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**DEPARTMENT OF THE ARMY**  
U.S. ARMY CRIMINAL INVESTIGATION COMMAND  
Camp Bucca CID Office  
3rd MP Group (CID), Camp Bucca, Iraq, APO, APO AE 09375

02 Feb 2009

MEMORANDUM FOR: SEE DISTRIBUTION

SUBJECT: CID REPORT OF INVESTIGATION - FINAL (C)/SSI - 0052-2008-CID579-53608 - 5H8

DATES/TIMES/LOCATIONS OF OCCURRENCES:

1. 01 SEP 2008, 1130 - 01 SEP 2008, 1230; TENT E-16, COMPOUND 6, THEATER INTERNMENT FACILITY, CAMP BUCCA, IZ, APO, AE 09375

DATE/TIME REPORTED: 02 SEP 2008, 1900

INVESTIGATED BY:

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

SUBJECT:

1. NONE, ; [ACCIDENTAL DEATH] (NFI)

VICTIM:

1. ALI, MUHAMMAD NAJIB ABU-WAFA (DECEASED): EGYPT; (DOB); (POB); MALE; OTHER; INTERNMENT SERIAL NUMBER (b)(6),(b)(7)(C) COMPOUND 6, THEATER INTERNMENT FACILITY, APO, ARMED FORCES AFRICA, CANADA, EUROPE & MIDDLE EAST 09375; XZ ; [ACCIDENTAL DEATH]

INVESTIGATIVE SUMMARY:

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THIS IS AN OPERATION IRAQI FREEDOM INVESTIGATION.

Investigation disclosed Detainee ALI fell as he exited his assigned tent, struck his head on the concrete, which caused his death. It was determined the cause of death was blunt force trauma and the manner was accidental.

EXHIBITS:

ATTACHED:

1. Agent's Investigation Report (AIR) of SA (b)(6),(b)(7)(C) } Sep 08.
2. Medical Records pertaining to Detainee ALI.
3. MPI Investigator's Packet, 2 Sep 08.
4. Statement of Detainee (b)(6),(b)(7)(C) } 3 Sep 08. (USACIDC only)
5. English translation of Detainee (b)(6),(b)(7)(C) 24 Sep 08, translated by (b)(6),(b)(7)(C)
6. Crime Scene AIR of SA (b)(6),(b)(7)(C) } Sep 08.
7. Crime Scene Sketch prepared by SA (b)(6),(b)(7)(C) } Sep 08.
8. Photograph CD-Rom. (Crime Scene)
9. CD containing the originals of Exhibit 7. (USACRC only)
10. AIR of SA (b)(6),(b)(7)(C) } 22 Jan 09.
11. AIR of SA (b)(6),(b)(7)(C) } Sep 08.
12. Medical Records pertaining to Detainee ALI.
13. Photo Packet containing 17 photographs. (Victim)(USACIDC only)

14. Photographic CD-Rom. (Victim)(USACIDC only)
15. CD containing the original photos of Exhibits 13 and 14. (Victim)(USACIDC only)
16. Statement of PFC (b)(6),(b)(7)(C) 17 Sep 08.
17. Statement of SPC (b)(6),(b)(7)(C) 17 Sep 08.
18. AIR of SA (b)(6),(b)(7)(C) 5 Sep 08.
19. Photographic CD-Rom. (Autopsy)(USACIDC only)
20. AIR of SA (b)(6),(b)(7)(C) Oct 08.
21. Autopsy Report, 19 Nov 09, pertaining to Detainee ALI.
22. Toxicology Report pertaining to Detainee ALI.

NOT ATTACHED:

None

The originals of Exhibits 1, 3-11 and 13-20 are attached to the USACRC copy of this report. The original of Exhibit 2 is retained by 115th CSH. The original of Exhibit 12 is retained by 332nd Expeditionary Medical Group, Theater Hospital, Joint Base Balad, IZ. The originals of Exhibits 21 and 22 are retained in the files of the Armed Forces Institute of Pathology, Rockville, MD.

STATUS: This is a Final Report.

CID Reports of Investigation may be subject to Quality Assurance Review by CID higher headquarters.

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Report Prepared By:

Report Approved By:

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

Special Agent

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

Special Agent in Charge

DISTRIBUTION:

- 1 - Dir, USACRC, Ft Belvoir, VA (originals)
- 1 - AFIP DOVER OAFME
- 1 - 10th MP BN (CID)(ABN)
- 1 - CDR, 3D MP GROUP (CID)(OPERATIONS)
- 1 - CDR, USACIDC, ATTN: CIOP-ZA
- 1 - CDR, TF-Bucca
- 1 - DIR, AFIP
- 1 - FILE

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# EXHIBIT(S) 2

Page(s) 000007 thru 000014  
referred to:

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

ACLU DDII CID ROI 27591

Naib

Al Abu-Wafa, Muhammad PATIENT IDENTIFICATION

1. NAME (Last, First, Middle Initial) 31192 <del>Al Abu-Wafa</del>		2. SSN 900-311192		3a. STA	3b. SERVICE	4. PRECEDENCE P	5. GRADE
6. AGE 52	7. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	8. WEIGHT	9. BLOOD TYPE	10. CLASSIFICATION (1A-5F) <input type="checkbox"/> AMBULATORY <input checked="" type="checkbox"/> UTTER		11. ACCEPTING PHYSICIAN Neurosurgery	
13. APPT/URG DATE		14a. ORIGINATING FACILITY Bucca		15a. DESTINATION FACILITY MAT MARZUK Balad		12. CITE/AUTHORITY NO.	
		14b. ORIGINATING FACILITY PHONE NUMBER (b)(6)		15b. DESTINATION FACILITY PHONE NUMBER (b)(6)		16a. MEDICAL	16b. NON MED

17. DIAGNOSIS  
Parietal fx, (L) SDH, (R) Frontal contusion,  
SAH (Subarachnoid hemorrhage)

18. CLINICAL ISSUES (Please indicate Yes or No on clinical issues. Explain YES comments in Section 23)

	YES	NO	ISSUE	YES	NO	ISSUE	YES	NO	ISSUE
a.			HYPERTENSION			MOTION SICKNESS			AMBULATORY
b.			CARDIAC HR			VISION IMPAIRED			AMBULATORY AID
c.			DIABETES			VOIDING PROBLEMS			SELF-CARE
d.			RESPIRATORY			BOWEL PROBLEMS			ACCOMMODATE SUPPLY OF MEDS
e.			EARLIER			SELF-CARE			OTHER

18. BATTLE CASUALTY  DISEASE  NON-BATTLE INJURY

20. PHYSICIANS ORDERS

20a. DATE \_\_\_\_\_ 20b. TIME \_\_\_\_\_ 20c. ALLERGIES \_\_\_\_\_

20d. DIET \_\_\_\_\_ REG \_\_\_\_\_ SOM NA \_\_\_\_\_ CARDIAC \_\_\_\_\_ DIABETIC \_\_\_\_\_ CALS \_\_\_\_\_

RENAL \_\_\_\_\_ Gen prot \_\_\_\_\_ Ora No \_\_\_\_\_ Max K \_\_\_\_\_ mg PO4 \_\_\_\_\_

TUBE \_\_\_\_\_ TYPE \_\_\_\_\_ caly, 1/2, 3/4, FULL STRENGTH \_\_\_\_\_

PEDIATRIC AGE \_\_\_\_\_ OTHER (Specify) \_\_\_\_\_

TPN: Change to D10 at \_\_\_\_\_ caly for next of \_\_\_\_\_ days \_\_\_\_\_

TUBE FEEDING \_\_\_\_\_ at \_\_\_\_\_ strength at \_\_\_\_\_ caly \_\_\_\_\_

21. PRE-FLIGHT VITALS

21a. DATE/TIME: 1 Sept 2008

21b. TEMP \_\_\_\_\_ 21c. PULSE \_\_\_\_\_ 21d. RESP \_\_\_\_\_ 21e. BP \_\_\_\_\_

20e. IV/BLOOD \_\_\_\_\_

20f. SPECIAL EQUIPMENT

<input type="checkbox"/> SUCTION	<input type="checkbox"/> IV PUMP	<input type="checkbox"/> ORTHOPEDIC BRACES
<input type="checkbox"/> NG TUBE	<input type="checkbox"/> TRACH	<input type="checkbox"/> RESTRAINTS
<input type="checkbox"/> STRYKER FRAME	<input type="checkbox"/> MONITOR	<input type="checkbox"/> OTHER (Specify in 23)
<input type="checkbox"/> INCUBATOR	<input type="checkbox"/> FOLEY	

22. BRIEF NARRATIVE

52 yo ♂ = AMS and unclear etiology of trauma (ie syncope vs slipped + fell) = CT showing (L) SDH, (R) parietal fx, (R) frontal contusion, SAH.

20g. ALTITUDE RESTRICTIONS \_\_\_\_\_

20h. RECORDS TO ACCOMPANY PATIENT

<input checked="" type="checkbox"/> OUTPATIENT RECORDS	<input checked="" type="checkbox"/> X-RAYS	FINANCIAL
<input type="checkbox"/> INPATIENT RECORDS	<input type="checkbox"/> OS RECORDS	OTHER (Specify)
<input type="checkbox"/> NARRATIVE SUMMARY	<input type="checkbox"/> DENTAL RECORDS	

20i. MEDICATIONS/TREATMENTS

23. ASSESSMENT/PROGRESS

DATE/TIME	NOTES
	Guards: (b)(6)
	Medical G

Fentanyl 9gt  
Versed 9gt

Ready Date:  
Birthdate:  
Point of Contact:

24. STAMP AND SIGNATURE OF ATTENDING PHYSICIAN  
(b)(6)

25. STAMP AND SIGNATURE OF FLIGHT SURGEON

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ACLU DDII CID ROI 27592  
1707 Land...  
2

Patient: BUCCA, B311192  
Facility: WBH6B1

Date: 01 Sep 2008 1422 AST  
Clinic: TF 115 (BUCCA)

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

AutoCites Refreshed by @ 01 Sep 2008 1638 AST

**Problems**  
INGUINAL HERNIA  
INGUINAL HERNIA ON THE RIGHT

**Active Medications**  
No Active Medications Found.  
**Allergies**  
Patient has no known allergies

Screening Written by (b)(6) @ 01 Sep 2008 1422 AST

Appointment Reason For Visit: vomiting blood; .

Selected Reason(s) For Visit: .  
vomiting blood (New) Comments:

Vitals Written by (b)(6) @ 01 Sep 2008 1422 AST  
BP: 130/60 Right Arm, Adult Cuff, HR: 76 Regular, Radial Artery, RR: 17, O2: 97, Alcohol Use: No,

S/O Note Written by (b)(6) @ 01 Sep 2008 1639 AST

History of present illness .

The Patient is a 28 year old male.  
\* Encounter Background Information: 52 yo male presents after being found on the ground. He apparently was in the wash area and the other detainees said he walked in with blood coming from his right ear. He then collapsed down to the ground. Unknown if he had a syncopal episode or slipped??? Medics arrived to find him rolling around the floor, not conversive at all. He was awake, but not alert and not following commands. Here in the ER, he is awake, not following commands initially, but then did tell us by his hands that he is 52. Is not following commands, but moves all extremities. Noted Bright red blood from the right ear. No oral trauma noted. The detainees said he was vomiting blood, but the medics noted only vomit. Is not verbal at all.

Past medical/surgical history .

Reported History:  
Past medical history GERD /: on zantac / naprosyn.

Personal history .  
Social history was unknown.

Family history .  
Family medical history was unknown.

Review of systems .  
**Head symptoms:** Head symptoms.  
**Otolaryngeal symptoms:** Otolaryngeal symptoms Limited ROS due to mental condition.  
**Cardiovascular symptoms:** No cardiovascular symptoms.  
**Pulmonary symptoms:** No pulmonary symptoms.  
**Gastrointestinal symptoms:** Gastrointestinal symptoms.

Physical findings .  
His mental exam: GCS of 12. Moving all extremities. Responds to painful stimuli: localizes. Pupils equal / reactive to light  
Blood from the right ear. No outward signs of trauma about the head.

Vital signs:  
• Vital signs:  
• Current vital signs reviewed.  
General appearance:  
• Not alert. • Not oriented to time, place, and person. • Awake. • Well developed. • Well nourished. • Well hydrated.

Head:  
• Head: Blood from the right ear.

Name: BUCCA, B311192	Sex: M	Sponsor: BUCCA, B311192
FMP/SSN: 20/500311192	Tel H:	Rank:
DOB: 31 Dec 1979	Tel W:	Unit: DETAINEE
PCat: K78 FOREIGN	CS:	Outpt Rec. Rm:
NATIONAL-POW/INTERNEE		
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

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CHRONOLOGICAL RECORD OF MEDICAL CARE  
LAW ENFORCEMENT SITIVE

STANDARD FORM 600 (REV. 5)  
Prescribed by GSA and ICMR  
FIRM (41 CFR) 101-15.505

THIS INFORMATION IS PROTECTED BY THE PRIVACY ACT OF 1974 (P.L. 93-179). UNAUTHORIZED ACCESS TO THIS INFORMATION IS A VIOLATION OF FEDERAL LAW. VIOLATORS WILL BE PROSECUTED.

ACLU-DDI-CID-ROI 27593

EXHIBIT 000008

**HEALTH RECORD** | **CHRONOLOGICAL RECORD OF MEDICAL CARE**  
01 Sep 2008 1422 | Facility: WBH6B1 Clinic: TF 115 (BUCCA) Provider: (b)(6)

**Eyes:**  
 General/bilateral:  
 \* Eyes: normal.  
 Pupils: \* Normal.  
 Sclera: \* Normal.  
 Right eye:  
 \* Normal.  
 Left eye:  
 \* Normal.

**Ears, Nose, Throat:**  
 \* ENT:

**Ears:**  
 General/bilateral:  
 \* Ears: BR Blood from the right canal.

**Nose:**  
 \* Normal.

**Oral cavity:**  
 \* Oral cavity: Some blood in the airway.

**Neck:**  
 \* Normal C-Collar placed.

**Chest:**  
 \* Normal.

**Lungs:**  
 \* Chest was normal to percussion. \* Clear to auscultation.

**Cardiovascular system:**  
 Inspection: \* Normal.  
 Auscultation: \* Normal.  
 Palpation: \* Normal.

**Back:**  
 \* Normal.

**Abdomen:**  
 Visual inspection: \* Abdomen was normal on visual inspection.  
 Auscultation: \* Abdominal auscultation revealed no abnormalities.  
 Percussion: \* Abdominal percussion was normal.  
 Palpation: \* Abdominal palpation revealed no abnormalities.

**Genitalia:**  
 \* Normal.

**Rectum:**  
 \* Normal.

**Skin:**  
 \* Normal.

**Musculoskeletal system:**  
 General/bilateral: \* Musculoskeletal system: normal Moving all extremities.

**Neurological:**  
 \* Speech was abnormal Non Verbal.  
 Mental Status Findings: \* Mental status was abnormal. \* Level of consciousness was abnormal. \* Cognitive functioning was abnormal.

**Tests**  
**Urinalysis:**  
 Urinalysis was performed CT C-Spine: pending.

**Laboratory-based chemistry:**  
 Laboratory-based chemistry Labs reviewed: see attached.

**Imaging studies:**  
 Imaging studies CT HEAD: Right parietal bone fx / Left sided subdural with 3-4mm shift. Left frontal hematoma / SAH. CXR: ET tube just above the Carina: Pulled back 2 cm to 23 at the lips. CT CSPINE: P.

Name: BUCCA, B311192	Sex: M	Sponsor: BUCCA, B311192
FMP/SSN: 20/500311192	Tel H:	Rank:
DOB: 31 Dec 1979	Tel W:	Unit: DETAINEE
PCat: K78 FOREIGN NATIONAL-POW/INTERNEE	CS:	Outpt Rec. Rm:
MC Status:	WS:	PCM:
Insurance: No		Tel. PCM:

CHRONOLOGICAL RECORD OF MEDICAL CARE | STANDARD FORM 600 (REV. 5) Prescribed by GSA and ICMR FIRM (41 CFR) 101-11.505

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EXHIBIT 00009 2 Page 2 of 3



HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

01 Sep 2008 1422

Facility: WBH6B1 Clinic: TF 115 (BUCCA)

Provider: (b)(6)

A/P Written by (b)(6) @ 01 Sep 2008 1640 AST

1. FRAC SKULL CLO HEMORRHAGE SUBARACHNOID, SUBDURAL, EXTRADURAL  
Comments: ASSESSMENT:

52 yo male presents with change in mental status s/p ? fall / trauma. Unknown if he had a syncopal episode / fell / was hit. Presented with GCS of 12. and blood from the right ear.

ER COURSE:

IVF / LABS. EMERGENT CT: right parietal bone fx with pneumocephalis / LEFT subdural hematoma / Left frontal hematoma vs SAH. Called Neurosurgery at Ballad for transfer. Elective intubation performed: See med list. 7.5 ET tube placed without difficulty. There was blood in the oropharynx. FOLEY / OGT placed. Sedated on Vec / Fentanyl / VERSED. Packaged for transfer.

PLAN:

L SUBDURAL HEMATOMA / R PARIETAL BONE FX / L FRONTAL SAH -hematoma:

- Txfer arranged to BALAD: Air EVAC
- INTUBATED for airway protection and proposed decompenation
- Sedated on Fentanyl / Versed
- Paralysed with VECURONIUM
- Close monitoring needed.
- Mannitol if needed for pupillary dilatation
- Foley / OGT
- Stable on transfer

Disposition Written by (b)(6) @ 01 Sep 2008 1640 AST

Evacuation

Follow up: with PCM.

