:</p>	<p><input type="text"/></p>		
<p>SAVE NOTES <input type="button"/> Procedure Hx <input type="checkbox"/></p>			

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Exhibit

5

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

(b)(6) 07@1545 Nurse's Note: Pt arrived from ER with admission Dx of Peripheral Edema +2 pitting edema noted to ↓ ext bilate. Pt's BP 102/60. Report had pts BP 90's/over 50's. 10mg Lasix IVP ordered in ER, no given due to lower BP. Legs propped up on pillows. Pt stated he has been constipated for two weeks Pt (no chest pain and was admitted to the hospital approximately 10 days ago. Currently pt denies any chest pain. Pt denies any wounds. Plan of Care explained to pt. No questions voiced at this time. Continue to monitor per MD orders and ICU guidelines (b)(6)

(b)(6) 07@1855 Nurse's Note: Report given to oncoming shift, all questions concerning pt care answered. Pt tolerated Regular Diet. Continue to monitor per MD orders (b)(6)

(b)(6) 1900 Pt found in bed on monitor VSS Pt states no pain Report received assessment complete see flow sheet for details. Will continue to monitor Pt. (b)(6)

(b)(6) 0100 Pt in bed resting eyes closed VSS. Pt has no sign of discomfort but will desat to 40% 90's. Will continue to monitor Pt. (b)(6)

(b)(6) 0715 Pt moving in bed. denies pain or discomfort. RR 18. SpO2 99%. RLL decreased breath sounds. L base with expiratory wheezing. AS AS

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME (LAST, FIRST, MI) | SPONSOR'S ID NUMBER (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
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000019 6
Exhibit

AST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

8 units of regular insulin administered. Glucose pulses +. Will continue to monitor. (b)(6)

0740 Pt O2 decreased to 89% sat increased to 42% assessment complete. See flowchart for details. (b)(6)

1000 Pt tolerated so breakfast no issues or vomiting. (b)(6)

(b)(6) 07 Pt UBS when 333 10 units of regular insulin administered. (b)(6)

1430 Pt administered 20mg of KVOX IVP. (b)(6)

1700 Patient BS 295. Regular insulin 6 units administered IVP. 50. Urinal 575ml of clear yellow urine. (b)(6)

(b)(6) @ 1930 Report received from (b)(6) Pt. awake, HOB @ 40° for comfort. Speech is clear, tongue midline, alert & oriented x3. MAE x4 spontan. & on command. Denies pain. ST @ III S ectopy/lead III. Peripheral edema in lower extremities @ 3+, pitting. Lungs a diminished breath sounds in RLL, clear in all other fields. O2 @ 2 LPM via NC where SaO2 @ 99%. Breathing is even, non-labored @ rest. Unlabored breathing a mild-moderate activity. Abdomen soft, nontender, obese. BS @ X4 quadrants. Voids per usual - clear, amber urine in small quantity. @ hand PIV (18ga) is redness or swelling. Dressing CID/I. (b)(6)

@ 2000 Up to bedside to dangle, ambulated to sit in chair. Feels mildly SOB, SaO2 @ 95-96% on room air. (b)(6)

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Exhibit 000020

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6) 07
 0534
 Rank
 ASCAD
 CHF
 DM
 Meds
 Lopressol 25 BID
 ASA 500 qd
 Plavix 750 qd
 Zovir 800
 Metoprolol 50 BID
 Aciphex 300
 ANI
 SUNIT

9500 3rd known ASCAD and CHF admitted for
 CHF exacerbation w/ 4 days of orthopnea, PND,
 pedal edema, CXR \pm CHF and elevated BNP.
 Due to baseline SBP 110 mmHg Lopressol was
 held during diagnosis - Given 2mg IV Lasix in
 ED and he reports less leg swelling today.
 (B) 98.3 11/7/11 Col 28 98% rule I/O 200/250
 Gen: Atx 3, NAD
 Neck: 5cm CVP
 Lungs: 1/4s @ base
 CV: 6-8 bpm extra beats, murmurs, F34.
 Abd: NAD, NAD
 Ext: 2+ pitting edema @ ankles to the knees
 EKG: NSR, N/ST, poor R-wave progression
 ABG: NAD, TWT V5-6, pST elevation
 CXR: Vascular congestion, cephalization, small
 effusion, cardiomegaly

10 > 15 < 218 BNP 1310 135-55-32-290
 5.5 24/04
 (over)

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

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Exhibit 6

LAST NAME	FIRST NAME	MIDDLE INITIAL	ID NUMBER
-----------	------------	----------------	-----------

DATE	NOTES
------	-------

(A/P) CHF exacerbation
 - Diuresis
 - Restart diuretic when better compensated
 - Could be a candidate for Digoxin, but our lab does not have digoxin levels
 - If blood pressures will tolerate add ACEI after β -blocker.
 - Renal panel AM
 - Start SSI and Continue Metformin

(b)(6)

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Exhibit 000022

MEDICAL RECORD | PROGRESS NOTES

DATE	NOTES
(b)(6) 07 2120	Returned to bed p bath while in chair. Changed gown and
(b)(6) 07 @ 2300	bed linen. Pt. tolerated transfer w difficulty. (b)(6) Reassessed pt, no change noted. ST@18c frequent PVCs aberrantly conducted QRS pattern, VSS - SAO ₂ @99% on O ₂ @
(b)(6) 07 @ 0030	2h PM via NC. (b)(6) Asleep, resting. Breathing is even, nonlabored, R=18-2 min. Voided 200ml of clear, amber urine via urinary. Den
(b)(6) 07 @ 0400	pain when assessed. (b)(6) Pt awake intermittently every 2-3 hrs, VS remain sta
(b)(6) 07 @ 0500	No change in assessment since initial exam. (b)(6) Blood drawn for BMP, sent to lab. (b)(6)
(b)(6) 07 @ 0700	Report given to nurse assuming care of pt. (b)(6) Arrival: received report from nurse Pt in
(b)(6) 07 @ 0700	bed awake & alert @ this time VS remain stable BP 100/78 P 100 T 97.1 R 18 SA in & d made PL
(b)(6) 07 @ 0700	still has multiple runs of PVCs, but appears comfortable in no % pain or discomfort (b)(6)
(b)(6) 07 @ 0700	Pt asked to get up in a chair set up, 2 h a edness in feet & lower extremities increased from
(b)(6) 07 @ 0700	+1 to +3 Pt returned to bed & incident or complaint of discomfort (b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S ID NUMBER (SSN or Other)
	LAST	FIRST	MI	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY Cropper		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. ICU

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000023 6
Exhibit

MEDICAL RECORD

PROGRESS NOTES

DATE

NOTES

(b)(6) 107
 07/15
 MEDS
 SFT
 ASA 8(40)
 Plavix 75(40)
 Zocor 40(40)
 Metformin
 500(40)
 AcipHex 20(40)
 Cipressa 25(40)
 (b)(6) x 3(40)

③ No events. Feels better. Less dyspnea, Less leg swelling.
 ③ 9/11 100 18 100/78 98% 2mc I to 1150/1100 L.D. 4(40) 60
 Bone Ato x3, WAO F9AG 245, 226
 Neck: 8cm CVP
 Lung: ↓ R5(R) base
 Rnd: NAD, NAD
 EXT: 2T pitting edema (NLE to knees)
 CV: JVP: JVP 2' frequent extra heart beats
 AS4, 353
 Telemetry: N/2 + frequent PVC
 13L 194 / 40 250
 5-4-24 1.1

④ A CHF - I/O are matched for C.O.S. when you take into account insensible losses he is ~ 1 liter negative. Will increase today's lasix to 40mg IV. Blood pressures are holding up and will add 10mg Lisinopril
 2) Increase Metformin to 1000/500

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		ID NUMBER
	LAST	FIRST	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		
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. 5/11)
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EXHIBIT 6

AST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE JM NOTES

(b)(6) 07 1356 It has been ~ 6" since getting YD my IV Lasix and he has only had 300cc dark yellow urp. Lasix is not getting to the tubules in high enough concentration to have desired effect - Lasix @ my IV now (b)(6)

(b)(6)

(b)(6) 07 @ (900) Received report + assumed care of pt. Pt. in NAD @ this time. Denies CP/SOB/pain/naiv. Assessment completed. See clinic flowsheet. (b)(6)

(1940) Pt. voided 50cc concentrated clear urine per urinal. Amb to BR. Attempted to have BM. No BM at this time. Amb back to bed w difficulty. Interpreter at bedside to verify pt. understands 1L/24 fluid restriction. Pt. verbalized understanding. I/Os being accurately documented by RN. (b)(6)

(2200) Pt. has been sleeping soundly x 2 hours. Denies CP/SOB at this time. Held pm dose of Lopressor due to vs - @ 2100 BP 80/51, MAP 58, HR 107 and @ 2200 BP 85/58, MAP 69 Will continue to monitor closely. (b)(6)

(2355) Pt. re-assessed @ 0 As noted - sleeping comfortably. Denies pain. VSS. Afabrida. Will continue to monitor. (b)(6)

(b)(6) 07 @ (0430) Pt. has slept on & off all night. Re-assessed @ 0 As noted - VSS. Frequent PVCs. W/legs CTA + 2 pitting edema to @ LE knees to ankles. (b)(6)

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Exhibit 009026

MEDICAL RECORD	PROGRESS NOTES	
DATE	NOTES	
0700	ASSUMED CARE OF PT @ 0645. PT RECEIVED	
(b)(6) 07	A+OX3. NO CONFUSION/SEDATION NOTED. DENIES PAIN/SOB/HA/CP/DISCOMFORT. MAE, +2 EDEMA X4 EXTREMITIES, PULSES PALPABLE X4. ABDOMEN NOTED TO BE DISTENDED + SOFT + NONTENDER. VSS, HR IRREGULAR. <u>68WML</u>	
1200	DOBUTAMINE GTT STARTED @ 0.5 ^{MCG} / KG / MIN (2.4 MG/HR) TO 180 PIV TO LAC.	
1500	WILL BEGIN LASIX GTT AS SOON AS DRIP IS RECEIVED FROM PHARMACY. TOTAL UOP AT THIS TIME: 450 CC'S. (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

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000027
Exhibit 6

LAST NAME

FIRST NAME

0058-07-01 ID NUMBER D789-23677

DATE

NOTES

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Exhibit 000028

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MEDICAL RECORD PROGRESS NOTES

DATE NOTES

(b)(6) 10/7 (5) Despite a total of 10 days in 2 days patient
 0719 day had sudden dark vom in 240 in the setting of
 renal creatinine. Either Lasix is not getting to the
 tubules or he is Lasix resistant.

Aspirin 81mg
 Zolof 40mg
 Alprazolam 1mg
 Plavix 75mg
 Corexit 300mg
 Lipitor 20mg
 Cisapride 10mg
 Metformin
 1000mg
 SSR

(2) Supp running 10's and 11's. Copraser held last PM
 8/1/60 LOS 20 100% RA I/O 100/550 LOS 510
 Gen: 4A x3 CU: Tony Tony 2' Fragment PVC,
 Neck: 8cm cup frequency 54, 4-53
 Lung: 1/3 @ base
 Abd: Non- tender
 Ext: 2 f pitting edema

137 199 51 404
 4.7 23 1.0

(A/P) CHF - Overhaul patient is ~ 1.5 liters negative
 length of stay due to insensible losses, but he
 is still volume up because he is refractory to
 Lasix. Patient states he feels better and wants to
 go back to the camp. Will discuss with the
 possibility of someone leaving AMP: (b)(6)
 - Bonex 3mg IV now.

