



DEPARTMENT OF THE ARMY
HEADQUARTERS 4TH INFANTRY DIVISION (MECHANIZED)
OFFICE OF THE STAFF JUDGE ADVOCATE
FORT HOOD, TX 76544-5000

REPLY TO
ATTENTION OF:

AFYB-JA-AL

26 July 2003

MEMORANDUM FOR Commander, 4th Infantry Division (Mechanized), Fort Hood, Texas 76544

SUBJECT: AR 15-6 Investigation – Legal Review

1. In accordance with AR 15-6, paragraph 2-3, I have reviewed the AR 15-6 investigation into the facts and circumstances surrounding the 22 July 2003 death of a prisoner held in the Division Central Collection Point. I make the following determinations:

- a. The proceedings comply with the legal requirements.
 - b. Errors in the proceedings, if any, do not have a material adverse effect on any individual's substantial rights.
 - c. Sufficient evidence supports the findings.
 - d. The recommendations are consistent with the findings.
2. The investigation is legally sufficient.
3. The point of contact is the undersigned at (DNVT) 534 [REDACTED] (b)(6)-2

[REDACTED] (b)(6)-2
CPT, JA
Administrative Law Attorney

6240

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 MAG RAYMOND ODIERNO
(Appointing authority)

on 22 JULY 03 (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 TIKRIT, IRAQ at 1200
(Place) (Time)
on _____ (Date) (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.)

(investigating officer) (board) finished gathering/hearing evidence at _____ on _____
(Time) (Date)

Completed findings and recommendations at _____ on _____
(Time) (Date)

SECTION III - CHECKLIST FOR PROCEEDINGS

COMPLETE IN ALL CASES

	YES	NO ^{1/}	NA ^{2/}
Inclosures (para 3-15, AR 15-6)			
The following inclosed and numbered consecutively with Roman numerals: (Attached in order listed)			
Letter of appointment or a summary of oral appointment data?			
Copy of notice to respondent, if any? (See item 9, below)	X		
Or correspondence with respondent or counsel, if any?			X
Other written communications to or from the appointing authority?			X
Cy Act Statements (Certificate, if statement provided orally)?	X		
Notification by the investigating officer or board of any unusual delays, difficulties, irregularities, or other problems			X
Interviewed (e.g., absence of material witnesses)?			X
Notification as to sessions of a formal board not included on page 1 of this report?			X
Other significant papers (other than evidence) relating to administrative aspects of the investigation or board?	X		

^{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.

574, MAR 83

EDITION OF NOV 77 IS OBSOLETE.

Page 1 of 4 pages

USAPA V1.20

		YES	NO ^{1/}	NA ^{2/}
2	Exhibits (para 3-16, AR 15-6)			
	a. Are all items offered (whether or not received) 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 (if substituted for real or documentary evidence) 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, AR 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.				

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

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

FACTS:

Prisoner #1085 A.K.A. [REDACTED] died at approximately 0445D on 22 July 2003 at the TFCCP. According to multiple parties the deceased had been helped to the latrine for nausea by two other prisoners just prior to his death. After leaving the latrine, the deceased lost consciousness and was carried back to his tent. The prisoners then alerted [REDACTED] and [REDACTED] who checked on the prisoner. The prisoner was unconscious with what was felt to be a weak pulse. [REDACTED] who checked [REDACTED] to get a medic. [REDACTED] 4th MP [REDACTED], responded and did not feel a pulse. [REDACTED] senior medic, was notified and responded with [REDACTED] from the aid station. The prisoner was pronounced dead at 0545.
 b6-4
 b6-2/b7c-2

The deceased had been held at the DCCP since 27 June 2003. During this time he had sought medical attention from MP medics on multiple occasions. According to the MP daily log, the deceased had been seen on 02 July for chest pain. The deceased was taken to the aid station and eventually to the 28th CSH for treatment. The deceased was seen by a cardiologist at the 28th CSH and diagnosed with coronary artery disease, angina and type II diabetes. The prisoner was discharged back to the DCCP with medications. Prisoner #1087 stated that he had taken care of the deceased since his arrival at the DCCP. He further stated that the deceased had advanced coronary artery disease and had some sort of procedure done last year (presumably angioplasty since there was no chest scar indicating bypass surgery) and was allegedly scheduled to have a second procedure done in April of this year. The deceased had received his medications regularly during his stay in the DCCP. The deceased had also been seen on 03 July for vomiting, was treated and released by the MP medics, seen 16 July for passing out, treated and released by MP medics, and 19 July for dehydration, treated and released by MP medics. [REDACTED] stated that the deceased had not been feeling well for the last 4-5 days and had been feeling weaker and was unable to eat. The evening before his death, the deceased had complained of abdominal pain. [REDACTED] stated he told the guard, and the deceased was given an aspirin. Several MP's verified that the deceased had not been eating well for the past one to two weeks. The MP's also verified that the deceased had to have help going to the latrine during the last 2-3 days.
 b6-4/b7c-4
 b6-7/b7c-7

An autopsy was performed on the deceased by [REDACTED] province. The autopsy did not reveal any external or internal signs of trauma. The cause of death was listed as congestive heart failure. This was most likely secondary to a myocardial infarction (heart attack).

The MP medics are utilized for sick call and treating the EPW's within the DCCP, although this is not their primary responsibility. They have very limited assets for patient care. All EPW's with medical complaints are screened by MP Medics. The medics then decide who should be seen at the aid station or whether a higher medical personnel should be consulted.

EPW's are not screened for medical problems when they are placed in the DCCP and there was no medical record keeping prior to the death of this prisoner.

FINDINGS:

The deceased prisoner more than likely suffered a myocardial infarction and developed congestive heart failure which reached a critical point prior to his death. (C) The patient had a known history of coronary artery disease. (M, L) His last contact with the MP medics was on 19 July, 3 days prior, for dehydration. The prisoner also allegedly complained of abdominal pain with nausea and vomiting during the days proceeding his death, which are symptoms consistent with his disease. (M) According to the autopsy report there was no evidence of foul play or traumatic injury. (C) The MP medics are ill suited to handle complex medical patients and provide sick call to the EPW's as well as carry out their primary mission of supporting the MP unit. (P)

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

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

There should be no disciplinary action taken against the MP medics or other.

The MP medics should not be used as the primary care giver for the EPW's. ✓

A physician assistant or other higher medical authority should be assigned to provide sick call and medical care for the prisoners at the DCCP. This will allow the MP medics to accomplish their mission of providing medical support for their unit and remove them being the primary care giver of the EPW's.

If providing a Physician assistant is not possible, a formal Standard operating procedure should be established for the MP medics to operate under in providing care for the EPW's with direct oversight by physician assistant or other higher medical authority. In addition a system to identify complex medical patients, medical screening of patients and tracking of medical problems should be instituted for the DCCP. This would however place even more of a burden on the MP medics and keep them from accomplishing their primary mission of medical support for the MP unit.

