



DEPARTMENT OF THE ARMY
UNITED STATES ARMY CRIMINAL INVESTIGATION COMMAND
31st MILITARY POLICE DETACHMENT (CID)
LSA ANACONDA, BALAD, IRAQ
APO AE 09391

CIRC-CFC

4 DEC 05

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION – FINAL(C)/SSI-0251-05-CID919-38313-5H9B

1. DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 21 SEP 05/2104 –21 SEP 05/2120, GRID 38S ME 44500 20170, WEST RIVER ROAD, KIRKUK, IRAQ

2. DATE/TIME REPORTED: 8 OCT 05, 1255

3. INVESTIGATED BY: SA (b)(6), (b)(7)(C), (b)(7)(F) SA (b)(6), (b)(7)(C)
(b)(7)(F) SA (b)(6), (b)(7)(C), (b)(7)(F)

4. SUBJECT: 1. UNKNOWN; [JUSTIFIABLE HOMICIDE]

5. VICTIM: 1. (DECEASED) SHAKUR, ALI JIDEK AZMER; CIV; ISN NUMBER (b)(6), (b)(7)(C) MALE; OTHER; KIRKUK MINISTRY, KIRKUK, IRAQ; XZ; NFI; [JUSTIFIABLE HOMICIDE]

6. INVESTIGATIVE SUMMARY:

“This is an Operation Iraqi Freedom 2004-2006 Investigation.”

This investigation was initiated upon notification by CW4 (b)(6), (b)(7)(C) Assistant Operations Officer, 11th Military Police Battalion (CID), Camp Victory, Iraq, that Mr SHAKUR died while under a physicians care at the 332nd Expeditionary Medical Group Theater Hospital (332nd EMDG), LSA Anaconda, Iraq APO AE 09391 (LSAA).

Investigation determined Mr SHAKUR’s vehicle was engaged with a M240B when he approached a Traffic Control Point (TCP) at a high rate of speed and failed to stop for an Iraqi Police Patrol with lighted red and blue emergency lights. Mr SHAKUR suffered a head injury and was transported to the 332nd EMDG, LSAA, where in subsequently died of his wounds.

Investigation established probable cause to believe Mr SHAKUR's death was a Justifiable Homicide, when an Army Regulation 15-6 investigation was conducted and determined Mr SHAKUR'S vehicle was fired upon in accordance with the Rules of Engagement and the proper Escalation of Force was used.

STATUTES:

None.

EXHIBITS/SUBSTANTIATION:

Attached:

1. Agents Investigation Report (AIR) of SA **b(6), b(7)(C)** 8 Oct 05, detailing the initial notification; coordination with Mortuary Affairs, LSAA, the 332nd EMDG, and MAJ **b(6), b(7)(C)**
2. DD Form 2064, Certificate of Death (Overseas), 8 Oct 05, pertaining to Mr SHAKUR.
3. AF IMT 560, Authorization and Treatment Statement, 8 Oct 05, pertaining to Mr SHAKUR.
4. Patient Treatment Management packet, 8 Oct 05, pertaining to Mr SHAKUR.
5. DA Form 1574, Report of Proceedings by Investigating Officer/Board of Officers, 25 Sep 05, wherein CPT **b(6), b(7)(C)** determined the shooting of Mr SHAKUR was in accordance with the Rules of Engagement and the proper Escalation of Force.
6. Memorandum For LTC **b(6), b(7)** 30 Sep 05, wherein MAJ **b(6), b(7)(C)** Office of the Staff Judge Advocate, determined there was sufficient evidence to support the findings of the AR 15-6 Investigation.
7. AIR of SA **b(6), b(7)(C)** 8 Oct 05, detailing coordination with the Patient Administration Division, Baghdad Central Confinement Facility; and receipt of Mr SHAKUR'S medical records.
8. Medical Records of Mr SHAKUR, 3 Oct 05.
9. AIR of SA **b(6), b(7)(C)** 9 Nov 05, detailing coordination with Mortuary Affairs, LSAA, and the Office of the Staff Judge Advocate.

Not Attached:

None.

The originals of Exhibits 1, 7, and 9 are forwarded with the USACRC copy of this report. The originals of Exhibits 2 and 3 are retained in the files of the Mortuary Affairs Office, LSAA. The original of Exhibit 4 is retained in the files of the 332nd EMDG, LSAA. The originals of Exhibits 5 and 6 are retained in the files of Headquarters and Headquarters Company, 116th Brigade Combat Team, FOB Warrior, Iraq, APO AE 09391. The original of Exhibit 8 is retained in the files of the Patient Administration Division, 344th Field Hospital, Baghdad Central Confinement Facility, Abu Ghraib, Iraq APO AE 09342.

STATUS: This is a Final (C) Report. This investigation was terminated in accordance with CIDR 195-1, Section V, paragraph 4-17a (6), in that the Special Agent-in-Charge determined that furtherance of this investigation would be of little or no value and the leads remaining to be developed were not significant. Remaining leads include: the autopsy of Mr SHAKUR; locate, fully identify and interview SSG **b(6), b(7)(C)** SGT **b(6), b(7)(C)** SPC **b(6), b(7)(C)** SPC **b(6), b(7)(C)** and CPL **b(6), b(7)(C)** mentioned in Exhibit 5; and conduct canvass interviews of unit personnel. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

Report Prepared By:

Report Approved By:

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

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

Special Agent in Charge

DISTRIBUTION:

- 1 - Dir, USACRC, 6010 6th Street, Fort Belvoir, VA 22060-5506 (Original)
- 1 - Thru: Cdr, 11th Military Police Battalion (CID), Camp Victory, Iraq APO AE 09342
Thru: Cdr, 3rd Military Police Group (CID) (ATTN: Operations), Fort Gillem, GA 30297
To: Headquarters, USACIDC (ATTN: //CIOP-ZA//), Fort Belvoir, VA 22060
- 1 - Dir, Armed Forces Institute of Pathology (ATTN: AFME), AFIP Annex - Bldg 102, 1413 Research Blvd, Rockville, MD 20858
- 1 - Office of the Staff Judge Advocate (ATTN: MAJ [REDACTED], LSA Anaconda, Iraq APO AE 09391
- 1 - Office of the Provost Marshal (ATTN: MAJ [REDACTED] LSA Anaconda, Iraq APO AE 09391 (E-mail only)
- 1 - Cdr, 35th Area Support Group (ATTN: COL [REDACTED] LSA Anaconda, Iraq APO AE 09391 (E-mail only)
- 1 - DCO, 3rd Corp Support Command (ATTN: COL [REDACTED] LSA Anaconda, Iraq APO AE 09391 (E-mail only)
- 1 - Chief, Investigative Operations Division (E-mail only)
- 1 - Deputy Chief of Staff for Operations (E-mail only)
- 1 - CID Current Operations (E-mail only)
- 1 - CID LNO, MNC-I (For Further Distribution) (E-mail only)
- 1 - File

AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0251-05-CID919 - 38313

Page 1 of 1

DETAILS

BASIS FOR INVESTIGATION: About 1255, 8 Oct 05, this office was notified by CW3(P) [REDACTED] Assistant Operations Officer, 11th Military Police Battalion (CID), Camp Victory, Baghdad, of a death of a detainee.

About 1310, 8 Oct 05, SA [REDACTED] coordinated with SGT [REDACTED] Mortuary Affairs, LSA Anaconda (LSAA), Iraq, who related Mr. Ali Jidek Azmer SHAKUR, ISN: number [REDACTED] (NFI), was transported to Mortuary Affairs at 0400, 8 Oct 05. SGT [REDACTED] stated he was unaware of the circumstances surrounding Mr. SHAKUR's death. SGT [REDACTED] provided copies of Mr. SHAKUR's Certificate of Death and Authorization and Treatment Statement.

About 1325, 8 Oct 05, SA [REDACTED] coordinated with SSG [REDACTED] 332nd EMDG, LSAA, who provided Patient Treatment Management records.

About 1415, 8 Oct 05, SA [REDACTED] coordinated with SA [REDACTED] Abu Ghraib CID, Iraq, who related Mr. SHAKUR was in-processed into the Abu Ghraib hospital as a Post Operative Transfer from LSA Anaconda on 28 Sep 05 and departed 29 Sep 05. SA [REDACTED] stated Mr. SHAKUR did not in-process into the detainee population and was transferred after he began experiencing further high fever. SA [REDACTED] stated Mr. SHAKUR returned to the Abu Ghraib hospital on 2 Oct 05 and departed on 3 Oct 05 after he experienced further medical problems.

About 1520, 8 Oct 05, SA [REDACTED] coordinated with MAJ [REDACTED] S-2, 1/16th Brigade Combat Team (BCT), FOB Warrior, Kirkuk, Iraq, who related Mr. SHAKUR was shot by American soldiers when he drove his vehicle through an off-post Traffic Control Point at a high rate of speed. MAJ [REDACTED] stated two 40mm rds were fired at the vehicle and Mr. SHAKUR suffered injuries to his head. MAJ [REDACTED] stated Mr. SHAKUR was taken to the hospital on LSA Anaconda where he was treated for his injuries. MAJ [REDACTED] stated Mr. SHAKUR was identified as an employee of the Kirkuk Ministry. MAJ [REDACTED] stated the incident was considered an accident and a 15-6 investigation had been conducted. MAJ [REDACTED] further stated the unit coordinated with COL [REDACTED] who opined the incident was accidental.

//LAST ENTRY//

TYPED AGENT'S NAME AND SEQUENCE NUMBER

[REDACTED]

ORGANIZATION*

37th Military Police Detachment (CID) (FWD)
LSA Anaconda, Iraq APO AE 09391

DATE

8 Oct 05

EXHIBIT

1

EXHIBITS 2 thru 4

Pages 6 thru 13 referred to:

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

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)					
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénoms) Shakur Ali Jidek Azmer Unkown		GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale (b)(6)	
ORGANIZATION Organisation		NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE Masculin <input type="checkbox"/> FEMALE Féminin	
RACE Race		MARITAL STATUS État Civil		RELIGION Culte	
CAUCASOID Caucasique		SINGLE Célibataire		PROTESTANT Protestant	
NEGROID Négride		MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Spécifier)		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 Declaration 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.					4 DAYS
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			14 DAYS
		UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire			
OTHER SIGNIFICANT CONDITIONS ² Autres conditions significatives ²					
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					
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 du décès (l'heure, le jour, le mois, l'année) (b)(6) 2005 (b)(6)	PLACE OF DEATH Lieu de décès BAHAB AB TRAD				
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 (b)(6)		TITLE OR DEGREE Titre ou diplôme			
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse BAHAB AB TRAD				
DATE Date (b)(6) 2005	SIG (b)(6)				

¹ State disease, injury or complication which cause
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 liée à la maladie ou à l'arrêt du coeur, etc.
² Préciser la condition qui a contribué à la mort, mais n'ayant aucun rapport avec la maladie ou à la condition qui a provoqué la mort.

USE BALL POINT PEN
PRESS HARD

AUTHORIZATION AND TREATMENT STATEMENT

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - See Reverse)

I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)													
1. REGISTER NO.		NBSUF		2. NAME (Last, First, Middle Initial) Shakur, Ali Jidek Azmer				3. RELIGION VSI					
4. FACILITY CODE (b)(6)		5. MEDICAL TREATMENT FACILITY 332 Air Force Theater Hospital Balad AB Iraq				6. TIME OF ADM 2043		7. DATE OF ADMISSION (b)(6) 05		8. TYPE OF CASE BI			
9. FMP (b)(6)		10. BENEF TYPE EPW		11. GRADE	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC		16. AGE 66			
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE		21. CURRENT ORGANIZATION				22. INPATIENT UNIT ICU2				
23. FAC INT ADM CODE		24. FACILITY OF INITIAL ADMISSION				25. DATE INITIAL ADM		26. ROOM	27. BED				
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO		29. CLINIC SERVICE(S)				30. ADMISSION CLERK							
31. EMERGENCY ADDRESSEE/RELATIONSHIP						32. NAME AND ADDRESS OF SPONSOR							
33. PRIMARY ADMISSION DIAGNOSIS GSW Head						34. SECONDARY ADMISSION DIAGNOSIS							
35. CAUSE OF INJURY													
36A. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO		36B. I have read and understand the Privacy Act and Disengagement Statements on the reverse of this form.			SIGNATURE OF PATIENT OR SPONSOR				37. ADMITTING PROVIDER				
II. TREATMENT													
38. DIAGNOSES - PROCEDURES								39. PROVIDERS OF CARE					
DOB: _____ Admission: JPTA (b)(6) 24 HR (b)(6) Discharge: JPTA _____ 24 HR _____ LOD: <input type="checkbox"/> YES <input type="checkbox"/> EPTS. LOD not applicable <input type="checkbox"/> AF Form 348 (Check <input type="checkbox"/> if continued on reverse) (Check <input type="checkbox"/> if continued on reverse)													
40. ADMINISTRATIVE DATA (Change in physical profile required <input type="checkbox"/> YES (Prepare AF Form 422) <input type="checkbox"/> NO)								(Meal Card <input type="checkbox"/> YES <input type="checkbox"/> NO)					
41. DISPOSITION (b)(6)								42. DATE OF DISPOSITION (b)(6)	43. TIME OF DISPOSITION 05	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN _____ RECOMMENDED _____	
47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER						48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL							

FOUO

0251-05-010919-383



Welcome (b)(6)

Patient Reg./Update

Patient Search

Patient Info.

Reg

Patient Treatment Management

SSN

?

NAME

?

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	UNKNOWN	M	EPW	Civilian
DIAGNOSIS:		OPN WOUND OF EYEBALL NOS		
ATTACHMENTS: 0 files			AF3899: Create	

STATUS	LOCATION	DATE	FACILITY
RETURNED TO DUTY		9/27/2005 3:13:49 PM	
INPATIENT	ICW-1-332EMDG	9/26/2005 1:51:41 AM	332 EMDG-BALAD
ADMITTED		9/26/2005 1:51:41 AM	
OUTPATIENT	OUTPATIENT-332EMDG	9/26/2005 1:44:50 AM	332 EMDG-BALAD
INPATIENT	ICW-1-332EMDG	9/25/2005 3:50:44 PM	332 EMDG-BALAD
INPATIENT	ICU-2-332EMDG	9/21/2005 9:57:10 PM	332 EMDG-BALAD
INPATIENT	PENDING INP	9/21/2005 4:43:10 PM	332 EMDG-BALAD

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(6)	9/21/2005 8:09:21 PM	NSGY: Charging checkpoint GSW OD into temporal lobe. Best exam ruptured OD, 6mm OS NR, M4V1TE1, localized bilaterally and rapidly withdrew from pain. HCT large SAH, IVH, ICH with debris in tract of Rt temp lobe. To OR	Edit	Delete
332 EMDG-BALAD	(b)(6)	9/21/2005 8:10:38 PM	PROCEDURE HX - Rt decompressive craniectomy, evacuation ICH and SDH, duraplasty, ICP monitor, ventriculostomy	Edit	Delete
332 EMDG-BALAD	(b)(6)	9/22/2005 12:29:11 PM	ICP stable. afebrile. plan d/c introducer catheter femoral, start TF, reduce sedation for clinical exam.	Edit	Delete

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EXHIBIT 48

0251-05-010919-383

332 EMDG- BALAD	(b)(6)	9/23/2005 4:27:06 AM	Hemovac d/c. Follows command. Weakness L side. Wean sedation and ? extubate.	Edit	Delete
332 EMDG- BALAD	(b)(6)	9/24/2005 2:11:40 AM	Extubated, follows commands, blind, PO diet, repeat CT scan for ventricular blood per NS	Edit	Delete
332 EMDG- BALAD	(b)(6)	9/25/2005 3:33:38 AM	T 100.7, d/c fentanyl, dht vs. PO feeding.	Edit	Delete
332 EMDG- BALAD	(b)(6)	9/26/2005 1:41:57 AM	GCS is 15. Wants PO. Elevate HOB. D/C to Abu	Edit	Delete
332 EMDG- BALAD	(b)(6)	9/27/2005 2:42:55 AM	Blind from GSW to right and left eye. Stable taking oral feeds and DC soon.	Edit	Delete

PENDING RTD PENDING TRANSFER FOLLOW UP APPT

Type notes here:

SAVE NOTES

Procedure Hx

REFRESH PAGE

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Welcome (b)(6)

Patient Reg./Update

Patient Search

Patient Info.

Rej

Patient Treatment Management

SSN

[?]

NAME

[?]

SSN	NAME	SEX	RANK	BRANCH
(b)(6)	SHAKUR, ALI JIDEK	M	N/A	UNKNOWN
DIAGNOSIS: HEAD INJURY, UNSPECIFIED				
ATTACHMENTS: 0 files			AF3899: Create	

STATUS	LOCATION	DATE	FACILITY
EXPIRED		10/8/2005 12:00:00 AM	
INPATIENT	ICU-2-332 EMDG	10/3/2005 6:15:24 PM	332 EMDG-BALAD
INPATIENT	PENDING INP-332 EMDG	10/3/2005 2:00:48 PM	332 EMDG-BALAD

FACILITY	AUTHOR	DATE	NOTES		
332 EMDG-BALAD	(b)(6)	10/3/2005 2:58:09 PM	PROCEDURE HX - Pt readmitted with decrease in LOC and reintubated at Abu Graihb. Repeat CT showed increased R hemispheric edema with hydrocephalus. Hyponatremic Na+=131. Febrile NOS. 3 antibiotics Vanco/Gent/Imipenam. Ventriculostomy placed in ER to decompress hydrocephalus and get cultures of CSF, Will need ICU management for Na+ correction and fever work up.	Edit	Delete
332 EMDG-BALAD	(b)(6)	10/4/2005 5:41:26 AM	CXR with LLL atelectasis. T103, NA 133 with salt supplementation. Ventri placed with obvious WBC c/w ventriculitis/menignitis On vanco/imipenam. Follow neuro exam. If clinical improvement plan trach/gtube 10/7.	Edit	Delete
			Neuro exam c/w cerebral posturing.		