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME		NUMBER
	LAST	FIRST	
DEPART./SERVICE	HOSPITAL OR MEDICAL FACILITY		
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade)			REGIS

PROGRESS NOTES
Medical Record

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STANDARD FORM 509 (REV. 5/11)
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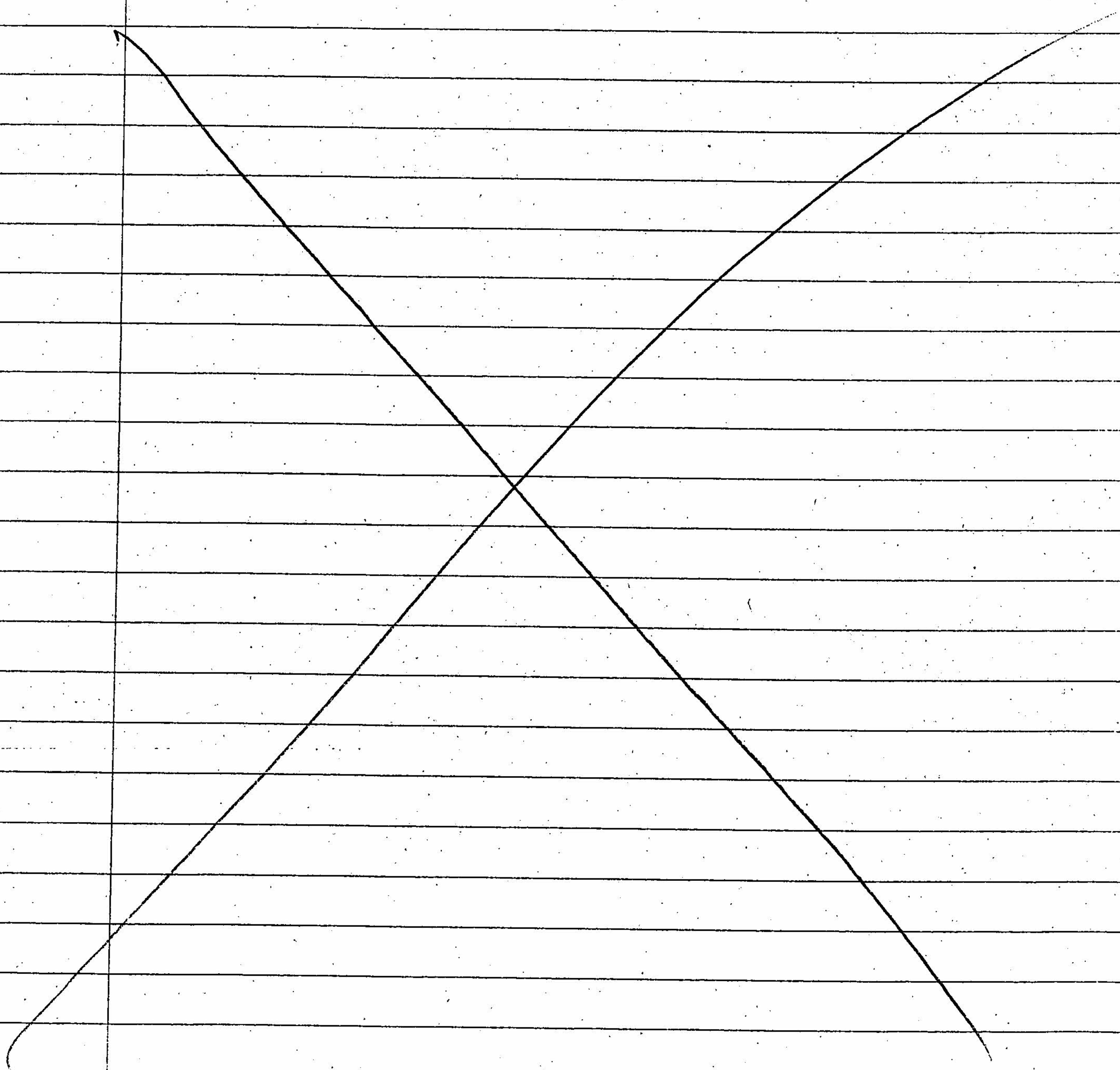
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000029
Exhibit 6

ST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE I/O NOTES

(b)(6) 01 Hospital does not have Purox, Tazemide or Zanax.
0903 - Co six 120mg IV. (b)(6)
- Acid Copressin. (b)(6)



ACLU DDII CID ROI 26299

MEDICAL RECORD		PROGRESS NOTES	
DATE		NOTES	
(b)(6) 07 @ 1920	Report received from (b)(6)	Pt. assessed (see flow sheet), Awake, cooperative, denies pain. ST @ 123 c PVCs currently conducted beats. Generalized edema @ 2+, pedal ed @ 3+. Pulses @ +2 in radials, +1 in DP/PT. Lung CTA in a fields. O ₂ @ 2 LPM via NC where SaO ₂ @ 98-99%. Breathing is even, nonlabored @ rest. BS ⊕ x4 quadrants. Abdomen soft, nontender, distended. Voids per urinal - clear, yellow urine. @ hand PIV (18ga), @ arm PIV (18ga) s redness or swelling, drsgs C/D/I. Dobutamine @ 8.5 mcg/kg/min, decreased to 8 mcg/kg/min @ ↓ in ventricular ectopy - 3-8 beat runs of ventricular tachycardia earlier (b)(6)	
(b)(6) 07 @ 2030	Dobutamine qtt @ 8 mcg/kg/min,	less ventricular irritability ST @ 113 c occas. PVCs. (b)(6)	
(b)(6) 07 @ 2200	Pt. able to void per urinal - clear yellow urine @ 50 ml/hr average per (b)(6) goal. Remains on Lasix 1 mg/hr. U.O. remains adequate. (b)(6)		
(b)(6) 07 @ 2315	Pt. up to dangle @ bedside, ambulated to bathroom to have a BM. Stopped to catch breath, remains SOB c exert or ↑ activity. Room air @ SaO ₂ @ 93-95%. (b)(6)		
(b)(6) 07 @ 0030	Assisted pt. to bathe self p sitting in chair, unable to have a BM, only flatus. Changed gown & bed linen. (b)(6)		

RELATIONSHIP TO SPONSOR	SPONSOR'S NAME			SPONSOR'S SSN or
	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.

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PROGRESS NOTES
MEDICAL RECORD
STANDARD FORM 509 (REV. 10-65)
Prescribed by GSA FPMR (41CFR) 101-11.6

DATE	NOTES
(b)(6) 07 @ 0110	Pt. ambulated to return to bed. Tolerated well SOB, denies pain. VSS, ST @ 115 & occas. PVCs. (b)(6)
(b)(6) 07 @ 0130	No change in assessment since initial exam. Has occas. chronic dry, hacking cough. (b)(6)
(b)(6) 07 @ 0300	Asleep, resting. Breathing is even, nonlabored. O2 remains @ 2 LPM via NC where SaO2 @ 99%. No change in assessment initial exam. VSS, ST & occas. - frequent PVCs @ 118. (b)(6)
(b)(6) 07 @ 0530	Blood drawn for BMP, sent to lab. Weight = 194 lb (88.18 kg). 12-lead ECG performed @ bedside. Pt. denies pain. (b)(6)
1005760700	Nurses Note: Assumed care of pt. Pt on Dobutamine 9.4 @ 8 mcg/kg/min. Lexip 500 @ 10mg/hr. Pt had 1878.7 in a-d 2050 at. -171.3 difference. Peripheral edema still +2 in lower ext. Feet raised. AM assessment completed and charted. Pt denies any pain at this time. Pt on 2L O2 via NC with O2 sat @ 98%. Pt voices no needs continue to monitor per MD orders & ICU guidelines. (b)(6)
(b)(6) 07 30 km	Transferred pt. to 28th CSH w/ SA medical attendant. Pt. remains on Dobutamine @ 8.5 mcg/kg/min & Lexip drip @ 10mg/hr. BP - 88/58 (MAPS = 61-70). O2 @ 4LNC w/ O2 sat 97-98%. Pt. stable upon transfer. (b)(6)

ACLU DDII CID ROI 26301

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MEDICAL RECORD PROGRESS NOTES

DATE NOTES

(b)(6) 107

1110
Patient's reported vision weight 82 kg

2 current measured weight 88 kg

sp 120 mg IV Lasix 2° ago patient has only urine 200ml dark-yellow urine. BUN remains elevated @ 63. Cr is not improved & cephalosporin vasular ligation and 2° renal perfusion. SBP remain 85-100mmHg and BUN has risen to 91 c/w of renal hypoperfusion. As stated in my am note his JVD and pedal edema are unchanged. This is c/w Class IV CHF and poor renal perfusion. had discussion with patient regarding his diagnosis, symptoms, treatment, short term goals and long-term prognosis. He understands this is a chronic condition without a cure. Medications can make him feel better and reduce the number of hospitalizations.

- weights now and am
- Dobutamine infusion through large bore PEV
- EKG now and am

(b)(6)

RELATIONSHIP TO SPONSOR	SPONSOR		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)

LAST NAME FIRST NAME MIDDLE INITIAL ID NUMBER

DATE NOTES

(b)(6) 07 Int Med Progress Note

0830 Pt reports feeling poorly. No improvement. Eating minimally. Not sleeping well. Persistent SOB / PND / Edema.

N-P - Alert & oriented, O sedation

CV - Lasix drip 10/hr; Dobutamine drip 3-8mcg/hr

84-113/45-88 93-123(III) Irreg rate

EKG - Many PVCs; Normal Axis, Sinus Rhythm - Rate = 146

Pulm - Lasix drip 10/hr wt 195 -> 194 (88.63 -> 88.18)

RR = 19-25 PO2 = 97-99% on 2L

Crackles 3/4 of lung (B), CXR (yesterday) - effusion edema

Endo - Accu V 214, SSI

GI - Eating, (+) BS ID - Afib

Renal - 1/0 = -170 over 8/hr 137 | 93 | 53 | 270 Mg = 1.9

UOP = 725/8hr wt 88.6 -> 88.1 4.6 | 25 | 1.0

Prophyl - Ø Pain

Lowenox 30 BID

No net Δ at this time. Cont Lasix & Dobutamine (b)(6)

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER 10	TREATMENT FACILITY EMT Copper		
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT			
STREET ADDRESS						ARRIVAL			
CITY						DATE (Day, Month, Year)	TIME		
STATE						(b)(6)	07	1432	
ZIP CODE						TRANSPORTATION TO FACILITY Escorted			
SEX M	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE			
	AREA CODE	NUMBER	ITEM	YES	NO	N/A	ITEM	YES	NO
			PRP				ADDITIONAL INSURANCE		
AGE 50	HOME PHONE		FLYING STATUS			DD 2568 IN CHART			
	AREA CODE	NUMBER	MEDICAL HISTORY OBTAINED FROM			NAME OF INSURANCE COMPANY			
CURRENT MEDICATIONS See list			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT			
			ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIES NKA			IS THIS AN INJURY?			WHERE	TETANUS		
			INJURY/SAFETY FORMS				DATE LAST SHOT	COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO	
			HOW						
CHIEF COMPLAINT S - CHF									
CATEGORY OF TREATMENT				VITAL SIGNS					
<input type="checkbox"/> EMERGENT	TIME		TIME						
<input type="checkbox"/> URGENT	1442		BP	100/76	97/75				
<input checked="" type="checkbox"/> NON-URGENT	INITIALS		PULSE	88	88				
	(b)(6)		RESP	16	26				
			TEMP	97.7	98.2				
			WT	02	99%				
LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT		CXR PA & LA /PORTABLE		C-SPINE	
<input checked="" type="checkbox"/>	URINE C&S	(b)(6)		CMP		ACUTE ABDOMEN		LS SPINE	
	BLOOD C&S X			BNP		SINUS		HEAD CT	
				Cardiac Enzymes		ANKLE R/L			
ORDERS									
<input type="checkbox"/> PULSE OX	<input type="checkbox"/> MONITOR			<input type="checkbox"/> ECG					
TIME	ORDERS	BY	(b)(6)	COMPLETED BY	TIME	PATIENT'S RESPONSE			
1430	IV Heparin		(b)(6)		1450				
	Lasix 40mg IV (HOLD) error								
	Lasix 10mg IV #BLD								
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 checked="" type="checkbox"/> 78 HRS.					
MODIFIED DUTY UNTIL		RETURN TO DUTY							
CONDITION UPON RELEASE			ADMIT TO UNIT/SERVICE		REFERRED		TO		
<input type="checkbox"/> IMPROVED	<input type="checkbox"/> UNCHANGED							WHEN	
<input type="checkbox"/> DETERIORATED			TIME OF RELEASE		I have received and understand these instructions.				
PATIENT'S IDENTIFICATION					PATIENT'S SIGNATURE				
(b)(6)									