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.)

(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 inclosure.)

(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 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.)


4 AUGUST 2003



DEPARTMENT OF THE ARMY
418TH CIVIL AFFAIRS BATTALION
4th ID (M) HHC G-5 UNIT # 92628
APO, AE. 09323-2628

August 2, 2003

MEMORANDUM FOR: Staff Judge Advocate General

SUBJECT: Prisoner Death Investigation

1. The inability of the prisoner [REDACTED] to receive nitroglycerin would not have precluded his imminent demise.

6245

Exhibit List
Investigation of Prisoner Death [REDACTED] on 22 July 2003

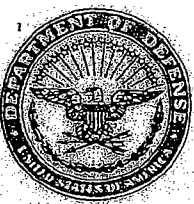
b6-4
b7c-4

- A. Appointment letter
- B. MP Incident Report
- C. Autopsy Report
- D. [REDACTED] statement
- E. [REDACTED] statement
- F. [REDACTED] statement
- G. [REDACTED] statement
- H. [REDACTED] statement
- I. [REDACTED] statement
- J. [REDACTED] statement
- K. MD notice of death
- L. Medical record 02 July 03
- M. Prisoner #1087 statement
- N. Medication packets
- O. EPW Screening report
- P. Q and A with [REDACTED]

b6-4
b7c-4

b6-4
b7c-4

6246



DEPARTMENT OF THE ARMY
HEADQUARTERS TASK FORCE IRONHORSE
TIKRIT, IRAQ

REPLY TO
ATTENTION OF

AFYB-CS

22 July 2003

MEMORANDUM FOR [REDACTED] b6-2

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 facts and circumstances surrounding the 22 July 2003 death of a prisoner held in the division's central collection point.
2. You will use informal procedures under AR 15-6, Chapter 4. You will make specific findings and recommendations on all relevant issues you identify in the course of your investigation. If, during your investigation, you suspect that persons you intend to interview may have violated any provision of the Uniform Code of Military Justice (UCMJ) or any other criminal law, you must advise them of their rights under the UCMJ, Article 31, or the Fifth Amendment, as appropriate. Rights warnings and waivers will be documented on DA Form 3881. Provide each witness a Privacy Act statement before you solicit any personal information. All witness statements will be sworn and recorded on DA Form 2823.
3. Prepare the report of proceedings on DA Form 1574 and submit the original to me within 72 hours of receipt of this memorandum. You must submit any requests for delay to me in writing. Include with your report all documentary evidence, sworn statements, and other information or evidence you considered.
4. Before proceeding with the investigation, contact [REDACTED] at [REDACTED] for an initial legal briefing. [REDACTED] will serve as your primary legal advisor. b6-2
5. If during the course of your investigation you discover systemic training, maintenance, and/or equipment design deficiencies that potentially caused or contributed to the incident under investigation, you will immediately contact your legal advisor for further guidance. b6-2

FOR THE COMMANDER:

[REDACTED] b6-2

6247

Type of Report: Initial

Date/time of report: 22 0815 JUL 03

Date/time of incident: 22 0515 JUL 03

Location of incident: LD 80132903 (TF IH CCP-Tikrit Main Palace)

Unit involved in the incident: 5th Platoon, 4th Military Police Company

Name of senior person involved in incident and contact information: [REDACTED] b6-2/
[REDACTED] b7c-2

Narrative of Incident: Enemy Prisoner of War Detainee #1085, [REDACTED] b6-4/
[REDACTED] 60 year old local national had been detained in the TFCCP since 27 b7c-4
June, 2003. Individual was detained for possession of numerous weapons and a large
quantity of ammunition. The detainee was seen by 4th MP Company medics
approximately 3 times for health issues such as dehydration, his refusal to eat on
numerous occasions, however there was no indication of any serious illness or injuries
due to his stable vital signs during each checkup by 4th MP Medics. The individual was
on multiple unknown medications upon his arrival to the TFCCP. At approximately 0500,
the detainee was assisted by two other detainees (# [REDACTED] and # [REDACTED]) to utilize the b6-1/
latrine due to vomiting. On the way out of the latrine, the detainee collapsed and was b7c-1/
carried back to the detainee tent by the two detainees, who stated to the 2 MP's [REDACTED]
that the detainee was dead. The [REDACTED] of the outer portion of the
camp [REDACTED] was notified, and he ordered [REDACTED] to go summon a medic
from 4th MP HQ. [REDACTED] went into the cage and was informed by [REDACTED] and b6-1/
[REDACTED] that he had a low pulse. [REDACTED] checked for responsiveness and pulse b7c-1/
and did not detect response or pulse. [REDACTED] Medic, 4th MP Company arrived on
scene and verified that there was no pulse or signs of life, and [REDACTED] a Doctor
at the Tikrit Main Palace TMC arrived and pronounced the detainee dead at 0540 hours.

Friendly Casualties: N/A

Enemy Casualties: N/A

EPWs: Deceased of unknown causes

What are the unit's future actions:

POC name and contact information: [REDACTED] b6-1 b7c-1
Company at [REDACTED] 4th MP

6248 B

Salah Aldin Forensic medicine

Dissection Report



Name

[Redacted Name]

age

60 years

b6-4
b7C-4

External examination:

Good built, gray hair, no any external trauma to different parts of the body.

Internal examination:-

Congestion and Oedema of all internal structures.

Heart: weight 600 grams shows thickening of the walls and dilatation of heart chambers.

Lungs congested and oedematous with multiple black stains and adhesions to pleura.

Liver small in size gray in colour with signs of fibrosis (cirrhosis)

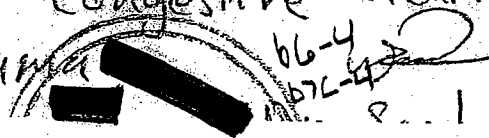
Kidneys hypertrophy lobulated and each weight is 300 grams

Stomach contain small amount of digested food.