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332 EMDG- BALAD	(b)(6)	10/5/2005 5:02:21 AM	Temp down to 101.1 ICP < 10. Increase TF, Vanco/imipenem for ventriculitis, Monitor NA. Hold mannitol for now.	Edit	Delete
332 EMDG- BALAD	(b)(6)	10/6/2005 2:42:16 AM	Posturing off sedation. Ventric intermittent output. Tolerating TF. Increased vent for elevated CO2. Ethics review of case tomorrow. Cont abx. Schedule late in the day for trach/PEG	Edit	Delete
332 EMDG- BALAD	(b)(6)	10/7/2005 2:59:14 AM	Poor prognosis, L MCA infarct on CT, ventricle extensively replaced with purulence	Edit	Delete

PENDING RTD PENDING TRANSFER FOLLOW UP APPT

Type notes here:

SAVE NOTES

Procedure Hx

REFRESH PAGE

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~~LAW ENFORCEMENT SENSITIVE~~

EXHIBIT 11 4

Incident: Dow
Date: (b)(6) 05
Time: 0310

SIR/CCIR

Person making report:

Name: (b)(6) Rank: (b)(6)
Duty Section: PAD Date/Time of Report: (b)(6) 05 (b)(6)
Telephone: (b)(6) E-mail: _____

Incident:

Name/s: (b)(6) Shakur, Ail Jidek Azmer Rank: EPW

Unit: _____ Contact Info(phone/e-mail) _____

USAF USA USMC USN KBR DoD Contractor Other: Iraqi Civilian

Location of Incident:

Details of Incident:

PT Died of GSW to head
received 14 Days Ago

Pronounced By: (b)(6) Time: 0310

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NAME: SHAKUR, AI JIDEK AZME

SSN: (b)(6)

UNIT: Iraqi Civilian

DATE: (b)(6) 05

PATIENT'S IDENTIFICATION (For plate imprint, typewriter or hand)

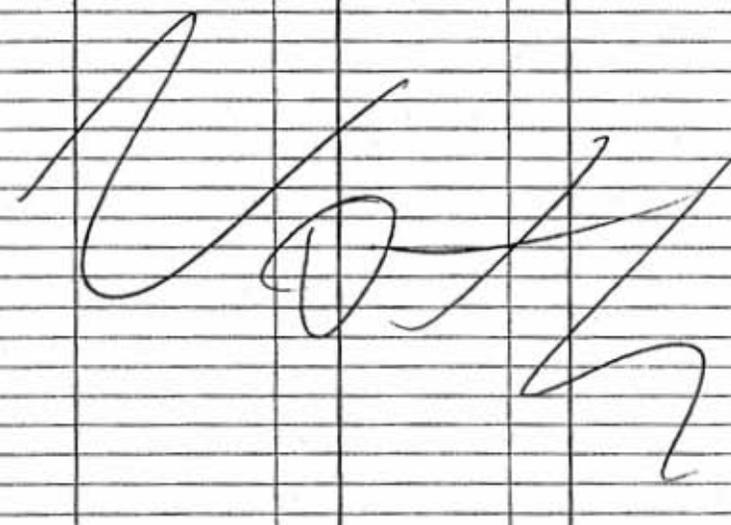
PATIENT'S DEPOSIT RECORD
 For use of this form, see AR 40-400; the proponent agency is the Office of The Surgeon General.

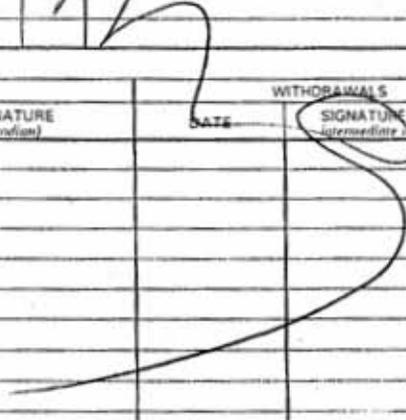
I have been informed that any funds or valuables in my possession while a patient in this hospital are retained at my own risk and that I may and should deposit same in the patient trust fund.

I do do not wish to make a deposit at this time.

 Patient's signature (or witness's, if patient is unable to sign) **PUTS**

FUNDS & VALUABLES RECEIVED IN FULL (Patient's or witness's signature and date)

FUNDS					
DATE	DEPOSITS	WITHDRAWALS	BALANCE	SIGNATURE	
					

VALUABLES						
NUMBER	QTY.	DESCRIPTION OF VALUABLES	DEPOSITS		WITHDRAWALS	
			DATE	SIGNATURE (Custodian)	DATE	SIGNATURE (Patient or Intermediate Individual)
						

EXHIBITS 5 & 6

Pages 14 thru 44 referred to:

Headquarters and Headquarters Company
116th Brigade Combat Team
FOB Warrior Iraq
APO AE 09342

REPORT OF PROCEEDINGS BY INVESTIGATING OFFICER/BOARD OF OFFICERS

For use of this form, see AR 15-6; the proponent agency is OTJAG

IF MORE SPACE IS REQUIRED IN FILLING OUT ANY PORTION OF THIS FORM, ATTACH ADDITIONAL SHEETS

SECTION I - APPOINTMENT

Appointed by b(6)
(Appointing authority)

on 24 SEP 2005
(Date) (Attach inclosure 1: Letter of appointment or summary of oral appointment data.) (See para 3-15, AR 15-6.)

SECTION II - SESSIONS

The (investigation) (board) commenced at _____ at _____
(Place) (Time)

on _____ (if a formal board met for more than one session, check here . Indicate in an inclosure the time each session began and ended,

the place, persons present and absent, and explanation of absences, if any.) The following persons (members, respondents, counsel) were present: (After each name, indicate capacity, e.g., President, Recorder, Member, Legal Advisor.)

The following persons (members, respondents, counsel) were absent: (Include brief explanation of each absence.) (See paras 5-2 and 5-8a, AR 15-6.)

The (investigating officer) (board) finished gathering/hearing evidence at 19:00 on 25 SEP 2005
(Time) (Date)

and completed findings and recommendations at 15:00 on 1 OCT 2005
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

A. COMPLETE IN ALL CASES	YES	NO ¹	NA ²
Inclosures (para 3-15, AR 15-6) Are the following inclosed and number consecutively with Roman numerals: (Attached in order listed)			
a. The letter of appointment or a summary of oral appointment data?	X		
b. Copy of notice to respondent, if any? (See item 9, below)			X
c. Other correspondence with respondent or counsel, if any?			X
d. All other written communications to or from the appointing authority?			X
e. Privacy Act Statements (Certificate, if statement provided orally)?	X		
f. Explanation by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems encountered (e.g. absence of material witnesses)?			X
g. Information as to sessions of a formal board not included on page 1 of this report?			X
h. Any other significant papers (other than evidence) relating to administrative aspects of the investigations or board?			X

FOOTNOTES: 1. Explain all negative answers on an attached sheet.
2. Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.

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		YES	NO ₁	NA ₂
2	Exhibits (para 3-16, AR 15-6)			
	a. Are all items offered (<i>whether or not received</i>) or considered as evidence individually numbered or lettered as exhibits and attached to this report?	x		
	b. Is an index of all exhibits offered to or considered by investigating officer or board attached before the first exhibit?	x		
	c. Has the testimony/statement of each witness been recorded verbatim or been reduced to written form and attached as an exhibit?	x		
	d. Are copies, descriptions, or depictions (<i>if substituted for real or documentary evidence</i>) properly authenticated and is the location of the original evidence indicated?	x		
	e. Are descriptions or diagrams included of locations visited by the investigating officer or board (para 3-6b, AR 15-6)?			x
	f. Is each written stipulation attached as an exhibit and is each oral stipulation either reduced to writing and made an exhibit or recorded in a verbatim record?	x		
	g. If official notice of any matter was taken over the objection of a respondent or counsel, is a statement of the matter of which official notice was taken attached as an exhibit (para 3-16d, AR 15-6)?			x
3	Was a quorum present when the board voted on findings and recommendations (paras 4-1 and 5-2b, AR 15-6)?			x
B. COMPLETE ONLY FOR FORMAL BOARD PROCEEDINGS (Chapter 5, AR 15-6)				
4	At the initial session, did the recorder read, or determine that all participants had read, the letter of appointment (para 5-3b, AR 15-6)?			
5	Was a quorum present at every session of the board (para 5-2b, AR 15-6)?			
6	Was each absence of any member properly excused (para 5-2a, AR 15-6)?			
7	Were members, witnesses, reporter, and interpreter sworn, if required (para 3-1, AR 15-6)?			
8	If any members who voted on findings or recommendations were not present when the board received some evidence, does the inclosure describe how they familiarized themselves with that evidence (para 5-2d, AR 15-6)?			
C. COMPLETE ONLY IF RESPONDENT WAS DESIGNATED (Section II, Chapter 5, AR 15-6)				
9	Notice to respondents (para 5-5, AR 15-6)			
	a. Is the method and date of delivery to the respondent indicated on each letter of notification?			
	b. Was the date of delivery at least five working days prior to the first session of the board?			
	c. Does each letter of notification indicate -			
	(1) the date, hour, and place of the first session of the board concerning that respondent?			
	(2) the matter to be investigated, including specific allegations against the respondent, if any?			
	(3) the respondent's rights with regard to counsel?			
	(4) the name and address of each witness expected to be called by the recorder?			
	(5) the respondent's rights to be present, present evidence, and call witnesses?			
	d. Was the respondent provided a copy of all unclassified documents in the case file?			
	e. If there were relevant classified materials, were the respondent and his counsel given access and an opportunity to examine them?			
10	If any respondent was designated after the proceedings began (or otherwise was absent during part of the proceedings)			
	a. Was he properly notified (para 5-5, AR 15-6)?			
	b. Was record of proceedings and evidence received in his absence made available for examination by him and his counsel (para 5-4c, AR 15-6)?			
11	Counsel (para 5-6, AR 15-6):			
	a. Was each respondent represented by counsel?			
	Name and business address of counsel:			
	(If counsel is a lawyer, check here <input type="checkbox"/>)			
	b. Was respondent's counsel present at all open sessions of the board relating to that respondent?			
	c. If military counsel was requested but not made available, is a copy (or, if oral, a summary) of the request and the action taken on it included in the report (para 5-6b, AR 15-6)?			
12	If the respondent challenged the legal advisor or any voting member for lack of impartiality (para 5-7, AR 15-6):			
	a. Was the challenge properly denied and by the appropriate officer?			
	b. Did each member successfully challenged cease to participate in the proceedings?			
13	Was the respondent given an opportunity to (para 5-8a, 15-6):			
	a. Be present with his counsel at all open sessions of the board which deal with any matter which concerns that respondent?			
	b. Examine and object to the introduction of real and documentary evidence, including written statements?			
	c. Object to the testimony of witnesses and cross-examine witnesses other than his own?			
	d. Call witnesses and otherwise introduce evidence?			
	e. Testify as a witness?			
	f. Make or have his counsel make a final statement or argument (para 5-9, AR 15-6)?			
14	If requested, did the recorder assist the respondent in obtaining evidence in possession of the Government and in arranging for the presence of witnesses (para 5-8b, AR 15-6)?			
15	Are all of the respondent's requests and objections which were denied indicated in the report of proceedings or in an inclosure or exhibit to it (para 5-11, AR 15-6)?			
Footnotes: 1 Explain all negative answers on an attached sheet. 2 Use of the N/A column constitutes a positive representation that the circumstances described in the question did not occur in this investigation or board.				

FOUO

EXHIBIT 15
5

SECTION IV - Findings (para 3-10, AR 15-6)

The *(investigating officer) (board)*, have carefully considered the evidence, finds:

See attached pages

SECTION V - RECOMMENDATIONS (para 3-11, AR 15-6)

In view of the above findings, the *(investigating officer) (board)* recommends:

See attached pages

FOUO

Findings for 15-6 investigation involving the shooting of two Iraqi civilians by B co 2-116

On 21 SEP 2005, at 2000hrs 2nd Squad of 1st Platoon, B Co, 2-116 was providing a rolling QRF for a company mission. At 2018 the Squad was hit by an IED on West River Road, Kirkuk. The squad reported to higher and established security at the site to wait for EOD to examine the crater. The IED caused only minor damage to the B17 vehicle and no injury to personnel.

West River Road is a two lane north and south running road divided by curb and dirt median. The IED was placed in the center median.

2nd Squad established security by placing a line of five CHEM sticks across the south bound lane of West River Road approximately 50 meters ahead of their vehicle and a second line of two CHEM sticks 10 meters back from that. The B11 vehicle parked in the center of the southbound lane facing north against traffic. The B11 vehicle had its headlights on and was parked under a street light. Parked next to the B11 vehicle in the north bound lane was an ESU pickup with overhead red and blue lights activated. Standing in front of both vehicles were several ESU personnel with flashlights. All witness interviewed stated that there was a steady flow of traffic approaching their position and turning at the intersection north of their location. All members stated that there was a steady flow of traffic the entire time with all approaching civilian vehicles seeing the blocked road and turning with exception of the two they engaged.

At 2104 a light blue car broke from the line of traffic and approached the squad's location heading south in the south bound lane at a high rate of speed. 2nd Squad members and ESU members began shouting and waving flash lights in attempt to get the vehicle to slow down and stop.

After attempts of the ground personnel to stop the vehicle, (b)(6) the (b)(6) for the B11 vehicle fired a burst of warning shots with (b)(6) vehicle mounted B240. (b)(6) (b)(6) fired in front of the vehicle as it crossed the first line of CHEM sticks in attempt to get the driver to stop. (b)(6) described the vehicle as "barreling down on us". Because the driver of the vehicle ignored the ground personnel waving and shouting, crossed the line of CHEM sticks and ignored the warning shots, (b)(6) fired a three round burst with (b)(6) 240 into the windshield of the vehicle. (b)(6) stated that the vehicle "lost control and came to a stop behind (b)(6) HUMMV".

(b)(6) was standing in the roadway outside of the passenger side of the B11 vehicle facing traffic. (b)(6) stated that after the vehicle crossed the first line of CHEM lights (b)(6) fired a burst of warning shots with (b)(6) M4 in front of the vehicle. When the driver ignored (b)(6) warning shots (b)(6) fired an additional burst into the vehicle as it approached (b)(6) position next to the B11 vehicle.

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 517

When the vehicle came to a stop next to B11 and against the center median, 2nd Squad secured the vehicle and the (b)(6) (b)(6) reformed first aid. The driver was shot in the arm and one round grazed his head. Shortly after that the driver was taken by an Iraqi ambulance to EMEDS. (b)(6) stated he was stable but unconscious. (b)(6) stated that while (b)(6) was administering aid, (b)(6) could smell whiskey on the man's breath.

To date the driver of the vehicle is alive and stable. He is in Baghdad being treated for his injuries.

2nd Squad searched the vehicle and found nothing of evidential value.

When asked, all members of 2nd squad interviewed stated that the man was unconscious and was not interviewed.

After the Iraqi ambulance took the driver to EMEDS, the ESU members removed his vehicle and left the area without explanation.

After the ESU members left the area (b)(6) ordered the B34 vehicle to be moved into the north bound lane facing north to replace the ESU vehicle parked parallel with the B11 vehicle.

2nd squad members reported that the power in that area of the city went out shortly after the ambulance took the first driver away but all vehicle head lights were on and that they had ambient light from illumination rounds being fired from FOB Warrior.

At 2206, members of 2nd squad were waiting for orders to leave the area when another vehicle pulled out of the flow of traffic and approached their location at a high rate of speed. The driver again ignored the soldiers on the ground waving flash lights and shouting at him to stop. The driver crossed the line of CHEM lights placed across the south bound lane. (b)(6) stated that because of the amount of personnel on the ground in front of and around (b)(6) vehicle (b)(6) picked up (b)(6) M4 rifle instead of using his B240. (b)(6) stated that as the driver crossed the first line of CHEM lights, (b)(6) aimed and shot out the front right tire. (b)(6) stated that the vehicle kept approaching so (b)(6) shot another round into the right head light. After the driver ignored both shots, (b)(6) fired two more rounds into the windshield at the driver. (b)(6) stated that the vehicle came to a stop approximately 15 meters to the front left of the B11 vehicle.

(b)(6) stated that (b)(6) was standing in the center median as the vehicle approached. (b)(6) (b)(6) (b)(6) stated that after the vehicle breached the second line of CHEM sticks (b)(6) fired three rounds from (b)(6) M4 into the vehicle in an attempt to stop it.

The members of 2nd Squad secured the vehicle and removed the passenger who was uninjured. A search of the vehicle revealed nothing of evidentiary value. (b)(6) the (b)(6) began giving aid. ESU arrived on the scene shortly after the incident with

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 5

18

an Iraqi ambulance. The driver was transported to EMEDS and the passenger, (b)(6) was taken by ESU.

The driver was shot in the head. To date he is alive and stable in Baghdad. He has lost one eye and may lose the other.

When asked, all members involved stated that ESU took the driver and passenger before they could be interviewed.

The current status of both Iraqi civilians is unknown.

Findings:

In the time frame of both instances of force, 2nd squad had been hit by an IED and could hear gun fire and could hear through radio transmissions that other members of their company were actively being engaged by the enemy with small arms fire across the river near their location.

It is reasonable to believe that the actions by both drivers posed a threat to the members of 2nd squad, first platoon B co 2-116. As the investigating officer I find that all members involved in both shootings acted appropriately and followed all measures of the Rules of Engagement.

In both instances, members of 2nd squad gave visual and verbal warnings to the approaching vehicles, and fired warning shots before engaging and disabling the vehicles. By the time they fired warning shots, they reasonably feared for their lives and safety.