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

Injury & Illness: Not Work Related; Not Battle Related; Category: Injuries, Other Cause: Non-Battle Injury

Appointment Class: Outpatient

E&M Code: 99213 - Estab Outpatient Expanded H&P - Low Complexity Decisions

Signed By (b)(6) @ 01 Sep 2008 1640 AST

(b)(6)  
WBH6B1

Name: BUCCA, B311192	Sex: M	Sponsor: BUCCA, B311192
FMP/SSN: 20/500311192	Tel H:	Rank:
DOB: 31 Dec 1979	Tel W:	Unit: DETAINEE
PCat: K78 FOREIGN	CS:	Outpt Rec. Rm:
NATIONAL POW/INTERNEE	WS:	PCM:
MC Status:		Tel. PCM:
Insurance: No		

CHRONOLOGICAL RECORD OF MEDICAL CARE STANDARD FORM 600 (REV. Prescribed by GSA and ICMR FPMR (41 CFR) 101-45.505

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0052 08 CID579-53608

USE BALL POINT PEN  
PRESS HARD

**AUTHORIZATION AND TREATMENT STATEMENT**

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

<b>I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)</b>								
1. REGISTER NO. 4324	NBSUF	2. NAME (Last, First, Middle Initial) NASTH, A. I.				3. RELIGION		
4. FACILITY CODE 5602	5. MEDICAL TREATMENT FACILITY 332 EMDG BALAD AB, IRAQ			6. TIME OF ADM 2000	7. DATE OF ADM 1 Sep 03	8. TYPE OF CASE BI / <u>(NBI)</u> / D		
9. EMP 20	SSN 900-31192	10. BENEF TYPE see below	11. GRADE SI	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC	16. AGE
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE	21. CURRENT ORGANIZATION DETAINEE			22. INPATIENT UNIT 164	
23. FAC INT ADM CODE	24. FACILITY OF INITIAL ADMISSION			25. DATE INITIAL ADM	26. ROOM	27. BED 14		
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO	29. CLINIC SERVICE(S) (for same day surgery see below)				30. ADMISSION CLERK (b)(6)			
31. EMERGENCY ADDRESSEE/RELATIONSHIP				32. NAME AND ADDRESS OF SPONSOR				
33. PRIMARY ADMISSION DIAGNOSIS				34. SECONDARY ADMISSION DIAGNOSIS				
35. CAUSE OF INJURY INTRACRANIAL Hemorrhage - possibly got beat up								
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)		
<b>II. TREATMENT</b>								
38. DIAGNOSES - PROCEDURES Same Day Surgery: Gen Surg Neuro GYN Ophth ENT Ortho Uro OMFS Plastic Med GI Same Day Surgery Date: _____  Beneficiary Type: US/Coalition: USA USAF USMC USN Coalition Other Iraqi: Iq Police Iq Army Host Nation Civilian Detainee: Security Internee Other: TCN Other  NSI / VSI / SI  PATIENT ORIGINATED FROM: BUCCA [redacted] 12 Dec 1972  MEDEVAC COMPANY / CALL SIGN:  LNO:  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)						39. PROVIDERS OF CARE		
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)								
TC-2 Full Reg (b)(6)		Admission: TMDS Adm (b)(6) II PUA		Discharge: TMDS _____ II _____				
Bed Status Pending (b)(6)		TC-2 Adm (b)(6)		TC-2 _____		Bed Status _____		
						(Check <input type="checkbox"/> if continued on reverse)		
41. DISPOSITION		42. DATE OF DISPOSITION	43. TIME OF DISPOSITION	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN RECOMMENDED		
47. SIGNATURE OF ATTENDING HEALTH CARE PROVIDER				48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL				

AF IMT 560, 19870101, V2

PREVIOUS EDITION WILL BE USED

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ACLU DDII CID ROI 27596

EXHIBIT 00011

0052 08 CID579-536 038 2008

332 EMDG  
CCIR/SIR REPORT

FROM: (DIRECT REPORTING UNIT: 332/AEW/EMDG/MCC)  
THRU: FRAGO 005 AUG 07  
TO: TF MED 62

**Subject: Commander Critical Incident Report (CCIR) Significant Incident Report (SIR)**

2. Category: (Listed below are the most commonly used. Ref: FRAGO or OI for extensive list)

CCIR-FFIR:	CCIR-EEFI:	CCIR-PIR:	SIR:
1. Bed Status Change	1. Any Death in Facility (US, Detainee or SI Iraqi Security Force, Iraqi Army, Iraqi Civilian)	1. Events, disturbances or violence that may prevent transfer of Iraqi patients (Civ or ISF)	1. Loss, theft or damage mismanagement of sensitive items, controlled crypto items or drugs
2. Loss Critical Capacity	(Circle One): DOW DOA KIA Expired		
3. MASCAL	2. Any Display of Suicide/Attempt Suicide		
4. Any Disease DNB: Trend	3. Any US Battalion CC/OSM, DV, SI Person of Command (treated or visiting)		2. Loss, theft or damage of Government Damage \$ 50,000
5. Event Involving Pos/Neg political, media or international attention	4. All other deaths in 332d AFTH (eg CIV, ISF, IA, IC)		3. Independent assault of personnel
5. Any TF62 Med Member Hospitalized SI, WIA, KIA	5. Orphaned Patient (Minor/Child)		

3. Type of Incident: (if different than above indicated)

4. Date and time:

5. Location: 332d EMDG

6. Personnel involved:

1. Rank/Name: Nathan, Al

2. SSN/ID NUM: 96011192

3. Race/NATIONALITY: (Circle One) USA; COALITION FORCES; ISF; ISA; LOCAL NATIONAL; TGN; CONTRACTOR; OTHER \_\_\_\_\_

4. Gender: F  M

5. Age: \_\_\_\_\_

6. MOS: \_\_\_\_\_

7. Clearance: \_\_\_\_\_

8. Unit: \_\_\_\_\_

9. Component: \_\_\_\_\_

7. Diagnosis: Intercranial Hemorrhage

8. Summary of Incident: Found down with obvious head injury

9. Disposition: DOW

10. Impact: \_\_\_\_\_

11. Next Course of Action: \_\_\_\_\_

12. Remarks: \_\_\_\_\_

13. Priority: \_\_\_\_\_

14. Commander reporting: \_\_\_\_\_

15. PAD POC: L NAME, F NAME (b)(6)  
MRO Contacted YES / NO \_\_\_\_\_ MRO POC Name Notified \_\_\_\_\_ Date/Time \_\_\_\_\_

16. Report originated by: 332 EMDG

MCC USE ONLY

17. Released by: 332 EMDG/MCC POC: \_\_\_\_\_ Submitted through TF62 MED Shareport: ( YES / NO )

18. Notified

Position	Name	Time	Instructions

19. Category of incident

20. Commander Actions: \_\_\_\_\_

ACLU DDII CID ROI 27597

EXHIBIT 00012

0052 08 CID579-53608

HOSPITAL REPORT OF DEATH <small>FOR USE OF THIS FORM SEE AR 40400. THE APPROPRIATE AGENCY IS OFFICE OF THE SURGEON GENERAL.</small>		NAME AND LOCATION OF HOSPITAL 332 EMDG BALAD AB, IRAQ	
<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.) <i>Najih, Al.</i> <i>99/9003119Z</i>		2. TIME OF DEATH (Hour, day, month, year) <i>1537</i>	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, asthma, etc. It means the disease, injury, or complication which caused death.)	DUE TO (or as a consequence of) <i>intra-uterine fetal hemorrhage</i>		
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) (2)		
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.		
	b.		
9. DATE <i>9-2-08</i>	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER <i>(b)(6)</i>	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE <i>(b)(6)</i>	
<b>SECTION B - ADMINISTRATIVE ACTION</b>			
TYPE OF ACTION	HOUR	DAY	MONTH
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	25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY	
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR	

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 67, WHICH WILL BE USED.

USDA 4000

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ACLU DDII CID ROI 27598

EXHIBIT 2  
000013

MEDICAL RECORD	PROGRESS NOTES
DATE	
9/2/08	ICU
1940	<p>Pt without spont HR or respiration.          No pulse, pupils fixed &amp; dilated.          Pronounced. died @ 1357 on 9/2/08.</p>
(b)(6)	DWARRE
	(b)(6)

(Continue on Page 2)

<b>PATIENT'S IDENTIFICATION</b> <small>(For typed or written entries give: Name - last, first, middle; grade, rank, rate; hospital or medical facility)</small>	<b>REGISTER NO.</b>	<b>WARD NO.</b>
--	---------------------	-----------------

Najih, Al.  
 900311192

**PROGRESS NOTES**  
 Medical Record

STANDARD FORM 509 (Rev. 7-91)  
 Prescribed by GSA/ICMR  
 FIRM (41 CFR) 201-9.202-1

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ACLU DDII CID ROI 27599  
 EXHIBIT 200014

**AGENT'S INVESTIGATION REPORT**

ROI NUMBER

0052-08-CID579-53608

CID Regulation 195-1

PAGE 1 OF 2 PAGES

**BASIS FOR INVESTIGATION:** About 1900, 2 Sep 08, SFC **b(6), b(7)(C)** 42<sup>nd</sup> MP BDE, Camp Bucca reported the death of a detainee. The detainee had obtained injuries at the Theater Internment Facility (TIF) and died at the Balad Hospital.

About 1901, 2 Sep 08, SA **b(6), b(7)(C)** coordinated with SPC **b(6), b(7)(C)** 115<sup>th</sup> CSH, TIF, Camp Bucca and obtained the medical Records pertaining to Detainee ALI.

About 1902, 2 Sep 08, SA **b(6), b(7)(C)** coordinated with Dr. (CPT) **b(6), b(7)(C)** 115<sup>th</sup> CSH, TIF concerning the assistance he provided Dr. (CPT) **b(6), b(7)(C)** 115<sup>th</sup> CSH, TIF. Dr. (CPT) **b(6), b(7)(C)** related a Computerized Axial Tomography (CAT) scan was conducted and found Detainee ALI had a fractured skull and was "bleeding into his brain." Dr. (CPT) **b(6), b(7)(C)** related a decision was made to have Detainee ALI MEDEVAC'd to the hospital in Balad.

About 1914, 2 Sep 08, SA **b(6), b(7)(C)** interviewed SPC **b(6), b(7)(C)** B CO, 180<sup>th</sup> IN BN, Camp Bucca, concerning his knowledge of the events surrounding the death of Detainee ALI. SPC **b(6), b(7)(C)** related at 1330 he received a radio call which stated Detainee ALI was lying outside of Caravan E16, TIF and bleeding out of his right ear. SPC **b(6), b(7)(C)** B BTRY, 3-13 FAR, Camp Bucca and SPC **b(6), b(7)(C)** 304<sup>th</sup> MP BN, Camp Bucca attended to Detainee ALI at the compound and made the determination to have Detainee ALI transported to the TIF Hospital. INV **b(6), b(7)(C)** 400<sup>th</sup> MP BN, Camp Bucca completed a follow up investigation in which it was revealed Detainee ALI tripped over the wood holding down the tent entrance.

About 1924, 2 Sep 08, SA **b(6), b(7)(C)** interviewed SGT **b(6), b(7)(C)** 352<sup>nd</sup> MP CO, Camp Bucca, concerning his observations of Detainee ALI. SGT **b(6), b(7)(C)** relayed Detainee ALI appeared tired, was responsive, but did not speak, had trouble keeping his eyes open, and looked to have fallen.

About 1943, 2 Sep 08, SA **b(6), b(7)(C)** coordinated with 1LT **b(6), b(7)(C)** 352<sup>nd</sup> MP CO who stated in the 400<sup>th</sup> MP BDE Spot Report summary stated that about 1330, 2 Sep 08, Detainee ALI was seen lying outside the caravan bleeding from his right ear. MED 1 was in the compound and provided medical aid and transported to the TIF Hospital. About 1458, 2 Sep 08, 42<sup>nd</sup> MP BDE requested an update from the TIF Hospital. A translator related that Detainee ALI stated he had fallen and hit his head. MPI was sent to investigate this incident and interviewed the three Detainees that were with Detainee Ali and their statements were the same.

About 0800, 3 Sep 08, SA **b(6), b(7)(C)** coordinated with INV **b(6), b(7)(C)** concerning her initial investigation. INV **b(6), b(7)(C)** provided her investigator's statement, sworn statements from CPT **b(6), b(7)(C)** CPT **b(6), b(7)(C)** 115<sup>th</sup> CSH, SGT **b(6), b(7)(C)** SGT **b(6), b(7)(C)** 352<sup>nd</sup> MP CO, Detainee's **b(6), b(7)(C)**

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA	<b>(b)(6), (b)(7)(C), (b)(7)(F)</b>	68th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGNATURE		DATE	EXHIBIT
For		3 Sep 08	/

CID FORM 94  
(Automated)

Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

ACLU DDIC CID ROI 27589

000005

**AGENT'S INVESTIGATION REPORT**

CID Regulation 195-1

ROI NUMBER

0052-08-CID579-53608

PAGE 2 OF 2 PAGES

b(6), b(7)(C) and Detainee b(6), b(7)(C) TIF, two photographs of the crime scene and a photograph of Detainee ALI.

About 1315, 3 Sep 08, SA b(6), b(7)(C) SA b(6), b(7)(C) and CAT II b(6), b(7)(C) interviewed Detainee b(6), b(7)(C) TIF, concerning what he witnessed in regards to Detainee ALI falling down. Between 1130-1230, 1 Nov 08, Detainee b(6), b(7)(C) started taking a shower after Detainee ALI. Detainee b(6), b(7)(C) related Detainee ALI wasn't feeling good and was depressed due to the fact he was back at Camp Bucca after he had his release papers. Detainee b(6), b(7)(C) was sitting in the tent when he looked up and saw Detainee ALI on the ground on his side. Detainee b(6), b(7)(C) believed Detainee ALI had hit his head on the concrete, but was unsure which side of his head had hit the concrete. Detainee b(6), b(7)(C) related once Detainee ALI fell, he was stiff and didn't talk but was still awake. Detainee b(6), b(7)(C) Detainee b(6), b(7)(C) and b(6), b(7)(C) moved Detainee ALI to the Waster Closet (WC) area of the compound to be attended to by the medics. Detainee b(6), b(7)(C) relayed Detainee ALI did not have problems with anyone in the tent, but remembered Detainee ALI isolated himself from others in the group. Detainee b(6), b(7)(C) also noted Detainee ALI seemed tired and had ulcer medication.

About 1401, 3 Sep 08, SA b(6), b(7)(C) SA b(6), b(7)(C) and Mr. b(6), b(7)(C) interviewed Detainee b(6), b(7)(C) concerning what he witnessed in regards to Detainee ALI falling down. Detainee b(6), b(7)(C) relayed before 1200, 1 Sep 08, he was coming back from the bathroom when he noticed Detainee ALI lying down in the tent where he had apparently fallen. Detainee b(6), b(7)(C) observed blood on the inside of Detainee ALI's ear and noticed his body was stiff. Detainee b(6), b(7)(C) attempted to revive Detainee ALI assisted in putting water on Detainee ALI's face. Detainee b(6), b(7)(C) did not know Detainee ALI, but was aware he had high blood pressure.

About 1420, 3 Sep 08, SA b(6), b(7)(C) SA b(6), b(7)(C) and Mr. b(6), b(7)(C) interviewed and obtained a sworn statement from Detainee b(6), b(7)(C) ///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA	(b)(6), (b)(7)(C), (b)(7)(F)	68th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGN		DATE	EXHIBIT
FDR		3 Sep 08	1

CID FORM 94 (Automated)

Protective Marking is Excluded Automatic Transmission (Para 13, AR 34-16)

ACLU RDI CID ROI 27590

000006

## INVESTIGATOR'S SWORN STATEMENT

File Number: 2008-VTOC-139

Location: Camp Bucca IRAQ

Date: 02SEP08

Time: 1830HOURS

Statement of: **(b)(6), (b)(7)(C)**

INV/MPI

SSN: N/A

Org/Address: 400th MP BN (I/R) Camp Bucca, IRAQ 09375

**INVESTIGATORS STATEMENT/SUMMARY**

THIS STATEMENT IS INTENDED TO CLARIFY AND/OR ELABORATE ON CERTAIN ASPECTS OF THIS INVESTIGATION NOT ELSEWHERE COVERED IN THIS REPORT BY OTHER DOCUMENTS AND/OR STATEMENTS.

On 01SEP08, I was notified by Vigilance TOC of a detainee injury that happened at CMP 6E, and was sent to investigate the possibility of foul play. ISN# **(b)(6), (b)(7)(C)** fell, hit his head, and had blood coming from his right ear. He was then transported to compound 11 Hospital, where he was treated for his injury, and then medi-vacc'd out to a hospital in Bilad.

I met with SPC **(b)(6), (b)(7)(C)** at compound 6, who informed me that there were three other detainees in the caravan with ISN# **(b)(6), (b)(7)(C)** when the incident occurred. I then spoke with ISN#'s **(b)(6), (b)(7)(C)** and **(b)(6), (b)(7)(C)** at compound 6, with the help of an interpreter **(b)(6), (b)(7)(C)**.

ISN# **(b)(6), (b)(7)(C)** stated that ISN# **(b)(6), (b)(7)(C)** was tired after moving from Camp Cropper in Baghdad, and he went to take a shower. ISN# **(b)(6), (b)(7)(C)** then stated that he was lying by the air conditioner in the tent, and when ISN# **(b)(6), (b)(7)(C)** came back from the W/C, that he seemed to trip on the wood that blocked the entrance to the tent. He then fell down, and there was blood coming from his right ear. ISN# **(b)(6), (b)(7)(C)** tried to give him water, but he was unconscious. In a later statement, ISN# **(b)(6), (b)(7)(C)** said that ISN# **(b)(6), (b)(7)(C)** was talking earlier about release papers that he got while he was at Camp Cropper, and he also complained of severe headaches, being tired, and that he suffered from ulcers. ISN# **(b)(6), (b)(7)(C)** could not read or write a statement.

ISN# **(b)(6), (b)(7)(C)** said that he was at the W/C, and when he came back, ISN# **(b)(6), (b)(7)(C)** was lying down and bleeding. He then said that he tried to take ISN# **(b)(6), (b)(7)(C)** to the W/C to clean up. When asked, he stated that there was no problem between detainees, or with the guard force, either here, or in transit from Baghdad.

ISN# **(b)(6), (b)(7)(C)** who spoke some English, said that he went to the W/C, and was outside. When he came inside the tent, he found ISN# **(b)(6), (b)(7)(C)** on the ground with bleeding coming from his ear. He then, with the other two detainees, took ISN# **(b)(6), (b)(7)(C)** to the W/C to clean up.

I then met with, and interviewed CPT **(b)(6), (b)(7)(C)** and CPT **(b)(6), (b)(7)(C)** the attending physicians to ISN# **(b)(6), (b)(7)(C)** at compound 11 Hospital.

CPT **(b)(6), (b)(7)(C)** stated that ISN# **(b)(6), (b)(7)(C)** was conscious at the hospital, but not talking or responding to commands. A CT scan was performed, which showed evidence of internal bleeding in the skull and a fracture on the right side. A decision was made to transport the detainee to Bilad, where there are available neurology resources. CPT **(b)(6), (b)(7)(C)** then sedated ISN# **(b)(6), (b)(7)(C)** for the flight. In a later review, CPT **(b)(6), (b)(7)(C)** said that there was a second addendum to ISN# **(b)(6), (b)(7)(C)** statistics stating that there could have been a arterial venous

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**ACLU DDII CID ROI 27600**

**EXHIBIT 000075**



malfunction that ruptured, causing ISN# [REDACTED] to fall, and subsequently hit his head, causing the skull fracture. CPT [REDACTED] further stated that there will be a more conclusive reason for ISN# [REDACTED] condition when he receives an MRI, or after death, an autopsy.

CPT [REDACTED] stated that she took ISN# [REDACTED]'s vital signs, and prepared him for a CT scan. She stated that during her assessment, ISN# [REDACTED] only responded nonverbally to pain with the IV stick. She stated further that ISN# [REDACTED] only gave hand gestures to indicate his age when asked, but he did not speak anything coherently.

All initial findings show no signs of any foul play regarding ISN# [REDACTED] condition. There will be more conclusive evidence after the autopsy.

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

SSG, USA  
INVESTIGATOR

INITIALS \_\_\_\_\_

PAGE 02 OF 02

**ACLU DDII CID ROI 27601**

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EXHIBIT 3  
000016

MUHAMMAD NAJIB ABU-WAFA ALI  
ISN: ~~(b)(6), (b)(7)(C)~~  
Photo Date: 20070321 1357 L

**ACLU DDII CID ROI 27607**  
~~FOR OFFICIAL USE ONLY~~ **EXHIBIT 3**  
~~LAW ENFORCEMENT SENSITIVE~~ 00002

<http://22.30.207.114/sec/DetaineePhoto.aspx?PersonID=...> 72B4-4B49-B43C-F... 9/1/2008

SWORN STATEMENT

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

PRIVACY ACT STATEMENT

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

1. LOCATION: CAMP BUCCA, IRAQ
2. DATE: 2008 Sept 02
3. TIME: 14:26
4. FILE NUMBER:
5. GRADE/STATUS: 03
6. SSN: b(6), b(7)(C)
7. ORGANIZATION OR ADDRESS: 205th ASMC in Support of the 115th CSN

b(6), b(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

I was the emergency room physician at the time the detainee b(6), b(7)(C) was brought in for treatment. It was told he walked in from the Wash area, the other detainees noticed blood from his ear, and then he collapsed. The medics found him on the ground, rolling around, and not talkative. On presentation, the patient did not speak and was not initially following commands. He was awake and looking around, but not communicating at all. Noted right injury, that he had blood coming out of the right ear. No other signs of trauma noted about the head/Neck/Chest/Abdomen/Extremities - Back. Collar was placed, and he went for an emergent CT scan of his head. He did mention with his hands that he was 52, when asked how old he was. He occasionally attempted to speak, but nothing made sense. I noted the CT with positive findings of fracture and bleeding and made arrangements to transfer the patient to the Neuro Surgeon for evaluation. On re-assessment - he was moving all extremities, but not

10. EXHIBIT: b(6), b(7)(C) STATEMENT PAGE TOP 3 PAGES

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

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

STATEMENT OF **b(6), b(7)(C)** TAKEN AT 14:26 DATED 2008 Sept 02

9. STATEMENT (Continued)

following commands or answering questions. I made a decision to intubate / sedate the patient for airway control / protection for the flight. I suspected a decline in his condition en route to Bolad due to his head injury. He was intubated without incident and packaged for the flight. On Departure, he was stable, with normal vital signs. He was sedated / paralyzed for the flight. Instructions / orders were given to the nurse and he was transferred to the Med Evac flight. As I understood it now at the time of this statement, the patient's condition is declining and he is expected not to make it. On Review of the CT Report that was initially verbalized by Maj **b(6), b(7)(C)** (Radiologist @ Cropper) a 2nd Addendum was attached **b(6), b(7)(C)** stating there may have been an AVM that ruptured as the cause for his "fall." And it may have then caused the fractures, as a result of hitting his head.

