

ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850 1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: Hamed Al Mu Farji, Khaleed Yassen Hamad Autopsy No. (b)(6)
Intermernt Serial Number (b)(6)

Date of Birth: (b)(6)

Date of Death (b)(6)

Date of Autopsy: 5 February 2005

AFIP No. (b)(6)

Rank: Iraqi national, civilian

Place of Death: Bucca, Iraq

Place of Autopsy: Baghdad, Iraq

Date of Report: 14 March 2005

Circumstances of Death: This 36 year-old male civilian, presumed Iraqi national was in US custody at the Bucca detention facility in Iraq. By report, he was shot during a prison riot.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Gunshot Wound of the Head

MANNER OF DEATH: Homicide

FINAL AUTOPSY DIAGNOSES:

- Perforating Gunshot Wound of the Head
 - Indeterminate range entrance wound of posterior aspect (back) of the head just below the hairline at posterior midline with no surrounding soot or stippling
 - Wound path through skin and soft tissue of the lower occipital scalp at the superior base of the neck, the second cervical vertebra and spinal cord, nasopharynx and bridge of nose
 - c. Wound associated with fractures of the second cervical vertebra, transection of the cervical spinal cord at the level of the second cervical vertebra, subarachnoid hemorrhage over the brain, and fractures of the nasal, ethmoid and maxillary bones
 - d. Stellate exit wound present at the bridge of the nose
 - e. No metallic projectiles recovered or evident radiographically
 - f. No evidence of close range fire on the skin
 - g. Direction of wound path: Back to front and upward
- No evidence of significant natural disease, within the limitations of the examination
- III. No evidence of other significant injuries
 - a. Minor abrasions of forehead
- IV. No evidence of restraint
- V. Toxicology (AFIP)
 - a. Volatiles: Heart blood and vitreous fluid negative for ethanol
 - b. Drugs: Heart blood negative for screened medications and drugs of abuse

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad Caucasian male. The body weighs approximately 160 pounds (estimated), is 69" in height and appears compatible with the reported age of 36 years. The body temperature is cold, that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with dark brown hair averaging 2 cm in length. Facial hair consists of a brown with grey beard and mustache. The irides are brown, and the comeae are slightly cloudy. The sclerae and conjunctivae are pale and free of petechiae. The earlobes are not pierced. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. The lips are without evident injury. The teeth are natural and in fair condition.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is flat and soft. Healed surgical scars are not noted on the torso. The extremities are well developed with normal range of motion. There is a 4 cm linear scar on the upper right shin, and there is a 5 cm linear scar on the back of the right calf. The fingernails are intact. The soles of the feet are calloused. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. An identification tag is on the right first toe.

EVIDENCE OF THERAPY

There is an oropharyngeal airway in place, and there is an intravenous catheter in the left antecubital fossa. There is an "A" written on the back of the left hand in green ink.

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. All wound pathways are given relative to standard anatomic position.

Gunshot Wound of the Head

There is an indeterminate range entrance gunshot wound of the posterior aspect of the head, just below the hairline. The wound is round, 0.2 cm in diameter, with an eccentric 0.1 cm marginal abrasion rim from the 3 o'clock to 6 o'clock position. The entrance wound is located in the posterior midline, 18 cm beneath the top of the head, and 1 cm beneath the edge of the hairline. There is no soot or stippling on the skin surrounding the wound.

The wound path perforates the skin and soft tissue of the lower occipital scalp and upper posterior neck at the posterior midline, continues through the second cervical vertebra (axis) and cervical spinal cord, and through the nasopharynx just below the sphenoid sinus and cribiform plate, and exits through the nasal bones out the bridge of the nose directly between the eyes.

The wound is associated with fractures of the second cervical vertebra, complete transection of the cervical spinal cord at the level of the second cervical vertebra, diffuse subarachnoid hemorrhage over the brain, a film of subdural hemorrhage at the base of the brain, fractures of the maxillary, ethmoid and nasal bones, and hemorrhage and soft tissue destruction along the wound path.

There is a 3 x 3 cm stellate exit wound at the bridge of the nose, located on the anterior midline, 10 cm beneath the top of the head and directly between the eyes.

No metallic projectiles are recovered or evident radiographically, and there is no evidence of close range fire on the skin. The direction of the wound path is from back to front and upward.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 2 cm thick.

HEAD: (CENTRAL NERVOUS SYSTEM)

The injuries of the head are as previously described. The scalp is reflected, and there are no other skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1440 grams.

NECK:

Examination of the soft tissues of the anterior neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. 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 and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.1 cm in thickness and the right ventricle is 0.2 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 420 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding a slight amount of bloody fluid, and no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 540 grams; the left 520 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 3 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1370 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains approximately 500 ml of white thick liquid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 15 ml of clear, yellow urine. The prostate gland 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. The right kidney weighs 120 grams; the left 120 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 150 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES

- Full body radiographs were obtained and reflect the injuries described above.
- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, bile, liver, spleen, and gastric contents
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

OPINION

This 36 year-old male Iraqi civilian in US custody died of a gunshot wound of the head, causing fractures of the 2nd cervical vertebra (axis) with transection of the cervical spinal cord. By report, he was shot during a prison riot at the Bucca detention facility.

The manne	r of death is homicide.
(b)(6)	
(b)(6)	Medical Examiner



DEPARTMENT OF DEFENSE ARMED FORCES INSTITUTE OF PATHOLOGY WASHINGTON, DC 20308-4000

AFIP. (b)(6) TO: OFFICE OF THE ARMED FORCES MEDICAL EXAMINER ARMED FORCES INSTITUTE OF PATHOLOGY	PATIENT IDENTIFICATION AFIP Accessions Number Sequence (b)(6) Name HAMED AL MU FARII, KHALEED SSAN: Autopsy: (b)(6)
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Exhibit 4



HOSPITAL REPURT OF DEATH

NAME AND LOCATION OF HOSPITAL

FOR USE OF THIS FORM, SEE AR 40400. THE PROPOMENT AGENCY IS DIFFICE OF THE SURGEON GENERAL.

