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Law Enforcement Sensitive

**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Cropper CID Office  
20th/1149th Military Police Detachment (CID), 11th Military Police Battalion  
(CID), Camp Cropper, Baghdad, Iraq APO AE 09342

07 Apr 2008

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0064-2007-CID789-23679 -  
5H9A

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 03 DEC 2007, 1943 - 03 DEC 2007, 1943; INTENSIVE CARE UNIT, 31ST  
COMBAT SUPPORT HOSPITAL, CAMP CROPPER, BAGHDAD 09342, IRAQ

DATE/TIME REPORTED: 03 DEC 2007, 2045

INVESTIGATED BY:

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

SA

SA

SUBJECT:

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

VICTIM:

1. DIAB, YAHIYR DIASTI (DECEASED); FRCIV; (DOB); (POB); MALE; OTHER;  
CAMP REMEMBRANCE II, THEATER INTERNMENT FACILITY (TIF), CAMP  
CROPPER, BAGHDAD, IZ; XZ ; [DEATH BY NATURAL CAUSES]

INVESTIGATIVE SUMMARY:

This is an Operation Iraqi Freedom Investigation.

1

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

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On 3 Dec 07, this office was notified by SSG (b)(6),(b)(7)(C) Area Defense Operations Center, 1/181st Infantry, Camp Cropper, IZ APO AE 09342, of the death of Mr. DIAB while treated in the Intensive Care Unit, 31st Combat Support Hospital (CSH), CCIZ.

Investigation determined Mr DIAB was admitted to the 31st CSH on 25 Nov 07 for complications associated with liver failure and was subsequently pronounced dead at 1943, 3 Dec 07. An autopsy conducted by the Office of the Armed Forces Medical Examiner (OAFME) revealed the cause of death of Mr DIAB was acute upper gastrointestinal hemorrhage from esophageal variceal bleeding and the manner of death was reported as natural. The results of this investigation were consistent with their findings.

STATUTES:

N/A

EXHIBITS:

Attached:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) 3 Jan 08.
2. Medical Records of Mr DIAB.
3. AIR of SA (b)(6),(b)(7)(C) 3 Dec 07.
4. Death Scene Sketch prepared by SA (b)(6),(b)(7)(C) 3 Dec 07.
5. Photographic Packet (Death Scene).
6. CD containing original images associated with Exhibit 5 (USACRC and file copies only).
7. AIR of SA (b)(6),(b)(7)(C) 7 Dec 07.
8. Photographic Packet (Autopsy).
9. CD containing original images associated with Exhibit 8 (USACRC and file copies only).



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10. AIR of SA (b)(6),(b)(7)(C) 18 Jan 08.
11. Medical records of Mr DIAB.
12. AIR of SA (b)(6),(b)(7)(C) 7 Apr 08.
13. Autopsy Report of OAFME pertaining to Mr DIAB, number ME07-1342.
14. DD Form 2064, Certificate of Death (Overseas), 7 Dec 07.

The originals of Exhibits 1, 3 - 10 and 12 are forwarded with the USACRC copy of this report. The original of Exhibit 2 is retained in the files of TF31, Camp Cropper, Baghdad, Iraq APO AE 09342. The original of Exhibit 11 is retained in the Air Force Theater Hospital, LSA Anaconda, Balad, Iraq APO AE 09391. The originals of Exhibit 13 and 14 are retained in the files of the Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850.

Not Attached:

None.

STATUS: This is a Final (C) Report. Commander's Report of Disciplinary or Administrative Action (DA Form 4833) is not required.

CID reports of investigation may be subject to a Quality Assurance Review by CID higher headquarters.

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Report Prepared By:

Report Approved By:

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

Special Agent in Charge

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

Special Agent in Charge

DISTRIBUTION:

Dir, USACRC, Ft Belvoir, VA

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

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

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

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

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

Director, Armed Forces of the Institute of Pathology, Office of the Armed Forces Medical Examiner, A

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

Office of the Staff Judge Advocate, 535th Military Police Battalion, ATTN: CPT

(b)(6),(b)(7)(C) Camp Cropper,

Special Agent in Charge, Camp Cropper CID Office

FILE

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

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0064-07-CID789-23679

PAGE 1 OF 1 PAGE

## DETAILS

**BASIS FOR INVESTIGATION:** About 2045, 3 Dec 07, SA [REDACTED] was notified by SSG [REDACTED] [REDACTED] 1/ 181st Infantry, Area Defense Operations Center, Camp Cropper, IZ APO AE 09342 (CCIZ), who reported he was notified by the 31st Combat Support Hospital (CSH), CCIZ, of the death of a detainee.

About 2147, 3 Dec 07, SA [REDACTED] interviewed CPT (Doctor) [REDACTED] 31<sup>st</sup> CSH, CCIZ, who stated he was the attending physician for Mr Yahiy Diasti DIAB, Internment Serial Number (ISN) US [REDACTED] while Mr DIAB was assigned to the Intensive Care Unit. CPT [REDACTED] stated no life saving procedures was conducted to save the detainee due to a decision made by an ethics committee, which evaluated the file of Mr DIAB while at the CSH located in Balad, Iraq. CPT [REDACTED] reported the ethics committee decided due to the detainee's declining condition and the inability of the hospital to perform any lifesaving measures that could resume his life, the decision was made when and if the detainee was unable to sustain life, no life saving measures would be given. CPT [REDACTED] advised Mr DIAB was placed on fluids to maintain a quality of life and monitored. At 1943, 3 Dec 07, CPT [REDACTED] pronounced the Mr DIAB dead. CPT [REDACTED] reported his preliminary opinion as to the cause of death was Cardio Pulmonary Arrest, Liver Failure and Septic Shock due to Liver Failure.

About 1130, 5 Jan 08, SA [REDACTED] coordinated with CPT [REDACTED] Officer in Charge, Patient Administration Division, 31<sup>st</sup> CSH, CCIZ, who provided copies of inpatient and outpatient records pertaining to Mr DIAB. ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

SA [REDACTED] (b)(6), (b)(7)(C), (b)(7)(F)

SIGNATURE

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

for:

ORGANIZATION

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

DATE

5 Jan 08

EXHIBIT

ACLU DDII CID ROI 27277

CID FOR  
ACLU-RDF5

000005

# EXHIBIT(S) 2

Page(s) 000006 thru 000073  
referred to:

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

ACLU DDII CID ROI 27278



\* \* \* ADMISSION COVER WORKSHEET \* \* \*

Reg No: 0004134 Name: CROP,C600180981

FMP/SSN: 20/600-18-098

ADMISSION

Date/Time: 25 Nov 2007@1703  
Sex: MALE

Source: ERA  
Age: 51

MEPRS: ABAA  
DOB: 01 Jan 1956 Ward: ICU1

Patient Category: FRGN NAT POW/INTERNEE  
Marital Status: UNKNOWN  
Duty Zip:  
Sponsor Name: CROP,C600180981

Pay Grade: Fly Status:  
Race: UNKNOWN  
Ethnic: UNKNOWN  
Religion:

MTF Trans from:  
MTF of Initial Adm:  
Disposition Date: 25 Nov 2007@1930

Init Adm Date:  
Type of Disposition: HOME

Sponsor Name: CROP,C600180981  
Adm Physician: (b)(6)  
Adm Diagnosis: BLOOD IN STOOL (578.1)  
Adm Procl:  
Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

Patient has a Living Will/Advance Directive on file at MTF. Yes \_\_\_ No   X  

(b)(6)

(b)(6)

Signature Attending Medical Officer

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27279

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Exhibit   2    
000006



PERSONAL DATA - PRIVACY ACT OF 1974

RECORD OF INPATIENT TREATMENT

REGISTER: 0004134 NAME: CROP,C600180981 FMP/SSN: 20/600-18-0981

-----  
A D M I S S I O N

DATE/TIME: 25 Nov 2007@1703 SOURCE: ERA CLIN SVC: GEN SUR/ABAA  
SEX: M DOB: 01 Jan 1956

D I S P O S I T I O N

DATE/TIME: 25 Nov 2007@1930 TYPE: HOME CLIN SVC: GEN SUR/ABAA  
AGE : 51

-----  
D I A G N O S E S

DX 1. Principal DX: 5781  
BLOOD IN STOOL

-----  
P R O C E D U R E S

PR 1. Principal PR: NO PROCEDURES ON FILE

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

ATTENDING PROVIDER

(b)(6)  
TF 31 MED, (b)(6)

Provider Taxonomy: 207RC0200X  
PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/INTERNAL MEDICINE/CRITICAL CARE MEDICINE

DRG: RECORD NOT GROUPED

MDC:

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

ADMISSION:

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

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

\* \* \* \* \*

DISPOSITION:

REGISTER: 0004134 NAME: CROP,C600180981 FMP/SSN: 20/600-18-0981

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

\*\*\* CONTINUED ON PAGE 2 \*\*\*

ACLU DDII CID ROI 27280

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EXHIBIT 2



RECORD OF INPATIENT TREATMENT

REGISTER: 0004134 NAME: CROP,C600180981

FMP/SSN: 20/600-18-0981

MTF TRANS TO:  
ICU CLINICAL SVC:  
BED DAYS OTHER FEDERAL FACILITIES:  
BED DAYS CIVILIAN HOSPITALS:  
BED DAYS THIS MTF: 1  
TOTAL SICK DAYS THIS MTF: 1  
CONVALESCENT LEAVE TAKEN: 0

AUTOPSY:  
ICU DAYS SPENT: 1  
MEDICAL HOLD DAYS:  
COOPERATIVE CARE DAYS: 0  
SUPPLEMENTAL CARE DAYS: 0  
RECOMMENDED: 0

\* \* \* \* \*

OTHER:

SPONSOR NAME: CROP,C600180981  
DUTY ADDRESS:

MATERNAL/NEWBORN REGISTER:

EMERGENCY ADDRESSEE:  
RELATIONSHIP:  
NAME:  
ADDRESS:

PATIENT ADDRESS:

PHONE:

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

PREV ADMISSION THIS MTF: Y  
UNITS:

INJURY REMARKS:  
-----  
-----

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:

\_\_\_\_\_  
Medical Record Approved by

\_\_\_\_\_  
Date

REGISTER: 0004134 NAME: CROP,C600180981

FMP/SSN: 20/600-18-0981

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

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27281

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LAW ENFORCEMENT SENSITIVE

000008  
Exhibit

2



DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require a recopying on other ITR forms.

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME)</small>
25 Nov 1615	Admit to: ( ) ICW <input checked="" type="checkbox"/> ICU ( ) Outpatient Border Physician: (b)(6)
	DX: GI bleed / Hypertension / Condition: <input checked="" type="checkbox"/> Stable ( ) Critical ( ) Guarded
	Vitals: ( ) ICW protocols <input checked="" type="checkbox"/> ICU Vital Signs ALLERGIES: (NKDA)
	ACTIVITY: Weight Bearing Status: OOB as TOL
	DIET: ( ) Regular ( ) Soft ( ) Clear Liquid <input checked="" type="checkbox"/> NPO start at midnight <del>before surgery</del>
	( ) Dressing change: POD (1) (2) (3) (4) (5) (Daily) ( BID) ( Dakins) ( Wet-Dry) ( Xeroform-Dry)
	( ) Wound Vac: ( ) 75mmHG ( ) 125mmHG
	( ) Record drain output every shift <input checked="" type="checkbox"/> NGT to LIS <input checked="" type="checkbox"/> CT to WS / Suction ( ) Foley <i>st ill clear</i>
	( ) Labs: (CBC) (CRP) (ESR) (COAGS) (ABG) (CMP) (BMP) (Now) (in AM) (qAM) (qAM for 3 days)
	( ) X-rays: <i>in a.m.</i>
	<b>MEDICATIONS: (Order only the checked medications)</b>
	IV Fluids: ( ) Saline Lock ( ) KVO - 30ml/hr NS ( ) D5 1/2 NS +20K@ _____ cc/hr <input checked="" type="checkbox"/> NS or LR@125 cc/hr
	( ) Lovenox 30 mg SQ BID ( ) Lovenox _____ mg (wt based) SQ BID ( ) Hold PM dose the night before
	( ) Zosyn 3.37gm IV q6hrs ( ) Unasyn 3gm IV q6hrs ( ) Ancef 1gm IV q8hrs
	( ) Levofloxacin 500mg PO / IV qDay ( ) Cefoxitin 1gm IV q8hrs
	( ) MS Contin _____ mg q12hrs pain <i>Glucose v q4 use ICU</i>
	<input checked="" type="checkbox"/> Zantac ( ) 150mg PO BID <input checked="" type="checkbox"/> 50mg IV q8hrs <i>Sliding scale to keep with</i>
	( ) Colace 200mg PO BID ( ) Dulcolax 10mg supp PR QAM BID or: <i>NL limits</i>
	<b>PRN MEDICATIONS (Order only the checked medications)</b>
	( ) Percocet (1-2) tabs PRN pain q6hrs ( ) Morphine (2-8mg) IV q 1hr PRN severe pain or while NPO
	( ) Tylenol (650mg) PRN q4hrs pain, headache, fever ( ) Motrin (800mg tabs) PRN q6hrs pain, headache, fever
	( ) Benadryl (25-50mg) PO / IV / IM ( ) q4hrs ( ) q8hrs PRN Itch or Insomina
	( ) Zofran (4mg) IV q4hrs PRN nausea ( ) Replan 10mg IV / PO q8hrs PRN nausea

PATIENT IDENTIFICATION (For typed or written entries note: Name - last, first, middle initial; grade; DOB; hospital or medical facility)

180981  
600004134

09/07

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nursing Unit	Room No.	Bed No.	Page No.
--------------	----------	---------	----------



**MEDICAL RECORD - PROVIDER ORDER**

For use of this form, see MEDCOM Circular 48-5

0064-07-CID789-23679

**DIRECTIONS:** The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Orders completed during the shift in which they are written will be signed off adjacent to the order and do not require recopying on other ITR forms.

DATE/ TIME	ORDERS <small>(SIGNATURE REQUIRED FOR EACH ORDER/SET OF ORDERS. SIGNATURE MUST BE LEGIBLE; PROVIDER WILL USE SIGNATURE STAMP OR PRINT NAME).</small>
	<u>Sliding Scale Insulin:</u>
	<input checked="" type="checkbox"/> Target Glucose Range 70-120 mg/dL
	<70 mg/dL = give 1 Amp D50 IVP & call MD
	70-120 mg/dL = no action
	121-150 mg/dL = 2 units Regular Insulin SC
	151-200 mg/dL = 4 units Regular Insulin SC
	201-250 mg/dl = 6 units Regular Insulin SC
	251-300 mg/dL = 8 units Regular Insulin SC
	301-350 mg/dL = 10 units regular Insulin SC
	>350 mg/dL = call MD
	<input type="checkbox"/> Target Glucose Range 70-180 mg/dL
	<70 mg/dL = give 1 Amp D50 & call MD
	70-180 mg/dL = no action
	181-200 mg/dL = 2 units Regular Insulin SC
	201-250 mg/dL = 4 units Regular Insulin SC
	251-300 mg/dL = 6 units Regular Insulin SC
	301-350 mg/dL = 8 units regular Insulin SC
	351-400 mg/dL = 10 units Regular Insulin SC
	>400 mg/dL = call MD
	(b)(6)
	<input type="checkbox"/> Fingerticks AC & HS
	<input type="checkbox"/> Draw HbA1c
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**PATIENT IDENTIFICATION** *(For typed or written entries note: Name - last, first, middle initial; grade; DOB; hospital or medical facility)*

0000434

ICV 8

Complete the following information on page 1 of provided orders only. Note any changes on subsequent pages.

Diagnosis: \_\_\_\_\_

Height: \_\_\_\_\_ Weight (lbs): \_\_\_\_\_ Diet: \_\_\_\_\_

Allergies: \_\_\_\_\_

Nursing Unit	Room No.	Bed No.	Page No.
--------------	----------	---------	----------

ACLU DDII CID ROI 27283



MEDICAL RECORD		PROGRESS NOTES	
DATE	NOTES		
25 NOV 72	Nurses note: Pt adm: Pt at 1700		
1740	from ER. Pt arrived on stretcher.		
	Report received from (b)(6)		
	Pt put on LIS for NG tube per		
	Pt kline. Pt put out 200 ml of blood		
	in approx 15 mins (b)(6) informed		
	(b)(6) stated to repeat H.H. will		
	continue to monitor (b)(6)		
1970	Nurses note: Pt put out 350 ml/hr serous		
	drainage from NG tube at 1830		
	Pt placed back on LIS while on		
	Litter at 1915. Will continue to		
	circulate. Will continue to monitor		
	(b)(6)		
1931	Nurses note: Pt transfer to Balad		
	(b)(6) Pt had additional		
	125 ml out NG tube at 1935 (b)(6)		

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

180-971  
 ICU #8  
 600004134

PROGRESS NOTES  
 Medical Record  
 STANDARD FORM 509 (REV. 5/1)  
 Prescribed by GSA/ICMR FPMR (41CFR) 101-11.203(b)  
 USAPA V

ACLU DDII CID ROI 27284







<b>MEDICAL RECORD</b>		<b>EMERGENCY CARE AND TREATMENT (Patient)</b>				LOG NUMBER	TREATMENT FACILITY <b>JF 31</b>
PATIENT'S HOME ADDRESS OR DUTY STATION						RECORDS MAINTAINED AT	
STREET ADDRESS						DATE (Day, Month, Year) <b>25 NOV 07</b>	ARRIVAL TIME <b>1502</b>
CITY			STATE	ZIP CODE	TRANSPORTATION TO FACILITY <b>VG/AMB</b>		
SEX <b>M</b>	DUTY/LOCAL PHONE AREA CODE NUMBER		MILITARY STATUS ITEM YES NO N/A			THIRD PARTY INSURANCE ITEM YES NO	
AGE <b>51</b>	HOME PHONE AREA CODE NUMBER		PRP	FLYING STATUS	ADDITIONAL INSURANCE DD 2568 IN CHART		
CURRENT MEDICATIONS <b>Ø</b>		INJURY OR OCCUPATIONAL ILLNESS ITEM YES NO WHEN (Date)			EMERGENCY ROOM VISIT DATE LAST VISIT 24 HOUR RETURN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
ALLERGIES <b>? Ampicillin</b>		IS THIS AN INJURY? INJURY/SAFETY FORMS HOW			TETANUS DATE LAST SHOT COMPLETED INITIAL SERIES <input type="checkbox"/> YES <input type="checkbox"/> NO		
CHIEF COMPLAINT <b>Vomiting blood / Blood in stool</b>							
CATEGORY OF TREATMENT				VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME <b>1505</b>	INITIALS <b>(b)(6)</b>	TIME <b>1505</b>	BP <b>143/88</b>	TEMP <b>98.9</b>	WT O <sub>2</sub> <b>99%</b>	RESPIRATORY <b>17</b>
<input type="checkbox"/> URGENT				PULSE <b>129</b>			
<input checked="" type="checkbox"/> NON-URGENT							
LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	<input checked="" type="checkbox"/> PT/PTT	BHC/URINE/BLOOD/QUANT		CXR PA & LAT/PORTABLE	
	URINE C&S	UA MSCC/CATH	<input checked="" type="checkbox"/> CHEM:			ACUTE ABDOMEN	
	BLOOD C&S X					LS SPINE	
						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		
	<b>ILNS OPEN</b>		<b>(b)(6)</b>	<b>1600</b>			
	<b>then 250cc/hr</b>			<b>1600</b>			
	<b>Reg Insulin 4USQ</b>			<b>1620</b>			
DISPOSITION <input type="checkbox"/> HOME <input type="checkbox"/> FULL DUTY		DISPOSITION QUARTERS /OFF DUTY <input type="checkbox"/> 24 HRS. <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 78 HRS.		PATIENT/DISCHARGE INSTRUCTIONS			
MODIFIED DUTY UNTIL		RETURN TO DUTY					
CONDITION UPON RELEASE <input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED		ADMIT TO UNIT/SERVICE <b>ICU</b>		REFERRED <input checked="" type="checkbox"/>	TO	WHEN	
		TIME OF RELEASE		I have received and understand these instructions.			
PATIENT'S IDENTIFICATION				PATIENT'S SIGNATURE			

ISN 180981  
600 004134

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

ACLU DDII CID ROI 27286



ACLU RDI CID ROI 27287

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

TEST RESULTS

WBC 8.2	SMAC	137	104 <sup>23</sup>	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>
CBC H/H 10.2/31				SUP O2	PH	PO2	RESULTS	
PLT 108				PCO2	SAT	OTHER		
PT 11.6	BHCG	ETOH	GLU	DIP	EKG INTERPRETATION			
APTT 20				MICRO				

PROVIDER HISTORY/PHYSICAL

PI - 51 y/o ♂ reports bloody stool x 2 days. Vomiting blood x 1 day. Similar Sx's in past. COP/SOB. HA weakness. FIC. ABD Pain. Dizziness. Other I/O OTW (-)

WNL/ND NAP (ME) Well appearing

HEART: Tachy R/R (-) M/R (+) Skin: NL color

Lungs: CT (+) R/L (-) W/R/R (-) tent/lesions

ABD: Soft NT/ND (+) BSE (-) G/R/R

RECTAL: (+) BUK STOOL (-) masses NT Hemocult (+)

vc/w/a

MDM: See below

Plan: ICU scope in a.m.

PmH

PSI-x unspecified un

NILDA

Soc Hx

EDL

- GI Bleed
- ACUTE ANEMIA
- BLD D/O

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS			PROVIDER SIGNATURE AND STAMP
① GI Bleed      ③ thrombocytopenia ② Anemia      ④ hyperglycemia			(b)(6)
			CODES

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

ISN 180981

EMERGENCY CARE AND TREATMENT (Doctor) Medical Record

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

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Exhibit 2



MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

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

25 NOV 07

NURSING NOTE

TIME

1600

CHIEF COMPLAINT:

vomiting blood / blood in stool

Initial V.S.

BP 143/88

PRE-HOSPITAL CARE:

Ø

P 129

R 17

INITIAL ASSESSMENT:

AAOx3, NAD, abd tender

T 98.9

SAO2 99%

guarding obese, no ~~active~~ active bleeding or vomit  
hemocult (+), tachycardic

MED ALLERGIES

Ampicillin?

INTERVENTIONS:

O2 room air MONITOR ST EKG: Y (N) IV ACCESS 1dg (Karn)

LABS: CBC CMP Coag T/S XMATCH FOLEY: Y (N) NG: Y / N

CHEST TUBE: Ø XRAYS: CT:

MED HX

DRSG's DRAINS HARDWARE

None

MEDICATIONS GIVEN

1.) Regular Insulin 4U SQ @ 1625 hrs by (b)(6) 4.) @ hrs by

OTHER

2.) @ hrs by 5.) @ hrs by

3.) @ hrs by 6.) @ hrs by

HOSPITAL OR MEDICAL FACILITY  
TF-31 / Camp Cropper / EMT

STATUS  
Admit ICW ICU OR

DEPART./SERVICE (b)(6)  
Admitting Doc

RECORDS MAIN  
Pt Report to:

SPONSOR'S NAME (b)(6)  
AN Signature:

SSN/ID NO.  
Delivery @ hrs

RELATIONSHIP TO SPONSOR  
Transported Mode: Amb / WC / Gurney

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.

WARI

180981  
000004/34

ACLU DDII CID ROI 27288

STANDARD FORM 600 (REV. 6-97)  
Prescribed by GSA/ICMR  
FIRMR 141 CFR 201.9 202-1

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EXHIBIT e 12



IV FLUIDS  
ACLU RDI CID ROI 27289

- 1.) NS @ 1500 Hrs bolus Rate 1 hr Infused
- 2.) NS @ 1600 Hrs 260/hr Rate \_\_\_\_\_ Infused
- 3.) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused
- 4.) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused

VITALS

Time	BP	P	R	T	SAO2
* 1500	143/88	129	17	98.9	99% room air
* 1658	125/75	118	18	98.9	100% room air
*					
*					
*					

TOTAL INTAKE

TOTAL OUTPUT

IVF 1500 cc	UA 300	CT <input checked="" type="checkbox"/>
PO NPO	NG	DRAINS <input checked="" type="checkbox"/>

NARRATIVE

Received pt report from (b)(6), pt AAOx3, NAD, VS as noted, IV access obtained, labs drawn and sent, IV fluids started. NG tube placed, placement verified via air bolus. Plan to admit to ICU for monitoring of bleeding and hyperglycemia (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			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
ISM 180 981			25 NOV 07	1800HRS HOURS	
NURSING UNIT			↓		
ICU	ROOM NO. 8	BED NO.	V.O. PER PA KLINE		
			TYPE 2 CROSS FOR 24 PRBC		
			CHRS 25mg/125mg, etc on 12/4/07		
			Benadryl 25mg IV (b)(6)		
			Tylenol 650 PRN		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT			V.O. 7250cc BRB from		
			NG TUBE, WILL TRANSFER		
			TUBALAD (b)(6)		
			GI DOC (b)(6)		
			Accepting (b)(6)		

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT					

PATIENT IDENTIFICATION			DATE OF ORDER	TIME OF ORDER	LIST TIME ORDER NOTED AND SIGN
				HOURS	
NURSING UNIT					

ACLU DDII CID ROI 27292



MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT

18. Additional Assessment Data.

Admission: 20071125 1700 TPR 97.9 121 19 BP 132/73 WT 220 lbs HT

Neuro: A-OX3 pupils 3mm by PEARL. Cardiovascular: ST 170's pulses +2 cap refill 3 secs NS @ 125 m/hr to 139 (LAC) dry CRT. Pain to R-ld. Pulmonary: Lungs CTA all lobes chest rise equal unlabored. ACCESSORY MUSCLE USE. SaO2 >97% on RA. GI: Bowel sounds present x4. Abd soft round slightly distended tender to palpation NG tube (L) note on LTB to copious blood put out. GU: Urinal at bedside: clyl Quantity sufficient Integ: Skin on dry normal color for ethnicity NO signs of breakdown or wounds. musculoskeletal:

19. Typed or Printed Name of RN. 20. Signature of RN and Date/Time

- ASSESSMENT CATEGORIES: 1. Growth and Development 2. Neurological a) Orientation b) Level of Consciousness: alert, drowsy, lethargic, comatose; responses: to verbal and painful stimuli; ability to follow commands; reflexes. c) Describe abnormalities 3. Eyes, Ears, Nose, and Throat a) Eyes: Pupils, vision b) Ears: Hearing, drainage c) Rhinorrhea, nasal surgery/trauma d) Throat: Sore, difficulty swallowing, appearance on inspection, lymph nodes e) Describe abnormalities 4. Cardiovascular a) Skin: Color, temp, turgor, moisture b) Peripheral Circulation: Pulses, edema, extremities c) IV's: Contents of bottle hanging, bottle number, condition of site d) Pain: Location, radiation, duration, e) Intrathoracic tubes and/or dressing 5. Pulmonary a) Respirations: Rate, regularity, effectiveness, depth, use of accessory muscles, nocturnal/external dyspnea. Chest movement associated with respirations b) Breath sounds: Clear to auscultation, Rales, Rhonchi, Wheezes, etc. c) Oxygen: Percent given, liters/min, method of administration continuous or PRN d) Cough, sputum, suctioning 6. Gastrointestinal a) Abdominal: Auscultation (bowel sounds present), palpitation, abdominal girth measurement (if applicable) b) Dressings and/or drains 7. Genitourinary a) Urination: Continence, pattern change b) Female: Vaginal Discharge, L last PAP smear (if applicable) etc c) Male: Abnormal discharge, swelling, pain 8. Integumentary a) Lesions, pressure points, contractures b) Color, moisture, edema, turgor change in pigmentation 9. Musculoskeletal a) Movement Purposeful/Non-purposeful, ROM, muscle strength level of usual activity b) Foot care (as applicable), TED hose 10. Psycho-Social a) Adjustment to hospitalization and illness, manner, mood, behavior relation to persons around them REFERENCE: DA Pam 40-5 AMEDD Stds of Nursing

ACLU DDII CID ROI 27293



MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT

For use of this form, see AR 40-56; the proponent agency is the OTSG.

1. Date (YYYYMMDD) and Time of Admission. 2007 11 25 1700		2. Admission Diagnosis. GI bleed Hyperglycemia	
		YES	NO
3. Tell me what you know about your illness/injury/hospitalization.			
			"I make myself good."
4. Do you have any other health problems?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Have you been hospitalized before? If so, when and for what?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			"In Abil Glaucoma Surgery at UCCO" "Kidney stones"
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Are you allergic to <u>anything</u> ? If so, what? What reaction?		<input checked="" type="checkbox"/>	<input type="checkbox"/>
			PCN
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.		<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. What other concerns do you have?			
10. How can we be most helpful?			

11. Name of Local Contact/NOK. None	12. Relationship.	13. Telephone N
--	-------------------	-----------------

14. Interviewer's Signature, Rank & Title. (b)(6)	15. Informant/Relationship. Interviewer
--	--

16. Patient Identification. 180-981 JCC # 7	17. Personal Articles and Valuables. (Indicate disp of each item by initials.)				
	Item:	Bedside	Home	Treasurer	Other

ACLU DDII CID ROI 27294



CLINICAL RECORD		THERAPEUTIC DOCUMENTATION CARE PLAN (MEDICATIONS)						Mo. <u>11</u> Yr. <u>79</u>		
VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH ADMINISTRATION								
ORDER DATE	CLERK/ NURSE	RECURRING MEDICATIONS, DOSE, FREQUENCY	HR	DATE DISPENSED						
				25	26	27	28	29	30	
25	(b)(6)	IV FLUIDS: NS 1250/HR	157M							
			23							
			X							
25	(b)(6)	ZANTAC 50mg IV	06							
		Q 8 HRS	14							
			22							
			X							
25	(b)(6)									

ALLERGIES:  YES  NO

PRIMARY DIAGNOSIS:

G-2 BLEED / ~~HYPER KALEMIA~~ HYPER GLYCEMIA

ADDITIONAL PAGES IN USE

YES  NO

PAGE NO. \_\_\_\_\_

PATIENT IDENTIFICATION:

ISSN 180981  
6000434

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 0

ACLU DDII CID ROI 27295







CLINICAL RECORD THERAPEUTIC DOCUMENTATION PLAN (NON-MEDICATION)

For use of this form, see 40-407, the proponent agency is the Office of The Surgeon General. Mo: 11 Yr: 0

VERIFY BY INITIALING		INITIAL PROPER COLUMN FOLLOWING EACH COMPLETION																				
ORDER DATE	CLERK/NURSE	RECURRING ACTIONS, FREQUENCY, TIME	HR	DATE COMPLETED																		
				25	26	27	28	29	30	31												
25	(b)(6)	VITALS: ICU	07	/																		
			15	(b)(6)																		
			23																			
			X																			
25	(b)(6)	ACTIVITY: WEIGHT BEARING	07	/																		
		006 AS TOL	15	(b)(6)																		
			23																			
			X																			
25	(b)(6)	DIET: NPO, START AT	07	/																		
		MIDNIGHT	11	/																		
			17	(b)(6)																		
			X																			
25	(b)(6)	NBT TO LIS	07	/																		
		UNTIL CLEAR	15	(b)(6)																		
			23																			
			X																			
25	(b)(6)	GLUCOSE V Q4, USE	07	/																		
		ZCU SLIPAGE SCALE TO	15	(b)(6)																		
		KEEP WITHIN NL LIMITS	23																			
			X																			

ALLERGIES:  YES  NO PRIMARY DIAGNOSIS: GI BLEED / HYPERGLYCEMIA  
HYPERKALEMIA  
 ADDITIONAL PAGES IN USE:  YES  NO  
 PAGE NO: \_\_\_\_\_

PATIENT IDENTIFICATION: ISM: 180 981  
600 004934

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

ACLU DDH CID ROI 27297







(b)(6)

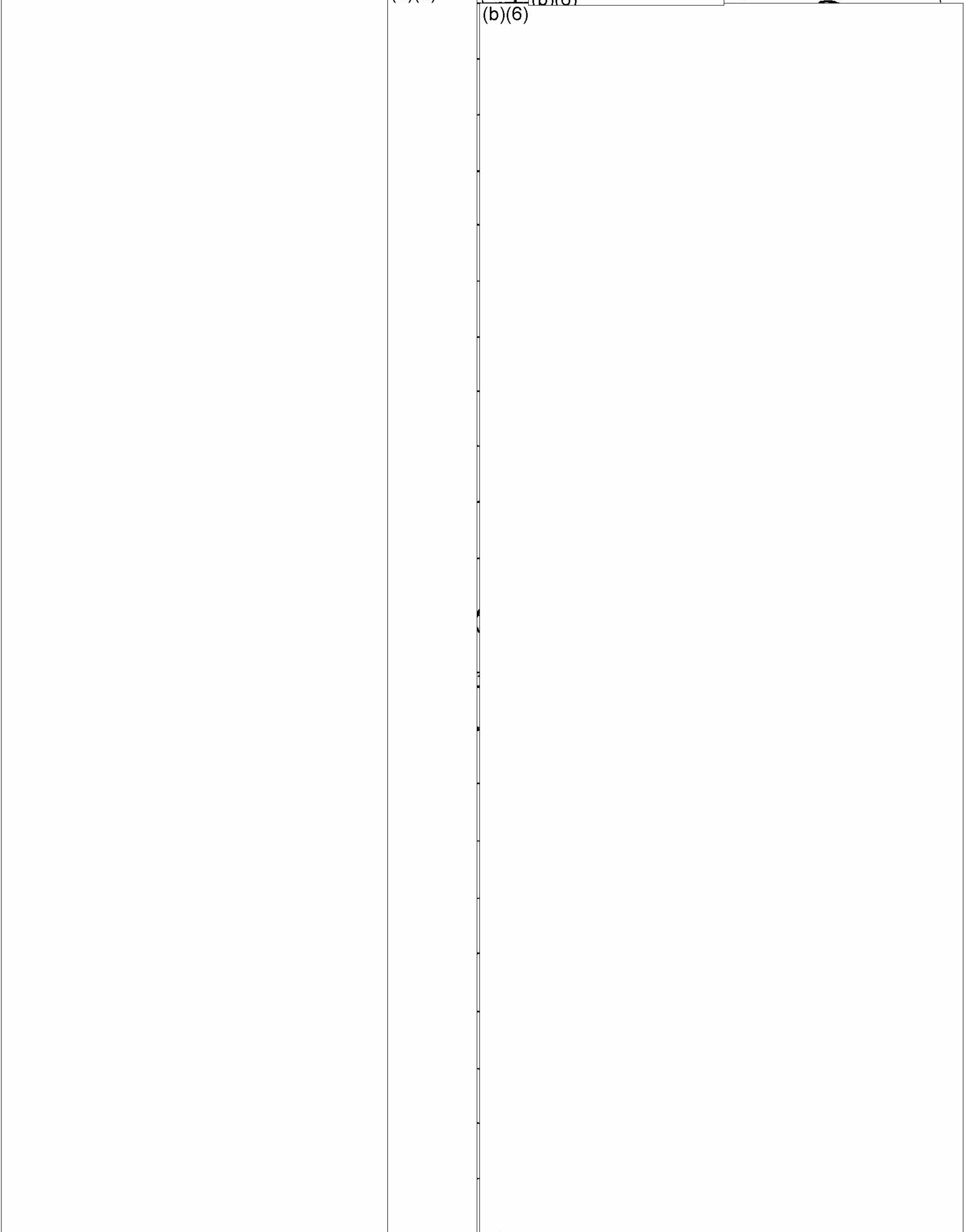
(b)(6)