The area was marked and illuminated with all resources available. I find that the measures taken to mark and cordon the area were sufficient and reasonable given the situation.

The lane that both vehicles approached from was marked with two rows of CHEM sticks, one row of 5, 50 meters out and a second row of 2, 10 meters behind that. The lead vehicle, B11 was parked facing traffic with its service lights on. Members of 2nd squad along with ESU were standing in the area using their flashlights to direct and warn traffic. During the first shooting an ESU vehicle was parked parallel in the northbound lane with flashing red and blue overhead lights. All members interviewed stated that there was a steady flow of traffic of more than 100 vehicles approaching during the time they were securing the IED site and all vehicles had identified that the road was blocked and were turning appropriately with exception of the two they engaged.

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 5 19

SECTION VI - AUTHENTICATION (para 3-17, AR 15-6)

THIS REPORT OF PROCEEDINGS IS COMPLETE AND ACCURATE. (If any voting member or the recorder fails to sign here or in Section VII below, indicate the reason in the space where his signature should appear.)

(b)(6)

(Recorder)

(Investigating Officer) (President)

(Member)

(Member)

(Member)

(Member)

SECTION VII - MINORITY REPORT (para 3-13, AR 15-6)

To the extent indicated in Inclosure _____, the undersigned do(es) not concur in the findings and recommendations of the board. (In the inclosure, identify by number each finding and/or recommendation in which the dissenting member(s) do(es) not concur. State the reasons for disagreement. Additional/substitute findings and/or recommendations may be included in the inclosures.)

(Member)

(Member)

SECTION VIII - ACTION BY APPOINTING AUTHORITY (para 2-3, AR 15-6)

The findings and recommendations of the (Investigating officer) (board) are ~~(approved)~~ (disapproved) (approved with the following exceptions/substitutions). (If the appointing authority returns the proceedings to the investigating officer or board for further proceedings or corrective action, attach that correspondence (or a summary, if oral) as a numbered inclosure.)

(b)(6)

FOUO

Department of the Army
 116th Brigade Combat Team
 FOB Warrior, Kirkuk, Iraq
 APO AE 09368

IDCV-XO

24 September 2005

MEMORANDUM FOR (b)(6) HHC, 3-116 AR

SUBJECT: Appointment of Investigating Officer

1. You are hereby appointed an investigating officer pursuant to AR 15-6 to conduct an informal investigation into the escalation of force incidents that occurred on 21 September 2005 by B, 2-116 AR that resulted in the serious injury and/or death of 2 Iraqi individuals.
2. Your duties as an investigating officer will take precedence over other duties. In your investigation, use informal procedures under AR 15-6. All witness statements will be sworn. You will make specific findings of fact based on the evidence you develop. Based upon all factual findings and conclusions, you will make specific recommendations on all relevant issues to identify in the course of your investigation. Such findings should include a determination of whether and to what extent the incorrect actions on the part of military personnel may have caused and/or contributed to the incident as well as to any fault or negligence and recommendations concerning corrective measures and disciplinary actions, as appropriate.
3. You will advise any person you suspect of wrongdoing of their rights under the UCMJ, Article 31 or the Fifth Amendment, as appropriate. You may obtain assistance with these legal matters from the Office of the Staff Judge Advocate, located at Bldg 370, FOB Warrior, and specifically (b)(6)
4. Prior to beginning your investigation, contact (b)(6) at Bldg 370, DSN (b)(6) (b)(6) or VOIP (b)(6) for an Investigating Officer's Guide and additional information. Submit your findings and recommendations on DA Form 1574 to me within 7 days.

(b)(6)

FOUO

EXHIBIT 5 21

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: ME 44135 20551 Kirkuk, Iraq
2. DATE (YYYYMMDD): 2005/09/23
3. TIME: 0900hrs
4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6)
6. SSN: (b)(6)
7. GRADE/STATUS: (b)(6)

8. ORGANIZATION OR ADDRESS: B Co. 2-116th Cav, Barbarian Base, APO 09338

9. I, (b)(6), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
On 21SEP05 2nd Squad/1st Platoon left Barbarian Base at 2000hrs. 2nd Squad mission was to provide a rolling QRF in support of Operation Ride the Lightning, a Bravo Company Operation in sector.

At 2018 hours the patrol was traveling northbound on West River Road. The patrol was hit by the IED. The patrol secured the site of the IED detonation. In order to make our position more visible the squad parked the vehicles under the street lights, parked police vehicles along side with light bars flashing and layed chemlights out to establish a visible perimeter to oncoming traffic. All vehicles had service lights on.

At 2104 hours I was moving to find (b)(6) the (b)(6) as B11's gunner had lost an earplug. I heard firing to my rear and turned around to see an auto crash into the median strip behind B11. I covered (b)(6) as (b) assessed and treated the driver. When (b)(6) finished treating the driver an ambulance came and took the driver to Gate 2 on the KRAB. After the driver was taken away the police left and the street lights went out.

(b)(6) shifted B34 to the north side of our cordon to support B11.

At 2206 hours a second vehicle went through the perimeter. The driver of the second vehicle ignored the other vehicles turning around, the chemlights set up in a line across the street and the sure fire lights being flashed at him by (b)(6). The Squad had positioned the chem stick line 50 meters in front of B11 and a second line 10 meters behind the first one. When the vehicle breached the second line (b)(6) and myself opened fire. I fired 3 times and stopped firing when the vehicle stopped moving. (b)(6) retained the passenger, (b)(6) I covered (b)(6) as (b) assessed and treated the driver. ESU took the passenger. The driver was taken away by ambulance. The squad then recieved the order to displace and support the company at 2225hrs.

Nothing
Follow-----

Not Used (b)(6)

10. EXHIBIT: /
11. INITIALS: (b)(6) MAKING STATEMENT
PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT _____ TAKEN AT _____ DATED _____
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT 0900 DATED 2005/09/23

9. STATEMENT (Continued)

Buildings (b)(6) 2101 HAWKS Blue Sedan Ran CORNER (b)(6)

DIRT SHOULDER

VEHICLE ENGAGED

(b)(6)

(b)(6)

(b)(6)

50m

(b)(6)

(b)(6)

BLUE CAR STOPPED

(b)(6)

STREET LIGHT

STREET LIGHTS

ORIGINAL IED CRATER

(b)(6)

medic

(b)(6)

ESU TRUCK AT LIGHTS going

(b)(6)

GARBAGE AND RUBBLE

INITIAL (b)(6) MAKING STATEMENT

PAGE 2 OF 3 PAGES

FOUO

STATEMENT OF (b)(6) TAKEN AT 0900hrs DATED 2005/09/23

9. STATEMENT (Continued)

Buildings

(b)(6)

GARBAGE AND RUBBLE

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6)

(Signature of Person Making Statement)

WITNESSES:

(b)(6)

B Co 2-110th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

(b)(6)

B Co 2-110th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of September 2005 at Baghdad, Iraq

(b)(6)

(Signature of Person Administering Oath)

(b)(6)

(b)(6)

(Authority To Administer Oaths)

INITIALS (b)(6) STATEMENT

PAGE 3 OF 3 PAGES

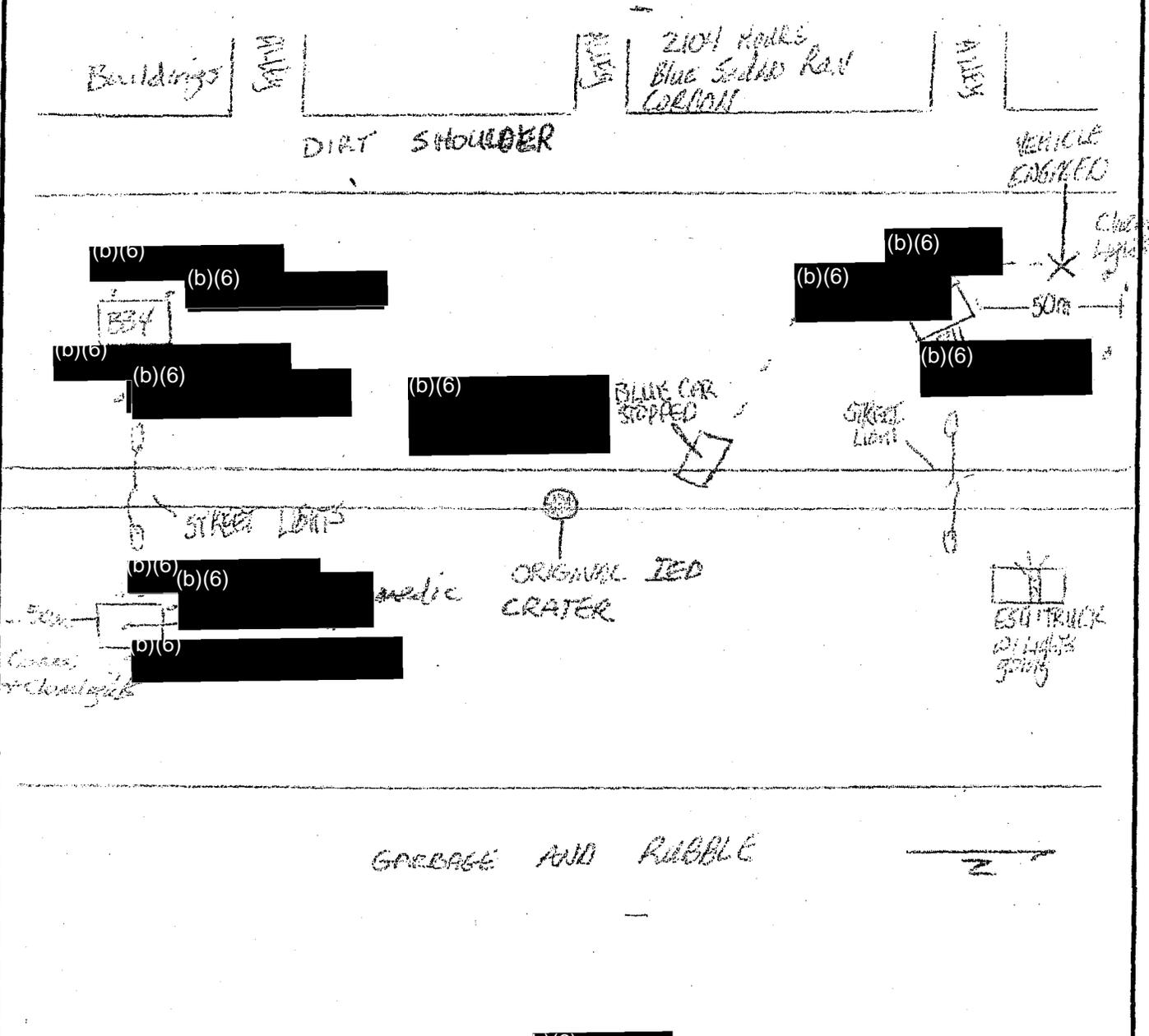
FOUO

EXHIBIT 5

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT 0900 DATED 2005/09/23

9. STATEMENT (Continued)



INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 2 OF 3 PAGES

FOUO

STATEMENT OF (b)(6) TAKEN AT 0900hrs DATED 2005/09/23

9. STATEMENT (Continued)

AWAY Buildings AWAY

(b)(6)

(b)(6)

CAR SEATED (b)(6) X CAR ENGAGED

(b)(6) [initials]

FIRST VEHICLE

(b)(6) [initials]

(b)(6)

AWAY [initials]

LED CRATER

(b)(6)

(b)(6)

(b)(6)

(b)(6) [initials]

[initials]

(b)(6)

(b)(6)

(b)(6)

GARBAGE AND RUBBLE

AFFIDAVIT

(b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

(b)(6)

WITNESSES:

(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of September, 2005 at Baghdad, Iraq

B Co 2-116th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

(b)(6)

(b)(6)
B Co 2-116th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

(b)(6)
(Signature of Person Administering Oath)
(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT (b)(6)

PAGE 3 OF 3 PAGES

FOUO

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION ME 44135 20551 Kirkuk, Iraq
2. DATE (YYYYMMDD) 2005/09/23
3. TIME 0900hrs
4. FILE NUMBER

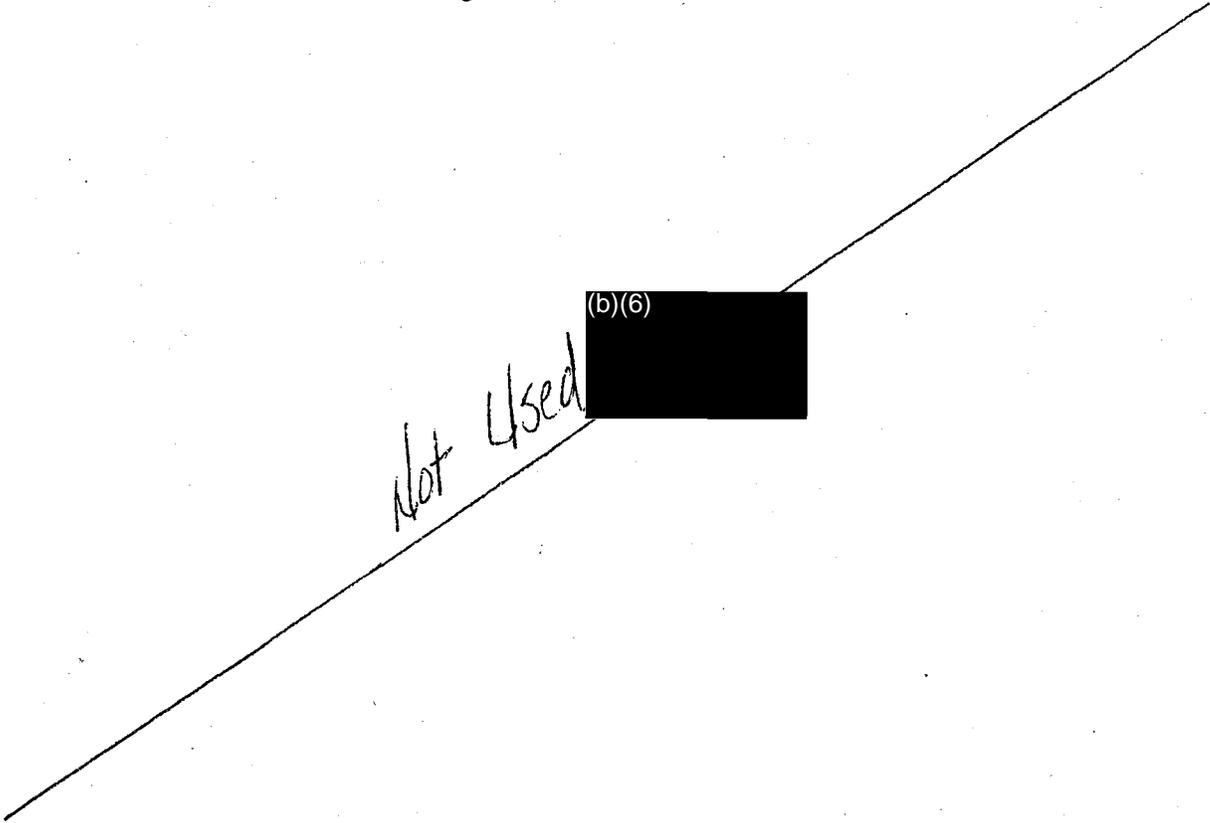
5. LAST NAME, FIRST NAME, MIDDLE NAME (b)(6)
6. SSN (b)(6)
7. GRADE (b)(6)

8. ORGANIZATION OR ADDRESS
B Co. 2-116th Cav, Barbarian Base, APO 09338

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

2nd Squad Left Barbarian Base at 2000hrs on 21SEP05 in support of Operation Ride the Lightning. While traveling north bound on West River Road our convoy was hit with and IED. We went back to secure the area. The IED was at 2018. We set up a perimeter in the area. We set out chemlights, we parked under a street light and the police had their whoopee lights on. At 2104 a light blue vehicle ran our cordon. It was not stopping. I was standing outside the vehicle next to the driverside door. When the vehicle got to me I fired approximately 5-6 rounds at the vehicle. (b)(6) then conducted medical aid and the individual. An Iraqi Ambulance came and took the casualty to Gate 2. The police that were there left us, so we moved our truck forward instead of diagonal on the road to face the traffic with our lights on. The power had gone out. At 2206 another vehicle tried to run our cordon. The vehicle was not stopping. (b)(6) and (b)(6) flashed their surefires at the vehicle. The vehicle kept coming toward us and (b)(6) fired a short burst at the vehicle. (b)(6) then conducted medical aid on the individual.

Nothing Follows



10. EXHIBIT 3
11. INITIAL (b)(6) MAKING STATEMENT
PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT (b)(6) AT _____ DATED _____"

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

FOUO

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT 0900 DATED 2005/09/23

9. STATEMENT (Continued)

Buildings

ALIBY

2104 HILLS
Blue Sedan Ran
Collision

ALIBY

DIRT SHOULDER

VEHICLE
ENGAGED

(b)(6)

(b)(6)

334

(b)(6)

(b)(6)

(b)(6)

BLUE CAR
STOPPED

(b)(6)

(b)(6)

(b)(6)

50m

STREET LIGHTS

(b)(6)

(b)(6)

medic

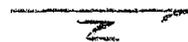
ORIGINAL IED
CRATER

(b)(6)

ESU TRUCK

W/ LIGHTS
DING

GARBAGE AND RUBBLE



INITIALS OF PERSON MAKING STATEMENT (b)(6)

PAGE 2 OF 3 PAGES

FOUO

STATEMENT OF (b)(6) TAKEN AT 0900hrs DATED 2005/09/23

9. STATEMENT (Continued)

ALL Buildings ALL

(b)(6)

(b)(6)

(b)(6)

(b)(6)

FIRST VEHICLE

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

GARBAGE AND RUBBLE

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE.