Q: **b(6), b(7)(C)**  
A: **b(6), b(7)(C)**

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

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EXHIBIT 000023  
ACLU DDII CID ROI 27609

STATEMENT OF b(6), b(7)(C) TAKEN AT 14126 DATED 2008 Sept 02

9. STATEMENT (Continued)

Q: COULD YOU EXPLAIN THE MEANING OF AVM?

A: Arterial Venous Malformation (AVM). A weakening of the Arteries/Veins as they come together. As a result, bleeding can occur. AVM's can be seen anywhere in the body, and can cause bleeding where ever the we. In this case, there is a question of CT whether the patient had one near the C vertebra. An MRI is needed to confirm.

Q: WAS THERE ANY MEDICAL EVIDENCE THAT ISN b(6), b(7)(C) COULD HAVE BEEN ATTACKED OR STRUCK?

A: In my clinical opinion and experience, I did not see b(6), b(7)(C) any evidence of inflicted trauma from a strike.

Q: DO YOU HAVE ANYTHING FURTHER TO ADD TO YOUR STATEMENT AT THIS TIME?

A: No /// END OF STATEMENT /// b(6), b(7)(C)

I, b(6), b(7)(C) AFFIDAVIT, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT

WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 3. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREEDOMLY WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL b(6), b(7)(C)

Eph mc  
(Signature)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2<sup>nd</sup> day of SEPTEMBER, 2008 at CAMP BUCCA, IFAQ

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

(Typed Name of Person Administering Oath)

ARTICLE 136 (b) 4, UCMJ  
(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)

PAGE 3 OF 3 PAGES

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

**AUTHORITY:** Title 10, USC Section 301; Title 5, USC Section 2951; E.O. 9397 Social Security Number (SSN).

**PRINCIPAL PURPOSE:** To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.

**ROUTINE USES:** Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management. Information provided may be used for determinations regarding judicial or non-judicial punishment, other administrative disciplinary actions, security clearances, recruitment, retention, placement, and other personnel actions.

**DISCLOSURE:** Disclosure of your SSN and other information is voluntary.

1. LOCATION CAMP BUCCA ER	2. DATE (YYYYMMDD) (b)(6), (b)(7)(C) TIME (b)(6), (b)(7)(C) 2008/09/02 1558	FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS O3 AD
8. ORGANIZATION OR ADDRESS TF 115th MED, Camp Bucca, APO AE 09375		

9. I, CPT (b)(6), (b)(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 1SEP08 at approx 1350. I received a patient by the ISN of (b)(6), (b)(7)(C) for unresponsiveness with bleeding from the right ear. On arrival vital signs were taken, an IV line established, labs drawn, and the patient prepped for a head ct. During assessment patient was nonverbal only responding to pain, i.e the IV stick, applying the C-Collar or the foley cath we inserted. I went over with an interpreter to ask his age. His eyes were closed and he didn't respond, and so I rubbed his sternum and he opened his eyes. We asked again and he replied with his right handed motioning the numbers 5 and 2 for his age. When the patient became alert during painful procedures, I was able to maintain eye contact with him. When the patient vomited while in the CT room, and he told me by pointing at his mouth with a look of distress on his face. I do not recall the patient stating any coherent words to me during his stay in the ER (b)(6), (b)(7)(C)

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

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT (b)(6), (b)(7)(C)	PAGE 1 OF 2 PAGES (b)(6), (b)(7)(C)
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

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EXHIBIT 000025

ACLU DDII CID ROI 27611

STATEMENT OF **b(6), b(7)(C)** TAKEN AT CP BUCCA DATED 28 SEP 08 **b(6), b(7)(C)**

9. STATEMENT (Continued)

[Large diagonal line indicating redacted content]

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

AFFIDAVIT

I, **b(6), b(7)(C)**, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

WITNESSES:

\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
ORGANIZATION OR ADDRESS

by law to administer oaths, this 2<sup>nd</sup> day of SEPTEMBER, 2008 at Camp Bucca, IIRAG

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

(Typed Name of Person Administering Oath)  
ARTICLE 136 (b) 4, UCMJ  
(Authority To Administer Oaths)

INITIALS **b(6), b(7)(C)** OF STATEMENT

PAGE 2 OF 2 PA **b(6), b(7)(C)**

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

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

1. LOCATION Caravan 16, Compound 6E, Camp Bucca Iraq	2. (b)(6), (b)(7)(C) (YYYYMMDD) 2008/09/01	3. (b)(6), (b)(7)(C) approx. 1330 hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS SGT/ Escort	
8. ORGANIZATION OR ADDRESS 352nd MP Co, Camp Bucca, Iraq			

9. I, SGT b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:  
 On 01 September, 2008, myself and SGT b(6), b(7)(C) were escorting the medics that had been called for a previous incident, down the mile at Compound 6. While escorting the medics SGT b(6), b(7)(C) was called away to caravan 16 to attend to their constant calling. Upon his return he informed me and the medics that a detainee had fallen and was bleeding. Upon arrival at the caravan I saw the detainee lying on the floor not moving and a pool of blood by the front of the caravan gate, we asked the other detainees to pick up the detainee and bring him into the W/C where the medics could then examine him. During the examination it was noted that the detainee was bleeding from his ear. The detainee though responsive did not speak or attempt to get up on his own, when smelling salts were introduced the detainee opened his eyes and tried to move away from the smell by pushing it away with his hands. While the medics were evaluating the detainee myself and SGT b(6), b(7)(C) had the remaining three detainees in the caravan line up and show us their hands to see if we noticed any swelling on the knuckles to eliminate a possibility of detainee on detainee abuse no evidence by us was found. After the examination it was decided by the medical team to move the detainee to the TIF hospital, I and SGT b(6), b(7)(C) then helped move the detainee on to a stretcher and into the Ambulance. SGT b(6), b(7)(C) was the guard force member that went with the detainee to the hospital. b(6), b(7)(C)

-----NOTHING ELSE FOLLOWS-----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 2 PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"  
 THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE BE INDICATED.



STATEMENT OF b(6), b(7)(C) TAKEN AT Camp Bucca DATED 2008/09/02

9. STATEMENT (Continued)

AFFIDAVIT

I, b(6), b(7)(C), HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

(Statement)

WITNESSES:

Sub b(6), b(7)(C) on authorized by law to administer oaths, this 2<sup>nd</sup> day of SEPTEMBER, 2008 at Camp Bucca IRBA

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

ARTICLE 136 (b) 4, UCMJ  
(Authority To Administer Oaths)

ORGANIZATION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)

b(6), b(7)(C)  
PAGE 2 OF 2 PAGES

**SWORN STATEMENT**

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

**PRIVACY ACT STATEMENT**

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

1. LOCATION Caravan 16, Compound 6E, Camp Bucca Iraq	2. b(6), b(7)(C)YYMMDD 09/01	3. b(6), b(7)(C) approx. 1330 hrs	4. FILE NUMBER
5. LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	6. SSN b(6), b(7)(C)	7. GRADE/STATUS SGT/ Escorte Shift Leader	
6. ORGANIZATION OR ADDRESS 352nd MP Co, Camp Bucca, Iraq			

I, SGT b(6), b(7)(C), WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 01 September, 2008, I was escorting medics that had been called for a previous incident, down the mile at Compound 6. I was in the vicinity of caravan 15 at the time, when I heard detainees in several caravans calling me saying "Sick! Sick!". I investigated after telling SGT b(6), b(7)(C) that I would be right back. I arrived at the front of caravan 16 to discover one detainee laying on his side on the ground next to the water-closet(W/C). I immediately told the detainees that I would get a doctor ASAP and ran up the mile to caravan 9 where the medics were currently located with SGT b(6), b(7)(C). I informed them that there was a detainee laying on the ground bleeding in caravan 16 and that while I could not tell where he was bleeding from, they needed to treat him immediately. I ran back to caravan 16, notified the detainees that the doctor was on the way, and remained there to keep eyes on the situation and provide information to the compound controller. I then radioed for keys to the caravan. During this time, I asked the detainees if they had caused this incident and they stated that the man on the ground had fallen in the caravan and that they brought him outside so that the guards could see and get help. The detainee on the ground was unresponsive but definitely still moving and breathing. Approximately 5 minutes elapsed and the medics arrived with their aid-bags at the same time my guard-force arrived with the keys. The detainee was brought into the W/C by two other detainees who then exited, and we (myself, SGT b(6), b(7)(C) and SPC b(6), b(7)(C)) locked the doors to create an area for the medics to work. After a few minutes, they decided that he needed to be brought to the TIF hospital. We then assisted in rolling the detainee onto a stretcher, and he was evacuated to the hospital by the medics and SGT b(6), b(7)(C) the compound guard detailed to escort to the hospital) b(6), b(7)(C)

----- NOTHING ELSE FOLLOWS -----

10. EXHIBIT	11. INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF <u>2</u> PAGES
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ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF \_\_\_\_\_ TAKEN AT \_\_\_\_\_ DATED \_\_\_\_\_"

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

STATEMENT OF **b(6), b(7)(C)** TAKEN AT Camp Bucca DATED 2008/09/02 **b(6), b(7)(C)**

9. STATEMENT (Continued)

AFFIDAVIT

**b(6), b(7)(C)**, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUEN

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 2<sup>ND</sup> day of SEPTEMBER 2008 at CAMP BUCCA, IRAQ

ORGANIZATION OR ADDRESS

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

ORGANIZATION OR ADDRESS

ARTICLE 136 (b) 4, UCMJ  
(Authority To Administer Oaths)

INITIALS OF PERSON **b(6), b(7)(C)** ENT

PAGE 2 OF **b(6), b(7)(C)** PAGES

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

I was sitting down in the tent, it was water time. To receive from the Americans. [redacted] b(6), b(7)(C) and the guy ~~try~~ ~~to~~ to get water. After when we slept in the morning time till the afternoon and [redacted] b(6), b(7)(C) came inside the tent. I went outside to wash the dishes. I saw the guy changed his clothes, ~~he~~ he was went and entered the tent. I saw the guy by the tent door. He was fallen, and he was cramped up. His cramp was severe and blood was coming down from his left ear. I called [redacted] b(6), b(7)(C) after he came out of the bathroom. [redacted] b(6), b(7)(C) did not respond. ~~asked what happened when he entered~~ ~~the tent~~ I asked [redacted] b(6), b(7)(C) what happened. He told me when the guy entered tripped on the wood. That is in the walk way of the tent door and he fall down on to the floor. We moved him to the ~~main~~ main gate (caravan gate). I called the guards for about five minutes or more, but nobody answered me. I asked the tent next to us, but I was lucky at that time the ~~main~~ ~~gate~~ ~~was~~ ~~not~~ ~~open~~ ~~in~~ ~~the~~ ~~next~~ ~~tent~~. Called ~~the~~ ~~guards~~ ~~to~~ ~~come~~. ~~to~~ ~~come~~.

ACLU DPII CID ROI 27619

NO FORN DISSEM  
NO FORN DISSEM

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3

-I was in the bathroom and I got out and went to the tent. I helped the guy on to the ambulance with Amjad. He was cramped alot. And we carried him and took him all the way to the door. And got him close to the outside door. I gave him water to drink and put water on his head. We told the guards about the situation. ~~The [REDACTED] [REDACTED] [REDACTED]~~ After 5 minute the medic came and after the ambulance came and took him to the hospital. After that the S-2 came and started ~~[REDACTED] [REDACTED]~~ investigating the situation,

ENGLISH LANGUAGE TRANSLATION

~~██████████~~ 24 Sep 08 1029

File Number:

Statement of: Detained ~~██████████~~ b(6), b(7)(C) SN # ~~██████████~~ b(6), b(7)(C)

-STATEMENT START-

When we were at the tent , after we woke up around noon time, and we were waiting for the water to come, and when the water came. The man went out to wash his body, and ~~██████████~~ b(6), b(7)(C) went out with him at the same time. When ~~██████████~~ b(6), b(7)(C) finished I went out to wash , and the man was finished from washing. He was putting his clothes on while his body was wet. When he went back to the tent the time he entered the tent. I heard noise I went in I found the man on the ground he was stiffened and blood was coming out his ears. I called the third man with us ~~██████████~~ b(6), b(7)(C) and I told him to bring water I started washing the blood of his face, then we pulled him to the main Gate of the Compound. We start calling the guards in the towers, it took five minutes to get an answer But we were lucky the medics were at the compound they came and took him to the hospital. He did not have a fight or get pushed by any one. It was a natural accident. He was very tired from a long trip, his health situation looked very week. I did not know this man before. But what I know he is an old Egyptian citizen, and that's all I know.

-STATEMENT END-

Translated By: CATII Linguist Code ~~██████████~~ b(6), b(7)(C)

Signature: ~~██████████~~ b(6), b(7)(C) \_\_\_\_\_

Camp Bucca CID Office

APO, AE 09375

**AGENT'S INVESTIGATION REPORT**

CID Regulation 195-1

ROI NUMBER

0052-08-CID579-53608

PAGE 1 OF 1 PAGES

**CRIME SCENE EXAMINATION:** Between 1300 and 1310, 3 Sep 08, SA <sup>b(6), b(7)(C)</sup> conducted a Death Scene Examination of Tent 16E, Compound 6, TIF, Camp Bucca.

**AGENT'S COMMENT:** Due to health and safety concerns for the 19 Detainees having to be secured in an open concrete area with no shade, the length of the examination had to be shortened.

**CHARACTERISTICS OF THE SCENE:** Sub compound 16E was constructed of metal type construction chain link fencing, with concertina wire placed on the top, located within compound 6. Enclosed inside the compound is an open area which holds one green in color tent. The tent is on top of a concrete pad and opens to the West. There was one main Entry/Exit way (E/E) to the compound. The E/E was located in the west side of the compound. The tent was a standard sized General Purpose-Large tent. Tent 16E is a canvas military tent used for housing detainees and is located in the approximate center of the sub-compound. The exterior of the tent is unremarkable.

**CONDITIONS OF THE SCENE:** The interior was in used and disorderly condition, with various personal belongings of the detainees, to include sleeping pads, prayer rugs and water bottles, strewn haphazardly about. A thorough search of the tent failed to locate the exact location of where Detainee ALI fell.

**ENVIRONMENTAL CONDITIONS:** At the time of the death scene examination, the outside temperature was approximately 123 degrees Fahrenheit and the examination was conducted during daylight hours.

**FACTORS PERTINENT TO ENTRY AND/EXIT:** Access to the sub-compound could be gained through the one E/E on the West fence. Access to Tent 16E could be gained through a tent flap, which was standard size, located on the West side of the tent. The E/E to tent 16E is partially obstructed by a two by four inch by 9 foot piece of lumber which is firmly attached to the concrete slab and extends to southwest corner of the tent.

**SCENE DOCUMENTATION:** SA <sup>b(6), b(7)(C)</sup> exposed digital photographs of the death scene using a Nikon Coolpix 4600 digital camera and drafted a crime scene sketch.

**COLLECTION OF EVIDENCE:** A search for evidence revealed no items of evidentiary value.

**SEARCH BEYOND THE SCENE:** A search of the area around Tent 16E revealed no items of evidentiary value.

//////////////////////////////////////LAST ITEM//////////////////////////////////////

TYPED AGENT'S NAME AND SEQUENCE NUMBER		ORGANIZATION	
SA <sup>(b)(6), (b)(7)(C), (b)(7)(F)</sup>		68th MP Detachment (CID), Camp Bucca, APO AE 09375	
SIGN	DATE	EXHIBIT	
<i>Fo</i>	3 Sep 08	6	

CID FORM 94 (Automated)

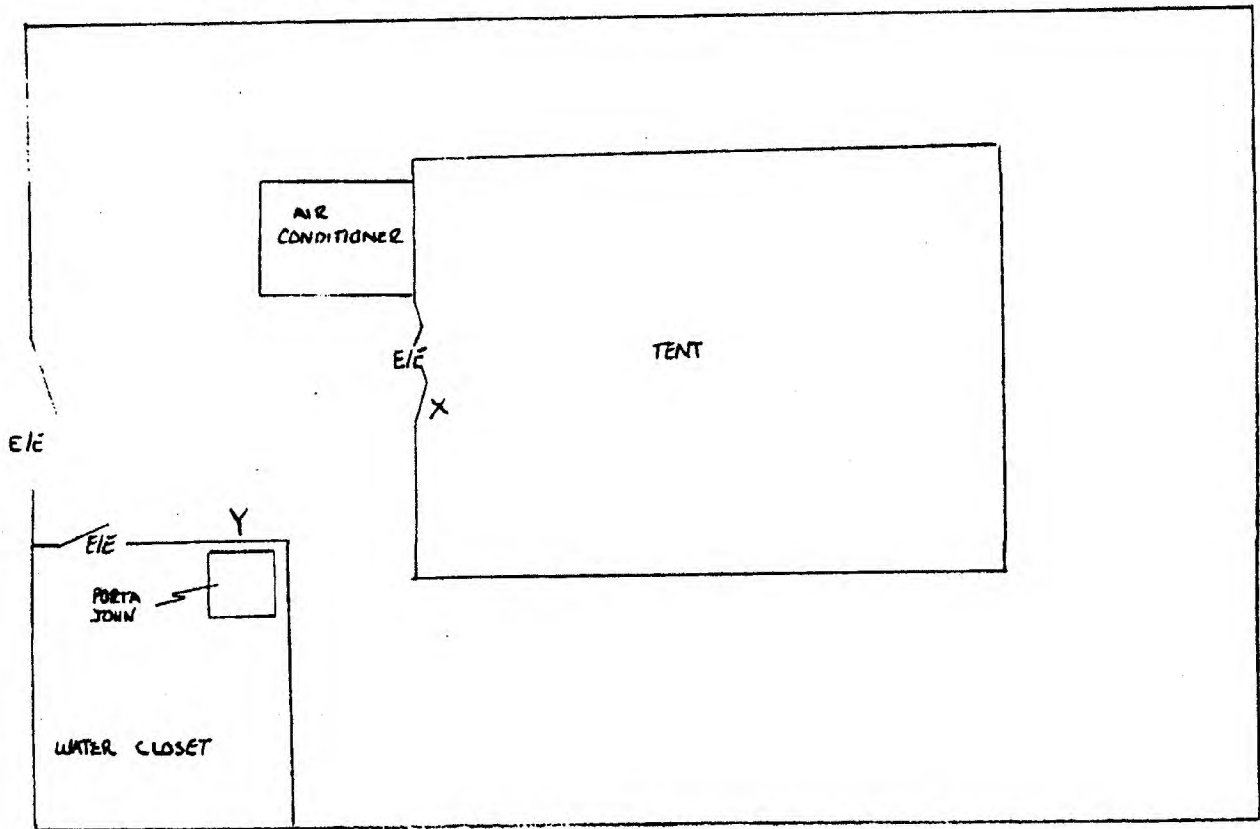
Protective Marking is Excluded From Automatic Termination (Para 13, AR 34-16)

**ACLU RDI CID ROI 27627**

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ROUGH CRIME SCENE SKETCH OF 16 E