Conclusion:-

1. The cause of death is Congestive Heart Failure

2. No any internal trauma



b6-4
b7C-4

6249

SWORN STATEMENT

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

LOCATION TRICKET, IAAQ	DATE 22 JUL 03	TIME	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	SOCIAL SECURITY NUMBER [REDACTED]	GRADE/STATUS [REDACTED]	
ORGANIZATION OR ADDRESS [REDACTED]			

I, [REDACTED], WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 ON 22 JUL 03 AT APPROXIMATELY 0504 I WAS NOTIFIED BY [REDACTED] THAT AN EPW (LATER IDENTIFIED AS # [REDACTED]) HAD
 FALLEN OUT IN THE OUTSIDE CAGE. [REDACTED] AND I ENTERED
 THE NORTHEAST CAGE AND APPROACHED THE FALLEN EPW BY WAY
 OF [REDACTED] AND I WERE BRIEFED BY [REDACTED] b6-1/14
 b7C-1/14
 OF THE SITUATION AND WERE TOLD THE EPW STILL
 HAD A PULSE BUT WAS LAYING MOTIONLESS. [REDACTED] b6-4/1
 b7C-4/1
 CHECKED FOR A PULSE ON THE EPW'S NECK AND INFORMED ME
 HE FELT NOTHING. I THEN TOLD [REDACTED] b6-4/1 b7C-4/1
 MEDIC FROM HQ AND ORDERED THE REMAINING EPW'S TO
 GET OUT OF THE TENT AND INTO THE NORTHEAST TENT.
 ONCE ALL EPW'S WERE OUT OF THE TENT, I PLACED A
 GUARD ON THE BODY AND NOTIFIED [REDACTED] b6-2
 THE SITUATION AND [REDACTED] b6-2 IN OPS OF
 THAT I WAS STILL CONDUCTING MY PT TEST THAT MORNING AND
 DEPARTED THE A.O.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 2 PAGES
ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.		

DA FORM 2823, JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

USAPPC V2.00

6290

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE: 24 JUL 03

b6-4 / b7C-4
I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation

Signature: [REDACTED]

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

b6-4
b7C-4

6251

SWORN STATEMENT

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

LOCATION

DCCP Tikrit Iraq

DATE

2003 06

TIME

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

SOCIAL SECURITY NUMBER

GRADE/STATUS

ORGANIZATION OR ADDRESS

I, [REDACTED] WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 July 03, at 0500 [REDACTED] and I were doing latrine burning detail. When we noticed detainee [REDACTED] went into the latrine. When [REDACTED] was done and left [REDACTED] detainee [REDACTED] # was moved detainee [REDACTED] to his tent. I then went to check on detainee [REDACTED] # I noticed a very faint pulse. [REDACTED] and notified [REDACTED] [REDACTED] went down. [REDACTED] then checked [REDACTED] detainee [REDACTED] went back pulse also. When [REDACTED] came in he checked detainee [REDACTED] pulse and noticed none. [REDACTED] told [REDACTED] to get the medic ([REDACTED] I then returned to my latrine burning detail.

b6-1 / b7C-1

b6-4 / b7C-4

b6-1 / b7C-1

b6-4, b7C-4

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

USAPPC V2.00

6252 E

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE:

I, _____, understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation

Signature

Name:

Rank:

Unit:

6253

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: DCCP Tikrit, Iraq
 2. DATE (YYYYMMDD): 20030724
 3. TIME: 1724h
 4. FILE NUMBER: B6-4
 5. LAST NAME, FIRST NAME, MIDDLE NAME: [REDACTED] B6-4
 6. SSN: [REDACTED] B6-4
 7. GRADE/STATUS: [REDACTED]

8. ORGANIZATION OR ADDRESS: [REDACTED]

9. [REDACTED] B6-4, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

B6-4 On the 22nd of July, around 0800Hrs, [REDACTED] B6-4 and myself were inside the wire on a latrine burning detail when we saw Detainee [REDACTED] B6-4 with the assist of two other detainees, use the latrine. When he exited, he collapsed into their arms. They called for more detainees to help them carry him to his sleeping area. They then informed us he was not breathing, he was dead. I left [REDACTED] B6-4 on site and went and notified [REDACTED] B6-3. We entered the area and [REDACTED] B6-4 said he felt a weak pulse. [REDACTED] B6-3 checked and said he felt no pulse. Since they did not agree I then checked and I also felt no pulse. Time was 0805Hrs. We then moved all the detainees away from [REDACTED] B6-4 to the next tent. [REDACTED] B6-4 had by now arrived and checked for a pulse, none was found. Shortly afterwards, [REDACTED] B6-4 also arrived and checked for life, none was found.

11. INITIALS OF PERSON MAKING STATEMENT: [REDACTED]

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 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 INDICATED.

DA FORM 2823, DEC 1998

DA FORM 2823, JUL 72, IS OBSOLETE

USAPA V1.00

6254

STATEMENT OF _____ TAKEN AT _____ DATED _____

9. STATEMENT (Continued)

AFFIDAVIT

I, _____, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE _____. 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.

 B6-4/b7c-4
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE: 24430724

B6-4/ b7c-4

I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation.

B6-4/b7c-4

Signature: [REDACTED]

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

B6-4/b7c-4

6250

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

AUTHORITY:

PRINCIPAL

ROUTINE USES:

DISCLOSURE:

Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943 (SSN).

To provide commanders and law enforcement officials with means by which information may be accurately identified. Your social security number is used as an additional/alternate means of identification to facilitate filing and retrieval. Disclosure of your social security number is voluntary.

1. LOCATION DCCP Tikrit IRAC	2. DATE (YYYYMMDD) 2003/07/21	3. TIME 1713 HRS	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED]	6. SSN [REDACTED]	7. GRADE/STATUS [REDACTED]	
8. ORGANIZATION OR ADDRESS [REDACTED]			
9. [REDACTED] B2-2/B3-1			

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On The date of 7/22/2003, at approximately
I observed a older male, dressed in dark gray
clothing being carried from the restroom toilets
by two other inmates. I followed in about 5 min.
after the two inmates placed the male on his
blanket, and I wondered as to why he was carried.
[REDACTED] approached me and said I feel a pulse.
I turned and went out to the guard tent and
said that an inmate appears bad, find [REDACTED]
[REDACTED] Upon my return [REDACTED] and
I re-entered the cage, and [REDACTED] stated that
he would check pulse. The male appeared to not
be breathing. I and other soldiers automatically
began to move inmates away from the body.
[REDACTED] stated that his eye did not close.
medic's arrived on scene, and medic. assistance
began, myself and other soldier's began to pull

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT [REDACTED]	PAGE 1 OF 3 PAGES
-------------	---	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED]"

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

B6-4/b7c-4

STATEMENT OF [REDACTED] TAKEN AT 1715 HRS DATED 07/24/2003

9. STATEMENT (Continued)

B6-4/b7c-4

AFFIDAVIT

[REDACTED] 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.

B6-4/b7c-4

[REDACTED]
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this _____ day of _____ at _____

ORGANIZATION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

[REDACTED]

B6-4/b7c-4

PAGE 3 OF 3 PAGES

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE: 07/24/2003

B6-4/ b7c-4

I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation.

