

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

**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

22 May 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0014-2008-CID789-53202 - 5H9B

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 16 APR 2008, 2315 - 16 APR 2008, 2315; INTENSIVE CARE UNIT, 31ST COMBAT SUPPORT HOSPITAL, CAMP CROPPER, BAGHDAD, IRAQ

DATE/TIME REPORTED: 17 APR 2008, 1240

INVESTIGATED BY:

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

SUBJECT:

1. NONE, ; [UNDETERMINED MANNER OF DEATH] (NFI)

VICTIM:

1. AWAD, JASSAM ALJUBURI (DECEASED); FRCIV; IRAQ; (DOB); (POB); MALE; OTHER; GOVERNMENT OF IRAQ DETAINEE, 31ST COMBAT SUPPORT HOSPITAL, CAMP CROPPER, BAGHDAD, IZ; XZ ; [UNDETERMINED MANNER OF DEATH]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

1

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

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

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

This office was notified by SFC (b)(6),(b)(7)(C) [redacted] 1st Lt NCO, Area Defense Operations, Headquarters and Headquarters Battery, I-161 Field Artillery, Camp Cropper, Baghdad, Iraq APO AE 09342 (CCIZ) of the death of a Government of Iraq (GoI) detainee identified as Mr AWAD.

Investigation determined Mr AWAD was treated for numerous ailments since his capture, to include hypertension, anxiety, depression, paroxysmal atrial fibrillation, osteoarthritis, tuberculosis, congestive heart failure, acute renal failure, and metastatic carcinoma. Mr AWAD's health drastically diminished and on 10 Feb 08, he was admitted to the 31st CSH. Mr AWAD was compassionately released to the GoI on 12 Apr 08, due to his deteriorating health. Mr AWAD's condition worsened and on 16 Apr 08, Mr AWAD went into a state of cardiac arrest, which he did not recover. Mr AWAD was pronounced dead at 2345, 16 Apr 08.

Due to GoI policy, the remains of Mr AWAD did not undergo an autopsy and were released to his next of kin. The totality of this investigation, including the evaluation of the witness interviews, death scene examination, examination of the remains and Mr AWAD's previous medical history revealed no signs of foul play, however, as no autopsy was conducted, the manner of death was listed as undetermined.

STATUTES:

N/A

EXHIBITS:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) [redacted] 17 Apr 08.
2. Personal Data Report and Enemy Prisoner of War Screening Report, 17 Apr 08, of Mr AWAD.
3. AIR of SA (b)(6),(b)(7)(C) [redacted] 17 Apr 08.
4. Human Remains Sketch prepared by SA (b)(6),(b)(7)(C) [redacted] 17 Apr 08.

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

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

5. Photographic Packet (Examination of Remains).
6. CD containing original images associated with Exhibit 5 (USACRC and file copies only).
7. AIR of SA (b)(6),(b)(7)(C) 6 May 08.
8. Medical Records of Mr AWAD.

The originals of Exhibits 1 and 3 - 7 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of TF134, Camp Victory, Baghdad, Iraq APO AE 09342. The original of Exhibit 8 is retained in the files of TF31, Camp Cropper, Baghdad, Iraq APO AE 09342.

Not Attached:

None.

STATUS: This is a Final 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.

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA (Original)

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

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

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

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

Director, Armed Forces of the Institute of Pathology, Office of the Armed Forces  
Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850

FOB Commander, 1-161 Field Artillery, ATTN: LTC <sup>(b)(6),(b)(7)</sup>  
<sub>(C)</sub> Camp Cropper,  
Baghdad, Iraq APO AE 09342 (Email only)

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

FILE

~~FOR OFFICIAL USE ONLY~~  
~~Law Enforcement Sensitive~~

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

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0014-08-CID789-53202

PAGE 1 OF 1 PAGE

## DETAILS

**BASIS FOR INVESTIGATION:** About 1240, 17 Apr 08, SA **b(6), b(7)(C)** was notified by SFC **b(6), b(7)(C)** **b(6), b(7)(C)** Battle NCO, Area Defense Operations Cell, Headquarters and Headquarters Battery, 1-161 Field Artillery, Camp Cropper, Baghdad, Iraq APO AE 09342 (CCIZ) of the death of a Government of Iraq detainee identified as Mr Jassam Aljuburi AWAD, GoI Detainee, Intensive Care Unit (ICU), 31<sup>st</sup> Combat Support Hospital (CSH), CCIZ.

About 0130, 17 Apr 08, SA **b(6), b(7)(C), b(7)(F)** interviewed CPT (Doctor) **b(6), b(7)(C)** **b(6), b(7)(C)** Attending Physician, 31<sup>st</sup> CSH, CCIZ, who related Mr. AWAD was admitted to the ICU on 10 Feb 08, due to a terminal illness (cancer) and renal failure. Further, CPT **b(6), b(7)(C)** pronounced Mr AWAD dead at 2315, 17 Apr 08. Due to Mr. AWAD's terminal illness, he stated that the Ethics Committee made the decision to not resuscitate him. Lastly, CPT **b(6), b(7)(C)** opined the cause of death was cardiac arrest and with a secondary as renal failure.

