

REQUEST FOR PRIVATE MEDICAL INFORMATION For use of this form, see AR 40-66; the proponent agency is the OTSG		1. Date (YYYYMMDD) 20090728
2. Patient's Name and SSN (b)(7)(E) ISN [redacted]	3. Medical Treatment Facility (Name and Location) CAMP BUCCA TIF HOSPITAL	
4. Reason for Request The 89th Military Police Brigade and Task Force 134 are responsible for the care and custody of detainees at Camp Bucca, and have the responsibility for maintaining files (to include the requested files) related to all detainee deaths.		
5. Private Medical Information Sought (Specify dates of hospitalization or clinic visits and diagnosis, if known) The 89th Military Police Brigade requests a copy of 1) the death certificate for ISN <u>329938</u> , 2) medical records pertaining to the death and treatment related to the cause of death, and/or 3) a summary of the medical conditions and treatment related to the death. ISN <u>329938</u> died on 23 JUL 09, at Camp Bucca, Iraq.		

(b)(3):10 U.S.C. 130(b),(b)(6)

[redacted]

and SSN [redacted]

89th Military Police Brigade Deputy Brigade Commander

FOR USE OF MEDICAL TREATMENT FACILITY ONLY

7. Check applicable box.

Approved Disapproved (State reason for disapproval)

8. Summary of Private Medical Information Released.

DA Form 2669-R
Certificate of Death (Overseas)
SF 600's dated

- 23 July 09
- 23 July 09
- 20 Mar 09
- 23 Feb 09
- 20 Feb 09
- 19 Feb 09

(b)(3):10 U.S.C. 130(b),(b)(6)

10. Date (YYYYMMDD)
2009 07 28