Signature: [REDACTED]

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

B6-4/ b7c-4

SWORN STATEMENT

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

LOCATION

Tikrit Deep, Iraq

DATE

22 Jul 03

TIME

0619

FILE NUMBER

LAST NAME, FIRST NAME, MIDDLE NAME

[REDACTED]

B6-4/b7c-4

SOCIAL SECURITY NUMBER

[REDACTED]

B6-4

GRADE/STATUS

[REDACTED]

B6-4

b7c-4

I, [REDACTED] B6-4/b7c-4

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 22 July 03 At A Approximately 0503 [REDACTED] informed me of a detainee with a low pulse. At that point He ordered me to push for a medic. I informed the medic. The medic came to scene and determined the [REDACTED] detainee had deceased.

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

[REDACTED] B6-4/b7c-4

PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

DA FORM 2823, JUL 72

SUPERSEDES DA FORM 2823, 1 JAN 68, WHICH WILL BE USED.

USAPPC V2.00

6260

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE:

B6-4/ b7c-4

I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation

Signature [REDACTED]

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

B6-4
b7c-4

6261

SWORN STATEMENT

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

LOCATION 4th MP OCP	DATE 24 Jul 03	TIME 1215	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME [REDACTED] B6-4/2	SOCIAL SECURITY NUMBER [REDACTED] B6-4	GRADE/STATUS [REDACTED] B6-4	
ORGANIZATION OR ADDRESS [REDACTED]			

b7c-4

I, [REDACTED] B6-4/2, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 22 July 03, at 0510, I was awakened by [REDACTED] B6-4/1 b7c-4/1, stating they needed a medic at the EPW cage. I asked what was wrong and he told me the patient didn't have a pulse. I asked was he breathing he replied he didn't know and that he was just told to come get a medic. When I arrived at the EPW cage the patient, EPW # [REDACTED] B6-4/2 was covered with a blanket. I checked for a pulse and for breathing in which I found none. No one could tell me how long or when the EPW went down. I went and notified [REDACTED] B6-4/2 and [REDACTED] B6-4/2 from the aid station. We all proceeded to the EPW cage where [REDACTED] B6-4/2 performed his evaluation of the prisoner. [REDACTED] B6-4/2 pronounced him dead at 0545.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT [REDACTED] B6-4	PAGE 1 OF 2 PAGES
---------	--	-------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [REDACTED] B6-4/2 TAKEN AT [REDACTED] DATED [REDACTED] CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE [REDACTED] OF [REDACTED] PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

(7)

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

B6-4/b7c-4

DATE:

I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation

Signature [REDACTED]

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

B6-4
b7c-4

6263

I

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

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

DCCP Tikrit Iraq

2. DATE (YYYYMMDD)

2003 06

3. TIME

05

4. FILE NUMBER

5. LAST NAME, FIRST NAME, MIDDLE NAME

B6-4

6. SSN

B6-4

7. GRADE/STATUS

B6-4

8. ORGANIZATION OR ADDRESS

9.

B6-4

7c

WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

ON 22 July 03, at 0503 I was Notified By [REDACTED] That [REDACTED] Detainee [REDACTED] had clapsed and had a weak pluse. I then Told [REDACTED] to go get a medic From the Headquarters building and I went with [REDACTED] into the EPW holding cell and made contact with [REDACTED] [REDACTED] also stated that [REDACTED] wasn't being responsive. I then checked [REDACTED] and he was not, and his Eyes were half way shot. I then checked for a pulse on [REDACTED] Neck and did not get one. And I then felt that [REDACTED] was not alive. I then Had [REDACTED] and myself separete the other detainees away From [REDACTED] and All other detainees were put into a separete tent. By this time [REDACTED] (4mp [REDACTED] Had arrived and also checking for responsiveness and did not get any. [REDACTED] then went and got [REDACTED] and [REDACTED] I left to go and notify operations of the situation.

10. EXHIBIT

11. INITIALS OF PERSON MAKING STATEMENT

[REDACTED] B6-4/b7c-4

PAGE 1 OF 3 PAGES

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

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

B6-4/b7c-4

STATEMENT OF

[REDACTED]

TAKEN AT

22 July 03

DATED

22 July 03

9. STATEMENT (Continued)

Not Used

B6-4/b7c-4

AFFIDAVIT

I 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.

[REDACTED]

B6-4/b7c-4

(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22 day of July, 2003 at DCAR, Jikrit 11091

[REDACTED]

B6-2

(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 3 OF 3 PAGES

TASK FORCE IRONHORSE
HEADQUARTERS, DIVISION ARTILLERY
TIKRIT, IRAQ

DATE:

B6-4/b7c-4

I, [REDACTED], understand that the results of this investigation are releasable under the Privacy Act of 1974 and the Freedom of Information Act. This means that individuals can, upon completing a proper information request, receive a copy of the formal findings of this investigation

Signature [REDACTED]

B6-4/b7c-4

Name: [REDACTED]

Rank: [REDACTED]

Unit: [REDACTED]

MEDICAL RECORD

AUTHORIZED FOR LOCAL REPRODUCTION

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

DATE

0545
21 July 63

BP:

PULSE:

97.7 TEMP:

RESP:

ALL:

MEDS:

PMHx

PSHx

TOB

ETOH

Patient seen and examined @ 0545.
S: Pt noted to be motionless on his back & signs of
resp. Non responsive to verbal stimuli

O: No pulse noted. No pupillary reaction or response. No respirations
or breath sounds on auscultation. No heart rate (OS, OSA)
and no abdominal signs or sounds noted. No muscle tone noted

A: Pt. cool to the touch & slight cyanosis in his lips & tips of digits
P: Release to PND for coordination with G1 for removal of
thorax.

thorax.

B6-2/b7c-2

HOSPITAL OR MEDICAL FACILITY

STATUS

DEPT./SERVICE

RECORDS MAINTAINED AT

SPONSOR'S NAME

SSN/ID NO.

RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION:

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

REGISTER NO.

WARD NO.

EPW

B6-4/b7c-4

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

USAF V2.00

6207

Hx thru translator

AUTHORIZED FOR LOCAL REPRODUCTION

MEDIC. CORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

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

25 July 83 60 YO ♂ cc chest pain @ side x 4 months
BP: 140/93 R.T.S. Had operat from @ Thigh to chest per
PUL: 96 micro surgery x 4 month ago. -- Had surgery suggestion
TEM: 98.5 of angioplasty; Pain described as burning sensation
RESP: 14 worse when under stress -- Not affected by fat
ALL: @ in 7th physical exertion; SOB & Nausea
D. 96/100 Resting P 85 Radiation Neck pain -- This pain
MEI has been constant over past 4 months No recent
deasbird change in T & Sx. Pt indicator @ Chest
PMII: a- wound, NTP is noted
wor episode Lungs clear
XR Chest - traumatic appearance; @ TTP in sub
PSI: 5 note area. Heart R R R 5 @
TOI: @ Abd - benign & epigastric TTP
ETC: A - Chest pain doubt cardiac etiology not urgent as
PFHX: @ no change in Sx over 4 months not worse & exertion
Pt's Vital Signs are with
P - Ta 25.7°C 54 in an Bx Cx/EK/...
Cardiologist
B6-4
b7c-4

PATIENT'S II	FACILITY	STATUS	DEPT/SERVICE	RECORDS MAINTAINED AT
LOCATION:		REGISTER NO.		WARD NO.