0064-07-VI-789-23679

(b)(6)

(b)(6)

(b)(6)



ACLU DDII CID ROI 27299

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**Demographics Information**

Last Name: <b>DIAB</b>	First Name: <b>YAHYR</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1956</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****0981</b>		
Sponsor SSN: <b>*****0981/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
11/26/2007 14:05	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/25/2007 15:19</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/25/2007 15:19</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>EVACUATION</b>
--------------------------------

**Diagnosis Information**

Primary Diagnosis <b>456.0, ESOPHAGEAL VARICES WITH HEMORRHAGE</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b> Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>Observe Stool For Blood</b> Subjective: <b>Reason(s) For Visit (Chief Complaint(s)):</b> <b>Observe Stool For Blood</b>
Assessment: <b>ESOPHAGEAL VARICES WITH HEMORRHAGE</b> Preventive: <b>Discussed: Diagnosis, Medication(s)/Treatment(s), Alternatives,</b> <b>Potential Side Effects with Patient who indicated understanding. Injury &amp; Illness:</b> <b>Not Work Related; Not Battle Related; Category: All Other, Medical/Surgical Cause:</b> <b>Non-Battle Illness Appointment Class: Outpatient</b>

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Exhibit 2



\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up; in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

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Exhibit 2

ACLU-RDI 5565 p.29



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Demographics Information

Last Name: <b>DIAB</b>	First Name: <b>YAHYR</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1956</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****0981</b>		
Sponsor SSN: <b>*****0981/20</b>		

Allergies Information

Start Date	Allergy	Reaction
11/25/2007 15:55	No Allergies Found	

Encounter Information

Encounter Date: <b>11/25/2007 11:26</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/25/2007 11:26</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

Disposition Information

Disposition: <b>RETURNED_TO_DUTY</b>
---

Vitals Information

Date	BP	Temp	Pulse Rate	Resp Rate	Pulse Rhythm	Pulse Character	Pulse O2%	Comments
11/25/2007 15:55	134/80	99.3	139	18				

Symptoms Information

Major Symptom	Minor Symptom	Duration	Duration Unit
encounter background information			

Diagnosis Information

Primary Diagnosis <b>578.9, GASTROINTESTINAL BLEEDING</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <input checked="" type="checkbox"/> <b>ACLU DDII CID ROI 27302</b>

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LAW ENFORCEMENT SENSITIVE

000029  
Exhibit 2



Chief Complaint: **coughing up sputum with clots**

Subjective:

**Reason(s) For Visit (Chief Complaint(s)):**  
**coughing up sputum with clots**

**History of present illness**

**The Patient is a 51 year old male.**

**Encounter Background Information: PT TO CLINIC C/O VOMITING LARGE AMOUNTS OF BLOOD SINCE LAST NIGHT. PT ALSO REPORTS HAVING DARK TARRY STOOL X 3 DAY. PT ALSO C/O DIZZY AND REPORTS UNABLE TO SIT, NEEDS TO LIE DOWN. AMBULANCE FROM ER AT CLINIC TO PICK UP ANOTHER PATIENT, EXAM DEFERRED AND PT SENT TO ED FOR FURTHER EVAL AND TREATMENT WITH AMBULANCE CREW.**

Objective:

**Physical findings**

**Vital signs: Current vital signs reviewed.**

**General appearance: Patient was awake. Patient was alert. Patient was oriented to time, place, and person. Patient appeared well developed. Patient appeared well nourished. Patient appeared well hydrated. Patient appeared healthy. Patient appeared to be in no acute distress.**

**Objective**

**EXAM DEFERRED TO FACILITATE TRANSFER TO ED FOR FURTHER EVAL WITH AVAILABLE AMBULANCE.**

**Assessment: GASTROINTESTINAL BLEEDING**

---

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27303

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EXHIBIT 2

ACLU-RDI 5565 p.31

<https://207.87.24.43/tmds/searchpatient.do?subaction=PEM&recordId=RgJxJ0ZJuRoKO...> 12/29/2007



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**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600004134</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1953</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****4134</b>		
Sponsor SSN: <b>*****4134/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
11/27/2007 22:13	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/27/2007 20:37</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/27/2007 20:37</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>ADMISSION</b>
-------------------------------

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>456.1, ESOPHAGEAL VARICES</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>GASTROINTESTINAL BLEEDING</b>
Subjective: Reason(s) For Visit (Chief Complaint(s)): <b>GASTROINTESTINAL BLEEDING</b>
History of present illness

**ACLU DDII CID ROI 27304**

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**LAW ENFORCEMENT SENSITIVE**

000031  
**Exhibit**

*2*



**The Patient is a 54 year old male.**

**See sf 558**

Assessment: **ESOPHAGEAL VARICES**

---

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27305

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 2

ACLU-RDI 5565 p.33

Patient: CROP,C600180981

FMP/SSN: 20/600-18-0981

DOB: 01Jan56

0064-07-01D780-23679 VIEW ADT  
PATENT: K78 Sex: M

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

TYPE	DATE	TIME	RMEPRS	MEPRS	WARD	RM-BD	DAYS	
+								
ADM	25Nov07	1703	ABAA	ABCA	ICU 1	1-8	1	Reg# 0004134 ERA
DSP	25Nov07	1930						Disp type: HOME Bed days=1 Sick days=1
ADM	27Nov07	2137		ABAA	ICW 1	2-8	3	Reg# 0004138 ERA
WRD	30Nov07	0918	AAAA	ABCA	ICU 1	1-5	3	Interward transfer
DSP	03Dec07	1943						Disp type: DIED Bed days=6 Sick days=6

Press <Help> for instructions

ACLU DDII CID ROI 27306



\* \* \* ADMISSION COVER WORKSHEET \* \* \*

-----  
Reg No: 0004134 Name: CROP,C600180981

FMP/SSN: 20/600-18-0981  
-----

ADMISSION

Date/Time: 25 Nov 2007@1703  
Sex: MALE

Source: ERA  
Age: 51

MEPRS: ABAA  
DOB: 01 Jan 1956 Ward: ICU1

Patient Category: FRGN NAT POW/INTERNEE  
Marital Status: UNKNOWN  
Duty Zip:  
Sponsor Name: CROP,C600180981

Pay Grade: Fly Status:  
Race: UNKNOWN  
Ethnic: UNKNOWN  
Religion: OTHER

MTF Trans from:  
MTF of Initial Adm:  
Disposition Date: 25 Nov 2007@1930

Init Adm Date:  
Type of Disposition: HOME

Sponsor Name: CROP,C600180981  
Adm Physician: (b)(6)  
Adm Diagnosis: BLOOD IN STOOL (578.1)  
Adm Proc1:  
Adm Proc2:

-----  
Administrative Remarks:

Cause of Injury:

-----  
Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

-----  
Patient has a Living Will/Advance Directive on file at MTF. Yes\_\_\_ No\_\_\_

\_\_\_\_\_  
Signature Attending Medical Officer

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27307



CAMP CROPPER

9 Dec 2007 1340 Page 1

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

\* \* \* ADMISSION COVER WORKSHEET \* \* \*

-----  
Reg No: 0004138 Name: CROP,C600180981FMP/SSN: 20/600-18-0981  
-----

	ADMISSION		
Date/Time: 27 Nov 2007@2137	Source: ERA	MEPRS: ABAA	
Sex: MALE	Age: 51	DOB: 01 Jan 1956	Ward: ICW1

Patient Category: FRGN NAT POW/INTERNEE	Pay Grade:	Fly Status:
Marital Status: UNKNOWN	Race: UNKNOWN	
Duty Zip:	Ethnic: UNKNOWN	
Sponsor Name: CROP,C600180981	Religion: OTHER	

MTF Trans from:	Init Adm Date:
MTF of Initial Adm:	Type of Disposition: DIED
Disposition Date: 03 Dec 2007@1943	

Sponsor Name: CROP,C600180981  
 Adm Physician: (b)(6)  
 Adm Diagnosis: GASTROINTEST HEMORR NOS (578.9)  
 Adm Proc1:  
 Adm Proc2:

-----  
Administrative Remarks:

Cause of Injury:

-----  
Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

-----  
Patient has a Living Will/Advance Directive on file at MTF. Yes \_\_\_ No \_\_\_\_\_\_\_\_  
Signature Attending Medical Officer

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27308



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**Demographics Information**

Last Name: <b>YAHYA</b>	First Name: <b>DYAB</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>OTHR</b>	Duty Status: <b>K99</b>
Race: <b>OTHER</b>	DOB: <b>12/12/1912</b>	Gender: <b>M</b>
Organ Donor: <b>N</b>	VIP Type: <b>N</b>	
Home Unit:	Deploy Unit:	Temp Unit:
Kin Information:		
Kin Name: <b>null - null</b>		
Patient Identification:		
Sponsor SSN: <b>*****4134/99</b>		

**Encounter Information**

Encounter Date: <b>11/26/2007 01:06</b>	Facility: <b>F5602 (F5602)</b>
Report Date: <b>11/26/2007 01:06</b>	Data Source: <b>CHCSTC2</b>
Provider:	

**Disposition Information**

Disposition: <b>TRANSFERRED TO CIVILIAN HOSPITAL</b>
--

**Diagnosis Information**

Primary Diagnosis	
<b>No diagnosis information has been received for this patient.</b>	
Original DNBI: <b>Unknown</b>	Circumstance:
Mapped DNBI*: <b>Unknown</b>	Initial Visit: <b>Y</b>

**Admission/Discharge Information**

Admit Date: <b>11/26/2007 06:06</b>
Admission Type: <b>INITIAL ADM NON-US MILITARY HOSPITAL, TRF TO MIL MTF (AD ONLY)</b>
Admit Comments:
Discharge Date: <b>11/28/2007 11:31</b>
Discharge Comments:
Post Discharge Comments:
Administration Notes
<b>Date      Type      ACLU DDII CID ROI 27309</b>

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LAW ENFORCEMENT SENSITIVE

**Exhibit** 2



- ⊕ 11/28/2007 11:31 UPDATE
- ⊕ 11/28/2007 11:31 DISCHARGE
- ⊕ 11/26/2007 06:06 ADMISSION
- ⊕ 11/26/2007 06:06 ADMISSION

**Notes**

Progress Notes

Date	Name	Author/Title
⊕ 11/27/2007 08:20	ICU PROVIDER NOTE	
⊕ 11/26/2007 12:24	RADIOLOGY NOTE	
⊕ 11/26/2007 07:05	ICU PROVIDER NOTE	

Medications

Date	Type	Name	Status
⊕ 11/28/2007 11:32	CUSTOM IV	CUSTOM IV	Discontinue order
⊕ 11/28/2007 11:32	INPATIENT MEDICATION	VITAMIN K1--INJ 10MG/ML SOLN	Discontinue order
⊕ 11/28/2007 11:32	CUSTOM IV	CUSTOM IV	Discontinue order
⊕ 11/28/2007 11:32	INPATIENT MEDICATION	PROPRANOLOL--PO 10MG TAB	Discontinue order
⊕ 11/28/2007 11:32	CUSTOM IV	CUSTOM IV	Discontinue order
⊕ 11/26/2007 10:23	CUSTOM IV	CUSTOM IV	New Order
⊕ 11/26/2007 10:23	INPATIENT MEDICATION	PROPRANOLOL--PO 10MG TAB	New Order
⊕ 11/26/2007 06:14	INPATIENT MEDICATION	VITAMIN K1--INJ 10MG/ML SOLN	New Order
⊕ 11/26/2007 06:14	CUSTOM IV	CUSTOM IV	New Order
⊕ 11/26/2007 06:13	CUSTOM IV	CUSTOM IV	New Order

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27310

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



**FOR OFFICIAL USE ONLY**

**TMIP** | Theater Medical Data Store

Print Window | Close Window

**Inpatient Record**

[Help with this page](#)

**Demographics Information**

Last Name: <b>YAHYA</b>	First Name: <b>DYAB</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>OTHR</b>	Duty Status: <b>K99</b>
Race: <b>OTHER</b>	DOB: <b>12/12/1912</b>	Gender: <b>M</b>
Organ Donor: <b>N</b>	VIP Type: <b>N</b>	
Home Unit:	Deploy Unit:	Temp Unit:
Kin Information:		
Kin Name: <b>null - null</b>		
Patient Identification:		
Sponsor SSN: <b>*****4134/99</b>		

**Encounter Information**

Encounter Date: <b>11/26/2007 01:06</b>	Facility: <b>F5602 (F5602)</b>
Report Date: <b>11/26/2007 01:06</b>	Data Source: <b>CHCSTC2</b>
Provider:	

**Disposition Information**

Disposition: <b>TRANSFERRED TO CIVILIAN HOSPITAL</b>
--

**Diagnosis Information**

Primary Diagnosis <b>No diagnosis information has been received for this patient.</b>	
Original DNBI: <b>Unknown</b>	Circumstance:
Mapped DNBI*: <b>Unknown</b>	Initial Visit: <b>Y</b>

**Admission/Discharge Information**

Admit Date: <b>11/26/2007 06:06</b>
Admission Type: <b>INITIAL ADM NON-US MILITARY HOSPITAL, TRF TO MIL MTF (AD ONLY)</b>
Admit Comments:
Discharge Date: <b>11/28/2007 11:31</b>
Discharge Comments:
Post Discharge Comments:

Administration Notes

Date	Type
------	------

**ACLU DDII CID ROI 27311**

**FOR OFFICIAL USE ONLY**

**LAW ENFORCEMENT SENSITIVE**

**Exhibit**



11/28/2007 UPDATE  
11:31

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**No diagnosis information has been received for this patient.**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Unknown</b>	Comments:

**Bed Information**

Active: **Y**

11/28/2007 DISCHARGE  
11:31

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>TRANSFERRED TO CIVILIAN HOSPITAL</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**No diagnosis information has been received for this patient.**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Unknown</b>	Comments:

**Bed Information**

Active: **Y**

11/26/2007 ADMISSION  
06:06

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>NONE</b>	Lost Days:

**Diagnosis Information**

**ACLU DDII CID ROI 27312**

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LAW ENFORCEMENT SENSITIVE

000039  
Exhibit

2



Primary Diagnosis  
**No diagnosis information has been received for this patient.**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Unknown</b>	Comments:

**Bed Information**

Ward Name: <b>ICU</b>	Active: <b>Y</b>
-----------------------	------------------

11/26/2007 06:06 ADMISSION

**Disposition Information**

Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>NONE</b>	Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**No diagnosis information has been received for this patient.**

Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>Unknown</b>	Comments:

**Bed Information**

Ward Name: <b>ICU</b>	Active: <b>Y</b>
-----------------------	------------------

**Notes**

Progress Notes

Date	Name	Author/Title
11/27/2007 08:20	ICU PROVIDER NOTE	
11/26/2007 12:24	RADIOLOGY NOTE	
11/26/2007 07:05	ICU PROVIDER NOTE	

Medications

Date	Type	Name	Status
11/28/2007 11:32	CUSTOM IV	CUSTOM IV	Discontinue order

Medication Name: <b>CUSTOM IV</b>
Message Report Date: <b>11/28/2007 00:00</b>
Message Encounter Date: <b>11/28/2007 00:00</b>
Order Qty Timing Start Date: <b>11/26/2007 00:00</b>

ACLU DDII CID ROI 27313

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



Order Qty Timing End Date: **12/06/2007 00:00**

IV Component Indicator: **N**

Medication Route: **IV**

Requested AMT: **80 ML**

Pharmacy Delivery Location: **23, ICU**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**

Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**

Message Report Date: **11/28/2007 00:00**

Message Encounter Date: **11/28/2007 00:00**

Order Qty Timing Start Date: **11/26/2007 00:00**

Order Qty Timing End Date: **12/06/2007 00:00**

IV Component Indicator: **Y**

IV Additive Component Type: **Base**

IV Additive Component Units: **ML**

Medication Name: **PANTOPRAZOLE (PROTONIX) 40MG IV--IV 40MG**

Alt Medication Name: **PANTOPRAZOLE SODIUM (PROTONIX IV) 40MG INTRAVEN. VIAL**

Message Report Date: **11/28/2007 00:00**

Message Encounter Date: **11/28/2007 00:00**

Order Qty Timing Start Date: **11/26/2007 00:00**

Order Qty Timing End Date: **12/06/2007 00:00**

IV Component Indicator: **Y**

IV Additive Component Type: **Additive**

IV Additive Component Units: **MG**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**

Order Duration: **D10**

Start Date: **11/26/2007 10:00**

End Date: **12/06/2007 09:59**

Entered By: (b)(6)

Ordering Provider: (b)(6)

11/28/2007 11:32

INPATIENT  
MEDICATION

VITAMIN K1--INJ  
10MG/ML SOLN

Discontinue order

Medication Name: **VITAMIN K1--INJ 10MG/ML SOLN**

Alt Medication Name: **PHYTONADIONE (AQUA-MEPHYTON) 10MG/ML INJECTION AMPUL**

Message Report Date: **11/28/2007 00:00**

Message Encounter Date: **11/28/2007 00:00**

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **11/29/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **INJ**  
 Requested AMT: **10 MG**  
 Instructions to Pharmacy: **qd**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
 Order Duration: **D3**  
 Start Date: **11/26/2007 08:00**  
 End Date: **11/29/2007 07:59**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

11/28/2007 11:32 CUSTOM IV CUSTOM IV Discontinue order

Medication Name: **CUSTOM IV**  
 Message Report Date: **11/28/2007 00:00**  
 Message Encounter Date: **11/28/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **IV**  
 Requested AMT: **400 ML**  
 Pharmacy Delivery Location: **23, ICU**

Medication Name: **OWN DILUENT--IV 5% SOLN**  
 Message Report Date: **11/28/2007 00:00**  
 Message Encounter Date: **11/28/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **CIPROFLOXACIN--IV 400MG INJ**  
 Alt Medication Name: **CIPROFLOXACIN LACTATE/D5W (CIPRO I.V.) 400MG/0.2L INTRAVEN. PIGGYBACK**  
 Message Report Date: **11/28/2007 00:00**  
 Message Encounter Date: **11/28/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **Y**

**ACLU DDII CID ROI 27315**

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**LAW ENFORCEMENT SENSITIVE**

**Exhibit 2**



IV Additive Component Type: **Additive**  
IV Additive Component Units: **MG**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
Order Duration: **D10**  
Start Date: **11/26/2007 10:00**  
End Date: **12/06/2007 09:59**  
Entered By: (b)(6)  
Ordering Provider: (b)(6)

11/28/2007 11:32      INPATIENT      PROPRANOLOL--      Discontinue order  
   MEDICATION      PO 10MG TAB

Medication Name: **PROPRANOLOL--PO 10MG TAB**  
Alt Medication Name: **PROPRANOLOL HCL (INDERAL) 10MG ORAL TABLET**  
Message Report Date: **11/28/2007 00:00**  
Message Encounter Date: **11/28/2007 00:00**  
Order Qty Timing Start Date: **11/26/2007 00:00**  
Order Qty Timing End Date: **03/04/2008 00:00**  
IV Component Indicator: **N**  
Medication Route: **PO**  
Requested AMT: **10 MG**  
Instructions to Pharmacy: **bid**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
Order Duration: **D99**  
Start Date: **11/26/2007 14:00**  
End Date: **03/04/2008 13:59**  
Entered By: (b)(6)  
Ordering Provider: (b)(6)

11/28/2007 11:32      CUSTOM IV      CUSTOM IV      Discontinue order

Medication Name: **CUSTOM IV**  
Message Report Date: **11/28/2007 00:00**  
Message Encounter Date: **11/28/2007 00:00**  
Order Qty Timing Start Date: **11/26/2007 00:00**  
Order Qty Timing End Date: **03/04/2008 00:00**  
IV Component Indicator: **N**  
Medication Route: **INJ**  
Requested AMT: **500 ML**  
Pharmacy Delivery Location: **23, ICU**

~~ACLU DDII CID ROI 27316~~

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
 Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
 Message Report Date: **11/28/2007 00:00**  
 Message Encounter Date: **11/28/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **03/04/2008 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **OCTREOTIDE--INJ 0.1MG AMP**  
 Message Report Date: **11/28/2007 00:00**  
 Message Encounter Date: **11/28/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **03/04/2008 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **MCG**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
 Order Duration: **D99**  
 Start Date: **11/26/2007 10:23**  
 End Date: **03/04/2008 10:22**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

11/26/2007 10:23      CUSTOM IV      CUSTOM IV      New Order

Medication Name: **CUSTOM IV**  
 Message Report Date: **11/26/2007 00:00**  
 Message Encounter Date: **11/26/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **03/04/2008 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **INJ**  
 Requested AMT: **500 ML**  
 Pharmacy Delivery Location: **23, ICU**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
 Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
 Message Report Date: **11/26/2007 00:00** **ACLU DDII CID ROI 27317**

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LAW ENFORCEMENT SENSITIVE

EXHIBIT 2







☐ 11/26/2007 06:14      INPATIENT      VITAMIN K1--INJ      New Order  
   MEDICATION      10MG/ML SOLN

Medication Name: **VITAMIN K1--INJ 10MG/ML SOLN**  
Alt Medication Name: **PHYTONADIONE (AQUA-MEPHYTON) 10MG/ML INJECTION AMPUL**  
Message Report Date: **11/26/2007 00:00**  
Message Encounter Date: **11/26/2007 00:00**  
Order Qty Timing Start Date: **11/26/2007 00:00**  
Order Qty Timing End Date: **11/29/2007 00:00**  
IV Component Indicator: **N**  
Medication Route: **INJ**  
Requested AMT: **10 MG**  
Instructions to Pharmacy: **qd**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
Order Duration: **D3**  
Start Date: **11/26/2007 08:00**  
End Date: **11/29/2007 07:59**  
Entered By: (b)(6)  
Ordering Provider: (b)(6)

☐ 11/26/2007 06:14      CUSTOM IV      CUSTOM IV      New Order

Medication Name: **CUSTOM IV**  
Message Report Date: **11/26/2007 00:00**  
Message Encounter Date: **11/26/2007 00:00**  
Order Qty Timing Start Date: **11/26/2007 00:00**  
Order Qty Timing End Date: **12/06/2007 00:00**  
IV Component Indicator: **N**  
Medication Route: **IV**  
Requested AMT: **80 ML**  
Pharmacy Delivery Location: **23, ICU**

Medication Name: **SODIUM CHLORIDE 100ML--IV 0.9% SOLN**  
Alt Medication Name: **NORMAL SALINE (SODIUM CHLORIDE) 0.9% INTRAVEN. IV SOLN.**  
Message Report Date: **11/26/2007 00:00**  
Message Encounter Date: **11/26/2007 00:00**  
Order Qty Timing Start Date: **11/26/2007 00:00**  
Order Qty Timing End Date: **12/06/2007 00:00**  
IV Component Indicator: **Y**  
IV Additive Component Type: **Base**      **ACLU DDII CID ROI 27319**

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



IV Additive Component Units: **ML**

Medication Name: **PANTOPRAZOLE (PROTONIX) 40MG IV--IV 40MG**  
 Alt Medication Name: **PANTOPRAZOLE SODIUM (PROTONIX IV) 40MG INTRAVEN. VIAL**  
 Message Report Date: **11/26/2007 00:00**  
 Message Encounter Date: **11/26/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **MG**

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
 Order Duration: **D10**  
 Start Date: **11/26/2007 10:00**  
 End Date: **12/06/2007 09:59**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

☐ 11/26/2007 06:13      CUSTOM IV      CUSTOM IV      New Order

Medication Name: **CUSTOM IV**  
 Message Report Date: **11/26/2007 00:00**  
 Message Encounter Date: **11/26/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **N**  
 Medication Route: **IV**  
 Requested AMT: **400 ML**  
 Pharmacy Delivery Location: **23, ICU**

Medication Name: **OWN DILUENT--IV 5% SOLN**  
 Message Report Date: **11/26/2007 00:00**  
 Message Encounter Date: **11/26/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Base**  
 IV Additive Component Units: **ML**

Medication Name: **CIPROFLOXACIN--IV 400MG INJ**  
 Alt Medication Name: **CIPROFLOXACIN LACTATE/D5W (CIPRO I.V.) 400MG/0.2L**

ACLU DDJ CID ROI 27320

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LAW ENFORCEMENT SENSITIVE

Exhibit 2

000047



**INTRAVEN. PIGGYBACK**

Message Report Date: **11/26/2007 00:00**  
 Message Encounter Date: **11/26/2007 00:00**  
 Order Qty Timing Start Date: **11/26/2007 00:00**  
 Order Qty Timing End Date: **12/06/2007 00:00**  
 IV Component Indicator: **Y**  
 IV Additive Component Type: **Additive**  
 IV Additive Component Units: **MG**

---

Requesting Location: **ICU, 332ND EXPEDITIONARY MED GROUP**  
 Order Duration: **D10**  
 Start Date: **11/26/2007 10:00**  
 End Date: **12/06/2007 09:59**  
 Entered By: (b)(6)  
 Ordering Provider: (b)(6)

---

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27321

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



Patient: **DIAB, YAHIYR**  
Facility: **TF 31 CSH (NORTH) (WBKXA1)**

Date: **25 Nov 2007 1519 AST**  
Clinic: **CROPPER HOSPITAL**

Appt Type: **ROUTN**  
Provider: (b)(6)

AutoCites Refreshed by (b)(6) @ 26 Nov 2007 1405 AST

**Problems**

abdominal pain  
ILEUS  
GASTROINTESTINAL BLEEDING

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) @ 25 Nov 2007 1519 AST

Appointment Reason For Visit: Observe Stool For Blood; .

Selected Reason(s) For Visit: .

Observe Stool For Blood (New) Comments:

A/P Written by (b)(6) @ 26 Nov 2007 1406 AST

**1. ESOPHAGEAL VARICES WITH HEMORRHAGE**

Comments:

Disposition Written by (b)(6) @ 26 Nov 2007 1406 AST

**Evacuation**

**Follow up:** as needed . - Comments: flown to Balad

**Discussed:** Diagnosis, Medication(s)/Treatment(s), Alternatives, Potential Side Effects with Patient who indicated understanding.

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

Appointment Class: Outpatient

**E&M Code:** 99284 ( EMERGENCY DEPT VISIT )

>50% of appointment time spent counseling and/or coordinating care.

Signed By @ 26 Nov 2007 1406

(b)(6)  
TF 31 CSH (NORTH) (WBKXA1)

Name: **DIAB, YAHIYR**  
FMP/SSN: **20/600180981**  
DOB: **31 Dec 1955**  
PCat: **K78 FOREIGN**  
**NATIONAL-POW/INTERNEE**  
MC Status:  
Insurance: No

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

Sponsor: **DIAB, YAHIYR**  
Rank:  
Unit:  
Outpt Rec. Rm:  
PCM:  
Tel. PCM:



Patient: DIAB, YAHIYR  
Facility: TF 31 CSH (NORTH) (WBKXA1)

Date: 25 Nov 2007 1126 AST  
Clinic: CROPPER HOSPITAL

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

AutoCites Refreshed by (b)(6) @ 25 Nov 2007 1555 AST

**Problems**

abdominal pain  
ILEUS

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) @ 25 Nov 2007 1126 AST

Appointment Reason For Visit: coughing up sputum with clots; .

Selected Reason(s) For Visit:

coughing up sputum with clots (New) Comments:

Vitals

Vitals Written by (b)(6) @ 25 Nov 2007 1555 AST

BP: 134/80, HR: 139, RR: 18, T: 99.3 °F,

SO Note Written by (b)(6) @ 25 Nov 2007 1634 AST

History of present illness

The Patient is a 51 year old male.

° Encounter Background Information: PT TO CLINIC C/O VOMITING LARGE AMOUNTS OF BLOOD SINCE LAST NIGHT. PT ALSO REPORTS HAVING DARK TARRY STOOL X 3 DAY. PT ALSO C/O DIZZY AND REPORTS UNABLE TO SIT, NEEDS TO LIE DOWN. AMBULANCE FROM ER AT CLINIC TO PICK UP ANOTHER PATIENT, EXAM DEFERRED AND PT SENT TO ED FOR FURTHER EVAL AND TREATMENT WITH AMBULANCE CREW.

Physical findings

Vital signs:

° Current vital signs reviewed.

General appearance:

° Patient was awake. ° Patient was alert. ° Patient was oriented to time, place, and person. ° Patient appeared well developed. ° Patient appeared well nourished. ° Patient appeared well hydrated. ° Patient appeared healthy. ° Patient appeared to be in no acute distress.

Objective

EXAM DEFERRED TO FACILITATE TRANSFER TO ED FOR FURTHER EVAL WITH AVAILABLE AMBULANCE.

A/P Written by (b)(6) @ 25 Nov 2007 1636 AST

**1. GASTROINTESTINAL BLEEDING**

Comments: PT TO ER.

Disposition Written by (b)(6) @ 25 Nov 2007 1636 AST

**Released Without Limitations**

Follow up: as needed .

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

Appointment Class: Outpatient

**E&M Code:** 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ 25 Nov 2007 1636

(b)(6)

Name: <b>DIAB, YAHIYR</b>	Sex: <b>M</b>	Sponsor: <b>DIAB, YAHIYR</b>
FMP/SSN: <b>20/600180981</b>	Tel H:	Rank:
DOB: <b>31 Dec 1955</b>	Tel W:	Unit:
PCat: <b>K78 FOREIGN</b>	CS:	Outpt Rec. Rm:
<b>NATIONAL-POW/INTERNEE</b>		
MC Status:	WS:	PCM:
Insurance: <b>No</b>		Tel. PCM:



<b>HEALTH RECORD</b>	<b>CHRONOLOGICAL RECORD OF MEDICAL CARE</b>	
25 Nov 2007 1126	Facility: TF 31 CSH (NORTH) (WBKXA1)	Clinic: CROPPER HOSPITAL Provider: (b)(6)

TF 31 CSH (NORTH) (WBKXA1)

Note Written by (b)(6) @ 25 Nov 2007 1638 AST  
(Added after encounter was signed.)

PATIENT LABORATORY INQUIRY  
DIAB, YAHYR 20/600-18-0981 M/51  
Search by Collect date 27 Aug 07 - 25 Nov 07 Display by Date

Military Unit: UNKNOWN  
 071125 CO 1713 Col: 25Nov07@1525 PLASMA  
 STAT Hcp: (b)(6) Req Loc: EMT  
 PT..... 11.6 (7.0-14.0) sec C: (b)(6) 25Nov07@1553  
 INR..... 1.2 (6)  
 Interpretations:  
 Patient not on therapy: 0.8-1.5  
 Patient on therapy: 2.0-3.0

APTT..... <20.0 L (21.0-50.0) sec

071125 HE 6512 Col: 25Nov07@1525 BLOOD  
 STAT Hcp: (b)(6) Req Loc: EMT  
 WBC..... 8.2 (4.8-10.8) x10<sup>3</sup>/uL C: (b)(6) 25Nov07@1549  
 RBC CNT..... 3.57 L (4.20-6.10) x10<sup>6</sup>/uL (6)  
 + HGB..... 10.2 L (12.0-18.0) g/dL  
 HCT..... 31.0 L (42-52) %  
 MCV..... 86.9 (80.0-99.0) fl  
 MCH..... 28.5 (27.0-31.0) pg  
 MCHC..... 32.7 L (33.0-37.0) g/dL  
 PLATELETS... 108 L (130-400) x10<sup>3</sup>/u  
 LYMPH%..... 30 (20.0-44.0) %  
 LYMPH#..... 2.5 (0.7-4.3) x10<sup>3</sup>/uL

071125 CH 13853 Col: 25Nov07@1525 SERUM  
 STAT Hcp: (b)(6) Req Loc: EMT  
 NA+..... 137 (128-145) mmol/L C: (b)(6) 25Nov07@1607  
 Interpretations:  
 PERFORMED ON PICOLLO ANALYZER  
 K..... 4.3 (3.3-4.7) mmol/L  
 CO2..... 27 (18-33) mmol/L  
 + CL-..... 104 (98-108) mmol/L  
 GLUCOSE.... 278 H (73-118) mg/dl

Interpretations:  
 PERFORMED ON PICOLLO CHEMISTRY ANALYZER  
 CA..... 7.9 L (8.0-10.3) mg/dL  
 BUN..... 23 H (7-22) mg/dL  
 CREAT..... 0.3 L (0.6-1.2) mg/dL  
 ALK PHOS.... 63 (26-184) U/L

Interpretations:  
 PERFORMED ON PICCOLO CHEMISTRY ANALYZER  
 ALT..... 28 (10-47) U/L  
 AST..... 38 (16-55) U/L  
 TBILI..... 2.0 H (0.2-1.6) mg/dL  
 ALBUMIN..... 3.5 (3.3-5.5) g/dL  
 PROTEIN TOTAL... 6.8 (6.4-8.1) g/dL

Name: <b>DIAB, YAHYR</b>	Sex: <b>M</b>	Sponsor: <b>DIAB, YAHYR</b>
FMP/SSN: <b>20/600180981</b>	Tel H:	Rank:
DOB: <b>31 Dec 1955</b>	Tel W:	Unit:
PCat: <b>K78 FOREIGN</b>	CS:	Outpt Rec. Rm:
<b>NATIONAL-POW/INTERNEE</b>	WS:	PCM:
MC Status:		Tel. PCM:
Insurance: <b>No</b>		

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. 5)  
 ACLU DDII CID ROI 27324 Prescribed by GSA and ICMR  
 FIRM (41 CFR) 101-45.505

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

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LAW ENFORCEMENT SENSITIVE



Patient: DIAB, YAHIYR  
Facility: WSCCAA

Date: 26 May 2006 1454 ADT  
Clinic: ABU HOSPITAL

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

AutoCites Refreshed by (b)(6) @ 27 May 2006 0947 ADT

**Problems**

No Problems Found.

**Active Medications**

No Active Medications Found.

**Allergies**

No Allergies Found.

Screening Written by (b)(6) @ 26 May 2006 1454 ADT

Appointment Reason For Visit: abdominal pain: .

Selected Reason(s) For Visit: .

abdominal pain (New) Comments:

A/P Written by (b)(6) @ 27 May 2006 0949 ADT

**1. abdominal pain**

Comments:

**2. ILEUS**

Comments: Evidence of partial SBO on AAS.

Disposition Written by (b)(6) @ 27 May 2006 0953 ADT

**Admitted** - Comments: Pt presented with three days of periumbilical abdominal pain and two days of vomiting, fever on presentation. Pt states that he had been told that he needs surgery but he is unsure why. Pt also says he has some unspecified dz of the pancreas. Lab workup significant only for bilirubin >4, AAS shows some areas of distended small bowel but no air fluid levels. Normal amylase, but this does not rule out acute on chronic pancreatitis. Admitted for pain control, observation and to facilitate further workup (serial labs, RUQUS, CT abdomen).