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
Official Use Only
ACLU RDI CID ROI 26304
forcement Sensitive

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Doctor)	TIME SEEN BY PROVIDER
----------------	--	-----------------------

TEST RESULTS														
WBC														
CBC	H/H	SMAC	ABG/PULSE OX				RADIOLOGY	Check if read by radiologist <input type="checkbox"/>						
	PLT		SUP O2	PH	PO2	RESULTS <i>mild cephalization</i>								
	PT		PCO2	SAT	OTHER									
APTT	BHCG	ETOH	GLU	DIP	EKG INTERPRETATION									
					MICRO					NL @ DMC Per (b)(6)				

PROVIDER HISTORY/PHYSICAL

H from IHA 1-2d of 9'ed swelling MCE's. pt also
 2/0 trouble breathing worse when lying. OTC
 OCP & ABD pain Nav. OTC PTA
 P: similar sx's in past. fixed c pill Rxed by MD
 OTW S ⊕

E: un/wd MAD (ME) → well appearing
 HEART: RR 18 (S1, S2) ⊕ M1 R/Lb ABD SL DIST
 WYS: CTA BIL ⊕ W/R IR N/A ⊕ BS
 SKIN ⊕ IE'S 2 + 3 ptt med wt ⊕ G/R/R
 up to 11B plateau on chest distale

DC/NA
 Plan: Peripheral edema 2 2° to CHF or med rxn
 MDM: Admit to ICU

- ⊕ Sur. His.
 - ⊕ Med. His
 - Heart Attack
 - ⊕ Smoke
 - ⊕ Allergies
 - ⊕ Med. Specialist
- SIX
 Medicine Van
 CHF

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
Peripheral Edema			(b)(6)
			CODES

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

EMERGENCY CARE AND TREATMENT (Doctor)
 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 26305

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)	(b)(6)	(b)(6) 107	1420 HOURS	
NURSING UNIT			ROOM NO.		
BED NO.					

Lasix qtt 10mg IV q 1^o

NOTED (b)(6) 1425

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	(b)(6)	(b)(6) 07	2130 HOURS	
NURSING UNIT			ROOM NO.		
BED NO.					

Give Regular insulin 10cc, SQ per sliding scale.

24th chart check completed - (b)(6)

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	(b)(6)	(b)(6) 07	0830 HOURS	
NURSING UNIT			ROOM NO.		
BED NO.					

Lepressor 25mg po x 1

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)	(b)(6)	(b)(6)	(b)(6) 07	1200 HOURS	
NURSING UNIT			ROOM NO.		
BED NO.					

Cardiac en x 1

Transfer to 28th Cst.

ACLU DDII CID ROI 2630

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Exhibit 6 0000

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

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107 0945

HOURS

LIST TIME ORDER NOTED AND SIGN

NOTED
1000

- 1) D/c Bumex
- 2) Lasix 20mg IV
- 3) Hold AM Lopressor and Lisinopril

NOTED

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

NO.

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107 1116

HOURS

- 1) D/c Lisinopril
- 2) D/c Lopressor
- 3) Weight now and QAM
- 4) EKG now and QAM
- 5) I/O

NOTED

(b)(6)

DATE OF ORDER

TIME OF ORDER

HOURS

50 ml/hr or maximum dose of 10 mcg/kg/min

PATIENT IDENTIFICATION

(b)(6)

(b)(6)

07

0130

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107 1349

HOURS

Lasix 40 mg IV

(b)(6)

NOTED

(b)(6)

(b)(6)

For Official Use
Law Enforcement

ACLU DDII CID ROI 26307

(b)(6)

OT@0100

(b)(6)

2nd chart check completed

Exhibit 6

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) 1/07	0710 HOURS	
			1) Lasix 40mg IV now		✓
			2) Lisinopril 10mg PO QD	(b)(6)	
				(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			(b)(6) 1/07	0802 HOURS	
			Change Metformin to 1000mg PO BID and 500mg PO QPM		✓
				(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			(b)(6) 1/07	1357 HOURS	
			Lasix 60mg IV now		✓
				(b)(6)	
				(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
(b)(6)			(b)(6) 1/07	0710 HOURS	
			Bumex 3mg IV now		✓
				(b)(6)	

NURSING UNIT	ROOM NO.	BED NO.

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For Official Use Only Law Enforcement Sensitive 2630 (b)(6) 07/07 24th chart check completed

Exhibit 6

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

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107

0755

HOURS

LIST TIME ORDER NOTED AND SIGN

Lasix 20 mg IV now - done

(b)(6)

NOTED

(b)(6)

(b)(6)

07
0800

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107

0847

HOURS

~~Renal panel QAM~~
✓ 4 BMP QAM
✓ 2 Plavix 75mg QD

(b)(6)

(b)(6)

(b)(6)

(b)(6)

07

1100

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107 0908

HOURS

✓ Lasix 20mg IV

(b)(6)

(b)(6)

PATIENT IDENTIFICATION

(b)(6)

DATE OF ORDER

(b)(6)

TIME OF ORDER

107 1407

HOURS

✓ Lasix 20mg IV
✓ Lopressor 25mg PO BID

(b)(6)

(b)(6)

07

1600

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ACLI

3 Nov 07 @ 0000

24°C completed

(b)(6)

309

000010

Exhibit 6

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/50
Ph:

(b)(6) 07 @ 0540 (Coll)

STAT NA+ 137 (128-145) mmol/L

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K 4.6 (3.5-4.9) mmol/L
CO2 25 (18-33) mmol/L
CL- 93 L (98-108) mmol/L
GLUCOSE 220 H (73-118) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA 8.4 (7.3-8.4) mmol/L
BUN 53 H* (7-22) mg/dL

Result Comment: done twice reported to icu@0607

CREAT 1.0 (0.6-1.2) mg/dL
MG 1.9 (1.6-2.3) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

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

ACLU DDII CID ROI 26310

CAMP CROPPER

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

Report requested by: (b)(6)

CROP, (b)(6) (b)(6) M/50
Ph:

(b)(6) Col: (b)(6) 07@1008 BLOOD
Hcp: (b)(6) Req Loc: ICU 1
BNP H (0-100) pg/mL C (b)(6) 07@1045
1330

=====
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 ROT 26311

CAMP CROPPER

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

Report requested by: (b)(6)

CROP: (b)(6) (b)(6) M/50
Ph:

(b)(6) Col: (b)(6) 07@0507 BLOOD
STAT Hcp: (b)(6) Req Loc: ICU 1
NA+ 137 (128-145) mmol/L C: (b)(6) 07@0523

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K 4.7 (3.5-4.9) mmol/L
CO2 23 (18-33) mmol/L
CL- 99 (98-108) mmol/L
GLUCOSE 104 (73-118) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA 8.4 (8.0-10.3) mg/dL
BUN 51 H* (7-22) mg/dL
Result Comment: CRITICAL REPORTED TO ICU
CREAT 1.0 (0.6-1.2) mg/dL
MG 2.1 (1.6-2.3) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

=====
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 ROT 26312

For Official Use Only
Law Enforcement Sensitive

Exhibit 6

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/50
Ph:

(b)(6) Col: (b)(6) @0447 BLOOD
STAT Hcp: (b)(6) Req Loc: ICU 1
NA+ 131 (128-145) mmol/L C: (b)(6) 07@0503

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K 5.4 H (3.5-4.9) mmol/L
CO2 24 (18-33) mmol/L
CL- 94 L (98-108) mmol/L
GLUCOSE 250 H (73-116) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA. 8.4 (8.0-10.3) mg/dL
BUN 40 H (7-22) mg/dL
CREAT 1.1 (0.6-1.2) mg/dL
MG. 2.1 (1.6-2.3) mg/dL

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

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 26313

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Exhibit 000044 6

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/50
Ph: (b)(6)

(b)(6) Col: (b)(6) 07@1512 BLOOD
STAT Hcp: (b)(6) Req Loc: EMT
BNP 980 H (0-100) pg/mL C: (b)(6) 07@1614
Result Comment:
DDIM 4530 ng/mL
Reported criticals at 1610.

(b)(6) Col: (b)(6) 07@1512 SERUM
STAT Hcp: (b)(6) Req Loc: EMT
NA+ 129 (128-145) mmol/L C: (b)(6) 07@1614
Interpretations:
PERFORMED ON PICOLLO ANALYZER
K 6.4 H* (3.3-4.7) mmol/L
Result Comment: Reported to EMT at 1610
CO2 19 (18-33) mmol/L
CL- 95 L (98-108) mmol/L
GLUCOSE 393 H (73-118) mg/dl
Interpretations:
PERFORMED ON PICOLLO CHEMISTRY ANALYZER
CA 8.6 (8.0-10.3) mg/dL
BUN 29 H (7-22) mg/dL
CREAT 1.0 (0.6-1.2) mg/dL
ALK PHOS 173 (36-134) U/L
Interpretations:
PERFORMED ON PICCOLO CHEMISTRY ANALYZER
ALT 83 H (10-47) U/L
AST 76 H (16-55) U/L
TBILI 1.3 (0.2-1.6) mg/dL
ALBUMIN 3.2 L (3.3-5.5) g/dL
PROTEIN TOTAL 7.2 (6.4-8.1) g/dL

(b)(6) Col: (b)(6) 07@1512 BLOOD
STAT Hcp: (b)(6) Req Loc: EMT
CK-MB 1.4 (0-4.3) ng/mL C: (b)(6) 07@1615
Interpretations:
Performed on Triage Meter analyzer
MYOGLOBIN 166.0 H (5-107) ng/mL
TROPONIN I 0.16 (0-0.4) ng/mL

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 ROT 26314

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Law Enforcement Sensitive

Exhibit 6

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/50
Ph:

(b)(6) Col: (b)(6) 07@0438 BLOOD
STAT Hcp: (b)(6) (b)(6) Req Loc: ICU 1
BNP H (0-100) pg/mL C: (b)(6) 07@0532
1310 (6)

(b)(6) Col: (b)(6) 07@0438 BLOOD
STAT Hcp: (b)(6) (b)(6) Req Loc: ICU 1
WBC 10.4 (4.8-10.8) x10 3/uL C: (b)(6) 07@0455
RBC CNT 5.16 (4.20-6.10) x10 6/uL (6)
HGB 15.3 (12.0-18.0) g/dL
HCT 47.7 (42-52) %
MCV 92.3 (80.0-99.0) fl
MCH 29.7 (27.0-31.0) pg
MCHC 32.2 L (33.0-37.0) g/dl
PLATELETS 218 (130-400) x 10 (3) /u
LYMPH% 21 (20.0-44.0) %
LYMPH# 2.2 (0.7-4.3) x10 3/uL

(b)(6) Col: (b)(6) 07@0438 BLOOD
STAT Hcp: (b)(6) (b)(6) Req Loc: ICU 1
NA+ 135 (128-145) mmol/L C: (b)(6) 07@0506
Interpretations: (6)
PERFORMED ON PICOLLO ANALYZER
K 5.5 H (3.5-5.0) mmol/L
CO2 24 (18-33) mmol/L
CL- 95 L (98-108) mmol/L
GLUCOSE 340 H (73-118) mg/dL

Interpretations:
PERFORMED ON PICOLLO CHEMISTRY ANALYZER
CA 8.7 (8.0-10.3) mg/dL
BUN 32 H (7-22) mg/dL
CREAT 0.9 (0.6-1.2) mg/dL
MG 2.1 (1.6-2.5) mg/dL

Interpretations:
PERFORMED ON PICOLLO CHEMISTRY ANALYZER

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 26315

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Exhibit 6

CAMP CROPPER

(b)(6)

2007@1615

Page

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/50

Reg #: (b)(6)

Military Unit: UNKNOWN

(b)(6)

Col: (b)(6) 07@1512

BLOOD

STAT

Hcp: (b)(6)

Req Loc: EMT

BNP 980 H (0-100) pg/mL

C: (b)(6) 07@1614

Result Comment:

DDIM 4530 ng/mL

Reported criticals at 1610.