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

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

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

USAPA V2.00

6268

(L)

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	
	PLT		PCO2	SAT	OTHER		
PT				DIP	EKG INTERPRETATION		
APTT	BHCG	ETOH	GLU	U/A MICRO			

PROVIDER HISTORY/PHYSICAL

yo Arabic male % chest pain - continuous -

60 yr old male with a recent onset of chest pain. No chest pain while at rest. @ SOB @ dyspnea.

1. AAO, MAD, dry mucous membranes

Large - CNOB Heart - RRR 5 @

Edema @ edema.

2. Still crying - after meal

135 / 43 | 1276
1.1

CXR - MAD

EKG - Q4 V1+V2
ST Δ V5-V6

@ code 1

3. RHR 112 beats per minute
hypertension @ JVP @ 40
Cardi @ 112

flr 1-2 wheezes

CONSULT WITH	TIME	ACTION	RESIDENT/STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
as above			
			CODES

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

EPA

[Redacted]

B6-4/
b7c-4

EMERGENCY CARE AND TREATMENT (Doctor)
Medical Record

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

6269

b7c-4

Ward/Section: EMT			REQUESTING PHYSICIAN: BG-4			LABORATORY RESULT FORM (Subject to the Privacy Act of 1974)		
LAST, FIRST, MI. EPW			DATE 3 July		TIME 1300	SSN/PSEUDO SSN: BG-4		
(Hematology) CBC			Urinalysis			Misc Serology		
TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
WBC		4.8-10.8 x 10 ³	Color		N/A	RPR		Negative
RBC		4.7-6.1 x 10 ⁹	App		N/A	Mono		Negative
Hgb		14-18 g/dl (M) 12-16 g/dl (F)	Glu		Negative	Microbiology		
Hct		42-52% (M) 37-47% (F)	Bili		Negative	Source		
MCV		80-94 fl (M) 81-99 fl (F)	Ket		Negative	Gram Stain		
Plt		130-500 x 10 ³ verified	SG		N/A	Occ Bld		Negative
Lymph %		20.5-51.1%	Bld		Negative	H. pylori		Negative
(Hematology) Manual Differential			pH		N/A	Micro Parasites		
Segs		Mono	Prot		Negative	Malaria		
Bands		Eos	Urob		0.2-1.0	O & P		
Lymph		Baso	Nit		Negative	Other		
Atyp		Imm	Leuk		Negative	Micromedex/Drugs		
RBC Morph			HCG		Negative			
Spun Hematocrit			CSF			Blood Bank		
Sed Rate			Cell Count			MUST SUBMIT SLIDE WITH EVERY UNIT REQUESTED		
Other			Directigen			ABO/Rh		
Coagulation Studies			Blood Bank/Transfusion					
			MUST SUBMIT SLIDE WITH EVERY UNIT REQUESTED					
TEST	RESULT	REF. RANGE	UNIT	TYPE		CROSSMATCH		
PT		9.8-13.6 secs						
APTT		21-34 secs						
D dimer		<20 ug/ml						
FDP		<10 ug/ml						
REMARKS:								
REPORTED BY:			DATE:			LAB ID NO.:		

6270

TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE	TEST	RESULT	REF. RANGE
Na		138-146 mmol/L	ALB		3.5-5.5 g/dl	GLU		73-118 mg/dl
K		3.5-4.9 mmol/L	ALP		26-84 u/l	BUN		7-22 mg/dl
Cl		98-109 mmol/L	ALT		10-47 u/l	CA ⁺⁺		8.9-10.3 mg/dl
pH		7.31-7.45	AMY		14-97 u/l	CRE		0.6-1.2 mg/dl
PCO ₂		35-45 mmHg (art) 41-51 mmHg (ven)	AST		11-38 u/l	NA ⁺		128-145 mmol/l
PO ₂		80-105 mmHg (art) N/A (ven)	TBIL		0.2-1.6 mg/dl	K ⁺		3.3-4.7 mmol/l
TCO ₂		23-27 mmol/L (art) 24-29 mmol/L (ven)	BUN		7-22 mg/dl	CL ⁻		98-108 mmol/l
HCO ₃		22-26 mmol/L (art) 23-28 mmol/L (ven)	CA ⁺⁺		8.0-10.5 mg/dl	tCO ₂		18-33 mmol/l
sO ₂		95-98%	CHOL		100-200 mg/dl			
BE _{ecf}		(-2) - (+3) mmol/L	CRE		0.6-1.2 mg/dl			
AnGap		10-20 mmol/L	GLU		73-118 mg/dl	TEST	RESULT	REF. RANGE
Ca		1.12-1.32 mmol/L	IP		64-84 g/dl	ALB		3.5-5.5 g/dl
BUN		6-26 mg/dl				ALP		26-84 u/l
GLU		70-105 mg/dl	TEST	RESULT	REF. RANGE	ALT		10-47 u/l
Creat		0.7-1.5 mg/dl	GLU	276	73-118 mg/dl	AMY		14-97 u/l
Hct		38-51% PCV	BUN	28	7-22 mg/dl	AST		11-38 u/l
Hgb		12-17 g/dl	CRE	11	0.6-1.2 mg/dl	TBIL		0.2-1.6 mg/dl
			CK	60	39-380 u/l (M) 30-190 u/l (F)	GGT		5-65 u/l
TEST	RESULT	REF. RANGE	NA ⁺	135	128-145 mmol/l	IP		64-84 g/dl
			K ⁺	4.3	3.5-4.7 mmol/L			
			CL ⁻	98	98-108 mmol/l	TEST	RESULT	REF. RANGE
			tCO ₂	22	18-33 mmol/l	NA ⁺		128-145 mmol/l
						K ⁺		3.3-4.7 mmol/l
						CL ⁻		98-108 mmol/l
						tCO ₂		18-33 mmol/l

REMARKS:

NO TROP

REPORTED BY: DATE: LAB ID NO.:

6271

MEDICAL RECORD		EMERGENCY CARE AND TREATMENT (Patient)				LOG NUMBER	TREATMENT FACILITY
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT	
STREET ADDRESS						ARRIVAL	
CITY						DATE (Day, Month, Year)	TIME
STATE						334103	1235
ZIP CODE						TRANSPORTATION TO FACILITY	
SEX	DUTY/LOCAL PHONE		MILITARY STATUS			THIRD PARTY INSURANCE	
M	AREA CODE	NUMBER	ITEM	YES	NO	ITEM	YES
AGE	HOME PHONE		PRP			ADDITIONAL INSURANCE	
60	AREA CODE	NUMBER	FLYING STATUS			DD 2568 IN CHART	
CURRENT MEDICATIONS		INJURY OR OCCUPATIONAL ILLNESS			NAME OF INSURANCE COMPANY		
CACEAM		24 pills			TRANSFER		
ALLERGIES		IS THIS AN INJURY?			DATE LAST VISIT		
NKDA		INJURY/SAFETY FORMS			24 HOUR RETURN		
CHIEF COMPLAINT		HOW			TETANUS		
Angina on D side x 4 mths. @ 1419					DATE LAST SHOT		
					COMPLETED INITIAL SERIES		
					YES NO		
CATEGORY OF TREATMENT		VITAL SIGNS					
<input checked="" type="checkbox"/> EMERGENT		TIME	1250	1419	1450		
<input type="checkbox"/> URGENT		BP	150/90	139/67	125/65		
<input type="checkbox"/> NON-URGENT		PULSE	97	88	85		
		RESP	18	18	16		
		TEMP	97		2/50/99		
		WT	75 kg				
LAB ORDERS		XRAY ORDERS					
<input checked="" type="checkbox"/> CBC/DIF		<input checked="" type="checkbox"/> CXR PA & LAT/PORTABLE					
<input type="checkbox"/> URINE C&S		<input type="checkbox"/> ACUTE ABDOMEN					
<input type="checkbox"/> BLOOD C&S X		<input type="checkbox"/> SINUS					
<input type="checkbox"/> TYPING		<input type="checkbox"/> ANKLE RA					
ORDERS		PULSE OX 97%					
<input checked="" type="checkbox"/> MONITOR							
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE		
1230	1000	91					
1230	1000	91					
1230	1000	91					
DISPOSITION		DISPOSITION QUARTERS 70FF 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"/> 72 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		TIME OF RELEASE		I have received and understand these instructions.			
<input type="checkbox"/> DETERIORATED				PATIENT'S SIGNATURE			
PATIENT'S IDENTIFICATION							

EMERGENCY CARE AND TREATMENT (Patient)
Medical Record

STANDARD FORM 558 (REV. 9-96)
Prescribed by GSA/ICMR
FPMR (41 CFR) 101-11.203(6)(10)
USAPA V1.00

6272

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
03 JUL 03	Cardiology Hx via interp.
1330	60 YM sent for evaluation of angina. Has known H/O ASCAD (unknown anatomy but had cath + intervention 3 mos ago in Baghdad) and has SSCP for few days since stopping meds. Daily episodes - especially in mornings. Prior to that - sx's were controlled. No current pain.
	Meds: ASA, ACET, SL-NTG - 2 others not known
	PMH: ASCAD, DMII
	Sfx: In custody ~ 10 days.
	o/ 150/80, 94, 16, 95% RA - appears well
	Large w/ very mild wheezing Rt base, NL CVP, NL S/S, 85% @
	soft abd, no edema
	EKG: NSR, Septal MI - a.u. Nostr NO prior
	CX 60, CXR - no acute pathology. Prior 28/11
	Echo: poor quality - LV fun grossly NL - cannot R/O RWMA.
	Imp: 1) ASCAD - angina based on being off meds. No MI by Hx/EKG.
	- Restart meds: ASA 325 qd, aspirin 25 mg qd, lisinopril 20 mg po qd
	SL NTG prn, glipizide 5 mg po qd
	- F/U in 1 wk if sx's not improved.

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

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record

STANDARD FORM 600 (REV. 6-97)

Prescribed by GSA/ICMR
FIRM (41 CFR) 201-9.202-1

6273

B6-4

ID:

B6-4

3 May 1997 4:08:13

28th COMBAT SUPPORT HOSPITAL

epw
60 years
Male
67 in

Asian
160 lbs

Vent. rate 91 bpm
PR interval 160 ms
QRS duration 96 ms
QT/QTc 348/428 ms
P-R-T axes 73 -17 71

Normal sinus rhythm
Septal infarct, age undetermined
Abnormal ECG

N35V-7

Technician: Lt smith
Test ind: chest pain

Meds: ?

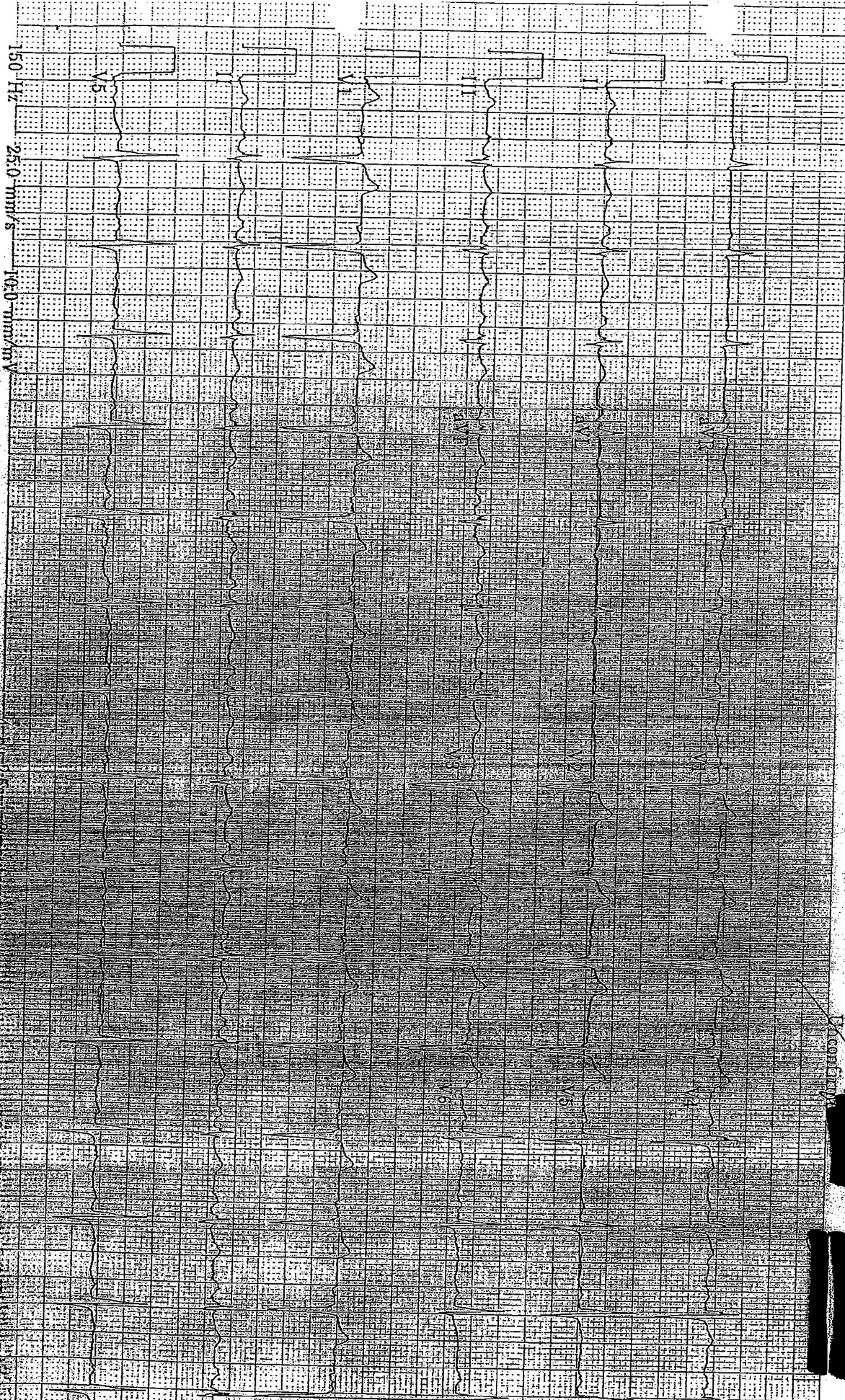
No prior.