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

Appointment Class: Outpatient

**E&M Code:** 99212 - Estab Outpatient Focused H&P - Straightforward Decisions

Signed By @ 27 May 2006 0953

(b)(6)

WSCCAA

Name: <b>DIAB, YAHIYR</b>	Sex: M	Sponsor: DIAB, YAHIYR
FMP/SSN: <b>20/600180981</b>	Tel H:	Rank:
DOB: <b>31 Dec 1955</b>	Tel W:	Unit:
PCat: <b>K78 FOREIGN</b>	CS:	Outpt Rec. Rm:
<b>NATIONAL-POW/INTERNEE</b>		
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE

STANDARD FORM 600 (REV. 5)

ACLU DDII CID RO 27325  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 101-45.505

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



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**TMIP** | Theater Medical Data Store Print Window | Close Window

**Outpatient Record**

[Help with this page](#)

**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600004134</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1953</b>	Gender: <b>M</b>
Flight Status: <b>N</b>	Diving Status: <b>N</b>	Jumping Status: <b>N</b>
MP Status: <b>N</b>	Submarine Status: <b>N</b>	VIP Type: <b>N</b>
Home Unit:	Deploy Unit:	Temp Unit:
Patient Identification:		
Patient SSN: <b>*****4134</b>		
Sponsor SSN: <b>*****4134/20</b>		

**Allergies Information**

Start Date	Allergy	Reaction
11/27/2007 22:13	No Allergies Found	

**Encounter Information**

Encounter Date: <b>11/27/2007 20:37</b>	Facility: <b>TF 31 North (WBKXA1)</b>
Report Date: <b>11/27/2007 20:37</b>	Data Source: <b>CHCSIIT</b>
Provider: (b)(6)	

**Disposition Information**

Disposition: <b>ADMISSION</b>
-------------------------------

**Symptoms Information**

Major Symptom	Minor Symptom	Duration	Duration Unit
Preliminary Background HPI (use for free text)			

**Diagnosis Information**

Primary Diagnosis <b>456.1, ESOPHAGEAL VARICES</b>
Original DNBI: <b>All Other, Medical/Surgical</b> Circumstance: <b>DISEASE</b>
Mapped DNBI*: <b>All Other, Medical/Surgical</b> Initial Visit: <b>Y</b>
Chief Complaint: <b>GASTROINTESTINAL BLEEDING</b>
Subjective: Reason(s) For Visit (Chief Complaint(s)): <b>GASTROINTESTINAL BLEEDING</b>
History of present illness

**ACLU DDII CID ROI 27326**

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LAW ENFORCEMENT SENSITIVE**

**Exhibit** 000053



**The Patient is a 54 year old male.**

**See sf 558**

Assessment: **ESOPHAGEAL VARICES**

---

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27327

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LAW ENFORCEMENT SENSITIVE

Exhibit 000054 *v*



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**Inpatient Record**

[Help with this page](#)

**Demographics Information**

Last Name: <b>CROP</b>	First Name: <b>C600180981</b>	Middle Name:
Rank: <b>UNK</b>	Service: <b>POW</b>	Duty Status: <b>K78</b>
Race: <b>UNKNOWN</b>	DOB: <b>01/01/1956</b>	Gender: <b>M</b>
Organ Donor: <b>N</b>	VIP Type: <b>N</b>	
Home Unit:	Deploy Unit:	Temp Unit:
Kin Information:		
Kin Name: <b>null - null</b>		
Patient Identification:		
Patient SSN: <b>*****0981</b>		
Sponsor SSN: <b>*****0981/20</b>		

**Encounter Information**

Encounter Date: <b>11/25/2007 17:03</b>	Facility: <b>A7457 (A7457)</b>
Report Date: <b>11/25/2007 17:03</b>	Data Source: <b>CHCSTC2</b>
Provider:	

**Disposition Information**

Disposition: <b>REFERRED</b>
------------------------------

**Diagnosis Information**

Primary Diagnosis	
<b>578.1, BLOOD IN STOOL</b>	
Original DNBI: <b>Unknown</b>	Circumstance:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Initial Visit: <b>Y</b>

**Admission/Discharge Information**

Admit Date: <b>11/25/2007 17:03</b>
Admission Type: <b>DIRECT TO MILITARY MTF FROM OTHER THAN ER OR APU</b>
Admit Comments: <b>NJG</b>
Discharge Date: <b>11/25/2007 19:30</b>
Discharge Comments:
Post Discharge Comments:

Administration Notes

Date	Type
<input type="checkbox"/> 11/25/2007	DISCHARGE

**ACLU DDII CID ROI 27328**

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LAW ENFORCEMENT SENSITIVE**

**Exhibit 55**

**2**



19:30

<b>Disposition Information</b>	
Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>REFERRED</b>	Lost Days:
<b>Diagnosis Information</b>	
Primary Diagnosis <b>578.1, BLOOD IN STOOL</b>	
Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Comments:
<b>Bed Information</b>	
Active: <b>Y</b>	

☐ 11/25/2007 UPDATE  
19:30

<b>Disposition Information</b>	
Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>QUARTERS</b>	Lost Days:
<b>Diagnosis Information</b>	
Primary Diagnosis <b>578.1, BLOOD IN STOOL</b>	
Original DNBI: <b>Unknown</b>	Injury Type:
Mapped DNBI*: <b>All Other, Medical/Surgical</b>	Comments:
<b>Bed Information</b>	
Active: <b>Y</b>	

☐ 11/25/2007 ADMISSION  
17:03

<b>Disposition Information</b>	
Service Type:	Signed Date:
Attending Provider:	Admitting Provider:
Disposition: <b>NONE</b>	Lost Days:
<b>Diagnosis Information</b>	
<p style="text-align: right;"><b>ACLU DDII CID ROI 27329</b></p>	



Primary Diagnosis  
**578.1, BLOOD IN STOOL**

Original DNBI: **Unknown**  
 Mapped DNBI\*: **All Other, Medical/Surgical**

Injury Type:  
 Comments:

**Bed Information**

Ward Name: **ICU 1**  
 Room: **1**

Assigned Bed: **8**  
 Active: **Y**

11/25/2007 17:03 **ADMISSION**

**Disposition Information**

Service Type:  
 Attending Provider:  
 Disposition: **NONE**

Signed Date:  
 Admitting Provider:  
 Lost Days:

**Diagnosis Information**

Primary Diagnosis  
**578.1, BLOOD IN STOOL**

Original DNBI: **Unknown**  
 Mapped DNBI\*: **All Other, Medical/Surgical**

Injury Type:  
 Comments:

**Bed Information**

Ward Name: **ICU 1**  
 Room: **1**

Assigned Bed: **8**  
 Active: **Y**

**Notes**

Laboratory Results

Date	Name	Type	Status
<input type="checkbox"/> 11/25/2007 18:09	TYPE AND AB SCREEN	Observations to follow	Order complete

Procedure Description  
**BLOOD TYPING, ANTIGEN SCREEN**

Results

Name	Results	Ref Range	Stat	Certified By	27330	Date

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 LAW ENFORCEMENT SENSITIVE

Exhibit 1057

2



ABO/RH GROUP - GROUP O, Rh  
CHCS POSITIVE

Final  
Results

(b)(6)

11/26/2007  
00:35

ANTIBODY SCREEN NEGATIVE  
- CHCS

Final  
Results

(b)(6)

11/26/2007  
00:35

\* Original DNBI refers to the original DNBI category that came in the file. Mapped DNBI category refers to the category that is used for surveillance. In general, the mapped category will be the same as original category, unless 1) this encounter is a follow up, in which case the mapped category will be changed to "Miscellaneous/Administration/Follow-up" or 2) the original category was "Unknown," in which case the DOD ICD9 code to DNBI Category mapping is used.

ACLU DDII CID ROI 27331

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Exhibit 2



AMP CROPPER

Personal Data - Privacy Act of 1974

\*\*\* ADMISSION COVER WORKSHEET \*\*\*

FMP/SSN: 20/600-18-01

Reg No: 0004134 Name: CROP,C600180981

Date/Time: 25 Nov 2007@1703  
Sex: MALE

ADMISSION  
Source: ERA  
Age: 51

MEPRS: ABAA  
DOB: 01 Jan 1956 Ward: ICU1

Patient Category: FRGN NAT POW/INTERNEE  
Marital Status: UNKNOWN  
Duty Zip:  
Sponsor Name: CROP,C600180981

Pay Grade:  
Race: UNKNOWN  
Ethnic: UNKNOWN  
Religion:  
Fly Status:

Init Adm Date:  
Type of Disposition: HOME

MTF Trans from:  
MTF of Initial Adm:  
Disposition Date: 25 Nov 2007@1930

Sponsor Name: CROP.C600180981  
Adm Physician: (b)(6)  
Adm Diagnosis: BLOOD IN STOOL (578.1)  
Adm Procl:  
Adm Proc2:

Administrative Remarks:

Cause of Injury:

Principle Dx:

Other Dx:

Principle Procedure:

Other Procedure:

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

Signature: [Redacted]

[Redacted] Officer

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27332

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LAW ENFORCEMENT SENSITIVE

Exhibit 2  
000059



TF: CAMP CROPPER

PERSONAL DATA - PRIVACY ACT OF 1974

REGISTER: 0004134 NAME: CROP, C600180981  
RECORD OF INPATIENT TREATMENT

FMP/SSN: 20/600-18-0981

ADMISSION

DATE/TIME: 25 Nov 2007@1703 SOURCE: ERA CLIN SVC: GEN SUR/ABAA  
SEX: M DOB: 01 Jan 1956

DISPOSITION

DATE/TIME: 25 Nov 2007@1930 TYPE: HOME CLIN SVC: GEN SUR/ABAA  
AGE: 51

DIAGNOSES

DX 1. Principal DX: 5781  
BLOOD IN STOOL

PROCEDURES

PR 1. Principal PR: NO PROCEDURES ON FILE

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

ATTENDING PROVIDER \_\_\_\_\_ TF 31 \_\_\_\_\_  
Medicine Physician

Provider Taxonomy: 207RC0200X  
PHYSICIANS/ALLOPATHIC/OSTEOPATHIC/INTERNAL MEDICINE/CRITICAL CARE MEDICINE

DRG: RECORD NOT GROUPED

MDC: SELECTED ADMINISTRATIVE DATA

ADMISSION:

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

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

DISPOSITION:

REGISTER: 0004134 NAME: CROP, C600180981

FMP/SSN: 20/600-

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

\*\*\* CONTINUED ON PAGE 2 \*\*\*

ACLU DDII CID ROI 27333

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LAW ENFORCEMENT SENSITIVE

Exhibit 2



MTF: CAMP CROPPER

PERSONAL DATA - PRIVACY ACT OF 1974

REGISTER: 0004134 NAME: CROP,C600180981

FMP/SSN: 20/600-18-098

MTF TRANS TO:  
ICU CLINICAL SVC:  
BED DAYS OTHER FEDERAL FACILITIES:  
BED DAYS CIVILIAN HOSPITALS:  
BED DAYS THIS MTF: 1  
TOTAL SICK DAYS THIS MTF: 1  
CONVALESCENT LEAVE TAKEN: 0

AUTOPSY:  
ICU DAYS SPENT: 1  
MEDICAL HOLD DAYS:  
COOPERATIVE CARE DAYS: 0  
SUPPLEMENTAL CARE DAYS: 0

RECOMMENDED: 0

\* \* \* \* \*

OTHER:

SPONSOR NAME: CROP,C600180981  
DUTY ADDRESS:

MATERNAL/NEWBORN REGISTER:

EMERGENCY ADDRESSEE:  
RELATIONSHIP:  
NAME:  
ADDRESS:

PATIENT ADDRESS:

PHONE:

PREV. ADMISSION THIS MTF: Y  
UNITS:

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

INJURY REMARKS:

CLINICAL RECORDS APPROVAL SIGNATURE BLOCK:

Medical Record Approved by

Date

REGISTER: 0004134 NAME: CROP,C600180981

FMP/SSN: 20/600-18

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

\*\*\* End of Report \*\*\*

ACLU DDII CID ROI 27334

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LAW ENFORCEMENT SENSITIVE

Exhibit

2



HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL	
FOR USE OF THIS FORM, SEE AR 40400. THE PROponent AGENCY IS OFFICE OF THE SURGEON GENERAL.		31st CSIA Camp Cropper Day	
Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.		Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.	
SECTION A - ATTENDING MEDICAL OFFICER'S REPORT			
PERSONAL DATA			
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)  <div style="font-size: 1.5em; font-family: cursive;">600 004734</div> <div style="font-size: 1.5em; font-family: cursive;">ISN 180981</div>	2. TIME OF DEATH (Hour-day-month-year)  <div style="font-size: 1.5em; font-family: cursive;">1943</div>	3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO	
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number		4. RELIGION	5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO
6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH			
CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)	DUE TO (or as a consequence of)		
	Cardiopulmonary Arrest		
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO (or as a consequence of)		
	(1) Severe Septic Shock		
	(2) Liver Failure		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.	Variceal Bleeding	
	b.		
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE	
30 Oct 7	(b)(6)	(b)(6)	
SECTION B - ADMINISTRATIVE			
TYPE OF ACTION	HOUR	DAY	MONTH
YEAR	INITIALS OF RESPONSIBLE OFFICER		
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON			
13. POST ADJUTANT GENERAL NOTIFIED			
14. IMMEDIATE CO OF DECEASED NOTIFIED			
15. INFORMATION OFFICE NOTIFIED			
16. POST MORTUARY OFFICER NOTIFIED			
17. RED CROSS NOTIFIED			
18. OTHER (Specify)			
19.			
SECTION C - RECORD OF AUTOPSY			
20. AUTOPSY PERFORMED (If yes, give date and place)		21. AUTOPSY ORDERED BY (Signature)	
<input type="checkbox"/> YES <input type="checkbox"/> NO			
22. PROVISIONAL PATHOLOGICAL FINDINGS			
23. DATE	24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
	ACLU DDII CID ROI 27335	[Signature]	
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR	
	[Signature]	[Signature]	

ACLU-RDI 5565 p.63

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LAW ENFORCEMENT SENSITIVE

Exhibit 2  
000062



TAB

CERTIFICATE OF DEATH

For use of this form, see AR 190-8; the proponent agency is PMG.

INTERMENT SERIAL NUMBER

FROM:

TO:



NAME (Last, first, MI)		600 00 4734	ISN 183781	GRADE	SERVICE NUMBER
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE			
PLACE OF BIRTH					DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN					FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH		CAUSE OF DEATH		
Camp Crocker ICU	3 Dec 07		Cardio Pulmonary Arrest		
PLACE OF BURIAL					DATE OF BURIAL

IDENTIFICATION OF GRAVE

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

\_\_\_ RETAINED BY DETAINING POWER

\_\_\_ FORWARDED WITH DEATH CERTIFICATE TO (Specify)

\_\_\_ FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH; BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

SI yo Detainee with severe varicella bleedings, LNOI fall severe sepsis who was on pressors, abx's, intubated who went asystolic + pulseless without spontaneous respirations or response to stimuli. Time of death at 1945.

DO NOT WRITE IN THIS SPACE  
CERTIFIED A TRUE COPY

DATE

3 Dec 07

(b)(6)

SIGNATURE OF COMMANDING OFFICER

WITNESSES

SIGNATURE

ACLU DDII CID ROI 27336

SIGNATURE

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LAW ENFORCEMENT SENSITIVE

Exhibit 3

2



<b>HOSPITAL REPORT OF DEATH</b> <small>FOR USE OF THIS FORM, SEE AR 40400; THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL <b>31st CSB Camp Cropper Drag</b>				
<i>Instructions - Medical Officer in attendance will: Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries.</i>		<i>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</i>				
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>						
PERSONAL DATA						
1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)  <b>600 004734</b> <b>ISN 180981</b>		2. TIME OF DEATH (Hour-day-month-year)  <b>1943</b>		3. MEDICAL EXAMINER/ CORONER'S CASE <input type="checkbox"/> YES <input type="checkbox"/> NO		
		4. RELIGION		5. CHAPLAIN NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO		
		6. NAME, ADDRESS AND RELATIONSHIP OF RELATIVE OR FRIEND PRESENT AT DEATH				
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Number						
CAUSE OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death)		DUE TO (or as a consequence of) <b>Cardiopulmonary Arrest</b>				
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)		(1) <b>Severe Septic Shock</b>				
		(2) <b>Liver Failure</b>				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		a. <b>Varicoid Bleeding</b>				
		b.				
9. DATE <b>30 Oct 72</b>		10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE <b>(b)(6)</b>		11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE <b>(b)(6)</b>		
<b>SECTION B - ADMINISTRATIVE</b>						
TYPE OF ACTION		HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON						
13. POST ADJUTANT GENERAL NOTIFIED						
14. IMMEDIATE CO OF DECEASED NOTIFIED						
15. INFORMATION OFFICE NOTIFIED						
16. POST MORTUARY OFFICER NOTIFIED						
17. RED CROSS NOTIFIED						
18. OTHER (Specify)						
19.						
<b>SECTION C - RECORD OF AUTOPSY</b>						
20. AUTOPSY PERFORMED (If yes, give date and place) <input type="checkbox"/> YES <input type="checkbox"/> NO			21. AUTOPSY ORDERED BY (Signature)			
22. PROVISIONAL PATHOLOGICAL FINDINGS						
23. DATE		24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY <b>ACLU DDII CID ROI 27337</b>		25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY		
26. DATE		27. TYPED NAME AND GRADE OF REGISTRAR		28. SIGNATURE OF REGISTRAR		
<b>FOR OFFICIAL USE ONLY</b>						
<b>LAW ENFORCEMENT SENSITIVE</b>						
<b>Exhibit</b> <i>2</i>						

ACLU-RDI 5565 p.65



TAB

**CERTIFICATE OF DEATH**  
For use of this form, see AR 190-8; the proponent agency is PMG.

INTERMENT SERIAL NUMBER

FROM:

TO:

NAME (Last, first, MI)		GRADE	SERVICE NUMBER
600 00 4734		ISN 183981	
NATIONALITY	POWER SERVED	PLACE OF CAPTURE/INTERMENT AND DATE	
PLACE OF BIRTH			DATE OF BIRTH
NAME, ADDRESS, AND RELATIONSHIP OF NEXT OF KIN			FIRST NAME OF FATHER
PLACE OF DEATH	DATE OF DEATH	CAUSE OF DEATH	
Camp Crozier Icu	3 Dec 07	Cardiopulmonary Arrest	
PLACE OF BURIAL	DATE OF BURIAL		
IDENTIFICATION OF GRAVE			

PERSONAL EFFECTS (To be filled in by Office of Deputy Chief of Staff for Personnel)

RETAINED BY DETAINING POWER     
  FORWARDED WITH DEATH CERTIFICATE TO (Specify)     
  FORWARDED SEPARATELY TO (Specify)

BRIEF DETAILS OF DEATH; BURIAL BY PERSON WHO CARED FOR THE DECEASED DURING ILLNESS OR DURING LAST MOMENTS (Doctor, Nurse, Minister of Religion, Fellow Internee). IF CREMATED, GIVE REASON. (If more space is required, continue on reverse side).

51 yo Detainee with severe variceal bleeding, liver failure, severe sepsis who was on pressors, abx's, intubated who went asystolic + pulseless without spontaneous respirations or response to stimuli. Time of death at 1943.

DO NOT WRITE IN THIS SPACE CERTIFIED A TRUE COPY	DATE	(b)(6)
	3 Dec 07	
SIGNATURE OF COMMANDING OFFICER		
WITNESSES		
SIGNATURE	ADDRESS	
	ACLU DDII CID ROI 27338	
FOR OFFICIAL USE ONLY		
SIGNATURE	ADDRESS	
	LAW ENFORCEMENT SENSITIVE	
		Exhibit 2



MEDICAL RECORD		PROGRESS NOTES
DATE	NOTES	
25 Nov 62	Nurses note: Pt vomited at 1700	
1740	from F.B. pt vomited in chamber Report received from (b)(6) Pt put on LIS for NG tube. pt (b)(6) pt put out 700 ml of blood (b)(6) in approx 15 min (b)(6) will (b)(6) started to vomit (b)(6) continue to monitor	
1920	Nurses note: Pt put out 350 ml vomit sample from NG tube at 1830 Pt placed back on LIS while on LIS at 1915. will continue to air plac. will continue to monitor (b)(6)	
1931	Nurses note: Pt transfer to De/Ad (b)(6) pt had additional 195 ml vomit NG tube at 1935 (b)(6)	

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

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LAW ENFORCEMENT SENSITIVE  
ACLU RDI CID ROI 27339  
STANDARD FORM  
Prescribed by GSA/ICMR FPMR (41C)

180-981  
100#8

600004154

Exhibit 6 2



NAME 790000 FIRST NAME MIDDLE INITIAL ID NUMBER

Table with columns for DATE and a large empty area for notes. The first row contains the text 'ACLU RDI 27340' written upside down.

STANDARD FORM 509 (REV. 5/1999) BACK USAPA V1.00

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE

Exhibit 2



EMERGENCY CARE AND TREATMENT (Patient)

NSN 7540-01-075-3736

MEDICAL RECORD

EMERGENCY CARE AND TREATMENT (Patient)

LOG NUMBER: [ ] TREATMENT FACILITY: IF 31

RECORDS MAINTAINED AT: [ ]

PATIENT'S HOME ADDRESS OR DUTY STATION: [ ]

ARRIVAL DATE (Day, Month, Year): 25 NOV 07 TIME: 1502

STREET ADDRESS: [ ] CITY: [ ] STATE: [ ] ZIP CODE: [ ]

TRANSPORTATION TO FACILITY: V/G/AMB

THIRD PARTY INSURANCE: [ ] YES [ ] NO

SEX: M DUTY/LOCAL PHONE: [ ] AREA CODE: [ ] NUMBER: [ ]

MILITARY STATUS: [ ] YES [ ] NO [ ] N/A

AGE: 51 HOME PHONE: [ ] AREA CODE: [ ] NUMBER: [ ]

PRP: [ ] FLYING STATUS: [ ]

DD 2568 IN CHART: [ ]

NAME OF INSURANCE COMPANY: [ ]

CURRENT MEDICATIONS: [ ]

INJURY OR OCCUPATIONAL ILLNESS: [ ]

EMERGENCY ROOM VISIT: [ ]

ALLERGIES: ? Ampicillin

DATE LAST VISIT: [ ] 24 HOUR RETURN: [ ] YES [ ] NO

IS THIS AN INJURY? [ ] YES [ ] NO WHEN (Date): [ ]

INJURY/SAFETY FORMS: [ ] WHERE: [ ]

DATE LAST SHOT: [ ] TETANUS: [ ] COMPLETED INITIAL SE: [ ]

HOW: [ ]

CHIEF COMPLAINT: Vomiting blood / Blood in stool

CATEGORY OF TREATMENT: [ ] EMERGENT [ ] URGENT [X] NON-URGENT

TIME: 1505 INITIALS: (b)(6)

VITAL SIGNS:

TIME	1505	1558
BP	143/88	125/75
PULSE	129	118
RESP	17	18
TEMP	98.9	99.9
WT O2	99%	100%

LAB ORDERS: [X] CBC/DIFF [ ] ABG [X] PT/PTT [ ] UA MSCC/CATH [X] CHEM: [ ] BHC/G/URINE/BLOOD/QUANT [ ]

X-RAY ORDERS: [ ] CXR PA & LAT/PORTABLE [ ] C-SPINE [ ] ACUTE ABDOMEN [ ] LS SPINE [ ] SINUS [ ] HEAD CT [ ] ANKLE R/L [ ]

ECG: [ ]

ORDERS: [ ] MONITOR [ ]

COMPLETED BY: (b)(6) TIME: 1600, 1600, 1620

PATIENT'S RESPONSE: [ ]

DISPOSITION: [ ] HOME [ ] FULL DUTY [ ] 24 HRS. [ ] 48 HRS. [ ] 78 HRS.

RETURN TO DUTY: [ ]

CONDITION UPON RELEASE: [ ] IMPROVED [ ] DETERIORATED [ ] UNCHANGED

ADMIT TO UNIT/SERVICE: ICU

TIME OF RELEASE: [ ]

PATIENT/DISCHARGE INSTRUCTIONS: [ ]

REFERRED TO: [ ] WHEN: [ ]

I have received and understand these instructions.

PATIENT'S SIGNATURE: [ ]

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

ISN 180981

600 004134

ACLU DDII CID RDI 27341

STANDARD FORM 558 (REV. 9-96) Prescribed by GSA/ICMR FPMR (41 CFR) 101-11.603 (D-49) USAFA V.1.00

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE Exhibit 8 2







LAW ENFORCEMENT SENSITIVE  
FOR OFFICIAL USE ONLY

AUTHORIZED BY LOCAL

CHRONOLOGICAL RECORD OF MEDICAL CARE

MEDICAL RECORD	SYNOPSIS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (2000 series)
DATE	NURSING NOTE
25 NOV 07	
TIME	
1600	
CHIEF COMPLAINT:	vomiting blood / blood in stool
Initial V.S.	
BP 143/88	PRE-HOSPITAL CARE: <input checked="" type="checkbox"/>
P 129	
R 17	INITIAL ASSESSMENT: AAOx3, NAD, abd tender
T 98.9	guarding chest, no active bleeding or v
SAO2 99%	hemocult (+), tachycardic
MED ALLERGIES	
Ampicillin?	INTERVENTIONS:
	O2 <del>room air</del> MONITOR ST EKG: Y <input checked="" type="checkbox"/> IV ACCESS 18g <input checked="" type="checkbox"/>
	LABS: CBC CMP Coag T/S XMATCH FOLEY: Y <input checked="" type="checkbox"/> NG: Y <input checked="" type="checkbox"/>
	CHEST TUBE: <input checked="" type="checkbox"/> XRAYs: CT:
MED HX	DRSG's DRAINS HARDWARE
None	
	MEDICATIONS GIVEN
OTHER	1.) Regular Insulin 4U SQ (b)(6) @ _____
	2.) _____ @ _____ hrs by _____
	3.) _____ @ _____ hrs by _____
	4.) _____ @ _____
	5.) _____ @ _____
	6.) _____ @ _____

HOSPITAL OR MEDICAL FACILITY TF-31 / Camp Cropper / <input checked="" type="checkbox"/> EMT	STATUS Admit ICW ICU OR	DEPART /SERVICE (b)(6) Admitting Doc
SPONSOR'S NAME AN Signature	SSN/ID NO. _____ tries, give: Name - last, first, middle, IO No or SSN, etc.	RELATIONSHIP TO SPONSOR Transported Mode: Amb / WC
PATIENT'S ID#	REGISTER NO.	

ACLU DDII CID ROI 27343

OFFICIAL USE ONLY

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Form

STANDARD FORM 61

Prescribed by GSA/ICMF

FIRM (41CFR) 201.9

180981



170000

IV FLUIDS

- 1.) NS @ 278/44 Hrs 260 Rate 100 Infused
- 2.) NS @ 1100 Hrs 260 Rate 100 Infused
- 3.) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused
- 4.) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused

VITALS

Time	BP	P	R	T	SAO2
500	143/88	129	17	98.9	99% room air
1658	125/75	118	18	98.9	100% room air

TOTAL INTAKE

IVF 1500 cc  
 PO NPO

TOTAL OUTPUT

UA 300 CT Ø  
 NG \_\_\_\_\_ DRAINS Ø

NARRATIVE

received pt report from (b)(6), pt AAOx3, NAD, VS as noted, V access obtained, labs drawn and sent, IV fluids started. NG tube placed, placement verified via air bolus. Plan to admit to ICU for monitoring of bleeding and hyperglycemia (b)(6)

180981

STANDARD FORM 600 (REV. 9-97) BACK  
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 LAW ENFORCEMENT SENSITIVE



**MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT**  
 For use of this form, see AR 40-56; the proponent agency is the OTSG.

1. Date (MM/DD/YY) and Time of Admission: 2007 11 25 1700  
 2. Admission Diagnosis: GI bleed Hypertension

	YES	NO	Patient's own words when possible
3. Tell me what you know about your illness/injury/hospitalization.			to make himself yo
4. Do you have any other health problems?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
5. Have you been hospitalized before? If so, when and for what?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	In Abu Ghraib, Surg "kidney stones" atly.
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Are you allergic to anything? If so, what? What reaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PCN
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. What other concerns do you have?			
10. How can we be most helpful?			

11. Name of Local Contact/NOK: none  
 12. Relationship:  
 13. Tele:

14. Interviewer's Signature, Rank & Title: (b)(6)  
 15. Informant/Relationship: Informant

16. Patient Identification: 180-981

Item:	Bedside	Home	Treasu

File # 8 **ACLU DDII CID ROI 27345**  
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 LAW ENFORCEMENT SENSITIVE  
**EXHIBIT 2**



MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT

18. Additional Assessment Data.

Admission: 300 2/1/25 1700 TPR 102/19 SP 120/70 WF 220 lbs HT

Neuro: A OX3 pupils 3mm by 1 P/HR/4  
Cardiovascular: ST 1705 pulses 72 (up & full) C3 SPC5  
NS @ 125 ml/hr he 12g (LPC) 159 CMI Pain to P-6  
at 4/10  
Pulmonary: Lungs CTP all lobes chest rise equal unlabeled  
& accessory muscle use. SaO2 > 97% on RA  
GI: Bowel sounds present x4. ABD soft found slight  
distention ~~no~~ tender to palpation NG tube @ nose  
LIS to copious blood put out.  
GU: Urinal at bedside: cl/y/ Quantity sufficient  
Integ: skin warm dry normal color dry effective  
NO signs of breakdown or wounds.  
musculoskeletal

19. Typed or Printed Name of RN.

20. Signature of RN and Date/Time

ASSESSMENT CATEGORIES:

- |  |   |   |
|--|---|---|
| <ul style="list-style-type: none"> <li>1. Growth and Development</li> <li>2. Neurological           <ul style="list-style-type: none"> <li>a) Orientation</li> <li>b) Level of Consciousness: alert, drowsy, lethargic, comatose; responses to verbal and painful stimuli; ability to follow commands; reflexes.</li> <li>c) Describe abnormalities</li> </ul> </li> <li>3. Eyes, Ears, Nose, and Throat           <ul style="list-style-type: none"> <li>a) Eyes: Pupils, vision</li> <li>b) Ears: Hearing, drainage</li> <li>c) Rhinorrhea, nasal surgery/trauma</li> <li>d) Throat: Sore, difficulty swallowing, appearance on inspection, lymph nodes</li> <li>e) Describe abnormalities</li> </ul> </li> <li>4. Cardiovascular           <ul style="list-style-type: none"> <li>a) Skin: Color, temp, turgor, moisture</li> <li>b) Peripheral Circulation: Pulses, edema, extremities</li> <li>c) IV's: Contents of bottle, amount, bottle number, condition of site</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>d) Pain: Location, radiation, duration,</li> <li>e) Intrathoracic tubes and/or dressing</li> <li>5. Pulmonary           <ul style="list-style-type: none"> <li>a) Respirations: Rate, regularity, effectiveness, depth, use of accessory muscles, nocturnal/external dyspnea. Chest movement associated with respirations</li> <li>b) Breath sounds: Clear to auscultation, Rales, Rhonchi, Wheezes, etc.</li> <li>c) Oxygen: Percent given, liters/min, method of administration continuous or PRN</li> <li>d) Cough, sputum, suctioning</li> </ul> </li> <li>6. Gastrointestinal           <ul style="list-style-type: none"> <li>a) Abdominal: Auscultation (bowel sounds present), palpation, abdominal girth measurement (if applicable)</li> <li>b) Dressings and/or drains</li> </ul> </li> <li>7. Genitourinary           <ul style="list-style-type: none"> <li>a) Urinal: Continence pattern change</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>b) Female: Vaginal Discharge, last PAP smear (if applicable)</li> <li>c) Male: Abnormal discoloration, swelling, pain</li> <li>8. Integumentary           <ul style="list-style-type: none"> <li>a) Lesions, pressure point contractures</li> <li>b) Color, moisture, edema, change in pigmentation</li> </ul> </li> <li>9. Musculoskeletal           <ul style="list-style-type: none"> <li>a) Movement Purposeful, purposeful, ROM, muscle level of usual activity</li> <li>b) Foot care (as applicable) hose</li> </ul> </li> <li>10. Psycho-Social           <ul style="list-style-type: none"> <li>a) Adjustment to hospital, mood, manner, motivation, relation to persons around</li> </ul> </li> </ul> |
|--|---|---|

ACLU RDI CID ROI 27346

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LAW ENFORCEMENT SENSITIVE

Exhibit

REFERENCE: DA Pam 40-5  
AMEDD Stds of  
000073



# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0064-07-CID789-23679

PAGE 1 OF 2 PAGES

## DETAILS

**DEATH SCENE EXAMINATION:** About 2045, 3 Dec 07, SA **(b)(6), (b)(7)(C)** and SA **(b)(6), (b)(7)(C)** this office, conducted a death scene examination of Bed #5, 31<sup>st</sup> Combat Support Hospital (CSH), Camp Cropper, Iraq APO AE 09342 (CCIZ).

*Characteristics of Death Scene:* The 31<sup>st</sup> CSH was a single story, aluminum type construction, grey in color building used as a hospital. The main entrance to the 31<sup>st</sup> CSH was gained through a double door entrance located on the Northwest wall of the building. Upon entrance into the CSH there are several rooms located on both sides of the hallways. Mr. Yahiy Diasti DIAB, US **(b)(6), (b)(7)(C)** was located in the Intensive Care Unit (ICU) of the 31<sup>st</sup> CSH. The ICU was located in the Eastern most corridor of the hospital, the last set of doors on the southern wall. The entrance to the ICU was two double doors which opened into the main ICU area. The floor of the ICU was white in color, linoleum type construction which covered the entire floor, from wall to wall. The walls of the ICU were white in color, aluminum type construction. The walls appeared to be flat and level and ran from floor to ceiling. The ceiling of the ICU was white in color, aluminum type construction, there was several fluorescent lights which appeared to be centered on the ceiling and ran north to south. The lights were on during the time of the examination. The ceiling appeared to be level and ran from wall to wall. Upon entering there were two doors on the north wall which opened to a storage room and a latrine. After the storage room the ICU opened and there were five beds located along the north wall, three of which were occupied. The beds numbered two through six. Opposite the storage room, the south wall turned at a 90 degree angle and a small inlet held a sink and a refrigerator, after which continued on to another room which held supplies for the ICU. After the room was a large nurse's station which sat flush with the south wall. After the nurse's station, were two beds which were numbered eight and nine. Mr. DIAB was located in bed five which was located in the Northeast portion of the room along the Northern wall. Bed five was positioned the northeast corner of the room. The head of the bed was facing the north wall with the Eastern side of the bed along the East wall. At the opposite ends of the room from the main E/E was another opening to another storage room and a break room. Centered in front of the opening to the second storage room sat a guards desk, with two chairs.