Instructions - Medical Officer in attendance will:

Prepare, in one copy only, Items 1 through 10 and sign Item	11. Print or type entries.		without delay to the Ri for preparation of requir		strative Officer of the Day, for necessary ies.
	SECTION A - ATTENDING I	MEDICAL OFFIC	ER'S REPORT		
	PERSOI	NAL DATA			
1. PATIENT DATA (Patient's ward plate will be used to imp	vint identifying data if available)		EATH (Hourday-month-year)		3. MEDICAL EXAMINER/ CORONER'S CASE
		12	30		YES N
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Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Nur	mber	b. HAME, AD	UNESS AND RELATION	SHIP OF RELATIV	E UN FRIEND PRESENT AT DEATH
	CAUSE OF DEATH				APPROXIMATE INTERVAL BETWEEN
	CAUSE OF DEATH				ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH /This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused deathy	GSW To face			,	Functionaly
	DUE TO (or as a consequence of)				
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	m65h				
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8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT					
NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	b.			. 1	
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	SECTION B - ADMII	NISTRATIVE A	СТІО		
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13. POST ADJUTANT GENERAL NOTIFIED					
14. IMMEDIATE CO OF DECEASED NOTIFIED					
15. INFORMATION OFFICE NOTIFIED					
16. POST MORTUARY OFFICER NOTIFIED					
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12	SECTION C - REC	ORD OF AUTOR	nev .		
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DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

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	CERTIFICATE OF DEATH (OVERSEAS) Acte de décès (D'Outre-Mer)										
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ORGANIZATION Organisation				NA' Pay	TION (e.g., United States)		TE OF BIRTH te de naissance	SEX	Sexe MALE Masculin FEMALE Féminin		
_	F	RACE Race			MARITAL STA	TUS	État Civil		RELIGIO	N Cu	Ite
	CAUCASOID Cau	casique		SINGLE	Célibataire		DIVORCED Divorcé		PROTESTANT Protestant		OTHER (Specify) Autre (Specifier)
	NEGROID Négroid	de	,	MARRIED	Marié	-			CATHOLIC Catholique		
\checkmark	OTHER (Specify) Autre (Spécifier)	Iragi		WIDOWE) Veuf		SEPARATED Séparé		JEWISH Juif		
NA	ME OF NEXT OF KIN	Nom du plus proch	e parent			REI	LATIONSHIP TO DECEAS	ED	Parenté du décéde avec le su	usdit	
ST	REET ADDRESS Do	omicilé à (Rue)				СІТ	Y OF TOWN AND STATE	(Inclui	de ZIP Code) Ville (Code po	stal con	npris)
_				MEDICA	AL STATEMEN	T D	Peclaration médicale				
				OF DEATH (Ente décès (N'indique	-	-				1	NTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès
	EASE OR CONDITION ladie ou condition direc			EZM	to th	įL ~	face			Tou	muliati
	ANTECEDENT CAUSES	MORBID CONDITI LEADING TO PRII Condition morbide menant à la cause	MARY CAUSE n, s'il y a lieu,				*		3		
	Symptômes précurseurs de la mort.	UNDERLYING CA GIVING RISE TO I CAUSE Raison fondament ayant suscité la ca	PRIMARY tale, s'il y a lieu,								
	HER SIGNIFICANT CO										
	MODE OF DEATH Condition de décès	AUTOPSY PERFOR			ES Oui		NO Non	EXT	CUMSTANCES SURROUNDI ERNAL CAUSES		
	NATURAL Mort naturelle ACCIDENT	MAJOR FINDINGS	OF AUTOPSY Con	clusions principa	iles de l'autops	ie		Circ	onstances de la mort susciter	es par de	es causes exteneures
\vdash	Mort accidentelle SUICIDE Suicide	NAME OF PATHOL	OGIST Nom du pa	thologiste	-	-					·
	HOMICIDE Homicide	SIGNATURE Signa	ature			DAT	E Date	AVIA	TION ACCIDENT Accident	à Avion	NO Non
	DATE OF DEATH (Hour, day, month, year) Date de décès (Theure le lour le mois l'annés) (b)(6) COMP DUCC Q TINGO										
	THAN				EATH OCCUR	RED A	T THE TIME INDICATED		ROM THE CAÚSES AS STAT te des causes énumérées ci o		OVE.
NA	ME OF MEDICAL OFF		édicin militaire ou d				E OR DEGREE Titre ou				
GF	RADE Grade		INSTALLATION O	R ADDRESS	Installation ou a	dress	e				
DA	TE Date		SIGNATURE S	ignature							
	2 State conditions con 1 Préciser la nature	ry or complication whic ontributing to the death de la maladie, de la bles es au a contribut à la s	s, but not related to the trure ou de la complic	e disease or condi- cation qui a contri	tion causing dec bué à la mort, m	ith. ais non	e. la manière de mourir, telle q	w'un a	rrêt du coeur, etc.		

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				AUTHO	RIZED FOR LC	CAL REPRODUCT
DICAL RECO		CHRONOLOGIC				
DATE	SYMPTOMS	S, DIAGNOSIS, TREATM	ENT, TREATING	ORGANIZATION	V (Sign eac	h entry)
)(6) OS	(S) Woh A	tel Tray	male de	faince	prov	igh t
P	in to The	nc pulse	legs /	4 breat	Long	after
R	being sho	+ 5y le	that so	unels A	durn	7 91
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SPO2	down Q,	compound f	10-	(5 mg	· P	you to
	arrat.	quint Cost	- asry	(b)(6)	phone	el a
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	milbach axil	(b)(6)	xite(R)axil	loe.	
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Tob	brought in	also has	& VS	5n+	mot	able ;
	a fend in	und.	,	1		
	- & other	measures 1	note take			
	' Unh	100 - 1	1200			
			((b)(6)		
ITAL OR MEDICAL FA	CILITY	STATUS	DEPART./SERVIC	35	RECORDS	MAINTAINED AT
SOR'S NAME	•	SSN/ID NO.	RELATIONSHIP T	O SPONSOR		
NT'S IDENTIFICATIO	(For typed or written entries, give Birth: Rank/Grade) Compou	e: Name - last, first, middle; ID N nd # :	o or SSN; Sex; Date of	REGISTER NO		WARD NO
						EDICAL CARE

(b)(6)



NAME AND LOCATION OF HOSPITAL HOSPITAL REPURT OF DEATH
BUT SEE AR 40400, THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL

Instructions - Medical Officer in attendance will:

		SECTION	A - ATTENDING M		R'S REP	ORT		
				AL DATA				
PATIENT DATA (Patient's ward pla	nte will be used to impi	rint identifying	data if available)	2. TIME OF DE	ATH (Hour	-day-month-year)		3. MEDICAL EXAMINER/ CORONER'S CASE
								YES N
				4. RELIGION				5. CHAPLAIN NOTIFIED
				S NAME ADD	DECC AN	IN DEL ATIONS	IIP OF REI ATI	VE OR FRIEND PRESENT AT DEATH
				b. NAME, ADD	INCOO AN	ID RELATIONS	iir or necati	TE ON THIERD THEOLET AT DEATH
	-n Cd-							
atient's name (Last, first, middle initi ocial Security Account No., Register	Number and Ward Nur	nber		<u> </u>				
		CAUSE 0	F DEATH					APPROXIMATE INTERVAL BETWE ONSET AND DEATH
74. DISEASE OR CONDITION DIRECTLY LEADING mean the mode of dying, e.g., heart failure, asther fiscase, injury, or complication which caused deat	via, etc. It means the	DUE TO for a	s a consequence off	vous.	L-(Chest		10 mm
		DUE TO /or a	s a consequence of)	00.40				
7b. ANTECEDENT CAUSES (Morbid conditions, il	I way, giving rise to the above	(1)	o a consequence on					
cause, stating the underlying condition last)		(2)						
		a.						
 OTHER SIGNIFICANT CONDITIONS CONTRIB NOT RELATED TO THE DISEASE OR CONDITION 		b.						
9. DATE (6)	(b)(6)	ME AND GRADE OF	MEDICAL DESICER IN ATT	ENDANCE	(b)(6)	THE OF MEDICAL O	COCCO III ATTOM	NAMOS .
			SECTION B - ADMII	SISTRATIVE AC	TION		-	
TYPE OF	ACTION		HOUR	DAY		MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AU	THORIZED PERSON		1					
13. POST ADJUTANT GENERAL NOTIFIED			1					
14. IMMEDIATE CO OF DECEASED NOTIFIED								*
15. INFORMATION OFFICE NOTIFIED								
							1	
16. POST MORTUARY OFFICER NOTIFIED								
17. RED CROSS NOTIFIED					+			
17. RED CROSS NOTIFIED								
17. RED CROSS NOTIFIED 18. OTHER (Specify)			SECTION C - REC	ORD OF AUTOP	SY			
17. RED CROSS NOTIFIED 18. OTHER (Specify)			SECTION C - REC	ORD OF AUTOP		PSY ORDERED BY /S	gneture)	
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19.			SECTION C - REC	ORD OF AUTOP		PSY ORDERED BY /Są	oneture/	
20. AUTOPSY PERFORMED (III yes, give date and			SECTION C - REC	CORD OF AUTOP		PSY ORDERED BY (Se	oneture)	
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19. 20. AUTOPSY PERFORMED (III yes, give date an			SECTION C - REC	ORD OF AUTOP		PSY ORDERED BY /Sq	gneture)	
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19. 20. AUTOPSY PERFORMED (III yes, give date and			SECTION C - REC	CORD OF AUTOP		PSY ORDERED BY /Są	oneture)	
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19. 20. AUTOPSY PERFORMED (III yes, give date and				ORD OF AUTOP	21. AUTOF	PSY ORDERED BY /S		TOPSY
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19. 20. AUTOPSY PERFORMED (III yes, give date and yes) YES NG 22. PROVISIONAL PATHOLOGICAL FINDINGS	d place)			CORD OF AUTOP	21. AUTOF			TOPSY
17. RED CROSS NOTIFIED 18. OTHER (Specify) 19. 20. AUTOPSY PERFORMED (III yes, give date and yes) YES NG 22. PROVISIONAL PATHOLOGICAL FINDINGS	d place)	RADE OF PHYSICIAN	I PERFORMING AUTOPSY	ORD OF AUTOP	21. AUTOF		PERFORMING AU	TOPSY

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

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		CERTIFICATE O Acte de dé	F DEATH (OVERS cès (D'Outre-Mer)	SEAS)	
NAME OF DECEASED	(Last, First, Middle) Nom du décè	dé (Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Social
ORGANIZATION Org	ganisation		NATION (e.g., United Pays	DATE OF BIRTH Date de naissance	SEX Sexe MALE Masculin FEMALE Féminin
	RACE Race	MARITAL ST	ATUS État Civil	RE	LIGION Cuite
CAUCASOID C	aucasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Specifier)
NEGROID Négi	róide	MARRIED Marié		CATHOLIC Catholique	
OTHER (Specify) Autre (Specifier)	Iraq	WIDOWED Veuf	SEPARATED Séparé	JEWISH Juif	
NAME OF NEXT OF KI	N Nom du plus proche parent		RELATIONSHIP TO	DECEASED Parenté du décéde avec	le susdit
STREET ADDRESS	Domicilé à (Rue)		CITY OF TOWN AND	O STATE (Include ZIP Code) Ville (Cod	de postal compris)
		MEDICAL STATEME	NT Declaration médi	cale	
		E OF DEATH <i>(Enter only one caus</i> lu décès (N'indiquer qu'une caus			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre ('attaque et le décès
	ON DIRECTLY LEADING TO DEATH 1 rectement responsable de la mort. 1	Gh Shot	- Woun	1- Clest	lona
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
Symptômes précurseurs de la mort	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a lieu, ayant suscité la cause primaire				
OTHER SIGNIFICANT C Autres conditions signifi	CONDITIONS 2				
MODE OF DEATH	AUTOPSY PERFORMED Autopsie ef	fectuée YES Oui	NO Non	CIRCUMSTANCES SURROU	INDING DEATH DUE TO
Condition de décès NATURAL Mort naturelle	MAJOR FINDINGS OF AUTOPSY Co			EXTERNAL CAUSES	citees par des causes exterieures
ACCIDENT Mort accidentelle			:		
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du p	athologiste			
HOMICIDE Homicide	SIGNATURE Signature		DATE Date	AVIATION ACCIDENT Accid	dent à Avion
Date de décès (l'heure, le	e jour, le mois, l'année)	PLACE OF DEATH Lieu de			
· .		CEASED AND DEATH OCCURP int et je conclus que le décès est	RED AT THE TIME INDIC survenu à l'heure indiqu	CATED AND FROM THE CAUSES AS S lée et à, la suite des causes énumérées	TATED ABOVE. ci dessus
NAME OF MEDICAL OF	FICER Nom du médicin militaire ou	du médicin sanitaire	TITLE OR DEGREE	Titre ou diplômé	
GRADE Grade	INSTALLATION	OR ADDRESS Installation ou a	dresse		
DATE Date	SIGNATURE S	Bignature			
2 State conditions to	ary or complication which caused death, but contributing to the death, but not related to to de de la maladie, de la blessure ou de la compli	he disease or condition couring doc	,L		