(b)(6)
(Signature of Person Making Statement)

WITNESSES:

(b)(6)

D CO 2-110th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

(b)(6)

D CO 2-110th Cav
APO AE 09338
ORGANIZATION OR ADDRESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of September, 2005 at Fort Rucker Base

(b)(6)

(b)(6)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

(b)(6)

PAGE 3 OF 3 PAGES

FOUO

EXHIBIT

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: ME 44135 20561 K... 2. DATE (YYYYMMDD): 2005/09/28 3. TIME: 0900 hrs 4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: (b)(6) 6. SSN: (b)(6) 7. GRADE/STATUS: (b)(6)
8. ORGANIZATION OR ADDRESS: (b)(6) 2/116th CA, BARBARCAN BASE, APO CG 338 (b)(6)

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

ON THE 21 SEP 05 2ND SQD/1ST PLATOON LEFT BARBARCAN BASE 2000 HRS WE WHELE ROLLER CRF, WE TRAVELED DOWN REVER ROAD AFTER 15 MIN OF TRAVELENG DOWN REVER ROAD WE WHELE MET BY (b)(6) WE ASSESSING THE DAMAGE TO THE CASUALTY WE RETURNED TO THE 2ND SQD WITH POLICE TO SECURE, 2104 THE FIRST WHELE RAN OUR REVER CRF AND WAS FIRED UPON AND CAME TO REST IN THE MEDIAN, I IMMEDIATELY MOVED TO RENDER AID TO THE CASUALTY, TOOK CONTROL OF TREATMENT AS ACTING (b)(6) ON SCENE, I TREATED THE CASUALTY FOR HIS WOUNDS AND COULD SMELL THE SCENT OF WHISKEY ON HIS BREATH AS I ASSESSED BREATHING, AFTER EVACUATING THE CASUALTY TO GATE 2 APP. 2206 I HEARD A SECOND STRING OF FIRE COMING FROM THE REAR TCP YET AGAIN, I IMMEDIATELY RENDERED AID TO THE CASUALTY WHO HAD A LOWERED LOD. (STATE OF CONSCIOUSNESS) SO QUESTIONED WAS USELESS THE 19V/O PASSENGER THAT WAS WITH THEM WAS THROWN OFF TO FIRST TO QUESTION. AFTER RENDERING AID I LOADED THE CASUALTY INTO THE AMBUANCE AND RAN HIM TO GATE 2.

(b)(6) STATE FOLLOWS

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

10. EXHIBIT: 4 11. STATEMENT: (b)(6) PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT" TAKEN AT DATED

THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

FOUO

STATEMENT OF (b)(6) TAKEN AT 0910 DATED 25 SEP 05

9. STATEMENT (Continued)

(b)(6)

(b)(6)

NOTHING
FOLLOWS

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

AFFIDAVIT

(b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE (b)(6) FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL (b)(6)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 25 day of SEP, 05

at (b)(6)

(b)(6)
(Signature of Person Administering Oath)

(b)(6)
(Typed Name of Person Administering Oath)

(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

ORGANIZATION OR ADDRESS

INITIAL (b)(6) STATEMENT

PAGE 2 OF 2 PAGES

FOUO

0251-05-C10919-38313

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION ME 44135 20551 Kirkuk, Iraq
2. DATE (YYYYMMDD) 2005/09/23
3. TIME 0900hrs
4. FILE NUMBER
5. NAME (b)(6) LAST NAME, MIDDLE NAME
6. SSN (b)(6)
7. GRADE (b)(6)

8. ORGANIZATION OR ADDRESS
B Co. 2-116th Cav, Barbarian Base, APO 09338

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

At 2000 hours on 21SEP05 2nd Squad left Barbarian Base to perform Rolling QRF in support of Operation Ride the Lightning. While traveling north on West River Road our convoy was hit by an IED at 2018 hours at grid ME 44135 20551. We blew past the sight and checked that everyone was alright. We returned to the IED sight to secure it and investigate. As (b)(6) for B11, I positioned my vehicle under a street light. We set out chemsticks approximately 50-60 meters in front of us. We also had an ESU vehicle to our right w/it's lights (headlights and red/blue) flashing. At approximately 2104hrs a bluish color car ran past all the traffic that was turning around and came straight for our cordon. I then shined my Pelican Light at him when I saw him pass the other traffic. The vehicle continued to come at us and I yelled to (b)(6) that he wasn't stopping and to stay clear. The vehicle came barreling down on us. I shot a 3 round burst under the car as he ran past the chem sticks. He continued to coming on us so fast that I had no choice but to shoot into the windshield. The vehicle then lost control and came to a stop behind my HUMMV. (b)(6) then ran over, pulled the driver out of the vehicle and performed first aid on him. (b)(6) stabilized the casualty and he was evacuated to Gate 2 at the KRAB.

After the 1st incident for some reason the police to our right left us. At this time the power to the city lights where we were went out. (b)(6) then put more chemsticks out on the ground and we had illumination going off above us. B34 also moved up to take the place of the Police Vehicle. B34 had lights on and personel on the ground.

At approximately 2206hrs another vehicle blew past all traffic that was turning off the road. Myself and everyon from B34 then started flashing Pelican and Surefire Lights at the vehicle coming at us. I yelled that it wasn't stopping and for everyone to stay clear. At this time I grabbed my M4 because I didn't want to use the 240B with all my guys so close. While still trying to flash the vehicle I engaged as soon as it hit the first line of chemsticks. I shot one round at the passenger side front tire blowing it out. Then immediately shot the right headlight out. The vehicle still did not stop and I shot two more rounds into the windshield at the driver. The vehicle stopped about 15 meters to my left front. At that point (b)(6) ran up and grabbed the driver out to evacuate him. (b)(6) killed the passenger out and searched him. The injured driver was taken to EMEDS via ambulance and the passenger was detained by ESU. After the area cleared we were given the order to displace to Delta 7 to assist the rest of Bravo Company conduction Operation Ride the Lightning.

Nothing Follows

Large redacted area with handwritten 'Not Used' and a diagonal line across the page.

10. EXHIBIT 5
11. INITIALS (b)(6)
PAGE 1 OF 3 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT TAKEN AT DATED

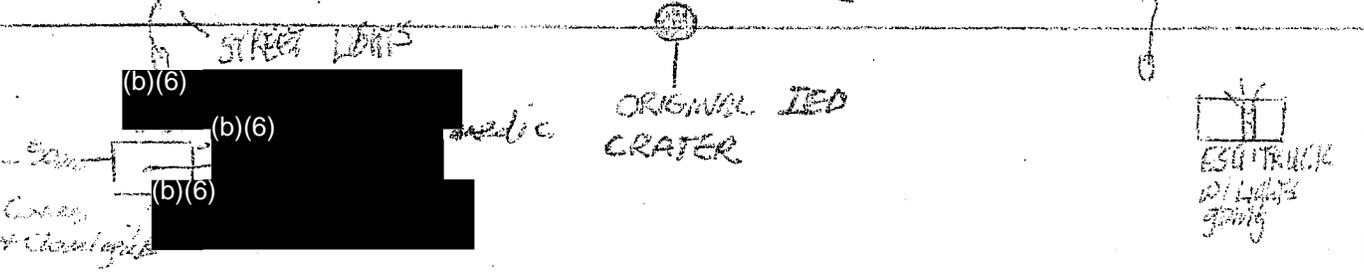
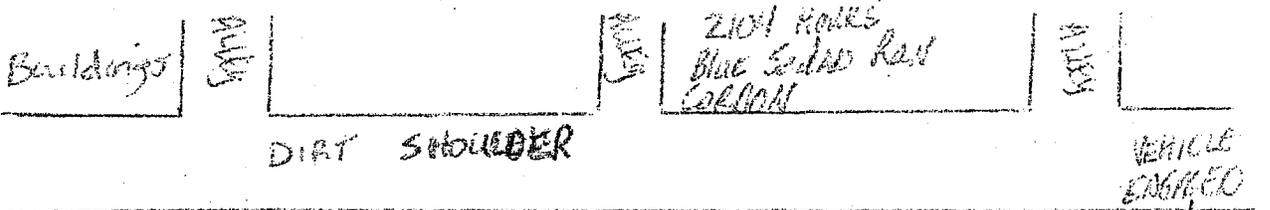
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.

FOUO

USE THIS PAGE IF NEEDED. IF THIS PAGE IS NOT NEEDED, PLEASE PROCEED TO FINAL PAGE OF THIS FORM.

STATEMENT OF (b)(6) TAKEN AT 0900 DATED 2005/09/23

9. STATEMENT (Continued)



GARAGE AND RUBBLE

(b)(6)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 3 PAGES

FOUO

STATEMENT OF (b)(6) TAKEN AT 0900hrs DATED 2005/09/23

9. STATEMENT (Continued)

Ally Buildings Ally Ally

(b)(6)

GARBAGE AND RUBBLE

AFFIDAVIT

I, (b)(6), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL (b)(6)

WITNESSES:

(b)(6)

B Co 2-110th Cav

APO AE 09338

ORGANIZATION OR ADDRESS

(b)(6)

B Co 2-110th Cav

APO AE 09338

ORGANIZATION OR ADDRESS

(b)(6)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 23 day of September, 2005

at Barbarian base

(b)(6)

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

FOUO

Serious Incident Report

1. Category: Vehicle shooting at IED site
2. Situation: Shooting of Vehicle
3. DTG: 212104SEP05
4. Location: ME 44500 20170
5. Other Information: N/A
6. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity: (b)(6)
 - e. Sex: (b)(6)
 - f. Position: (b)(6) ON B11
 - g. Security Clearance: INTERIM SECRET
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)
7. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity: (b)(6)
 - e. Sex: (b)(6)
 - f. Position: (b)(6)
 - g. Security Clearance: SECRET
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)
8. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity: (b)(6)
 - e. Sex: (b)(6)
 - f. Position: (b)(6) ON B17
 - g. Security Clearance: NONE
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)

FOUO

LAW ENFORCEMENT SENSITIVE

EXHIBIT 5

9. Personnel Involved

- a. Name: (b)(6)
- b. Military: ARMY NATIONAL GUARD
- c. SSN: (b)(6)
- d. Ethnicity:
- e. Sex: (b)(6)
- f. Position: (b)(6)
- g. Security Clearance: NONE
- h. Units and Station of Assignment: Co B 2-116 CAV
- i. Duty Status: Active
- j. Age: (b)(6)

10. Summary of Incident:

Elements of 1/B/2-116 AR established security on the IED detonation site. (b)(6) was oriented to the north side of the perimeter sitting under a street lamp manning the M240B in the turret of (b)(6) HMMWV (B12) with the ESU police off to (b)(6) light with 2 blue chemical lights approximately 15-20 meters in front of them. A vehicle approached the outer cordon of the IED site at a high rate of speed. The police tried to wave them off by flashing the lights on vehicles and U.S. forces used sure fire lights. The vehicle failed to stop and once it passed the chemical lights, (b)(6) fired a burst into the ground as a warning shot. The vehicle continued moving at a high rate of speed so (b)(6) fired rounds at the vehicle, striking the front of the vehicle. Three dismounted US soldiers (b)(6) (b)(6) (b)(6) also engaged the vehicle as it passed the trigger line. The car then swerved and came to a stop behind (b)(6) in the medium. The Driver suffered a gun shot wound to the head, left arm and chest. He was treated by coalition medics and transported to E-Meds for further treatment and evaluation.

11. Remarks: N/A

12. Publicity: N/A

13. Command Reporting: TF 2-116 / 116 BCT

14. POC: (b)(6) DNVT (b)(6)

15. Downgrading Instructions: N/A

16. Approved/Released by: (b)(6)

FOUO**LAW ENFORCEMENT SENSITIVE**

EXHIBIT 5 37

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION FOB Barbarian	2. DATE 25 SEP 2005	3. TIME	4. FILE NO.
(b)(6)	8. ORGANIZATION OR ADDRESS B co 2-116 AR CAV FOB Barbarian		
6. SSN	7. GRADE/STATUS		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

(b)(6) appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of an Iraqi civilian

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject of the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print)	(b)(6)	(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	(b)(6)	
2a. NAME (Type or Print)	(b)(6)	ESTIGATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	6. ORGANIZATION OF INVESTIGATOR 3-116 AR CAV FOB Warrior	

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

FOUO

EXHIBIT

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION FOB Barbarian	2. DATE 25 SEP 2005	3. TIME	4. FILE NO.
5. NAME (Last, First, MI) (b)(6)	8. ORGANIZATION OR ADDRESS B co 2-116 AR CAV FOB Barbarian		
6. SSN	7. GRADE/STATUS (b)(6)		

PART 1 RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of an Iraqi civilian

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)

1a. NAME (Type or Print) (b)(6)	SIGNATURE OF INTERVIEWEE (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE (b)(6)	SIGNATURE OF INVESTIGATOR (b)(6)
2a. NAME (Type or Print) (b)(6)	SIGNATURE OF WITNESS (b)(6)
b. ORGANIZATION OR ADDRESS AND PHONE	8. ORGANIZATION OF INVESTIGATOR 3-116 AR CAV FOB Warrior

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

FOUO

EXHIBIT 39

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION FOB Barbarian	2. DATE 25 SEP 2005	3. TIME	4. FILE NO.
(b)(6) NAME (Last, First, MI)	8. ORGANIZATION OR ADDRESS B co 2-116 AR CAV FOB Barbarian		
6. SSN	7. GRADE/STATUS		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

(b)(6) appears below told me that he/she is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: Shooting of an Iraqi civilian

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

1. I do not have to answer any question or say anything.
2. Anything I say or do can be used as evidence against me in a criminal trial.
3. (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

4. If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		SIGNATURE OF INTERVIEWEE	
1a. NAME (Type or Print)	(b)(6)	(b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	(b)(6)	
2a. NAME (Type or Print)	(b)(6)	GATOR	
b. ORGANIZATION OR ADDRESS AND PHONE	(b)(6)	6. ORGANIZATION OF INVESTIGATOR 3-116 AR CAV FOB Warrior	

Section C. Non-waiver

1. I do not want to give up my rights
 I want a lawyer
 I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

RIGHTS WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 190-30; the proponent agency is ODCSOPS

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION FOB BARBARIAN	2. DATE 25 SEP 05	3. TIME 0700	4. FILE NO.
5. (b)(6)	8. ORGANIZATION OR ADDRESS Bco 2-116 FOB BARBARIAN		
6. SSN	7. GRADE/STATUS (b)(6)		

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

(b)(6) is with the United States Army _____ and wanted to question me about the following offense(s) of which I am suspected/accused: DISCIPLINE VIOLATION

Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything.
- Anything I say or do can be used as evidence against me in a criminal trial.
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both.

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below.

5. COMMENTS (Continue on reverse side)

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		SIGNATURE OF INTERVIEWEE (b)(6)	
1a. NAME (Type or Print)		SIGNATURE OF INVESTIGATOR (b)(6)	
b. ORGANIZATION OR ADDRESS AND PHONE		TYPED NAME OF INVESTIGATOR (b)(6)	
2a. NAME (Type or Print)		6. ORGANIZATION OF INVESTIGATOR HHC 3-116 AR	
b. ORGANIZATION OR ADDRESS AND PHONE			

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED

FOUO

Serious Incident Report

1. Category: Vehicle shooting at IED site
2. Situation: Shooting of Vehicle
3. DTG: 212205SEP05
4. Location: ME 44500 20170
5. Other Information: N/A
6. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity:
 - e. Sex: (b)(6)
 - f. Position: (b)(6) DN B11
 - g. Security Clearance: INTERIM SECRET
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)

7. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity:
 - e. Sex: (b)(6)
 - f. Position: (b)(6)
 - g. Security Clearance: SECRET
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)

8. Personnel Involved
 - a. Name: (b)(6)
 - b. Military: ARMY NATIONAL GUARD
 - c. SSN: (b)(6)
 - d. Ethnicity:
 - e. Sex: (b)(6)
 - f. Position: (b)(6) DN B17
 - g. Security Clearance: NONE
 - h. Units and Station of Assignment: Co B 2-116 CAV
 - i. Duty Status: Active
 - j. Age: (b)(6)

FOUO

9. Personnel Involved

- a. Name: (b)(6)
- b. Military: ARMY NATIONAL GUARD
- c. SSN: (b)(6)
- d. Ethnicity: (b)(6)
- e. Sex: (b)(6)
- f. Position: (b)(6)
- g. Security Clearance: NONE
- h. Units and Station of Assignment: Co B 2-116 CAV
- i. Duty Status: Active
- j. Age: (b)(6)

10. Summary of Incident:

Elements of 1/B/2-116 AR were still establishing security on the IED detonation site. When a second vehicle approached their perimeter (b)(6) was again oriented to the north of the perimeter manning the M240B in the turret of (b)(6) HMMVV (B12) with the ESU police off to (b)(6) right with 2 blue chemical lights approximately 15-20 meters in front of them. And an additional set of chemical lights 70 meters in front of the first set. A vehicle was seen approaching the outer cordon of the IED site at a high rate of speed. The police tried to wave them off by flashing the lights on vehicles and U.S. forces used sure fire lights. The vehicle failed to stop at the 70 meter lights and once it passed the chemical lights, (b)(6) fired a burst into the ground as a warning shot. The vehicle continued moving at a high rate of speed and upon reaching the 20 meter chemical lights; (b)(6) fired rounds at the vehicle, striking the front of the vehicle. Three dismounted US soldiers (b)(6) (b)(6) also engaged the vehicle as it passed the trigger line. The car then swerved and came to a stop behind (b)(6) in the medium. The Driver suffered a gun shot wound to the head. He was treated by coalition medics and transported to E-Meds for further treatment and evaluation.