About 0200, 17 Apr 08, SA **b(6), b(7)(C)** obtained the Personal Data Report and Enemy Prisoner of War Screening Report pertaining to Mr AWAD. The reports stated the enrollment date of Mr AWAD was 18 Jan 08. A check of the Enemy Prisoner of War Band (bracelet) entered into the system revealed Mr AWAD's status as "RELEASED". Further, a check of the Detainee Management System revealed no information pertaining to Mr AWAD as he was no longer enrolled. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA

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

ORGANIZATION

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

SIGNATURE

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

DATE

17 Apr 08

EXHIBIT

1

10-L-0126 ACLU DDII CID ROI 21500

CID FORM

ACLU-RD-5588 p.5

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

000005

**PERSONAL DATA REPORT**

**GENERAL INFORMATION**

**PHOTOGRAPH**

Dossier: {72FF529A-9E12-4437-B315-1C0180E53015}

Enroll Date: 1/18/2005 9:54:04 PM

Enrollment Station: IRQ:MNCI:MP :BAGHDAD

Person Type:

Reason Enrolled:

Title:

Name (F,M,L,T): JASSAM ALJUBURI AWAD ()

Full Name:

Native Full Name:

WMD Category:

Operational Status:

Occupation:

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

Gender: MALE

Race: CAUCASIAN

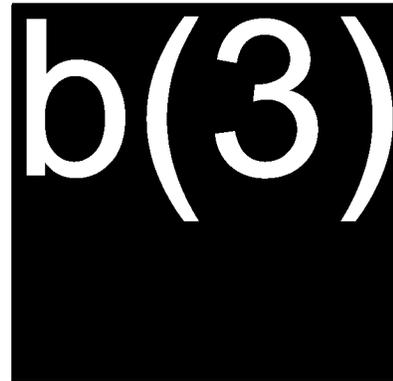
Hair Color: BLACK

Eye Color: BROWN

Build:

Height (in): Min: 70 Max:

Weight (lb): Min: 150 Max:



ON ALERT? YES

TF134 BLACK LIST #38 - Notify J3, TF134 @ DSN 822-2831

MURDERED IRAQI POLICE AND IRAQI GOVERNMENT OFFICIALS (16 Jan 2005)

**PERSON COMMENTS**

**PERSONAL DATA**

Birthdate: 04JAN1946

Death Date:

Religion: ISLAM-SUNNI

Primary Nationality: IRAQ

Nationality:

2nd Nationality:

Ethnicity: ARAB

Marital Status: MARRIED

Personnel Status: UNKNOWN

**WATCH LIST**

**ALIASES**

10-L-0126 ACLU DDII CID ROI 21501

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 2  
00006  
Page 1 of 3

Alias (F,M,L,T): ABOUSHAGAR

AKA Full Name:

Nickname:

Comments:

PLACE OF BIRTH

Birthplace: BAGHDAD, , IRAQ

ID NUMBERS

ID Number Type ID Number

CAP TAG 37822

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

CAPTURE INFORMATION

Evacuation Date: MP Number: 37822  
Capture Date: 171400ZJAN2005 Capture Unit: NSWTG  
Place: IRAQ, KURDISH BORDER, KURDISH BORDER, KURDISH BORDER,  
Documents:  
Circumstances: Circumstances: MURDERED IRAQI POLICE AND IRAQI GOVERNMENT OFFICIALS  
Capture Place:

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

PERSONAL TRAITS

LANGUAGE(S)

Language Name: Language Proficiency Is Native Language

ARABIC, MODERN STANDARD NATIVE PROFICIENCY YES

Comments: A LITTLE ENGLISH AND TURKISH

ADDRESSES

To: PRESENT ELJAARA IRAQ  
From: , BAGHDAD, ELMADEN,  
Comments: BEHIND GAS COMPANY

EMPLOYMENT HISTORY

10-L-0126 ACLU DDII CID ROL 21502

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 2

0014-08-CID789-53202

MILITARY SERVICE HISTORY

PHONE NUMBERS

Type	Intl	Area Code	Phone #	Ext.
------	------	-----------	---------	------

VEHICLE INFORMATION

RELATIVES

Relation	First	Middle	Last	Maiden	Birthdate
----------	-------	--------	------	--------	-----------

10-L-0126 ACLU DDII CID ROL 21503

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

Exhibit 2

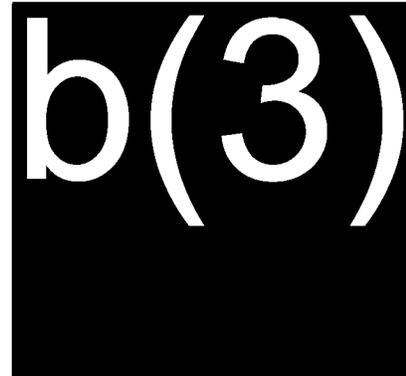
000008 Page 3 of 3

### EPW SCREENING REPORT

**PERSONAL**

MP Number: 37822      Evacuation Date:  
 Screening DTG:  
 Name (F,M,L,T): JASSAM ALJUBURI AWAD ()  
 Gender: MALE  
 Service/ID #: [b(6), b(7)(C)]  
 Birthdate: 04JAN1946  
 Marital Status: MARRIED  
 Status: UNKNOWN

**PHOTOGRAPH**



ON ALERT? YES

TF134 BLACK LIST #38 - Notify J3, TF134 @ DSN 822-2831

MURDERED IRAQI POLICE AND IRAQI GOVERNMENT OFFICIALS (16 Jan 2005)

**ALIASES**

Alias (F,M,L,T): ABOUSHAGAR  
 AKA Full Name:  
 Nickname:  
 Comments:

**PLACE OF BIRTH**

Birthplace: BAGHDAD, , , IRAQ

**ID NUMBERS**

ID Number Type	ID Number
----------------	-----------

CAP TAG	37822
---------	-------

ISN	[b(6), b(7)(C)]
-----	-----------------

**CAPTURE INFORMATION**

Evacuation Date:	MP Number: 37822
Capture Date: 171400ZJAN2005	Capture Unit: NSWTG
Place: IRAQ, KURDISH BORDER, KURDISH BORDER, KURDISH BORDER,	
Documents:	
Circumstances: MURDERED IRAQI POLICE AND IRAQI GOVERNMENT OFFICIALS	
Capture Place:	
Weapons/Equip:	

**DETENTION INFORMATION**

10-L-0126 ACLU DDII CID ROI 21504

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 2  
000009  
Page 1 of 4

0014-08-CID789-53202

Present: NO

Arrival Date:

Location: CROPPER2

Detainee Review Board Date:

ICRC Level:

MI Hold: NO

Reason:

Prosecution Value: NO

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 30 JUN 05

Present: NO

Arrival Date:

Location:

Detainee Review Board Date:

ICRC Level:

MI Hold: NO

Reason:

Prosecution Value: NO

Place to be Released:

Black List: NO

10-L-0126 ACLU DDII CID ROI 21505

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Exhibit 2  
000010  
Page 2 of 4

0014-08-CID789-53202

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:

Present: NO

Arrival Date:

Location:

Detainee Review  
Board Date:

ICRC Level:

MI Hold: NO

Reason:

Prosecution  
Value: NO

Place to be  
Released:

Black List: NO

Prior Unit  
Coordination:

Civil Affairs  
Coordination:

HVT: NO

Special  
Instructions:

Group Name:

Tribe:

Meets Sec Def

10-L-0126 ACLU DDII CID ROI 21506

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE

Exhibit 2

000011  
Page 3 of 4

0014-08-CID789-53202

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:

MILITARY SERVICE HISTORY

CIVILIAN SERVICE HISTORY

LANGUAGE(S)

Language Name:	Language Proficiency	Is Native Language
----------------	----------------------	--------------------

ARABIC, MODERN STANDARD	NATIVE PROFICIENCY	YES
-------------------------	--------------------	-----

Comments: A LITTLE ENGLISH AND TURKISH

ADMIN

Screener:

Approaches:

ASSESSMENT

Cooperation: Personalities:

Intelligence: Knowledge:

Physical Cond:

Mental State:

Education:

REMARKS

Remarks:

PIR:

IR:

10-L-0126 ACLU DDII CID ROI 21507

0014-08-CID789-53202

b(3)	JASSAM ALJUBURI AWAD		
	[b(6), b(7)(C)]	CROPPER	BLDG 7/R41 (HVD)
	On Alert? YES	Status: RELEASED	ISLAM-SUNNI

10-L-0126 ACLU DDII CID ROI 21508

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

Exhibit 2  
000013  
Page 1 of 1

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0014-08-CID789-53203

PAGE 1 OF 1 PAGES

## DETAILS

**EXAMINATION OF REMAINS:** About 0100, 17 Apr 08, SA **b(6), b(7)(C)** conducted an examination of the remains of Mr Jassam Aljuburi AWAD, Government of Iraq Detainee, Intensive Care Unit, 31<sup>st</sup> Combat Support Hospital (CSH), CCIZ.

*Characteristics of Remains:* The decedent was identified as Mr AWAD by a bracelet on his right wrist, which contained his name and photograph. The decedent appeared to be Middle Eastern male, approximately 5'10", and weighed 150 pounds. The decedent had black/gray "peppered" hair and brown eyes. No tattoos were observed. Bruising to both forearms was noted and was explained as suffered from multiple intravenous needle sticks. A bruise on the tailbone/coccyx area, which was explained as happening due to the amount of time the decedent lie in bed without movement. The bottom of the feet displayed a blue color, due to the lack of oxygen and blood circulation to the extremities. No petechia was noted in any regions of the eyes. No other obvious signs of external trauma were noted.

*Conditions of Remains:* The remains were still warm to the touch and capillary refill was noted in the nail beds. Rigor mortis was not present in either the small or large joints. Minor amounts of livor mortis was noted on the back of the decedent, which was consistent with the decedent lying on the table in the trauma room. Signs of medical intervention (life support) were noted, to include an intravenous lead, catheter, and oxygen tube in the nose. The decedent was not wearing any jewelry and was clothed in a standard open back hospital type gown.

*Environmental Conditions:* At the time of the examination, the temperature inside the ICU was 68 degrees. There were no odors out of the ordinary near the remains during the time of the examination.

*Factors Pertinent to Entrance/Exit (E/E):* The main entrance and exit point to the ICU could be gained from the northern most wall in the ICU.

*Documentation of Remains:* The remains were documented by SA **b(6), b(7)(C)** utilizing a Nikon D80 digital camera with a built in flash. Additionally, a human remains sketch was prepared by SA **b(6), b(7)(C)**

*Search for Latent Impressions:* There was no search for latent impressions due to all who worked in the ICU had unfettered access to Mr AWAD.

*Collection of Evidence:* No items of evidentiary value were observed, thus no collection of evidence occurred.

*Search Beyond the Remains:* A search beyond the scene was not conducted. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA

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

ORGANIZATION

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

SIGNATURE

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

DATE

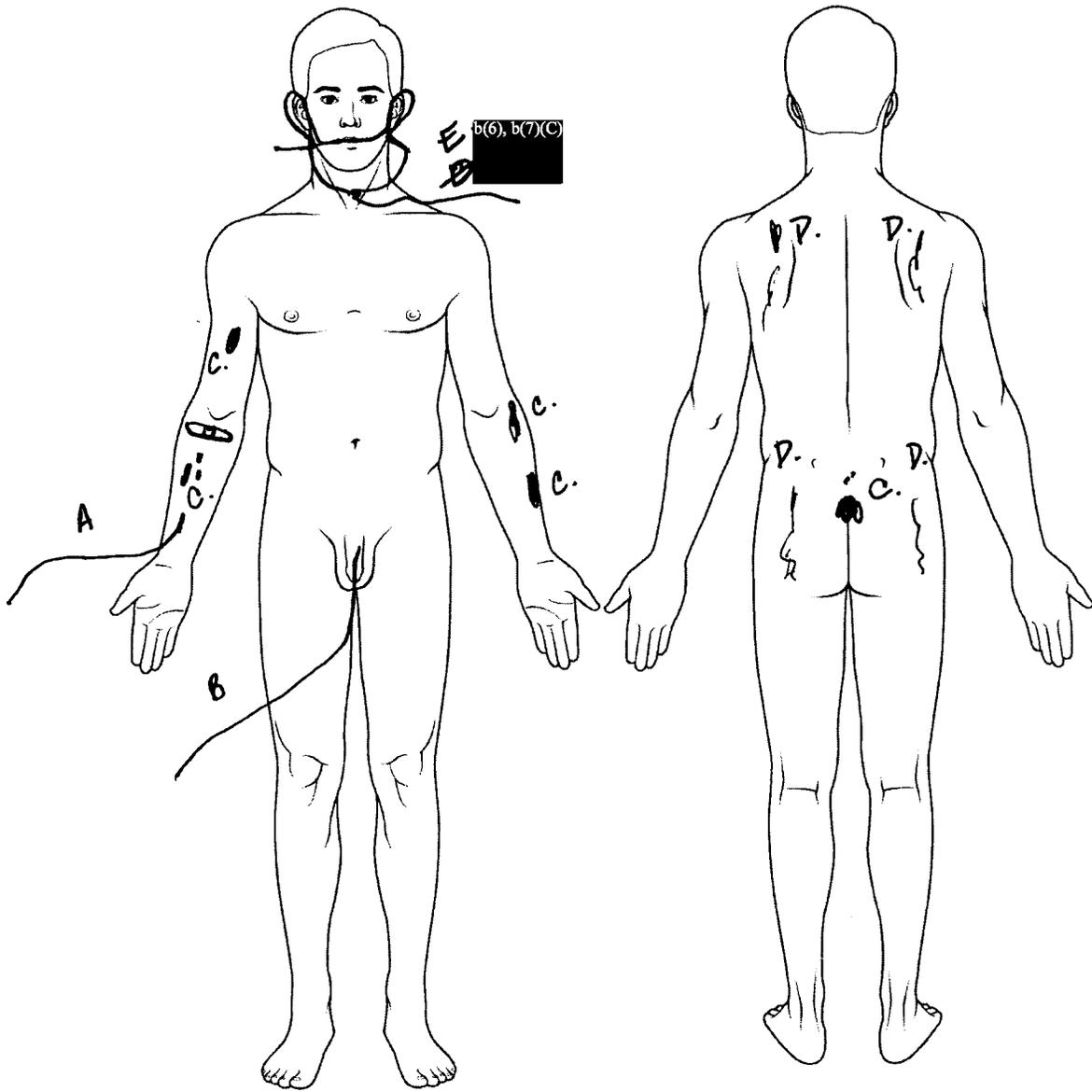
17 Apr 08

EXHIBIT

3

10-L-0126 ACLU DDII CID ROI 21509

# Rough Sketch Depicting Human Remains



LEGEND	TITLE BLOCK:
A: IV	Case#: 0014-08-CID789-53202
B: Catheter	Offense: Undetermined Manner of Death
C: Bruising	Person Portrayed: ISN <sup>b(6), b(7)(C)</sup> (Formerly)
D: Liver Mortis	Location: 31 <sup>st</sup> CSH, Camp Cropper, IZ
E: Oxygen Lead	Victim: Mr Jassam Aljuburi AWAD
F:	Date/Time: 0120/17 Apr 08
G:	Sketched By: SA <sup>b(6), b(7)(C), b(7)(F)</sup>
H:	Verified By: SA <sup>b(6), b(7)(C), b(7)(F)</sup>
I:	

0014-08-CID789-53202



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
1	DSC_0001-Overall of remains
2	DSC_0002 -Overall of remains
3	DSC_0003 -Overall of remains
4	DSC_0004 -Overall of remains
5	DSC_0005 – Overall of remains
6	DSC_0006 - Overall of remains
7	DSC_0007 – Overall of remains
8	DSC_0008 – ID bracelet
9	DSC_0009 – Overall of remains uncovered
10	DSC_0010 – Overall of remains uncovered
11	DSC_0011 – Lower legs
12	DSC_0012 – Right arm and midsection
13	DSC_0013 – Bruise to right bicep
14	DCS_0014 – Close-up of bruise to right bicep
15	DSC_0015 – Close-up of bruise to right bicep (with scale)
16	DSC_0016 – Close-up of bruise to right forearm
17	DSC_0017 – Close-up of bruise to right bicep (with scale)
18	DSC_0018 – Left arm and midsection
19	DSC_0019 – Close up of bruise to left arm
20	DSC_0020 - Close up of bruise to left arm (with scale)

EXHIBIT 5

10-L-0126 ACLU DDII CID ROI 21511

0014-08-CID789-53202



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
21	DSC_0021- Left eye
22	DSC_0022 - Right eye
23	DSC_0023 - Posterior of remains and left side
24	DSC_0024 - Bruise to coccyx/lower back area
25	DSC_0025 - Bottoms of feet
26	DSC_0026 - bare chest and midsection

EXHIBIT 5

10-L-0126 ACLU DDII CID ROI 21512

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0014-08-CID789-53202

PAGE 1 OF 1 PAGE

## DETAILS

About 1430, 6 May 08, SA **b(6), b(7)(C)** interviewed COL (Doctor) **b(6), b(7)(C)** High Value Detainee Senior Medical Staff, Compound 5, CCIZ, who summarized Mr. AWAD's medical records. COL **b(6), b(7)(C)** stated he was the caring physician before Mr. AWAD was transferred to the 31<sup>st</sup> CSH, CCIZ. Further, COL **b(6), b(7)(C)** related Mr. AWAD had the following medical conditions; high blood pressure; high cholesterol; hypertension; anxiety; depression; paroxysmal atrial fibrillation; osteoarthritis; tuberculosis; left thyroid mass; esophageal spasm and metastatic carcinoma. COL **b(6), b(7)(C)** reported Mr. AWAD was sent to the 31<sup>st</sup> CSH, CCIZ, for congested heart failure on 10 Feb 08 and during this time, Mr. AWAD was diagnosed for cancer, which was determined to be colon cancer which had spread to his lungs and limp nodes. Additionally, COL **b(6), b(7)(C)** advised Mr. AWAD was not provided treatment for this condition due to the unavailability of medical treatment for this condition in theater. COL **b(6), b(7)(C)** stated he prescribed fluids to Mr. AWAD, to treat his kidney failure; however, he did not respond to the treatment which was then discontinued. Lastly, COL **b(6), b(7)(C)** related Mr. AWAD was transferred to the 31<sup>st</sup> CSH (ICU), CCIZ, due to being unable to function on his own. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