ADE FORM 2062, APR 1977 OFFICE A COS CONT 26 AAV CONTEST OF THE CO

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	his form, see AR 600-8	XAMINATION A	ND D	UTY STATUS
HRU: (Include ZIP Code)	O: (Include ZIP Co		ency is i	FROM: (Include ZIP Code)
				(Mental 21 Code)
NAME OF INDIVIDUAL EXAMINED (Last, Fire	t, and Middle Initial)		2. 55	3. GRADE
ORGANIZATION AND STATION				
ONG AND STATION		5.		CCIDENT INFORMATION
		a. DATE		b. PLACE (City and State)
SECTION 1 - TO BE COMPLET	ED BY ATTENDIN	NG PHYSICIAN OF	R HOS	PITAL PATIENT ADMINISTRATOR
ADMITTED DEAD ON ARRIVAL	NAME OF HOSPITA	L OR TREATMENT	15.6	LITY CIVILIAN MILITAR
HOUR AND DATE ADMITTED	and Du		K 2	
(b)(6)		(b)(6)	TE EV	C
NATURE AND EXTENT OF INJURY	DISEASE -	ESULTING IN DEA	тн (Е:	splain)
- MEDICAL OPINION: A. INDIVIDUAL WA	. []	G5~		
6. INDIVIDUAL WAS WAS NOT MENTA	LLY SOUND (Attach	Paychiatric evalue	tion II	F ALCOHOL DRUGS (Specific
C. INJURY IS IS NOT LIKELY TO RES	ULT IN A CLAIM A	GAINST THE GOVE	RNME	T FOR FUTURE MEDICAL CARE
d. INJURY WAS WAS NOT INCURRED	IN LINE OF DUTY.	BASIS FOR OPINIO	on:	The state of the s
- THE FOLLOWING DISABILITY MAY RESULT		13. BLOOD ALC	0401	10
TEMPORARY PERMANENT PARTIAL	PERMANENT TOTA			14. NO. OF MG ALCOHOL/100 ML BL
- DETAILS OF ACCIDENT OR HISTORY OF DISE	EASE (how, where, w	hen) 1		<u> </u>
Rivte compound ?	S. Rece	vel GS	\sim	to clest.
(b)(6)	D NAME OF ATTEN	DING	(b)(6	(3)
SECTION II - TO F	SE COMPLETED B	V UNIT CONTAIN		DR UNIT ADVISER
DUTY STATUS				DATE OF ABSENCE
PRESENT FOR DUTY ABSENT WITHO		iv. HOU	IR AND	
	OUT AUTHORITY	FROM	RAND	b. To
ABSENT WITH AUTHORITY: ON PASS	OUT AUTHORITY	. FROM		b. то
ABSENCE WITH AUTHORITY: ON PASS Of ABSENCE WITHOUT AUTHORITY MATERIALL type of duty missed, hours of duty, and how it did	ON LEAVE	FROM		b. то
ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did	OUT AUTHORITY ON LEAVE Y INTERFERRED WI	TH THE PERFORM	MANCE	b. TO OF MILITARY DUTY (Explain in Item
ABSENCE WITH AUTHORITY: ON PASS Of ABSENCE WITHOUT AUTHORITY MATERIALL type of duty missed, hours of duty, and how it did	OUT AUTHORITY ON LEAVE Y INTERFERRED WI f or did not interfere	TH THE PERFORM with performence)	MANCE	b. TO OF MILITARY DUTY (Explain in Item) R AND DATE TRAINING
ABSENT WITH AUTHORITY: ON PASS ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did YES NO INDIVIDUAL WAS ON ACTIVE DUTY FOR THE INACTIVE DUTY TRAINING	ON LEAVE Y INTERFERRED WI f or did not interfere	TH THE PERFORM with performance)	HOU	b. TO OF MILITARY DUTY (Explain in Item
ABSENT WITH AUTHORITY: ON PASS ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did YES NO INDIVIDUAL WAS ON ACTIVE DUTY ACTIVE DUTY FOR THE STATE OF THE STATE O	ON LEAVE Y INTERFERRED WI OF did not interfere	TH THE PERFORM with performance)	HOU	b. TO COF MILITARY DUTY (Explain in Item R AND DATE TRAINING b. ENDED
ABSENT WITH AUTHORITY: ON PASS ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did YES NO INDIVIDUAL WAS ON ACTIVE DUTY ACTIVE DUTY FOR THE	ON LEAVE Y INTERFERRED WI OF did not interfere	TH THE PERFORM with performance)	HOU	b. TO OF MILITARY DUTY (Explain in Item) R AND DATE TRAINING
ABSENT WITH AUTHORITY: ON PASS OF ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did yes ON	ON LEAVE Y INTERFERRED WIT OF did not interfere with the second control of the second c	TH THE PERFORM With performence) S. BEGAN CTLY TO TRAINING TO DISTANCE INVO	HOU	D. TO COF MILITARY DUTY (Explain in item R AND DATE TRAINING b. ENDED DIRECTLY FROM TRAINING 28. NORMAL TIME FOR TRAV
ABSENT WITH AUTHORITY: ON PASS ABSENCE WITHOUT AUTHORITY MATERIALLY type of duty missed, hours of duty, and how it did YES NO INDIVIDUAL WAS ON ACTIVE DUTY FOR THE INACTIVE DUTY TRAINING RESERVIST DIED OF INJURIES RECEIVED PROMODE OF TRANSPORTATION 26. HOUR BEGIN DUTY STATUS AT TIME OF DEATH IF DIFFERENCE.	ON LEAVE Y INTERFERRED WI FOR did not interfere RAINING DEEDING DIRE NING TRAVEL ENT FROM TIME OF	TH THE PERFORM with performance) 3. 3. 4. BEGAN COLLY TO TRAININ 27. DISTANCE INVO	HOU	D. TO COF MILITARY DUTY (Explain in item R AND DATE TRAINING b. ENDED DIRECTLY FROM TRAINING 28. NORMAL TIME FOR TRAV

ACLU-RDI 5650 p.16 FOR OFFICIATIONLO 126 A CHEUL GID. ROLS 5519 00032

Exhibit_

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DICAL RECOR	CHRON	OLOGICAL RECORD		CARE P SEM
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	for 10-15 mm	. therefore	16 A	10/50
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	other and que	11/2/1/1	11	760
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	Ta0; 212/0	(b)(6)	- Compres	stors / baying
0	, cerew of photo, a	undo/		
O) work back			
(b)(6	(b)(6)			
ITAL OR MEDICAL	ATÚS (b)(6)	OF DEPART/SERVI	CE	RECORDS MAINTAINED AT
SOR'S NAME	N/ID NO.	RELATIONSHIP	TO SPONSOR	
NT'S IDENTIFICATION:	(For typed or written entries, give: Name - last, first	, middle; ID No or SSN; Sex: Date of	REGISTER NO	WARD NO
	Birth: Rank/Grade) Compound # :			
	50 p.17	CHRON	OLOGICAL RECO Medical I	ORD OF MEDICAL CARE

(b)(6)

FOR OFFICIAL * 'E ONLY / LAW ENFORCEMENT CENSITIVE

HOSPITAL REPURT OF DEATH

NAME AND LOCATION OF HOSPITAL

FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS DIFFICE OF THE SURGEON GENERAL.

Z AN MONDO. THE PROPORTIES ABOVE 135 OFFICE OF THE SURSEUM GENERAL.