*Conditions of the Scene:* Mr. DIAB's remains were positioned on the bed lying face up with his head facing the Northern wall. Mr. DIAB was approximately 5'6" tall, 270lbs, tanned skin tone, with a beard and mustache; he appeared to have black thinning hair and brown eyes. Mr. DIAB appeared to be of a heavy stature. Mr. DIAB's body appeared to be extremely bloated and was said to have been retaining large amounts of blood. Upon arrival at scene, Mr. DIAB was attached to several black, red and green in color wires which ran from Mr. DIAB's chest, arms, left leg, and index finger on his right hand. The wires were attached to his chest by small adhesive electrodes. There were four bags of what was described as saline solution and contained injected medication. The bags were attached to his arms by tubes which were then attached to needles, placed into his arms. There was also a foley catheter in place in Mr. DIAB's genitals. The bed below Mr. DIAB's remains had large pools of reddish fluid around his right arm and rectal area. Mr. DIAB's eyes were partially opened with a breathing tube in his open mouth. Mr. DIAB's back and

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

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

ORGANIZATION

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

DATE

3 Dec 07

EXHIBIT

**2347**

**ACLU DDII CID ROI 2347**

000074



# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0064-07-CID789-23679

PAGE 2 OF 2 PAGES

## DETAILS

lower extremities were purplish in color, apparently from the blood pooling since his death which showed signs of livor mortis. Mr. DIAB's joints appeared to have rigor mortis and algor mortis in his small joints.

*Environmental Conditions:* At the time of the examination it was dark outside. The temperature outside was 62 degrees and clear skies while the temperature inside the ICU was 68 degrees. There were no odors out of the ordinary near the remains during the time of the examination.

*Factors Pertinent to Entrance/Exit (E/E):* The main entrance and exit point to the ICU could be gained from the southern most wall in the ICU. There was a set of double doors which could be accessed by pushing in either direction. There were no other E/E points in the room. All other doors led to alternate room.

*Scene Documentation:* The scene was documented by SA **(b)(6), (b)(7)(C)** utilizing a Nikon Coolpix 5900 digital camera. A death scene sketch was prepared by SA **(b)(6), (b)(7)(C)**

*Search for Latent Impressions:* There was no search for latent impressions due to the entire staff and patients of the 31<sup>st</sup> CSH had unfettered access to the scene.

*Collection of Evidence:* A collection of evidence was not performed due to the fact that the remains were located at the ICU for several hours prior to his demise and all clothing had been disposed of by hospital staff.

*Search Beyond the Scene:* A search beyond the scene was not conducted due to the victim was in the care and custody of the 31<sup>st</sup> CSH staff and no signs of foul play were observed. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

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

DATE

3 Dec 07

EXHIBIT

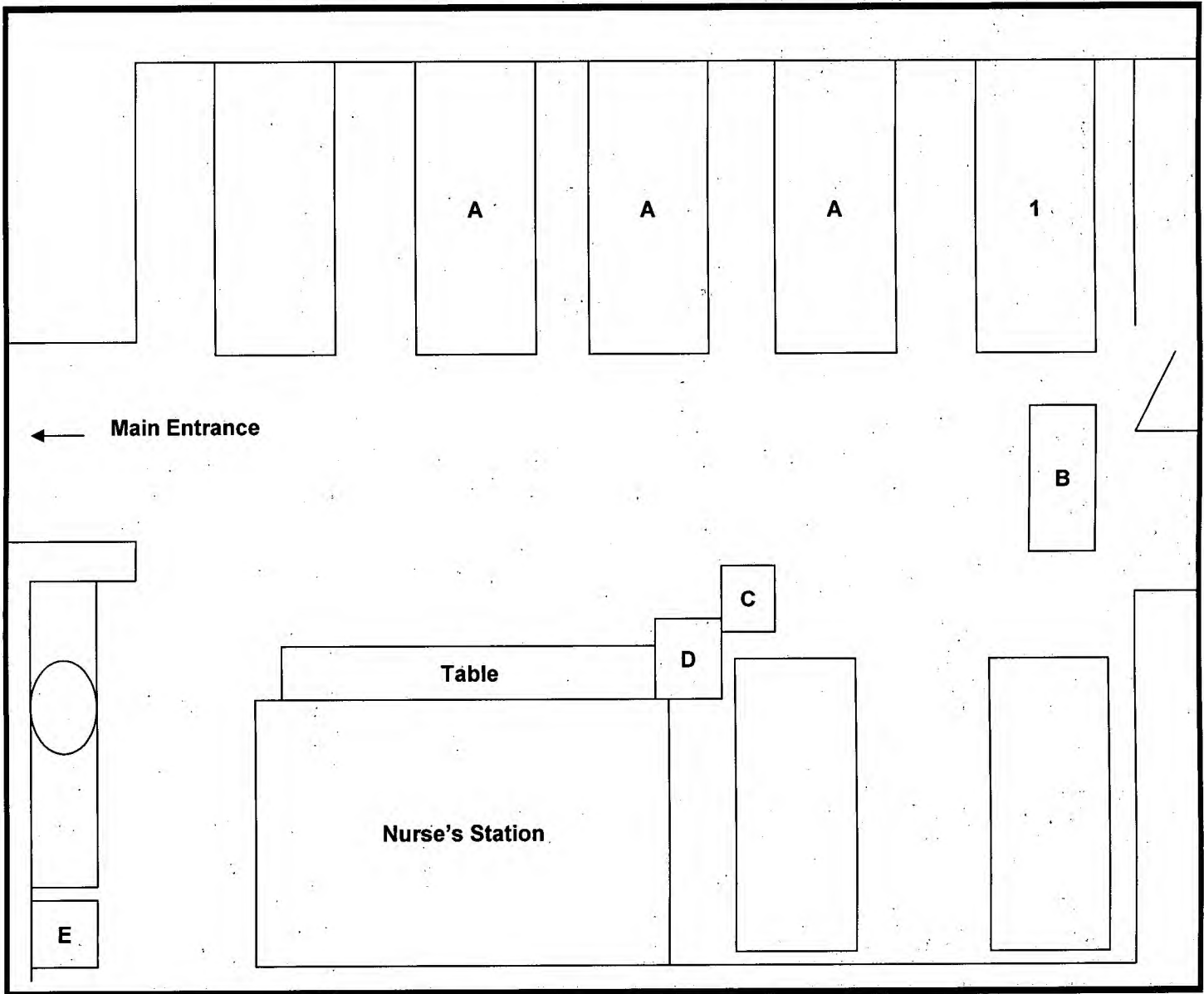
ACLU DDII CID ROI 27348

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

000075



# ROUGH SKETCH DEPICTING SCENE



### LEGEND

- 1 - Location of Mr. DIAB
- A - Occupied Bed
- B - Guards Desk
- C - Crash Cart
- D - Cart with medical supplies
- E - Refrigerator



N

Not To Scale

### TITLE BLOCK

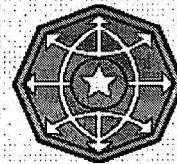
Case: 0064-07-CID789-23679  
 OFFENSE: Undetermined Death  
 SCENE PORTRAYED: ICU, 31<sup>st</sup> CSH  
 LOCATION: Camp Cropper, IZ APO AE 09342  
 VICTIM: ISN: US **b(6), b(7)(C)**  
 TIME & DATE BEGAN: 2130, 3 Dec 07  
 SKETCHED BY: SA **b(6), b(7)(C)**  
 VERIFIED BY: SA **b(6), b(7)(C)**

~~FOR OFFICIAL USE ONLY~~ **ACLU DENIED ROI 27349**  
~~Low Enforcement Sensitive~~





# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
1	DSCN 1533 - Frontal view of the victim from toe to head.
2	DSCN 1534 - Victim's left side of upper body.
3	DSCN 1535 - Left side lower section of body.
4	DSCN 1536 - Left side of victim's body.
5	DSCN 1537 - Right side of victim's body.
6	DSCN 1538 - Right side of victim's upper portion of body.
7	DSCN 1539 - Right side of victim's lower portion of body.
8	DSCN 1540 - Right side of victim's head/face.
9	DSCN 1541 - Right side of victim's body from bottom to top.
10	DSCN 1542 - Left side of victim's head/face.
11	DSCN 1543 - DA FM 3910 with ISN <b>b(6), b(7)(C)</b>
12	DSCN 1544 - Scar on lower left leg taken from left side.
13	DSCN 1545 - Close up view of scar on lower left leg taken from left side.
14	DSCN 1546 - Close up of scar on lower left leg taken from left side with scale.
15	DSCN 1547 - Bruise on right arm taken from right side.
16	DSCN 1548 - Close up view of bruise on right arm taken from right side.
17	DSCN 1549 - Close up view of bruise on right arm taken from right side with scale.
18	DSCN 1550 - Victim's upper portion of back.
19	DSCN 1551 - Victim's lower portion of back.
20	DSCN 1552 - Scar on left side of chest.

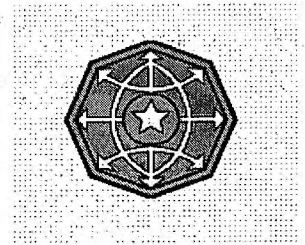
**ACLU DDII CID ROI 27350**



0064-07-CID789-23679



# PHOTOGRAPH PACKET



21

DSCN 1553 - Scar on left side of chest with scale.

ACLU DDII CID-ROI <sup>5</sup>27351

EXHIBIT



**Original Death Scene  
Photographic Packet**

**USACRC Copy**

~~For Official Use Only~~  
~~Exhibits~~

Exhibit 6

**ACLU DDII CID ROI 27352**



0064-07-CID789-23679



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
1	DSCN 1533 - Frontal view of the victim from toe to head.
2	DSCN 1534 - Victim's left side of upper body.
3	DSCN 1535 - Left side lower section of body.
4	DSCN 1536 - Left side of victim's body.
5	DSCN 1537 - Right side of victim's body.
6	DSCN 1538 - Right side of victim's upper portion of body.
7	DSCN 1539 - Right side of victim's lower portion of body.
8	DSCN 1540 - Right side of victim's head/face.
9	DSCN 1541 - Right side of victim's body from bottom to top.
10	DSCN 1542 - Left side of victim's head/face.
11	DSCN 1543 - DA FM 3910 with ISN <span style="background-color: black; color: white;">b(6), b(7)(C)</span>
12	DSCN 1544 - Scar on lower left leg taken from left side.
13	DSCN 1545 - Close up view of scar on lower left leg taken from left side.
14	DSCN 1546 - Close up of scar on lower left leg taken from left side with scale.
15	DSCN 1547 - Bruise on right arm taken from right side.
16	DSCN 1548 - Close up view of bruise on right arm taken from right side.
17	DSCN 1549 - Close up view of bruise on right arm taken from right side with scale.
18	DSCN 1550 - Victim's upper portion of back.
19	DSCN 1551 - Victim's lower portion of back.
20	DSCN 1552 - Scar on left side of chest.

**ACLU DDII CID-ROI 27353** EX-119



0064-07-CID789-23679



# PHOTOGRAPH PACKET



21 DSCN 1553 - Scar on left side of chest with scale.

ACLU DDII CID FOI 27354

EXHIBIT



Basis for Investigation: About 0600, 05 Dec 07, this office received a Request for Assistance (RFA) from SA **b(6), b(7)(C)** Special Agent in Charge, Camp Cropper CID Office, Baghdad, Iraq, APO AE 09342 to attend the autopsy of Mr. Yahiyr Diasti DIAB, Detainee, Internment Serial Number (ISN) US**b(6), b(7)(C)** Camp Cropper, Baghdad, Iraq, APO AE 09342.

About 1100, 07 Dec 07, the autopsy of Mr. DIAB (ME # 07-1342) was conducted by Dr. (MAJ) **b(6), b(7)(C)** USAF, Associate Medical Examiner, OAFME, AFIP, 1413 Research Blvd, Bldg 102, Rockville, MD 20850. The preliminary cause of death was opined as gastro intestinal hemorrhage and manner of death as natural. Photographers from AFIP exposed digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. A copy of the CD containing all images was obtained. Fingerprints were obtained by the FBI. (See CD for details)

Agent's Comment: Due to the unavailability of an agent and the move of this CID office to another building on the same day, the autopsy of Mr. DIAB was not attended.

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

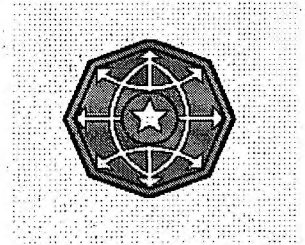
SA <b>b(6), b(7)(C)</b>	APG Resident Agency (CID)	
Special Agent, <b>(b)(7)(F)</b>	APG, MD 21005	
Signature <b>b(6), b(7)(C)</b>	Date: 07 Dec 07	Exhibit: <b>27377</b>
CID For <b>[REDACTED]</b>	<b>ACLU DDII CID ROI</b>	



0064-07-CID789-23679



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
1	DCS_0001 - OAFME placard.
2	DCS_0002 - Overall of remains of Mr DIAB in bag.
3	DCS_0003 - Bottom half of remains of Mr DIAB in bag.
4	DCS_0004 - Top half of remains of Mr DIAB in bag.
5	DCS_0005 - Overall of remains of Mr DIAB on top of bag.
6	DCS_0006 - Top half of remains of Mr DIAB on top of bag.
7	DCS_0007 - Bottom half of remains of Mr DIAB on top of bag.
8	DCS_0008 - OAFME placard.
9	DCS_0009 - Overall of remains of Mr DIAB.
10	DCS_0010 - Top half of remains of Mr DIAB.
11	DCS_0011 - Bottom half of remains of Mr DIAB.
12	DCS_0012 - Overall of remains of Mr DIAB.
13	DCS_0013 - Top half of remains of Mr DIAB.
14	DCS_0014 - Bottom half of remains of Mr DIAB.
15	DCS_0015 - Personal effects of Mr DIAB in bag.
16	DCS_0016 - Overall of cross section of Mr DIAB's backside.
17	DCS_0017 - Top half of cross section of Mr DIAB's backside.
18	DCS_0018- Bottom half of cross section of Mr DIAB's backside.
19	DCS_0019 - Overall of remains of Mr DIAB (with scale).
20	DCS_0020 - Top half of remains of Mr DIAB (with scale).

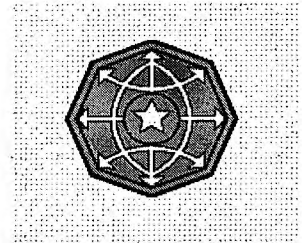
ACLU DDII CID ROI 27378



0064-07-CID789-23679



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
21	DCS_0021 - Bottom half of remains of Mr DIAB (with scale).
22	DCS_0022 - Establishing face photo.
23	DCS_0023 - Right face profile.
24	DCS_0024 - Left face profile.
25	DCS_0025 - Right eye.
26	DCS_0026 - Left eye.
27	DCS_0027 - Front of mouth, teeth and gums.
28	DCS_0028 - Liver of Mr DIAB (with scale).
29	DCS_0029 - Liver of Mr DIAB (with scale).
30	DCS_0030 - Chest cavity of Mr DIAB (with scale).
31	DCS_0031 - Chest cavity close up of Mr DIAB (with scale).
32	DCS_0032 - Chest cavity close up of Mr DIAB (with scale).
33	DCS_0033 - Chest cavity close up of Mr DIAB (with scale).
34	DCS_0034 - Chest cavity close up of Mr DIAB (with scale).
35	DCS_0035 - Chest cavity close up of Mr DIAB (with scale).
36	DCS_0036 - Chest cavity close up of Mr DIAB (with scale).
37	DCS_0037 - Chest cavity close up of Mr DIAB (with scale).
38	DCS_0038 - Stomach dissection of Mr DIAB (with scale).
39	DCS_0039 - Stomach dissection close up of Mr DIAB (with scale).
40	DCS_0040 - Stomach dissection close up of Mr DIAB (with scale).

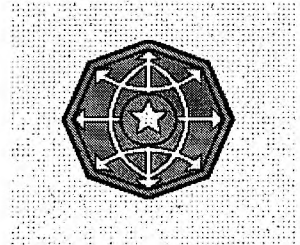
ACLU DDII CID-ROI 27379



0064-07-CID789-23679



# PHOTOGRAPH PACKET



<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPHS</u>
41	DCS_0041 - Stomach dissection close up of Mr DIAB (with scale).
42	DCS_0042 - Kidney of Mr DIAB (with scale).
43	DCS_0043 - Kidney of Mr DIAB (with scale).
44	DCS_0044 - Dissection of kidney of Mr DIAB (with scale).
45	DCS_0045 - Dissection of kidney of Mr DIAB (with scale).
46	DCS_0046 - Top of skull of Mr DIAB (with scale).
47	DCS_0047 - Cranial vault with brain of Mr DIAB (with scale).
48	DCS_0048 - Cranial vault of Mr DIAB with skull cap separate (with scale).
49	DCS_0049 - Cranial vault of Mr DIAB (with scale).

ACLU DDII CID ROI 27880

EXHIBIT



**AFIP Photographic CD**

**USACRC Copy**

~~For Official Use Only~~  
~~Law Enforcement Sensitive~~

Exhibit 9

**ACLU DDII CID ROI 27381**



AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0204-07-CID919

PAGE 1 OF 1 PAGES

DETAILS

BASIS FOR INVESTIGATION: About 1649, 19 Dec 07, SA [b(6), b(7)(C)] received a request for assistance from SA [b(6), b(7)(C)] Camp Cropper CID Office, 20th/1149th Military Police Detachment (CID), Baghdad, Iraq APO AE 09342, to coordinate and interview all physicians and medical personnel who provided treatment to Mr. DYAB. Further obtain all medical documentation pertaining to Mr. DYAB from the Air Force Theater Hospital (AFTH). Finally, ascertain who attended the Ethic Committee meeting, who authorized the meeting and the decision to not perform life saving measures.

About 1320, 28 Dec 07, SA [b(6), b(7)(C)] collected the medical records of Yahya Diasti DYAB from the AFTH. (See medical records for details).

About 2355, 18 Jan 08, LTCOL [b(6), b(7)(C)] 59 MDOS/SGOMG, Wilford Hall Medical Center, 2200 Bergquist Dr., Suite 1, Lackland AFB, TX 78236, DSN:554-6002, [b(6), b(7)(C)]@lackland.af.mil, e-mailed SA [b(6), b(7)(C)] stating he was the only physician who treated Mr. DYAB and there was no Ethic Committee Meeting. LTCOL [b(6), b(7)(C)] also stated Mr. DYAB had an upper GI bleed with cirrhosis and esophageal varices. Mr. DYAB was banded to stop the bleeding. LTCOL [b(6), b(7)(C)] further stated the only treatment that would have helped Mr. DYAB from further bleeding would have been a TIPS or shunt for his liver or a transplant. LTCOL [b(6), b(7)(C)] stated he only saw Mr. DYAB once as an impatient when Mr. DYAB first arrived at the AFTH and then Mr. DYAB returned to Camp Cropper 2-3 days later.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

32nd MP DET (CID).  
LSA Anaconda, APO AE 09391

SIGN

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

DATE

18 Jan 07

FILED

ACLU DDII CID ROI 27432

10



EXHIBIT(S) 11

Page(s) 000158 thru 000207  
referred to:

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

ACLU DDII CID ROI 27433



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) <b>YAHYA DYAB</b>				3. RELIGION		
4. FACILITY CODE 5602	5. MEDICAL TREATMENT FACILITY 332nd EMDG BALAD AB, IRAQ				6. TIME OF ADM 2040	7. DATE OF ADM 25 NOV 07	8. TYPE OF CASE BI/NBI/D	
9. FMP 99	SSN 600 00 4134	10. BENEF TYPE SI	11. GRADE SI	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC	16. AGE 51
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE	21. CURRENT ORGANIZATION DETAINEE			22. INPATIENT UNIT ICU	
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 (b)(6)		
31. EMERGENCY ADDRESSEE/RELATIONSHIP					32. NAME AND ADDRESS OF SPONSOR			
33. PRIMARY ADMISSION DIAGNOSIS GI bleed					34. SECONDARY ADMISSION DIAGNOSIS			
35. CAUSE OF INJURY GI BLEED								
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 (b)(6)	

**II. TREATMENT**

38. DIAGNOSES - PROCEDURES DOB: NSI / SI / VSI  PATIENT ORIGINATED FROM: <u>Cooper</u>  MEDEVAC COMPANY/CALL SIGN:					39. PROVIDERS OF CARE				
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)									
Admission: JPTA <u>JE</u> Discharge: JPTA _____									
TC-2 <u>JE</u> TC-2 _____									
41. DISPOSITION <u>TRE TO CRAPPER</u>					42. DATE OF DISPOSITION 27 NOV 07	43. TIME OF DISPOSITION 2016	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. (Check <input type="checkbox"/> if continued on reverse)
47. (b)(6) CARE PROVIDER					48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL <b>ACLU DDII CID ROI 27434</b>				

**FOUO**

**LAW ENFORCEMENT SENSITIVE**



IV FLUIDS

- 1) NS @ 1500 Hrs bolus Rate 1 hr Infused
- 2) NS @ 1100 Hrs 260/hr Rate \_\_\_\_\_ Infused
- 3) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused
- 4) \_\_\_\_\_ @ \_\_\_\_\_ Hrs \_\_\_\_\_ Rate \_\_\_\_\_ Infused

VITALS

Time	BP	P	R	T	SAO2
* 1500	143/88	129	17	98.9	99% room air
* 1658	125/75	118	18	98.9	100% room air
*					
*					
*					

TOTAL INTAKE

TOTAL OUTPUT

IVF 1500 cc	UA 300	CT $\emptyset$
PO NPO	NG $\emptyset$	DRAINS $\emptyset$

NARRATIVE

Received pt report from (b)(6), pt AAOx3, NAD, VS as noted, IV access obtained, labs drawn and sent, IV fluids started. NG tube placed, placement verified via air bolus. Plan to admit to ICU for monitoring of bleeding and hyperglycemia (b)(6)

ACLU DDII CID ROI 27435  
 FOR OFFICIAL USE ONLY FORM 600 (REV. 6-97) BACK  
 LAW ENFORCEMENT SENSITIVE USAF V.2.00



ACLU DDII CID ROI 27436

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	25 NOV 07	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)	NURSING NOTE
TIME	1600	CHIEF COMPLAINT: vomiting blood / blood in stool	
Initial V-S			

BP 143/88	PRE-HOSPITAL CARE: <input checked="" type="checkbox"/>
P 129	
R 17	INITIAL ASSESSMENT: AAOx3, NAD, abd tender
T 98.9	guarding these, no active bleeding or vomit
SAO2 99%	hemocult (+), tachycardic

MED ALLERGIES	
Ampicillin?	INTERVENTIONS:
	O2 room air MONITOR ST EKG Y (N) IV ACCESS 18g (arm)
	LABS: CBC CMP Coag T/S XMATCH FOLEY: Y (N) NG: Y (N)
	CHEST TUBE: <input checked="" type="checkbox"/> XRAYS: <input checked="" type="checkbox"/> CT: <input checked="" type="checkbox"/>
MED HX	DRSG: <input checked="" type="checkbox"/> DRAINS: NG tube HARDWARE: <input checked="" type="checkbox"/>
None	

	MEDICATIONS GIVEN			
OTHER	1.) Regular Insulin 4U SQ @ 1625 hrs by (b)(6)	4.)	@	hrs by
	2.)	@	hrs by	5.) @ hrs by
	3.)	@	hrs by	6.) @ hrs by

HOSPITAL OR MEDICAL FACILITY	TF-31 / Camp Cropper / EMTS	STATUS	Admit ICW ICU OR	DEPART / SERVICE	(b)(6) Admitting Doc	RECORDS MAIL	Pt Report to
SPONSOR'S AN Signat	(b)(6)	SSN/ID NO.	Delivery @ hrs	RELATIONSHIP TO SPONSOR	Transported Mode: Amb / WC / Gurney		
PATIENT'S ID	180981	FOUO		REGISTER NO.		WA	



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

TEST RESULTS		RADIOLOGY		Check if read by radiologist <input type="checkbox"/>
WBC 8.2	SMAC 137	ABG/PULSE OX		RESULTS
H/H 102/31		SUP.O2	PH	
PLT 108		4.3	PCO2	SAT
PT 11.6		DIP		EKG INTERPRETATION
APTT < 20	BHCG	ETOH	GLU	

PROVIDER HISTORY/PHYSICAL

PI - SI y/o ♂ reports bloody stool x 2 days. Vomiting blood x 1 day. Similar Sx's in past. PCP/SOB. HA. Weakness. FC. ABD Pain. Dizziness. Other /O OTWS (-)

WNL/NO NAD (ME) → well appearing

HEART: Tachy R/R (-) M/R/H. Skin m/colar (-) tent/lesions.

Lungs: CT/B/L (-) W/R/L

ABD: Soft NT/ND (+) BSE (-) G/R/L

RECTAL: (+) BUK STOOL (-) masses NT Hemocult (+)

PC/MIA

MDM: See below

Plan: ICU scope in a.m.

Pm H

DSI - unspecified umbilic

NILDA

Soc Hx

SDC

GI bleed

ACUTE ANEMIA

BLD D/O

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP

DIAGNOSIS

(1) GI Bleed (3) thrombocytopenia

(2) Anemia (4) hyperglycemia

PROVIDER SIGNATURE AND STAMP (b)(6)

CODES

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

ISN 180981

EMERGENCY CARE AND TREATMENT (Doctor) Medical Record

FOR OFFICIAL USE ONLY

LAW ENFORCEMENT SENSITIVE STANDARD FORM 558 (REV. 9-96)

ACLU RDI CID ROI 27437

USAPA V1.00



0204-07-CID 92306

NSN 7540-01-075-3786

MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	NUMBER	TREATMENT FACILITY
		10	TF 31
PATIENT'S HOME ADDRESS OR DUTY STATION		RECORDS MAINTAINED AT	

STREET ADDRESS		DATE (Day, Month, Year)	TIME
		25 NOV 07	1502

CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY
			VCA/AMB

SEX	DUTY/LOCAL PHONE	MILITARY STATUS	THIRD PARTY INSURANCE
M	AREA CODE NUMBER	ITEM YES NO N/A	ITEM YES NO
AGE	HOME PHONE	FLYING STATUS	ADDITIONAL INSURANCE
51	AREA CODE NUMBER	MEDICAL HISTORY OBTAINED FROM	DD 2568 IN CHART
			NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS		EMERGENCY ROOM VISIT	
6	ITEM	YES NO	WHEN (Date)	DATE LAST VISIT
	IS THIS AN INJURY?	X	WHERE	24 HOUR RETURN
ALLERGIES	INJURY/SAFETY FORMS		TETANUS	
7 Ampicillin	HOW		DATE LAST SHOT	COMPLETED INITIAL SERIES
				YES NO

CHIEF COMPLAINT  
Vomiting blood / Blood in stool

CATEGORY OF TREATMENT		VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME			
<input type="checkbox"/> URGENT	1505	1505	1558	1650	
<input checked="" type="checkbox"/> NON-URGENT	INITIALS	BP			
	(b)(6)	143/88	125/75	122/71	
		PULSE			
		129	118	125	
		RESP			
		17	18	16	
		TEMP			
		98.9	99.9	100.3	
		WT O2			
		99%	100%	99%	

LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	<input checked="" type="checkbox"/> PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	<input type="checkbox"/> URINE C&S	UA MSCC/CATH	<input checked="" type="checkbox"/> CHEM			ACUTE ABDOMEN	LS SPINE
	<input type="checkbox"/> BLOOD C&S X					SINUS	HEAD CT
						ANKLE R/L	

ORDERS		<input type="checkbox"/> PULSE OX	<input checked="" type="checkbox"/> MONITOR	<input type="checkbox"/> ECG
TIME	ORDERS	BY	COMPLETED BY	TIME
	ILNS OPEN		(b)(6)	1500
	then 25cc/hr			1600
	Reorder Lasix 40SQ			1620
	NGT			1645

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	1600	<input checked="" type="checkbox"/>		
<input type="checkbox"/> DETERIORATED	TIME OF RELEASE	I have received and understand these instructions.		
	1645	PATIENT'S SIGNATURE		

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

ISN 180981

600-00-4134

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

ACLU DDII CID ROI 27438

FOUO

Exhibit 11 / 000162



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

TEST RESULTS											
WBC	8.2	SMAG	137	104	<del>23</del>	ABG/PULSE OX			RADIOLOGY	Check if read by radiologist <input type="checkbox"/>	
CBC H/H	10.2/31					SUP O2	PH	PO2	RESULTS		
PLT	108					PCO2	SAT	OTHER			
PT	11.6	BHCG	ETOH	GLU	DIP	EKG INTERPRETATION					
APTT	< 20				MICRO						

PROVIDER HISTORY/PHYSICAL  
 PI - 51 y/o ♂ reports bloody stool x 2 days. Vomiting blood x 1 day. Similar Sx's in past. C/P SOB. HA. Weakness. FIC. ABD Pain. Dizziness. Other I/O OTW's (-)

WNL/NO NAP (ME) → well appearing

HEART: Tachy R/R (-) M/L/H      Skin: NL color (-) tent/lesions

Lungs: CT ABLL (-) W/R/L

ABD: Soft NT/ND (+) BS (-) G/R/L

RECTAL: (+) BUK STOOL (-) masses NT Hemocult (+)

vc/MIA

MDM: See below

Plan: ICU scope in a.m.

PmH  
 Ø

PSH → unspecified umbil

NLWA

Soc Hx  
 Ø

SBL

- GI bleed
- ACUTE ANEMIA
- BLD D/O

CONSULT WITH	TIME	ACTION	RESIDENT/MEDICAL STUDENT SIGNATURE AND STAMP
DIAGNOSIS ① GI bleed      ③ thrombocytopenia ② Anemia      ④ hyperglycemia			PROVIDER SIGNATURE AND STAMP (b)(6)

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

ISN 180981

EMERGENCY CARE AND TREATMENT (Doctor)  
 Medical Record

STANDARD FORM 518 (REV. 9-96)  
 ACLU RDI 5565 p.95  
 FPMR (41 CFR) 101-11.203(b)(10)  
 USAPA V1.00



MEDICAL RECORD	EMERGENCY CARE AND TREATMENT (Patient)	NUMBER	TREATMENT FACILITY
		10	TF 31
PATIENT'S HOME ADDRESS OR DUTY STATION		RECORDS MAINTAINED AT	

STREET ADDRESS		DATE (Day, Month, Year)	TIME
		25 NOV 07	1502

CITY	STATE	ZIP CODE	TRANSPORTATION TO FACILITY
			VG/AMB

SEX	DUTY/LOCAL PHONE	MILITARY STATUS	THIRD PARTY INSURANCE
M	AREA CODE NUMBER	ITEM YES NO N/A	ITEM YES NO
AGE	HOME PHONE	FLYING STATUS	DD 2568 IN CHART
51	AREA CODE NUMBER	MEDICAL HISTORY OBTAINED FROM	NAME OF INSURANCE COMPANY

CURRENT MEDICATIONS	INJURY OR OCCUPATIONAL ILLNESS			EMERGENCY ROOM VISIT	
6	ITEM	YES	NO	WHEN (Date)	DATE LAST VISIT
					24 HOUR RETURN
	IS THIS AN INJURY?		K	WHERE	TETANUS
ALLERGIES	INJURY/SAFETY FORMS			DATE LAST SHOT	COMPLETED INITIAL SERIES
7 Ampicillin	HOW				YES NO

CHIEF COMPLAINT  
Vomiting blood / Blood in stool

CATEGORY OF TREATMENT		VITAL SIGNS			
<input type="checkbox"/> EMERGENT	TIME	TIME	BP	PULSE	RESP
<input type="checkbox"/> URGENT	1505	1505	143/88	118	17
<input checked="" type="checkbox"/> NON-URGENT	INITIALS	TEMP	WT O2		
	(b)(6)	98.9	99%	100.3	99%

LAB ORDERS	<input checked="" type="checkbox"/> CBC/DIFF	ABG	<input checked="" type="checkbox"/> PT/PTT	BHCG/URINE/BLOOD/QUANT	X-RAY ORDERS	CXR PA & LAT/PORTABLE	C-SPINE
	URINE C&S	UA MSCC/CATH	<input checked="" type="checkbox"/> CHEM			ACUTE ABDOMEN	LS SPINE
	BLOOD C&S X					SINUS	HEAD CT

ORDERS		MONITOR		ECG	
<input type="checkbox"/> PULSE OX		<input type="checkbox"/>		<input type="checkbox"/>	
TIME	ORDERS	BY	COMPLETED BY	TIME	PATIENT'S RESPONSE
	ILNS W/OPEN		(b)(6)	1500	
	then 2500/hr			1600	
	Reg Lasix 40SQ			1620	
	NGT			1645	

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	I have received and understand these instructions.	
MODIFIED DUTY UNTIL	RETURN TO DUTY	PATIENT'S SIGNATURE	

CONDITION UPON RELEASE	ADMIT TO UNIT/SERVICE	REFERRED	TO	WHEN
<input type="checkbox"/> IMPROVED <input type="checkbox"/> UNCHANGED <input type="checkbox"/> DETERIORATED	ICU	<input checked="" type="checkbox"/>		
	TIME OF RELEASE	PATIENT'S SIGNATURE		
	1645			

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

ISN 180981

600-00-4134

EMERGENCY CARE AND TREATMENT (Patient) Medical Record

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

**FOUO**

ACLU DDII CID ROI 27440

FOR OFFICIAL USE ONLY LAW ENFORCEMENT SENSITIVE



**ANESTHESIA EVALUATION**

History from:  Patient  Chart  Translator  Poor Historian  Significant Other  Language Barrier  See previous anesthesia record dated \_\_\_\_\_ for information

PROPOSED PROCEDURE: **EGD** AGE: \_\_\_\_\_ SEX:  M  F HEIGHT: \_\_\_\_\_ in / cm WEIGHT: \_\_\_\_\_ lb / kg

PRE-PROCEDURE VITAL SIGNS: B/P: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ T: \_\_\_\_\_ O<sub>2</sub> SAT %: \_\_\_\_\_ CURRENT MEDICATION(S): **Protonix**  UNKNOWN  NONE

PREVIOUS ANESTHESIA / OPERATIONS:  UNKNOWN  NONE

AIRWAY:  MP1 T-M distance = \_\_\_\_\_  Morbid obesity  Intubated / trach  MP2 M-O distance = \_\_\_\_\_  Hx difficult airway  Facial hair  MP3 Neck ROM FULL LIMITED NONE  Traumatic facial injury  Short muscular neck  MP4  Teeth Chipped / Loose: \_\_\_\_\_