11. Remarks: N/A

12. Publicity: N/A

13. Command Reporting: TE 2-116 / 116 PCT

14. POC: (b)(6)

NVT (b)(6)

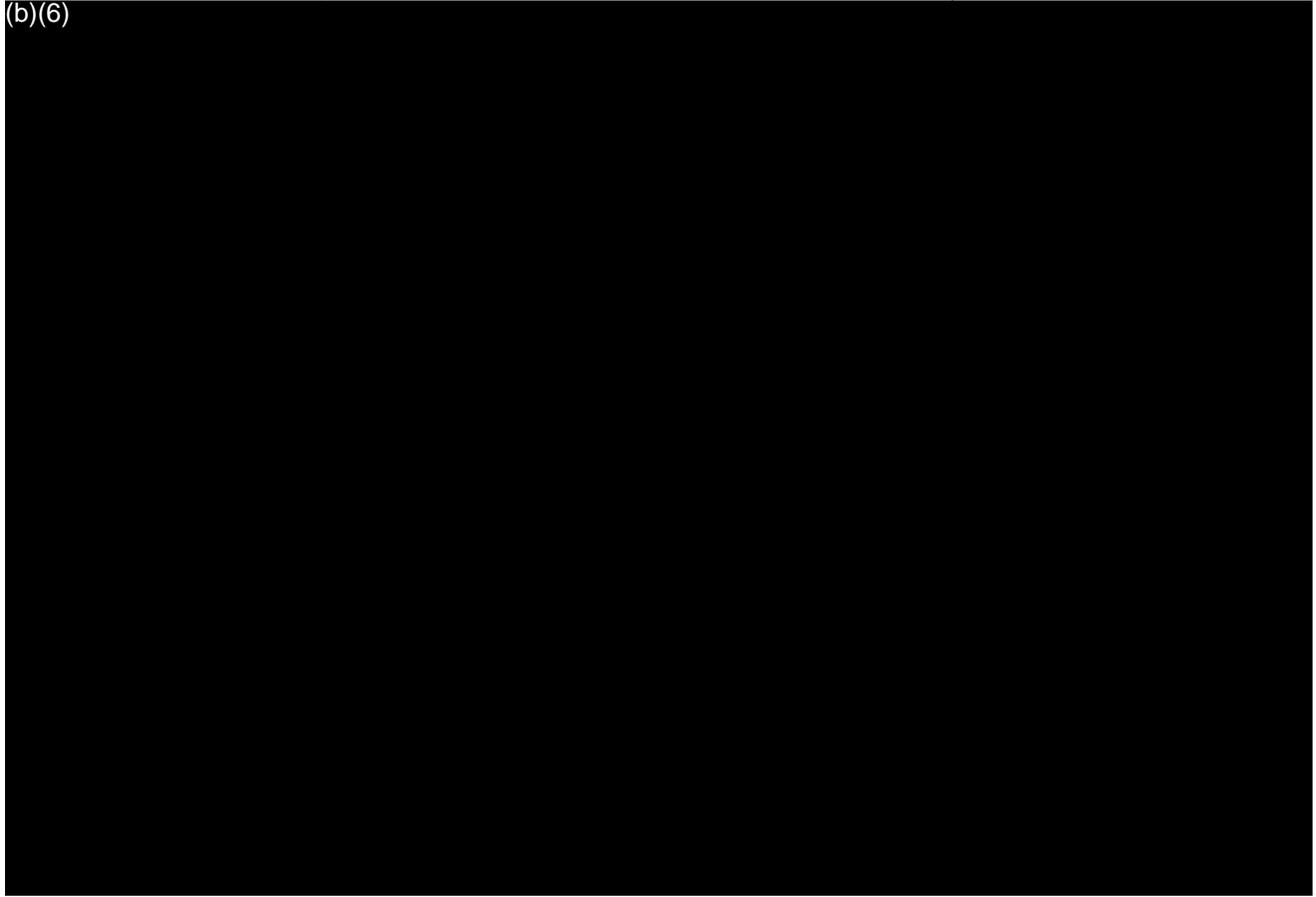
15. Downgrading instructions: N/A

16. Approved/Released by: (b)(6)

FOUO

Department of the Army
116th Brigade Combat Team
HHC, 116th BCT
FOB Warrior, Kirkuk, Iraq
APO AE 09368

(b)(6)



FOUO

FOR OFFICIAL USE ONLY

Law Enforcement Sensitive

0251-05-CID919-38313

AGENT'S INVESTIGATIVE REPORT

ROI NUMBER

(0152-2005-CID789)

CID Regulation 195-1

Page 1 of 1 pages

BASIS FOR INVESTIGATION:

About, 2000, 08 Oct 05, this office received a Request For Assistance (RFA) 0251-05-CID919-38313 from Balad Office requesting this office obtain Medical Records for Detainee Internment Serial Number (ISN)

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

AGENT'S COMMENT: About 1900, 08 Oct 05, this office received telephonic notification from the 48th MP Det (CID), Camp Slayer, Iraq, concerning a Detainee death which took place either in Balad, Iraq, or at the 344th Field Hospital, Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI), within the last 2 weeks. The date, time, or details of the death were unknown. Coordination with the 344th Field Hospital, BCCF, AGI, revealed the Detainee had died in Balad. This information was relayed to the 48th and to Balad, who subsequently sent an RFA to this office.

About 1915, 08 Oct 05, the undersigned coordinated with 1LT (b)(6), (b)(7)(C) (b)(6), (b)(7)(C) Officer In Charge, Patient Administration, 344th Field Hospital (FH), Baghdad Central Confinement Facility (BCCF), Abu Ghraib, Iraq (AGI), who related Detainee (b)(6), (b)(7)(C) was then transported to the 344th on 02 Oct 05 for care and transported back to Balad on 03 Oct 05, where he died. The undersigned obtained copy of Medical File pertaining to Detainee (b)(6), (b)(7)(C)

After coordination with the requesting office, no further investigative activity is anticipated. This case is closed in the files of this office.///LAST ENTRY///

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

ORGANIZATION

48th MP Det (CID)(FWD)(-), BCCF, AGI, APO AE 09342

DATE

08 Oct 05

EXHIBIT

7

CID FORM 94-E

FOR OFFICIAL USE ONLY

(Automated)

Law Enforcement Sensitive

PROTECTIVE MARKING IS EXCLUDED FROM

AU/DIA/AFCEP/ILR/IOI (Part 3, 3.1.1)

EXHIBIT 8

Pages 46 thru 91 referred to:

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



DEPARTMENT OF THE ARMY
TASK FORCE MED 344th
BAGHDAD CENTRAL CONFINEMENT FACILITY
ABU GHRAIB, IRAQ APO AE 09342

REPLY TO
ATTENTION OF

AFRC-CNY-CI-DCCS

3 October 2005

MEMORANDUM FOR RECORD

SUBJECT: Transfer Medical Summary – ISN: (b)(6)

DOA: 2 OCT 2005
DOD: (b)(6) 2005

Diagnoses/Procedures:

1. GSW to skull s/p hemicraniectomy with suspected brain abscess
2. Fever
3. CT scan shows peripherally enhancing lesion suspicious for abscess
4. Vent dependent respiratory failure

Medications:

1. Vancomycin, Imepenem, Gentamycin
2. Lovenox
3. Zantac
4. Tylenol
5. Insulin sliding scale

Diet: NPO with NGT

Activity: bedrest with vent support

Hospital summary:

Pt. initially presented to Abu Ghraib as a stable post-op transfer on 28 SEP 05. Pt. complained of headache and then on 29 SEP spiked a fever to 103 and slowly became lethargic and unresponsive requiring intubation and transfer to ICU. Pt. had a CT scan without contrast which suggested a fluid collection. Pt. was transferred to 86th CSH for evaluation. He was seen by neurosurgery and felt to be stable for transfer back to Abu Ghraib. Pt. arrived 2 OCT 05 to ER intubated and unresponsive. He has maintained fever no lower than 102.4 despite Tylenol and 3 antibiotics. Pt also became hypertensive, unresponsive to multiple drugs. CT scan performed 3 OCT 05 with IV contrast shows peripherally enhancing lesion suspicious for abscess.

Recommendations:

Pt needs neurosurgical evaluation for possible cerebral abscess.

(b)(6)



MEDICAL RECORD - PATIENT RELEASE/DISCHARGE INSTRUCTIONS

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

DIRECTIONS: To be completed by attending provider and other staff at time of patient release following an outpatient procedure or extended care/treatment, or discharge from an inpatient hospital stay. The patient/significant other will be provided a legible copy of this document.

SECTION I
TO BE COMPLETED BY PRIVILEGED PROVIDER

SECTION II
TO BE COMPLETED BY OTHER STAFF, AS APPROPRIATE

1. DATE OF PROCEDURE/ADMISSION: 2 Oct 05
2. ADMITTING DIAGNOSIS: S/P GSW to head
3. PERTINENT DIAGNOSTIC FINDINGS:
resp failure on vent,
fever possible cerebral
abscess

1. DISPOSITIONED TO: HOME DUTY OTHER Balad
2. MODE: AMBULATORY WHEELCHAIR OTHER Litter
3. ACCOMPANIED BY: FAMILY FRIEND OTHER Flight attendants
4. PATIENT EDUCATION:
Completed and patient prepared for home care. YES NO
If "No," explain: Patient Sedated
Patient verbalizes demonstrates understanding of home care.
Printed educational materials provided: (Specify)

4. PROCEDURES, TREATMENT, HOSPITAL COURSE:
CT scan showing
suspected intracerebral
abscess

5. Clinical outcomes met and post-discharge/release referrals made?
 YES NO If "No," explain:

5. FINAL DIAGNOSIS AND CONDITION AT DISCHARGE:
Fever resp failure
Possible cerebral abscess

6. NUTRITION CARE INSTRUCTIONS:

6. ACTIVITY: vent
7. DIET: NPO = NGT
8. MEDICATIONS:
 See separate list and special instructions provided.
 The following medications have been prescribed for home use:
see transfer form

7. MEDICATIONS: (Explained by)
 Nurse Physician Pharmacist Other
Printed medication literature provided? YES NO
Patient verbalizes understanding of prescribed medications? YES NO

9. PROFILE YES NO
CONVALESCENT LEAVE: ___ DAYS N/A

8. EQUIPMENT/SUPPLIES PROVIDED:
neurolocator for transport to
LT

INSTRUCTIONS: (To home care providers, patient, etc.)
To Balad for Neurosurg
eval

9. FOLLOW-UP APPOINTMENTS: (Date/time, POC, and phone)

10. DISCHARGING PROVIDER:
(b)(6)
last, first, middle initial; grade; DOB; hospital or medical facility)
(b)(6)

10. FOR PROBLEMS OR EMERGENCY, PLEASE CONTACT:

(Name) (Phone)

11. COMPLETED BY: //
(b)(6) Jacos
(Signature and Title) (Date and Time)

12. ACKNOWLEDGMENT OF INSTRUCTIONS:
I understand and have received a copy of these instructions.

(Patient/Responsible Adult's Signature) (Date and Time)

DISTRIBUTION OF THIS FORM WHEN COMPLETED: (1) ITR; (2) PATIENT/FAMILY; (3) OTR; (4) OTHER



DEPARTMENT OF THE ARMY
TASK FORCE MED 344th
BAGHDAD CENTRAL CONFINEMENT FACILITY
ABU GHRAIB, IRAQ APO AE 09342

REPLY TO
ATTENTION OF

AFRC-CNY-CI-DCCS

3 October 2005

MEMORANDUM FOR RECORD

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Recommendations:

Pt needs neurosurgical evaluation for possible cerebral abscess.

(b)(6)





(b)(6)

86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq



(b)(6)

CT-head, non-contrast (10/1): post-op changes c/w right hemicraniectomy, retained fragments in right occipital lobe and left optic nerve. Significant right edema with 3mm rightward mid-line herniation. Ventricular system and basal system patent.

(b)(6)

CT-head, with contrast (10/1): no evidence of intracranial abcess

Chest X-ray: Left upper lobe infiltrate

MEDICATIONS ON TRANSFER/DISCHARGE

Vancomycin 1 gm iv q12hrs, Imipenem 1 gm iv q6Hrs, Gentamycin 600mg iv qD
NPH Insulin 15 units SQ BID
Lovenox, Carafate

CONDITION: Good and Stable for Transfer

Plan/Recommendations:

1. Anitbiotic course through Oct 10, 2005

(b)(6)



(b)(6)



86th Combat Support Hospital
Ibn Sina Hospital
Baghdad, Iraq

HOSPITAL TEL. (914) 822- 0270 E-mail Geoffrey.ling@us.army.mil

DATE OF DICATATION: 2OCT 2005

Discharge Summary/Aeromedical Evacuation Summary (b)(6)

NAME: (b)(6)
SSN:
DOB:
STATUS:
SERVICE/COUNTRY:
UNIT/EMPLOYER:

(b)(6)
#

Date of Admission: 1 OCT 2005
Date of Discharge/Transfer:

NARRATIVE SUMMARY OF HISTORY OF PRESENT ILLNESS & HOSPITAL COURSE
DISCHARGE DIAGNOSES:

The patient is a 66yo Iraqi Male PUC from Abu Grhaib prison, who suffered a right frontal, parietal and occipital lobe penetrating injury, which was likely gunshot. No records are available. Evidently, he underwent right hemicraniectomy and right eye enucleation, most likely at Balad. At some point, he was transferred to the Abu Ghraib prison hospital about 3 days ago. Today, he developed a fever to 101°F and difficulty breathing. Was intubated, placed on propofol and brought to Ibn Sina.

Work-up revealed left upper lobe infiltrate c/w pneumonia. CT-head with and without contrast: no evid of intracranial abcess. Antibiotic therapy initiated with vancomycin, impenem and gentamycin. Insulin drip was started to maintain blood glucose in the 80-110 region. Patient was weaned off propofol and then off mechanical ventilation.

Neuro: unresponsive on propofol.
CN: left pupil 1mm and reactive.
Left corneal: absent left sanatory: absent No doll's eye
Gag: no response
Motor: flicker withdrawal on right LE to pain
DTRs: no response Toes: down

HEENT: Right hemicraniectomy with firm outpouching
CV: RRR
Resp: CTA bilaterally
GI: soft, +BS
Ext: WNL

PROCEDURES DURING ADMISSION

Right femoral arterial line

FINDINGS/LABS/RADIOLOGY

WBC 33 K on admission, Blood Glucose 300 on admission



(b)(6)

Neurosurgery/Neuro Critical Care Progress Note

Patient (b)(6)

1OCT2005 (b)(6)

The patient is a 66yo Iraqi Male PUC from Abu Grhaib prison, who suffered a right frontal, parietal and occipital lobe penetrating injury, which was likely gunshot. . No records are available. Evidently, he underwent right hemicraniectomy and right eye enucleation, most likely at Balad. At some point, he was transferred to the Abu Ghraib prison hospital about 3 days ago. Today, he developed a fever and difficulty breathing. Was intubated, placed on propofol and brought to Ibn Sina.

CT-head (9/30): post-op changes c/w right hemicraniectomy, retained fragments in right occipital lobe and left optic nerve. Significant right edema with 3mm rightward mid-line herniation. Ventricular system and basal system patent.

Neuro: unresponsive on propofol.
CN: left pupil 1mm and reactive.
Left corneal: absent left sanutatory: absent No doll's eye
Gag: no response
Motor: flicker withdrawal on right LE to pain
DTRs: no response Toes: down

HEENT: Right hemicraniectomy with firm outpouching
CV: RRR
Resp: CTA bilaterally
GI: soft, +BS
Ext: WNL

CXR: clear, ETT 1cm above corina, NG below diaphragm

- A:
1. fever of unknown origin
 2. s/p right hemicraniectomy
 3. s/p gunshot wound to right cerebrum

- P:
1. Full mechanical vent support
 2. Wean propofol
 3. Vancomycin, imipenem, flagyl
 4. Insulin drip
 5. IVF
 6. Urine, blood and sputum cultures

(b)(6)

Neuro Team Progress Note

Patient (b)(6)

2OCT2005 (b)(6)

The patient is a 66yo Iraqi Male remains in ICU intubated, on mech vent, insulin drip and triple antibiotics for pneumonia.

CT-head (10/1), with contrast: no evidence of intracranial abcess

Neuro: extends right UE to pain
CN: left pupil Imm and reactive.
Left corneal: absent left sanutatory: absent
Gag: no response
Motor: flicker withdrawal on right LE to pain
Extends right UE to central pain
DTRs: no response Toes: down

HEENT: Right hemicraniectomy with firm outpouching
CV: RRR
Resp: CTA bilaterally
GI: soft, +BS
Ext: WNL

CXR: obscuration of aortic shadow in left upper lobe c/w pneumonia

Labs: WBC 24K (down from 33K)
7.46/40/113 (on IMV 8/40%/PS10/PEEP5)
BG 158 (on insulin drip)

A:

1. left upper lobe pneumonia
2. s/p right hemicraniectomy
3. s/p gunshot wound to right cerebrum

P:

1. Full mechanical vent support
2. Insulin drip with NPH added
3. Vancomycin, imipenem, gentamycin
4. IVF with 20K
6. f/u Urine, blood and sputum cultures

332ND AFTH TRANSFER - D/C SUMMARY BALAD AB, IRAQ

PATIENT NAME: Unknown Late 40's yo Iraqi male DATE OF ADMISSION: 21 Sep 05

332ND AFTH ID: (b)(6) DATE OF DISCHARGE: 27 Sep 05

HPI / MECHANISM & PATTERN OF INJURY:

Charging checkpoint GSW OD into temporal lobe. Best exam ruptured OD, 6mm OS NR, GCS 6 (M4VITE1), localized bilaterally and rapidly withdrew from pain. Head CT large SAH, IVH, ICH with debris in tract of right temporal lobe. To OR for craniotomy and eye exploration.

OPERATING HX:

21 Sep 05 PROCEDURE HX - Right decompressive craniectomy, evacuation ICH and SDH, duraplasty, ICP monitor, ventriculostomy, enucleation of right eye, repair of left eye globe injury.