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



LEGEND

- X: WHERE DETAINEE ALI FELL
- Y: WHERE DETAINEE ALI WAS MURDERED

TITLE BLOCK

CASE NUMBER: 0052-08-CID579-53608  
 OFFENSE: UNDETERMINED DEATH  
 DATE/TIME: 3 SEP 08 / 1300  
 SUBJECT: UNKNOWN  
 VICTIM: MUHAMMAD NASTIS ABU-WAFA ALI  
 SKETCHED BY: SA [REDACTED]  
 VERIFIED BY: SA [REDACTED]



NOT TO SCALE

ACLU DDII CID ROI 27628

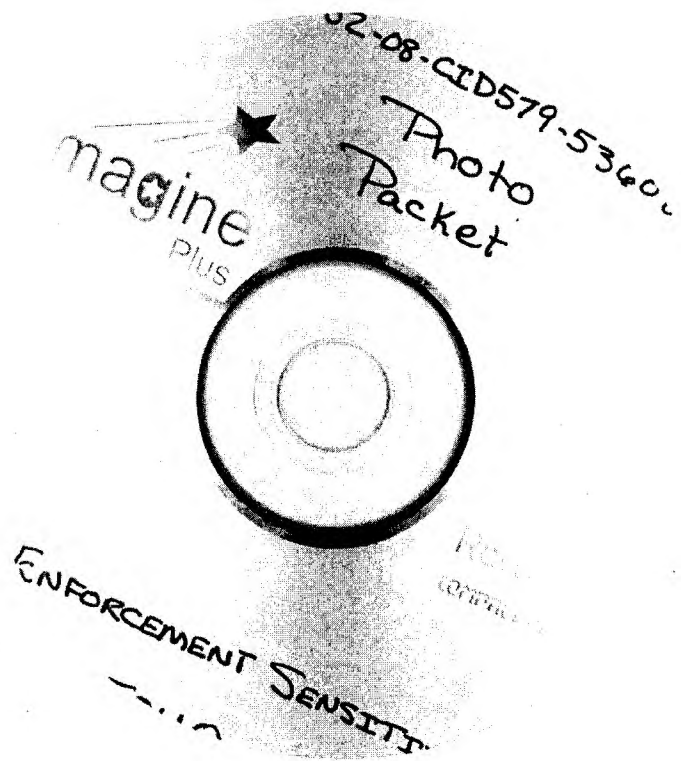
~~FOR OFFICIAL USE ONLY - LAW ENFORCEMENT SENSITIVE~~ EXHIBIT



PHOTOGRAPHIC PACKET

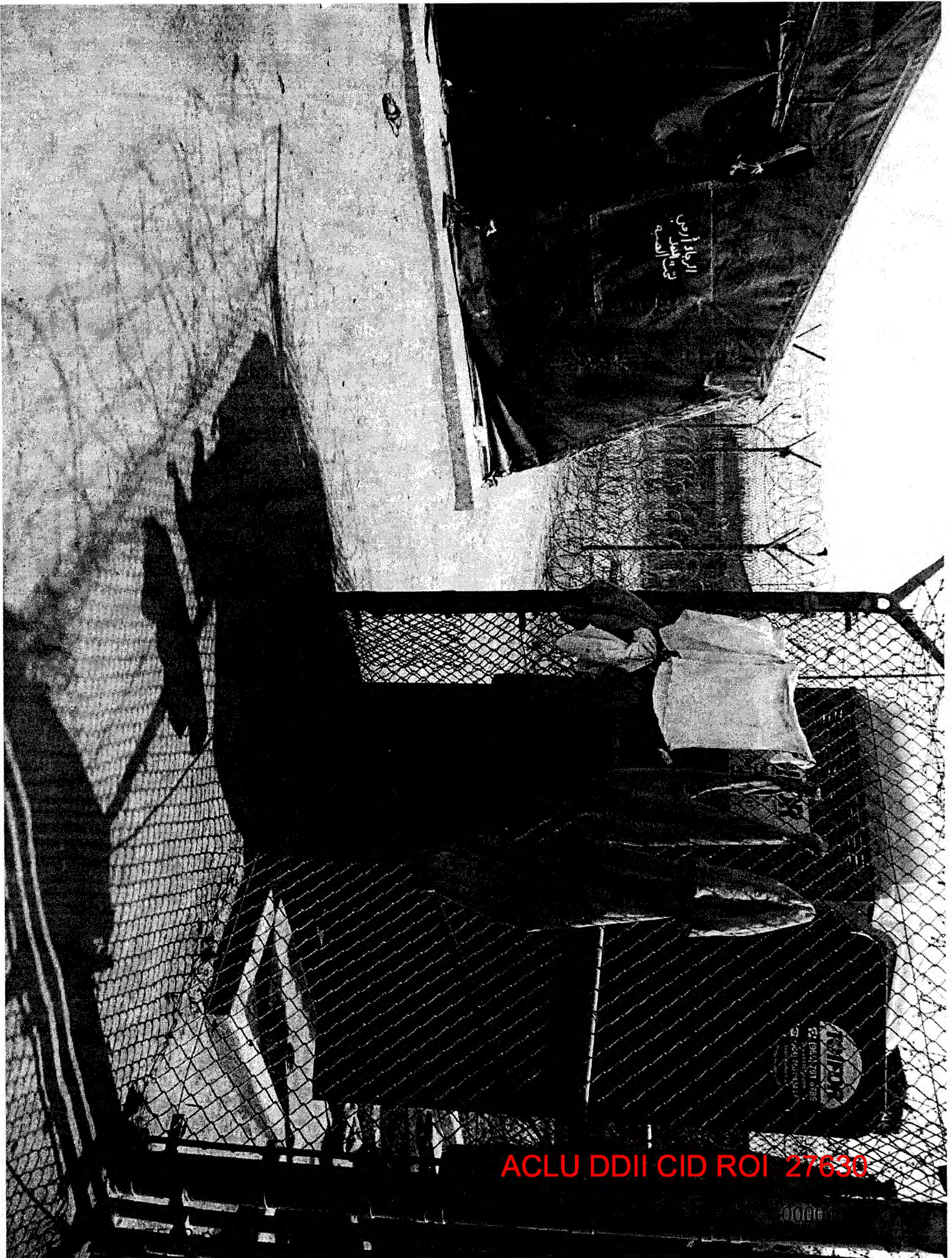
CASE NUMBER: 0052-08-CID579-53608

<u>NUMBER</u>	<u>DESCRIPTION OF PHOTOGRAPH</u>
1	Photo depicting Tent 16E
2	Photo depicting the Water Closet
3	Photo depicting Tent 16E E/E
4	Photo depicting the two by four extending into E/E
5	Photo depicting the two by four holding tent edge
6	Photo depicting the two by four
7	Photo depicting the two by four extending into E/E (from inside Tent 16E)

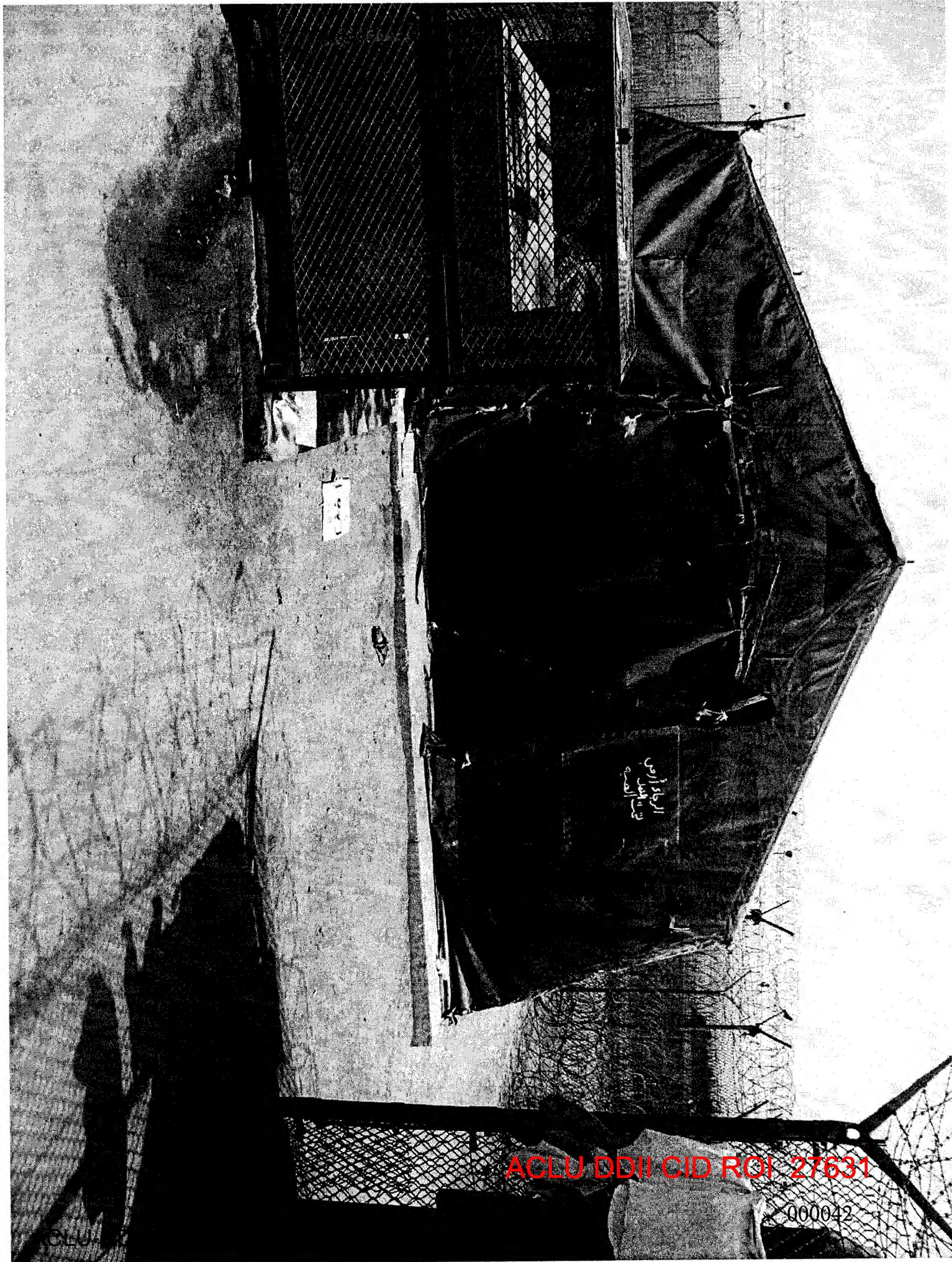


**ACLU DDII CID ROI 27629**

Exhibit 8  
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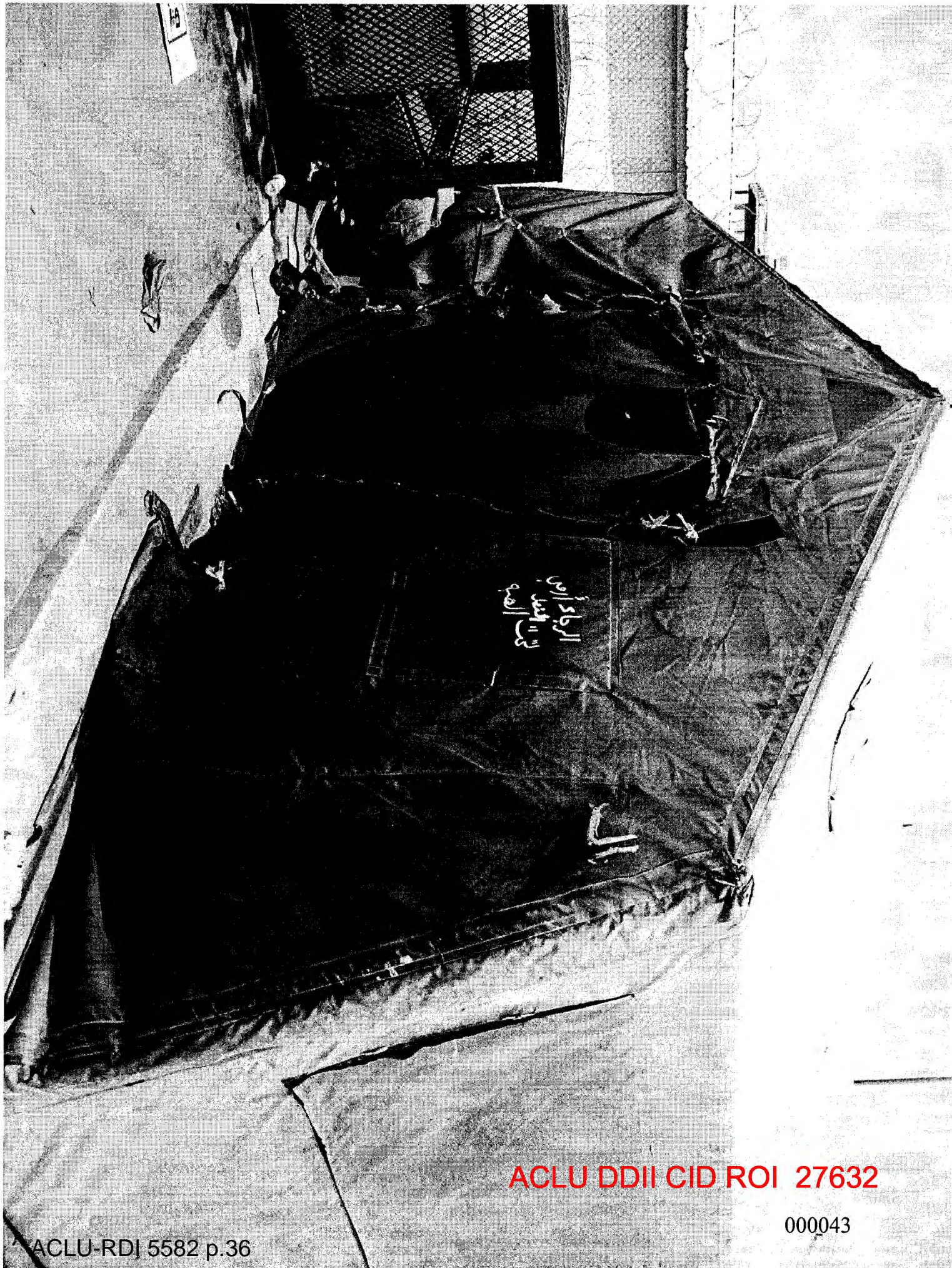


ACLU DDII CID ROI 27630



ACLU DDII CID ROI 27631

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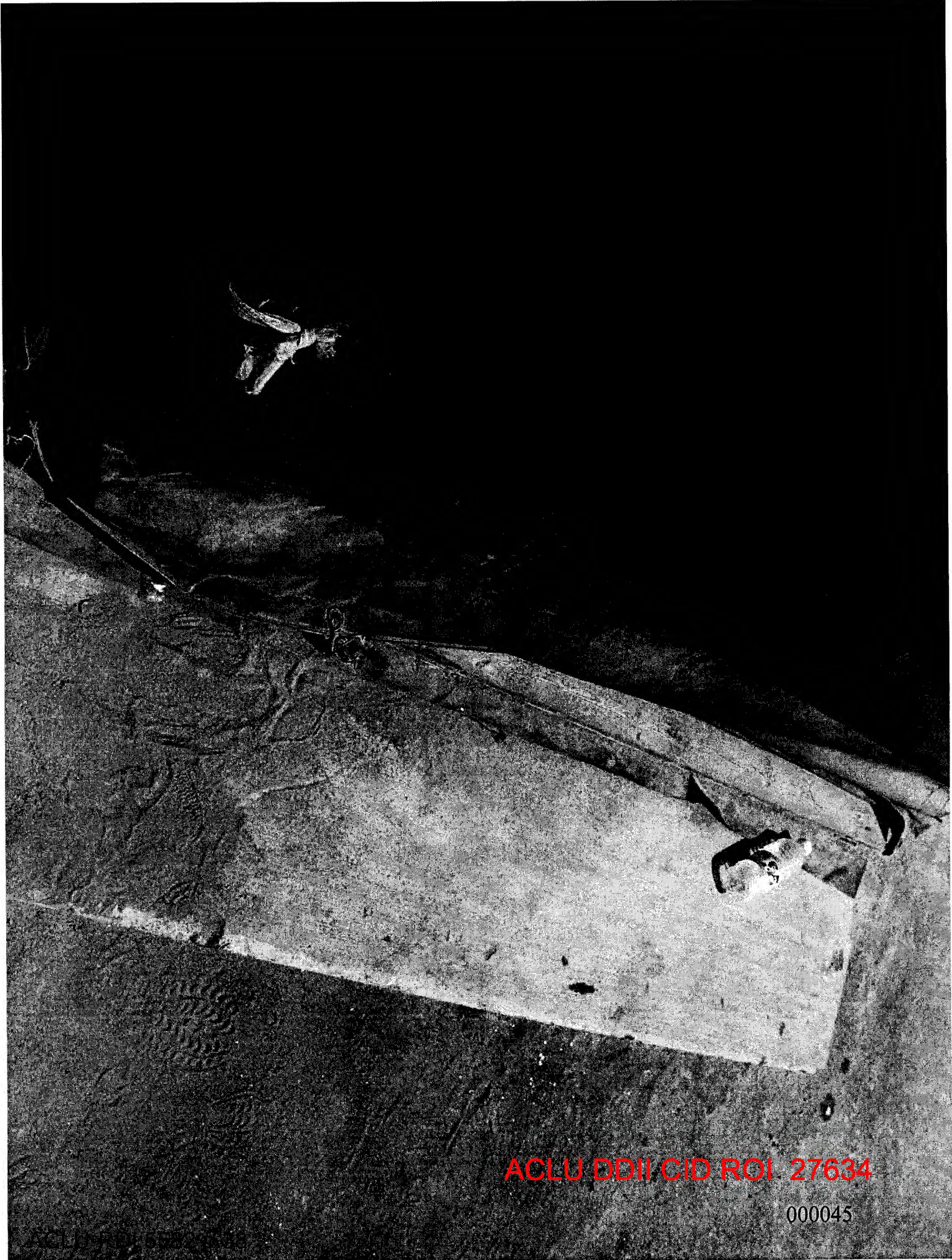