FAMILY HX ANES. PROBLEMS:  Unknown  Denies ALLERGIES: **(PCN)**  UNKNOWN  NONE

SYSTEM	COMMENTS	TRAUMA HISTORY
<input type="checkbox"/> WNL RESPIRATORY Asthma / RAD Pneumothorax Aspiration Hemothorax COPD Recent URI ENT trauma TB / +PPD Trach / Crico airway Pneumonia Respiratory failure Productive cough High PEEP SOB / Dyspnea Pulmonary embolism OSA Pulmonary contusion Environ. allergies Pleural effusion Wheezing / Rhonchi	TOBACCO USE: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Quit ____ PPD for ____ Years <input type="checkbox"/> Unknown	<input type="checkbox"/> GSW <input type="checkbox"/> SHRAPNEL <input type="checkbox"/> INJURY TYPE: <input type="checkbox"/> CRUSHING <input type="checkbox"/> IED <input type="checkbox"/> MVA <input type="checkbox"/> SOFT TISSUE <input type="checkbox"/> VASCULAR / ISCHEMIA <input type="checkbox"/> RPG <input type="checkbox"/> BLAST <input type="checkbox"/> PENETRATING CHEST <input type="checkbox"/> INTUBATED IN ER/FIELD <input type="checkbox"/> FALL <input type="checkbox"/> MORTAR <input type="checkbox"/> BLUNT CHEST <input type="checkbox"/> PMH / PSH UNKNOWN Date of Injury _____ <input type="checkbox"/> PENETRATING ABDOMEN <input type="checkbox"/> LOSS OF CONSCIOUSNESS C-Spine: _____ GCS _____ <input type="checkbox"/> BLUNT ABDOMEN FAST: <input type="checkbox"/> Neg <input type="checkbox"/> Pos <input type="checkbox"/> Cleared <input type="checkbox"/> FRACTURES BURN % BSA _____ <input type="checkbox"/> Not cleared <input type="checkbox"/> ENT OR HEAD INJURY
<input type="checkbox"/> WNL CARDIOVASCULAR Hypertension Abnormal ECG Hypotension Dysrhythmia CAD / Cardiomyopathy Hypovolemia Angina Chronic fatigue Stable / Unstable Shock Myocardial infarction Vascular injury CHF DOE PND Valvular Dz / MVP Peripheral Vascular Dz Cardiac contusion Exercise Tolerance Murmur METs: > 4 < 4 Aneurysm	ETHANOL USE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Quit <input type="checkbox"/> Hx ETOH abuse Frequency _____	BLOOD PRODUCT ADMINISTRATION: PRBC UNIT# / STICKER: _____ FFP UNIT# / STICKER: _____ WHOLE BLOOD UNIT# / STICKER: _____
<input type="checkbox"/> WNL NEURO / MUSCULOSKELETAL Arthritis / DJD / DDD Muscle weakness Fractures Neuromuscular Dz Compartment synd. Paralysis Scoliosis / Kyphosis Paresthesia(s) Headaches / Migraine Amputation ↑ ICP / Head injury Seizures / Epilepsy ↓ LOC / Unconscious Psychiatric disorder		DIAGNOSTIC STUDIES ECG: <b>10/30/106</b> X-RAY: _____ CT SCAN: <b>205</b> ULTRASOUND: _____ TEG: _____ PTT / PT / INR: <b>10 / 1.1 /</b> U/A: _____ T&S / T&C: _____
<input type="checkbox"/> WNL RENAL / ENDOCRINE Thyroid disease Prostate Bladder Dz / tumor BPH / CA Renal stones UTI / Incontinence Renal insufficiency Diabetes Myoglobinemia Genital / Uro trauma Myoglobinuria Pituitary disorder	<b>DM - new onset → TURP</b>	Pre-Op I-STAT <input type="checkbox"/> Venous <input type="checkbox"/> Arterial Time: _____ Na <sup>+</sup> _____ HCO <sub>3</sub> _____ K <sup>+</sup> _____ BE _____ tCO <sub>2</sub> _____ sO <sub>2</sub> _____ % iCa _____ pH _____ Hct _____ pCO <sub>2</sub> _____ Hgb _____ pO <sub>2</sub> _____ <small>SEE MEDICAL RECORD FOR INTRA-OP LAB STUDIES</small>

SURGICAL DIAGNOSIS / PROBLEM LIST: \_\_\_\_\_

POST ANESTHESIA CARE NOTES

Location	Time	CONTROLLED MEDICATIONS		
MEDICATION	USED	DESTROYED	RETURNED	
ICU	2340			
B/P	107/59	O <sub>2</sub> Sat	99 %	
Pulse	109	Resp	18	Temp
				99.3

PLANNED ANESTHESIA:  GA  Epidural  Central line  MAC  SAB  ICP Monitor  Regional  A-line

PRE-ANESTHESIA MEDICATIONS ORDERED: \_\_\_\_\_

EVALUATOR SIGNATURE: **(b)(6)** DATE: \_\_\_\_\_

PHYSICAL STATUS: 1  Awake  OPA / NPA  
2  Somnolent  LMA  
3  Unarousable  Intubated  
4  Stable  Trach  
5  Unstable  Regional  
 ACLU-**DD** Supplemental Dermatology level:  
Oxygen \_\_\_\_\_  
 Report given to PACU staff / RN

WITNESS: **(b)(6)**  
**27441**  
Applications needed  
sia / analgesia recovery

See progress notes for anesthesia related concerns



332 EMDG BALAD AB IRAQ  
**ANESTHESIA RECORD**

Date: 11/25/07 OR # 1 Page 1 of 1 Procedure(s): EGD Surg (b)(6)

START: Anesthesia Procedure Room Time IN: OUT:

**PRE-PROCEDURE**

Identified  Questioned   
 Chart reviewed  Labs reviewed   
 NPO since 2200  Full stomach   
 Patient reassessed prior to anesthesia & surgery - Ready to proceed   
 Pre-Anesthetic state:  
 Awake  Anxious  Uncooperative   
 Calm  Lethargic  Unresponsive   
 Intubated / trach  ER / Trauma patient   
 Pharmacological paralysis / sedation in ER-ICU   
 Other:

**PATIENT SAFETY**

Anesthesia machine checked   
 Secured with safety belt  Axillary roll   
 Arm(s) secured on armboards: L R   
 Arm(s) tucked: L R  Arms < 90°   
 Pressure points checked, padded, monitored   
 Eye Care:  Taped closed  Ointment   
 By surgeon  Saline  Shield   
 Prone - no pressure on orbits/nose/ears/genitals

**EQUIPMENT**

Steth:  Esoph  Precordial  Suprasternal   
 Non-Invasive B/P  V lead ECG   
 Continuous ECG  ST / Dysrhy. analysis   
 Pulse oximeter  Nerve stimulator:   
 End tidal CO<sub>2</sub>  Ulnar  Tibial   
 Oxygen monitor  Facial   
 ET agent analyzer  Level One   
 Temp: Nasal  Fluid / Blood warmer   
 Circuit airway filter  ICP monitor   
 NG / OG tube - pig  Circuit humidifier   
 Room heated   
 Foley catheter   
 Arterial line   
 Cordis introducer   
 C-line   
 IV(s): 18g @ AZ

**ANESTHETIC TECHNIQUE**

GA Induction:  Intravenous  Pre-O<sub>2</sub>  RSI   
 Cricoid pressure  Inhalation  IM  PR   
 GA Maintenance:  Inhalation  Inhalation / IV   
 GA / Regional combination  TIVA   
 Sedation & Analgesia / Monitored Anesthesia Care   
 Regional: Epidural -  Thoracic  Lumbar  Caudal   
 SAB  Ankle  Femoral  Axillary  Interscalene   
 CSE  Bier  Continuous Spinal  Supraclavicular   
 Other:   
 Regional Technique:  Position:   
 See remarks  Prep   
 Local  Site   
 Needle  Introducer   
 LA   
 Narcotic   
 Additive   
 Test dose Rx   
 Attempts x  Level   
 Catheter:  Test dose response: + -   
 L.O.R. cm Skin cm  Secured

**AIRWAY MANAGEMENT**

Oral ETT  RAE  L.T.A.  Magill forceps   
 Nasal ETT  LMA #   
 Stylet  LMA Fastrach #   
 DVL  LMA ProSeal #   
 Tube size: 8.0  FOI  Awake   
 Blade: Miller  Laser ETT  LIS   
 Attempts x  EMG ETT  Bougie   
 Grade I II III IV blind  Armored ETT  TTJV   
 Atraumatic intubation/LMA  DLT   
 Secured at 22 cm  Bronchial blocker system   
 ET CO<sub>2</sub> present  Rigid FO laryngoscope   
 Breath sounds = bilateral  Nerve blocks / Topical /  
 Cuffed - min occ pressure  Nebulizer - See Remarks   
 Uncuffed ETT - leaks at  Bite block   
 cm H<sub>2</sub>O  Max jaw-thrust  Cannot Ventilate   
 Oral airway  Nasal airway   
 Mask vent:  Easy  Head-tilt  Max jaw-thrust  Cannot Ventilate   
 Circuit:  Circle system  NRB  Bain   
 Mask case  Via tracheotomy / stoma   
 Nasal cannula  Simple O<sub>2</sub> mask

**AGENTS**

Iso  Sevo  (% ET) 2245 (23) 40 x 24 x 30 x 1  
 1.9 1.78

**FLUIDS**

Lactated Ringers  Warmed   
 Normal Saline  Warmed   
 Urine (ml) N/A  
 EBL (ml)   
 Gastric (ml)

**MONITORS**

ECG ST ST ST ST  
 % Oxygen Inspired (FiO<sub>2</sub>) NC 92-97 97  
 O<sub>2</sub> Saturation (SaO<sub>2</sub>) 100 100 100 100  
 End Tidal CO<sub>2</sub> F 38 36 30  
 Temp: EC  F 37.4 37.4 37.4  
 PNS / TOF   
 Forced Air Warmer (Temp select)

**PERI-OP MEDS**

Tidal Volume (ml) 500 600 600 500  
 Respiratory Rate 14 12 12  
 Peak Pressure (cm H<sub>2</sub>O) 20 20  
 PEEP  CPAP (cm H<sub>2</sub>O) 4 4

**VENTILATION**

Symbols for Remarks:  atelectasis

Position: (L) atelectasis

Remarks: FOUO

**TOTALS**

**SYMBOLS**

V  
 A  
 BP cuff  
 PRESCRIPTION  
 J  
 T  
 ARTERIAL LPM  
 PNEUMONIA  
 X  
 MAP  
 O  
 PULSE  
 O  
 SPONTANEOUS RESPIRATION  
 RESPIRATION  
 O  
 ASSISTED RESPIRATION  
 RESPIRATION  
 O  
 CONTROLLED RESPIRATION  
 RESPIRATION  
 TOURNIQUET LOCATION

TOTAL TIME  
 TOURNIQUET LOCATION  
 mmHg  
 UP  
 DOWN  
 TOTAL TIME

Patient Identification: 4134 Anest (b)(6)

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ACLU DDII CID ROI 27442



DATE: 26 Nov 07

TIME: 0300

STAT PRE-OP ROUTINE

Patient Name (Last, First, MI):

Pt SSN/Pseudo SSN:

600 - 00 - 4134

Pt DOB: DD/MMM/YYYY

Pt Sex:

M F

Pt UNIT/WARD/TMC/FOB: ICU Bed # 11

Other Contact Information:

Ordering Provider Name:

Ordering Provider E-mail:

Hep C / ICU

Major Trauma Panel

Minor Trauma Panel

U Panel

OR Panel

and HCG - if female)
- if female

(Includes type and hold, CBC and
1 Purple and Urine - i

T, INR, MG, PHOS, LAC
Green, 1 Blue

(Includes CBC, ABG, PT/PTT)
1 Purple, 1 Green and 1 Blue

Serology - Red Top

Urinalysis

Table with columns: Result, Ref Range. Rows: HCG, HCG, hCG, PR, HIV, Serology - Swabs, A, dia.

Table with columns: Color, Straw, Yel, Amber; Clarity, Clear; Spec Gr, 1.003-1.030; pH, 4.6-8.0; LEU, Neg; NIT, Neg; PRO, Neg; GLU, Neg; KET, Neg; UBG, 0.1-1.0; BIL, Neg; BLD, Neg; Other.

Microbiology

Urinalysis (Microscopic)

Table with columns: Result, Ref Range. Rows: Urine, Culture, Urine, CSF, Stool, CMS, PATH.

Table with columns: Test, Result, Ref Range. Rows: WBC, RBC, Epi, Type, Bact, Mucous, Crystals, Yeast, Trich, Casts, Other.

DRUGS OF ABUSE - Urine

Blood Bank/Misc - Purple Top

Table with columns: Test, Result, Ref Range. Rows: MOR, THC, BZO, COC, MET, TCA, AMP, BAR, PCP, ALC.

Table with columns: Test, Result, Ref Range. Rows: ABO/Rh, Malaria Thin Smear, Sickle Screen, ESR.

i-STAT CG8+

Pt: 600004341
Pt Name:

37.0°C
pH 7.330
PCO2 36.2 mmHg
PO2 26 mmHg
BEecf -7 mmol/L
HCO3 19.1 mmol/L
TCO2 20 mmol/L
sO2 43%

Na 142 mmol/L
K 3.6 mmol/L
iCa 1.04 mmol/L
Glu 264 mg/dL
Hct 22 %PCV
Hb\* 7.5 g/dL

\*via Hct

CPB: No

03:47 26NOV07

Operator ID:
Physician:

Serial: (b)(6)
Version: JAM5123D
CLEW: A14
Custom: 00000000

Trc

My

CK-MB Neg

CSF Analysis

Table with columns: Test, Result, Ref Range. Rows: Color, Clarity, RBC, WBC.

Chemistry - Green Top

Chem 12
Green Top

Chem 7 (BMP)
Green Top

Table with columns: Test, Result. Rows: Glu, BUN, CREAT, CA, Na, K, Cl, CO2.

Table with columns: Test, Result. Rows: GLU, BUN, CREAT, CA, Na, K, Cl, CO2.

Table with columns: Test, Result. Rows: Electrolyte 8, Green Top.

Table with columns: Test, Result. Rows: Liver Panel, Green Top.

Table with columns: Test, Result. Rows: Lipid Panel, Green Top.

Table with columns: Test, Result. Rows: ALB, ALP, ALT, AMY, AST, TBIL, GGT, TP.

Table with columns: Test, Result. Rows: Lipid Panel, Green Top.

Table with columns: Test, Result. Rows: CHOL, HDL, TRIG, TC/H, LDL, VLDL.

Table with columns: Test, Result. Rows: Chem 7 w/o lytes, Green Top.

Table with columns: Test, Result. Rows: Other Chemistry - Green Top.

Table with columns: Test, Result. Rows: URIC ACID, Phenytoin.

Table with columns: Test, Result. Rows: Mg, Phos, Lactate, CRP, Phenytoin.

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ACLU DDII CID

Table with columns: Test, Result, Ref Range. Rows: Coagulation Studies - Blue Top, PT, INR, PTT, D-dimer, TEG.

0064-02-CID789-23679
ASST: 0204-07-CID99



0064-02-CID# 89-23679  
AST# 0204-07-CID919

DATE: Nov 26 07

TIME: 1500

STAT PRE-OP ROUTINE

Patient Name (Last, First, MI):

Pt SSN/Pseudo SSN:

Pt DOB: DD/MMM/YYYY

Pt Sex:

600 00 4134

Pt UNIT/WARD/FMC/FOB: ICU Bed # 11

Other Contact Information:

Ordering Provider Name:

Ordering Provider E-mail:

Major Trauma Panel

Minor Trauma Panel

ICU Panel

OR Panel

(Includes type and hold, CBC, PT/INR, VBG and HCG -- if female)

(Includes type

CBC + CHEM 7 PT, INR, MG, PHOS, LAC

(Includes CBC, ABG, PT/PTT

1 Purple, 1 Green, 1 Blue and Urine -- if female

1 Pur

1 Purple, 1 Green, 1 Blue

1 Purple, 1 Green and 1 Blue

CBC (Hematology) - Purple Top

Serology - Red Top

Urinaly

Chem 12

Chem 7 (BMP)

WBC 4.4-11 x 10<sup>3</sup>/ml  
HGB 4.5-5.9 x 10<sup>6</sup>/ml  
HCT 14.0-17.5 g/dl (M)

Test Result Ref Range  
Serum HCG Neg  
Urine HCG Neg  
Mono Neg  
RPR Neg  
HIV Neg

Color Straw  
Clarity  
Spec Gr I.C  
pH  
LEU  
NIT  
PRO  
GLU  
KET  
UBG  
BIL  
BLD  
Other

i-STAT CG8+

Pt: 4134  
Pt Name:

37.0°C  
pH 7.458  
PCO2 29.2 mmHg  
PO2 73 mmHg  
PO2 -3 mmol/L  
BEecf 20.7 mmol/L  
HCO3 22 mmol/L  
TCO2 96 %  
sO2

Na 140 mmol/L  
K 3.5 mmol/L  
iCa 1.11 mmol/L  
Glu 159 mg/dL  
Hct 24 %PCV  
Hb\* 8.2 g/dL  
\*via Hct

CPB: No

15:03 26NOV07

Operator ID:  
Physician:

Serial: (b)(6)  
Version: JAMS123D  
CLEW: A14  
Custom: 00000000

(b)(6)

Serology - Swabs

rep A Neg  
aydia Neg

Microbiology

Result Ref Range  
stain NBS  
lture

Urinalysis (Micro)

Test Result

WBC

RBC

Epi

Type

Bact

Mucous

Crystals

Yeast

Trich

Casts

Type

Other

Blood Bank/Misc - Pur

Test Result

ABO/Rh N/A

Malaria Neg

Thin Smear

Sickle Screen Neg

ESR 0-15

CSF Analysis

Test Result Ref Range

Color

Clarity

RBC None

WBC 0-5

Green Top

ALB 3.5-5.5 g/dl  
ALP 36-84 u/l  
ALT 10-47 u/l  
AMY 14/97 u/l  
AST 11-38 u/l  
TBIL 0.2-1.6 u/l  
BUN 7-22 mg/dl  
CA\*\* 8.0-10.3 mg/dl  
CHOL 100-200  
CREA 0.6-1.2 g/dl  
GLU 73-118 mg/dl  
TP 6.4-8.1 mg/dl

Metlyte 8

GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREA 0.6-1.2 g/dl  
CK 39-380 u/l  
Na 128-145  
K 3.3-4.7  
Cl 98-108  
tCO2 18-33 mmol/L

General Chem 7 w/o lytes

GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREAT 0.6-1.2 g/dl  
CA 8.0-10.3 mg/dl  
TBIL 0.2-1.6 u/l  
CHOL 100-200  
URIC ACID 3.6-8.0 mg/dl  
2.2-6.6 mg/dl

Green Top

GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREAT 0.6-1.2 g/dl  
CA\*\* 8.0-10.3 mg/dl  
Na 128-145 mmol/L  
K 3.3-4.7 mmol/L  
Cl 98-108 mmol/L  
tCO2 18-33 mmol/L

Liver Panel

ALB 3.5-5.5 g/dl  
ALP 36-84 u/l  
ALT 10-47 u/l  
AMY 14/97 u/l  
AST 11-38 u/l  
TBIL 0.2-1.6 u/l  
GGT 5-65 u/l  
TP 6.4-8.1 mg/dl

Lipid Panel

CHOL 100-200 mg  
HDL ≥ 60 mg/dl  
TRIG <150 mg/dl  
TC/H Male ≤ 5  
Female ≤ 4.5  
LDL <100 mg/dl  
VLDL <30 mg/dl

Other Chemistry - Green Top

Mg 1.6-2.3 mg/dl  
Phos 2.5-4.5 mg/dl  
Lactate 0.7-2.1 mmol/l  
CRP <10 mg/L  
Phenyton

ACLU-RDI 27444

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Exhibit 000168



**MEDICATION ADMINISTRATION RECORD**

(ALL ENTRIES MUST BE PRINTED)  
(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN
ORDER	RENEWAL			
		Cipro 400 mg IV BID	02	(b)(6)
		Protonix 8mg 8mg/hr	0	(b)(6)
		vitamin K 10 mg sub q daily x 3 days unless per 4.2 on admission	08	(b)(6) X
		Sliding Scale insulin protocol Q4	0	(b)(6)
26 Nov		Propranolol 10mg PO TID	06	(b)(6)
			14	(b)(6)
			22	(b)(6)
26 Nov		octrootide drip 50mcg/h	D	(b)(6)
			N	(b)(6)
27 Nov		Propranolol 20mg (10mg x 2) PO TID	06	(b)(6)
			14	(b)(6)
			22	(b)(6)
		Previcid 30 PO BID		

PLATE IMPRINTER

600 - 00 - 4134

CHECK IF A SECOND PAGE IS IN USE

P - PASS

REFER TO NURSING NOTES

ALLERGIC TO

DIAGNOSIS

**ACLU DDII CID ROI 27445**

BED NAME

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TIME

LAW ENFORCEMENT SENSITIVE 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23



NURSING PERSONNEL ADMINISTERING MEDICATIONS

* INITIALS	NAME	GRADE	* INITIALS	NAME	GRADE
(b)(6)	(b)(6)				

\* Initials must be printed and written.

SINGLE ORDERS, PRE-OPERATIVE ORDERS, ETC.

DATE ORDERED	MEDICATION/DOSE/FREQUENCY	DATE TO BE GIVEN	TIME TO BE GIVEN	TIME GIVEN	INITIALS
11/26	5mg of Heparin IV x 1	26 Nov	10:00	0812	(b)(6)
11/26	5mg of Heparin IV x 1	26 Nov	10:00	0813	(b)(6)
11/26	PRBC x 7 now			0100	(b)(6)
11/26	LR x 7 now			0530	(b)(6)
"	PRBC x 7 now			0550	(b)(6)
"	Mg sulfate 2GM W x 7 now			0545	(b)(6)
26 Nov	Contract for abd. CT PD	26 Nov		10 00	(b)(6)
26 Nov	octreotide 5mg IV bolus	26 Nov		10 30	(b)(6)

ACLU DDII CID ROI 27446



0064-02-CID789-23679  
 CASE: 0204-07-CID919

332 EMDG INTENSIVE CARE LAB FLOW SHEET

DATE TIME	25 NOV 2345	26 NOV 0700	26 NOV 0710	26 NOV 1100	26 NOV 1500	26 NOV 2200	27 NOV 0300
PURPLE TOP							
WBC	8.3	8.2	<del>9.1</del> 9.1	7.4	6.8	7.0	7.2
HGB	<del>8.6</del>	8.6	<del>9.4</del> 9.4	9.8	9.7	9.8	9.8
HCT	24.8	24.5	<del>26.9</del> 26.9	27.7	29.1	27.9	29.0
PLT		85	<del>81</del> 81	81	77	77	82
BLUE TOP							
PT		8.8			8.8		8.6
INR		0.9			0.9		0.9
PTT							
GREEN TOP (ABG/I-STAT)							
Vent Set'ngs							
PH		7.35			7.45		7.44
pCO2		36.2			29.2		32.3
pO2		26			73		62
BE		-7			-3		-2
HCO3		19.1			20.7		22.3
ICA		1.04			1.17		1.08
O2 Sat%		43%			96%		93%
GREEN TOP							
GLUCOSE		<del>239</del> 239			141		157
BUN		<del>21</del> 21			13		10
CREATININE		0.7			0.8		0.7
NA+		140			137		136
K+		4.2			3.6		3.7
CHLORIDE		110			107		105
CO2		21			23		26
CALCIUM		6.9			7.1		7.1
MAG		1.5			1.9		1.8
PHOS		2.1			2.0		2.3
LACTATE		3.6			1.7		1.1

87058-287910-70000

ACLU DDII CID ROI 27447

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LABORATORY  
 1100 E 20th Ave  
 DENVER, CO 80202

Exhibit 11  
 000171







DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION  670-00-4134  ↓ 12 <sup>o</sup> ✓	DATE OF ORDER	26 Nov 07	TIME	0945	NURSE'S SIGNATURE
	✓ Octreotide 50mg bolus IV, then 50mg mcg/hr qtd. ✓ Propranolol 10mg po tid (b)(6)				(b)(6)
NURSING UNIT	(b)(6)				1030 26 Nov 07

PATIENT IDENTIFICATION	DATE OF ORDER	27 Nov 07	TIME	0910	NURSE'S SIGNATURE
	↑ Propranolol to 20mg po tid (b)(6)				1030 26 Nov 07
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	27 Nov 07	TIME	1730	NURSE'S SIGNATURE
	D/c I.V. Protinix Protinix 40mg po bid (b)(6)				(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION	DATE OF ORDER	27 Nov 07	TIME	1820	NURSE'S SIGNATURE
	(1) Prevacid 30mg PO BID (b)(6)				(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

ACLU DDII CID ROI 21449

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DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	NURSE'S SIGNATURE
4134			26 Nov 07	0915	
			CT Abd & IV / PO constant		(b)(6)
					(b)(6)
NURSING UNIT	ROOM NO.	BED NO.			

N 0920  
26 Nov 07

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
NURSING UNIT	ROOM NO.	BED NO.			

PATIENT IDENTIFICATION			DATE OF ORDER	TIME	
NURSING UNIT	ROOM NO.	BED NO.			

ACLU DDII CID ROI 27450

FOR OFFICIAL USE ONLY  
LAW ENFORCEMENT SENSITIVE



DOCTOR'S ORDERS - (SIGN ALL ORDERS)

For Each Set of Orders, Record the Date and Time, Sign, and Cross Out the Unused Lines.

PATIENT IDENTIFICATION

DATE OF ORDER 26 Nov 07 TIME 00:10

NURSE'S SIGNATURE

write Haldut 5mg x 2

(b)(6)

(b)(6)

(b)(6)

(b)(6)

4134

NURSING UNIT

ROOM NO.

BED NO.

NOTED (b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER 28 Nov 07 TIME 02:10

1) 4cp C, 4cp B, 17LV  
rest bed d/cw  
2) RUG UTS - 11:00 AM

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

NOTED (b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER 26 Nov 07 TIME 05:28

Transdermal 1 unit PRBC  
Morphine 2mg IV  
LA 11 AM

(b)(6)

(b)(6)

NURSING UNIT

ROOM NO.

BED NO.

NOTED (b)(6)

PATIENT IDENTIFICATION

DATE OF ORDER 26 Nov 07 TIME 07:11

Start supplemental single  
inhaler per protocol

(b)(6)

(b)(6)

26 Nov 07 07:20

NURSING UNIT

ROOM NO.

BED NO.

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ACLU DDII CID ROI 27451

11



Patient Identification	Date/Time of Order		Order Noted and Signed
SSN:  UNKNOWN CROPPER 600-00-4134 332 EMDG, AFTH, BALAD AB, Iraq  Bed 11 Room No.      Bed No.	25 NOV 07 2055	Admit to ICU# 1 2 3 Surgical / Medical Diagnosis: GI bleed, Hyperglycemia Condition: <input type="checkbox"/> VSI <input type="checkbox"/> SI <input checked="" type="checkbox"/> NSI Monitoring Vital Signs: <input checked="" type="checkbox"/> q1H <input type="checkbox"/> q2H <input type="checkbox"/> q4H Urine Output: <input checked="" type="checkbox"/> q1H <input type="checkbox"/> q2H <input type="checkbox"/> q4H <input type="checkbox"/> qSHIFT ✓ <input type="checkbox"/> Transduce bladder pressure q hr(s) <input type="checkbox"/> Doppler pulse q hr(s). Transduce: <input type="checkbox"/> CVP <input type="checkbox"/> A-line <input type="checkbox"/> Ventriculostomy. Neuro <input checked="" type="checkbox"/> q1H <input type="checkbox"/> q2H <input type="checkbox"/> q4H <input checked="" type="checkbox"/> qSHIFT ✓ Allergies: Amoxicillin ✓ Activity <input checked="" type="checkbox"/> Bedrest <input type="checkbox"/> Chair qSHIFT <input type="checkbox"/> Ad-Lib <input type="checkbox"/> Roll q 2 hrs. <input type="checkbox"/> Passive ROM to UE and LE q shift. <input type="checkbox"/> C-collar <input type="checkbox"/> TLS Spine Precautions Wound Care <input type="checkbox"/> NS W→D BID to: <input type="checkbox"/> Dakin's W→D BID to: <input type="checkbox"/> VAC dressing to: 75 125 <input type="checkbox"/> Abdominal closure drains to LWS. <input type="checkbox"/> Other: Nursing Care <input type="checkbox"/> Clear dressing to AL/CVC, change q7D/PRN <input type="checkbox"/> CVC care: Alcohol to CVC hub prior to any access <input type="checkbox"/> Bair Hugger until Temp >36 <input checked="" type="checkbox"/> Lacrilube OU q6h while sedated ✓ <input checked="" type="checkbox"/> Oral care q4h with toothbrush q12h ✓ <input checked="" type="checkbox"/> Maintain HOB elevated 45° ✓ <input checked="" type="checkbox"/> Fingerstick glucose q 4 h ✓ <input type="checkbox"/> Routine Ostomy Care <input type="checkbox"/> Ext Fix Pin Site Care <input type="checkbox"/> Trach Site Care qSHIFT	

DA 4256 17-May-07

332 EMDG Balad (b)(6) CID ROI 27452 Page 1 of 4

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LAW ENFORCEMENT SENSITIVE

000176  
Exhibit



27088-03711-1-1000

Patient Identification			Date/Time of Order	Order Noted and Signed
SSN:			11/25/07	
Pt. ID:			2345	
Name:			<del>NGT</del> <input type="checkbox"/> OGT to LGWS	No NG or OG tube ✓
Rank:			Place DHT <input type="checkbox"/> nasal <input type="checkbox"/> oral & confirm via KUB	
Deployed Unit:			<input type="checkbox"/> Foley to gravity.	
Home Station:			<input type="checkbox"/> Flush feeding tube qSHIFT w/ 30 cc H <sub>2</sub> O.	
			<input type="checkbox"/> Chest Tube to 20 cm H <sub>2</sub> O suction.	
			<input type="checkbox"/> JP to bulb sxn; strip tubing <input type="checkbox"/> q1H <input type="checkbox"/> q2H <input type="checkbox"/> q4H <input type="checkbox"/> q8H	
Nursing Unit	Room No.	Bed No.		
			Diet	
			<input checked="" type="checkbox"/> NPO ✓	
			<input type="checkbox"/> Tube feeding: @ cc/hr	
			<input type="checkbox"/> Initiate Tube Feeding Protocol (see guidelines)	
			<input type="checkbox"/> TPN per Nutrition orders.	
			<input type="checkbox"/> PO Diet (specify):	
			<input type="checkbox"/> Add 10 ml IV MVI to one bag IV fluid daily; change to MVI elixir 5 ml daily via tube once enteral access available and cleared for use	
			IVF: <input type="checkbox"/> LR <input type="checkbox"/> D5 NS <input type="checkbox"/> NS <input checked="" type="checkbox"/> D5 1/2NS with 20 KCl @ 100 ml/hr ✓	
			Blood Products	
			<input checked="" type="checkbox"/> T&C 4 units PRBC, units WB, 4 units FFP, pk PLT (hold)	
			<input type="checkbox"/> Transfuse units PRBC	
			<input type="checkbox"/> Transfuse units Whole Blood	
			<input type="checkbox"/> Transfuse units FFP	
			<input type="checkbox"/> Transfuse pack Platelets	
			<input type="checkbox"/> All IVF & Blood Products via blood warmer until T >36C	
			Labs	
			<input checked="" type="checkbox"/> CBC, Chem 7, Ca/Mg/Phos, CPK on admit	
			<input checked="" type="checkbox"/> (circle) PT/INR TEG / Lactate on admit	
			<input checked="" type="checkbox"/> CBC, Chem 7, Ca/Mg/Phos, Glucose daily @ 0300	
			<input checked="" type="checkbox"/> (circle) PT/INR / TEG / CPK / Lactate daily @ 0300 x 3 days	
			<input type="checkbox"/> (circle) LFT's / Amylase / Lipase on admit	
			<input checked="" type="checkbox"/> ABG on admit and 30 mins after vent change	
			<input type="checkbox"/> ABG q morning while on vent	
			<input type="checkbox"/> Triglyceride levels after 48 hours on propofol	
			<input checked="" type="checkbox"/> CBC q 4 hrs x 6, then bid @ 0300 & 1500 ✓	
			<input checked="" type="checkbox"/> LFT's & AM Labs x 3 days ✓	

(b)(6)

ACLU DDII CID ROI 27453

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LAW ENFORCEMENT SENSITIVE

Exhibit 11  
000177



Patient Identification			Date/Time of Order	Order Noted and Signed
SSN:			25 Nov 07	
Pt. ID:			2345	
Name:			<b>Ventilator</b>	
Rank:			<input type="checkbox"/> Mode: (circle) SIMV CMV CPAP	
Deployed Unit:			<input type="checkbox"/> FiO <sub>2</sub> : <input type="checkbox"/> Rate: <input type="checkbox"/> Tidal Volume:	
Home Station:			<input type="checkbox"/> PEEP: <input type="checkbox"/> Pressure Support:	
			<input type="checkbox"/> APRV: Phi _____ Plo _____ Thi _____ Tlo _____ FiO <sub>2</sub> _____	
			Maintain patient in soft restraints while on ventilator	
			Wean FiO <sub>2</sub> to SpO <sub>2</sub> >92% or pO <sub>2</sub> >60.	
Nursing Unit	Room No.	Bed No.	<input type="checkbox"/> Nebulizer / MDIs (circle): Albuterol / Atrovent unit dose q4h	
			<b>Radiology</b>	
			<input checked="" type="checkbox"/> Portable AP CXR on admit. <i>Admit x 1 in AM</i>	
			<input type="checkbox"/> Portable AP CXR q am	
			<input type="checkbox"/> CT head without contrast 0500 tomorrow.	
			<b>Analgesia/Sedation Protocol (Intubated Patients ONLY)</b>	
			<input type="checkbox"/> Propofol drip at _____ mcg/kg/min; titrate as below (max 80 mcg/kg/min)	
			<input type="checkbox"/> Versed drip at _____ mg/hr; titrate as below (max of 10 mg/hr)	
			<input type="checkbox"/> Ativan drip at _____ mg/hr; titrate as below (max of 10 mg/hr)	
			<input type="checkbox"/> Fentanyl drip at _____ mcg/hr; titrate to pain (max 200 mcg/hr)	
			<input type="checkbox"/> Morphine Sulfate qtt _____ mg /hr; titrate to pain (max 8 mg/hr)	
			<input checked="" type="checkbox"/> Morphine Sulfate 1-5 mg IV q 15 minutes prn pain	
			<input type="checkbox"/> Fentanyl 50-100 mcg IV q1h prn pain	
			<input checked="" type="checkbox"/> Ativan 1-4 mg IV q 2-4h prn agitation	
			<input type="checkbox"/> Toradol 30 mg IV loading then 15 mg IV q6h x 48 hrs.	
			<input type="checkbox"/> Discontinue sedation q AM at 0600 until awake & alert	
			<b>Analgesia for Non-Intubated Patients</b>	
			<input type="checkbox"/> Morphine Sulfate IVP 1-10 mg q1h prn pain	
			<input type="checkbox"/> Percocet 1-2 tab po q4h prn pain	
			<input type="checkbox"/> Motrin 800 mg po TID prn pain	
			<input type="checkbox"/> Toradol 30 mg IV loading then 15 mg IV q6h x 48 hrs	
			<input type="checkbox"/> Tylenol 500-1000mg po q6h prn pain	
			<input type="checkbox"/> Morphine Sulfate PCA Program # 1 2 3 4	
			<b>Vasopressors to maintain MAP &gt;65 mm-Hg</b>	
			<input type="checkbox"/> Vasopressin 0.04 units/min IV (for septic shock and burns), titrate to effect	
			(b)(6)	