(b)(6)

Col: (b)(6) 07@1512

SERUM

STAT

Hcp: (b)(6)

Req Loc: EMT

NA+ 129 (128-145) mmol/L

C: (b)(6) 07@1614

Interpretations:

PERFORMED ON PICOLLO ANALYZER

K 6.4 H* (3.3-4.7) mmol/L

Result Comment: Reported to EMT at 1610

CO2 19 (18-33) mmol/L

CL- 95 L (98-108) mmol/L

GLUCOSE 393 H (73-118) mg/dl

Interpretations:

PERFORMED ON PICOLLO CHEMISTRY ANALYZER

CA 8.6 (8.0-10.3) mg/dL

BUN 29 H (7-22) mg/dL

CREAT 1.0 (0.6-1.2) mg/dL

ALK PHOS 173 (26-184) U/L

Interpretations:

PERFORMED ON PICCOLO CHEMISTRY ANALYZER

ALT 83 H (10-47) U/L

AST 76 H (16-55) U/L

TBILI 1.3 (0.2-1.6) mg/dL

ALBUMIN 3.2 L (3.3-5.5) g/dL

PROTEIN TOTAL 7.2 (6.4-8.1) g/dL

2+ Hemolysis - 

(b)(6)

Col: (b)(6) 07@1512

BLOOD

STAT

Hcp: (b)(6)

Req Loc: EMT

CK-MB 1.4 (0-4.3) ng/mL

C: (b)(6) 07@1615

Interpretations:

Performed on Triage Meter analyzer

MYOGLOBIN 166.0 H (5-107) ng/mL

TROPONIN I 0.16 (0-0.4) ng/mL

=====
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 26316

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Law Enforcement Sensitive

000047
Exhibit 6

MEDICAL RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)		
	Nutrition Risk Screening		
(b)(6)	07	S/O: Active Duty Contractor <u>Detainee</u> Civilian	
0915			
	Ward: <u>ICU</u>	Bed Number: <u>5</u>	
	Dx: <u>peripheral edema</u>		
	Age: <u>50</u>	Gender: <u>♂</u>	Ht: Wt: BMI:
	Diet: <u>reg</u>		
	Tolerating Diet: <u>ASA, metformin, aciphex, NTG, plavix, lovone</u>		
	Meds:		
	Labs: <u>> 15.3 / 47.7 135 / 55 95 / 24 32 / 0.9 340 alb 3.2 TP 7.2</u>		
	A/P:		
	Nutrition Risk:		
	<u>Patient determined to be at low nutrition risk; will be re-screened in one week</u>		
	Patient determined to be at nutrition risk secondary to :		
	Further intervention by RD needed within 72 hours		
	(b)(6)	(b)(6)	(b)(6)
	C. NUTRITION CARE DIVISION		

PATIENT'S IDENTIFICATION (Use this space for Mechanical

RECORDS MAINTAINED AT:

PATIENT'S NAME (Last, First, Middle Initial)		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME		ORGANIZATION
DEPART./SERVICE	ISSN IDENTIFICATION NO	DATE OF BIRTH

(b)(6)

ACLU-DDH CID ROI 26317

(b)(6) 2007 12:12:48

HR	116 bpm	Interpretation:
PR interval	ms	
QRS duration	ms	
QT/QTc	/ ms	
P-R-T axes		
BP		

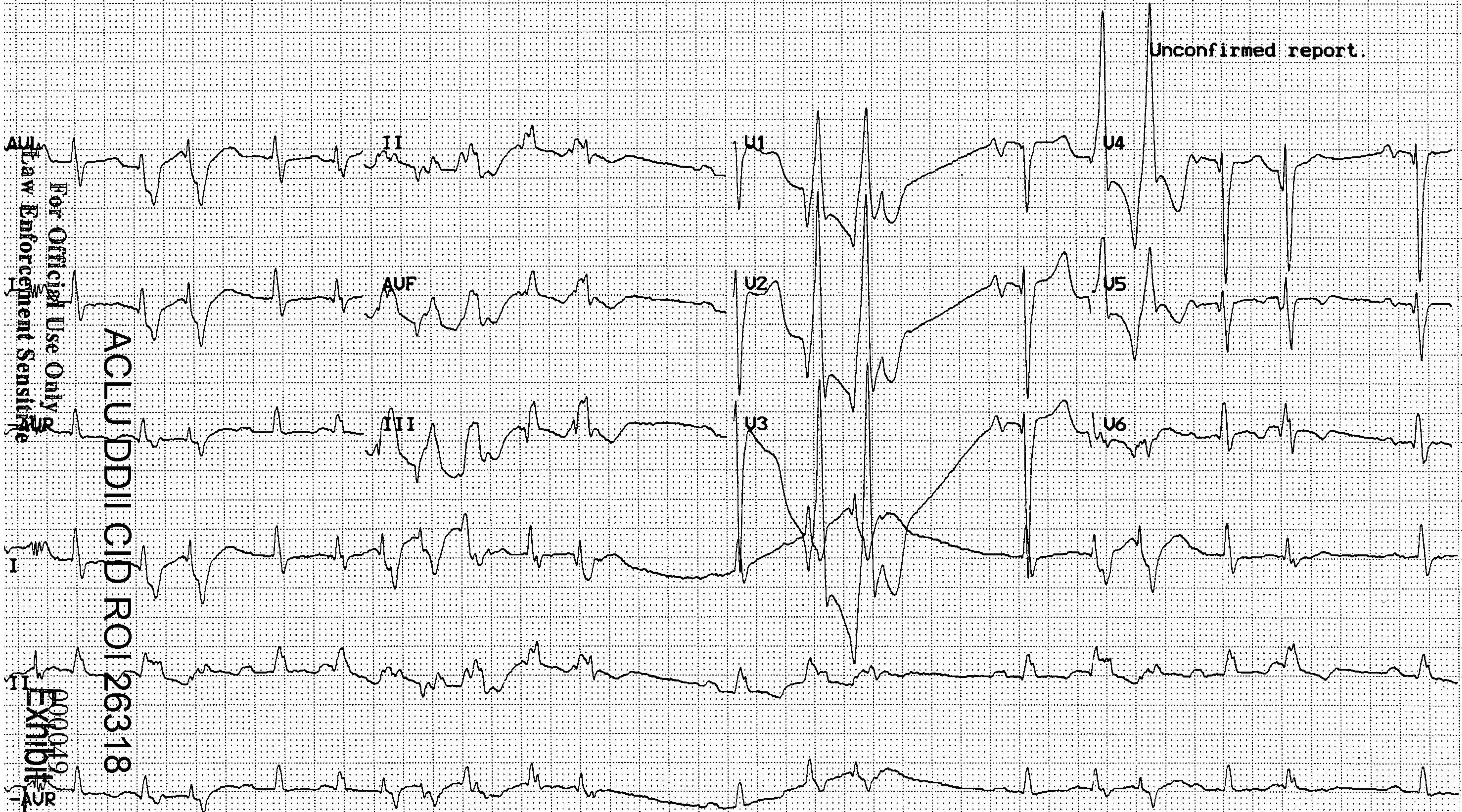
Unconfirmed report.

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ACLUDDICIDR0126318

000049
Exhibits

0058-07-CID789-23677



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

Patient: HASAN, AL JABAR
Facility: WD5TAA

Date: (b)(6) 2007 2034 AST
Clinic: 86TH CSH CHCSII-T Clinic

Appt Type: ROUNT
Provider: (b)(6)

AutoCites Refreshed by (b)(6) 2007 2035 AST

Screening Written by (b)(6) 2007 2034 AST

Appointment Reason For Visit: CARDIOMYOPATHY;

Selected Reason(s) For Visit: CARDIOMYOPATHY (New) Comments:

A/P Written by (b)(6) 2007 2038 AST

1. CARDIOMYOPATHY DILATED ISCHEMIC

Comments: Patient pronounced deceased at 0405h on (b)(6) 2007 by (b)(6) Cardiologist. Death due to chronic coronary artery disease, ischemic cardiomyopathy, and ventricular tachycardia/fibrillation.

2. CORONARY ARTERY DISEASE

Comments:

3. VENTRICULAR TACHYCARDIA

Comments:

4. VENTRICULAR FIBRILLATION

Comments:

Disposition Written by (b)(6) 2007 2038 AST

Expired

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

Appointment Class: Outpatient

E&M Code: 99211 - Established Outpatient Minimal Service

Signed By @ (b)(6) 2007 2039
(6) (b)(6)

Name: HASAN, AL JABAR

FMP/SSN: (b)(6)
DOB: (b)(6) 1912
PCat: K66 INTERNEES/RETAINED PERSONNEL
MC Status:
Insurance: No

Sex: M
Tel H:
Tel W:
CS:
WS:

Sponsor: HASAN, AL JABAR
Rank:
Unit:
Outpt Rec. Rm:
PCM:
Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)
Prescribed by GSA and ICMR
FPMR (41 CFR) 101-11.6

ACLU DDII CID ROI 28319

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (PL-93-579). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

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Exhibit Page 1 of 1

MTF: CAMP CROPPER

(b)(6)

2007@0425

Page 1

PERSONAL DATA - PRIVACY ACT OF 1974

RECORD OF INPATIENT TREATMENT

REGISTER: (b)(6)

NAME: CROP, (b)(6)

FMP/SSN: (b)(6)

A D M I S S I O N

DATE/TIME: (b)(6)
SEX: M

2007@1522

SOURCE: ERA

CLIN SVC: GEN SUR/ABAA
DOB: 01 Jan 1957

D I S P O S I T I O N

DATE/TIME: (b)(6)

2007@1328

TYPE: HOME
AGE : 50

CLIN SVC: GEN SUR/ABAA

D I A G N O S E S

DX 1. Principal DX: 7823
EDEMA

Congested Heart Failure.