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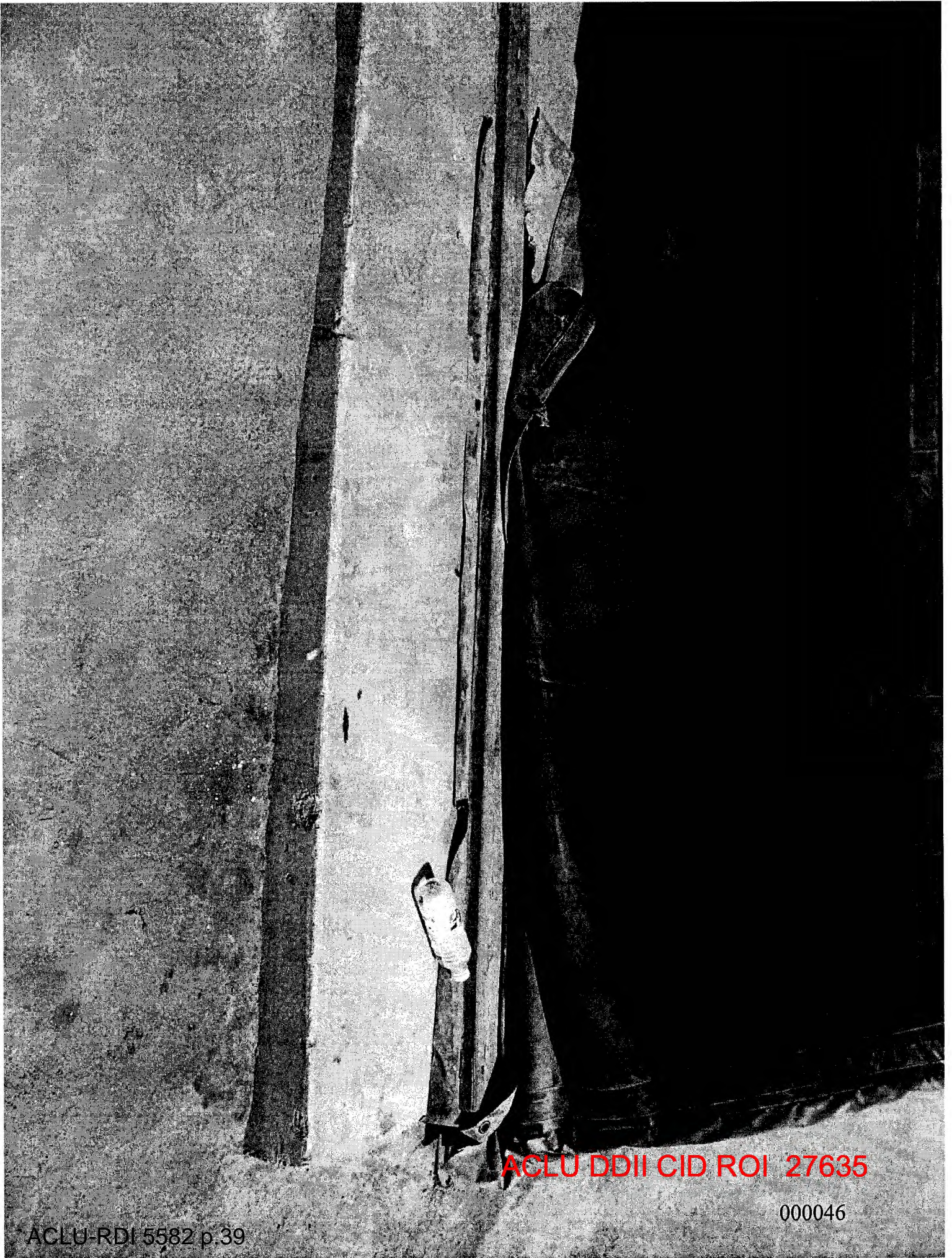


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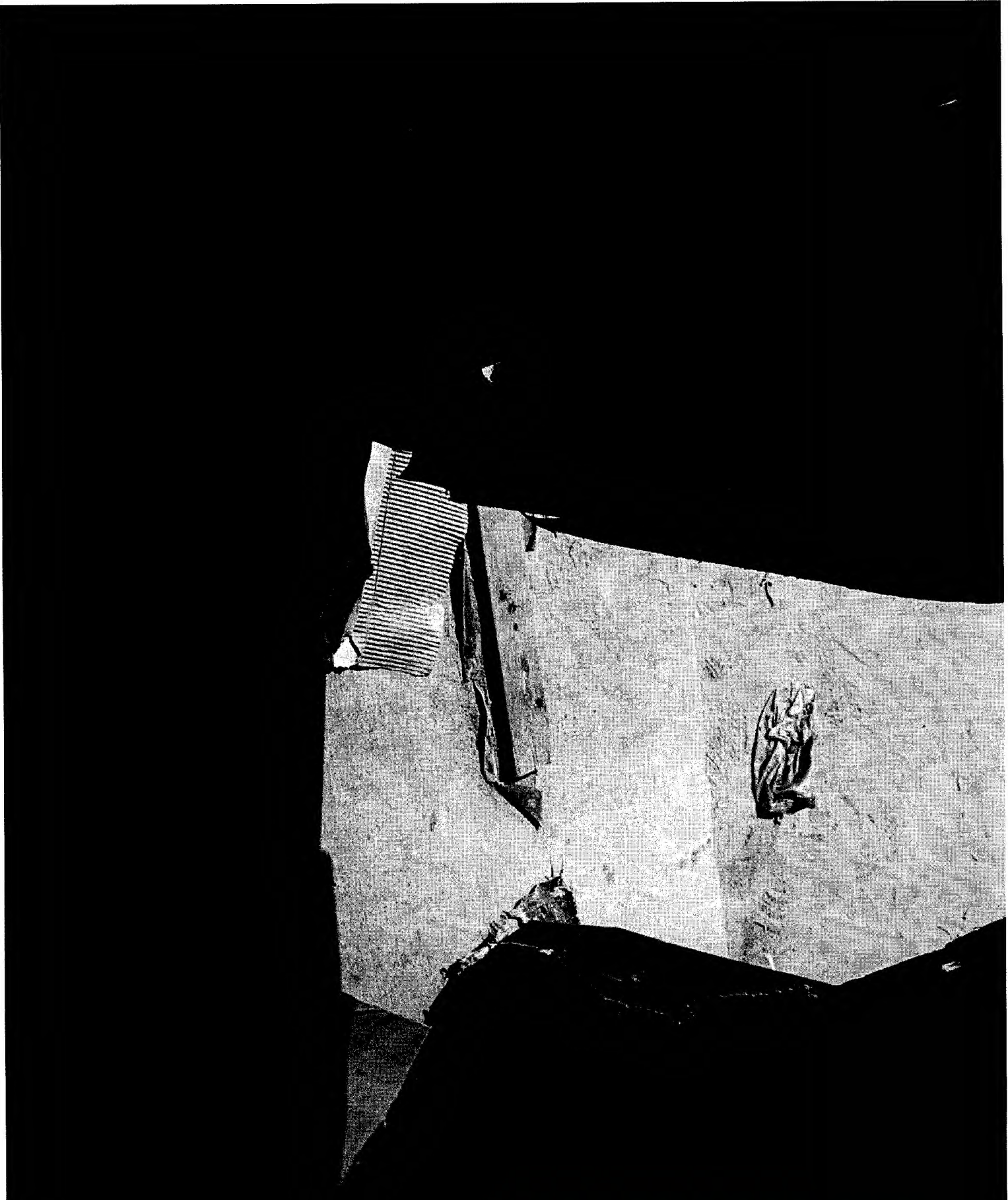
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ACLU DDII CID ROI 27635

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ACLU DDII CID ROI 27636

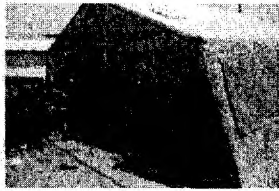




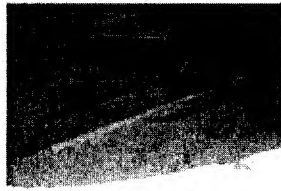
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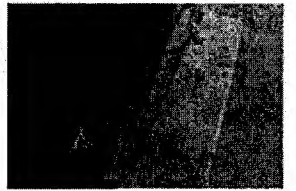
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**ACLU DDII CID ROI 27637**

CASE NUMBER: 0052-08-CID579-53608

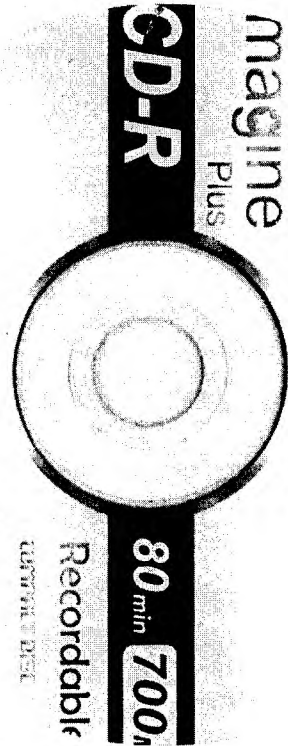


Photo  
Packet  
ORIGINALS

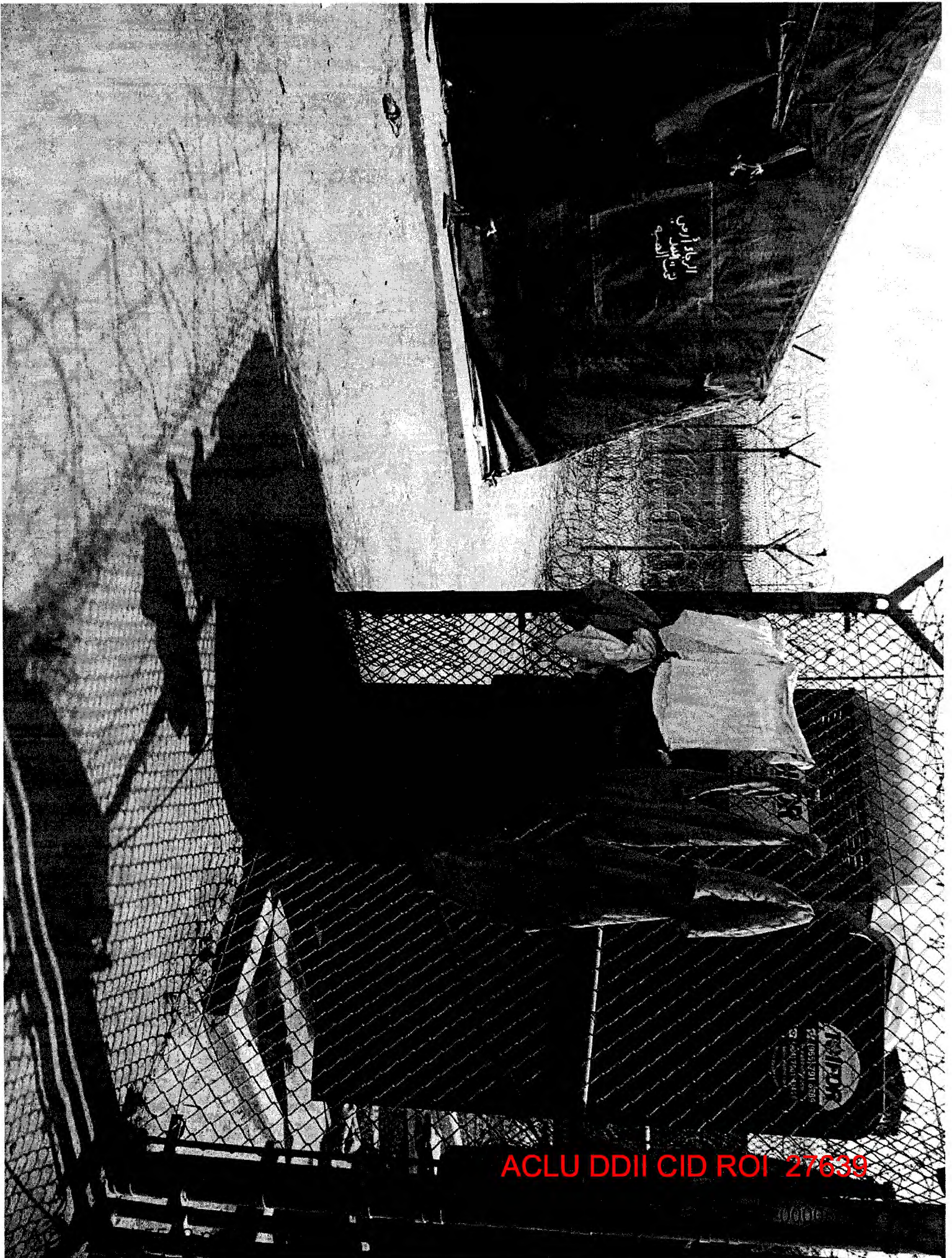
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ENFORCEMENT SENSITIVE

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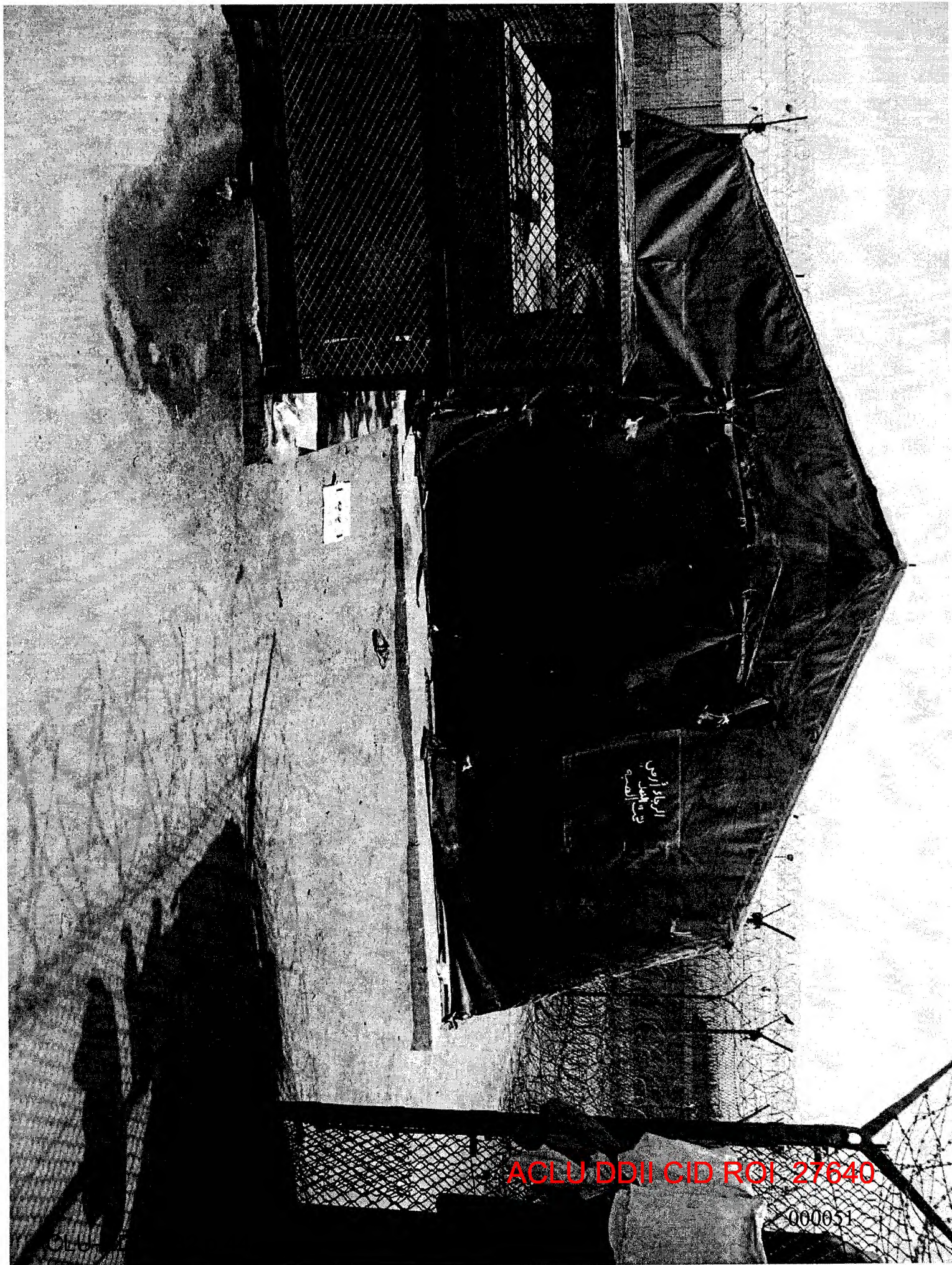
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بيت الصفاة  
الرجاء أروى

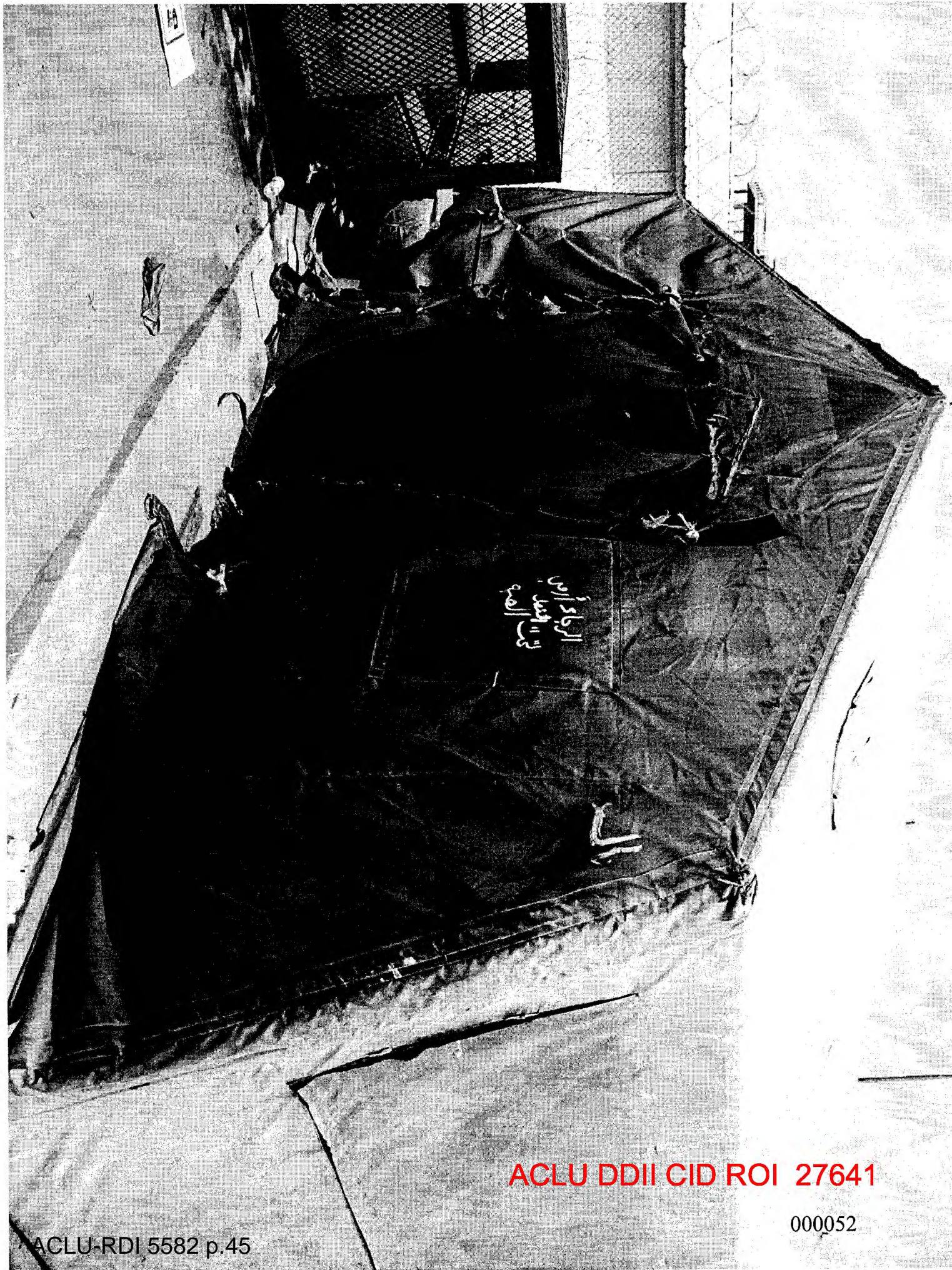
ACLU DDII CID ROI 27639

01/19/07



ACLU DDII CID ROI 27640

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ACLU DDII CID ROI 27641

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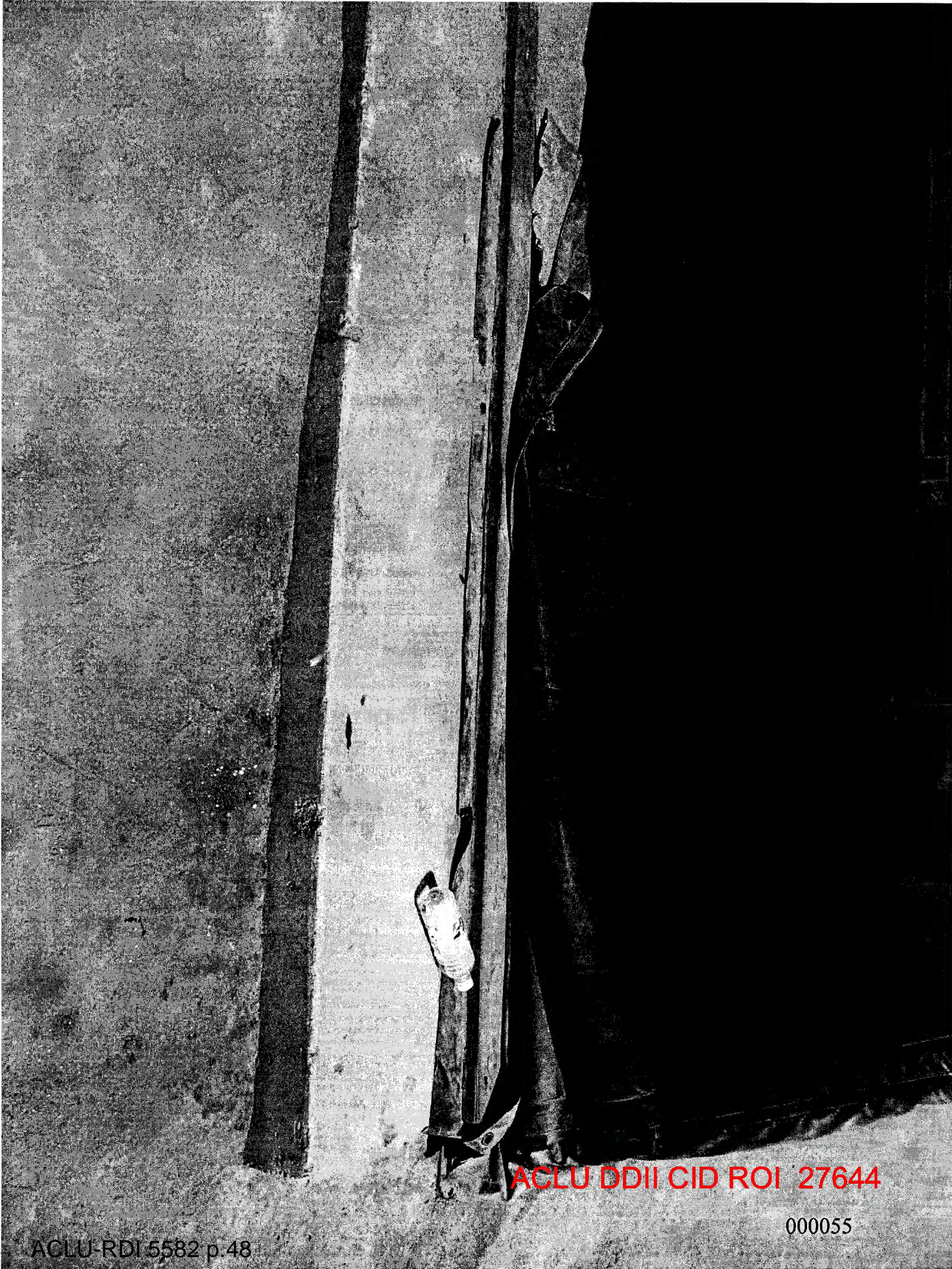