Receiving

[Redacted]

B6-4/b7c-1

6274



b6-4, b7c-4

519-301

RADIOLOGIC CONSULTATION REQUEST/REPORT

(Radiology/Nuclear Medicine/Ultrasound/Computed Tomography Examinations)

EXAMINATION(S) REQUESTED

CXR

AGE/SEX

60/M

SSN (Sponsor)

EPW [REDACTED]

WARD/CLINIC

ACC

REGISTER NO.

FILM NO.

PREGNANT

☐ YES☐ NO

REQUESTED BY (Print)

Referral from Palace

TELEPHONE/PAGE NO.

SIGNATURE OF REQUESTOR

DATE REQUESTED

3 July 83

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

Chest pain

DATE OF EXAMINATION (Month, day, year)

X 7 83 83

DATE OF REPORT (Month, day, year)

DATE OF TRANSCRIPTION (Month, day, year)

RADIOLOGIC REPORT

PATIENT'S IDENTIFICATION (For typed or written entries give: name — last, first, middle; Medical Facility)

EPW [REDACTED] B6-4
b7c-4

LOCATION OF MEDICAL RECORDS

LOCATION OF RADIOLOGIC FACILITY

SIGNATURE

6275

STATEMENT OF PRISONER # [REDACTED]
23 JULY 2003

b6-4
b7c-4

This interview was conducted with the use of an interpreter.

Prisoner [REDACTED] was interviewed regarding circumstances surrounding the death of prisoner [REDACTED]

The two prisoners slept next to each other, prisoner [REDACTED] stated that he had been "taking care" of [REDACTED] for the past 25 days since they were both moved up to the Division Detainee Collection Point (DCCP) from Diyala province. Prisoner [REDACTED] stated that [REDACTED] had told him that he was diagnosed approximately 4 years ago with "6 arteries blocked in his heart". [REDACTED] further stated that he had a procedure done in Baghdad last year to open some of the arteries and was to have another procedure performed in April of this year.

Prisoner [REDACTED] stated that when [REDACTED] was originally processed into the DCCP he was able to walk on his own and perform most daily living functions. [REDACTED] stated that [REDACTED] had complained of chest pains in the past and was taken by the medics to a hospital (he stated that it was the Tikrit Hospital, however it was really the 28th CSH). [REDACTED] stated that he had received some medicines from the hospital but did not have any return visits.

[REDACTED] stated that in the last 3-4 days [REDACTED] was feeling worse, was unable to eat because of abdominal pain, nausea and vomiting. [REDACTED] also complained of chest pain for the last couple of days, he was unsure if he had told the MP [REDACTED] of his chest pain.

The night before his death, unknown time, [REDACTED] stated that [REDACTED] had expressed a "feeling like he was going to die". [REDACTED] stated that he had informed the medics of [REDACTED] complaints and the medics gave him an aspirin. [REDACTED] stated that he requested the medication "placed under his tongue" (presumably nitroglycerin) but was told by the medics that they did not have any. At approximately 0500 [REDACTED] was helped to the restroom by some of the other detainees and was complaining of abdominal pain. [REDACTED] apparently collapsed after being assisted from the latrine and was carried back to his tent.

[REDACTED] stated that he immediately informed the MP's and they responded with medical personnel.

b7c-4

b6-4
b7c-4

DETAINEE DISPOSITION WORKSHEET

MP#: [REDACTED]

DETAINEE NAME: [REDACTED]

CONFINEMENT DATE: 27 JUNE 2003

STAFF RECOMMENDATION: 23

G2 [REDACTED] B6-4

G3 [REDACTED] B6-4 Intensity

PMO [REDACTED] B6-4

SJA [REDACTED] B6-4 / B5-3

RELEASE DETAIN [REDACTED] B6-4
TRANSPORT TO CHA

COMMENTS: [REDACTED]

[REDACTED] } B6-4 / b7c-4
6277

INCIDENT REPORT FORM

Type of Report: Initial

Date/time of report: 22 0815 JUL 03

Date/time of incident: 22 0515 JUL 03

Location of incident: LD 80132903 (TF IH CCP-Tikrit Main Palace)

Unit involved in the incident: 5th Platoon, 4th Military Police Company

Name of senior person involved in incident and contact information: [REDACTED] b7c-4

B6-4 Narrative of Incident: Enemy Prisoner of War Detainee [REDACTED] B6-4
[REDACTED] 60 year old local national had been detained in the TFCCP since 27 June, 2003. Individual was detained for possession of numerous weapons and a large quantity of ammunition. The detainee was seen by 4th MP Company medics approximately 3 times for health issues such as dehydration, his refusal to eat on numerous occasions, however there was no indication of any serious illness or injuries due to his stable vital signs during each checkup by 4th MP Medics. The individual was on multiple unknown medications upon his arrival to the TFCCP. At approximately 0400 the detainee was assisted by two other detainees ([REDACTED] and [REDACTED]) to utilize the latrine due to stomach pain. The detainee completed utilizing the latrine and was carried back to the detainee tent by the two detainees. Approximately 0500 the two detainees ([REDACTED] and [REDACTED]) sought the nearest Military Policemen and stated to the 2 MP's ([REDACTED] and [REDACTED]) that the detainee was dead. The [REDACTED] of the outer portion of the camp ([REDACTED]) was notified, and he ordered [REDACTED] to go summon a medic from 4th MP HQ. [REDACTED] went into the cage and was informed by [REDACTED] and [REDACTED] he had a low pulse. [REDACTED] checked for responsiveness and pulse and did not detect response or pulse. [REDACTED] 4th MP Company arrived on scene and verified that there was no pulse or signs of life, and [REDACTED] a Doctor at the Tikrit Main Palace TMC arrived and pronounced the detainee dead at 0540 hours. B6-4