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary Prepare, in one copy only, Items 1 through 10 and sign Item 11. Print or type entries. action and for preparation of required number of copies. SECTION A - ATTENDING MEDICAL OFFICER'S REPORT PERSONAL DATA 1. PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available) 2. TIME OF DEATH (Hour-day-month-year) 3. MEDICAL EXAMINER/ CORONER'S CASE (b)(6)05 P-YES N 4. RELIGION 5. CHAPLAIN NOTIFIED YES M 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 APPROXIMATE INTERVAL BETWEEN CAUSE OF DEATH ONSET 7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does meso the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury, or complication which caused death, DUE TO (or as a consequence of) (1)7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the ab cause, stating the underlying condition last) 12) 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT 9. BATE ID. TYPED OR PRINTED NAME AND GRADE OF MEDICAL OFFICER IN ATTENDANCE 11 SIGNATURE DE MEDICAL DERCER IN ATTENDANCE (b)(6) (b)(6)1-31-05 SECTION B - ADMINISTRATIVE ACT TYPE OF ACTION HOUR INITIALS OF RESPONSIBLE OFFICER 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON 13. POST ADJUTANT GENERAL NOTIFIED 14. IMMEDIATE CO OF DECEASED NOTIFIED 15. INFORMATION OFFICE NOTIFIED 16. POST MORTUARY OFFICER MOTIFIED 17. RED CROSS NOTIFIED 18. OTHER /Specify) 19. SECTION C - RECORD OF AUTOPSY 20. AUTOPSY PERFORMED (If yes, give date and place) 21. AUTOPSY ORDERED BY (Signature) YES 22. PROVISIONAL PATHOLOGICAL FINDINGS 23. DATE 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY 25. SIGNATURE OF PHYSICIAN PERFORMING AUTOPSY 25. DATE 27. TYPED NAME AND GRADE OF REGISTRAR 28. SIGNATURE OF REGISTRAR

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2.01

FOR OFFICIAL ***SE ONLY / LAW ENFORCEMENT SENSITIVE

					ATH (OVERSEAS D'Outre-Mer)	5)			
NAME OF DECEASED) (Last, First, Middle)	Nom du décèdé	(Nom et prénoms)	G	RADE Grade	BF Ar	RANCH OF SERVICE		OCIAL SECURITY NUMBER luméro de l'Assurance Socia
ORĜANIZATION ON	ganisation			N. P.	ATION (e.g., United State ays		TE OF BIRTH te de naissance	S	EX Sexe MALE Masculin FEMALE Féminin
	RACE Race		MARITAL S	TATUS	État Civil	_	RELI	GION	Cuite
CAUCASOID C	Caucasique		SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant		OTHER (Specify) Autre (Specifier)
	róide 		MARRIED Marié		SEPARATED		CATHOLIC Catholique		
OTHER (Specify) Autre (Specifier)			WIDOWED Veuf		Séparé		JEWISH Juif		
NAME OF NEXT OF KI		parent		RE	LATIONSHIP TO DECE	ASED	Parenté du décéde avec le	e susdit	
STREET ADDRESS	Domicilé à (Rue)			CIT	Y OF TOWN AND STA	TE (Includ	le ZIP Code) Ville (Code	postal o	compris)
			MEDICAL STATEM	ENT I	Declaration médicale				
			OF DEATH (Enter only one can décès (N'indiquer qu'une cau						INTERVAL BETWEEN ONSET AND DEATH Intervalle entre ('attaque et le décès
	ON DIRECTLY LEADING rectement responsable de		Gun Sho	1-1	woul -	-cl	est		10nm
ANTECEDENT CAUSES	MORBID CONDITION LEADING TO PRIMA Condition morbide, s menant à la cause p	RY CAUSE							· · · · · · · · · · · · · · · · · · ·
Symptômes précurseurs de la mort.	UNDERLYING CAUS GIVING RISE TO PR CAUSE Raison fondamentale ayant suscité la caus	MARY				,			
OTHER SIGNIFICANT C Autres conditions signifi									
MODE OF DEATH Condition de décès	AUTOPSY PERFORMI		tuée YES Oui		NO Non	CIRC	UMSTANCES SURROUN RNAL CAUSES	IDING DI	EATH DUE TO
NATURAL Mort naturelle	·	Actor of Conc	rusions principales de l'autop	isie		Circo	nstances de la mort suscil	tees par	des causes exterieures
ACCIDENT Mort accidentelle							•		٠
SUICIDE Suicide	NAME OF PATHOLOG	IST Nom du pati	nologiste						
HOMICIDE Homicide	SIGNATURE Signatur	re		DAT	E Date	AVIAT		ent à Avid	, i
DATE OF DEATH (Hour Date de décès (l'heure, la	day, month, year) e jour, le mois, l'année)		PLACE OF DEATH Lieu de	décès		<u> </u>	∐ YES Oui		NO Non
THA	AVE VEIWED THE REMAI J'ai examiné les restes i	NS OF THE DECI	EASED AND DEATH OCCUP et je conclus que le décès es	RED A	T THE TIME INDICATED	AND FRO	OM THE CAUSES AS STA	ATED AE	BOVĘ
NAME OF MEDICAL OF		cin militaire ou du			OR DEGREE Titre o				· · · · · · · · · · · · · · · · · · ·
GRADE Grade	IN	ISTALLATION OR	ADDRESS Installation ou	adresse	•				
DATE Date	SI	IGNATURE Sign	nature						
¹ Préciser la nature	contributing to the death, bu de la maladie, de la hlevure	t not related to the	mode of dying such as heari fa disease or condition causing de ion qui a contribué à la mort, m n rapport avec la maladie ou à l	ath.		qu'un arrê	it du coeur, etc.		