0064-07-CID 289-23679  
 ASE: 020407-CD913

87088-08141-70-6000

	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
TEMPERATURE	100	100	99 <sup>9</sup>	99 <sup>7</sup>	99 <sup>7</sup>	99 <sup>5</sup>	99 <sup>5</sup>	99 <sup>5</sup>	99 <sup>6</sup>	99 <sup>6</sup>	99 <sup>7</sup>	99 <sup>6</sup>	99 <sup>6</sup>	99 <sup>7</sup>	99 <sup>6</sup>	99 <sup>9</sup>	99 <sup>9</sup>							
PULSE	103	86	91	93	90	89	89	85	85	89	92	87	81	88	94	97	87							
ARTERIAL LINE PRESSURE																								
MEAN PRESSURE	96	93	100	97	97	105	96	102	93	91	98	103	100	105	106	95	95							
B/P CUFF PRESSURE	128/78	124/75	143/80	132/78	130/78	146/83	137/75	141/80	129/74	127/71	135/77	142/81	139/77	146/81	146/82	148/62	133/76							
RESPIRATIONS	18	13	17	15	10	15	11	14	13	15	15	14	13	12	13	15	16							
SPO2	96	94	96	98	98	98	98	98	98	98	98	97	97	98	98	98	97							
O2 DELIVERY	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA	RA							
CVP																								
BLADDER PRESSURE																								
Glucose			157				197				171				257									
RESIDUALS																								
ICP																								
CPP																								
END TIDAL CO2																								
INTAKE																								
MINI	100/100	-	100/200	100/300	100/400	100/500	100/600	100/700	100/800	100/900	100/1000	100/1100	100/1200	100/1300	100/1400	100/1500	100/1600							
IVPB		200/200																						
PROTONIX	10/10	10/20	10/30	10/40	10/50	10/60	10/70	10/80	10/90	10/100	10/110	10/120	10/130	10/140	10/150	10/160	10/170							
OUTROIDE	10/10	10/20	10/30	10/40	10/50	10/60	10/70	10/80	10/90	10/100	10/110	10/120	10/130	10/140	10/150	10/160	10/170							
OUTPUT																								
Fly	100/100	50/150	120/270	100/170	50/120	350/170	420/1190	340/1530	320/1850	320/2170	220/230	275/2065	210/2875	275/3150	180/3330	160/3410	110/3600							
TOTAL INTAKE																								
TOTAL OUTPUT																								

DATE: 12/13/17  
 PATIENT ID: 000-00-000  
 ACLU DDII CID ROI 27457  
 1317-00-4134

Exhibit 181

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 LAW ENFORCEMENT SENSITIVE

24 HOUR BALANCE + / -



# 332 EMDG INTENSIVE CARE NURSING EVALUATION SHEET

For invasive lines / Tubes Insert Location & Date Inserted		0400	0800	1200	1600	2000	2400
NEURO	LOC	A	A				
	PUPILS Right/Left	/	/	/	/	/	/
	VENTRIC HEIGHT	-					
	ICP	-					
	GCS	19	15				
	SEE NURSES NOTES						
CARDIOVASCULAR	RHYTHM	SR	SR				
	CAP REFILL	<3	<3				
	PULSES	2+	2+				
	EDEMA	-					
	SKIN COLOR	NFR					
	IV'S	① AC ② AC	PIE P	P			
			PIE PI				
	A-LINE						
	SEE NURSES NOTES						
	TIME	0400	0800	1200	1600	2000	2400
PULMONARY	RESP PATTERN	R	R				
	BREATH SOUNDS	CL	CL				
	COUGH	S	S				
	AIRWAY	S	S				
	CHEST TUBE						
SEE NURSES NOTES							
GI	ABDOMEN	SF	SF Large				
	BOWEL SOUNDS	P	P				
	NG/OG/FEEDING TUBE	-					
	STOOL	-					
GU	FOLEY / VOID	F	F				
	COLOR	Y	Y				
	CHARACTER	C	C				
	SEE NURSES NOTES						
TIME	0400	0800	1200	1600	2000	2400	
INTEGUMENTARY							
	SEE NURSES NOTES						
VENT	Mode	RA	RA				
	F <sub>I</sub> O <sub>2</sub>						
	TV						
	Rate						
	MV						
	PEEP / PS						
	Suction						

## LEGENDS

**LOC:** A-ALERT  
L-LETHARGIC  
S-SEDATED  
C-COMA

**Pupils** 1mm 2mm 3mm 4mm 5mm 6mm

**Pupil Response** + or -

**ICP Norm:** 0-10mm Hg  
**Pulses:** 3+ Bounding  
2+ Normal  
1+ Faint  
0 Absent

**Heart** Normal sinus rhythm: NSR

**Rhythm** Tach arrhythmia: T Sinus Tach: ST  
Brady arrhythmia: B Sinus Brady: SB

**Edema** 3+, 2+, 1+, none Generalized: G

**Skin Color:** Pink: P or Norm for race: NFR, Pale: PA, Dusky DU  
Cyanotic: CY Jaundice: J

**Access** Central lines: Subclavian: LSCV, RSCV, IJ, EJ  
Peripheral: PIV Femoral: Fem  
Cordis: C Triple lumen: TLC A-Line: ART

**A-Line Hourly Assessment:** Intact: I Pulses Present: P Color P: Pink NFR Norm for race

**Resp Pattern:** Reg, Irreg **Airways:**

**Breath sounds:** Rhonchi: Rh Nasopharyngeal: NPA  
Clear: CL Oral pharyngeal: OPA  
Crackles: CR Endotrach tube: ETT  
Wheezing: WH Trach: T Self: S

**Chest tube:** Water seal: WS Suction: SU  
**Chest tube:** S: wall Suction WS: Water Seal

**Abdomen:** Firm: F Soft: SF Tender: T Distended: D Obese: OB  
**Bowel Sounds:** Present: P Absent: A Hypoactive: H Hyperactive: HY

**Stool:** Formed: F Loose: L Ostomy: OS

**NG/OG Tube:** Suction: SU Clamped: C Gravity: G Feeding: F

**Urine Color** Amber: A Sediment: S **Vent Suction:**  
Yellow: Y Hematuria: H Y: Yellow W: White  
**Character:** Clear: C C: Creamy  
Cloudy: CL BL: Bloody

**Integumentary** Put Dressings/wound locations in box and then under times place  
CDI: Clean dry intact Changed: Δ'd SAT: Saturated  
May also document drains in these slots: JP, Wound Vac  
To document drains every 4 hrs describe drainage:  
SS: Sero sanguineous CL: Clear P: Purulent  
If you run out of space use notes section.

Notes: CENTRAL LINE PLACEMENT DAY: 1 2 3 4 5 6 7 8 9 10

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LAW ENFORCEMENT SENSITIVE

Signature	Initials	PT ID:	Date:
(b)(6)	(b)(6)	600-00- -49344	27 Nov
Night Nurse		YAGLU DDII CID ROI 274587	
Day Nurse			
Night Nurse			



31633-02410-70-1800

0064-02-CID789-23679  
CASE: 0204-09-CID979

PATIENT ID 600-00-4134

DATE 26 Nov 07

TEMPERATURE	99.8			100.9	101.3	101 <sup>5</sup>	101 <sup>6</sup>	101 <sup>5</sup>	101 <sup>3</sup>	101 <sup>2</sup>	100 <sup>9</sup>	100 <sup>7</sup>	100 <sup>5</sup>	100 <sup>4</sup>	100 <sup>2</sup>	100	100	99.8	99.6	99.0	99.7	99.6	99.7	
PULSE	108	110	123	166	114	130	108	129	121	126	117	126	115	114	98	99	106	102	92	87	54	92	88	
ARTERIAL LINE PRESSURE	128/59																							
MEAN PRESSURE	86	99	102	87	92	105	93	97	96	95	102	89	102	90	95	97	91	102	93	96	93	104	101	103
B/P CUFF PRESSURE		128/72	146/77	125/65	127/71	143/80	125/73	125/77	137/72	129/74	129/82	117/74	130/85	119/74	123/78	130/78	123/73	132/85	126/75	153/75	121/75	144/80	137/79	136/85
RESPIRATIONS	16	17	22	17	12	27	17	23	13	20	17	25	15	18	9	13	17	21	23	12	14	11	18	11
SPO2 O2 DELIVERY	99/2L	100/2L	99/2L	99/2L	99/2L	99/2L	98/2L	99/RA	95/RA	97/RA	99/RA	98/RA	97/RA	97/RA	97/RA	95/RA	96/RA	97/RA	99/RA	92/RA	98/RA	97/RA	95/RA	98/RA
GLUCOSE			267				241				182				202			139				143		
ICP																								
END TIDAL CO2																								

INTAKE	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Ma	-	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100	100
DVPB	200	200			600	100	1300		1300	1300	100	1400												
PROTONIX	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
PRBC	400					400				400	400	400												
OCTRECTIVE												10	10	10	10	10	10	10	10	10	10	10	10	10
OPR										500	500	1000												

TOTAL INTAKE 4360

OUTPUT	0100	0200	0300	0400	0500	0600	0700	0800	0900	1000	1100	1200	1300	1400	1500	1600	1700	1800	1900	2000	2100	2200	2300	2400
Foley	200	160	120	100	110	120	100	95	120	85	60	80	210	130	65	80	80	80	80	50	50	120	100	100
Exhibit																								

TOTAL OUTPUT 2515

24 HOUR BALANCE +1- 1845



# 332 EMDG INTENSIVE CARE NURSING FLOW SHEET

For Invasive Lines / Tubes Insert Location & Date Inserted		0400	0800	1200	1600	2000	2400	
NEURO	LOC	A	A	A	A	A	A	
	PUPILS Right/Left	VIA	/	/	/	/	/	
	VENTRIC HEIGHT	-	-					
	ICP	-	-					
	GCS	15	15	14	15	15	15	
	SEE NURSES NOTES							
CARDIOVASCULAR	RHYTHM	ST	ST	ST	ST	ST	ST	
	CAP REFILL	23	23	23	23	23	23	
	PULSES	2+	2+	2+	2+	2+	2+	
	EDEMA	-	-					
	SKIN COLOR	NFR	NFR	NFR	NFR	NFR	NFR	
	IV'S	PIE DAC	PIE	PIE	PIE	PIE	PIE	
	A-LINE							
	SEE NURSES NOTES							
	PULMONARY	TIME	0400	0800	1200	1600	2000	2400
		RESP PATTERN	R	R	R	R	R	R
BREATH SOUNDS		CL	CL	CL	CL	CL	CL	
COUGH		S	S	S	S	S	S	
AIRWAY		S	S	S	S	S	S	
CHEST TUBE		-						
SEE NURSES NOTES								
GI	ABDOMEN	SF	SF(1g)	SF(1g)	SF(1g)	SF(1g)	SF(1g)	
	BOWEL SOUNDS	P	P	P	P	P	P	
	NG/OG/FEEDING TUBE	-						
	STOOL	-						
GU	FOLEY / VOID	F	F	F	F	F	F	
	COLOR	Y	Y	Y	Y	Y	Y	
	CHARACTER	C	C	C	C	C	C	
	SEE NURSES NOTES							
INTEGUMENTARY	TIME	0400	0800	1200	1600	2000	2400	
	SEE NURSES NOTES							
	VENT	Mode	RA	RA	RA	RA	RA	RA
		FiO2						
		TV						
		Rate						
		MV						
PEEP / PS								
Suction								

### LEGENDS

**LOC:** A-ALERT, L-LETHARGIC, S-SEDATED, C-COMA

**Pupils:** 1mm 2mm 3mm 4mm 5mm 6mm

**ICP Norm:** 0-10mm Hg

**Heart:** Normal sinus rhythm: NSR

**Rhythm:** Tach arrhythmia: T Sinus Tach: ST, Brady arrhythmia: B Sinus Brady: SB

**Edema:** 3+, 2+, 1+, none, Generalized G

**Skin Color:** Pink: P, or Norm for race: NFR, Pale: PA, Dusky DU, Cyanotic: CY, Jaundice: J

**Access:** Central lines: Subclavian: LSCV, RSCV, IJ, EJ, Peripheral: PIV, Femoral: Fem, Cordis: C, Triple lumen: TLC, A-Line: ART

**A-Line Hourly Assessment:** Intact I, Pulses Present: P, Color: P, Pink: NFR, Norm for race

**Resp Pattern:** Reg, Irreg, Airways

**Breath sounds:** Rhonchi: Rh, Nasopharyngeal: NPA, Clear: CL, Oral pharyngeal: OPA, Crackles: CR, Endotrach tube: ETT, Wheezing: WH, Trach T Seal: S

**Chest tube:** Water seal: WS, Suction: SU

**Abdomen:** Firm: F, Soft: SF, Tender: T, Distended: D, Obese: OB

**Bowel Sounds:** Present: P, Absent: A, Hypoactive: H, Hyperactive: HY

**Stool:** Formed: F, Loose: L, Ostomy: OS

**NG/OG Tube:** Suction: SU, Clamped: C, Gravity: G, Feeding: F

**Urine Color:** Amber: A, Sediment: S, Yellow: Y, Hematuria: H, Creamy: C, Bloody: BL

**Character:** Clear: C, Creamy: C, Bloody: BL

**Integumentary:** Put Dressings/wound locations in box and then under times place

**CDI:** Clean dry intact, Changed: Δ, SAT Saturated

**May also document drains in these slots:** JP, Wound Vac

**To document drains every 4 hrs describe drainage:** SS: Sero sanguineous, CL: Clear, P: Purulent

**If you run out of space use notes section.**

Mouth Care	NBS	1400				
Turn	NBS					
Foley Care	NBS					
Trach Care						
Drsing Chg						
Bath	NBS					

Notes: CENTRAL LINE PLACEMENT DAY: 1 2 3 4 5 6 7 8 9 10

01/25 10u he insulin for BS 241. MMS 1030 to CT scan then returned

3 incident. MMS

Signature	Initials	PT ID:	Date:
Night Nurse (b)(6)	(b)(6)	OFFICIAL USE ONLY 000-00-000000000000 FORCEMENT SENSITIVE	CID ROI 27460 26 NOV 07
Day Nurse			
Night Nurse			



332 EMDG INTENSIVE CARE NURSING FL W SHEET

For invasive lines / Tubes Insert Location & Date Inserted.		0400	0800	1200	1600	2000	2400
NEURO	LOC						A
	PUPILS Right/Left						U/A
	VENTRIC HEIGHT						-
	ICP						-
	GCS						14
	SEE NURSES NOTES						
CARDIOVASCULAR	RHYTHM						ST
	CAP REFILL						23
	PULSES						2+
	EDEMA						-
	SKIN COLOR						NFR
	IV'S						PR PR
	A-LINE						
	SEE NURSES NOTES						
PULMONARY	TIME	0400	0800	1200	1600	2000	2400
	RESP PATTERN						R
	BREATH SOUNDS						CL
	COUGH						S
	AIRWAY						S
	CHEST TUBE						-
	SEE NURSES NOTES						
GI	ABDOMEN						SF
	BOWEL SOUNDS						P
	NG/OG/FEEDING TUBE						-
	STOOL						-
GU	FOLEY / VOID						F
	COLOR						Y
	CHARACTER						C
	SEE NURSES NOTES						
INTEGUMENTARY	TIME	0400	0800	1200	1600	2000	2400
	SEE NURSES NOTES						
VENT	Mode						NC
	F <sub>I</sub> O <sub>2</sub>						2L
	TV						
	Rate						
	MV						
	PEEP / PS						
Suction							

### LEGENDS

**LOC:** A-ALERT, L-LETHARGIC, S-SEDATED, C-COMA

**Pupils:** 1mm, 2mm, 3mm, 4mm, 5mm, 6mm

**Pupil Response:** + or -

**ICP Norm:** 0-10mm Hg

**Heart:** Normal sinus rhythm: NSR

**Rhythm:** Tach arrhythmia: T, Sinus Tach: ST, Brady arrhythmia: B, Sinus Brady: SB

**Edema:** 3+, 2+, 1+, none

**Skin Color:** Pink: P, Norm for race: NFR, Pale: PA, Dusky: DU, Cyanotic: CY, Jaundice: J

**Access:** Central lines: Subclavian: LSCV, RSCV, IJ, EJ, Peripheral: PIV, Femoral: Fem, Cordis: C, Triple lumen: TLC, A-Line: ART

**A-Line Hourly Assessment:** Intact: I, Pulses Present: P, Color: P, Pink: NFR, Norm for race

**Resp Pattern:** Reg, Irreg

**Breath sounds:** Rhonchi: Rh, Clear: CL, Crackles: CR, Wheezing: WH

**Airways:** Nasopharyngeal: NPA, Oral pharyngeal: OPA, Endotrach tube: ETT, Trach: T, Self: S

**Chest tube:** Water seal: WS, Suction: SU, Chest tube: S, wall Suction: WS, Water Seal

**Abdomen:** Firm: F, Soft: SF, Tender: T, Distended: D, Obese: OB

**Bowel Sounds:** Present: P, Absent: A, Hypoactive: H, Hyperactive: HY

**Stool:** Formed: F, Loose: L, Ostomy: OS

**NG/OG Tube:** Suction: SU, Clamped: C, Gravity: G, Feeding: F

**Urine Color:** Amber: A, Yellow: Y, Clear: C, Cloudy: CL

**Character:** Clear: C, Creamy: C, Bloody: BL

**Integumentary:** Put Dressings/wound locations in box and then under times place: CDI: Clean dry intact, Changed: A'd, SAT: Saturated

May also document drains in these slots: JP, Wound Vac

To document drains every 4 hrs describe drainage: SS: Sero sanguineous, CL: Clear, P: Purulent

If you run out of space use notes section

Mouth Care							
Turn							
Foley Care							
Trach Care							
Drsing Chg							
Bath							

Notes: CENTRAL LINE PLACEMENT DAY: 1 2 3 4 5 6 7 8 9 10

Signature	Initials	PT ID:	Date:
Night Nurse		ACLU DDII CID ROI 27461	25 Nov 07
Day Nurse		4134	
Night Nurse	(b)(6)	FOR OFFICIAL USE ONLY	
	(b)(6)	V ENFORCEMENT SENSITIVE	

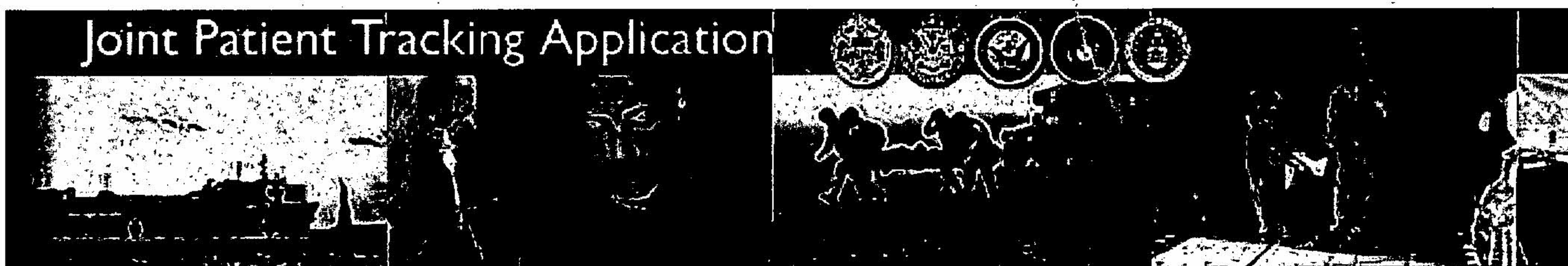












Welcome (b)(6) **332 EMDG-BALAD**

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

**Patient Treatment Management**

SSN 600004134

?

NAME

?

SSN	NAME	SEX	RANK	BRANCH
600004134	YAHYA, DYAB	M	SI	UNKNOWN
DIAGNOSIS:	BLOOD IN STOOL			
ATTACHMENTS: 0 files			AF3899: Create	
<a href="#">View SF 502 Narrative Summary (PDF)</a>				

No patient notes for patient YAHYA, DYAB

STATUS	LOCATION	DATE	FACILITY
INPATIENT	ICU-CAMP CROPPER	11/25/2007 5:16:30 PM	31st CSH - CROPPER
TRANSFERRED TO AIR FORCE MTF	332 EMDG-BALAD	11/25/2007 8:05:19 PM	
INPATIENT	PENDING INP-332 EMDG	11/25/2007 9:10:27 PM	332 EMDG-BALAD
INPATIENT	ICU-1-332 EMDG	11/26/2007 1:26:42 AM	332 EMDG-BALAD
TRANSFERRED TO ARMY MTF	31st CSH - CROPPER	11/27/2007 8:16:45 PM	
INPATIENT	ICW-camp cropper	11/27/2007 10:00:45 PM	31st CSH - CROPPER
INPATIENT	ICU-camp cropper	12/1/2007 9:15:36 AM	31st CSH - CROPPER
EXPIRED		12/3/2007 8:01:27 PM	
EXPIRED		12/3/2007 8:05:42 PM	

This patient will be available at a VA medical facility

**SAVE VA STATUS**

PENDING RTD  PENDING TRANSFER  FOLLOW UP APPT  PENDING EVAC

Show Template

Exhibit 11

BUILD NOTE

ACLU DDII/CID ROI 27464

ENFORCEMENT SENSITIVE 000188



Type notes here:	
<input type="button" value="SAVE NOTES"/>	
Procedure Hx <input type="checkbox"/>	

**FOUO**

**ACLU DDII CID ROI 27465**

**AW ENFORCEMENT SENSITIVE**



UNKNOWN

CROPPER

600-00-4134

332 EMDG, AFTH, BALAD AB, Iraq

VACUATION PATIENT RECORD (CONTINUATION SHEET)

ASSESSMENT/PROGRESS (Continued)

SSN	STATUS	SERVICE	CITE/AUTHORITY NUMBER
-----	--------	---------	-----------------------

DATE/TIME 25 Nov @ 2035 NOTES 2030

DATE/TIME NOTES

GI bleed - 5 year old male  
Vomiting x 2 days to bleed  
Blood in stool x 1 day

HR 114  
BP 134/60  
Resp 16  
O2S 100% RA  
Temp 98.5

Abx - Ampicillin  
Ngi - 2 Nore  
Branche 2 AC  
Lingule 1 AC

Pt. here from outside facility for  
UGI bleed, rectal bleed @ by  
hx & 475 cc out by NGT by hx.

CBC, Chem 7, ABO Rh  
804 mg Protomix IV x 1. Given @ 2230 hrs  
Ty 2 & x clean @ 2235 hrs

Lungs clear @  
Heart RLL 3 @  
NRVT, Dress, Guard

1 pos

~~10.3~~  
~~3.3~~  
~~10.6~~  
30.0

PT 10.6  
INR 1.1  
PT 30.3  
139 | 110 | 22  
4.3 | 24 | 0.8

Asa 26  
Act 32  
Tbili 1.5

(205)

(b)(6)

FOUO  
ACLU DDH CID ROI 27466

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LAW ENFORCEMENT SENSITIVE

LAW ENFORCEMENT SENSITIVE exhibit 11  
000190



332 AEW/EDMO MEDICAL LABORATORY BALAD AIR BASE

Sample ID: 600004134  
Pipes

Fluid: SERUM  
Misc

Priority: ROUTINE  
Misc

Test	Result	Normal Range
SODIUM	139. mmol/L	137. - 145.
POTASSIUM	4.3 mmol/L	3.5 - 5.1
CHLORIDE	110. mmol/L	98. - 107.
CARBON DIOXIDE	24. mmol/L	22. - 30.

Print Date: 25 Nov 07 21:19:08

ACLU DDII CID ROI 27467

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Exhibit 10  
000191







MEDICAL RECORD BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 25 Nov 07	DIAGNOSIS OR OPERATIVE PROCEDURE GI Bleed
	DATE AND HOUR REQUIRED 25 Nov 07	
	VOLUME REQUESTED (If applicable) _____ ML	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)
REMARKS:	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

UNIT NO. W0017 07 007649	TRANSFUSION NO.  PATIENT NO. ZSZ 4492	TEST INTERPRETATION ANTIBODY SCREEN: NT CROSSMATCH: Comp	PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD SIGNATURE OF PERSON PERFORMING TEST klm
DONOR ABO: O Rh: POS	RECIPIENT ABO: O Rh: POS	<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED	DATE: 25 Nov 07
REMARKS: Exp: 28 NOV 2007 2359			

SECTION III - RECORD OF TRANSFUSION

PRE TRANSFUSION DATA INSPECTED AND ISSUED (b)(6) / (b)(6) AT (Hour) 0110 ON (Date) 26 Nov 07		POST TRANSFUSION DATA AMOUNT GIVEN: 400 ML TIME, DATE COMPLETED/INTERRUPTED: 26 Nov 07 @ 0145 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 99° PULSE: 109 BLOOD PRESSURE: 120/73		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and i.v. solution to the Blood Bank.		
SIGNATURE OF PERSON NOTING ABOVE (b)(6)		DESCRIPTION OF REACTION <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
PRE TRANSFUSION TEMP: 99° PULSE: 112 BP: 127/60		OTHER DIFFICULTIES (Equipment, clots, etc.) <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
DATE OF TRANSFUSION: 26 Nov 07 TIME STARTED: 0117		SIGNATURE OF PERSON NOTING ABOVE (b)(6)		
PATIENT IDENTIFICATION—USE EMBOSSER (For typed or written entries give: Name—Last, first, middle; grade (rank); rate: hospital or medical facility)		SEX: M WARD:		

600-00-4134

ACLU DDII CID RO 27469

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Medical Record

STANDARD FORM 518 (REV. 9-93)  
Prescribed by GSA FPMR (41 CFR) 101-11.6, 201-9.202-1

Exhibit 11  
000193

Medical Record Copy







DATE: 25 Nov 2007

TIME: 2345

STAT PRE-OP ROUTINE

0064-07-CID789-23679  
CASE: 0204-07-CID919

Patient Name (Last, First, MI): \_\_\_\_\_ PI SSN/Pseudo SSN: 4734  
 PI UNIT/WARD/TMC/FOB: ICU Bed # 17 Other Contact Information: \_\_\_\_\_  
 Ordering Provider Name: \_\_\_\_\_ Ordering Provider E-mail: \_\_\_\_\_

Sex: M

<input checked="" type="checkbox"/> Major Trauma Panel (ABG and HCG - if female) Urine - if female		<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CBC and HCG - if female) 1 Purple and Urine - if female		<input checked="" type="checkbox"/> ICU Panel ABG, CBC, CHEM 7, PT, INR, MG, PHOS, LAC 1 Purple, 1 Green, 1 Blue		<input type="checkbox"/> OR Panel (Includes CBC, ABG, PEPTT) 1 Purple, 1 Green and 1 Blue.	
<b>Serology - Red Top</b>		<b>Urinalysis</b>		<b>I-STAT (ABG) - Green</b>		<b>Chemistry - Green Top</b>	
Result	Ref Range	<input type="checkbox"/> Color	Straw, Yel, Amber	Na	138-146	<input type="checkbox"/> Chem 12	<input checked="" type="checkbox"/> Chem 7 (BMP)
HCG	Neg	Clarity	Clear	K <sup>+</sup>	3.5-4.9	ALB	GLU 73-118 mg/dl
HCG	Neg	Spec Gr	1.003-1.030	tCO <sub>2</sub>	22-28	ALP	BUN 7-22 mg/dl
Mono	Neg	pH	4.6-8.0	iCa	1.12-1.32	ALT	CREAT 0.6-1.2 mg/dl
RPR	Neg	LEU	Neg	Hct	38-51%	AMY	CA <sup>++</sup> 8.0-10.3 mg/dl
HIV	Neg	NIT	Neg	Hgb	12-17 g/dl	AST	Na <sup>+</sup> 128-145 mmol/L
<b>Serology - Swabs</b>		PRO	Neg	HCO <sub>3</sub>	22-26	TBIL	K <sup>+</sup> 3.3-4.7 mmol/L
ep A	Neg	GLU	Neg	Temp	23-28	BUN	Cl <sup>-</sup> 98-108 mmol/L
tydia	Neg	KET	Neg	FIO <sub>2</sub>	BEecf (-2) - (+3)	CA <sup>++</sup>	tCO <sub>2</sub> 18-33 mmol/L
<b>Microbiology</b>		UBG	0-1-1.0	pH	7.31-7.45	CHOL	<input type="checkbox"/> Liver Panel
Result	Ref Range	BIL	Neg	pCO <sub>2</sub>	7.35-7.45	CREA	Green Top
stain	NBS	BLD	Neg	pO <sub>2</sub>	26-41	GLU	ALB 3.5-5.5 g/dl
ulture		Other		pO <sub>2</sub>	80-105	TP	ALP 36-84 u/l
		<b>Urinalysis (Microscopic)</b>		N/A (ven)		<input type="checkbox"/> Metlyte 8	ALT 10-47 u/l
Test	Result	Ref Range				Green Top	AMY 14-97 u/l
WBC		0-5/Hpf		<b>I-STAT (Misc) - Green</b>		GLU	AST 11-38 u/l
RBC		0-3/Hpf		Test	Result	BUN	TBIL 0.2-1.6 u/l
Epr.		0-5/Hpf		GLU	70-105	CREA	GGT 5-65 u/l
- Type				Creat	0.7-1.5	CK	TP 6.4-8.1 mg/dl
Bact		Neg		An Gap	10-20	Na	<input type="checkbox"/> Lipid Panel
Mucous		Neg		Lactate	0.36-1.25	K	Green Top
Crystals		Neg			0.9-1.7	Cl	CHOL 100-200 mg/dl
Yeast		Neg		<b>Cardiac Tests - Green</b>		tCO <sub>2</sub>	HDL ≥ 60 mg/dl
Trich		Neg		Test	Result	Ref Range	TRIG <150 mg/dl
Casts		Neg		Troponin		Neg	TCH Male ≤ 5
- Type				Myoglobin		Neg	Female ≤ 4.5
Other				CK-MB		Neg	LDL <100 mg/dl
		<b>Blood Bank/Misc - Purple Top</b>		<b>CSF Analysis</b>		<b>General Chem 7 w/o lytes</b>	
Test	Result	Ref Range		Test	Result	Ref Range	Green Top
ABO/Rh		N/A		Color			GLU 73-118 mg/dl
Malana		Neg		Clarity			BUN 7-22 mg/dl
Thin Smear		Neg		RBC		None	CREAT 0.6-1.2 g/dl
Sickle Screen		Neg		WBC			CA 8.0-10.3 mg/dl
ESR		0-15					TBIL 0.2-1.6 u/l
						<b>Other Chemistry - Green Top</b>	
Test	Result	Ref Range				Mg 1.6-2.3 mg/dl	
ALC		Neg				Phos 2.5-4.5 mg/dl	
						Lactate 0.7-2.1 mmol/L	
						CRP <10 mg/L	
						Phenyton	

PT	3.5	8-14 Sec
INR	0.7	
PTT		20-40 Sec
D-dimer	Neg	
TEG	Neg	

THC		Neg
BZO		Neg
COC		Neg
MET		Neg
TCA		Neg
AMP		Neg
BAR		Neg
PCP		Neg
ALC		Neg

ACLU RDI 27471

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Exhibit 1951



518-124

NSN 7540-00-634-4159

MEDICAL RECORD

BLOOD OR BLOOD COMPONENT TRANSFUSION

SECTION I - REQUISITION

COMPONENT REQUESTED (Check one) <input checked="" type="checkbox"/> RED BLOOD CELLS <input type="checkbox"/> FRESH FROZEN PLASMA <input type="checkbox"/> PLATELETS (Pool of _____ units) <input type="checkbox"/> CRYOPRECIPITATE (Pool of _____ units) <input type="checkbox"/> Rh IMMUNE GLOBULIN <input type="checkbox"/> OTHER (Specify) _____	TYPE OF REQUEST (Check ONLY if Red Blood Cell Products are requested.) <input type="checkbox"/> TYPE AND SCREEN <input checked="" type="checkbox"/> CROSSMATCH	REQUESTING PHYSICIAN (Print) (b)(6)
	DATE REQUESTED 25 NOV 07	DIAGNOSIS OR OPERATIVE PROCEDURE E1 Bleed
VOLUME REQUESTED (If applicable) _____ ML	DATE AND HOUR REQUIRED 25 NOV 07	I have collected a blood specimen on the below named patient, verified the name and ID No. of the patient and verified the specimen tube label to be correct.
REMARKS:	KNOWN ANTIBODY FORMATION/TRANSFUSION REACTION (Specify)	SIGNATURE OF VERIFIER
	IF PATIENT IS FEMALE, IS THERE HISTORY OF: RhIG TREATMENT? DATE GIVEN: _____ HEMOLYTIC DISEASE OF NEWBORN? _____	DATE VERIFIED
		TIME VERIFIED

SECTION II - PRE-TRANSFUSION TESTING

LINE NO. (b)(6)	TRANSFUSION NO.	TEST INTERPRETATION: ANTIBODY SCREEN: NT CROSSMATCH: Comp		PREVIOUS RECORD CHECK: <input type="checkbox"/> RECORD <input checked="" type="checkbox"/> NO RECORD
DONOR ABO: O Rh: POS	PATIENT NO. 752 4492 RECIPIENT ABO: O Rh: POS	REMARKS: Exp: 28 NOV 2007 2359		SIGNATURE OF PERSON PERFORMING TEST (b)(6)
		<input type="checkbox"/> CROSSMATCH NOT REQUIRED FOR THE COMPONENT REQUESTED		DATE: 25 NOV 07

SECTION III - RECORD OF TRANSFUSION

PRE-TRANSFUSION DATA INSPECTED AND ISSUED BY (Signature): (b)(6) / (b)(6) AT (Hour): 0535 ON (Date): 26 NOV 07		POST-TRANSFUSION DATA AMOUNT GIVEN: 400 ML TIME/DATE COMPLETED/INTERRUPTED: 26 NOV 07 @ 0605 REACTION: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> SUSPECTED TEMPERATURE: 101.2 PULSE: 121 BLOOD PRESSURE: 141/75		
IDENTIFICATION I have examined the Blood Component container label and this form and I find all information identifying the container with the intended recipient matches item by item. The recipient is the same person named on this Blood Component Transfusion Form and on the patient identification tag.		If reaction is suspected—IMMEDIATELY: 1. Discontinue transfusion, treat shock if present, keep intravenous line open. 2. Notify Physician and Transfusion Service. 3. Follow Transfusion Reaction Procedures. 4. Do NOT discard unit. Return Blood Bag, Filter Set, and I.V. solutions to the Blood Bank.		
1st VERIFIER (Signature): (b)(6)		DESCRIPTION OF REACTION: <input type="checkbox"/> URTICARIA <input type="checkbox"/> CHILL <input type="checkbox"/> FEVER <input type="checkbox"/> PAIN <input type="checkbox"/> OTHER (Specify) _____		
2nd VERIFIER (Signature): (b)(6)		OTHER DIFFICULTIES (Equipment, clots, etc.): <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (Specify) _____		
PRE-TRANSFUSION TEMP: 101.7 PULSE: 110 BP: 143/80	SIGNATURE OF PERSON NOTING ABOVE: (b)(6)			
DATE OF TRANSFUSION: 26 NOV 07 TIME STARTED: 0545				
PATIENT IDENTIFICATION—USE EMBOSSE (For typed or written entries give: Name—Last, first, middle; grade, rank; rate; hospital or medical facility)		SEX: M	WARD:	