ACTIVE MEDICAL ISSUES:

Intracranial bleed - GCS 15, no significant neurological deficits.
Vision - blind. Right enucleation and severe damage to left eye without recognition to light or shadows.

FINAL DX:

Intracranial bleeding.
Blind

DISP & RX:

DISCHARGE: HOME UNIT With Profile D/C TO MED EVAC / AE / CCATT
 W/O Profile (Abu Ghraib)
destination

MEDICATIONS: Lovenox 30 mg SQ BID, Percocet 1-2 q 4hrs prn pain

SPECIAL Diet - thickened liquids and advance, Remove staples 14 days post operative

INSTRUCTIONS: Equipment - IV Lines; Litter transport; Not on Vent; Non-medical attendant - Guard; Medical attendant - Flight medic.

FOLLOW-UP

Outpatient: DATE: N/A TIME: LOCATION:

Admission: DATE: TIME: ADMISSION DX: _____

REPORT TO THE PAD FOR PRE-ADMISSION

INTENDED PROCEDURE: _____

(b)(6) 26 Sep 05

SIGNATURE & DATE

ROUND 1/27 TRANS TO 86th

on 9/30

(b)(6)

344 MED PAD OIC, Abu

From: (b)(6)

Sent: Monday, September 26, 2005 6:44 PM

To: (b)(6) 44TH MEDCOM;

Cc: (b)(6)

Subject: Patient Transfer to Abu Ghraib

Attachments: Transfer - Discharge Summary (b)(6)

(b)(6)

Please coordinate the transfer of patient (b)(6) to Abu Ghraib MTF.

Detainee and will be accompanied by guard

Not on ventilator

IV lines

Litter transport

No non-medical attendant

Medical attendant = Flight Medic

Pt is blind s/p GSW to head

No medical equipment needed in flight

Please contact our office on transfer information.

Vr

(b)(6)

FYI - Please include (b)(6) **on all future correspondences; he will be taking over this position by midweek. Thanks.**

Task Force Med 344
Abu Ghraib, Iraq

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	9/29/2005
Patient Name	Shakur, Ali Jidek
SSN or ID	(b)(6)
Sample Type	Blood
Sample Site	Left AC
Patient Location	ICW-2
Provider	(b)(6)
# bottles	ONE
Result Type	Preliminary 2
Gram's Stain	1. Many Gram positive cocci pairs and chains; 2. Moderate Gram negative rods.
Verbal Report	(b)(6) 10/1/2005; patient transferred to the 86th CSH this morning, called 86th CSH Lab with results of POS Blood Culture
Culture	
Isolate #1	Gram negative rods; Identification & Susceptibility follow.
Isolate #2	
Isolate #3	
Comments	
Report Date	10/3/2005
Tech	(b)(6)
Reviewed By	

(b)(6)

Isolate 1	Isolate 2	Isolate 3
Amikacin	Amikacin	Amikacin
Amox/K Clav	Amox/K Clav	Amox/K Clav
Amp/Sulbactam	Amp/Sulbactam	Amp/Sulbactam
Ampicillin	Ampicillin	Ampicillin
Azithromycin	Azithromycin	Azithromycin
Aztreonam	Aztreonam	Aztreonam
Cefazolin	Cefazolin	Cefazolin
Cefepime	Cefepime	Cefepime
Cefotaxime	Cefotaxime	Cefotaxime
Cefotetan	Cefotetan	Cefotetan
Cefoxitin	Cefoxitin	Cefoxitin
Ceftazidime	Ceftazidime	Ceftazidime
Ceftriaxone	Ceftriaxone	Ceftriaxone
Cefuroxime	Cefuroxime	Cefuroxime
Cephalothin	Cephalothin	Cephalothin
Chloramphenicol	Chloramphenicol	Chloramphenicol
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Clindamycin	Clindamycin	Clindamycin
Erythromycin	Erythromycin	Erythromycin
Gatifloxacin	Gatifloxacin	Gatifloxacin
Gentamicin	Gentamicin	Gentamicin
Imipenem	Imipenem	Imipenem
Levofloxacin	Levofloxacin	Levofloxacin
Linezolid	Linezolid	Linezolid
Meropenem	Meropenem	Meropenem
Moxifloxacin	Moxifloxacin	Moxifloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin	Norfloxacin
Ofloxacin	Ofloxacin	Ofloxacin
Oxacillin	Oxacillin	Oxacillin
Penicillin	Penicillin	Penicillin
Pip/Tazo	Pip/Tazo	Pip/Tazo
Piperacillin	Piperacillin	Piperacillin
Rifampin	Rifampin	Rifampin
Synercid	Synercid	Synercid
Tetracycline	Tetracycline	Tetracycline
Ticar/K Clav	Ticar/K Clav	Ticar/K Clav
Tobramycin	Tobramycin	Tobramycin
Trimeth/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa
Vancomycin	Vancomycin	Vancomycin

TRANS TO 86th CSH 9/30/05

Task Force Med 344
Abu Ghraib, Iraq

Microbiology Laboratory Report

Accession #	(b)(6)
Collection Date	9/29/2005
Patient Name	Shakur, Ali Jidek
SSN or ID	(b)(6)
Sample Type	Blood
Sample Site	Right AC
Patient Location	ICW-2
Provider	(b)(6)
# bottles	ONE
Result Type	Preliminary 1
Gram's Stain	1. Many Gram positive cocci pairs and chains; 2. Moderate Gram negative rods.
Verbal Report	(b)(6) 10/1/2005; patient transferred to the 86th CSH this morning, called 86th CSH Lab with results of POS Blood Culture
Culture	
Isolate #1	Gram negative rods; Identification & Susceptibility follow.
Isolate #2	
Isolate #3	
Comments	
Report Date	10/3/2005 (b)(6)
Tech	(b)(6)
Reviewed By	

Isolate 1	Isolate 2	Isolate 3
Amikacin	Amikacin	Amikacin
Amox/K Clav	Amox/K Clav	Amox/K Clav
Amp/Sulbactam	Amp/Sulbactam	Amp/Sulbactam
Ampicillin	Ampicillin	Ampicillin
Azithromycin	Azithromycin	Azithromycin
Aztreonam	Aztreonam	Aztreonam
Cefazolin	Cefazolin	Cefazolin
Cefepime	Cefepime	Cefepime
Cefotaxime	Cefotaxime	Cefotaxime
Cefotetan	Cefotetan	Cefotetan
Cefoxitin	Cefoxitin	Cefoxitin
Ceftazidime	Ceftazidime	Ceftazidime
Ceftriaxone	Ceftriaxone	Ceftriaxone
Cefuroxime	Cefuroxime	Cefuroxime
Cephalothin	Cephalothin	Cephalothin
Chloramphenicol	Chloramphenicol	Chloramphenicol
Ciprofloxacin	Ciprofloxacin	Ciprofloxacin
Clindamycin	Clindamycin	Clindamycin
Erythromycin	Erythromycin	Erythromycin
Gatifloxacin	Gatifloxacin	Gatifloxacin
Gentamicin	Gentamicin	Gentamicin
Imipenem	Imipenem	Imipenem
Levofloxacin	Levofloxacin	Levofloxacin
Linezolid	Linezolid	Linezolid
Meropenem	Meropenem	Meropenem
Moxifloxacin	Moxifloxacin	Moxifloxacin
Nitrofurantoin	Nitrofurantoin	Nitrofurantoin
Norfloxacin	Norfloxacin	Norfloxacin
Ofloxacin	Ofloxacin	Ofloxacin
Oxacillin	Oxacillin	Oxacillin
Penicillin	Penicillin	Penicillin
Pip/Tazo	Pip/Tazo	Pip/Tazo
Piperacillin	Piperacillin	Piperacillin
Rifampin	Rifampin	Rifampin
Synercid	Synercid	Synercid
Tetracycline	Tetracycline	Tetracycline
Ticar/K Clav	Ticar/K Clav	Ticar/K Clav
Tobramycin	Tobramycin	Tobramycin
Trimeth/Sulfa	Trimeth/Sulfa	Trimeth/Sulfa
Vancomycin	Vancomycin	Vancomycin

TRANS TO 86th CSH 9/30/05

SSN or ISN: (b)(6)				TF 344 MED, ABU LABORATORY RESULTS FORM (Subject to Privacy Act of 1974)																			
LAST, FIRST, MI. (b)(6)				Specimen Date and time: 204-05-1434				Signs and Symptoms: vent # effusion/erythema															
Physician Drawn by (b)(6)		Ward: ETR, Bed:		Gender M or F (circle) <input checked="" type="radio"/> M <input type="radio"/> F Stat or Routine (circle) <input checked="" type="radio"/> Stat <input type="radio"/> Routine		Reported by (b)(6)		Date and Time: 10/2/2023															
Chemistry (i-STAT) / Green Top / Syringe				Chemistry (Piccolo) / Green or red/tiger top				Hematology / Purple Top															
Bld Gas		Bld Gas w/lytes		Glu		Crea		Comp Pan		BMP		Hepatic Pan		Lipid Pan		Renal Pan		CBC		Malaria		H/H	
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE												
	Na		138-145 mmol/L		ALB	2.9 L	3.3-5.5 g/dL		WBC	21.2	4.8-10.8 x10(3)/uL												
	K		3.3-4.9 mmol/L		ALP	117	20-184 U/L		RBC	3.88	4.2-6.1 x10(6)/uL												
	Cl		98-109 mmol/L		ALT	63 H	10-47 U/L		Hgb	11.8	12.0-18.0 g/dL												
	pH	7.57 H	7.35-7.45		AMY		14-110 U/L		Hct	35.0	M: 42.0-52.0% F: 37-47%												
	PCO2	34.1 L	35-45 mmHg		AST	92 H	11-38 U/L																
	PO2	79 L	80-100 mmHg		Tbil	0.7	0.2-1.0 mg/dL		MCV	90.1	80.0-99.0 fl												
	TCO2	32	18-33 mmol/L		BUN	9	7-22 mg/dL		MCH	30.3	27.0-31.0 pg												
	HCO3	31.5 H	22-26 mmol/L		Ca	8.3	8.0-10.3 mg/dL		MCHC	33.6	33.0-37.0 g/dL												
	sO2	97	95-99%		Chol		100-200 mg/dL		Plt	529	130-400 x10(3)/uL												
	BEecf	9 H	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY%	7.1	20.0-44.0%												
	AGap		8-16 mmol/L		CL	100	98-109 mmol/L		LY#	1.5	0.7-4.3 x10(3)/uL												
	iCa		1.12-1.32 mmol/L		TCO2	32	18-33 mmol/L		Differential														
	BUN		7-22 mg/dL		Creat	0.7	0.6-1.3 mg/dL		Segs(50-70%)		Mono(4-10%)												
	Glu		73-118 mg/dL		GGT		5-65 U/L		Bands(1-10%)		Eos(0-4%)												
	Creat		0.6-1.3 mg/dL		Glu	155 H	73-118 mg/dL		Lymph(20-44%)		Baso(0-2%)												
	Hct		37.0-52.0%		K	3.2 L	3.3-4.9 mmol/L		Atyp Ly		Immature cells												
	Hgb		12.0-18.0 g/dL		Mg		1.6-2.3 mg/dL		RBC Abn Morph:														
	Lactate		0.90-1.70 mmol/L		Phosphorus			2.2-4.5 mg/dL															
Urinalysis					TProtein	6.9	0.4-8.1 g/dL		Plt Abn Morph:														
	Color		Straw/Yellow		Na	140	128-145 mmol/L		WBC Abn Morph:														
	Clarity		Clear		HDL Chol		30-75 mg/dL																
	Glucose		Negative		LDL Chol		50-130 mg/dL																
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Malaria / Purple Top														
	Ketone		Negative		VLDL		≤30 mg/dL		Thin		No Plasmodium Seen												
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		Thick		No Plasmodium Seen												
	Blood		Negative	Rapid Tests (Green Top)				Sed Rate / Purple Top															
	pH		5.0-8.0		Mono		Negative		Sed Rate		1hr = 0-20 mm												
	Protein		Negative-Trace		H.pylori IgG		Negative		Coagulation (Blue Top - Sodium Citrate)														
	Urobili		0.1-1.0 Ehrlich U/dL	Rapid Tests (SST or Red Top)				PT				7.0-14.0 sec											
	Nitrite		Negative		RPR		Negative		APTT				21.0-50.0 sec										
	Leuko		Negative		HCG (or urine)		Negative		INR				0.5-1.5/therap 2-3										
Urine Microscopic				Rapid Tests				D Dimer				Negative											
	WBC		Epi		Strep A		Negative		Cardiac Panel/Purple Top														
	RBC		Mucus		Drug Screen (urine)		Negative		Myoglobin		0-107 ng/mL												
	Bacteria		Yeast		Chlamydia		Negative		CK-MB		0-4.3 ng/mL												
	Casts:		Spermatozoa		Flu A&B		Negative		Troponin		0.0-0.4 ng/mL												
	Crystals:		Amorph Sed		C. difficile (stool)		Negative		Hemoglobin S (sickle)/Purple Top														
	Other:				O&P (stool)		No Ova / Parasite		Hemoglobin S		Negative												
Other lab request:					OccBld		Negative		Body Fluid Panel - Sterile Cont:														
					Wet Mount		Negative		Panel Includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF onl)														
					KOH		Negative																

SSN or IIN: (b)(6)

LABORATORY RESULTS FORM
(Subject to Privacy Act of 1974)

LAST, FIRST, MI. SHAKUR, ALI JIDEK
 (b)(6) NK M I DETAINEE
 Physician: _____ Ward: _____ Gender M or F (circle)
 Drawn by: _____ Bed: _____ Stat or Routine (circle)

Specimen Date and time: _____
 Signs and Symptoms: _____
 Reported by: (b)(6) _____ Date and Time: 3 Oct 14

Chemistry (STAT) Green Top / Syringe			Chemistry (Picoob) Green or red tiger top			Hematology Purple top					
Bio Gas / Bio Gas w/ tests / Glu / Creat			COP / P / ALB / T / BUN / Ca / Chol / CK / CL			CBC (no diff) / CBC / Malaria / H/H					
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE
	Na		138-145 mmol/L		ALB		3.3-5.5 g/dL		WBC		4.8-10.8 x10(3)/uL
	K	3.1	3.3-4.9 mmol/L		ALP		26-184 U/L		RBC		4.2-6.1 x10(6)/uL
	Cl		98-109 mmol/L		ALT		10-47 U/L		Hgb		12.0-18.0 g/dL
	pH	7.566	7.35-7.45		AMY		14-110 U/L		Hct		M: 42.0-52.0%
	PCO2	35.5	35-45 mmHg		AST		11-38 U/L				F: 37-47%
	PO2	90	80-100 mmHg		Tbil		0.2-1.6 mg/dL		MCV		80.0-99.0 fl
	TCO2	33	18-33 mmol/L		BUN		7-22 mg/dL		MCH		27.0-31.0 pg
	HCO3	32.2	22-26 mmol/L		Ca		8.0-10.3 mg/dL		MCHC		33.0-37.0 g/dL
	sO2	98	95-99%		Chol		100-200 mg/dL		Pit		130-400 x10(3)/uL
	BEecf	10	(-2) - (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY%		20.0-44.0%
	AGap		8-16 mmol/L		CL		98-109 mmol/L		LY#		0.7-4.3 x10(3)/uL
	iCa	0.96	1.12-1.32 mmol/L		TCO2		18-33 mmol/L		Differential		
	BUN		7-22 mg/dL		Creat		0.6-1.3 mg/dL		Segs(50-70%)		Mono(4-10%)
	Glu	NA	73-118 mg/dL		GGT		5-65 U/L		Bands(1-10%)		Eos(0-4%)
	Creat		0.6-1.3 mg/dL		Glu		73-118 mg/dL		Lymph(20-44%)		Baso(0-2%)
	Hct	30	37.0-52.0%		K		3.3-4.9 mmol/L		Atyp Ly		Immature cells
	Hgb	10.2	12.0-18.0 g/dL		Mg		1.6-2.3 mg/dL		RBC Abn Morph:		
	Lactate		0.90-1.70 mmol/L		Phosphorus		2.2-4.5 mg/dL		Pit Abn Morph:		
Urinalysis					TProtein		6.4-8.1 g/dL		WBC Abn Morph:		
	Color		Straw/Yellow		Na		128-145 mmol/L		Malaria Purple top		
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thin		No Plasmodium Seen
	Glucose		Negative		LDL Chol		50-130 mg/dL		Thick		No Plasmodium Seen
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate Purple top		
	Ketone		Negative		VLDL		<30 mg/dL		Sed Rate		1hr = 0-20 mm
	SG		1.010-1.025		Chol/HDL Ratio		<4.5		Coagulation (blue top) Sodium Citrate		
	Blood		Negative		Rapid tests (Green top)				PT		
	pH		5.0-8.0		Mono		Negative		APTT		
	Protein		Negative-Trace		H.pylori IgG		Negative		INR		
	Urobili		0.1-1.0 Ehrlich U/dL		Rapid tests (SS) or Red top				D Dimer		
	Nitrite		Negative		RPR		Negative		Negative		
	Leuko		Negative		HCG (or urine)		Negative		Cardiac panel Purple top		
Urine Microscopic					Rapid tests				Myoglobin		
	WBC		Epi		Strep A		Negative		CK-MB		
	RBC		Mucus		Drug Screen (urine)		Negative		Troponin		
	Bacteria		Yeast		Chlamydia		Negative		Hemoglobin S (sickle) Purple top		
	Casts:		Spermatozoa		Flu A&B		Negative		Hemoglobin S		
	Crystals:		Amorph Sed		C. difficile (stool)		Negative		Negative		
	Other:				O&P (stool)		No Ova / Parasite		Body Fluid Panel Sterile Cont		
Other lab request:					OccBld		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (C61 only)		
					Wet Mount		Negative				
					KOH		Negative				

(b)(6)

344th Task Force Ventilator Flow Sheet

SHAKUR, ALI JIDEK A.
UNK M I DETAINED

Patient Info: Name: _____
Age: _____ DOB: _____
Gender: _____ Pt. ID: _____

Date: ICU 02 Oct 05
Vent Day #: 1
Vent Unit #: ICU

EP ICU

Date	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct	02 Oct
Time	2000	2055	0000	0450	0730	075	095	125	155	1820
Mode	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv	Simv
Rate	Set 12	12	12	12	10	10	10	10	10	10
	Spont. 43	0	0	0	2	0	0	0	0	0
	Total 55	12	12	12	12	10	10	10	10	10
Vt	Set 750	750	750	750	750	750	750	750	750	750
	Spont.	772	760	774	708	745	764	775	777	
	MV 19.2	13.2	12.9	16.4	7.7	8.9	7.5	8.0	8.4	
	FiO2 50	760	60	40	40	40	40	40	40	
	Peep 15	15	15	15	15	15	15	15	15	
	I/E 1:23	1:22	1:2	1:2	1:2	1:2	1:2	1:2	1:2	
	Flow -	40	40	40	45	45	35	36	36	
	Sens. -	-2	-2	-2	-2	-2	-2	-2	-2	
	PIP 50	26	25	20	25	25	25	26	26	
	MAP -	11	11	10	10	10	11	10	10	
	Sats. 100	100	100	100	100	100	100	100	100	
	PIP 60	45	45	45	45	45	45	45	45	
	Alarm									
	Hi/Lo 12	12	12	12	12	12	12	12	12	
	PS -	10	10	10	10	10	10	10	10	
Initials	(b)(6)									

PS1 2000 1500 1400

ETT/Trach

Size	Position	Cuff

ABG

Date	Time	PH	PCO2	PO2	TCO2	BE

Weaning Parameters

Time	Vt	Rate	RSBI	VC	NIF	MV

SSN or ISN: (b)(6)

SHAKUR, ALI JOCK A.