ACLO-RIB163650 P. 1975 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPASI 28 SEP 1975 WHICH ARE PRODUCT TO THE OWN HOLD TO THE OWN HOLD

	OF MEDICAL EX				US	
For use of	this form, see AR 600-8-	1 the proponent ag	gency is Pi	ERSCOM		
THRU: (Include ZIP Code)	TO: (Include ZIP Cod	•)		FROM: (Inc.	lude ZIP C	ode)
1						
1			- 1			
1			- 1			
. NAME OF INDIVIDUAL EXAMINED (Lest, Fir	rat, and Middle Initial)		2. 55N			3. GRADE
			1	-		
4. ORGANIZATION AND STATION		5.	A	CCIDENT IN	FORMATI	ON
		a. DATE	T	PLACE (C	ity and Sta	ite)
SECTION 1 - TO BE COMPLE					IENT AD	MINISTRATOR
6. INDIVIDUAL WAS OUT PATIENT	7. NAME OF HOSPITA	2			CIVILIA	N MILITARY
ADMITTED DEAD ON ARRIVAL	camp 1)ucca	FF	73		
1. HOUR AND DATE ADMITTED		9. ноч (b)(6)			1 .	
(b)(6)		(0)(0)			of	
10. NATURE AND EXTENT OF INJURY	DISEASE DE	ESULTING IN DE	EATH (E)	rplain)		
		G 5V				
11. MEDICAL OPINION: . INDIVIDUAL						7
	-7-	NDER THE INFLU				DRUGS (Specify):
6. INDIVIDUAL WAS WAS NOT MEN	TALLY SOUND (Attack	Paychiatric evalu	uation if	appropriate).		
C. INJURY IS IS NOT LIKELY TO R	ESULT IN A CLAIM A	GAINST THE GOV	ERNME	NT FOR FUT	URE MED	ICAL CARE.
d. INJURY - WAS - WAS NOT INCURRE	D IN LINE OF DUTY.	BASIS FOR OPIN	VION:			
		13. BLOOD AL	50401	114 110 01		OHOL/100 ML BLOOD
12. THE FOLLOWING DISABILITY MAY RESULT		TEST MAD		112. NO. OF	MG ALC	OHOLYTOO ME BEOOD
TEMPORARY PERMANENT PARTIAL			_ NO			
18. DETAILS OF ACCIDENT OR HISTORY OF D	ISEASE (how, where, w		4			
0.100	0 5	0	0 0	-2-		/ ;
Root @ compon	~ 2 ,	Receive	, ,	300	N	chests
	TED NAME OF ATTEN		118 510			
PHYSICIAN OR P	ATIENT ADMINISTRA	TOR	(b)(6)		
(b)(6)						
SECTION II - To	O BE COMPLETED	BY UNIT COMM	ANDER	OR UNIT A	DVISER	
19. DUTY STATUS		20. H	OUR AND	DATE OF	ABSENCE)
PRESENT FOR DUTY ABSENT WIT	THOUT AUTHORITY	. FROM		Ь.	то	
ABSENT WITH AUTHORITY: ON PASS	ON LEAVE			- 1		
21 - ABSENCE WITHOUT AUTHORITY MATERIA	LLY INTERFERRED W	ITH THE PERF	ORMANC	E OF MILITA	RY DUTY	(Explain in Item 30
type of duty missed, hours of duty, and how it	dld or dld not interfere	with performence))			,,
YES NO						
22. INDIVIDUAL WAS ON		23.	HOU	R AND DAT		NG
ACTIVE DUTY ACTIVE DUTY FOR	RTRAINING	A. BEGAN		ь.	ENDED	
INACTIVE DUTY TRAINING						
24. RESERVIST DIED OF INJURIES RECEIVED	PROCEEDING TOR	ECTLY TO TRAIN	NING F	DIRECTL	Y FROM T	RAINING
28 - MODE OF TRANSPORTATION 26. HOUR BE	GINNING TRAVEL	27. DISTANCE IN				TIME FOR TRAVEL
29 0000		L				
20 - DUTY STATUS AT TIME OF DEATH IF DIFF	ERENT FROM TIME O	F INJURY OR CO	NTRACT	ION OF DISE	ASE	
PRESENT FOR DUTY ABSENT	WITH AUTHORITY	ABSENT W	TUOHTIN	AUTHORIT	Υ	
DETAILS OF ACCIDENT - REMARKS (Il addit	ional space is needed,	continue on revers	o) (Attac	h inclosures	as necess	ery)
						į.
						1
						1
						ı
FORMAL LINE OF OUTY INVESTIGATION OF	FOURED					CURRED IN LINE
	REQUIRED	OF DUTY (No	ot applica			CURRED IN LINE
FORMAL LINE OF DUTY INVESTIGATION R		OF DUTY (No	NO NO	ble on death:		CURRED IN LINE
YES NO	EQUIRED	OF DUTY (No	ot applica	ble on death:		CURRED IN LINE
YES NO		OF DUTY (No	NO NO	ble on death:		CURRED IN LINE

DA FORM 2173

REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE.

U.S. GPO: 1994-300-727/1049

			AUTHOR	RIZED FOR LOCAL REPRODUCTION
EDICAL RECOR		CHRONOLOGICAL I	RECORD OF MEDICAL	CARE
DATE	SYMPTOMS, D	IAGNOSIS, TREATMENT	, TREATING ORGANIZATION	(Sign each entry)
(b)(6)	Ø5			
P	Dotainex	shotin (B)	head. Entr	are word
R. (Decredal,	exit & fr	entel. GCS	5 3 60
B/P	breathing sp	onkineous,	Jan chuch	ed. Vitale
Т	IR 115 , POX	812 IC	1 established	& 100mg Sux
SPO2	Abeta 70	ET tube	Good BS,	Certal line
	stept DS	ic à bland	return but UI	rable to three
(vice. 06	the / Fole	ancet:	2gm Dilasti
Meds	cm) Vec	vooriam	10-5 @ 125E	5. Central lin
	& fernal	Pupils	renewed 3n	on reactive
All	tuggish.	XR SPTX	(AC
(ritals @ 1300	HR 91	POX 98%	on Stratu
Tob	0,700cc F	erao. Ho	D @ 39° [Barohage
7	applied 1	SP 6 to 76	1/38 p 1/2 1	tes, 500,2
	bolus -> T	stal of 2.5	L by 1320.	HCT @ 25
)	1 Uni	t PRBC =	rdered. pt	+ 6832 (venos)
			144/104/12/296	
	•		3,2177	
1330	HR 46 POX	78% BP 10	2/20 (R)DYDI	@4m 00
	nenreadi	P. Ropeat 1	ABG 7.16	
	I Vit PRBC'S	hung - rep	eat HCT 13	2 unit hung. ce
	pulse palpubli	e bit no red	al pulse p 4 L	us - pt placed
O SPITAL OR MEDICAL FAC	DILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
PONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR	
TENT'S IDENTIFICATION	(For typed or written entries, give Binh: Rank/Grade)	Name - last, first, middle, ID No or	SSN; Sex; Date of REGISTER NO	WARD NO
5N:	(b)(6)	J#:	CHRONOLOGICAL RE	CORD OF MEDICAL CARE
AOLU-RDI 56	50 n 21	ad 40126 AG	STANDARD FORM	al Record 16<u>0</u>0_(Rဠ)ስሰብች7