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

SIGNATURE

*for:*

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

DATE

6 May 08

EXHIBIT

7

0-L-0126 ACLU DDII CID ROI 21544

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

15 Jan 65

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

ALLERGY: FOOD, MEDICINES, INSECTS, PLANTS - NO NKDA

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

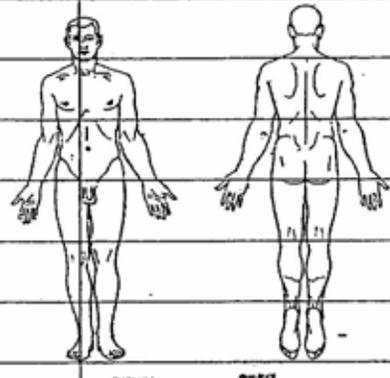
SURGERIES () none
CONVULSIONS/SEIZURES () none
HEMOPHILIA () none
MALARIA () none
ASTHMA () none
DIABETES () none
HIGH BLOOD PRESSURE (x) was meds
CANCER/LEUKEMIA () none
HEART TROUBLE ()
KIDNEY DISEASE () none
VISUAL IMPAIRMENT () 45min Recheck p meds
HIV/AIDS () none @ times
STD () none

IMMUNIZATION GIVEN AT INTAKE? (x) TD FIU
TB/BLOOD IN SPUTUM/NIGHT SWEATS ()
LIST ALL MEDICATIONS TAKEN IN THE 30 DAYS PRIOR TO TODAY:
Asp, motr, n, ka, mac, r, A
Diovan, Panadol
TOBACCO USE (x) ON PP DAY X YRS
ETOH: Rare

emily Hx atonal

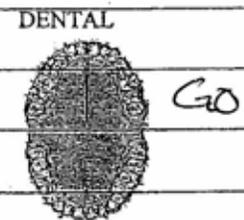
CAGE # NAME

103/111 BP 186/105 PULSE 82 BICEPS CIRC 19.5
HEIGHT 5'9" WEIGHT 211 BMI 31.2



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

VISION: NORMAL (x) GLASSES none
HEARING: NORMAL (x) ABNORMAL EXPLAIN



OVERALL APPEARANCE WELL, GOOD HEALTH, WELL KEPT
HEENT BENIGN HERNIA 0 ABD, SOFT NT MASS
SKIN/SCARS/BRUISING 0 GENITAL EXT NIL
CARDIOPULMONARY SYSTEM Lungs clear CO2 RR 20 NEUROBEHAVIORAL NL REFLEXES NL TENDON REFLEXES
MUSCULOSKELETAL GOOD

Table with columns: HOSPITAL OR MEDICAL FACILITY, STATUS, DEPART./SERVICE, ORDS MAINTAINED AT, SPONSOR'S NAME, SSN/ID NO., RELATIONSHIP TO S.

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.

ISN (b)(6) CAMP
NAME JASSAM, Mohammed Awwad
DOB 1946 AGE 58 SEX M
PROVIDER

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record
STANDARD FORM 600 (REV. 6-97)
Prescribed by GSA/ICMR
FIRMR (41 CFR) 201-9.202-1

168 10-L-0126 ACLU DDII CID ROI 21546

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

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

CONTINUATION:

DIAGNOSIS: MILDLY ENLARGED / SYM / φ MASS

IMMUNIZATION GIVEN TODAY (CIRCLE): DT MMR POLIO HEP A HEP B TYPHOID OTHER FIU

LABS (CIRCLE): CBC CHEM 7 UA PPD OTHER

CHEST XRAY: NAD ( ) [ ] EFG

LIMITATIONS ACTIVITY RESTRICTIONS: DIET RESTRICTION: OTHER RESTRICTIONS: A/P RELATIVELY HEALTHY

TRAVEL GO/NO GO (IF NO-GO LIST REASONS) HTN (BUT NON COMPLIANT) - RX OF DIOVAN 160mg qd - NEEDS TO TAKE DIOVAN 160mg qd

ISN NAME DOB PROVIDER CAMP AGE SEX ASA 500mg Po qd - ALSO HAS MILD BENIGN PROSTATIC HYPERTROPHY NO DISCRETE MASS

(b)(6)

10-1-0126 ACLU FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

PREVIOUS EDITION IS USABLE

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

15 JAN 05 DETAINEE HEALTH AND MEDICAL RECORD OF QUALITY ASSURANCE SCREE (SF600 OVERPRINT, VER 1.1, IAW AR 190-8)

EXAMINATION PER AR 190-8 6-6	DATE	TRAVEL GO/ OR NO-GO	CORRECTED TO GO	COMMENT
MEDICAL EXAMINATION WAS COMPLETED	15 JAN 05	GO		HTJ
DENTAL SCREENING WAS COMPLETED	15 JAN 05	GO CLEANING		
CHEST X-RAY/TB SCREEN WAS COMPLETED				
NUTRITION SCREENING WAS COMPLETED	15 JAN 05	GO		
BEHAVIORAL HEALTH SCREENING WAS COMPLETED	15 JAN 05	GO		

LIMITATIONS ACTIVITY RESTRICTIONS: DIET RESTRICTION: OTHER RESTRICTIONS:

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

PROVIDER SIGNATURE AND DATE

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

ISN (b)(6) NAME (b)(6) DOB 1946 AGE 58 SEX m

CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 6-97) Prescribed by GSA/ICMR

10-L-0126 ACLU DDH CID ROI 21548

(b)(6)

# Eye Health Questionnaire

0014-08-CID789-53202

(b)(6)

168

15 JAN 05

10-L-0126 ACLU DDII CID ROI 21549

~~FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE~~

Date 15 Jan 05

ISN (b)(6)

1. Do you presently have thoughts of killing yourself?
2. Have you ever tried to kill yourself?
3. Are you presently taking a prescribed medication for a mental illness or psychological problem?
4. Do you have any psychological problems right now?
5. Are you currently being treated for a psychological problem?
6. Have you ever been a patient in a psychological hospital?
7. Do you have a history of treatment for illegal drug abuse?
8. Have you been treated for a psychological problem prior to Coming to Abu Ghraib?