P R O C E D U R E S

PR 1. Principal PR: NO PROCEDURES ON FILE

I CERTIFY THAT THE IDENTIFICATION OF THE PRINCIPAL AND SECONDARY DIAGNOSES AND PROCEDURES PERFORMED IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ATTENDING PROVIDER (b)(6)

Provider Taxonomy: (b)(6) (b)(6)
PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/SURGERY

DRG: RECORD NOT GROUPED

MDC:

S E L E C T E D A D M I N I S T R A T I V E D A T A

ADMISSION:

PATIENT CATEGORY: FRGN NAT POW/INTERNEE
MARITAL STATUS: UNKNOWN
DUTY ZIP:
MTF TRANS FROM:
MTF OF INITIAL ADM:

PAY GRADE:
RACE: UNKNOWN
ETHNIC: UNKNOWN
RELIGION: OTHER
INIT ADM DATE:

* * * * *

DISPOSITION:

REGISTER: (b)(6)

NAME: CROP (b)(6)

FMP/SSN: (b)(6)

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

*** CONTINUED ON PAGE 2 ***

ACLU DDII CID ROI 26320

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Exhibit 1 6

(b)(6)

@0425

MTF: CAMP CROPPER

PERSONAL DATA - PRIVACY ACT OF 1974

REGISTER: (b)(6)

RECORD OF INPATIENT TREATMENT
NAME: CROP, (b)(6)

FMP/SSN: (b)(6)

MTF TRANS TO:
ICU CLINICAL SVC:
BED DAYS OTHER FEDERAL FACILITIES:
BED DAYS CIVILIAN HOSPITALS:
BED DAYS THIS MTF: 4
TOTAL SICK DAYS THIS MTF: 4
CONVALESCENT LEAVE TAKEN: 0

AUTOPSY:
ICU DAYS SPENT: 4
MEDICAL HOLD DAYS:
COOPERATIVE CARE DAYS: 0
SUPPLEMENTAL CARE DAYS: 0

RECOMMENDED: 0

* * * * *

OTHER:

SPONSOR NAME: CROP, (b)(6)
DUTY ADDRESS:

MATERNAL/NEWBORN REGISTER:

EMERGENCY ADDRESSEE:
RELATIONSHIP:
NAME:
ADDRESS:

PATIENT ADDRESS:

PHONE:

BLOOD USED (Y/N): N
BLOOD PRODUCTS:
TRAUMA CODE:
CAUSE OF INJURY:

PREV ADMISSION THIS MTF: Y
UNITS:

INJURY REMARKS:

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:

Medical Record Approved by

Date

REGISTER: (b)(6)

NAME: CROP, (b)(6)

FMP/SSN: (b)(6)

REPLACES AF FORM 565, DA FORM 3647, NAVMEDCOM 6300/5

*** End of Report ***

ACLU DDII CID ROI 26321

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Exhibit 6

CAMP CROPPER

(b)(6)

0426

Page 1

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

* * * ADMISSION COVER WORKSHEET * * *

Reg No: (b)(6) Name: CROP, (b)(6) FMP/SSN: (b)(6)

Date/Time: (b)(6) 2007@1522 Sex: MALE Source: ERA Age: 50 MEPRS: ABAA DOB: (b)(6) 1957 Ward: ICU1

Patient Category: FRGN NAT POW/INTERNEE Marital Status: UNKNOWN Duty Zip: Sponsor Name: CROP, (b)(6) Pay Grade: Fly Status: Race: UNKNOWN Ethnic: UNKNOWN Religion: OTHER

MTF Trans from: MTF of Initial Adm: Disposition Date: (b)(6) 2007@1328 Init Adm Date: Type of Disposition: HOME

Sponsor Name: CROP, (b)(6) Adm Physician: (b)(6) Adm Diagnosis: EDEMA (782.3) Adm Procl: Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

Patient has a Living Will/Advance Directive on file at MTF. Yes ___ No ___

Signature Attending Medical Officer *** End of Report ***

ACLU DDII CID ROI 26322

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0058-07-CID789-23677

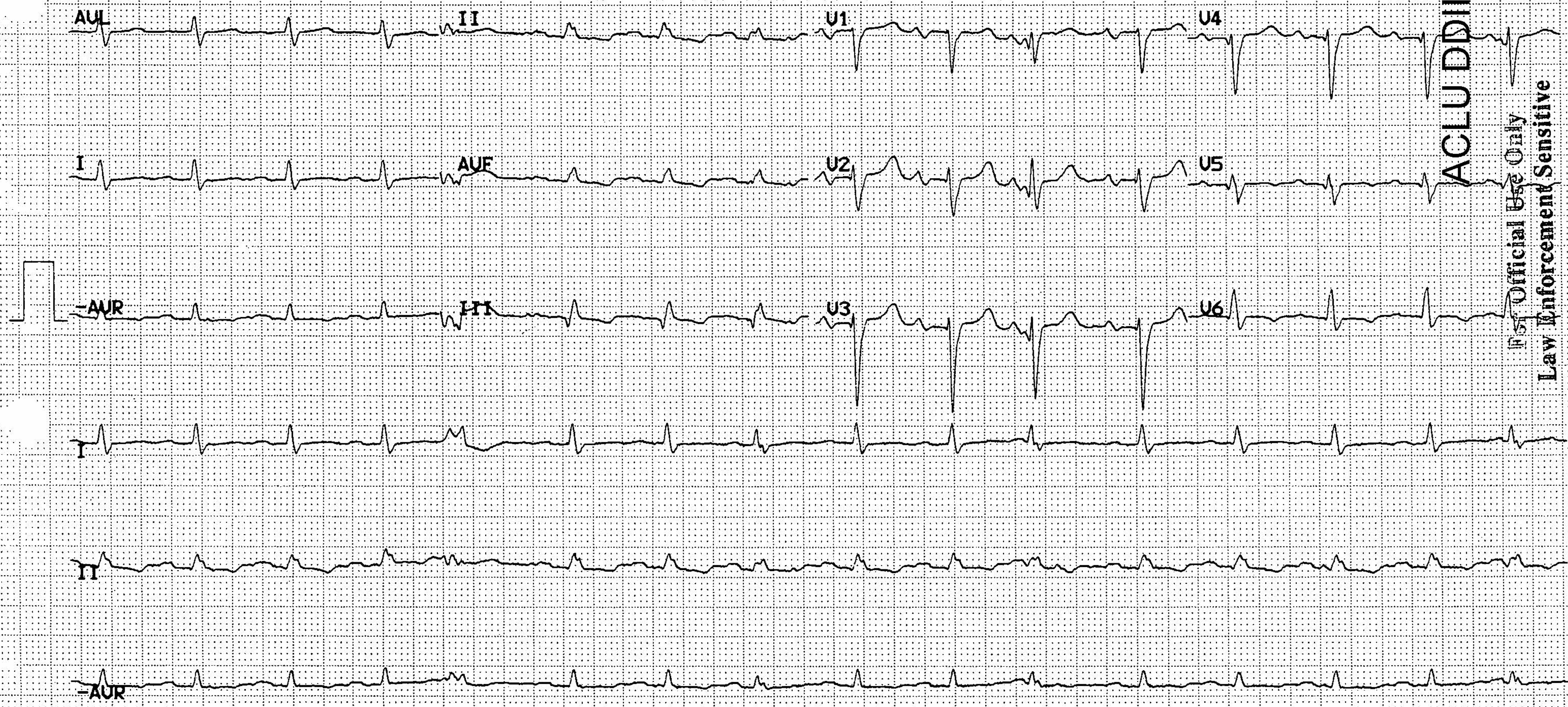
HR	95 bpm
PR interval	ms
QRS duration	ms
QT/QTc	/ ms
P-R-T axes	
BP	

Interpretation:

* Shortness of Breath
SaO2 @ 96-97%

Meds:

Unconfirmed report



ACLU DDII CID: ROI 26323

Exhibit 900070

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40Hz

25mm/s

10mm/mV

MUSE1

Automatic U6.11 (1)

0058-07-CID789-23677

49 Years (b)(6) 1957)

ID: (b)(6)

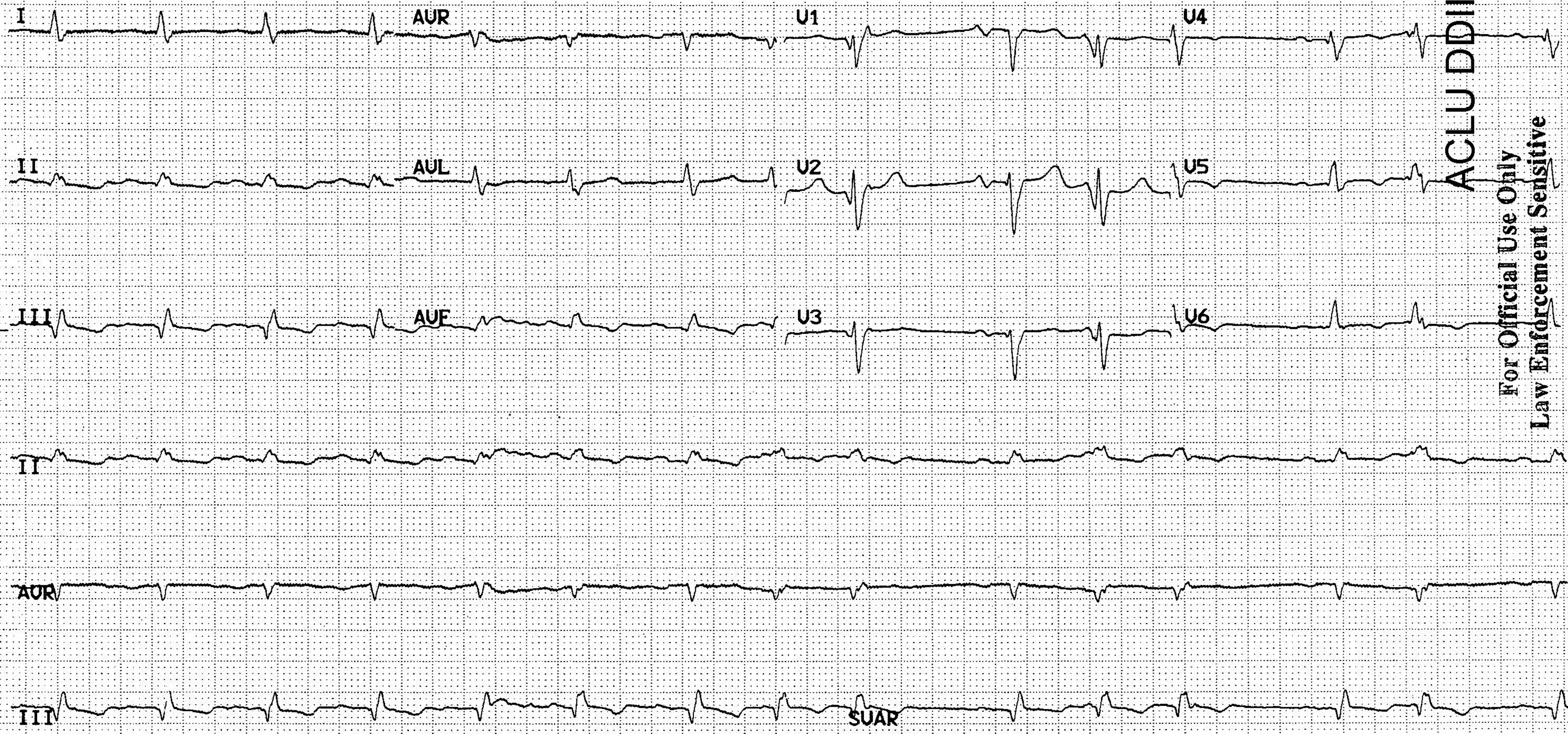
(b)(6) /2007 16:36:05

HR	89 bpm
PR interval	206 ms
QRS duration	128 ms
QT/QTc	400/ 484 ms
P-R-T axes	55 -5 -30
BP	

Interpretation:
 probably MI (anterior)
 intraventricular block
 low QRS amplitudes
 prolonged QT
 probably abnormal ECG

Meds:

Unconfirmed report



ACLU DDII CID ROI 26324

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Law Enforcement Sensitive

Exhibit 6

40Hz

25mm/s

10mm/mV

MUSE1

Automatic

U6.11 12i (1)

(b)(6) 2007 12:44:51

HR	100	bpm
PR interval		ms
QRS duration		ms
QT/QTc	/	ms
P-R-T axes		
BP		

Interpretation:

(b)(6)