600-00-4134

ACLU DDII CID ROI 27472

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Medical Record

STANDARD FORM 515 (REV. 9-92)  
Prescribed by GSA (41 CFR) 201-9.202-1

Exhibit 196  
000196

Medical Record Copy



0064-025-CID-789-23679  
CASE# 0204-07-CID919

DATE: Nov 26 07

TIME: 0710

STAT PRE-OP ROUTINE

Patient Name (Last, First, MI):	Pl SSN/Pseudo SSN: 600 - 00 - 4134	Pl DOB: DD/MMM/YYYY	Pl Sex: M
Ordering Provider Name:	Pl UNIT/WARD/TMC/FOB: ICU Bed # 11	Other Contact Information:	
Ordering Provider E-mail:			

<input checked="" type="checkbox"/> Major Trauma Panel (Includes type and hold, CBC, PT/INR, VBG and HCG - if female) 1 Purple, 1 Green, 1 Blue and Urine - if female	<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CBC and HCG - if female) 1 Purple and Urine - if female	<input type="checkbox"/> ICU Panel (Includes type and hold, CBC, CHEM 7, PT, INR, MG, PHOS, LAC) 1 Purple, 1 Green, 1 Blue	<input type="checkbox"/> OR Panel (Includes CBC, ABG, PT/PTT) 1 Purple, 1 Green and 1 Blue
---	--	--	--

<input checked="" type="checkbox"/> Hematology - Purple Top	<input type="checkbox"/> Serology - Red Top	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> I-STAT (ABG) - Green	<input type="checkbox"/> Chemistry - Green Top
WBC 4.4-11 x 10 <sup>3</sup> /ml	Test Result Ref Range	<input type="checkbox"/> Color Straw, Yel, Amber	<input type="checkbox"/> Na 138-146	<input type="checkbox"/> Chem 12 Green Top
PLT 155.0 x 10 <sup>3</sup> /ml	<input type="checkbox"/> Serum HCG -	Clarity Clear	<input type="checkbox"/> K <sup>+</sup> 3.5-4.9	ALB 3.5-5.5 g/dl
		Spec Gr 1.003-1.030	<input type="checkbox"/> tCO <sub>2</sub> 22-28	ALP 36-84 u/l
		pH 4.6-8.0	<input type="checkbox"/> iCa 1.12-1.32	ALT 10-47 u/l
		LEU Neg	<input type="checkbox"/> Het 38-51%	AMY 14/97 u/l
		NIT Neg	<input type="checkbox"/> Hgb 12-17 g/dl	AST 11-38 u/l
		PRO Neg	<input type="checkbox"/> HCO <sub>3</sub> 22-26	TBIL 0.2-1.6 u/l
		GLU Neg	<input type="checkbox"/> BEecf 23-28	BUN 7-22 mg/dl
		KET Neg	<input type="checkbox"/> s O <sub>2</sub> 95-98%	CA <sup>++</sup> 8.0-10.3 mg/dl
		UBG 0-1-1.0	<input type="checkbox"/> pH 7.31-7.45	CHOL 100-200
		BIL Neg	<input type="checkbox"/> pCO <sub>2</sub> 35-45	CREA 0.6-1.2 g/dl
		BLD Neg	<input type="checkbox"/> pO <sub>2</sub> 80-105	GLU 73-118 mg/dl
		Other	<input type="checkbox"/> N/A (ven)	TP 6.4-8.1 mg/dl
				<input type="checkbox"/> Metlyte 8 Green Top
				GLU 73-118 mg/dl
				BUN 7-22 mg/dl
				CREA 0.6-1.2 g/dl
				CK 39-380 u/l
				Na 128-145
				K 3.3-4.7
				Cl 98-108
				tCO <sub>2</sub> 18-33 mmol/L
				<input type="checkbox"/> General Chem 7 w/o lyes Green Top
				GLU 73-118 mg/dl
				BUN 7-22 mg/dl
				CREA 0.6-1.2 g/dl
				LDL <100 mg/dl
				VLDL <30 mg/dl
				<input type="checkbox"/> Other Chemistry - Green Top
				Mg 1.6-2.3 mg/dl
				Phos 2.5-4.5 mg/dl
				Lactate 0.7-2.1 mmol/L
				CRP <10 mg/L
				Phenytoin

<input type="checkbox"/> Serology - Red Top	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> I-STAT (ABG) - Green	<input type="checkbox"/> Chemistry - Green Top
Test Result Ref Range	<input type="checkbox"/> Color Straw, Yel, Amber	<input type="checkbox"/> Na 138-146	<input type="checkbox"/> Chem 12 Green Top
<input type="checkbox"/> Serum HCG -	Clarity Clear	<input type="checkbox"/> K <sup>+</sup> 3.5-4.9	ALB 3.5-5.5 g/dl
	Spec Gr 1.003-1.030	<input type="checkbox"/> tCO <sub>2</sub> 22-28	ALP 36-84 u/l
	pH 4.6-8.0	<input type="checkbox"/> iCa 1.12-1.32	ALT 10-47 u/l
	LEU Neg	<input type="checkbox"/> Het 38-51%	AMY 14/97 u/l
	NIT Neg	<input type="checkbox"/> Hgb 12-17 g/dl	AST 11-38 u/l
	PRO Neg	<input type="checkbox"/> HCO <sub>3</sub> 22-26	TBIL 0.2-1.6 u/l
	GLU Neg	<input type="checkbox"/> BEecf 23-28	BUN 7-22 mg/dl
	KET Neg	<input type="checkbox"/> s O <sub>2</sub> 95-98%	CA <sup>++</sup> 8.0-10.3 mg/dl
	UBG 0-1-1.0	<input type="checkbox"/> pH 7.31-7.45	CHOL 100-200
	BIL Neg	<input type="checkbox"/> pCO <sub>2</sub> 35-45	CREA 0.6-1.2 g/dl
	BLD Neg	<input type="checkbox"/> pO <sub>2</sub> 80-105	GLU 73-118 mg/dl
	Other	<input type="checkbox"/> N/A (ven)	TP 6.4-8.1 mg/dl
			<input type="checkbox"/> Metlyte 8 Green Top
			GLU 73-118 mg/dl
			BUN 7-22 mg/dl
			CREA 0.6-1.2 g/dl
			CK 39-380 u/l
			Na 128-145
			K 3.3-4.7
			Cl 98-108
			tCO <sub>2</sub> 18-33 mmol/L
			<input type="checkbox"/> General Chem 7 w/o lyes Green Top
			GLU 73-118 mg/dl
			BUN 7-22 mg/dl
			CREA 0.6-1.2 g/dl
			LDL <100 mg/dl
			VLDL <30 mg/dl
			<input type="checkbox"/> Other Chemistry - Green Top
			Mg 1.6-2.3 mg/dl
			Phos 2.5-4.5 mg/dl
			Lactate 0.7-2.1 mmol/L
			CRP <10 mg/L
			Phenytoin

<input type="checkbox"/> Urinalysis	<input type="checkbox"/> I-STAT (ABG) - Green	<input type="checkbox"/> Chemistry - Green Top
<input type="checkbox"/> Color Straw, Yel, Amber	<input type="checkbox"/> Na 138-146	<input type="checkbox"/> Chem 12 Green Top
Clarity Clear	<input type="checkbox"/> K <sup>+</sup> 3.5-4.9	ALB 3.5-5.5 g/dl
Spec Gr 1.003-1.030	<input type="checkbox"/> tCO <sub>2</sub> 22-28	ALP 36-84 u/l
pH 4.6-8.0	<input type="checkbox"/> iCa 1.12-1.32	ALT 10-47 u/l
LEU Neg	<input type="checkbox"/> Het 38-51%	AMY 14/97 u/l
NIT Neg	<input type="checkbox"/> Hgb 12-17 g/dl	AST 11-38 u/l
PRO Neg	<input type="checkbox"/> HCO <sub>3</sub> 22-26	TBIL 0.2-1.6 u/l
GLU Neg	<input type="checkbox"/> BEecf 23-28	BUN 7-22 mg/dl
KET Neg	<input type="checkbox"/> s O <sub>2</sub> 95-98%	CA <sup>++</sup> 8.0-10.3 mg/dl
UBG 0-1-1.0	<input type="checkbox"/> pH 7.31-7.45	CHOL 100-200
BIL Neg	<input type="checkbox"/> pCO <sub>2</sub> 35-45	CREA 0.6-1.2 g/dl
BLD Neg	<input type="checkbox"/> pO <sub>2</sub> 80-105	GLU 73-118 mg/dl
Other	<input type="checkbox"/> N/A (ven)	TP 6.4-8.1 mg/dl
		<input type="checkbox"/> Metlyte 8 Green Top
		GLU 73-118 mg/dl
		BUN 7-22 mg/dl
		CREA 0.6-1.2 g/dl
		CK 39-380 u/l
		Na 128-145
		K 3.3-4.7
		Cl 98-108
		tCO <sub>2</sub> 18-33 mmol/L
		<input type="checkbox"/> General Chem 7 w/o lyes Green Top
		GLU 73-118 mg/dl
		BUN 7-22 mg/dl
		CREA 0.6-1.2 g/dl
		LDL <100 mg/dl
		VLDL <30 mg/dl
		<input type="checkbox"/> Other Chemistry - Green Top
		Mg 1.6-2.3 mg/dl
		Phos 2.5-4.5 mg/dl
		Lactate 0.7-2.1 mmol/L
		CRP <10 mg/L
		Phenytoin

<input type="checkbox"/> I-STAT (ABG) - Green	<input type="checkbox"/> Chemistry - Green Top
<input type="checkbox"/> Na 138-146	<input type="checkbox"/> Chem 12 Green Top
<input type="checkbox"/> K <sup>+</sup> 3.5-4.9	ALB 3.5-5.5 g/dl
<input type="checkbox"/> tCO <sub>2</sub> 22-28	ALP 36-84 u/l
<input type="checkbox"/> iCa 1.12-1.32	ALT 10-47 u/l
<input type="checkbox"/> Het 38-51%	AMY 14/97 u/l
<input type="checkbox"/> Hgb 12-17 g/dl	AST 11-38 u/l
<input type="checkbox"/> HCO <sub>3</sub> 22-26	TBIL 0.2-1.6 u/l
<input type="checkbox"/> BEecf 23-28	BUN 7-22 mg/dl
<input type="checkbox"/> s O <sub>2</sub> 95-98%	CA <sup>++</sup> 8.0-10.3 mg/dl
<input type="checkbox"/> pH 7.31-7.45	CHOL 100-200
<input type="checkbox"/> pCO <sub>2</sub> 35-45	CREA 0.6-1.2 g/dl
<input type="checkbox"/> pO <sub>2</sub> 80-105	GLU 73-118 mg/dl
<input type="checkbox"/> N/A (ven)	TP 6.4-8.1 mg/dl
	<input type="checkbox"/> Metlyte 8 Green Top
	GLU 73-118 mg/dl
	BUN 7-22 mg/dl
	CREA 0.6-1.2 g/dl
	CK 39-380 u/l
	Na 128-145
	K 3.3-4.7
	Cl 98-108
	tCO <sub>2</sub> 18-33 mmol/L
	<input type="checkbox"/> General Chem 7 w/o lyes Green Top
	GLU 73-118 mg/dl
	BUN 7-22 mg/dl
	CREA 0.6-1.2 g/dl
	LDL <100 mg/dl
	VLDL <30 mg/dl
	<input type="checkbox"/> Other Chemistry - Green Top
	Mg 1.6-2.3 mg/dl
	Phos 2.5-4.5 mg/dl
	Lactate 0.7-2.1 mmol/L
	CRP <10 mg/L
	Phenytoin

<input type="checkbox"/> Chemistry - Green Top	<input type="checkbox"/> Liver Panel Green Top
<input type="checkbox"/> Chem 12 Green Top	ALB 3.5-5.5 g/dl
ALB 3.5-5.5 g/dl	ALP 36-84 u/l
ALP 36-84 u/l	ALT 10-47 u/l
ALT 10-47 u/l	AMY 14/97 u/l
AMY 14/97 u/l	AST 11-38 u/l
AST 11-38 u/l	TBIL 0.2-1.6 u/l
TBIL 0.2-1.6 u/l	BUN 7-22 mg/dl
BUN 7-22 mg/dl	CA <sup>++</sup> 8.0-10.3 mg/dl
CA <sup>++</sup> 8.0-10.3 mg/dl	CHOL 100-200
CHOL 100-200	CREA 0.6-1.2 g/dl
CREA 0.6-1.2 g/dl	GLU 73-118 mg/dl
GLU 73-118 mg/dl	TP 6.4-8.1 mg/dl
TP 6.4-8.1 mg/dl	<input type="checkbox"/> Metlyte 8 Green Top
	GLU 73-118 mg/dl
	BUN 7-22 mg/dl
	CREA 0.6-1.2 g/dl
	CK 39-380 u/l
	Na 128-145
	K 3.3-4.7
	Cl 98-108
	tCO <sub>2</sub> 18-33 mmol/L
	<input type="checkbox"/> General Chem 7 w/o lyes Green Top
	GLU 73-118 mg/dl
	BUN 7-22 mg/dl
	CREA 0.6-1.2 g/dl
	LDL <100 mg/dl
	VLDL <30 mg/dl
	<input type="checkbox"/> Other Chemistry - Green Top
	Mg 1.6-2.3 mg/dl
	Phos 2.5-4.5 mg/dl
	Lactate 0.7-2.1 mmol/L
	CRP <10 mg/L
	Phenytoin

<input type="checkbox"/> Liver Panel Green Top	<input type="checkbox"/> Lipid Panel Green Top
ALB 3.5-5.5 g/dl	CHOL 100-200 mg/dl
ALP 36-84 u/l	HDL ≥ 60 mg/dl
ALT 10-47 u/l	TRIG <150 mg/dl
AMY 14/97 u/l	TC/H Male ≤ 5
AST 11-38 u/l	Female ≤ 4.5
TBIL 0.2-1.6 u/l	LDL <100 mg/dl
GGT 5-65 u/l	VLDL <30 mg/dl
TP 6.4-8.1 mg/dl	<input type="checkbox"/> Other Chemistry - Green Top
	Mg 1.6-2.3 mg/dl
	Phos 2.5-4.5 mg/dl
	Lactate 0.7-2.1 mmol/L
	CRP <10 mg/L
	Phenytoin

ACLU-RDI 5565 p.129

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Exhibit 000197







0064-07 - CID# 89-23679  
CASE: 0204-07-CID919

ASAP

DATE: 26 Nov 07

TIME: 1100

STAT PRE-OP ROUTINE

Patient Name (Last, First, MI):

Pt SSN/Pseudo SSN:

Pt DOB: DD/MM/YYYY

Pt Sex:

600 - 00 - 4134

M F

PL UNIT/WARD/TMC/FQB: ICU - Bed # 11

Other Contact Information:

Ordering Provider E-mail:

<input type="checkbox"/> ICD Panel (Includes type and hold, CRC and HCG - if female)	<input type="checkbox"/> Minor Trauma Panel (Includes type and hold, CRC and HCG - if female) 1 Purple and Urine - if female	<input type="checkbox"/> ICG Panel ABG, CBC, CHEM 7, PT, INR, MG, PHOS, LAC 1 Purple, 1 Green, 1 Blue	<input type="checkbox"/> OR Panel (Includes CBC, ABG, PT/PTT) 1 Purple, 1 Green and 1 Blue
<input type="checkbox"/> HCG - (if female)			
<input type="checkbox"/> Serology - Swabs	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> I-STAT (ABG) - Green	<input type="checkbox"/> Chemistry - Green Top
<input type="checkbox"/> Microbiology	<input type="checkbox"/> Urinalysis (Microscopic)	<input type="checkbox"/> I-STAT (Misc) - Green	<input type="checkbox"/> Metlyte 8 - Green Top
<input type="checkbox"/> Stool	<input type="checkbox"/> Blood Bank/Misc - Purple Top	<input type="checkbox"/> Cardiac Tests - Green	<input type="checkbox"/> General Chem 7 w/o Iytes - Green Top
<input type="checkbox"/> Urine:	<input type="checkbox"/> CSF Analysis		<input type="checkbox"/> Other Chemistry - Green Top
<input type="checkbox"/> CCMS	<input type="checkbox"/> ABO/Rh		<input type="checkbox"/> Mg
<input type="checkbox"/> CATH	<input type="checkbox"/> Malana Thin Smear		<input type="checkbox"/> Phos
	<input type="checkbox"/> Sickle Screen		<input type="checkbox"/> Lactate
	<input type="checkbox"/> ESR		<input type="checkbox"/> CRP
			<input type="checkbox"/> Phenyton

(b)(6)

11-26-07  
11:04

Palimati  
Limits

7.4	x10 <sup>3</sup> /uL	4.5	10.5
3.20	L x10 <sup>6</sup> /uL	4.00	6.00
9.3	L g/dL	11.0	18.0
27.1	L	37.0	60.0
30.1	PS	80.0	99.0
37.5	g/dL	77.0	71.0
21.1	L x10 <sup>3</sup> /uL	37.0	37.0
14.2	L	150	400
5.0	x10 <sup>3</sup> /uL	20.0	44.0
		0.7	4.3

No.	
M	2-8%
Eos	1-4%
Baso	0.5-1.0%
Other	None

Test	Result	Ref Range
PT		8-14 Sec
INR		
PTT		20-40 Sec
D-dimer	Neg	
TEG	Neg	

Test	Result	Ref Range
MOR		Neg
THC		Neg
BZO		Neg
COC		Neg
MET		Neg
TCA		Neg
AMP		Neg
BAR		Neg
PCP		Neg
AIC		Neg

Test	Result	Ref Range
WBC		0-5/Hpf
RBC		0-3/Hpf
Epi		0-5/Hpf
Type		
Bact		Neg
Mucous		Neg
Crystals		Neg
Yeast		Neg
Trich		Neg
Casts		Neg
Type		
Other		

Test	Result	Ref Range
GLU		70-105
Creat		0.7-1.5
An Gap		10-20
Lactate		0.36-1.25
Troponin		Neg
Myoglobin		Neg
CK-MB		Neg

Test	Result	Ref Range
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CREAT		0.6-1.2 g/dl
CA		8.0-10.3 mg/dl
TBIL		0.2-1.6 u/l
CHOL		100-200
URIC ACID		2.2-6.6 mg/dl

Test	Result	Ref Range
GLU		73-118 mg/dl
BUN		7-22 mg/dl
CREAT		0.6-1.2 g/dl
CA		8.0-10.3 mg/dl
TBIL		0.2-1.6 u/l
CHOL		100-200
LDL		<100 mg/dl
VLDL		<30 mg/dl

ACLUDDIC RDI 27475

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Exhibit 000199



0064-07-CID-289-23679  
CASE: 0204-07-CID919

26 Nov 07

2200

4134

Patient Name (Last, First, MI)

Room/Room No.

PHYSICIAN NAME

PL UNIT/WARD/FLR FOR (ICU) Bed # 11

Other Contact Information:

Ordering Provider Name:

Ordering Provider Email:

Major Trauma Panel

Minor Trauma Panel

ICU Panel

OR Panel

Includes: PT, PTT, INR, Fibrinogen, D-Dimer, TPO, and Urine - if female

Includes: type and hotel, Hb, and Hct - if female

Includes: BUN, Cr, PT, PTT, INR, Hgb, Hct, HbA1c

Includes: BUN, ABG, PT, PTT

Includes: Urine - if female

Includes: Purple and Urine - if female

Includes: Purple, Green, Blue

Includes: Purple, Green and Blue

Serology - Red Top

Urinalysis

Electrolytes (ABG)

Green

Chemistry - Green Top

Chem 7 (BNP)

Test	Result	Ref Range
ICG	Neg	
ICG	Neg	
one	Neg	
UPR	Neg	
HIV	Neg	
Serology - Swabs		
spA	Neg	
ytia	Neg	

Color	Straw, Yel, Amber
Clarity	Clear
Spec Gr	1.005-1.030
pH	4.6-8.0
LEU	Neg
NET	Neg
PRO	Neg
GLU	Neg
KET	Neg
UBG	0.1-1.0
BLI	Neg
BLD	Neg
Other	

Na	K	Cl	Hct	Hgb	HCO3	BEeef	s O2	pH	pCO2	pO2
138-146	3.5-4.9	22-28	38-51%	12-17 g/dl	22-26	(-2) - (0.3)	95-98%	7.34-7.45	35-45	80-105
N/A (ven)										

Chem 12	Green Top
ALB	3.5-5.5 g/dl
ALP	36-84 u/l
ALT	10-47 u/l
AMY	14-97 u/l
AST	11-38 u/l
TBIL	0.2-1.6 u/l
BUN	7-22 mg/dl
CA	8.0-10.3 mg/dl
CHOL	70-200
CREA	0.6-1.2 g/dl
GLU	73-118 mg/dl
TP	6.4-8.1 mg/dl

Chem 7 (BNP)	Green Top
GLU	73-118 mg/dl
BUN	7-22 mg/dl
CREAT	0.6-1.2 g/dl
CA	8.0-10.3 mg/dl
Na	138-145 mmol/L
K	3.5-4.9 mmol/L
Cl	98-108 mmol/L
CO2	18-33 mmol/L

Microbiology

Urinalysis (Microscopic)

Test	Result	Ref Range
WBC	0-5 Hpf	
RBC	0-5 Hpf	
Epi	0-5 Hpf	
Type		
Bact	Neg	
Mucous	Neg	
Crystals	Neg	
Yeast	Neg	
Finch	Neg	
Casts	Neg	
Type		
Other		

Metlyte 8

Green Top	Green Top
GLU	73-118 mg/dl
BUN	7-22 mg/dl
CREA	0.6-1.2 g/dl
CK	39-380 u/l
Na	128-145
K	3.5-4.7
Cl	98-108
CO2	18-33 mmol/L

Liver Panel

Green Top	Green Top
ALB	3.5-5.5 g/dl
ALP	36-84 u/l
ALT	10-47 u/l
AMY	14-97 u/l
AST	11-38 u/l
TBIL	0.2-1.6 u/l
GGT	5-65 u/l
TP	6.4-8.1 mg/dl

Lipid Panel

Green Top	Green Top
CHOL	100-200 mg/dl
HDL	50 mg/dl
TRIG	150 mg/dl
LDL	Male <5
	Female <45
LDL	<100 mg/dl
VLDL	<50 mg/dl

TESTS OF ABUSE - Urine

Blood Bank/Misc - Purple Top

CSF Analysis

General Chem 7 w/o lytes

Green Top	Green Top
GLU	73-118 mg/dl
BUN	7-22 mg/dl
CREAT	0.6-1.2 g/dl
CA	8.0-10.3 mg/dl
TBIL	0.2-1.6 u/l
CHOL	100-200
TP	6.4-8.1 mg/dl

Other Chemistry - Green Top

Mg	0.7-1.3 mg/dl
Phos	2.5-4.5 mg/dl
Lactate	0.7-1.1 mmol/L
ANP	<50 mg/L
Phenicon	

Coagulation Studies - Blue Top

Test	Result	Ref Range
PT	8-14 Sec	
INR		
APTT	20-40 Sec	
D-dimer	Neg	
Fibrin	Neg	

Test	Result	Ref Range
MOR	Neg	
TRC	Neg	
BZO	Neg	
TCOC	Neg	
MDLF	Neg	
ICG	Neg	
AMP	Neg	
PLAS	Neg	
PLI	Neg	
PLII	Neg	

Test

Test	Result	Ref Range
ABORh	N/A	
Malaria	Neg	
Thin Smear		
Shigle	Neg	
Screen		
FSR	0-75	

Test	Result	Ref Range
Color		
Clarity		
pH		
WBC		

ACLUDDII CID ROI 27476

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Exhibit 000200



332 AEW/EDMG MEDICAL LABORATORY BALAD AIR BASE

Sample ID: (b)(6) Fluids: SERUM Priority: ROUTINE  
Misc: Misc

Test Result Normal Range

Test	Result	Normal Range
GLUCOSE	157. mg/dL	74. - 106.
UREA NITROGEN	10. mg/dL	9. - 20.
CREATININE	.7 mg/dL	.7 - 1.5
SODIUM	136. mmol/L	137. - 145.
POTASSIUM	3.7 mmol/L	3.5 - 5.1
CHLORIDE	105. mmol/L	98. - 107.
CARBON DIOXIDE	26. mmol/L	22. - 30.
CALCIUM	7.1 mg/dL	8.4 - 10.2
MAGNESIUM	1.6 mg/dL	1.6 - 2.3
PHOSPHORUS	2.5 mg/dL	2.5 - 4.5
LACTATE	1.1 mmol/L	0.5 - 1.5

ACLU DDII CID ROI 27477

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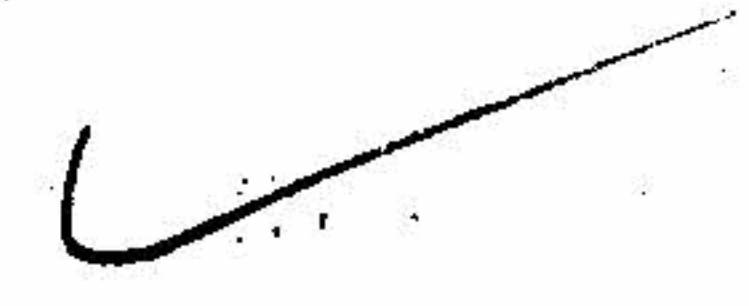
Exhibit 16  
000201



0064-07-CID789-23679  
CASE: 0204-07-CID919

27 Nov 07

0300



600 00 4134

Patient/ward/room: 11

Other Contact Information:

Ordering Provider Name:  
Ordering Provider Email:

Major Trauma Panel

Includes: Top and base CBC, PT/INR, 10+ urine HCG, 1 Purple, 1 Green, 1 Blue and Urine of female

(Hematology) - Purple Top

Serology - Red Top

Microbiology - Swab

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

Microbiology - Result

i-STAT CG8+  
Pt: 4134  
Pt Name:

37.0°C  
pH 7.446  
PCO2 32.3 mmHg  
PO2 62 mmHg  
BEecf -2 mmol/L  
HCO3 22.3 mmol/L  
TCO2 23 mmol/L  
sO2 93%

100.0°F  
pH 7.435  
PCO2 33.4 mmHg  
PO2 66 mmHg

Na 139 mmol/L  
K 3.5 mmol/L  
iCa 1.08 mmol/L  
Glu 178 mg/dL  
Hct 26 %PCV  
Hb\* 8.8 g/dL  
\*via Hct

Patient Temperature: 100.0°F  
FIO2: 22  
CPB: No

02:44 27NOV07

Operator ID:  
Physician: (b)(6)  
Serial: [redacted]  
Version: JAMS1230  
CLEW: A14  
Custom: 00000000

Screen  
FSR

Panel  
Includes: Top and base CBC, PT/INR, 10+ urine HCG, 1 Purple, 1 Green, 1 Blue and Urine of female

Chem 12  
Green Top

Na 138-146  
K 3.5-4.9  
iCa 1.12-1.32  
Hct 38-51%  
Hgb 12-17 g/dL  
HCO3 22-26  
BEecf 0.21-1.21  
sO2 95-98%  
pH 7.31-7.45  
pCO2 35-45  
PO2 76-111  
PO2 80-105  
N/A (ven)

i-STAT (Misc) - Green  
Test Result Ref Range  
GLU 70-105  
Creat 0.7-1.5  
An Gap 10-20  
Lactate 0.36-1.25  
0.9-3.7

Cardiac Tests - Green  
Test Result Ref Range  
Troponin I  
Troponin T  
cTnI  
cTnT

CSF Analysis  
Test Result Ref Range  
Color  
Clarity  
Bilirubin  
WBC

ICU Panel  
Includes: Top and base CBC, PT/INR, 10+ urine HCG, 1 Purple, 1 Green, 1 Blue

Chem 12  
Green Top

ALB 3.5-5.5 g/dl  
ALP 36-84 u/l  
ALT 10-47 u/l  
AMY 14-97 u/l  
AST 11-38 u/l  
TBIL 0.2-1.6 u/l  
BUN 7-22 mg/dl  
CA 8.0-10.3 mg/dl  
CHOL 100-200  
CREA 0.6-1.2 g/dl  
GLU 73-118 mg/dl  
TP 6.4-8.1 mg/dl

Metyte B  
Green Top  
GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREA 0.6-1.2 g/dl  
CK 39-380 u/l  
Na 128-145  
K 3.5-4.7  
Cl 98-108  
CO2 18-33 mmol/l

General Chem 7 w/o Iytes  
Green Top  
GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREAT 0.6-1.2 g/dl  
CA 8.0-10.3 mg/dl  
TBIL 0.2-1.6 u/l  
CHOL 100-200 mg/dl  
URIC ACID 2.4-6.8 mg/dl

OR Panel  
Includes: Top and base CBC, PT/INR, 10+ urine HCG, 1 Purple, 1 Green and 1 Blue

Chem 7 (BMP)  
Green Top

GLU 73-118 mg/dl  
BUN 7-22 mg/dl  
CREAT 0.6-1.2 g/dl  
CA 8.0-10.3 mg/dl  
Na 128-145 mmol/l  
K 3.5-4.7 mmol/l  
Cl 98-108 mmol/l  
CO2 18-33 mmol/l

Liver Panel  
Green Top  
ALB 3.5-5.5  
ALP 36-84  
ALT 10-47  
AMY 14-97  
AST 11-38  
TBIL 0.2-1.6 u/l  
GGT 5-65 u/l  
TP 6.4-8.1 mg/dl

Lipid Panel  
Green Top  
CHOL 100-200 mg/dl  
HDL 50 mg/dl  
TRIG 150 mg/dl  
TC/H 50 mg/dl  
LDL 100 mg/dl  
VLDL 30 mg/dl

Other Chemistry - Green Top  
Mg 1.6-2.3 mg/dl  
Phos 2.5-4.5 mg/dl  
Lactate 0.7-2.1 mmol/l  
CRP 0-10 mg/l  
Phenacetin

ACLUDDICID ROI 27478

Exhibit 1  
000202

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MEDICATION ADMINISTRATION RECORD

(ALL ENTRIES MUST BE PRINTED)

(THIS FORM IS SUBJECT TO THE PRIVACY ACT OF 1974 - Use Blanket PAS - DD Form 2005)

DATES		MEDICATION, DOSE, FREQUENCY	HOUR	DATE GIVEN											
ORDER	RENEWAL			NOV 27											
		SLIDING SCALE INSULIN PROTOCOL	03 hrs	(b)(6)											
		Regular Insulin <i>LY</i>	Bld sugar	267	157										
		BS less than 70 give 1/2 amp of D50.	dose/init	10	4										
		BS 71-120 give no units.	07 hrs												
		BS 121-150 give 2 units SQ	Bld sugar	24	157										
		BS 151-180 give 4 units SQ	dose/init	10	6										
		BS 181-210 give 6 units SQ	11 hrs												
		BS 211-240 give 8 units SQ	Bld sugar	182											
		BS 241-270 give 10 units SQ	dose/init	6	10										
		BS 271-300 give 12 units SQ	15 hrs												
		BS greater than 300 call SOD	Bld sugar	202	257										
			dose/init.	6	10										
			19 hrs												
			Bld sugar	139											
			dose/init	2											
			23 hrs												
			Bld sugar	143											
			dose/init	2											

PLATE IMPRINTER

600-00-4134

CHECK IF A SECOND PAGE IS IN USE

P - PASS

REFER TO NURSING NOTES

ALLERGIC TO

DIAGNOSIS

ACLU DDII CID ROI 27479

BED NAME

FOR OFFICIAL USE ONLY

TIME

LAW ENFORCEMENT SENSITIVE

24 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21



332ND EXPEDITIONARY MED GROUP

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

Report requested by: (b)(6)

27 Nov 2007@0820 INPT Register # (b)(6) PHYSICIAN

ICU Provider Note

Did well overnight, no pain, h/h stable. GCS 15, map 96-105, hr 8-89, rr 11-17, 98/ra, vbg 7.44/32/62/-2, 4.3/2.5 (+1.8), 100 D5 1/2NS 20K, na 136, cr 0.7, lact 1.1, npo, protonix/inderal/octreotide, inr 0.9, h/h 9.8/29, vit K, plt 82, t101.3/99.5, cipro, fs 157-197. Consider increasing inderal, decrease cbc check, remove devices and send to the floor or to Cropper whichever is earlier.

Signed: (b)(6)

26 Nov 2007@1224 INPT Register # (b)(6) PHYSICIAN

Radiology Note

CT ABDOMEN AND PELVIS:

COMPARISONS: None.

CLINICAL HISTORY: Evaluate for ascites.

TECHNIQUE: Helical CT of the abdomen and pelvis during arterial phase of contrast administration with portal venous phase imaging of the abdomen. Patient received enteric contrast prior to the study.

FINDINGS: The liver contour appears somewhat irregular and right lobe appears somewhat shrunken suggesting cirrhosis. There is splenomegaly with the spleen measuring approximate 19.6 cm AP by 15 cm craniocaudal. The splenic vein is enlarged with retroperitoneal varices and thickening of the gastric fundus which may also represent varices. There is a left splenorenal shunt. The portal vein enhances. The hepatic veins are not well visualized. There is trace pelvic ascites. There is mild dependent density in lung bases.

IMPRESSION: 1. Findings consistent with with portal hypertension. 2. Trace pelvic ascites.

Signed: (b)(6)

26 Nov 2007@0705 INPT Register # (b)(6) PHYSICIAN

ICU Provider Note

ICU Progress Note - Remained HD stable overnight. Uo adequate. Initially transfused 1 unit PRBCs with Hb 8.6 (decr from 11). Hb remained 8.6 post-transfusion. No melena since pt first arrived on ICU. Transfused 2nd unit PRBC. Trend CBC. Add propranolol today. RUQ U/S ordered. Hep B/C/HIV sent. Will continue to follow GI recs.

Signed: (b)(6)

25 Nov 2007@2336 OUTPT PHYSICIAN

Admission Note

51 y/o IQ M detainee from Cropper w/ known h/o UGIB or varices w/ 24-48 hours of UGIB. Pt states that starting 2 days ago he developed melena, then last night hematemesis, the last one was at 0100 this morning. He denies any abd pain, prior UGIB, no h/o liver disease, has not had ETOH in over 20 years, no NSAID use. Presently he is w/o complaint.