Yes No

OBSERVATION

- General appearance adequate
- Behavior adequate
- Evidence of abuse
- Evidence of trauma
- Auditory or Visual Hallucinations
- Appears anxious
- Appears depressed
- Aggressive

Yes No

DISPOSITION

- If detainee answers no to all of the above questions no psych consult needed.
- If detainee answers yes to questions 2, 4, 6, 7, or 8 fill out consult form for psych and bring to morning meeting.
- If detainee answers yes to questions 1, 3, or 5 contact mental health care services ASAP.

(b)(6)

SCREENER

Signature (print/sign)

Exhibit 8

(b)(6)

10-L-0126 ACLU DDII CID ROI 21550

Agreed to verify that no consult needed according to the responses. 000053

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

7 APR 08

Transfer Note

WT 2200

While the medic was making rounds today @ ~2100 he said he wanted full efforts for resuscitation. This was through interpreter - (b)(6) - and his cell block caretaker 200021. I came back to see him to confirm this. He indicates that is his desire although he is very lethargic but oriented at least to person. (b)(6) + (b)(6) were present. In view of this and our availability to provide close monitoring and immediate response, I am transferring him to the CSH.

Meds: Acyclovir 20 Daily;  
 Celecoxib 20 Daily  
 MVI T Daily  
 Vit. B12, C, T Daily

Exam - see previous note for 1830 today

- A: ① Melanotic Ca to liver + lungs - unknown 1°
  - ② Acute → Chronic Renal failure over last 4 wks
  - ③ Atrial Fibr - recent H/O CHF (2/08) - Controlled
- NOA on 1 APR 08 4/0 ↑↑ INR

P: xfer to CSH. Request only 1 leg restraint be used. Please have family notified in AM

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

SPONSOR'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle initial; Date of Birth; Rank/Grade.)	WARD NO.
(b)(6)	

FIRMR (41 CFR) 201-9.202-1 APD PE v2.00

10-L-0126 ACLU DDII CID ROI 21551

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

0000548  
Exhibit

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

7 APR 05  
1830 Physician's Progress Note  
Reviewed status & orders and examined

120 Inpatient - He is awake, quiet + on no distress  
80/60 He follows commands.

2-20 Mucosa - dry  
Nuch - 5 JVD

6-108 Chest - Clear  
Cv - very very t @ gallop subs

Abd - Soft + non-tender  
Ext - 3 + edema.

A: Met Ca to unknown primary  
② Acute/Chronic renal failure

P: He is DNR - comfort care measures only  
I have discussed this with him on 3 occasions  
and with his family. Further intervention would  
be futile as would CPR. He + family understand  
and accept this. He has said that his life is in  
the hands of Allah.

The plan continues to be to allow him to  
remain in cell block 7A unless management of  
his care for comfort is not possible in this setting.

AL OR MEDICAL FACILITY	STATUS	DEPART./SERV
OR'S NAME	SSN/ID NO.	RELATIONSHIP

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.

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. JUN 1997)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1 APD PE v2.00

(b)(6)

10-L-0126 ACLU DDII CID ROI 21552

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

Exhibit 55 8

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

7 Feb 08 60 y/o male diagnosis of metastatic  
 Cancer. Returned recently to USH  
 for Acute SOB, dx of Abou, also  
 CHF. Clo NIV x 2 days. Obtained  
 best beta after Zofran 4mg + SLOW  
 NS.  
 TAD 4.7  
 Bmp  
 plin & Coumadin 2.5mg daily.  
 PU 48-72hr

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

CHRONOLOGICAL RECORD OF MEDICAL CARE

10-L-0126 ACLU-RDI-5588 p.26

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

Medical Record  
STANDARD FORM 100-REV. JUN 1985  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1

APD PE v2.00

000056

Exhibit 8

# RADIOLOGY REPORT

PATIENT NAME (b)(6)  
 DATE OF BIRTH  
 PATIENT NUMBER (b)(6)  
 REFERRING PHYSICIAN (b)(6)/ER  
 MODALITY TYPE CT  
 INSTITUTION NAME Cropper CT  
 EXAM DATE 20080210  
 EXAM TYPE R/O PE

## STUDY COMMENTS

## HISTORY

## COMPARISON EXAMINATIONS

CXR 2/10/08.

## FINDINGS AND IMPRESSION

No obvious PE through 3rd order branching, but respiratory motion limits evaluation. There are multiple circumscribed masses throughout both lungs in the upper and lower lobes that are metastatic disease until proven otherwise. The largest is in the RML at 2cm (Image 72). There is mediastinal and hilar adenopathy. The largest node is left hilar at 2cm. There are small bilateral effusions. The heart size is enlarged and there is vascular congestion c/w CHF. There is increased attenuation in the RML proximally adjacent to the fissure that could be consolidation, ATX or may be metastatic.

There are multiple low attenuation lesions throughout the liver that are also metastatic until proven otherwise. There is a focal calcification in the anterior liver that could be from an old infection or may be from the acute process. There is ascites.

There is multilevel DJD in the spine, but no obvious lytic or blastic bony lesions.

(b)(6)

10-1-0126-ACLU DDII CID ROI 21554 8

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE

# RADIOLOGY REPORT

PATIENT NAME (b)(6)  
 DATE OF BIRTH (b)(6)  
 PATIENT NUMBER (b)(6)  
 REFERRING PHYSICIAN (b)(6) ICU  
 MODALITY TYPE CR  
 INSTITUTION NAME Initial Hospital Name  
 EXAM DATE 20080213  
 EXAM TYPE Portable Chest

## STUDY COMMENTS

## HISTORY

## COMPARISON EXAMINATIONS

2/11 and 2/10/08.