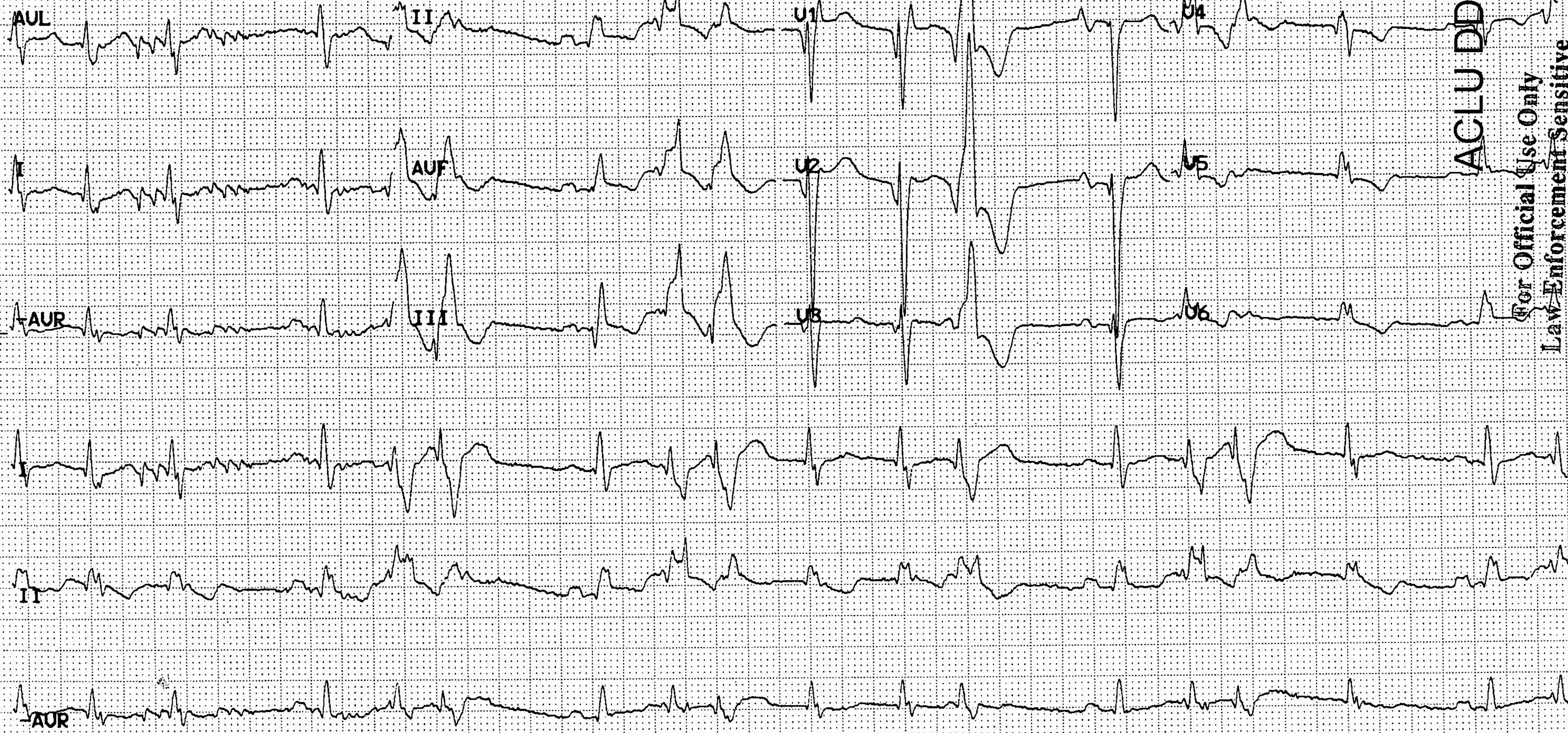
07
1143

(b)(6)

0058-07-CID789-23677

Meds:

Unconfirmed report



ACLU DDII CID ROI 26325

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000056
Exhibit 6

ID: (b)(6)

(b)(6) 2007

0525 (b)(6)
06-31-45

Male

HR 146 bpm
PR interval ms
QRS duration ms
QT/QTc / ms
P-R-T axes
BP

Interpretation:

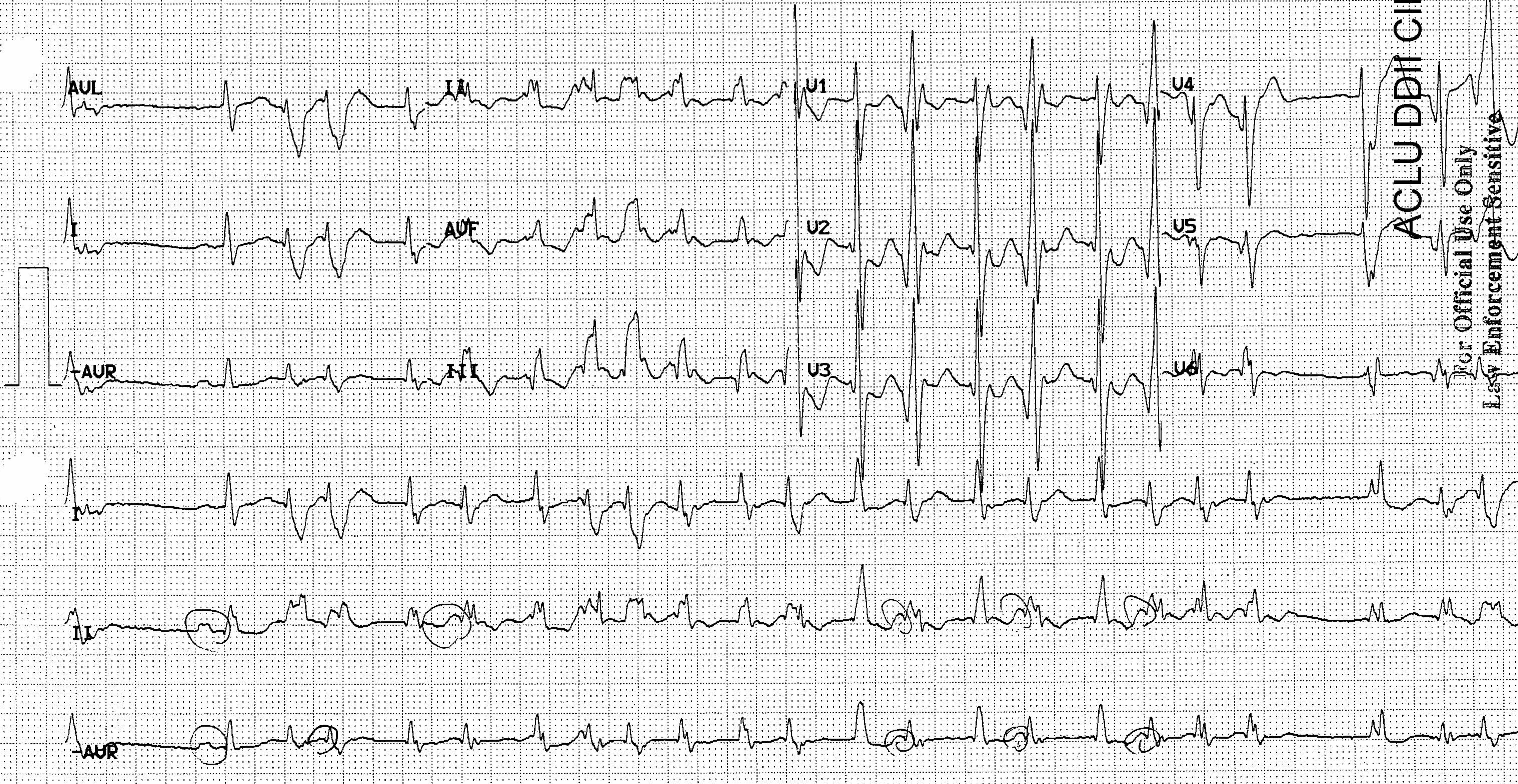
Normal Axis

Sinus
AV dissociation
Freq PVC
Sinus pause

Exhibit 6
CF

Meds:

Unconfirmed report.



ACLU DBIT CID R01 26226

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

0058-07-CID789-23677

0058-07-CID789-23677

(b)(6)

2007 12:44:08

HR 113 bpm
 PR interval ms
 QRS duration ms
 QT/QTc / ms
 P-R-T axes
 BP

Interpretation:

(b)(6)

(b)(6)

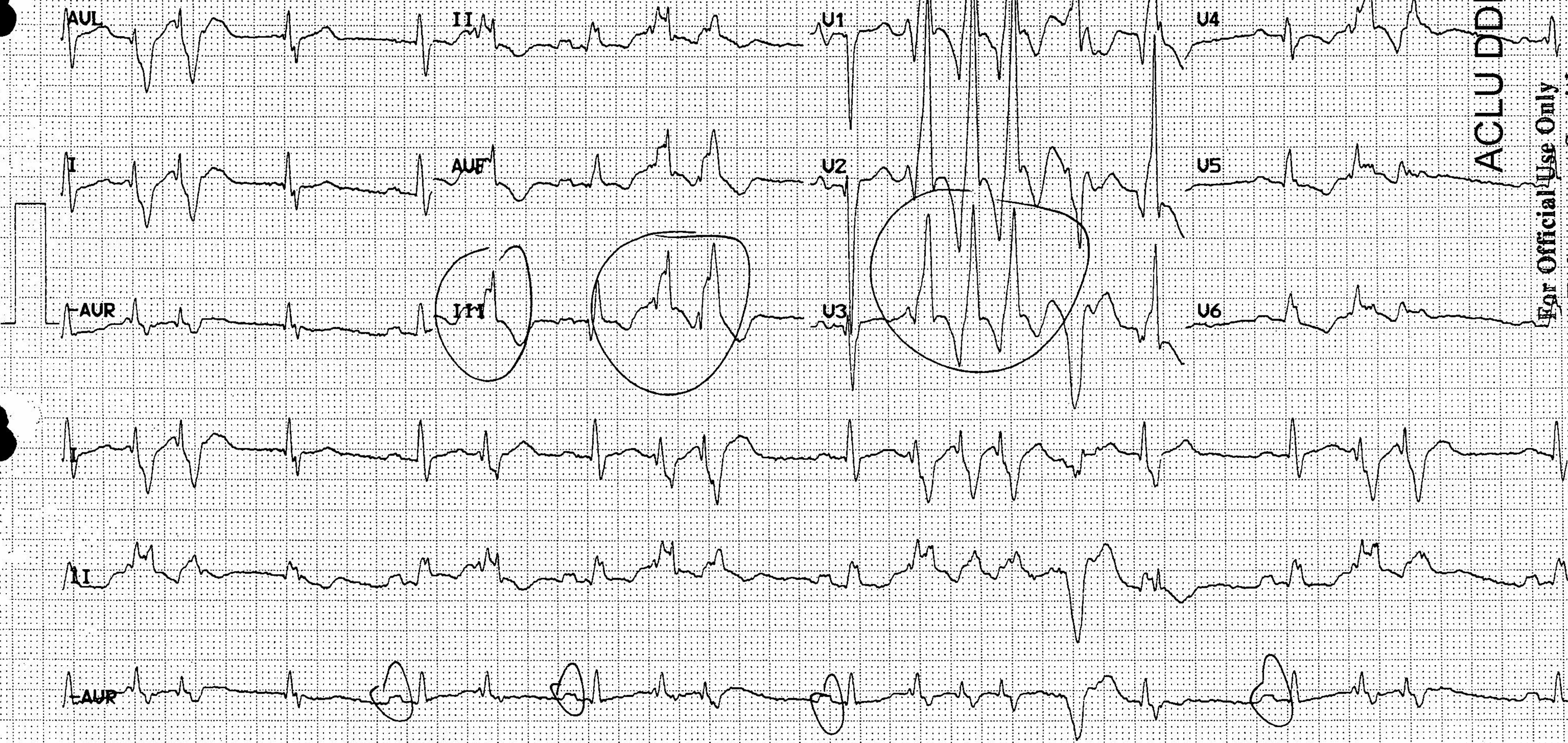
(b)(6)

1143

07

Meds:

Unconfirmed report



ACLUDDII CID ROI 26327

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000058

Exhibit 6

0058-07-1789-23677

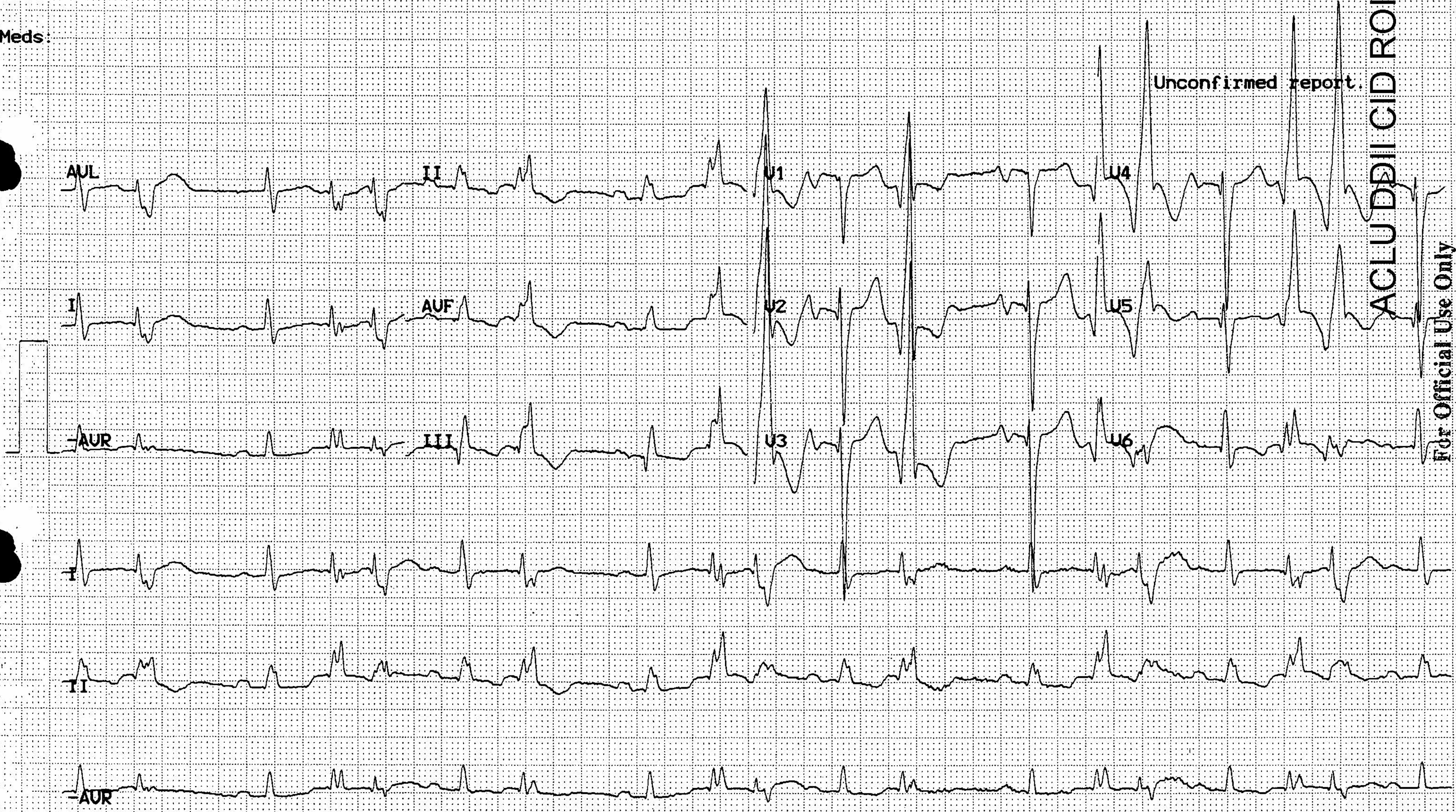
HR	110 bpm
PR interval	ms
QRS duration	ms
QT/QTc	/ ms
P-R-T axes	
BP	

Interpretation:

(b)(6)

Meds:

Unconfirmed report.



ACLU DDI CID ROI 26328

Exhibit

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AGENT'S INVESTIGATION REPORT

0256-07-CID112

CID Regulation 195-1

PAGE 1 OF 1 PAGES

Basis for Investigation: On 14 Nov 07, this office was notified by Mr [redacted] Investigator OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850, of the arrival of the remains of Detainee Abd-Al Sulayman HASAN, Compound 2, Camp Remembrance II, Camp Cropper, Baghdad, who died while in US custody.

On 14 Nov 07, SA [redacted] attended the autopsy of detainee HASAN, which was performed by Dr (MAJ) [redacted] Associate Deputy Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The Cause and Manner of death was listed as pending further examination and toxicology. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. (See CD and fingerprints for detail)

STATUS: The official results of the autopsy will be documented in the Final Autopsy Report which will be provided upon completion. ////////// LAST ENTRY //////////

SA (b)(6), (b)(7)(C), (b)(7)(F)	APG Resident Agency (CID)
[redacted]	APG, MD 21005
Date: 14 Nov 07	Exhibit: 7
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ENFORCEMENT SENSITIVE	

ACLU DDII CID ROI 26329

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LAW ENFORCEMENT SENSITIVE

0058-07-CID789-23677

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0263-07-CID899-

PAGE 1 OF 1 PAGES

DETAILS:

Basis For Investigation: On 15 Nov 07, SA **(b)(6), b(7)(C)** received a Request For Assistance (RFA) from SA **(b)(6), b(7)(C)** **(b)(6), b(7)(C)** Special Agent in Charge, Camp Cropper CID Office, Iraq, requesting we obtain medical records of Mr. Abd-Al-Jabber Sulayman. HASAN, Interment Serial Number (ISN) US**(b)(6), b(7)(C)** a detainee who died while hospitalized at 86th Combat Support Hospital (CSH), International Zone, Iraq (IZIZ). SA **(b)(6), b(7)(C)** also requested we interview the physician who treated Mr. HASAN and obtain medical history information as well as date and time of death.

About 1425, 15 Nov 07, SA **(b)(6), b(7)(C)** this office, coordinated with CPL **(b)(6), b(7)(C)** Clerk, Patients Administration Division (PAD), 86th CSH, IZIZ, and obtained DA Form 3894, Hospital Report of Death and DA Form 2064, Certificate of Death (Overseas), which reflected Mr. HASAN was pronounced dead at 0408, 08 Nov 07 by MAJ (DR) **(b)(6), b(7)(C)** MC, Cardiac Electrophysiologist, 86th CSH, IZIZ. (See DA Form 3894 and DA Form 2064 for details)

About 1450, 15 Nov 07, SA **(b)(6), b(7)(C)** coordinated with MAJ **(b)(6), b(7)(C)** OIC, PAD, IZIZ, who related MAJ **(b)(6), b(7)(C)** redeployed to the U.S. on 14 Nov 07. MAJ **(b)(6), b(7)(C)** stated she was familiar with the patient and did not recall seeing any unusual bruises or injuries on Mr. HASAN. MAJ **(b)(6), b(7)(C)** provided a screen printout of SF 502, Patient Treatment History, reflecting Mr. HASAN suffered from heart disease. (See printout of SF 502 for details)

AGENT'S COMMENT: Due to a computer problem, MAJ **(b)(6), b(7)(C)** could not provide the actual SF 502 but had to utilize the print screen option so she could provide this office with the patient's medical record. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

ORGANIZATION

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

20th MP Detachment (CID) (FWD), International Zone, Iraq APO AE 09348

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

DATE

15 NOV 07

EXHIBIT

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ACLU DDII CID ROI 26379

LAW ENFORCEMENT SENSITIVE

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0058-07-CID789-23677

PAGE 1 OF 1 PAGE

DETAILS

About 0742, 22 Feb 08, SA **(b)(6), (b)(7)(C)** received the Autopsy Examination Report, number ME07-1293, 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 acute myocardial infarction complicated by a mural thrombus of the left ventricle 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)**

SIGNATURE

ORGANIZATION

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

DATE

22 Feb 08

EXHIBIT

11

CID FORM

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ACLU DDII CID ROI 26380

EXHIBITS 12 & 13

Pages 000111 thru 000121
referred to:

CDR USAMEDCOM
ATTN: FOIA OFFICE, STOP 76
1216 STANLEY RD 2D FL
FT. SAM HOUSTON, TX 78234-5049

ACLU DDII CID ROI 26381



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



(b)(6)

AUTOPSY EXAMINATION REPORT

Name: BTB Hasan, Al Jabbar N

ISN: (b)(6)

Date of Birth: (b)(6) 1957 (49 years)

Date of Death: (b)(6) 2007

Date/Time of Autopsy: (b)(6) 2007@1300

Date of Report: 14 DEC 2007

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Civilian/Detainee

Place of Death: Iraq

Place of Autopsy: Port Mortuary

Dover AFB, Dover, DE

Circumstances of Death: This 49-year-old Iraqi male detainee reportedly died in a medical treatment facility (31st CSH). At the time of his death, he was being treated for end-stage heart failure.

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

Identification: Presumptive identification is established by the examination of the accompanying paper work and identification bracelet. Fingerprints, postmortem dental charting, and a specimen suitable for DNA are obtained.

CAUSE OF DEATH: Acute myocardial infraction complicated by left ventricular mural thrombus

MANNER OF DEATH: Natural

AUTOPSY REPORT (b)(6)

2

BTB Hasan, Al Jabbar N

EXTERNAL EXAMINATION

The body is that of an unclad edematous male. The body weighs 214 pounds, is 63 inches in length and appears compatible with the reported age of 49 years. The body is cold. Rigor has passed. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure. The congested head is normocephalic, and the scalp hair is gray and black. Facial hair consists of a gray and black mustache and beard. The irides are brown. The corneae are cloudy. The conjunctivae are congested. The sclerae are white. The external auditory canals are free of foreign material and abnormal secretions. Purged fluid is identified in the mouth and nose. The nasal skeleton and maxilla are palpably intact. The lips are without evident injury. The teeth are natural. Examination of the neck reveals no evidence of injury. The chest is unremarkable. No evidence of injury of the ribs or the sternum is evident externally. The abdomen is slightly protuberant. The external genitalia are those of a normal adult circumcised male. The scrotum is edematous. The posterior torso and anus are without note. The extremities exhibit peripheral edema. The fingernails are intact. Ecchymoses are identified on the left arm and forearm, and abdomen. A 1/2 inch scar is identified on both knees. A 1 x 1 inch scar is seen on the left forearm. Skin slippage is seen on the left upper extremity. A 1/4 inch flesh colored papule is identified on the right shoulder.

CLOTHING AND PERSONAL EFFECTS

- Green hospital shirt
- A blue chuck is present in the body transverse bag

MEDICAL INTERVENTION

- The hair on the chest is shaved
- Needle puncture marks are identified on both antecubital fossa and the left forearm
- Black ink (most likely identifying peripheral pulses) is on the left ankle and right foot
- Three EKG lead impression marks are on the anterior torso

RADIOGRAPHS

A complete set of postmortem radiographs is obtained. No blunt force or penetrating injuries are identified. No radio-opaque foreign bodies are seen.

EVIDENCE OF INJURY

There is no significant physical injury identified at autopsy.

ACLU DDII CID ROI 26383

AUTOPSY REPORT (b)(6)

BTB Hasan, Al Jabbar N

3

INTERNAL EXAMINATION**BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in any of the body cavities. Serous fluid is identified in the left chest cavity (250 ml), right chest cavity (250 ml), and the abdomen (500 ml). All body organs are present in normal anatomical position. The subcutaneous fat layer of the abdominal wall is 1 inch thick.

HEAD AND CENTRAL NERVOUS SYSTEM:

The scalp is reflected. The galeal and subgaleal soft tissues of the scalp are free of injury. There are no skull fractures. The calvarium of the skull is removed. 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. Clear cerebrospinal fluid surrounds the 1440 gram brain, which 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. The spinal cord is unremarkable.

NECK:

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 white 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.