					IZED FOR LOCAL REPRODUCTION
*EDICAL RECOR		CHRONOLOGICAL			
DATE .	SYMPTOMS,	DIAGNOSIS, TREATMEN	T, TREATING C	ORGANIZATION	(Sign each entry)
Date:					
P	Detainer	shotin (R) head.	Entre	ince word
. R	Deredal,	exit & f	Pontalo		S 3 bd
В/Р	breath > Sp	onkeneous,	Jan	chrehe	ed. Vitok
	1R 115 POX	812. I	U esta	blasha	1000 Sux
SPO2	Abota 70	ET tube	Coal	BS,	Certal live
	tept Di	SC & blood	return	but Un	able to threse
	vice. 06	tube / Fole		neef 2	Ram Dilatin
Meds /	cm 1230 Vec	wonium	10~	æ 1235	· Central line
	2 fermal	Pupils.	renain	ed 3n	- radie
All . <	tuggish c	XR DPT	<		
₹. 0	1, tals @ 1300	HR 91	POX	98%	on 3/MU
Tob	3 700cc R	2R 18. HC	20 @	30° D	archarge
7 9		SP 6 to 7	1/3× p	1/2 1.4	es, 500/2
)(6)	50lus				
,,(0)					
	,	,			
		1/4/1/			
<u> </u>					
HOSPITAL OR MEDICAL FACIL	LITY	STATUS	DEPART/SERVIC	E	RECORDS MAINTAINED AT
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO	O SPONSOR	L
TOTAL DEL TION OF THE PARTY OF	(Enchanged or written entries of all I	Vame tast first middle 10 Me as			Luure
"IENT'S IDENTIFICATION: .SN;	(For typed or written entries, give: N Birth: Rank/Grade) Compound		SSIV, SEX; DBIE OF	REGISTER NO	WARD NO
ACLU-RDI 56	(b)(6)			Medical	ORD OF MEDICAL CARE Record000038
ames = 0 . (5)	A1.	09 L001\26 AA	eyrepy (M)		6-97) Exhibit

HOSPITAL REPURT OF DEATH

FOR USE OF THIS FORM, SEE AR 40400. THE PROPONENT AGENCY IS DIFFER OF THE SURGEON GENERAL

NAME AND LOCATION OF HOSPITAL

Prepare, in one copy only, Items 1 thru	ough 10 and sign Iten		Instructions - Medical or type entries.	Send form	, with	will: out delay to the Re oparation of require	egistrar or Admin ed number of cop	istrative Officer of the Day, for necessar ies.
		SECTIO	N A - ATTENDING	MEDICAL OFFI	CER'S	REPORT		
				NAL DATA				
PATIENT DATA (Patient's ward plate) (b)(6)	te will be used to imp	orint identifying	g data if available)	2. TIME OF DEATH (Hourday-month-year)				3. MEDICAL EXAMINER/ CORONER'S CASE YES N
				4. RELIGION	i			5. CHAPLAIN NOTIFIED
				6. NAME, A	DRES	S AND RELATIONS	SHIP OF RELATIV	E OR FRIEND PRESENT, AT DEATH
Patient's name (Last, first, middle initis Social Security Account No., Register I	al) Grade, Number and Ward Nu	mber		NA				
	-	CAUSE	OF DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING mean the mode of dying, e.g., heart failure, asthenic disease, lighty, or complication which caused death	e, etc. It means the	DUE TO for a	of word	ts head	; <u>k</u>	olood lisss	j brzin	11/2 hours
7b. ANTECEDENT CAUSES (Morbid conditions, if a cross, stating the underlying condition last)	any, giving rise to the above	DUE TO for a	is a consequence of					
-		(2)						
a. 8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT								
NOT RELATED TO THE DISEASE OR COMDITION O	AUSING IT	ъ.						
9. DATE (b)(6)	(b)(6)	ME AND GRADE OF	MEDICAL OFFICER IN ATTE	NDANGE	11. Si	(b)(6)	OCCIPCO MI AYYPURA	NACE .
			SECTION B - ADMIN	ISTRATIVE A	CTION			
TYPE OF A			HOUR	DAY		MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTH	ORIZED PERSON							
13. POST ADJUTANT GENERAL NOTIFIED								
14. IMMEDIATE CO OF DECEASED NOTIFIED								
15. INFORMATION OFFICE NOTIFIED								
16. POST MORTUARY OFFICER NOTIFIED								
17. RED CROSS NOTIFIED								
18. OTHER (Specify)								
19.								
			SECTION C - RECO	ORD OF AUTOF	SY			
20. AUTOPSY PERFORMED BY yes, give date and pl	lece)					FOPSY ORDERED BY /Sig	metard .	
22. PROVISIONAL PATHOLOGICAL FINDINGS								
23. DATE	24. TYPED NAME AND GRA	ADE OF PHYSICIAN	PERFORMING AUTOPSY		25. SIG	NATURE OF PHYSICIAN	PERFORMING AUTOP	sy
26. DATE	27. TYPED NAME AND GRA	DE OF REGISTRAR			28. SIG	NATURE OF REGISTRAR		
DA FORM 3894, OCT 72	REPLAC	CES DA FORM	8-257, 1 JAN 61, WH	CH WILL BE US	ED.			USAPA V2.01