## FINDINGS AND IMPRESSION

Improving CHF and interstitial edema. Right base is clearing. Masses persist. (b)(6)

(b)(6)

2008-02-13 08:17

Cropper Medweb 1

(b)(6)

(b)(6)

## DIGITAL SIGNATURE

Signer name: (b)(6)

Organization: Cropper Medweb 1

Contact e-mail: (b)(6)

Contact phone: (b)(6)

Signed: 2008/02/13.08:17:59

Reply

10-L-0126-ACLU-DDII CID ROI 21555

FOR OFFICIAL USE ONLY

Exhibit 8

LAW ENFORCEMENT SENSITIVE

(b)(6)

208-CID789-53202

P CROPPER

Personal Data - Privacy Act of 1974 (PL 93-579)  
Discharge Summary for CROP,C60J168162

Report requested by: (b)(6)

Attending Physician: (b)(6)

Admission Date: 10 Feb 2008

Discharge Date: 14 Feb 2008

(b)(6)

Discharge Diagnosis:  
ACUTE CHEST PAIN (ICD 786.59)

Discharge Diagnosis:  
ACUTE CHEST PAIN (ICD 786.59)

Major Operations/Procedures:

Chief Problem List:

Principal Diagnosis:  
CHF exacerbation  
RLL pneumonia  
Hypertension  
Metastatic lung and liver cancer

Secondary Diagnosis:  
CHF  
Hypertension

Principal Procedures/Operations:

@ Cmpd 5  
here in hospital  
Come get Discharge  
Cmpd 5 #

(b)(6)

www.waynfile.org

Patient's condition at time of Discharge:  
Improved

Active Outpatient Medications:  
No active outpatient prescriptions...

Lab Tests Pending at time of Discharge:

Lab Tests	Ordered for	Status
CARDIAC ENZYMES	11 Feb 2008	UNACKNOWLEDGED
BASIC METABOLIC PANEL	11 Feb 2008	UNACKNOWLEDGED

Radiology Exams:  
No pending Radiology Exams

Future Appointments:	Provider	Date/time	Type	Status
Clinic/Div				

Activity Limitations:  
No driving for:  
No jogging for:  
No long walks for:  
No stair climbing for:

(b)(6)  
01 Jan 1940 / Male  
Loc:  
Spon: (b)(6)  
Unit:  
Automated version of SF502

10-L-0126 ACLU DDII CID ROI 21556

MP CROPPER

Personal Data - Privacy Act of 1974 (Pl. 93-579)  
Discharge Summary for CROP,C600168163

port requested by: (b)(6)

No swimming for: No shower/bath for:  
No golf, tennis, similar sports for:  
No sexual intercourse for:

Do not return to work until:

et: SODIUM RESTRICTED 2000 MG NA

atient Instructions:

- edications:
- aldactone 50mg qd
- opressor 50mg bid
- isinopril 40mg qd
- ifedipine TBSR 60mg qd
- asix 20mg qd for 5 days
- CL 20meq qd for 5 days
- exapro 30mg qd
- ciphex 20mg qd
- oumadin 5mg qd
- ocor 40mg qd
- lindamycin 300mg qid for 7 days

ollow up with PCM in 2 days to monitor coumadin level.  
heck renal panel in 1 weeks to make sure you are not developing renal  
ailure or hyperkalemia

hysician Responsible for Dictation:

ischarge Summary:  
4 YO M admitted for CHF exacerbation. Treated with IV lasix, aldactone,  
CEI and beta blocker. He is net negative 3.5 liters for lenght of stay and  
eels almost back to USOH. Still has slight dyspnea and ambulatory SAO2 of  
14-92% so will give 5 more days of outpatient lasix. He becomes hypokalemic  
ith Lasix so I have also prescribed 5 days of potassium. Additionally, he  
as noted on CT to have metastatic disease of the right lung and liver and  
ML pneumonia(CAP vs post-obstructive). Most likely source of metastatic  
isease is colon adenocarcinoma. Pneumonia treated with 5 days of Zithromax  
nd 10 days anaerobic coverage(initial Rocephin changed to Clindamycin). I  
-mailed his PCM at compund 5 who is looking into the possibility of a  
ompassionate release for diagnosis and treatment of his cancer. At one  
oint in the past he was taking coumadin for A-fib, but it was stopped due to  
ruising. Given that adenoCA is a hypercoaguable state, I recommend  
e-starting coumadin(2 hits for valve embolus: stasis, hypercoaguable state)  
nd patient agrees. INR after 2 days of coumadin is 1.6.

erified by: TF 31 MED, Internal Medicine Physician on 14 Feb 2008

(b)(6) (b)(6)  
(b)(6) 1940 / Male  
Loc:  
Spon: (b)(6)  
Unit:

utomated version of SF502

10-L-0126 ACLU DDII CID ROI 21557

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

AUTHORIZED FOR LOCAL REPRODUCTION

**MEDICAL RECORD** **CHRONOLOGICAL RECORD OF MEDICAL CARE**

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

JAN 08 Monday Visit / post IHT C/O Flu like  
 201 lbs. Symptoms Nausea / Vomiting. Dizziness described  
 76 Abd cramps Numb B.P.s. C/O not able to  
 40/84 Stop at IHT. C/O coughing and sore scratchy  
 98 throat. C/O nasal drip feeling  
 visit mild HTN  
 oc/op clear no systems no mental  
 disturb.  
 Hx  
 Cup clear  
 Abd NTP  
 Ext of C/C/A  
 Diagnosis: gastroenteritis, URT Viral Syndrome  
 rhinitis, otitis media, S. aureus, B. pertussis  
 flu + mono.