ACLU DDII CID ROI 26384

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Exhibit 12

AUTOPSY REPORT (b)(6)

4

BTB Hasan, Al Jabbar N

CARDIOVASCULAR SYSTEM:

The 550 gram heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries are present in a normal distribution, with a right-dominant pattern. Cross sections of the vessels show 80% stenosis of the left anterior descending coronary artery by calcified atherosclerotic plaque with an adherent fresh occlusive thrombus, 75% stenosis of the right coronary artery by calcified atherosclerotic plaque, and 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque. Cross sections through the heart reveal a fibrous scar extending from the anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension. The left ventricular free wall and inter-ventricular septum are thinned. There is a 1/2 x 1/2 x 1/4 inch hyperemic area of myocardium with a central area of yellow-tan necrosis in the posterior aspect of the intraventricular septum. A mural thrombus is identified in the apex of the chamber of the left ventricle. The valve leaflets are thin and mobile. The walls of the left ventricle, interventricular septum, and right ventricle are 0.9, 0.5, and 0.3-cm thick, respectively. The left ventricle and right ventricle are dilated. The aorta gives rise to three intact and patent arch vessels. Calcifications are seen at the aortic bifurcation. 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 slight to moderate 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 650 grams; the left 550 grams.

HEPATOBIILIARY SYSTEM:

The 1720 gram liver has an intact smooth capsule covering congested parenchyma. No non-traumatic focal lesions are noted. The cut surface has a nutmeg appearance. The gallbladder contains 5 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi.

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 10 ml of brown 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 present.

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000114 12
Exhibit

AUTOPSY REPORT (b)(6)

5

BTB Hasan, Al Jabbar N

GENITOURINARY SYSTEM:

The right kidney weighs 180 grams; the left 180 grams. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying granular, red-brown cortical surface. The cortex is sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The bladder is empty. Punctate hemorrhages are seen on the bladder mucosa. The testes, prostate gland and seminal vesicles are without note.

LYMPHORETICULAR SYSTEM:

The 200 gram spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic and iliac regions are not enlarged.

ENDOCRINE SYSTEM:

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:

No non-traumatic abnormalities of muscle or bone are identified.

ADDITIONAL PROCEDURES

1. Documentary photographs are taken by OAFME staff photographers.
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, spleen, liver, lung, kidney, brain, myocardium, bile, gastric contents, adipose tissue and psoas muscle.
4. The dissected organs are forwarded with body.
5. Posterior cut-downs are performed. No traumatic injuries are seen.

MICROSCOPIC EXAMINATION

Left Ventricle (Slide - 3) and Inter-Ventricular Septum (Slide - 4) - Areas show coagulation necrosis with loss of myocyte nuclei and striations with an acute inflammatory infiltrate. Other areas show disintegration of myocytes with phagocytosis and a chronic inflammatory infiltrate. Prominent granulation tissue is present. There are also areas that show early scar formation and replacement by collagen.

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Exhibit 5 12

AUTOPSY REPORT (b)(6)

6

BTB Hasan, Al Jabbar N

Left Anterior Descending Coronary Artery (Slide - 2) - There is 80% stenosis of the lumen by calcified atherosclerotic plaque with evidence of plaque rupture and overlying adherent thrombus.
Right Coronary Artery (Slide - 1) - There is a calcified atherosclerotic plaque.

FINAL AUTOPSY DIAGNOSES:**I. Cardiovascular System:**

- A. Acute myocardial infarction with mural thrombus at the left ventricle**
- B. Fibrous scar of the left anterior wall of the left ventricle and the inter-ventricular septum that is 3-1/2 inches in greatest dimension**
- C. Significant Coronary Artery Atherosclerosis:**
 - 1. 80% stenosis of the left anterior descending coronary artery with a calcified atherosclerotic plaque and an occlusive thrombus**
 - 2. 75% stenosis of the right coronary artery by calcified atherosclerotic plaque**
 - 3. 50% stenosis of the left circumflex coronary artery by calcified atherosclerotic plaque**
- D. Cardiomegaly (heart weight 550 grams)**
- E. Dilated left and right ventricles**
- F. Mild atherosclerosis of the aorta**

II. Anasarca**III. Respiratory System: Pulmonary congestion and edema; lung weight: (right lung 650 grams, left lung 550 grams)****IV. Hepatobiliary System: Severe congestion (liver weight 1720 grams) and gross appearance consistent with centrilobular necrosis****V. Genitourinary System:**

- A. Gross appearance consistent with arteriolosclerosis**
- B. Punctate hemorrhages of the bladder mucosa**

VI. Toxicology (AFIP):

- A. VOLATILES: No ethanol is detected in the blood and vitreous fluid; acetone is detected in the blood (10 mg/dl) and vitreous fluid (12 mg/dl)**
- B. DRUGS: No screened drugs of abuse or medications are detected in the blood**
- C. CARBON MONOXIDE: The carboxyhemoglobin saturation in the blood is less than 1%**
- D. CYANIDE: No cyanide is detected in the blood**

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Exhibit 12
000116

AUTOPSY REPORT (b)(6)
BTB Hasan, Al Jabbar N

OPINION

This 49-year-old Iraqi male detainee, Al Jabbar N. Hasn, died of an acute myocardial infarction complicated by a mural thrombus of the left ventricle. The toxicology is positive for acetone in the blood and vitreous fluid. This finding can be explained by the deceased's clinical course prior to death. There was no evidence of physical injury discovered at autopsy. Based upon the information available to me at the time of this report, the manner of death is natural.

(b)(6)
sn
(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
HASAN, AL JABBAR N.

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)(6) 2007 Date Received: (b)(6) /2007

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

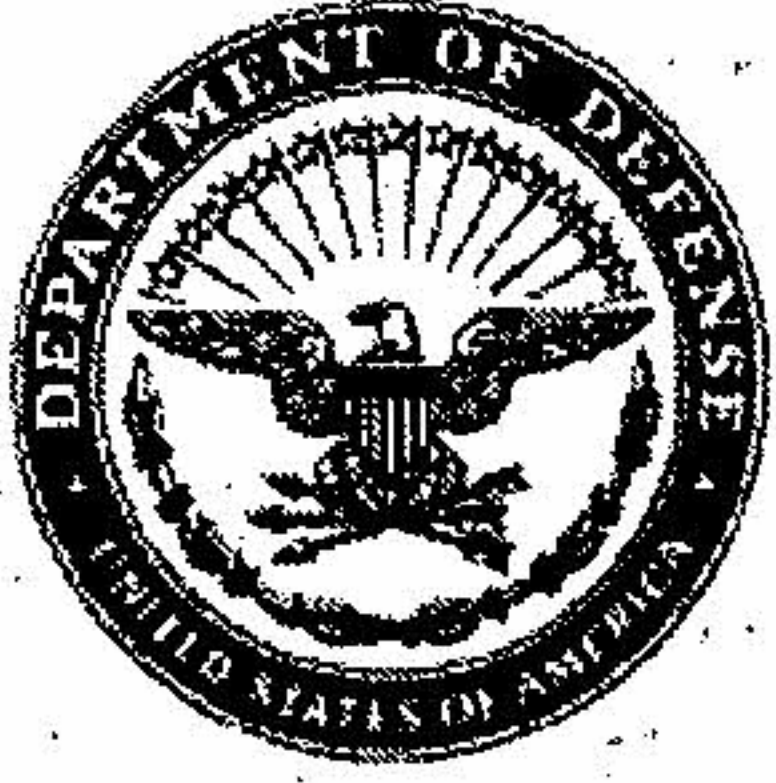
CYANIDE: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/L. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

VOLATILES: The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol (cutoff of 20 mg/dL), acetaldehyde, acetone, 2-propanol, 1-propanol, t-butanol, 2-butanol, iso-butanol and 1-butanol by headspace gas chromatography. The following volatiles were detected: (concentration(s) in mg/dL)

	Acetone
BLOOD	10
VITREOUS FLUID	12

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

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

REPLY TO
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT - (b)(6) HASAN, AL
JABBAR N.):

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

None were found.

(b)(6)

Office of the Armed Forces Medical Examiner

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Exhibit 19/2

ARMED FORCES INSTITUTE OF PATHOLOGY - TOXICOLOGICAL REQUEST FORM

TO: ARMED FORCES INSTITUTE OF PATHOLOGY ATTN: DIVISION OF FORENSIC TOXICOLOGY BUILDING 54 6875 16TH STREET, N.W. WASHINGTON, DC 20306-6000	FORWARD FINAL R/ Dover AFB Port Mortuary Incident: OIF Remains/Case #: (b)(6) Recovery/TC #: (b)(6) Process Date: (b)(6) 07 ME #: (b)(6)
--	--

NAME OF PATIENT (Last, First, MI) HASAN	SOCIAL SECURITY #
---	-------------------

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

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

SPECIMEN/AMOUNT	SPECIMEN/AMOUNT	SPECIMEN/AMOUNT
1. VITREOUS	5. LIVER	9. ADPOSE
2. BLOOD	6. LUNG	10. BRAIN
3. BILE	7. KIDNEY	11. HEART
4. GASTRIC CONTENT	8. SPLEEN	12.

INCIDENT/ACCIDENT DETAILS (Include pertinent information regarding crash site/autopsy card)

DETAINED - Acute MI

DFT#
(b)(6)

PRINTED NAME OF REQUESTER/TITLE (b)(6)	DATE (b)(6) 07	PHONE / FAX #
---	-------------------	---------------

CHAIN OF CUSTODY (CC)

(b)(6)

DATE	TIME	PURPOSE OF TRANSFER
(b)(6)	07	to toly
		Received From Courier
		TOXICOLOGY TESTING SECURED STORAGE

PRINTED NAME	PRINTED NAME
SIGNATURE	SIGNATURE
PRINTED NAME	PRINTED NAME

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Exhibit 12

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décès (Nom et prénoms) BTB Hasan, Al Jabbar, N		GRADE Grade Civilian	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)
ORGANIZATION Organisation		NATION (e.g. United States) Pays Iraq	DATE OF BIRTH Date de naissance
RACE Race		MARITAL STATUS État civil	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input checked="" type="checkbox"/> CAUCASOID Caucasique	<input type="checkbox"/> NEGROID Négrâtre	<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé	<input checked="" type="checkbox"/> PROTESTANT Protestant
	<input type="checkbox"/> WIDOWED Veuf		<input checked="" type="checkbox"/> CATHOLIC Catholique
			<input type="checkbox"/> JEWISH Juif
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décès avec le sus	
STREET ADDRESS Domicile à (Pays)		CITY OR TOWN OR STATE (Intran ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer quatre causes par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			Days
Acute Myocardial Infarction Complicated by Mural Thrombus			
ANTECEDENT CAUSES Symptômes préliminaires de la mort	MORSED 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 attribuées par des causes extérieures
<input checked="" type="checkbox"/> NATURAL Mort naturelle	DATE Date		
<input type="checkbox"/> ACCIDENT Mort accidentelle	(b)(6) 2007		
<input type="checkbox"/> SUICIDE Suicide	<input type="checkbox"/> YES OUI <input checked="" type="checkbox"/> NO NON		
<input type="checkbox"/> HOMICIDE Homicide	DATE Date		AVIATION ACCIDENT Accident d'avion
	(b)(6) 2007		<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)	PLACE OF DEATH Lieu de décès		
(b)(6) 2007	Iraq		
I HAVE VIEWED THE REMAINS OF THE DECEASED AND DEATH OCCURRED AT THE TIME INDICATED AND FROM THE CAUSES AS STATED ABOVE. J'ai examiné les restes mortels du défunct et 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 autorisé		TITLE OR DEGREE Titre ou diplôme	
(b)(6)		(b)(6) Medical Examiner	
GRADE Grade	INSTALLATION OR ADDRESS Installation ou adresse		
(b)(6)	Dc (b)(6)		
(b)(6)	Date Date		
(b)(6)	2007		

DD FORM 2064 APR 77

REPLACES DA FORM 2064, 1 JAN 73 AND DA FORM 2064-RFPAS, 29 SEP 72, WHICH ARE OBSOLETE.

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Exhibit 13
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