Friendly Casualties: N/A

Enemy Casualties: N/A

EPWs: Deceased of unknown causes

What are the unit's future actions:

POC name and contact information: [REDACTED]
Company at DNV [REDACTED]

3 B6-4
b7c-4

<input type="checkbox"/> Arson (I.P.C. 342)	<input type="checkbox"/> Burglary or Housebreaking (I.P.C. 428)
<input type="checkbox"/> Solicitation of Fornication/Prostitution (I.P.C. 399)	<input type="checkbox"/> Extortion/Communicating Threats (I.P.C. 430)
<input type="checkbox"/> Rape/Indecent/Sexual Assaults/Acts (I.P.C. 393-98, 402)	<input type="checkbox"/> Theft (I.P.C. 439)
<input type="checkbox"/> Murder (I.P.C. 405)	<input type="checkbox"/> Destruction of Property (I.P.C. 477)
<input type="checkbox"/> Aggravated Assault/Assault With Intent To Kill (I.P.C. 410)	<input type="checkbox"/> Obstructing a Public Highway/Place (I.P.C. 487)
<input type="checkbox"/> Maiming (I.P.C. 412)	<input type="checkbox"/> Discharging Firearm/Explosive in City/Town/Village (I.P.C. 495)
<input type="checkbox"/> Simple Assault (I.P.C. 415)	<input type="checkbox"/> Riot or Breach of Peace (I.P.C. 495(3))
<input type="checkbox"/> Kidnapping (I.P.C. 421)	<input type="checkbox"/> Other

☒ Offense against Coalition Forces [check one] If "Other" then describe: Love Trafficking

<input type="checkbox"/> Violation of Curfew	<input type="checkbox"/> Trespass on Military Installation or Facility
<input checked="" type="checkbox"/> Illegal Possession of Weapon	<input type="checkbox"/> Photographing/Surveillance Military Installation or Facility
<input type="checkbox"/> Assault/Attack on Coalition Forces	<input type="checkbox"/> Obstructing Performance of Military Mission
<input type="checkbox"/> Theft of Coalition Force Property	<input checked="" type="checkbox"/> Other

Apprehending Unit: 588 En Bu Location: NC 67273423

Date of Incident (D/M/Y): 23/06/03 Time of Incident: 0210 hrs to 0210 hrs Date of Report (D/M/Y): 23/06/03 Time of Report: 0210 hrs

Detainee # <u>[REDACTED]</u>		Key Connected Person: <input type="checkbox"/> Victim <input type="checkbox"/> Witness	
Last Name: <u>[REDACTED]</u>		Last Name: <u>[REDACTED]</u>	
First Name: <u>[REDACTED]</u> Given Name: <u>[REDACTED]</u>		First Name: <u>[REDACTED]</u> Given Name: <u>[REDACTED]</u>	
Hair Color: <u>[REDACTED]</u>	Scars/Tattoos/Deformities: <u>[REDACTED]</u>	Hair Color: <u>[REDACTED]</u>	Scars/Tattoos/Deformities: <u>[REDACTED]</u>
Eye Color: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u> lb Height: <u>[REDACTED]</u> in	Eye Color: <u>[REDACTED]</u>	Weight: <u>[REDACTED]</u> lb Height: <u>[REDACTED]</u> in
Address: <u>[REDACTED]</u>		Address: <u>[REDACTED]</u>	
Place of Birth: <u>[REDACTED]</u>		Place of Birth: <u>[REDACTED]</u>	
Ethn/Tribes/ Sect: <u>[REDACTED]</u>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: <u>[REDACTED]</u>	Ethn/Tribes/ Sect: <u>[REDACTED]</u>	Sex: <input type="checkbox"/> M <input type="checkbox"/> F Phone#: <u>[REDACTED]</u>
DOB D/M/Y: <u>[REDACTED]</u>	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular	DOB D/M/Y: <u>[REDACTED]</u>	<input type="checkbox"/> Mobile <input type="checkbox"/> Regular
<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) <u>[REDACTED]</u>	Document #: <u>[REDACTED]</u>	<input type="checkbox"/> Passport <input type="checkbox"/> Dr. license <input type="checkbox"/> Other (specify) <u>[REDACTED]</u>	Document #: <u>[REDACTED]</u>

Total Number of Persons Involved: 7 (list names/identifying info on reverse under "Additional Helpful Information")

Vehicle Information		Vehicle Number	of	Vehicle(s)	Owner
Make: <u>[REDACTED]</u>	Color: <u>[REDACTED]</u>	VIN: <u>[REDACTED]</u>			
Model: <u>[REDACTED]</u>	Type: <u>[REDACTED]</u>	Plate No: <u>[REDACTED]</u>			
Year: <u>[REDACTED]</u>	Names of People in Vehicle: <u>[REDACTED]</u>		Number of People in Vehicle: <u>[REDACTED]</u>		

Contraband/Weapons in Vehicle

<input type="checkbox"/> Property/Contraband	<input type="checkbox"/> Weapon	Photo Taken of Suspect with Weapon/Contraband: Yes/ No
Type: <u>[REDACTED]</u>	Model: <u>[REDACTED]</u>	Color/Caliber: <u>[REDACTED]</u>
Serial No.: <u>[REDACTED]</u>	Quantity: <u>[REDACTED]</u>	Receipt Provided to Owner: Yes/ No
Other Details: <u>[REDACTED]</u>	Make: <u>[REDACTED]</u>	Owner: <u>[REDACTED]</u>
Name of Assisting Interpreter: <u>[REDACTED]</u>		Where Found: <u>[REDACTED]</u>

Detaining Soldier's Name (Print): [REDACTED] Email: [REDACTED] Phone: [REDACTED]

Signature: [REDACTED] Supervising Officer's Name (Print): [REDACTED]

Email: [REDACTED] Signature: [REDACTED]

Unit Phone: [REDACTED] Email: [REDACTED]

Unit Phone: [REDACTED] Date: 06/23/03 Date: 06/23/03

COALITION PROVISIONAL AUTHORITY FORCES APPREHENSION FORM

Why was this person detained? He was functioning as a middle man
in an arms trafficking ring

Who witnessed this person being detained or the reason for detention? Give names, contact numbers, addresses.
B/588

How was this person traveling (car, bus, on foot)?

Who was with this person?

What weapons was this person carrying? 2x 9mm boxes of P&W linked
AK mag, Tek 9 mag, 7.62mm boxed x 200, 9mm ammo boxed x 30,
6 bayonets,

What contraband was this person carrying?

What other weapons were seized?

What other information did you get from this person?

Additional Helpful Information:

6281