(b)(6)

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

**CHRONOLOGICAL RECORD OF MEDICAL CARE**  
Medical Record

STANDARD FORM 600 (REV. JUN 1997)  
Prescribed by GSA FPMR  
FIRM (41 CFR) 201-9.202-1

0-L-0126 ACLU-~~FOIA~~ RDI 5588

~~FOR OFFICIAL USE ONLY~~

~~LAW ENFORCEMENT SENSITIVE~~

Exhibit 8

(b)(6)

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 DEC 07 @ 0600	NURSING: pt c/o itching/swelling to testicles. stated he uses cream to help w swelling. (b)(6) notified. MD stated pt Hx varicocele, pt given hydrocortisone cream topical PRN for itch (b)(6)
31 DEC 07 @ 1750	NURSING: Pt c/o cough ± poss blood x 1 day. SORE Throat. Pt has ⊖ swelling & REDNESS. Pt is give Cepacol (2 Tablets) (b)(6)
31 DEC 07 @ 2230	NURSING: Pt c/o cough x 1 day & SORE throat. Pt has ⊖ swelling or redness in mouth, ⊖ exudate on tonsils Pt state has only drank 3btl's of water (1.5Lts). Vital are normal, BP ↑ 152/88, P 76, T 98.5. Pt is given 600mg Mucinex Tablet & instructed to increase fluids (b)(6)
02 <del>JAN</del> JAN 08 @ 1705	NURSING: Pt c/o difficulty breathing in pri Pt states feel a burning sensation in chest, is very tired. Pt vital signs normal upon Examination: SpO2: 98, BP 148/88, P 75. Pt Hx ⊖ SMOKER, <del>has</del> Pt Lung Exam R & L fall. Lung sounds clear Bilaterally (b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPARTMENT
IHT	HVD	
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
	(b)(6)	

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

(b)(6)	REGISTER NO.	WARD NO.
--------	--------------	----------

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record

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

10-L-0126 ACLU DDII CID ROI 21559

~~FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE~~

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

EXAMINATION(S) REQUESTED  <i>testicular US Right</i>	AGE <i>60 M</i>	SEX <i>M</i>	SSN (Sponsor) <i>(b)(6)</i>	WARD/CLINIC	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) <i>(b)(6)</i>				TELEPHONE/FAX NO. <i>(b)(6)</i>
S <i>(b)(6)</i>				DATE REQUESTED <i>16 Nov 07</i>	

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

*60 y/o male with the Right testicular varicocele noted last week when detaining c/o dull ache when standing today detaining c/o doubling in size over last couple days without incision in pain: Please evaluate*

DATE OF EXAMINATION (Month, day, year)	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

*Large BILATERAL varicoceles (R) > (L)*

*Testicles normal*

*Epididymis normal*

*No hernia*

*Comments: An isolated right varicocele is worrisome, but this case is bilateral, which is very common. Routine follow-up only.*

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

*(b)(6)*

10-L-0126-ACLU-BDII CID RDI 24500  
STANDARD FORM 519-B (Rev. 8-83)  
Produced by SPA/CSS/CSA  
Proc # 21-54

~~1 - Medical Record  
FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE~~

Exhibit 063 8

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

30 MAR 68 Progress note  
 WT Remained stable from 28 MAR which shows  
 P 1.09 significant deterioration (respiratory status).  
 BP 82/54 Cerebral Tachycardia 9:15 from 4.7 on 25 MAR → 8.7 on 25 MAR  
 O2 94% In addition A.C = 5.2% clw DM.  
 MAR 25 MAR O. Looks better today.  
 26 130 mucous - dry + lips cracking. Tongue red + d.  
 18 5.9 Skin - 1st degree  
 16 13 CR + - (Cereb. + P + A)  
 21 93 Co - very congested on gill  
 10.9 6.6 Hct - Soft + moist  
 11.9 10.7 Ed - 3+ edema LE.  
 3.4 2.7 1) Acute renal failure 2° dehydration 2° 3/4)  
 2) Overcoagulated  
 3) 7 Ca  
 4) Metastatic Ca - in brain primary  
 P. 1) 1/2 Coumadin 1/2 Coumadin  
 1/2 heparin 1/2 heparin  
 4) Valium K 10 mg IV over 10 min  
 3) IV fluid 0.45% saline  
 4) well not nurse Zimela (at this point 1/4)  
 5) D/K

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./BEI
Rf in clinic	under 4.5H	(b)(6)
DONOR'S NAME	SSN/ID NO.	RELATIONSHIP

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.

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. JUN 1997)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 APD PE v2.00

10-L-0126 ACLU DDII CID ROI 21561

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

3 APR 08

Physician note

I met a patient and family today to discuss his medical status in detail. Two sons + wife were present. They asked numerous questions related to whether or not any possible treatment would be able to save him - no; why can't he be released - we continue to try.

They all understood that this visit & any subsequent visits may be their last. They understood that he has agreed to comfort care measures and doesn't want extraordinary measures.

(b)(6)

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

CHRONOLOGICAL RECORD OF MEDICAL CARE  
Medical Record  
STANDARD FORM 600 (REV. JUN 1997)  
Prescribed by GSA/ICMR  
FIRM (41 CFR) 201-9.202-1  
APD PE v2.00

10-L-0126 ACLU DDII CID ROI 21562

~~FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE~~

AUTHORIZED FOR LOCAL REPRODUCTION

EDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE

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

3 APR 08 Progress Report/Note  
 He states he feels weaker today. He continues to eat little. Sees no pain.  
 118 The nurses were unable to get blood yesterday. His neighbor says that he had to help him to bathroom today for first time.  
 P. 93/51  
 2 80  
 O. Examined sitting in wheelchair  
 Neck - 5 JVD  
 Chest - Clear to P + A 5 rales  
 Co - every every 5 @ gally, rales  
 Abd - unremarkable Soft  
 Ext - 3+ edema.  
 Neuro - he is awake + alert but  
 looks tired.

A: Acute renal failure  
 Metastatic carcinoma of unknown primary

P: ✓ lab today  
 No family visit, well defer IV fluids today

(b)(6)

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART /SERVICE
INSUROR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR
IDENT'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.

CHRONOLOGICAL RECORD OF MEDICAL CARE  
 Medical Record  
 STANDARD FORM 600 (REV. JUN 1997)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1 APD PE v2.00

(b)(6)

10-L-0126 ACLU DDII CID ROI 21563

~~FOR OFFICIAL USE ONLY~~  
~~LAW ENFORCEMENT SENSITIVE~~