ACLU DDII CID ROI 27642



ACLU DDII CID ROI 27643

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ACLU DDII CID ROI 27644

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ACLU DDII CID ROI 27645

# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER

0052-08-CID579-53608

PAGE 1 OF 1

## DETAILS

About 1120, on 17 Sep 08, this office received the Final Information Report, original documents and photos from Balad CID Office, Balad, IZ.

About 1330, 17 Sep 08, SA **(b)(6), (b)(7)(C)** interviewed PFC **(b)(6), (b)(7)(C)** who provided a sworn statement detailing her observations as one of the first responding medics.

About 1705, 17 Sep 08, SA **(b)(6), (b)(7)(C)** interviewed SPC **(b)(6), (b)(7)(C)** who provided a sworn statement detailing his observations as one of the first responding medics.

About 1000, on 29 Sep 08, this office received the Final Information Report, original documents, fingerprints, and photos from The Aberdeen CID Office, Aberdeen Proving Ground, MD.

About 1000, 17 Oct 08, SA **(b)(6), (b)(7)(C)** received and reviewed a Final Information Report and AIR of SA **(b)(6), (b)(7)(C)** from the Balad CID Office.

About 1730, 22 Jan 09, this office received the Final Autopsy Report, 19 Nov 08 and Toxicology Report, 15 Sep 08 pertaining to Detainee ALI. The report reflected the cause of death as blunt force trauma to the head and the manner accidental. ///LAST ENTRY///

TYPE AGENT'S NAME AND SEQUENCE NUMBER

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

41<sup>st</sup> MP DET (CID)  
Camp Bucca, APO AE 09375

SIGNATURE

DATE

22 Jan 09

EXHIBIT

ACLU DDII CID ROI 27646

# AGENT'S INVESTIGATION REPORT

ROI NUMBER

0052-08-CID579-53608  
0151-08-CID919

CID Regulation 195-1

PAGE 1 OF 1 PAGE

**DETAILS**

**BASIS FOR INVESTIGATION:** About 1815, 2 Sep 08, this office received a Request for Assistance from the Camp Bucca CID Office, Camp Bucca, Iraq APO AE 09375, to obtain photos and medical records pertaining to Mr. **(b)(6), (b)(7)(C)** Internment Serial Number **(b)(6), (b)(7)(C)** Camp Bucca Detainee, Camp Bucca, Iraq APO AE 09375.

About 1905, 2 Sep 08, SA **(b)(6), (b)(7)(C)** this office, coordinated with Mr. **(b)(6), (b)(7)(C)** ~~XXX-XX~~ **(b)(6), (b)(7)(C)** Patient Administration Department, 332nd Expeditionary Medical Group, Air Force Theater Hospital, Joint Base Balad, Iraq APO AE 09391 (JBB), who provided this office with medical records pertaining to Mr. NAJIB.

About 1915, 2 Sep 08, SA **(b)(6), (b)(7)(C)** and SA **(b)(6), (b)(7)(C)** this office, coordinated with SGT **(b)(6), (b)(7)(C)** ~~XXX-XX~~ **(b)(6), (b)(7)(C)** Mortuary Affairs Control Point (MACP), JBB, who stated Mr. NAJIB's body was received by MACP, JBB, around 1820, 2 Sep 08. SA **(b)(6), (b)(7)(C)** obtained photographs of the body using a Nikon D80 camera with built in flash.

**AGENT'S COMMENT:** Prior to taking photographs, SA **(b)(6), (b)(7)(C)** and SA **(b)(6), (b)(7)(C)** witnessed numerous scrapes and scratches across the torso of Mr. NAJIB. The scratches appeared to be recent; however, were dry and crusted over at the time photos were taken.

About 1057, 6 Sep 08, SA **(b)(6), (b)(7)(C)** coordinated with SA **(b)(6), (b)(7)(C)** Camp Bucca CID Office, Camp Bucca, Iraq APO AE 09375, who was briefed and stated no further assistance was requested of this office.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Balad CID Office  
Joint Base Balad, Iraq APO AE 09391

SIGNATURE

DATE

6 Sep 08

EXHIBIT

11

CID FORM 1  
1 FEB 77

ACLU DDII CID ROI 27647

000058

EXHIBIT(S) 12

Page(s) 000059 thru 000063  
referred to:

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

ACLU DDII CID ROI 27648

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LAW ENFORCEMENT SENSITIVE  
332 EMDG

8/21/2008

CCIR/SIR REPORT

(0151-08-010919)  
0052-08-010570-53608

FROM: (DIRECT REPORTING UNIT: 332/AEW/EMDGMCC)  
THRU: PRAGO 805 AUG 07  
TO: TF MED 62

- |   |  |   |  |
|---|--|---|--|
| <b>CCIR/SIR:</b><br>1. Bed Status Change<br>2. Loss Critical Capacity<br>3. BASCAL<br>4. Any Disease DNM Trend<br>5. Event Involving Postop<br>postop, media or international<br>attention<br>6. Any TPE2 Med Member Hospitalized<br>SI, WIA, KIA | <b>CCIR/SIR:</b><br>1. Any Death in Facility (US, Detainee or SI<br>Iraq Security Force, Iraqi Army, Iraqi Civilian)<br>(Circle One: DOW DOA KIA Expired)<br>2. Any Display of Suicide/Attempt Suicide<br>3. Any US Battalion CC/CSM, DV, SI<br>Person of Command (killed or missing)<br>4. All other deaths in 332d APTH<br>(eg. CIV, ISF, SA, IC...)<br>5. Orphaned Patient (Infant/Child) | <b>CCIR/SIR:</b><br>1. Events, disturbances or<br>violence that may prevent<br>transfer of Iraqi patients<br>(CIV or ISF) | <b>SI:</b><br>1. Loss, theft or damage<br>mismanagement of sensitive<br>items, controlled crypto items<br>or drugs<br>2. Loss, theft or damage of<br>Government Damage \$ 50,000<br>3. Indecent assault of personnel |
|---|--|---|--|

3. TYPE OF INCIDENT: (IF APPLICABLE, USE 332D APTH)

4. Date and Time:

5. INCIDENT NUMBER:

6. Personnel Involved:

1. Rank/Name: Majid, Ali
2. DDW ID NUM: 91011192
3. NATIONALITY: (Circle One) USA; COALITION FORCES; ISF; SA; LOCAL NATIONAL; TOR; CONTRACTOR; OTHER \_\_\_\_\_
4. Gender: F
5. Age: \_\_\_\_\_
6. MOS: \_\_\_\_\_
7. Clearance: \_\_\_\_\_
8. Unit: \_\_\_\_\_
9. Component: \_\_\_\_\_

7. Diagnosis: Subdural hemorrhage

8. Summary of Incident: Found down with obvious head injury

9. Disposition: DOW

10. Impact: \_\_\_\_\_

11. Next Course of Action: \_\_\_\_\_

12. Remarks: \_\_\_\_\_

13. Publicity: \_\_\_\_\_

14. Commander Remarks:

16. PAD POC: L NAME, F NAME (b)(6) \_\_\_\_\_ Date/Time: \_\_\_\_\_  
INFO CHANGED YES / NO \_\_\_\_\_ INFO POC Name/Phone \_\_\_\_\_

15. Report originated by: 332 EMDG

17. Released by: 332 EMDG/EMDGMCC POC: \_\_\_\_\_ Signature through TPE2 Med Report: ( YES / NO)

18. Notify:

Position	Name	Time	Instructions

19. Category of Incident:

20. Commander Action:

ACLU DDII CID ROI 27649  
EXHIBIT 000059 12

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LAW ENFORCEMENT SENSITIVE

(0151-08-CID919-)

0052-08-CID9-5360

**AUTHORIZATION AND TREATMENT STATEMENT**

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

<b>I. ADMISSION (CLINIC PERSONNEL OR PROVIDER FILLS IN CIRCLED ITEMS)</b>										
1. REGISTER NO. 4324	NBSUF	2. NAME (Last, First, Middle Initial) NASHATI					3. RELIGION			
4. FACILITY CODE 5602	5. MEDICAL TREATMENT FACILITY 332 EMDG BALAD AB, IRAQ				6. TIME OF ADM 2000	7. DATE OF ADM SEP 08	8. TYPE OF CASE BI / (NBI) / D			
9. FWP 20	SSN 900-31192	10. BENEF TYPE see below	11. GRADE SI	12. AFSC	13. AVIATION SVC CODE	14. RATING	15. LENGTH OF SVC	16. AGE		
17. SEX M	18. MARITAL STATUS	19. RACE/COLOR	20. ZIP CODE	21. CURRENT ORGANIZATION DETAINEE			22. INPATIENT UNIT 114			
23. FAC INT ADM CODE	24. FACILITY OF INITIAL ADMISSION			25. DATE INITIAL ADM	26. ROOM	27. BED 14				
28. PRIOR ADM <input type="checkbox"/> YES <input type="checkbox"/> NO	29. CLINIC SERVICE(S) (for same day surgery see below)					30. ADMISSION CLERK (b)(6)				
31. EMERGENCY ADDRESSEE/RELATIONSHIP					32. NAME AND ADDRESS OF SPONSOR					
33. CAUSE OF ADMISSION INTRACRANIAL Hemorrhage - possibly get hit of <sup>5th</sup> floor <sup>2nd</sup> floor fell due to unknown circumstances					34. SECONDARY ADMISSION DIAGNOSIS					
35A. DEPOSIT VALUABLES FOR SAFEKEEPING <input type="checkbox"/> YES <input type="checkbox"/> NO	35B. 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)			
<b>II. TREATMENT</b>										
38. DIAGNOSES - PROCEDURES Same Day Surgery: Gen Surg Neuro GYN Ophth ENT Ortho Uro OMFS Plastic Med GI Same Day Surgery Date: _____							39. PROVIDERS OF CARE			
Beneficiary Type: US/Coalition: USA USAF USMC USN Coalition Other Iraqi: Iq Police Iq Army Host Nation Civilian Detainee: Security Internee Other: TCN Other										
PATIENT ORIGINATED FROM: BUCCA [redacted] 12 Dec 1972										
MEDEVAC COMPANY / CALL SIGN: LNO:										
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)										
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: TC-2 Full Reg (b)(6) TMDS Adm (b)(6) II PUA Discharge: TMDS II 30										
Bed Status Pending 0 TC-2 Adm (b)(6) TC-2 Bed Status										
(Check <input type="checkbox"/> if continued on reverse)										
41. DISPOSITION DOW		42. DATE OF DISPOSITION 02 Sep 06	43. TIME OF DISPOSITION 1537	44. CC OF WHOLE BLOOD	45. CC OF PACKED CELLS	46. CONVALESCENT LEAVE TAKEN RECOMMENDED				
47. SIGNATURE OF PATIENT AFFAIRS OFFICIAL					48. SIGNATURE OF PATIENT AFFAIRS OFFICIAL ACLU DDII CID ROI 27650					

AF INT 560, 19870101, V2

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EXHIBIT 000060

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LAW ENFORCEMENT SENSITIVE

(0151-08-CID919)  
005208-CID579-53608

HOSPITAL REPORT OF DEATH		NAME AND LOCATION OF HOSPITAL			
FOR USE OF THIS FORM, SEE AN ORDER, THE PROFORMA AGENCY OR OFFICE OF THE SURGEON GENERAL.		332 EMDG BALAD AB, IRAQ			
<p>Instructions - Medical Officer in attendance will:            Prepare, in one copy only, items 1 through 10 and sign item 11.            Print or type entries.</p> <p>Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary action and for preparation of required number of copies.</p>					
<b>SECTION A - ATTENDING MEDICAL OFFICER'S REPORT</b>					
PERSONAL DATA					
1. PATIENT DATA (Patient's ward place will be used to imprint identifying data if available)		2. TIME OF DEATH (hour-day-month-year)	3. MEDICAL EXAMINER/CORONER'S CASE		
Najih, Al. 99/90031119Z		(b)(6) 1537	<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 death, e.g., heart failure, asthma, etc. It means the disease, injury, or complication which caused death)	DUE TO (for as a consequence of)				
	intracerebral intraparenchymal hemorrhage				
7b. ANTECEDENT CAUSES (chronic conditions, if any, giving rise to the above cause, stating the underlying condition first)	(1)				
	(2)				
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a.				
	b.				
9. DATE	10. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER	11. SIGNATURE OF MEDICAL OFFICER IN ATTENDANCE			
9-2-08	(b)(6)	(b)(6)			
<b>SECTION B - ADMINISTRATIVE ACTION</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 GO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE ADVISED					
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)		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			
26. DATE	27. TYPED NAME AND GRADE OF REGISTRAR	28. SIGNATURE OF REGISTRAR			

DA FORM 3834, OCT 72

REPLACES DA FORM 8-267, 1 JAN 61, WHICH WILL BE USED.

USAPA V2.01

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ACLU DDII CID ROI 27651  
EXHIBIT 006112

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0751-08-C10919-)  
0052-08-C10379-53608

STATEMENT OF RECOGNITION OF DECEASED

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC Sections 1481 through 1488, EO 9397, Nov. 1943 (SSN).

PURPOSE AND USE: This form is used to establish initial identification of deceased personnel.

DISCLOSURE: Personal information provided on this form is given on a voluntary basis. Failure to provide this information, however, may result in improper identification of the deceased person and person making visual identification.

1. TENTATIVELY IDENTIFIED DECEDENT

a. NAME (Last, First, Middle Initial (or Unidentified)) Najih, Ali	b. RANK	c. SSN 900-31-1192
d. ORGANIZATION Buca	e. SERVICE	

2. I HAVE PERSONALLY VIEWED THE REMAINS TENTATIVELY IDENTIFIED ABOVE. RECOGNITION IS BASED ON THE FOLLOWING.

a. SEX	b. APPROXIMATE AGE (Years)	c. APPROXIMATE HEIGHT	d. RACE
e. HAIR COLOR (If brown, indicate light or dark, as applicable)		f. BUILD/MUSCULARITY (Slender, medium, heavy or obese)	
g. IDENTIFYING MARKS (Fully describe by type and location ALL known scars, tattoos, birthmarks, amputations or other body markings to support the identification.)			

h. REMARKS

3. DETAILS OF VIEWING

a. DATE (YYYYMMDD)	b. TIME	c. PLACE
--------------------	---------	----------

4. PERSON MAKING VISUAL IDENTIFICATION

a. NAME (Last First Middle Initial)	b. RANK	c. SSN
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)
g. RELATIONSHIP TO DECEASED (CDR, ISG, Friend, Relative, etc.)	h. LENGTH OF TIME YOU KNEW DECEASED (Number of months or years)	

5. WITNESS

I certify that the individual identified in Item 4 has viewed the remains in my presence, and that to the best of my knowledge and belief the above statements are true.

a. NAME (Last First Middle Initial)	b. RANK	c. TITLE
d. ORGANIZATION	e. SIGNATURE	f. DATE SIGNED (YYYYMMDD)

DD FORM 565, JUL 1998 (EG)

PREVIOUS EDITION MAY BE USED.

Designed using Perform Pro. WHS/DIOR, Jun 98

ACLU DDII CID ROI 27652

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EXHIBIT 12



MEDICAL RECORD

PROGRESS NOTES

DATE

9/2/08 ICU

1340 Pt without spont HR or respiration.  
No pulse, pupils fixed & dilated.  
Remained dead @ 1537 on 9/2/08.

(b)(6)

awake.

(b)(6)

(Continue on Page 2)

PATIENT'S IDENTIFICATION

(Printed or written notes give: Name - last, first, middle; grade; unit; rate; hospital or medical facility)

REGISTER NO.

WARD NO.