LAST, FIRST, MI: SHAKUR, ALI JOCK A. M I DETAINEE

Specimen Date and time: 3/11/05

Signs and Symptoms:

Physician: Drawn by:

Ward: ICU Bed: 7

Gender M or F (circle) Stat or Routine (circle)

Reported by: (b)(6)

Date and Time: 10/30/05 0500

Chemistry (STAT) Green Top/Syringe				Chemistry (Pico) Green or red tiger top				Hematology/Purple Top				
Bld Gas (STAT) Green Top/Syringe				Chem Panel BMP Hepatic Panel Lipid Panel Renal Panel				CBC (no diff) CBC Malaria H/H				
X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	X	TEST	RESULT	REF. RANGE	
	Na		138-145 mmol/L		ALB	2.6 L	3.3-5.5 g/dL		WBC	16.3 H	4.8-10.8 x10(3)/uL	
	K		3.3-4.9 mmol/L		ALP	113	26-184 U/L		RBC	3.64 L	4.2-6.1 x10(6)/uL	
	Cl		98-109 mmol/L		ALT	71 H	10-47 U/L		Hgb	11.0	12.0-18.0 g/dL	
	pH	7.61	7.35-7.45		AMY		14-110 U/L		Hct	32.7 L	M: 42.0-52.0% F: 37-47%	
	PCO2	33.0 L	35-45 mmHg		AST	123 H	11-38 U/L		MCV	89.8	80.0-99.0 fl	
	PO2	171 H	80-100 mmHg		Tbil	.9	0.2-1.6 mg/dL		MCH	30.3	27.0-31.0 pg	
	TCO2	34 H	18-33 mmol/L		BUN	9	7-22 mg/dL		MCHC	33.7	33.0-37.0 g/dL	
	HCO3	32.9 H	24-26 mmol/L		Ca	7.5 L	8.0-10.3 mg/dL		Plt	523	130-400 x10(3)/uL	
	sO2	100	95-99%		Chol		100-200 mg/dL		LY%	14.8 L	20.0-44.0%	
	BEecf	11	(-2) (+3)		CK		M: 39-380 U/L F: 30-190 U/L		LY#	2.4	0.7-4.3 x10(3)/uL	
	AGap		16 mmol/L		CL	97	98-109 mmol/L		Differential			
	iCa		1.2-1.32 mmol/L		TCO2	32	18-33 mmol/L		Segs(50-70%)		Mono(4-10%)	
	BUN		7-22 mg/dL		Creat	.7	0.6-1.3 mg/dL		Bands(1-10%)		Eos(0-4%)	
	Glu		73-118 mg/dL		GGT		5-65 U/L		Lymph(20-44%)		Baso(0-2%)	
	Creat		0.6-1.3 mg/dL		Glu	244 H	73-118 mg/dL		Atyp Ly		Immature cells	
	Hct		37.0-52.0%	X	K	3.0 L	3.3-4.9 mmol/L		RBC Abn Morph:			
	Hgb		12.0-18.0 g/dL	X	Mg	2.1	1.6-2.3 mg/dL		Plt Abn Morph:			
	Lactate		0.90-1.70 mmol/L	X	Phosphorus	2.6	2.2-4.5 mg/dL		WBC Abn Morph:			
Urinalysis					TProtein	6.4	6.4-8.1 g/dL		Malaria/Purple Top			
	Color		Straw/Yellow		Na	136	128-145 mmol/L		Thin		No Plasmodium Seen	
	Clarity		Clear		HDL Chol		30-75 mg/dL		Thick		No Plasmodium Seen	
	Glucose		Negative		LDL Chol		50-130 mg/dL		Sed Rate/Purple Top			
	Bilirubin		Negative		Triglycerides		60-160 mg/dL		Sed Rate		thr = 0-20 mm	
	Ketone		Negative		VLDL		≤30 mg/dL		Coagulation (Blue Top) Sodium Citrate			
	SG		1.010-1.025		Chol/HDL Ratio		≤4.5		K PT	11.0	7.0-14.0 sec	
	Blood		Negative		Rapid Tests (Green Top)					K APTT	36.8	21.0-50.0 sec
	pH		5.0-8.0		Mono		Negative		K INR	1.2	0.5-1.5/therap 2-3	
	Protein		Negative-Trace		H.pylori IgG		Negative		K D Dim		Negative	
	Urobili		0.1-1.0 Ehrlich U/dL		Rapid Tests (SST or Red Top)					Cardiac Panel/Purple Top		
	Nitrite		Negative		RPR		Negative		Myoglobin		0-107 ng/mL	
	Leuko		Negative		HCG (or urine)		Negative		CK-MB		0-4.3 ng/mL	
	Urine Microscopic				Rapid Tests					Troponin		0.0-0.4 ng/mL
	WBC		Epi		Strep A		Negative		Hemoglobin S (sickle) Purple Top			
	RBC		Mucus		Drug Screen (urine)		Negative		Hemoglobin S		Negative	
	Bacteria		Yeast		Chlamydia		Negative		Body Fluid Panel Sterile Cont			
	Casts:		Spermatozoa		Flu A&B		Negative		Panel includes: Culture, Gram Stain, Cell Count, WBC Diff., Meningitis test (CSF 64y)			
	Crystals:		Amorph Sed		C. difficile (stool)		Negative					
	Other:				O&P (stool)		No Ova / Parasite					
	Other lab request				OccBld		Negative					
					Wet Mount		Negative					
					KOH		Negative					

Just had operated to chest area

NEUROLOGICAL ASSESSMENT

		HOURS	20	21	22	23	24	01	02	03	04	05	06	07	LEGEND
C O M M	EYES OPEN	SPONTANEOUSLY	4												C Closed by swelling
		TO SPEECH	3												
		TO PAIN	2												
		NO EYE OPENING	1	✓		✓		✓							
A S S	BEST VERBAL RESPONSE	ORIENTED	5												T Trach/Endo S Staring D Dysphasia R Receptive E Expressive
		CONFUSED	4												
		VERBALIZES	3												
		VOCALIZES	2												
		NO VOCALIZATION	1	T		T		T							
C A L E	BEST MOTOR RESPONSE	OBEYS COMMANDS	6												R Right L Left Record Separately if there is a difference between the two sides
		LOCALIZES PAIN	5												
		FLEXION WITHDRAWAL	4												
		ABNORMAL FLEXION	3												
		EXTENSION TO PAIN	2												
		NO RESPONSE	1												
L I M B M O Y E M E N T	ARMS	NORMAL POWER													R Right L Left Record Separately if there is a difference between the two sides
		MILD WEAKNESS													
		SEVERE WEAKNESS													
		ABNORMAL FLEXION													
		ABNORMAL EXTENSION		✓		✓		✓							
L I M B M O Y E M E N T	LEGS	NORMAL POWER													R Right L Left Record Separately if there is a difference between the two sides
		MILD WEAKNESS													
		SEVERE WEAKNESS													
		ABNORMAL FLEXION													
		ABNORMAL EXTENSION		✓		✓		✓							
P U P I L S	RIGHT	SIZE REACTION													++ Brisk + Slow - No Response
	LEFT	SIZE REACTION	6		6		3								
PUPIL SCALE															
ICP															+ Intact
CEREBRAL PERFUSION PRESSURE															- Abnormal

VASCULAR ASSESSMENT

		HOURS	20	21	22	23	24	01	02	03	04	05	06	07	LEGEND
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	++ Normal
			/	/	/	/	/	/	/	/	/	/	/	/	
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	+ Weak
			/	/	/	/	/	/	/	/	/	/	/	/	
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	- Absent
			/	/	/	/	/	/	/	/	/	/	/	/	
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	D Doppler
			/	/	/	/	/	/	/	/	/	/	/	/	
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	R Right
			/	/	/	/	/	/	/	/	/	/	/	/	
R L	R L		/	/	/	/	/	/	/	/	/	/	/	/	L Left
			/	/	/	/	/	/	/	/	/	/	/	/	

MEDICAL RECORD | PROGRESS NOTES

DATE | NOTES

03 OCT-05
0635 Nursing Note: PT arrived to ICU from EMT. PT vented & sedated @ that time. Assessment done is charted. VS stable. @ IJ TLC started by MD & verified placement by X-ray. A-line to @ groin, Dressing CDI. PT given 40MEq K⁺ & 2gm Mg⁺⁺ upon arrival. Labs drawn @ 0730. RT & MD notified of ABG results. Vent settings changed by RT & A repeat ABG sent @ 0800. Report to be given to incoming shift. (b)(6)

10/5/05 ICU notes

S: course reviewed unclear findings at Bed
O: MAP ↑ /afe febrile
I/O noted
ABG/Labs noted
A: - E SW to head & fever & LUL pneumonia
- Resp failure
- HTN = CNS ischemic response: don't over treat
- Met. alkalosis
- hypophosphatemia - ? DM

RELATIONSHIP TO SPONSOR | SPONSOR'S NAME | SPONSOR'S ID NUMBER (SSN or Other)
LAST | FIRST | MI
DEPT/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)
WARD NO.
JULI JIDEK A.
I DETAINEE

NSN 7540-01-075-3788

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

TEST RESULTS									
CBC	WBC	SMAC	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>		
	H/H		SUP O2	PH	PO2	RESULTS CXR - NAD ET tube in place			
	PLT		PCO2	SAT	OTHER				
PT			DIP		EKG INTERPRETATION				
APTT	BHCG	ETOH	GLU	U/A	MICRO				

PROVIDER HISTORY/PHYSICAL

Transfer from 86th SP ^{hemi-} craniotomy 2° G-SW to R occipital @ after nerve - LUL pneumonia on vent SIMV 750-8-40° W PS 10 PEEP 5 b/f transfer head CT today no abscess on triple AD coverage PE unresponsive on arrival temp ↑ acoust 38k on arrival Puh scattered crackles ET tube in place CBR ST 110 @ 3354 (M)

A/P admit, CXR, labs

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

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

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

STANDARD FORM 558 (REV. 9-90)
Prescribed by GSA/CMR
FPMR (41 CFR) 101-11.203(h)(10)
USAPA V1.00

old records

NSN 7540-01-165-7294

519-302

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

(b)(6) SHAKUR, ALI SIDIK A. UNK M I DETAINEE IS placement	AGE	SEX	SSN (Sponsor)	WARD/CLINIC ICU	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF OPERATOR (b)(6)				DATE REQUESTED 02 OCT 05

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

IS Placement

DATE OF EXAMINATION (Month, day, year) 02 OCT 2005	DATE OF REPORT (Month, day, year) 30 OCT 05	DATE OF TRANSACTION (Month, day, year)
---	--	--

RADIOLOGIC REPORT

0630 (30 OCT 05) find

Stable appearance compared to previous study, ST tube @ prox aspect of @ nasus. You still notice 07x

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give Name - last, first, middle, Medical Facility)

LOCATION OF MEDICAL

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

(b)(6)

SHAKUR, ALI SIDIK A.
UNK M I DETAINEE

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRM#
(41 CFR) 201-45.505

1 - Medical Record

NSN 7540-01-165-7294

519-302

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

EXAMINATION(S) REQUESTED CXR	AGE 56M	SEX M	SSN (Sponsored)	WARD/CLINIC ETR	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR				DATE REQUESTED

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

19:34 Hours

DATE OF EXAMINATION (Month, day, year) 2 Oct 05	DATE OF REPORT (Month, day, year) 2 Oct 05	DATE OF TRANSACTION (Month, day, year)
---	--	--

**57 Tube seen above
Carina - poor inspiratory effort.**

**No focal infiltrates definitely
identified rec'd follow-up
film c more robust inspiratory
effort**

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

(b)(6)

(b)(6)

LOCATION	(b)(6)
LOCATION OF RADIOLOGIC FACILITY	
SIGNATURE	

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FORM
(41 CFR) 301-45.505

1 - Medical Record

NSN 7540-01-165-7284

516-302

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

EXAMINATION(S) REQUESTED <i>portable CXR</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <i>ICU #7</i>	REGISTER NO.
	FILM NO.				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) <i>(b)(6)</i>				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR <i>(b)(6)</i>				DATE REQUESTED <i>03 OCT 05</i>

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

*Intubation
R/O Pneumonia*

DATE OF EXAMINATION (Month, day, year) <i>03 OCT 2005</i>	DATE OF REPORT (Month, day, year)	DATE OF TRANSACTION (Month, day, year)
--	-----------------------------------	--

RADIOLOGIC REPORT

*ET tube at entrance
to @ mainstem bronchus
pull back 3cm.*

Alertness & for intub @ Base

(b)(6)

KU Staff informed 0720

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

(b)(6)

*SHAKUR, ALI JIDEK A.
JNK # 1 DETAINEE*

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FORM
(41-CFR) 201-45-505

1 - Medical Record

NSN 7640-01165-7294

519-302

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

EXAMINATION(S) REQUESTED <i>PCXR</i>	AGE	SEX	SSN (Sponsor)	WARD/CLINIC <i>Icay</i>	REGISTER NO.
	FILM NO. (b)(6)				PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE OF REQUESTOR				DATE REQUESTED	

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

Check placement of ET

DATE OF EXAMINATION (Month, day, year) <i>9/21/05</i>	DATE OF REPORT (Month, day, year) <i>30 SEP 05</i>	DATE OF TRANSACTION (Month, day, year)
--	---	--

RADIOLOGIC REPORT

*ET tube 2cm above carina.
 (D) basilar atelectasis &/or inf. lobe
 suboptimal inspiratory effort*

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name - last, first, middle, Medical Facility) (b)(6) MAJOR, ALI JULEX A. NO DETAINEE	LOCATION OF MEDICAL RECORDS
	LOCATION OF RADIOLOGIC FACILITY
SIGNATURE	

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/NCMR FIRM
(41 CFR) 201-45.505

1 - Medical Record

NSN 7540-01-165-7294

519-302

ICU-7

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

EXAMINATION(S) REQUESTED CT head ± IV contrast	AGE	SEX	SSN (Sponsor)	WARD/CLINIC ICU-7	REGISTER NO.
	FILM NO.				FREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO
	REQUESTED BY (Print) (b)(6)				TELEPHONE/PAGE NO.
	SIGNATURE OF REQUESTOR (b)(6)				DATE REQUESTED

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

No brain abscess

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

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

(b)(6)

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

RADIOLOGIC CONSULTATION
REQUEST/REPORT

STANDARD FORM 519-B (Rev. 8-83)
Prescribed by GSA/ICMR FIRM
(41 CFR) 201-45.505

1 - Medical Record

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT	
STREET ADDRESS <i>Abu Ghraib</i>						DATE (Day, Month, Year) <i>2 Oct 05</i>	TIME <i>1934</i>
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY <i>medevac</i>		
SEX <i>M</i>	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
AGE <i>56</i>	AREA CODE	NUMBER	PRP	ITEM	YES	NO	N/A
HOME PHONE		FLYING STATUS		DD 2568 IN CHART		ADDITIONAL INSURANCE	
AREA CODE		NUMBER		MEDICAL HISTORY OBTAINED FROM		NAME OF INSURANCE COMPANY	
CURRENT MEDICATIONS <i>see chart</i>			INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
ALLERGIES <i>see chart</i>			ITEM	YES	NO	DATE LAST VISIT	24 HOUR RETURN <input type="checkbox"/> YES <input type="checkbox"/> NO
			IS THIS AN INJURY?			WHERE	
CHIEF COMPLAINT <i>vent pt</i>			INJURY/SAFETY FORMS			DATE LAST SHOT	COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO
			HOW				
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT		TIME	TIME <i>1930</i>				
<input checked="" type="checkbox"/> URGENT		INITIALS	BP	<i>129/74</i>			
<input type="checkbox"/> NON-URGENT			PULSE	<i>68</i>			
			RESP	<i>12</i>			
			TEMP	<i>100.7</i>			
LAB ORDERS	CBC/DIFF	ABG	PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSSCC/CATH	CHEM:			ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X		<i>ES 134</i>			SINUS	HEAD CT
						ANKLE R/L	
ORDERS							
<input type="checkbox"/> PULSE OX		<input type="checkbox"/> MONITOR		<input type="checkbox"/> ECG			
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
<i>1900</i>	<i>Verbal 5.3 IV</i>	<i>(b)(6)</i>					
DISPOSITION		DISPOSITION QUARTERS /OFF DUTY		PATIENT/DISCHARGE INSTRUCTIONS			
<input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY		<input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.					
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE		ADMIT TO UNIT/SERVICE		REFERRED	TO	WHEN	
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED							
<input type="checkbox"/> DETERIORATED		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION		PATIENT'S SIGNATURE					
<i>(b)(6)</i>							

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(b)(10)
USAPA V1.00

JOHN DOE

(b)(6)

Transfer return to Abu

DATE

NOTES

P. - should be mildly hyperventilated
 - don't treat HTN unless $BP \geq 110$
 + then minimize as best
 - cont. antibiotics
 - replete K^+
 - work (b)(6)

3 Oct 05

Trauma

1030

Rt seen + examined

sedated on vent. HTN sive

⊙ frontal-temporal area bulging - soft
? fluctuant

US done - appears to have loculated
fluid collection & vascular flow
identified

Prob needs repeat CT scan \bar{c} IV
contrast

- control HTN.