PMHX: Hyperglycemia, BPH?,

PSHx: Umbilical hernia repair, ?TURP

Meds: None, though received NPH 4 Units at Cropper

Allergies: Ampicillin

99/600-00-4134 YAHYA, DYAB  
12 Dec 1912 / Male  
Loc:

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ACLU DDII CID ROI 27480

Exhibit 16  
000204



332ND EXPEDITIONARY MED GROUP

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

Report requested by: (b)(6)

SHx: NC  
FHx: unsure  
PE: Pleasant M, moderate truncal obesity in NAD, P 110-120, SBP 90-110  
Chest: no spiders, Lungs CTA  
Heart: tachycardic  
Abd: hepatomegaly, BS+, no splenomegaly noted, no caput  
Ext: no edema

Hb 10.2, INR 1.1, Plt 106

EGD: Performed in OR by (b)(6)

Indication: UGIB  
Procedure: Initially pt received conscious sedation, on distal esophagus noted varices taking up a little over 1/3 of the lumen, GE jxn at 42cm, 3 distinct columns w/ red wale marks and a hematocystic spot on varix right at the GE jxn. On entry into stomach no blood, no portal gastropathy, normal duodenum. On retroflexion large ulcerated gastric varices noted in fundus. Scope withdrawn, bander placed on scope and pt was intubated. 3 bands placed in distal esophagus over hematocystic spot at GE jxn and over distal varices w/ red wales. No bleeding during endoscopy.

Impression:  
Gastroesophageal Varices s/p banding  
Portal HTN, New Onset Diabetes  
In this person w/ large gastric varices that are ulcerated he is at great risk for rebleeding. Will need to discern the etiology of the portal htn, concern of course for cirrhosis, but may be presinusoidal, ie schistosomiasis, portal vein thrombosis, or even post sinusoidal such as HVT. Another problem is there are no good endoscopic treatments for gastric variceal bleeding, we don't have Octreotide or the ability to do TIPS.

Rec:  
Admit to the ICU  
NPO, no NGTs  
Follow Hb every 8 hours, goal Hb is between 9-10  
Protonix 40mg IV bid  
RUQ US w/ dopplers to assess for portal vein thrombosis or hepatic vein thrombosis  
HBV, HCV, HIV  
If blood pressure permits will start B-Blocker, ie Propanolol 10mg po bid, normal SBP would be 100-120.  
If recurrent bleeding, will rescope, but may need Vasopressin  
Discuss TIPS with Radiology

WF (b)(6)  
Balad AFTH Iraq

Signed: (b)(6)

25 Nov 2007@2124 OUTPT PHYSICIAN  
ED Provider Note

Pt brought in from outside facility for eval of upper GI bleed. H/H 10/30 by report, same here, and no c/o otherwise. Has had hematemesis, melena by report. Lungs CTA bilat, heart RRR without murmur, abd NRNT without mass. HR has been tachy in the 110s but VS otherwise nl. Will admit to ICU and GI to

99/600-00-4134 YAHYA, DYAB  
12 Dec 1912 / Male  
Loc:

ACLU DDII CID/ROI 27481  
FOUO





DEPARTMENT OF THE ARMY  
TASK FORCE 31 MED  
CAMP CROPPER, IRAQ  
APO AE 09342



FICI-MCB-CHA-EMT

25 November 2007

MEMORANDUM FOR RECORD

SUBJECT: Transfer Medical Summary

Patient: ISN # 180981

Diagnoses: *HOSP# 600-00-4134*

- 1. Acute Upper GI Bleed/Anemia/Hyperglycemia/Thrombocytopenia

Accepting Physician

History of Present Illness: 51 y/o male with 2 day hx blood in stool, 1 day hx blood in emesis. Sent from DMC for evaluation. No similar sx's in past. Pt denies CP, SOB, ABD Pain, painful BM, Dizziness, weakness, fever. OTWS-

Physical Exam: Rectal exam reveals black tarry stool, hemoccult positive, no masses, nontender on exam. Lungs: CTA, Heart: Tachy, with nl rhythm-M/R/G. ABD soft NT, +BS. Pt put to suction, and sent to ICU, within 45 minutes pt put out 250cc BRB per NG tube. Pressure maintained, pt type and crossed for 2U PRBC.  accepting MD in Balad. Transfer now.

PMH-None

PSH-Umbilical Scar, no hx from pt.

Allergies- ? Ampicillin

Meds-None

SH - No T/A/D

Activity: Ad lib

Evacuation Priority: Urgent

Recommendations:

- 1. Transfer to Balad for GI evaluation and treatment.

Thank you for your assistance with this patient. Please call our PAD at  if there are questions.

**FOUO**

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Exhibit 11  
000206



332 EMDG

BALAD AIR BASE AFTH

TEL: 318-443-8508

Primary Surgeon (b)(6)	1 <sup>st</sup> Assistant	2 <sup>nd</sup> Assistant	Additional Surgeons
Anesthesia Provider (b)(6)	OR In 2240 OR Out 2335	Start 2248 Stop 2320	
Scrub Technician N/A	Circulating Nurse (b)(6)	Mechanism of Injury NCR I	
Pre Op Diagnosis:	UGFB		
Post Op Diagnosis:	Gastroesophageal varices s/p Banding x3		
Procedure:	EGD/Banding		
Complications:	∅		
Findings:	Gastroesophageal varices		
Future Plan/Dispo:	ICU		
IVF:	EBL:	UOP:	
Blood Products:	Drains and Tubes:		
Surgeon's Signature (b)(6)	Date		NO 25 Nov 07

ID Number

Patient Name

**FOUO**  
SS#

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Exhibit 11  
 000207



# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0064-07-CID789-23679

PAGE 1 OF 1 PAGE

DETAILS

About 1840, 7 Apr 08, SA **(b)(6), b(7)(C)** received the Autopsy Examination Report, number ME07-1342, Armed forces Institute of Pathology, Office of the Armed Forces Medical Examiner, 1413 Research Boulevard, Building 102, Rockville, MD 20850. The report listed the cause of death concerning Mr DIAB was acute upper gastrointestinal hemorrhage from esophageal variceal bleeding and the manner of death was reported as natural. ///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGNATURE

ORGANIZATION

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

DATE

7 Apr 08

EXHIBIT

27484

CID FORM

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ACLU-RDI-55

000208



EXHIBIT(S) 13 & 14

Page(s) 000209 thru 000222  
referred to:

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

ACLU DDII CID ROI 27485





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



(b)(6)

**AUTOPSY EXAMINATION REPORT**

Name: DIAB, Yahiyir Diasti

SSAN: ISN 180981

Date of Birth: Estimate 1950s

Date of Death: 03 DEC 2007

Place of Death: 31<sup>st</sup> Combat Support Hospital, Camp Cropper, Iraq

Autopsy No.: ME (b)(6)

AFIP No.: (b)(6)

Rank: Detainee

Date and Time of Autopsy: 07 DEC 2007, 1100

Place of Autopsy: Port Mortuary, Dover AFB, DE

Date of Report: 03 MAR 2008

**Circumstances of Death:** This estimated 50-year-old male, Iraqi detainee was pronounced dead at the intensive care unit of the 31<sup>st</sup> Combat Support Hospital (CSH) at Camp Cropper, Iraq on 3 December 2007. The decedent was admitted to the 31<sup>st</sup> CSH on 25 November 2007 with complaints of vomiting blood and passing tarry stool for approximately three days. He was transferred to the 332 Expeditionary Medical Group in Balad for management of his condition. While at Balad, he had an upper endoscopy procedure with the finding of esophageal varices and underwent banding of the lesion. He was transferred back to the 31<sup>st</sup> CSH at Camp Cropper on 27 November 2007 for continuing inpatient hospitalization. He was pronounced dead with severe variceal bleeding, liver failure, and severe sepsis.

**Authorization for Autopsy:** Armed Forces Medical Examiner, IAW 10 USC 1471

**Identification:** Presumptive identification by incarceration serial number

**CAUSE OF DEATH:** Gastrointestinal hemorrhage

**MANNER OF DEATH:** Natural

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Exhibit 00209



**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahiy D.**

Page 2 of 9

On 07 December 2007 at 1100, a complete postmortem examination is performed on the body of Diasti Yahiy Diab who was presumptively identified by his incarceration serial number in theater.

**EXTERNAL EXAMINATION**

The body is received nude with evidence of medical intervention as noted below. The body is that of a well-developed, well-nourished, adult male and cold from refrigeration. He is 69 inches long, weighs 272 pounds, and appears consistent with an estimated age of 50-years. Rigor mortis is dissipated. Postmortem lividity is fixed on the posterior surface of the body with moderate suffusion of the head and neck.

The head is covered with short black and gray hair in a normal distribution. The irides are brown, corneas are clear, and the sclerae are lightly yellow. The pupils are round and equal in diameter. No contact lenses are present and no conjunctival petechiae are seen. The nose is unremarkable. No foreign material is present in the nostrils or the oral cavity. The lips and frenula are atraumatic. Natural teeth are present with signs of tooth decay and gum disease. The external auditory canals are free of blood. The ears are unremarkable and not pierced. The face has a full beard and mustache.

The neck has no masses or deformities. The chest is symmetric with no increase in the anteroposterior diameter. The abdomen is not distended. The external genitalia are those of a circumcised adult male. The testes are descended and free of masses. There is moderate edema of the penis and scrotum. Pubic hair is present in a normal distribution. The back and buttocks are unremarkable.

The upper and lower extremities are symmetric with evidence of pedal edema. The following scars are present on the legs:

- A 3/4 x 5/8-inch scar of the posterior aspect of the left thigh
- A 3/4 x 3/8-inch scar of the anterior aspect of the right leg
- A 1 1/4 x 1/2-inch scar of the anterior aspect of the left leg

**CLOTHING AND PERSONAL EFFECT**

None

**MEDICAL INTERVENTION**

- Puncture wounds (x2) covered with gauze, taped in place over the left subclavian area
- Intravenous catheter and arterial catheter inserted and covered with gauze, taped in place over the right femoral area
- Intravenous catheter inserted and covered with gauze, taped in place over the dorsum of the left hand
- Patches of shaved body hair of the right and left chest surfaces
- Puncture with hematoma of the distal right arm

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Exhibit 2103



**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahyr D.**

Page 3 of 9

**POSTMORTEM ARTIFACTS**

None

**RADIOGRAPHS**

A complete set of total body postmortem radiographs is obtained and shows no evidence of fractures or foreign materials.

**EVIDENCE OF INJURY**

There is no evidence of blunt or sharp force injuries.

**INTERNAL EXAMINATION****BODY CAVITIES:**

The body is opened with a standard Y-shaped incision. The abdominal panniculus is 4-cm thick at the umbilicus. The muscles of the chest and abdominal walls are normal. The rib cage, sternum, and clavicles are intact. The mediastinum is unremarkable. The visceral and parietal pleural surfaces are smooth and glistening; however, there are pleural adhesions of the lateral wall and apex of the right lung, and posterior wall of the left lung. There is approximately 100 ml of clear straw-colored fluid in the pericardial sac. The right and left pleural cavities contain 300 ml and 150 ml of clear straw-colored fluid, respectively. The peritoneal cavity has 150 ml of clear straw-colored fluid. The organs occupy their usual anatomic positions within the pleural and peritoneal cavities. There is no evidence of pericarditis or peritonitis. The omentum and retroperitoneum are unremarkable.

**NECK:**

The larynx and trachea are in the midline. There is no hemorrhage in the skin, fat or sternocleidomastoid muscles of the anterior neck. The strap muscles and large vessels have no abnormalities. The thyroid cartilage and hyoid bone are intact. The larynx has smooth pink-tan mucosa without focal lesions. No foreign material is present. The tongue is free of bite marks, hemorrhage, or other injuries. The soft tissues of the neck are free of hemorrhage. No fractures or dislocations of the cervical vertebrae are detected.

**CARDIOVASCULAR SYSTEM:**

The 480 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. There are no epicardial petechiae. The coronary arteries are present in a normal distribution with a right dominant pattern and are unremarkable on multiple cross sections of the vessels. The myocardium is homogenous, dark red-brown, and soft with no gross myocardial fibrosis noted. No defects in the atrial or ventricular septa are present. The valve leaflets are thin and mobile. The circumferences of the cardiac valves are within normal limit for age and heart size. The left ventricle measures 1.8 cm, right ventricle 0.5 cm, and interventricular septum 1.8 cm in thickness. The endocardium is smooth and glistening.

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Exhibit 211<sup>13</sup>



**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahiy D.**

Page 4 of 9

The aorta gives rise to three intact and patent arch vessels. There are atheromatous plaques of the intima of the abdominal aorta. No evidence of aneurysm, coarctation, dissection, or laceration of the aorta is noted. The renal and mesenteric vessels are unremarkable.

**RESPIRATORY SYSTEM:**

The right and left lungs weigh 1090 and 970 gm, respectively. The trachea is complete, without malformation, from the larynx to the carina. There is no aspirated gastric material or aspirated blood in the trachea. The pleural surfaces are smooth and glistening. The lungs and hilar nodes are moderately anthracotic and there is no gross emphysematous change. On cut section, there is no aspirated blood apparent in alveoli. The pulmonary parenchyma is diffusely edematous. No mass lesions or areas of consolidation are present. There is no pulmonary contusion. Pulmonary thromboemboli are not present.

**HEPATOBIILIARY SYSTEM:**

The 1030 gm liver has a lumpy capsule with a 3-cm scar-like structure of the anterior-superior-lateral aspect of the right lobe. The parenchyma is yellow-tan and has a lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder is present and contains approximately 10 ml of black bile sludge. There is no stone in the gallbladder. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

**HEMOLYMPHATIC SYSTEM:**

The 750 gm intact spleen has a reddish thickened capsule. The parenchyma is deep red, with indistinct Malpighian corpuscles. Autolysis is not significant.

Lymph nodes are not prominent in the cervical region, thoracic or peritoneal cavities.

**UROGENITAL SYSTEM:**

The right and left kidneys weigh 140 and 290 gm, respectively. The renal capsules strip with ease from the underlying smooth cortical surfaces. The cut surfaces are red-tan, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. There are no stones or tumors in the kidneys, pelves, ureters, or bladder. The bladder wall is intact and covered with white mucosa, except for a focal area of hemorrhage of the posterior wall. The bladder contains approximately 15 ml of pinkish-colored urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, grey-white mucosa. There is evidence of banding of the distal esophageal mucosa at the region of the gastroesophageal junction. The stomach contains approximately 500 ml of blood and blood clots. The gastric wall is intact. The small and large intestines are intact and full of liquid blood. The appendix is present. There is blood oozing at the anus.

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Exhibit 02123



**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahiy D.**

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On further examination after formalin fixation of the proximal stomach and distal esophagus, there is an ovoid 2 x 0.5-cm erosion-like, vertically oriented, lesion of the distal esophageal mucosa. The lower edge of this lesion is encroaching on the gastroesophageal junction. Approximately 0.5 cm distal from the lower edge of this lesion is a 1.5 x 0.7-cm erosion of the gastroesophageal junction mucosa within which a 0.5-cm elastic banded stump is present.

**ENDOCRINE SYSTEM:**

The thyroid gland is normal in size and symmetric with dark red-brown parenchyma. No masses are present.

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified. Autolysis is not significant.

**PANCREAS:**

The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen. Autolysis is not significant.

**MUSCULOSKELETAL SYSTEM:**

The vertebral column and pelvis are visibly and palpably intact. The musculature is normally developed and of the usual color and consistency. The back and posterior aspect of the lower extremities are incised with two continuous incisions from the shoulder to the ankles and shows no evidence of injuries.

**HEAD AND CENTRAL NERVOUS SYSTEM:**

The cranial cavity is opened with a coronal incision of the scalp and removal of the calvarium. The galeal and subgaleal soft tissues of the scalp are free of injury. The calvarium is intact, as is the dura mater beneath it. There is no evidence of epidural, subdural, or subarachnoid hemorrhage. The brain weighs 1480 gm. The leptomeninges are transparent and strip with ease. The gyral pattern and sulci are unremarkable. The major vessels at the base of the brain have the usual anatomic distribution and no significant atherosclerosis is found. The cranial nerves are symmetrical and intact. No evidence of herniation is present. Coronal sections through the cerebral hemispheres reveal no lesions. The ventricles are of normal size and contain clear cerebrospinal fluid. Transverse sections through the brain stem and cerebellum are unremarkable. There are no skull fractures. The atlanto-occipital joint is stable. The spinal cord is not examined in its entirety.

**OTHER PROCEDURES**

1. Photographic evidence is obtained by OAFME photographers.
2. Specimens for toxicology: blood, bile, vitreous, urine, liver tissue, kidney tissue, lung tissue, spleen tissue, brain tissue, heart tissue, and adipose tissue.
3. Specimen collected for DNA analysis: psoas muscle.
4. Representative tissue samples are retained in formalin, with preparation of histologic slides.
5. Dissected organs are forwarded with the body.

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Exhibit 13  
 000213



AUTOPSY REPORT ME (b)(6)  
 DIAB, Yahiy D.

Page 6 of 9

### MICROSCOPIC EXAMINATION

Lungs (slide 1 -5): diffuse pulmonary edema with emphysematous change and no evidence of increase inflammatory cells infiltrate. There are scattered foci of microscopic calcification within the parenchyma and diffuse anthracotic deposition.

Kidneys (slide 8): tubular autolysis with scattered glomerulosclerosis. A focal fibrosis is seen in the medulla.

Spleen (slide 9 - 11): congestion with increase fibrosis of the red pulp areas. White pulp is present with unremarkable periarteriolar lymphatic sheath.

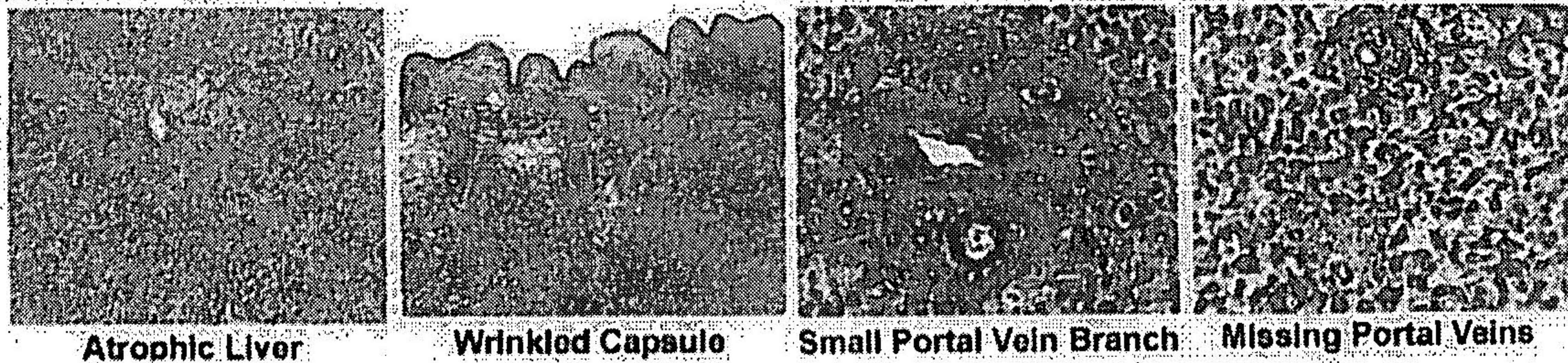
Esophageal defect (slide 12 - 14): denuded squamous epithelium with coagulative necrotic changes and early replacement fibrosis. There are numerous dilated vascular spaces in the submucosal tissue with some of them containing early organizing thrombi. There is no evidence of acute rupture of the blood vessels in this area.

#### Consultation

Liver: Hepatoportal sclerosis

The liver is extremely autolyzed. Changes are best appreciated on the Masson stains.

There is considerable parenchymal atrophy, causing the vascular structures (portal tracts and central veins) to be close together and wrinkling of the Glisson's capsule in section 7. There is no cirrhosis, but there is a great deal of portal fibrosis with portal-portal bridging. Hepatic artery branches are present in the portal tracts, but many small portal tracts have only small portal vein branches or lack portal veins entirely. Several large portal areas have veins that are markedly thickened by intimal proliferation, presumably secondary to the patient's portal hypertension. A few outflow veins are also thickened. The features are those of the uncommon disorder known variably as "hepatoportal sclerosis", "idiopathic portal hypertension", or "noncirrhotic portal fibrosis". The cause and pathogenesis are uncertain, but patients with this disease can develop severe portal hypertension in the absence of cirrhosis. See attached pictures.



Atrophic Liver

Wrinkled Capsule

Small Portal Vein Branch

Missing Portal Veins

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Exhibit 00214 <sup>13</sup>

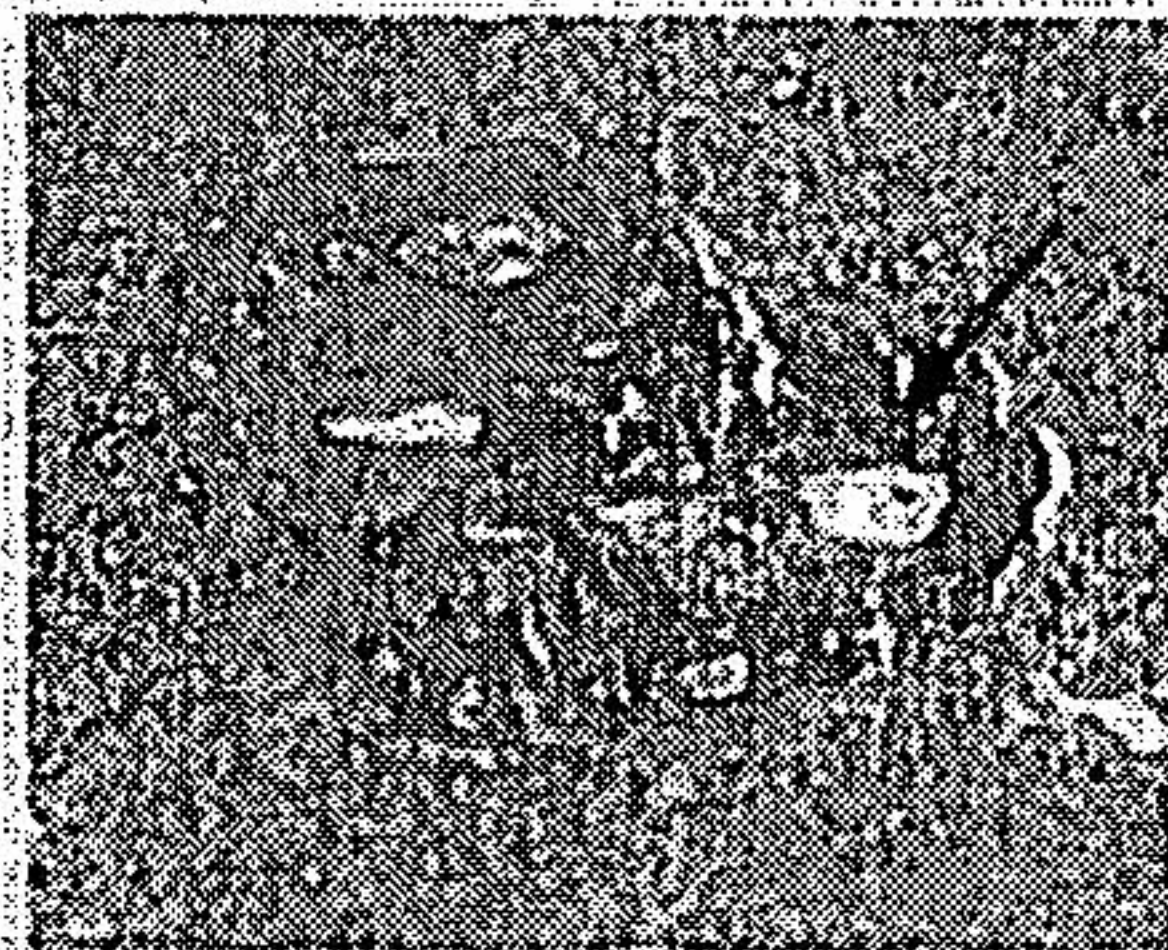


AUTOPSY REPORT ME (b)(6)  
 DIAB, Yahiy D.

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Thickened Large Portal Vein - Arrows show original vein wall.



Recanalized Large Portal Vein



Portal & Bridging Fibrosis

**References:**

1. Aikat BK, et al: The pathology of noncirrhotic portal fibrosis. Human Pathol 1979; 10:405-418
2. Okuda K, et al: Liver pathology of idiopathic portal hypertension. Comparison with non-cirrhotic portal fibrosis of India. Liver 1982; 2:176-192.
3. Bioulac-Sage P, et al: Hepatoportal sclerosis. Sem Liver Dis 1995; 15:329-339.
4. Nakanuma Y, et al: Pathology and pathogenesis of idiopathic portal hypertension with an emphasis on the liver. Pathol Res Pract 2001; 197:65-76.
5. Fiel MI, et al: Liver failure and need for transplantation in patients with advanced hepatoportal sclerosis. Am J Surg Pathol 2007; 31:607-614.

//SIGNED//

(b)(6)

Armed Forces Institute of Pathology

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Exhibit 17  
 000215



**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahyr D.**

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**FINAL AUTOPSY DIAGNOSES:****I. Gastrointestinal hemorrhage**

- A. Hepatoportal sclerosis
- B. Status post banding for esophageal varices
- C. Approximately 500 ml of blood and blood clot collected in the stomach
- D. Intestinal lumen is filled with blood with discharge of blood via the anus

**II. Other natural disease diagnoses**

- A. Concentric left ventricular hypertrophy
- B. Microscopic finding of diffuse enlarged portal fibrosis of the liver
- C. Splenomegaly (750 gm)
- D. Asymmetrical kidneys (right - 140 gm, left -290 gm)
- E. Pericardial, pleural, and peritoneal effusions
- F. Pedal and scrotal edema

**III. Medical therapy**

- A. Intravenous catheter inserted and covered with gauze of the left subclavian area
- B. Arterial catheter and intravenous catheter inserted and covered with gauze of the right femoral area
- C. Intravenous catheter inserted and covered with gauze of the left hand
- D. Puncture wound with hematoma of the right arm

**IV. Identifying marks**

- A. Scar of the posterior aspect of the right thigh
- B. Scars of the anterior aspects of both legs

**V. Toxicology results**

- A. No ethanol detected in the blood and vitreous fluid
- B. Drug screen
  - a. Lidocaine detected in the urine
  - b. Morphine detected in the urine. The blood contained 0.11 mg/L
  - c. Acetaminophen detected in the urine. The blood contained 5 mg/L
  - d. Midazolam detected in the urine. The blood contained 0.34 mg/L
  - e. 1-Hydroxymidazolam detected in the urine. The blood contained 0.025 mg/L

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**AUTOPSY REPORT ME** (b)(6)  
**DIAB, Yahiy D.**

Page 9 of 9

**OPINION**

This estimated 50-year-old male died as a result of acute upper gastrointestinal hemorrhage from esophageal variceal bleeding.

The banding of the esophageal varices was in place. The lesion of the distal esophagus was consistent with that of a healing erosion above the banded esophageal varice. Although we did not find the source of the bleeding, re-bleeding is a known complication with high mortality of the esophageal varices. Esophageal varices develop in 90% of cirrhotic patients and are most often associated with alcoholic cirrhosis. Worldwide, hepatic schistosomiasis is the second most common cause of variceal bleeding. The decedent's liver showed characteristic of an uncommon disorder known as hepatoportal sclerosis as indicated from the AFIP consultation. As such, patients with this disorder were known to develop severe portal hypertension, and ultimately gastroesophageal varices.

The postmortem toxicology analysis showed the present of lidocaine, morphine, acetaminophen, midazolam, and 1-hydroxymidazolam (a byproduct of midazolam) consistent with medical therapeutic modalities.

We had requested the complete medical record for the time of his hospitalization from 25 November 2007 to the time of his death on 03 December 2007; however, received only the documentation for the admission, brief surgical note of the esophageal banding, and the brief note of death notification. The progress notes for his hospitalization were absent for our review. Therefore, we are certifying the cause and manner of death based on the available medical record, autopsy, and toxicology findings. If there is additional material becomes available, we will review the case and issue our finding if warranted.

The manner of death is natural.

(b)(6)

Associate Medical Examiner

(b)(6)

Deputy Medical Examiner

ACLU DDII CID ROI 27494

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Exhibit 13





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

REPLY TO  
ATTENTION OF

AFIP-CME-T

TO:

OFFICE OF THE ARMED FORCES MEDICAL  
EXAMINER  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-6000

PATIENT IDENTIFICATION

AFIP Accessions Number      Sequence

(b)(6)

(b)(6)

Name

DIAB, YAHIYR DIASTI

SSAN:

Autopsy: ME (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: December 13, 2007

CONSULTATION REPORT ON CONTRIBUTOR MATERIAL

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident:

Date Received: 12/11/2007

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

**VOLATILES:** The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

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

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

**Positive Lidocaine:** Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

*This document contains information EXEMPT FROM MANDATORY DISCLOSURE under the  
FREEDOM OF INFORMATION ACT Exemption No. 6c,d Applies*

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ACLU DDII CID ROI 27495

Exhibit 13

000218





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

REPLY TO  
ATTENTION OF

REPORT OF TOXICOLOGICAL EXAMINATION (CONT - (b)(6) DIAB, YAHYR  
DIASTI):

Positive Opiate: Morphine was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.11 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.

Positive Acetaminophen: Acetaminophen was detected in the urine by immunoassay and confirmed by color test. The blood contained 5 mg/L of acetaminophen as quantitated by immunoassay.

Positive Benzodiazepine: Midazolam was detected in the urine by immunoassay and confirmed by gas chromatography/mass spectrometry. The blood contained 0.34 mg/L of midazolam as quantitated by gas chromatography/mass spectrometry.

Positive Benzodiazepine: 1-Hydroxymidazolam was detected in the urine by gas chromatography/mass spectrometry. No 1-hydroxymidazolam was detected in the blood at a limit of quantitation of 0.025 mg/L using gas chromatography/mass spectrometry.

(b)(6)

Office of the Armed Forces Medical Examiner

ACLU DDII CID ROI 27496

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Exhibit 13  
000219



**ARMED FORCES INSTITUTE OF PATHOLOGY DIVISION OF FORENSIC TOXICOLOGY**

Dover AFB Port Mortuary



**TO:**  
 ARMED FORCES INSTITUTE OF PATHOLOGY  
 ATTN: DIVISION OF FORENSIC TOXICOLOGY  
 BUILDING 54  
 6825 16TH STREET, N.W.  
 WASHINGTON, DC 20306-6000

**FORWARD FINAL RBP** Incident : OIF  
 Remains/Case #: (b)(6)  
 Recovery/TC #: (b)(6)  
 Process Date: 07 Dec 07 ME # (b)(6)

NAME OF PATIENT (Last, First, MI)	SOCIAL SECURITY #	AGE	SEX	RACE
BTB YAHYR, Plastik D	ISN 180981		M	

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

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

LABORATORY/AMOUNT	SPECIMEN/AMOUNT	CONTAINER/AMOUNT
1. Blood	5. Brain	9. Kidney
2. Urine	6. Liver	10. Heart
3. Bile	7. Lint	11. Adipose
4. Vitreous	8. Spleen	12.

**INCIDENT/ ACCIDENT DETAILS** (Include pertinent information regarding crash site, autopsy, or investigation, etc.)

Upper GI bleed

DFT# 1  
 (b)(6)

PRINTED NAME OF REQUESTER/TITLE	SIGNATURE	DATE	PHONE / FAX
(b)(6)	(b)(6)	7 Dec 07	

**CHAIN OF CUSTODY (CC)**

RELEASED BY	RECEIVED BY	DATE/TIME	PURPOSE
SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	DEC 11 2007 @ 1311	Received From Court
SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	DEC 11 2007 @ 1311	TOXICOLOGY TESTING SECURED STORAGE
SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	SIGNATURE: (b)(6) PRINTED NAME: (b)(6)		
SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	SIGNATURE: (b)(6) PRINTED NAME: (b)(6)		
SIGNATURE: (b)(6) PRINTED NAME: (b)(6)	SIGNATURE: (b)(6) PRINTED NAME: (b)(6)		

ACLU DDII CID ROI 27497



0064-07-CID789-23679

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du défunt (nom et prénoms) <b>BTB Diab, Yahiy, Diesti</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g., United States) Pays	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale <b>ISNUS91Z180981C1</b>
RACE Race		MARITAL STATUS État civil	DATE OF BIRTH Date de naissance
<input checked="" type="checkbox"/> CAUCASOID Caucasien	<input type="checkbox"/> NEGROID Négre	<input type="checkbox"/> SINGLE Célibataire	<input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> DIVORCED Divorcé	<input type="checkbox"/> PROTESTANT Protestant	<input checked="" type="checkbox"/> OTHER (Specify) Autre (Spécifier)
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)	<input type="checkbox"/> SEPARATED Séparé	<input type="checkbox"/> CATHOLIC Catholique	
<input type="checkbox"/> WIDOWED Veuf	<input type="checkbox"/> JEWISH Juif		
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du défunt avec le nu	
STREET ADDRESS Domicile à (Rue)		CITY OR TOWN OR STATE (Include ZIP Code) Ville (Code postal compris)	
MEDICAL STATEMENT Déclaration médicale			
CAUSE OF DEATH (Enter only one cause per line) Cause du décès (Indiquer qu'une cause par ligne) <b>Gastrointestinal hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'apparition et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort			
ANTECEDENT CAUSES Symptômes précursifs de la mort	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
OTHER SIGNIFICANT CONDITIONS Autres conditions significatives			
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopsie effectuée	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort attribuées par ces causes externes	
<input checked="" type="checkbox"/> NATURAL Mort naturelle	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO OUI NON		
<input type="checkbox"/> ACCIDENT Mort accidentelle	MODE OF DEATH OF AUTOPSY Conditions principales de l'autopsie		
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste		
<input type="checkbox"/> HOMICIDE Meurtre	(b)(6)	DATE Date	AVIATION ACCIDENT Accident d'Avion
	(b)(6)	<b>7 December 2007</b>	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DATE OF DEATH (Day, month, year) Date de décès (le jour, le mois, l'année) <b>3 December 2007 1943</b>		PLACE OF DEATH Lieu de décès <b>Camp Cropper Iran</b>	
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 le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL EXAMINER (b)(6)		TITLE OF EXAMINER <b>Medical Examiner</b>	
GRADE (b)(6)		INSTALLATION OR ADDRESS <b>Dover AFB, Dover DE</b>	
DATE <b>12/7/2007</b>		(b)(6)	

DD FORM 1300 APR 77 2064

REPLACES DA FORM 1300, 1 JAN 72 AND DA FORM 1300-1, 29 SEP 76, WHICH ARE OBSOLETE.

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Exhibit 2214



(REMOVE, REVERSE AND RE-INSERT CARBONS BEFORE COMPLETING THIS SIDE)

DISPOSITION OF REMAINS			
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AND STATE	OTHER
INSTALLATION OR ADDRESS 436 SVC/SVD 116 26th Street, Dover AFB DE 19902	DATE	SIGNATURE	
NAME OF CEMETERY OR CREMATORY	LOCATION OF CEMETERY OR CREMATORY		
TYPE OF DISPOSITION		DATE OF DISPOSITION	
REGISTRATION OF VITAL STATISTICS			
REGISTRY (Town and Country)	DATE REGISTERED	FILE NUMBER	
		STATE	OTHER
NAME OF FUNERAL DIRECTOR	ADDRESS		
SIGNATURE OF AUTHORIZED INDIVIDUAL			

DD FORM 2064, APR 1977 (BACK)

USAPA V1.00

ACLU DDII CID ROI 27499

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Exhibit 14  
000222