Najih, Al.  
900311192

PROGRESS NOTES  
Medical Record

STANDARD FORM 688 (Rev. 7-81)  
Prescribed by OSHA/CDC  
FPMR (41 CFR) 301-9.303-1

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EXHIBIT DDII CID ROI 27653  
000063

**DETAINEE ALI NAJIB**

<u>Number</u>	<u>Description of Photograph</u>
1	DSC_0001.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
2	DSC_0002.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
3	DSC_0003.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
4	DSC_0004.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
5	DSC_0005.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
6	DSC_0006.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
7	DSC_0007.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
8	DSC_0008.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
9	DSC_0009.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
10	DSC_0010.JPG - Photograph depicting 360 degree of body of detainee ALI NAJIB
11	DSC_0011.JPG - Photograph depicting close-up of scratches on chest & abdomen
12	DSC_0012.JPG - Photograph depicting close-up of scratches on chest & abdomen
13	DSC_0013.JPG - Photograph depicting medical tubes and items on body of deceased
14	DSC_0014.JPG - Photograph depicting medical tubes and items on body of deceased
15	DSC_0015.JPG - Photograph depicting medical tubes and items on body of deceased
16	DSC_0016.JPG - Photograph depicting medical tubes and items on body of deceased
17	DSC_0017.JPG - Photograph depicting medical tubes and items on body of deceased

**ACLU DDII CID ROI 27654**

07/08/09

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PHOTO PACKET  
MURKIN AFFAIRS

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LAW ENFORCEMENT SENSITIVE

BIT

ACLU DDII CID ROI 27665

000074

**DETAINEE ALI NAJIB**

<u>Number</u>	<u>Description of Photograph</u>
1	DSC_0001.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
2	DSC_0002.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
3	DSC_0003.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
4	DSC_0004.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
5	DSC_0005.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
6	DSC_0006.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
7	DSC_0007.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
8	DSC_0008.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
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10	DSC_0010.JPG – Photograph depicting 360 degree of body of detainee ALI NAJIB
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13	DSC_0013.JPG – Photograph depicting medical tubes and items on body of deceased
14	DSC_0014.JPG – Photograph depicting medical tubes and items on body of deceased
15	DSC_0015.JPG – Photograph depicting medical tubes and items on body of deceased
16	DSC_0016.JPG – Photograph depicting medical tubes and items on body of deceased
17	DSC_0017.JPG – Photograph depicting medical tubes and items on body of deceased

**ACLU DDII CID ROI 27666**

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

21

**ACLU DDII CID ROI 27667**

EXHIBIT \_\_\_\_\_

000076

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

41

**ACLU DDII CID ROI 27668**

EXHIBIT \_\_\_\_\_

000077

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

61

**ACLU DDII CID ROI 27669**

EXHIBIT \_\_\_\_\_

000078

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

81

**ACLU DDII CID ROI 27670**

EXHIBIT \_\_\_\_\_

000079



0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

101

**ACLU DDII CID ROI 27671**

EXHIBIT \_\_\_\_\_

000080

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

121

**ACLU DDII CID ROI 27672**

EXHIBIT \_\_\_\_\_

000081

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

141

**ACLU DDII CID ROI 27673**

EXHIBIT \_\_\_\_\_

000082

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

161

**ACLU DDII CID ROI 27674**

EXHIBIT \_\_\_\_\_

000083

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

181

**ACLU DDII CID ROI 27675**

EXHIBIT \_\_\_\_\_

000084

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

201

**ACLU DDII CID ROI 27676**

EXHIBIT \_\_\_\_\_

000085

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number  
221

Description of Photograph

**ACLU DDII CID ROI 27677**

EXHIBIT \_\_\_\_\_  
000086

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

241

**ACLU DDII CID ROI 27678**

EXHIBIT \_\_\_\_\_

000087



0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

261

**ACLU DDII CID ROI 27679**

EXHIBIT \_\_\_\_\_

000088

0151-2008-CID919-\_\_\_\_\_

**DETAINEE ALI NAJIB**

Number

Description of Photograph

281

**ACLU DDII CID ROI 27680**

EXHIBIT \_\_\_\_\_

000089

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ORIGINAL PHOTOGRAPHS  
- Michael Atkins

EXHIBIT 15

~~FOR OFFICIAL USE ONLY~~  
~~ATTENTION: NO DISSEMINATION~~

ACLU DDII CID ROI 27699

000107

**SWORN STATEMENT**

00 08 CID 579-55600

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

LOCATION Camp Bucca, APO AE 09375	DATE 17 Sep 08	TIME 1335	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	SOCIAL SECURITY NUMBER XXX-XX b(6), b(7)(C)		RANK/STATUS PFC
ADDRESS/ORGANIZATION B313 Field Artillery			

b(6), b(7)(C) PFC b(6), b(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH: b(6), b(7)(C)

About 1300 or 1330, on 1 Sept 08, I was pulled from another call in compound 6 to assist a guard calling for a medic for a detainee who had blood coming from his ear. Upon arrival I noticed a pool of blood on the ground about the size of my hand and blood still coming from the detainee's ear. We had to wait for the guards to clear the W/C area so we could proceed in. SPC b(6), b(7)(C) began taking vitals while I tried to determine level of consciousness. Patient wanted to fall asleep and would not verbally respond to my commands. Patient would open eyes for sternum rub but would continue to fall back to sleep afterwards. Patient also responded to ammonia inhalants but would continue to fall back to sleep. Patient would turn from side to side as he was trying to fall asleep. SPC b(6), b(7)(C) also looked inside of patients' ear and found eardrum to be intact with no damage. I then began to question the other detainees if they had seen anything and also examined their knuckles for any blood or abrasions. We found nothing on their hands but one detainee stated that he witnessed the patient fall in the W/C area. The speaker stated to us that he had seen the patient inside the tent with blood coming from his ear, and pulled him outside so the guards could see. Patient also vomited blood in the W/C. We checked his head for any contusions or swelling but did not find anything. We used a 4X4 gauze pad to dress the bleeding ear and secure it with tape. We called in our patient report and per MED 1 we were instructed to transport to ER. SPC b(6), b(7)(C) got the litter and packaged the patient while I got O2 ready and I moved all of my medical supplies onto the bench to make room for the litter. The guards assisted moving the patient into the ambulance and I sat in the back on the way to the ER. During this time the patient vomited in an Emesis Basin while in route to the ER. The vomit was blood and the patient still would not verbally respond to me. Upon arrival of ER we transport patient onto one of the beds and made a copy of the run sheet for the medic and left the patient in the care of MAJ b(6), b(7)(C) and the ER staff.

Q: SA b(6), b(7)(C)  
A: PFC b(6), b(7)(C)  
Q: Where was the injured detainee when you arrived?  
A: In the W/C, laying down on his side like he was sleeping, his hands were palms together under his cheek.  
Q: What is a W/C?  
A: A place for detainees to bathe.  
Q: How other detainees were present upon your arrival?  
A: Just the patient and the Speaker.  
Q: What is a Speaker?  
A: A detainee who knows English and can translate into Arabic.  
Q: Who was acting as the Speaker?  
A: I don't know his name or ISN number.  
Q: Where was the pool of blood located?  
A: On the W/C cement to the left of the medic entrance between the two gates.  
Q: What is an Emesis Basin?  
A: A plastic container that can be used to vomit in.  
Q: Was there anything unusual going on in unit 6 that day?  
A: We had two separate calls there plus the patient bleeding from the ear. There were also detainees throwing rock mail in one of the tents across the road from the W/C. I could hear a female guard yelling at them to come out of the tent.  
Q: Is there anything else that you would like to add?  
A: No, thank you. //End of Statement// b(6), b(7)(C)

EXHIBIT	INITIALS OF PER b(6), b(7)(C) b(6), b(7)(C) b(6), b(7)(C)	PAGE 1 OF b(6), b(7)(C)
---------	---	-------------------------

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF b(6), b(7)(C) DATED b(6), b(7)(C) CONTINUED."  
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE \_\_\_ OF \_\_\_ PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

ACLU DDICID ROI 27718

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EXHIBIT 000125

STATEMENT (Continued)

AFFIDAVIT

**b(6), b(7)(C)** I HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this day of \_\_\_\_\_ at Camp Bucca, APO AE 09375

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

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)  
Title 10, USC 936

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON

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

ACLU DDII CID ROI 27719

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

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~~INVESTIGATION SENSITIVE~~

**SWORN STATEMENT**

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

LOCATION Camp Bucca, APO AE 09375	DATE 17 Sep 08	TIME 1705	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME b(6), b(7)(C)	SOCIAL SECURITY NUMBER XXX-XX b(6), b(7)(C)	RANK/STATUS SPC	
ADDRESS/ORGANIZATION 304 <sup>th</sup> MP Battalion, Camp Bucca, Iraq			

b(6), b(7)(C) SPC b(6), b(7)(C) WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

As I was treating another patient, one of the guards from another quad came over and notified us that he had seen a detainee collapse and he noticed that blood was coming out of his ear. At that time I told my partner PFC b(6), b(7)(C) that we should finish taking the vitals on this guy and that I would go over and see if it was anything major. We saw that the patient we were seeing was stable so we moved over to the guy who fell down and was bleeding from his ear. When we got there we saw the patient lying on the ground and there was blood on the dirt where he was laying. We asked the other detainee to assist in carrying him over to the Water Closet area then we had the guard lock the detainee gate and open the outer entrance gate. We went in b(6), b(7)(C) was asking the other detainees if they saw what happened and if he was hit in any way. No one saw him get hit. I called in and asked if the patient had any prior medical history on record. No history was found. While she was asking the patient questions I took his vitals. The patient did not respond to any questions. I found that his blood pressure was elevated. His lungs were clear and equal. His heart was regular and his pulse was strong. We checked his eyes and they were equal round and reactive to light. I attempted to look into his ear but could not see anything due to the amount of blood. The patient was not responsive to command but he was responsive to pain. And he responded when I touched his ear. I checked for other signs of trauma, bruising, deformity, lacerations or swelling. I did not find any. We put gauze over his ear and taped it down. I saw blood on the gauze but I did not notice any cerebral fluid or halo effect on the gauze. At this time we called back to the ER to talk to MED1 and I requested that we transport the patient. MED1 requested that we give him a report. After I gave him the report, I pulled the truck up to the quad and b(6), b(7)(C) had him packaged on the litter and on his side to allow for drainage. The patient was transported to the ER per MED1. I drove and b(6), b(7)(C) rode in the back to reassess and monitor the patient.

Q: Do you remember the time or date of this incident?  
A: I don't remember the date, but I am pretty sure it was between 1300 and 1400.

Q: Do you know the name of the guard who reported this to you?  
A: No

Q: Where was the detainee who had fallen when you arrived?  
A: He was between the W/C and the tent in the unit.

Q: Which tent?  
A: It was the only tent in the unit; I don't remember the unit number.

Q: How many detainees were present upon your arrival?  
A: There were two or three around the tent but they were not by him.

Q: Do you know why no medical history was found?  
A: Compound 6 is an area where new detainees are placed until they are sent to other compounds.

Q: Did you notice any signs of a struggle?  
A: No

Q: Was there anything unusual or different going on in compound 6 that day?  
A: We had more calls than usual. It could have been because we pulled up in the truck so everyone decided to become sick.

Q: Is there anything that you would like to add to your statement.  
A: Not that I can think of right now. */// END OF STATEMENT ///* b(6), b(7)(C)

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT b(6), b(7)(C)	PAGE 1 OF 2 PAGES
---------	--	-------------------

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

AFFIDAVIT

I, SPC **b(6), b(7)(C)** HAVE READ OR HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 2 I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OR BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

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

WITNESSES:

Subscribed and sworn to before me, a person authorized by Law to administer oaths, this day of \_\_\_\_\_ at Camp Bucca, APO AE 09375

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

ORGANIZATION OR ADDRESS

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

(Typed Name of Person Administering Oath)

Title 10, USC 936

ORGANIZATION OR ADDRESS

(Authority to Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

ACLU DDII CID ROI 27721

PAGE 2 OF 2 PAGES

0052 08 CID579 53608

# AGENT'S INVESTIGATION REPORT

ROI NUMBER

(0194-2008-CID112)

CID Regulation 195-1

Page 1 of 1

**DETAILS**

**BASIS FOR INVESTIGATION:** On 4 Sep 08, the Aberdeen Proving Ground CID Office, Aberdeen Proving Ground, MD 21005, received a Request for Assistance (RFA), 0052-08-CID579-53608, from the Camp Bucca CID Office, Camp Bucca, APO AE 09375. The RFA requested a USACIDC Special Agent attend the autopsy of Mr Muhammad Najib ALI, Internment Serial Number US**(b)(6), b(7)(C)** Compound 6, Theater Internment Facility (TIF), APO, AE 09375 being conducted at the Charles C. Carson Center for Mortuary Affairs, Building 116, Dover Air Force Base, DE 19902 (DAFB).

About 0915, 5 Sep 08, SA**(b)(6), b(7)(C)** attended the autopsy of Mr Muhammad Najib ALI (ME# 08-0659), conducted at the Charles C. Carson Center for Mortuary Affairs, Building 116, DAFB, by Dr (US Navy CDR) **(b)(6), b(7)(C)** Medical Examiner, Office of the Armed Forces Medical Examiner (OAFME), Armed Forces Institute of Pathology (AFIP), 1413 Research Blvd, Building 102, Rockville, MD 20850 (RMD). Dr **(b)(6), b(7)(C)** stated the preliminary cause of Mr ALI's death was pending, and the preliminary manner of death was pending. Photographers from AFIP exposed all digital photographs of the autopsy and prepared a compact disc (CD) containing all images exposed. SA **(b)(6), b(7)(C)** obtained from AFIP personnel the fingerprints of Mr ALI, the FBI Fingerprint Report pertaining to Mr ALI, and a copy of the CD containing all images taken during the autopsy. (See Fingerprints, FBI Fingerprint Report, and CD for details)

**Agent's Comment:** The official results of the autopsy will be documented in the Final Autopsy Report which will be provided upon completion.///LAST ENTRY///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

SIGN

ORGANIZATION

Fort Myer CID Office  
Fort Myer, VA 22211

DATE

5 Sep 08

EXHIBIT

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# AGENT'S INVESTIGATION REPORT

CID Regulation 195-1

ROI NUMBER 0052-08-CID579-53608  
(0161-08-CID919-RFA)

PAGE 1 OF 1 PAGE

## DETAILS

**BASIS FOR INVESTIGATION:** This office received a Request For Assistance (RFA) from the Camp Bucca CID Office, IZ, APO AE 09375, to interview physicians and other hospital staff who attended to Detainee Muhammad Najib Aub-Wafa ALI, ISN: US **b(6), b(7)(C)** TIF, Camp Bucca, APO AE 09375, while he was a patient at the Air Force Theater Hospital (AFTH), Joint Base Balad, Iraq, APO AE 09391 (JBB).

About 140000, 23 Sep 08, SA **b(6), b(7)(C)** coordinated with SGT **b(6), b(7)(C)** XXX-XX **b(6), b(7)(C)** Noncommissioned Officer-in-Charge, Mortuary Affairs, 111<sup>th</sup> Quartermaster (QM) Company (CO), JBB, who provided this office with a copy of the Mortuary Affairs records pertaining to Mr. ALI.

About 1445, 23 Sep 08, SA **b(6), b(7)(C)** coordinated with SSGT **b(6), b(7)(C)** Patient Administration Department, AFTH, JBB, who provided this office with a copy of the medical treatment records pertaining to Mr. ALI.

About 1015, 3 Oct 08, SA **b(6), b(7)(C)** interviewed Dr. (MAJ) **b(6), b(7)(C)** XXX-XX **b(6), b(7)(C)** Neurosurgeon, Intensive Care Unit (ICU), AFTH, JBB, who stated Mr. ALI arrived without neural function, but he worked on him anyways because he assumed this case would be looked at critically and thus he did everything possible to sustain Mr. ALI.

About 1045, 3 Oct 08, SA **b(6), b(7)(C)** interviewed Dr. (LTC) **b(6), b(7)(C)** XXX-XX **b(6), b(7)(C)** Intensivist, AFTH, JBB, who stated she remembered Mr. ALI came in with no neural function and died shortly after his arrival. Dr. **b(6), b(7)(C)** further stated the ICU personnel did everything possible to save Mr. ALI, but he was too far gone when he arrived at the AFTH.

About 1400, 6 Oct 08, SA **b(6), b(7)(C)** coordinated with SA **b(6), b(7)(C)** Assistant Special Agent-in-Charge, Camp Bucca CID Office, Camp Bucca, Iraq APO AE 09375, who stated there was no need for any further investigative activities by this office.///Last Entry///

TYPED AGENT'S NAME AND SEQUENCE NUMBER

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

ORGANIZATION

Balad CID Office  
Joint Base Balad, Iraq, APO AE 09391

DATE

6 Oct 08

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

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EXHIBIT(S) 21 & 22

Page(s) 000197 thru 000209  
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**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:** BTB Ali, Muhammad Najib Abu-Wafa

**SSAN:** 91Z-31-1192

**Age:** Approximately 52 years old

**Date of Death:** 02 SEP 2008

**Date/Time of Autopsy:** 05 SEP 2008/0930

**Date of Report:** 19 NOV 2008

**Autopsy No.:** ME (b)(6)

**AFIP No.:** (b)(6)

**Rank:** Civilian Detainee

**Place of Death:** Iraq

**Place of Autopsy:** Port Mortuary

Dover AFB, Dover, DE

**Circumstances of Death:** This approximately 52-year-old civilian male detainee was housed at Camp Bucca, Iraq. Available investigative reports indicate that Mr. Ali collapsed to the concrete floor of his tent as reported by fellow detainees. Emergency medical personnel responded and reported that Mr. Ali related to them that he had fallen. Despite aggressive medical intervention, Mr. Ali succumbed to his injuries.

**Authorization for Autopsy:** Armed Forces Medical Examiner, per 10 U.S. Code 1471

**Identification:** Presumptive identification by accompanying reports, identification tags and documentation. A postmortem dental examination, postmortem fingerprint examination, and a postmortem DNA sample are taken for profile purposes should exemplars become available for positive identification.

**CAUSE OF DEATH:** Blunt force trauma of the head

**MANNER OF DEATH:** Accident

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**AUTOPSY REPORT ME** (b)(6)  
**ALI, Muhammad Najib Abu-Wafa**

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### EXTERNAL EXAMINATION

Injuries will be described in detail in a separate section, and will only be briefly alluded to in the remainder of the report, for purposes of orientation and completeness. The body is that of a well-developed, well-nourished appearing, adult male. The body is received unclothed. The decedent is wrapped in a multiple layers of cloth sheets and absorbent pads. The remains are 69-inches in length, and weigh 151-pounds. Lividity is present and fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is present to an equal degree in all extremities. The temperature of the body is that of the refrigeration unit.

The head is normocephalic. The right occipital scalp is covered with curly black and white hair, the remainder of the scalp is shaved. Facial hair consists of a gray and white beard and mustache. The irides are brown. The corneae are hazy. The pupils are round and equal in diameter. The sclerae are muddy and without petechial hemorrhage. The external auditory canals, external nares, and oral cavity are free of foreign material and abnormal secretions. The ears are unremarkable. The nares are patent and the lips are atraumatic. The upper and lower frenula in the oral cavity are intact. The nasal skeleton and maxillae are palpably intact. The teeth appear natural and in fair condition. The neck is straight, and the trachea is midline and mobile.

The chest is symmetric. The abdomen is flat. The genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. Pubic hair is present in a normal male distribution. The buttocks and anus are unremarkable.

The upper and lower extremities are symmetric and without clubbing or edema. There is amputation of the distal tips of the 1<sup>st</sup> and 2<sup>nd</sup> digits of the left hand. The fingernails are intact and the nail beds are cyanotic. There is hyperkeratosis of the heels of both feet.

Identifying marks include multiple scars:

- A 2 1/2 x 1/8-inch well healed hypopigmented scar on the right lower quadrant of the abdomen
- A well healed 4 x 1 1/2-inch scar is on the left upper chest with absence of the left nipple
- A 4 x 1/2-inch vertically oriented hypopigmented scar in the midline of the lower abdomen

### CLOTHING AND PERSONAL EFFECTS

No clothing items or personal effects accompany the body at the time of autopsy.

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**MEDICAL INTERVENTION**

- A gauze dressing, secured beneath the chin, covers the calvarium and the eyes
- On the left frontal, parietal, and temporal scalp is an 11 1/4-inch curvilinear stapled surgical incision
- A drain exiting from the left occipital scalp contains 25-milliliters of red tinged fluid
- A ventriculostomy tube exits the right parietal scalp
- Angiocatheter in the right subclavian space
- Urinary bladder catheter
- Rectal temperature probe
- Intravenous catheters in the right antecubital fossa, right volar wrist, volar left forearm, and dorsal right foot
- A clear plastic identification tag in circles the right wrist, " 31119 2 "
- Plastic identification tag in circles the left wrist, "NAJIH, ALI 900-31-1192, 332 EMDG, AFTH, BALAD AB, IRAQ "
- Multiple therapeutic needle puncture sites on the forehead, abdomen, left upper chest, and both ankles
- Gauze bandage on medial left ankle

**RADIOGRAPHS**

A complete set of postmortem radiographs is obtained and demonstrates the following:

- Medical interventions as listed above
- Healed fracture of the left ulnar styloid
- Bone flap removed from the left fronto-temporal calvarium
- Midline shift brain to the right
- Edema of the left hemisphere with effacement of the left lateral ventricle
- Dilated right lateral ventricle posteriorly, blood in poster warned
- Blood collection in both frontal lobes, anterior horns bilaterally
- Subdural hemorrhage involving the frontal lobes, right greater than left
- Linear skull fracture of the right occiput
- Bilateral pleural effusions and patchy consolidation of the lungs
- No internal metallic fragments

**EVIDENCE OF INJURY**

The ordering of the following injuries is for descriptive purposes only, and is not intended to imply order of infliction or relative severity.