(b)(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) SHAKU			DATE OF ORDER ↓ 10/3/05	TIME OF ORDER see last page	HOURS	LIST TIME ORDER NOTED AND SIGN
			6:30 ① D/C mandamine order ② labeled dom IV slowly pm SBP ≥ 180 or d BP ≥ 110 q 4h ③ D/C present sliding scale			
NURSING UNIT	ROOM NO.	BED NO.				
PATIENT IDENTIFICATION			DATE OF ORDER for insulin I use the following	TIME OF ORDER	HOURS	
			$150 = 0$ $151-200 = 4u$ $201-250 = 6u$ $251-300 = 8u$ $301-350 = 10u$ $351-400 = 12u$ $>400 = 15u$			
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)			
PATIENT IDENTIFICATION			DATE OF ORDER 3 Oct	TIME OF ORDER 1100	HOURS	
			CT scan brain 2 IV contrast			
NURSING UNIT	ROOM NO.	BED NO.	(b)(6)			
PATIENT IDENTIFICATION			DATE OF ORDER	TIME		
NURSING UNIT	ROOM NO.	BED NO.				

DA FORM 4256
1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

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)			2045	2 Oct 05	
<p>SECRETARY, ALL SIDEX A. UNK I OBTAINEE</p> <p><i>ICU 7 noted</i></p>			<p><i>4 runs of 10 mg 10/hour x 4 IV</i></p>		
<p>NURSING UNIT</p>			<p>ROOM NO. (b)(6)</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
(b)(6)					
<p>NURSING UNIT</p>			<p>ROOM NO. (b)(6)</p>		
<p>BED NO.</p>			<p>DATE OF ORDER</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
(b)(6)			03 Oct 05	0530	
<p>SECRETARY, ALL SIDEX A. UNK I OBTAINEE</p>			<p><i>Titrate to HR and BP for non-hypertensive and non-tachycardia Start @ 50 mg/hr and titrate up.</i></p>		
<p>NURSING UNIT</p>			<p>ROOM NO. (b)(6)</p>		
<p>BED NO.</p>			<p>DATE OF ORDER</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
(b)(6)					
<p>SECRETARY, ALL SIDEX A. UNK I OBTAINEE</p>			<p><i>10/3/05 10/3/05 2100</i></p> <p><i>↓ JRR 10 ↓ DIC PS ↓ FIO2 - 40 ABCs 1hr</i></p>		
<p>NURSING UNIT</p>			<p>ROOM NO. (b)(6)</p>		
<p>BED NO.</p>			<p>DATE OF ORDER</p>		
<p>PATIENT IDENTIFICATION</p>			DATE OF ORDER	TIME OF ORDER	
(b)(6)					
<p>SECRETARY, ALL SIDEX A. UNK I OBTAINEE</p>			<p><i>10/3/05 10/3/05 2100</i></p> <p><i>10 mg ACE, 10 mg / hr IV x 3 - done</i></p> <p><i>do not treat BP unless d BP ≥ 110</i></p> <p><i>then use minoxidine HCl drip 5 mg / hr IV to keep d BP < 110</i></p> <p><i>Repeat ABCs after ACE</i></p> <p><i>4) CBC, CMP qd x 3</i></p>		
<p>NURSING UNIT</p>			<p>ROOM NO. (b)(6)</p>		
<p>BED NO.</p>			<p>DATE OF ORDER</p>		

DA FORM 4256 1 APR 79

REPLACES EDITION OF 1 JUL 77, WHICH MAY BE USED.

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)					Mo. Yr.											
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED														
				2	3	4	5	6										
10/2	(b)(6)	VS per protocol	07/19	/														
10/2	(b)(6)	NPO	07/19	/														
10/2	(b)(6)	NGT to low enteral	07/19	/														
10/2	(b)(6)	Neuro checks 9-11	07/19	/														
10/2	(b)(6)	Vent: Simd 7SD 8	07/19	/														
10/3	(b)(6)	40% Reep 5, PS 10 Ox, BMP 20x3day	07/04	/														

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:
 YES NO

PAGE NO:

PATIENT IDENTIFICATION:
(b)(6)

SHAKUR, ALI JIDEK A.
UNK N I DETAINEE

ACTION TIMES
USE PENCIL. CIRCLE ACTION TIMES

D	8	9	10	11	12	13	14	15
E	16	17	18	19	20	21	22	23
N	24	01	02	03	04	05	06	07

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)					Mo. Yr.	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION						
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED				
				2	3	4	5	
10/2	(b)(6)	Regulat Intake	04	/	5			
		High scale	05	/	24			
		9 4 204 (b)(6)	06	/	(b)			
		200-250 2u	08	/	(b)			
		251-300 4u	05	/	24			
		301-350 6u	03	/	44			
		351-400 8u	12	/	20			
		400-450 10u	05	/	(b)			
		450-500 12u	03	/	(b)			
		HA	03	/	(b)			
10/3	(b)(6)	150 = 0, 151-200 = 4u	16	/	(b)			
		201-250 = 6u, 251-300 = 8u	05	/	24			
		301-350 = 10u, 351-400 = 12u	03	/	(b)			
		400 = 15u	20	/	(b)			
			05	/				
			03	/				
			24	/	213			
			05	/	213			
			02	/	213			

ALLERGIES: YES NO PRIMARY DIAGNOSIS: _____

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PAT (b)(6) _____

SHAKUR, ALI JUDER K.
JMK N I DETAINEE

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D 7 8 9 10 11 12 13 14
E 15 16 17 18 19 20 21 22
N 23 24 01 02 03 04 05 06

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. ___ Yr. ___	
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION					
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	2	3	4	5
10/2	(b)(6)	Voncomycin i 9m	10/	(b)(6)			
		IV q 12 hours	22 ✓				
10/2	(b)(6)	Voncomycin i 9m			duplicate -		
10/2		Imipenem i 9m	06 /	(b)(6)			
			12 /	(b)(6)			
			18 /	(b)(6)			
			24 ✓				
10/2	(b)(6)	gentamycin 60mg IV	10 /	(b)(6)			
		qd					
10/2	(b)(6)	Zovirax 30mg po q	10 /	(b)(6)			
		12 hours	22 ✓				
10/2	(b)(6)	IV Zantac 50mg qd	10 /	(b)(6)			
10/2	(b)(6)	Dopram start 25mg	07 /	(b)(6)			
		Tiketa up for sedation	19 ✓				
		hold SBP < 100					
10/2	(b)(6)	Zantac 50mg qd	07 /	(b)(6)			
		To HR and BP	19 ✓				
		IV Non-hypertension and					
		Non-Tachycardia					
		Start @ 50 mg / 4					
		oral Tiketa up					

ALLERGIES: YES NO PRIMARY DIAGNOSIS: _____

ADDITIONAL PAGES IN USE: YES NO

PAGE NO. _____

PATIENT IDENTIFICATION: _____

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

SHAKMA, ALI JIDEK A.
JNX # 1 DETAINEE

CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)				Mo. _____	Yr. _____			
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED						
				2	3	4	5			
10/2	(b)(6)	Regular Insulin	04	/	5					
		High Scale	BS	/	241					
		9 4' lev	JVI	/	244					
		250-250-4u (b)(6)	08	/	(b)(6)					
		251-300-4u	BS	/	244					
		301-350-6u	JVI	/	44					
		351-400-8u	12	/	280					
		400-10u-044	BS	/	64					
		HA	JVI	/	(b)(6)					
10/3	(b)(6)	150=0, 151-200=4u	16	/	(b)(6)					
		201-250=6u, 251-300=8u	BS	/	241					
		301-350=10u, 351-400=12u	JVI	/	6u					
		3400=15u	20	/						
			BS	/						
			JVI	/						
			24	/	213					
			BS	/	213					
			JVI	/	2					

ALLERGIES: YES NO

PRIMARY DIAGNOSIS:

ADDITIONAL PAGES IN USE:

YES NO

PAGE NO. _____

PATIENT (b)(6)

SHAKUR, ALI JIOEK A.
JMK N I DETAINEE

DISPENSING TIMES

USE PENCIL. CIRCLE MED TIMES

D	7	8	9	10	11	12	13	14
E	15	16	17	18	19	20	21	22
N	23	24	01	02	03	04	05	06

PATIENT

DATE: 02 = 105

TIME	23	24	01	02	03	04	05	06
NIBP/ABP (MAP)	152/87 (111)	132/82 (102)	132/87 (106)	132/86 (105)	140/90 (107)	138/88 (107)	149/85 (105)	152/84 (107)
Pulse	123	116	117	118	119	110	114	114
Respirations	12	12	12	12	12	12	12	10
Temperature		102.3	102.4	102.4	102.4	102.4	102.5	102.5
SaO2	100	100	100	100	100	100	100	100
%O2	60%	60%	60%	60%	60%	60%	40%	40%
O2 Delivery	mlt							
Mode	SEMV							
Rate	12	12	12	12	12	12	12	10
Tidal Vol.	750	750	750	750	750	750	750	75
Peep	5	5	5	5	5	5	5	5
PS	10	10	10	10	10	10	10	10
Pain Scale								
Pt Position								
CVP								

24 Hour Totals	Yesterday	Today
INPUT		2654.7
OUTPUT		2784
DIFFERENCE		-129.3

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS	
IV	125	125	125	125	125	125	125	125	1375	1375
IVBP		550						100	450	450
Propofol	25.2	26.2	25.2	25.2	25.2	25.2	25.2	25.2	277.2	277.2
Fentanyl	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	52.5	52.5
16+ / Mg th	100/100	100/100							400/100	400/100
PO/TF										
Other										
TOTAL										2654.7

TIME	23	24	01	02	03	04	05	06	TOTAL 24 HRS
Urine output /Total		375	120	190	195	110	244	110	2334
NG output								450	450
Emesis									
Stool									
Chest tube #1/ #2									
Jackson Pratt #1/ #2									
TOTAL									2784

Legend	
Init=initials	P=Prone
JVD=Jugular Venous Distention	R= Right
L=Left	SaO2=Saturation of Arterial Oxygen
NIBP=Noninvasive Blood Pressure	S= Supine
N=No	ABP= Arterial Blood Pressure
Y= Yes	PS=Pharmacologically Sedated
+2= strong +1=weak	

Name	Signature	Init
(b)(6)		

SYSTEM	DAYS	NIGHTS
NEURO	TIME:	TIME: 2100
Level of consciousness		SAO < 2 sedation prop & i-2 +
Extremities: Movement		Minimal flexion noted
Strength		No movement noted
PAIN ASSESSMENT:		Fentanyl drip @ 100mcg/h
CARDIOVASCULAR		
Rhythm/Lead		ST HR 120's - 130's
Heart Sounds		S1S2 Auscultated
Skin		
Edema		facial edema
JVD/ Capillary refill		Ø JVD noted cap refill < 3 sec.
Pulses: Radial		
Posterior Tibial		
Dorsalis Pedis		
RESPIRATORY		
Breath Sounds		Clear throughout
Oxygen Delivery		Masked SIMV 12L @ 60%
Suctioning/Sputum		
ETT/Trach tube		ETT's
Size: Placement:		size: 8.0 26.0cm @ 61k/1xK
Cough:		
Treatments:		
GASTROINTESTINAL		
Bowel Sounds		hypoactive
Abdomen		large round soft
Date of last BM		—
NG tube: Placement:		ABOGT to LES
Suction		—
Drainage		Dark brown/black
GENITOURINARY		
Urine: Color		clear light yellow
Void/Foley		Foley to drainage
INTEGUMENTARY		
Integrity		(+) skin turgor
Dressings		No Dressings
Dressing Condition		staples to @ side frontal & top of head & above @ ear. Ø Drainage noted.
Drains/Tubes		
Drainage		
Signature		

DATE:	DIAGNOSIS										HOSPITAL DAY:						
Time	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	
NIBP/ ABP (MAP)														114 (110)	125 (118)	130 (115)	
Pulse														114	125	130	
Respirations														26	12	12	
Temperature																103.2	
SaO2														100	100	100	
%O2														60%	60%	60%	
O2 Delivery														Vent	Vent	Vent	
Mode														SEMV	SEMV	SEMV	
Rate														12	12	12	
Tidal Vol.														750	750	750	
Peep														5	5	5	
PS														10	10	10	
Pain Scale																	
Pain Med																	
Pt Position																	
CVP																	

INTAKE

Time	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr	
IV																125	125	125	
IVPB																			
Prep- Fent																25.2	25.2	25.2	
K ⁺ /Mg ⁺⁺																100/25	100/25		
PO/ TF																			
Other																			
TOTAL																			

OUTPUT

TIME	07	08	09	10	11	12	13	14	Total 8 hr	15	16	17	18	19	20	21	22	Total 16 hr
Urine output/ Total	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	1050	
NG output																		
Emesis																		
Stool																		
Chest tube #1/ #2	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	
Jackson Pratt #1/ #2	/	/	/	/	/	/	/	/		/	/	/	/	/	/	/	/	
TOTAL																		

ASPECT	TIME/INITIALS
Bath/Skin Care	
Oral Care	
Foley Care	
Trach Care	
Range of Motion	

SAFETY	D	E	N
Cardiac Monitor	YN	YN	YN
Bed position/Locked	YN	YN	YN
Call bell in reach	YN	YN	YN
Protective Device	YN	YN	YN
High risk for falls	YN	YN	YN

1. Reporting MTF 1381 - TF 344 MED		2. MTF Location IZ		Admission and Coding Information For use of this form, see AR 40-400; the proponent agency is OTSG	
3. Register Number (b)(6)		Name (Last, First, MI) SHAKUR, ALI JIDEK A.		4. Pay Grade FGN	
5. Sex M		6. DoB (YYYYMMDD) 1939-01-01		7. Age at Admission 66Y	
8. Race UNK		9. Ethnicity Z		Religion MUSLIM	
10. Length of Service ETS		11. FMP 20		12. Social Security Number (b)(6)	
Organization (Active Duty Only)		13. Marital Status		Hour of Admission 19:30	
14. Flying Status		15. Beneficiary Category K78-ENEMY PRISONER OF WAR/DETAINEE		16. Zip Code of Residence:	
17. Unit Location		18. MOS		19. Trauma DIS	
20. Source of Admission Direct from ER		Ward: ICU		Name / Relationship of Emergency Addressee	
Name and Location of Medical Treatment Facility: 1381 - TF 344 MED; No Installation Provided				Address of Emergency Addressee	
21. Type of Disposition		22. MTF Transferred To		23. Date of Disposition (YYYYMMDD)	
24. Clinic Svc - Admitting AAA - INTERNAL MEDICINE		25. MTF Transferred From		26. Date this Admission (YYYYMMDD) 2005-10-02	
27. Location of Occurrence		28. MTF of Initial Admission		29. Date of Initial Admission	

FOR LOCAL USE

Type Patient (Inpatient / Outpatient): Inpatient

Diagnosis Narrative: GSW TO THE HEAD

Procedure Narrative(s):

Cause of Injury Narrative:

LoD Status:

Detainee Nbr:

Admitting Officer (Signature, as required)

Signature of Admitting Clerk

AGENT'S INVESTIGATION REPORT

ROI NUMBER:

0251-05-CID919-38313

CID Regulation 195-1

For Official Use Only - Law Enforcement Sensitive

PAGE 1 OF 1 PAGES

DETAILS

About 1650, 4 Nov 05, SA [REDACTED] coordinated with CPT [REDACTED] Chief Mortuary Affairs, Camp Victory, Baghdad, Iraq, who stated Mr SHAKUR's body was released to his son, Mr Ali SHAKUR, Kirkuk, Iraq, (NFI), on 10 Oct 05.

About 1700, 9 Nov 05, SA [REDACTED] briefed MAJ [REDACTED] Chief of Military Justice, Office of the Staff Judge Advocate (SJA), 3rd COSCOM, LSA Anaconda, Balad, Iraq, APO AE 09391, on all aspects of this investigation. MAJ [REDACTED] opined there was probable cause to believe Mr SHAKUR's death was a Justifiable Homicide and the soldiers involved acted in accordance with the Rules of Engagement and the proper Escalation of Force was used.///LAST ENTRY///

[REDACTED] AND SEQUENCE NUMBER
(b)(6), (b)(7)(C), (b)(7)(F)

ORGANIZATION:

31st MP DET (CID), LSA Anaconda, Balad, Iraq, APO AE 09391

DATE:

9 Nov 05

EXHIBIT:

9