There is an irregular linear fracture of the posterior aspect of the petrous portion of the right temporal bone extending anteriorly into the right middle cranial fossa and posteriorly into the right posterior cranial fossa and posterior right parietal bone. On the posterior right shoulder are multiple vertically oriented fine superficial linear abrasions measuring up to 2 1/2-inches length. Additional autopsy findings pertaining to the head are described in " Evidence Of Medical Intervention and/or Internal Examination-Head And Central Nervous System ".

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**ALI, Muhammad Najib Abu-Wafa**

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**Evidence of Injury (Cont):**

Incision and dissection of the posterior neck, subcutaneous tissues of the torso and extremities, demonstrates no deep paracervical muscular injury, no cervical spine fractures, or evidence of blunt force trauma.

**INTERNAL EXAMINATION**

**BODY CAVITIES:**

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. The ribs, sternum, and vertebral bodies are visibly and palpably intact. No adhesions are present in the pleural, pericardial, or peritoneal cavities. There are bilateral pleural effusions (right-275-milliliters, left-175-milliliters). There are 450-milliliters of straw colored fluid in the peritoneal cavity. All body organs are present in their normal anatomic positions. There is no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

The subcutaneous fat layer of the abdominal is 3/4-inches thick.

**HEAD AND CENTRAL NERVOUS SYSTEM:**

(See above "Evidence of Injury")

The scalp is reflected. Subgaleal hemorrhage is associated with the underlying fractures and medical intervention. There is a non-quantifiable subdural hemorrhage in the right anterior cranial fossa. The therapeutic medical devices are documented and removed. The 1480-gram brain and dura are removed and placed in formalin for formal Neuropathology consultation.

**Formal Neuropathology Consultation:**

**GROSS DESCRIPTION:**

*Brain weight: 1,401 grams*

*The specimen consists of the intracranial dura and brain of an adult. A recent craniectomy has resulted in the absence of the posterior-lateral frontal, lateral parietal/superior-lateral temporal and anterior-lateral occipital portion of the left cerebral dura. The dorsal margin of the dural defect consists of a row of tapered dural tabs with attached black sutures. The right convexity dura and the falx cerebri are intact. The paramedian dural arachnoid granulations are red-black due to accumulated acute subarachnoid blood. Scattered strands of red-black, coagulated blood up to 0.3-centimeters thick and 2-centimeters in greatest diameter adhere loosely to the inner surface of the right and left paramedian dura, the left surface of the falx cerebri, or lie loosely on the arachnoid surface of each paramedian cerebral hemisphere. The venous sinuses are patent.*

*A moderately deep craniectomy groove indents the left cerebral surface, outlining an elevated (herniated) oval area approximately 9 (anterior-posterior) by 6 (dorsal-ventral) centimeters involving the lateral parietal, lateral anterior two-thirds occipital and*

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**ALI, Muhammad Najib Abu-Wafa**

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*superior temporal lobes. A ventriculostomy tube has been inserted into left dorsal mid frontal lobe approximately 3 centimeters from the medial margin.*

*Red-brown cortical contusions characterized by cortical hemorrhages, cortical necrosis, leptomenigeal and cortical laceration and cortical and subcortical hematomas (up to 2.5 centimeters in greatest dimension) are situated in: anterior portion of the left inferior temporal gyrus, the anterior portion of the left superior temporal gyrus, the posterior portion of left superior temporal gyrus, the left lateral parietal lobe. Clusters of similar contusions are also present over the left inferior temporal pole (4 x 3 centimeter), the left inferior frontal pole (4 x 4 centimeter), the right inferior frontal pole (3 x 3.5 centimeter) and the right inferior temporal pole (2.5 x 2 centimeters).*

*There is a thin red-brown subarachnoid hemorrhage over the base of the pons and the left cerebellar peduncle. A thin, horizontal rim of similar subarachnoid hemorrhage (probably gravitational) is present over the posterior margins of the right and left cerebellar hemispheres.*

*Except as noted, the leptomeninges are thin, delicate and transparent. The cerebral gyri are soft, white and flattened due to swelling but have an anatomically normal configuration. The perisellar, perimesencephalic and basal cisterns are completely effaced due to brain swelling. Deep tentorial grooves indent each uncus, 0.8 centimeters on the left and 0.5 centimeters on the right. The left groove is continuous with a left parahippocampal groove. The brainstem is displaced rightward with subsequent flattening of the right surface of the midbrain. The cerebellar tonsils are deformed due to pressure against the foramen magnum.*

*The arteries at the base of the brain follow a normal distribution and there are no aneurysmal dilatations or sites of occlusion.*

*Coronal sections of the cerebrum reveal the above noted abnormalities.*

*In addition, there is a swollen left cerebral hemisphere with a sharply demarcated zone of softness, gray-white discoloration and blurring of the grey matter/white matter margins due to ischemic necrosis in the entire distribution of the left middle cerebral artery. There is a prominent rightward shift of the cerebral hemispheres with rightward bowing of the interhemispheric fissure and subfalcine herniation of the right cingulate gyrus. The ventriculostomy tube perforates the left frontal lobe in a ventral-medial direction and perforates the midline corpus callosum where there is interventricular hemorrhage and an approximately 3 centimeter in diameter left medial thalamic hematoma.*

*The ventricular system is disrupted at the above noted ventriculostomy perforation in the corpus callosum. The bodies of the lateral ventricles are not enlarged. The occipital horn of the right lateral ventricle is larger than the left (2.5 centimeter in diameter vs 0.5 centimeter) reflecting some degree of proximal obstruction. The Aqueduct of Sylvius is*

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Neuropathology Consultation (Cont):

*patent with a normal size and configuration. The choroid plexus is unremarkable and the ependymal surfaces are smooth and glistening.*

**MICROSCOPIC EXAMINATION:**

*Blocks of tissue for microscopic examination are removed from: (1) left lateral frontal lobe, (2) anterior corpus callosum, (3) left medial striate body, (4) left uncus, (5) left thalamus, (6) right hippocampus, (7) left occipital lobe, (8) right occipital lobe, (9) caudal midbrain, (10) medulla, (11) left cerebellum and (12) dura.*

*Sections from blocks 1-12 are stained with H & E. Sections 1-11 are also stained with Bielschowsky and LFB techniques and immunostained for  $\beta$ -APP, GFAP and  $\beta$ -amyloid.*

**COMMENT:**

*There is widespread grey and white matter edema and scattered acute ischemic neuronal injury ("red neurons") in sections of the left cerebrum (blocks 1, 2, 4 & 7) consistent with acute infarction which is probably related to the left trans craniectomy herniation. The acute hemorrhage of the left striate body and the adjacent corpus callosum and pooled blood in the occipital horn of the right lateral ventricle are related to the penetration of the ventriculostomy tube. The array of cortical contusions along the margin of the craniectomy defect is due to the pressure of the brain against the bone margin resulting from the underlying brain swelling. The left uncal necrosis resulted from the left cerebral swelling -> left to right midline shift -> left cingulate gyrus herniation -> left transtentorial uncal.*

*The remaining lesions appear to be primarily due to trauma. Based on the described fractures, the impact occurred on the right side of the head (temporal/parietal) which would initiate lateral rotation acceleration whether due to a blow or a fall. The bilateral, paramedian subdural hematoma is consistent with this. The bilateral frontal and temporal cortical contusions and subcortical hemorrhages and the cerebral swelling are more severe on the left than the right making injury more suggestive of a fall than a blow.*

*It would be helpful if we could say pre-therapeutic images of this patient to more clearly separate the primary effects of the trauma from the secondary and therapeutic effects.*

**NECK:**

*The anterior strap muscles of the neck are homogeneous and red-brown, without hemorrhage. The thyroid cartilage and hyoid bone are intact. The larynx is lined by intact white mucosa. The tongue is free of bite marks, hemorrhage, or other injuries.*

*Incision and dissection of the posterior neck demonstrates no deep paracervical muscular injury or cervical spine fractures.*

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**RESPIRATORY SYSTEM:**

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces of the right lung are smooth, glistening and unremarkable. There are scattered loose pleural adhesions surrounding the left lung. The pulmonary parenchyma is salmon pink with anthracotic changes, congested and edematous, exuding copious amounts of blood and frothy fluid. No mass lesions or areas of consolidation are present. The right and left lungs weigh 780 and 760-grams, respectively.

**CARDIOVASCULAR SYSTEM:**

The pericardial surfaces are smooth, glistening and unremarkable. The 320-gram heart is contained in an intact pericardial sac free of significant fluid or adhesions. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution in a right dominant pattern, are widely patent, and without evidence of thrombosis or significant atherosclerosis. The myocardium is homogeneous, red-brown, firm and unremarkable; the atrial and ventricular septae are intact. The walls of the left and right ventricles are 1.0 and 0.2-centimeters thick, respectively. The valve leaflets are thin and mobile. The aorta and its major branches arise normally, follow the usual course and are free of significant abnormalities. There is mild focal atherosclerotic streaking of the abdominal aorta. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The renal and mesenteric vessels are unremarkable.

**HEPATOBIILIARY SYSTEM:**

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma. No mass lesions or other abnormalities are noted. The gallbladder contains 3-milliliters of green-brown mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent and without evidence of calculi. The liver weighs 1460-grams.

**GASTROINTESTINAL TRACT:**

The esophagus is intact and lined by smooth, gray-white mucosa. The gastric wall is intact and the stomach contains approximately 20-milliliters of thin brown-gray fluid. The gastric mucosa is arranged in the usual rugal folds. The duodenum, loops of small bowel and colon are unremarkable. The appendix is not identified. Synthetic mesh is identified in the right inguinal canal.

**GENITOURINARY SYSTEM:**

The right and left kidneys weigh 160 and 140-grams, respectively. The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surface. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves and calyces are unremarkable.

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**ALI, Muhammad Najib Abu-Wafa**

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**Genitourinary System (cont):**

The ureters are normal in course and caliber. White bladder mucosa overlies an intact bladder wall. The bladder contains approximately 100-milliliters of cloudy yellow 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.

**LYMPHORETICULAR SYSTEM:**

The 280-gram spleen has a smooth, intact capsule covering maroon, moderately firm parenchyma; the lymphoid follicles are unremarkable. Lymph nodes in the hilar, periaortic, and iliac regions are not enlarged.

**ENDOCRINE SYSTEM:**

The pituitary gland is examined in-situ and is unremarkable. The thyroid gland is symmetric and red-brown, without cystic or nodular change. The pancreas is firm and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are noted. The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage identified.

**MUSCULOSKELETAL SYSTEM:**

Muscle development appears normal. No non-traumatic bone or joint abnormalities are noted.

**ADDITIONAL PROCEDURES**

1. Documentary photographs are taken by OAFME staff photographers.
2. Specimens retained for toxicology testing and/or DNA identification are: Blood, vitreous fluid, urine, gastric contents, bile, heart, spleen, liver, lung, kidney, adipose tissue, and skeletal muscle.
3. Full body radiographs are obtained and demonstrate the above findings.
4. Selected portions of organs are retained in formalin.
5. The dissected organs are forwarded with the body.
6. Personal effects are released to the mortuary affairs representatives.
7. Identifying body marks that include multiple scars have been documented.

**MICROSCOPIC EXAMINATION**

The brain is removed and placed in formalin for formal Neuropathology consultation. Selected portions of organs are retained in formalin, without preparation of histologic slides by OAFME.

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**AUTOPSY REPORT ME** (b)(6)  
**ALI, Muhammad Najib Abu-Wafa**

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**FINAL AUTOPSY DIAGNOSES:**

- I. Evidence of trauma
  - A. Linear fractures of the calvarium involving the right temporal, parietal, and occipital bones
  - B. Superficial abrasions on the posterior right shoulder
  - C. Subgaleal and subdural hemorrhage
  
- II. Evidence of closed head trauma and subsequent medical intervention (per formal Neuropathology consultation)
  - A. Diffuse grey and white matter edema with ischemic neuronal injury
  - B. Left transcranial herniation
  - C. Left to right midline shift with left cingulate gyrus and the left transtentorial uncal herniations
  - D. Cortical contusions of the frontal and temporal lobes, bilaterally
  - E. Subarachnoid and intraventricular hemorrhage
  
- III. Natural disease diagnoses
  - A. Evidence of prior appendectomy
  - B. Evidence of prior right inguinal hernia repair
  - C. Mild atherosclerotic streaking of the abdominal aorta
  - D. Healed fracture of the left ulnar styloid
  - E. Partial amputation of the distal 1<sup>st</sup> and 2<sup>nd</sup> digits of the left hand
  - F. Absence of the left nipple, traumatic, healed
  
- IV. Postmortem changes
  - A. Lividity is fixed on the posterior surface the body except in areas exposed pressure
  - B. Rigor is present to an equal degree in all extremities
  
- VI. Toxicology results
  - A. Volatiles: The blood and vitreous fluid were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.
  - B. 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:
    1. Positive Opiate: Morphine was detected in urine by gas chromatography/mass spectrometry. The blood contained in 0.18 mg/L of morphine as quantitated by gas chromatography/mass spectrometry.
    2. Positive Lidocaine: Lidocaine was detected in urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.

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**AUTOPSY REPORT ME** (b)(6)  
**ALI, Muhammad Najib Abu-Wafa**

VI. Toxicology results (cont):

- C. Carbon Monoxide: The carboxyhemoglobin saturation in the blood was less than 1% as determined by spectrophotometry with the limit of quantitation of 1%. Carboxyhemoglobin saturations of 0-3% are expected for non-smokers. Saturations above 10% are considered elevated are confirmed by gas chromatography.
- D. Cyanide: There was no cyanide detected in the blood. The limit of quantitation for cyanide is 0.25 mg/dL. Normal blood cyanide concentrations are less than 0.15 mg/L. Lethal concentrations of cyanide are greater than 3 mg/L.

OPINION

This approximately 52-year-old male detainee at Camp Bucca Iraq, BTB Muhammad Najib Abu-Wafa Ali, died as the result of blunt force trauma of the head. Autopsy findings show evidence of skull fractures and subsequent medical intervention. No gross or x-ray evidence of recent penetrating or additional significant blunt force trauma is identified. A formal Neuropathology consultation is obtained and demonstrates the findings described above. Post mortem analysis of the body fluids for ethanol, carbon monoxide, cyanide, and screened illicit drugs of abuse are negative. The presence of morphine in the blood and lidocaine in the urine are consistent with the reported history of medical intervention and do not contribute to the cause or manner of death. Mr. Ali's injuries are consistent with a blow to the head or a fall. The review of available investigative reports, medical records, and Neuropathology consultation taken in conjunction with the absence of defensive injuries suggests that an accidental fall is more likely the cause of Mr Ali's injuries. A blow to the head cannot be ruled out as the cause of the closed head trauma. However, with reasonable medical certainty the manner of death is best classified as accident. Should additional information become available that would change the cause or manner of death, an amended report will be issued.

(b)(6)

700000

(b)(6) Medical Examiner

CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)			
NAME OF DECEASED (Last, First, Middle) Nom du décédé (Nom et prénom) <b>BTB Ali, Muhammad Najib, Abu-Wafa</b>		GRADE Grade	BRANCH OF SERVICE Arme <b>Civilian</b>
ORGANIZATION Organisation		NATION (e.g. United States) Pays <b>Egypt</b>	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social <b>9IZ-31-1192</b>
		DATE OF BIRTH Date de naissance	SEX Sexe <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE
RACE Race		MARITAL STATUS État Civil	
<input checked="" type="checkbox"/> CAUCASOID Caucasique		<input type="checkbox"/> SINGLE Célibataire	<input type="checkbox"/> DIVORCED Divorcé
<input type="checkbox"/> NEGROID Négride		<input type="checkbox"/> MARRIED Marié	<input type="checkbox"/> SEPARATED Séparé
<input type="checkbox"/> OTHER (Specify) Autre (Spécifier)		<input type="checkbox"/> WIDOWED Veuf	
NAME OF NEXT OF KIN Nom du plus proche parent		RELATIONSHIP TO DECEASED Parenté du décédé avec le sus	
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 (N'indiquer qu'une cause par ligne)			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Maladie ou condition directement responsable de la mort.		<b>Blunt force injury of the head</b>	
ANTECEDENT CAUSES Symptômes précurseurs de la mort.	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire		
	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 <input checked="" type="checkbox"/> YES Oui <input type="checkbox"/> NO Non	CIRCUMSTANCES SURROUNDING DEATH DUE TO EXTERNAL CAUSES Circonstances de la mort suscitées par des causes extérieures	
<input type="checkbox"/> NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Conclusions principales de l'autopsie		
<input checked="" type="checkbox"/> ACCIDENT Mort accidentelle			
<input type="checkbox"/> SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pathologiste (b)(6)		
<input type="checkbox"/> HOMICIDE Homicide	SIGNATURE Signature (b)(6)	DATE Date <b>5 September 2008</b>	AVIATION ACCIDENT Accident à Avion <input type="checkbox"/> YES Oui <input checked="" type="checkbox"/> NO Non
DATE OF DEATH (day, month, year) Date de décès (le jour, le mois, l'année) <b>2 September 2008 1537</b>	PLACE OF DEATH Lieu de décès <b>Balad AFB Iraq</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 je conclus que le décès est survenu à l'heure indiquée et à la suite des causes énumérées ci-dessus.			
NAME OF MEDICAL OFFICER Nom du médecin militaire ou du médecin sanitaire (b)(6)		TITLE OR DEGREE Titre ou diplôme <b>Medical Examiner</b>	
GRADE Grade (b)(6)	INSTALLATION OR ADDRESS Installation ou adresse <b>Dover AFB, Dover DE</b>		
DATE Date <b>11/25/2008</b>	SIGNATURE Signature (b)(6)		

FORM DD 2064 APR 77

REPLACES DA FORM 3345, 1 JAN 72 AND DA FORM 3345-R(PAS), 26 SEP 75, WHICH ARE OBSOLETE.

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EXHIBIT 26 000207



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

BTB ALI, MUHAMMAD NAJIB ABU-WAFA

SSN: (b)(6)

Autopsy: MEC (b)(6)

Toxicology Accession #: (b)(6)

Date Report Generated: September 15, 2008

**CONSULTATION REPORT ON CONTRIBUTOR MATERIAL**

AFIP DIAGNOSIS

REPORT OF TOXICOLOGICAL EXAMINATION

Condition of Specimens: GOOD

Date of Incident: 9/2/2008

Date Received: 9/9/2008

**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.

**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.

**VOLATILES:** The **BLOOD AND VITREOUS FLUID** were examined for the presence of ethanol at a cutoff of 20 mg/dL. No ethanol was detected.

**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 Opiate:** Morphine was detected in the urine by gas chromatography/mass spectrometry. The blood contained 0.18 mg/L of morphine as quantitated 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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0052 08 CID579-53608



DEPARTMENT OF DEFENSE  
ARMED FORCES INSTITUTE OF PATHOLOGY  
WASHINGTON, DC 20306-8000

REPLY TO  
ATTENTION OF

**Report Of Toxicological Examination Continued: (BTB ALI, MUHAMMAD NAJIB  
ABUWAFI-ME)** (b)(6)

**Positive Lidocaine: Lidocaine was detected in the urine by gas chromatography and confirmed by gas chromatography/mass spectrometry.**

(b)(6)

Office of the Armed Forces Medical Examiner

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