ACLU-RDI 5650 p.23 FOR OFFICIAL OSLOOM 26 A CILLI GID ROL 5526 00039

				С	ERTIFICATE OF Acte de déci		ATH (OVERSEAS) D'Outre-Mer)				
NAM	E OF DECEASED (L	ast, First, Middle)	Nom du décédé	(Nom et p		_	ADE Grade		RANCH OF SERVICE		CIAL SECURITY NUMBER méro de l'Assurance Sociale
ORG	ORGANIZATION Organisation							TE OF BIRTH te de naissance	SE	X Sexe MALE Masculin FEMALE Féminin	
_	F	RACE Race		T	MARITAL STA	TUS	État Civil	+	RELIGIO	N C	Culte
	CAUCASOID Cau	casique		SIN	IGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant		OTHER (Specify) Autre (Spécifter)
	NEGROID Négrói	de	-	MA	RRIED Marié	-			CATHOLIC Catholique		
	OTHER (Specify) Autre (Spécifier)			wic	OOWED Veuf	SEPARATED Séparé		JEWISH Juif			
NAM	E OF NEXT OF KIN	Nom du plus proch	ne parent			RE	LATIONSHIP TO DECEAS	ED	Parenté du décéde avec le su	isdit	,
STRE	EET ADDRESS DO	omicité à (Rue)				СП	Y OF TOWN AND STATE	(Inclu	de ZIP Code) Ville (Code por	stal c	ompris)
				N	MEDICAL STATEMEN	T C	Declaration médicale				
					'H (Enter only one cause indiquer qu'une cause	-					INTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès
		N DIRECTLY LEADIN ctement responsable		ربي	n shot u	0	nd to head			ő	2/z Lours
,	ANTECEDENT CAUSES	MORBID CONDIT LEADING TO PRI Condition morbide menant à la cause	MARY CAUSE e, s'il y a lieu,								
	Symptômes précurseurs de la mort.	UNDERLYING CA GIVING RISE TO CAUSE Raison fondament ayant suscité la ca	PRIMARY tale, s'il y a lieu,								
	ER SIGNIFICANT CO										
	ODE OF DEATH andition de décès	AUTOPSY PERFOR			YES Oui		NO Non	EXT	CUMSTANCES SURROUNDIN		
	NATURAL Mort naturelle ACCIDENT	MAJOR FINDINGS	OF AUTOPSY CON	ciusions p	orincipales de l'autopsi	ie		Circ	onstances de la mort suscitee	s par	des causes exteneures
	Mort accidentelle SUICIDE	NAME OF PATHOL	OGIST Nom du pa	thologiste							
	Suicide			in io io grand							
	HOMICIDE Homicide	SIGNATURE Signi	ature			DAT	E Date	AVIA	TION ACCIDENT Accident YES Oui	a Ave	NO Non
Date (b)(E OF DEATH (Hour, i de décès (Pheure, le (6)	day, month, year) jour, le mois, l'année) 25			of DEATH Lieudes		ernment Fa	د.ا	ty, Iraq		
	, I HAY	VE VEIWED THE REI Jai examiné les rest	MAINS OF THE DE tes mortels du défui	CEASED	AND DEATH OCCURR	REDA	T THE TIME INDICATED A	ND F	ROM THE CAUSES AS STATI le des causes énumérées ci d	ED Al	BOVE.
NAM	E OF MEDICAL OFF	ICER Nom du m	édicin militaire ou d	lu médicin	sanitaire	TITL	E OR DEGREE Titre ou	diplôn	né		
GRA	DE Grade		INSTALLATION O	R ADDRE	SS Installation ou a	dress	e				,
DAT	E Date		SIGNATURE S	ignature							
	 State conditions con Préciser la nature 	ontributing to the death	h, but not related to th tsure ou de la complic	e disease o	dying such as hears faik or condition causing dea contribué à la mors, ma	th.	c. la monière de mourir, telle q	u'un ai	rrêt du coeur, etc.		

AGLEGRADOSO, SPRINGER OF THE CONTROL OF THE CONTROL OF THE EXHIBITION OF THE CONTROL OF THE EXHIBITION OF THE CONTROL OF THE C

STATEMENT OF MEDICAL F	VALUELATION	AND DUEV CT	. 7116
STATEMENT OF MEDICAL E For use of this form, see AR 600-	8-1 the proponent a	gency is PERSCOM	A I US
THRU: (Include ZIP Code) TO: (Include ZIP Co	de)	FROM:	(Include ZIP Code)
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)		2. 55N	3. GRADE
4. ORGANIZATION AND STATION	5.	ACCIDEN	TINFORMATION
	. DATE		E (City and State)
SECTION 1 - TO BE COMPLETED BY ATTEND			
ON ADMITTED DEAD ON ARRIVAL Camp BULLON		NT FACILITY	CIVILIAN MILITARY
(b)(6)	(b)(6)	65	
	RESULTING IN DI	EATH (Explain)	
11. MEDICAL OPINION: a. INDIVIDUAL WAS WAS NOT L			LCOHOL DRUGS (Specify)
b. INDIVIDUAL WAS WAS NOT MENTALLY SOUND (Affact			
C. INJURY [IS [IS NOT LIKELY TO RESULT IN A CLAIM A			
d. INJURY WAS WAS NOT INCURRED IN LINE OF DUTY.	BASIS FOR OPIN	NION:	
12. THE FOLLOWING DISABILITY MAY RESULT	13. BLOOD AL	coupy Tie wo	OF MG ALCOHOL/100 ML BLOOD
TEMPORARY PERMANENT PARTIAL PERMANENT TOT	TEST MAD	E	OF MG ALCOHOL/100 ML BLOOD
18. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where,		_ NO	
Riotationpand 5 Pt received		ot manuf	to @ head
6. DATE 17. TYPED OR PRINTED NAME OF ATTE	IDING	18. SIGNATURE	1.
ø5 (b)(6)		(b)(6)	
SECTION II - TO BE COMPLETED	BY UNIT COMM.	ANDER OR UNI	TADVISER
P. DUTY STATUS		OUR AND DATE	
PRESENT FOR DUTY ABSENT WITHOUT AUTHORITY ABSENT WITH AUTHORITY: ON PASS ON LEAVE	a. FROM		b. то
1 - ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERRED type of duty missed, hours of duty, and how it did or did not interfered type. YES NO	WITH THE PERF	DRMANCE OF MIL	ITARY DUTY (Explain in Item 30
2- INDIVIDUAL WAS ON	23.	HOUR AND D	ATE TRAINING
ACTIVE DUTY ACTIVE DUTY FOR TRAINING	S. BEGAN		b. ENDED
INACTIVE DUTY TRAINING			
RESERVIST DIED OF INJURIES RECEIVED PROCEEDING DIE			TLY FROM TRAINING
- MODE OF TRANSPORTATION 26. HOUR BEGINNING TRAVEL	27. DISTANCE IN	VOLVED	28. NORMAL TIME FOR TRAVEL
- DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF	F INJURY OR CO	NTRACTION OF D	DISEASE
PRESENT FOR DUTY ABSENT WITH AUTHORITY	TARSENT W	THOUT AUTHOR	HTV
DETAILS OF ACCIDENT - REMARKS (Il additional space is needed,	continue on revers	e) (Attach inclosus	res as necessary)
•			
- FORMAL LINE OF DUTY INVESTIGATION REQUIRED	32. INJURY IS CO	NSIDERED TO H	AVE BEEN INCURRED IN LINE
YES NO	OF DUTY (No	tapplicable on de	aths)
- DATE 34. TYPE NAME AND GRADE OF UNIT CO	-	38. SIGNATURE	
UNIT ADVISER			
FORM 0470			

PORM 2173

REPLACES DA FORM 2173, I JUNE 66, WHICH IS OBSOLETE.

U.S. GPO: 1994-300-727/10493

CLINICAL RECORD - DOCTOR'S ORDERS U8 -05-C I 1939 For use of this form, see AR 40-66, the proponent agency is OTSG

THE DOCTOR SHALL RECORD DATE, TIME AND SIGN EACH SET OF ORDERS. IF PROBLEM ORIENTED MEDICAL RECORD

PATIENT IDENTIFE	CATION			DATE OF ORDER TIME OF ORDER	LIST TIME
(F)(C)			V	(- L	ORDER NOTED AND SIGN
(b)(6)				DOMAT TO PACU > MGU	SIGN
				,	
			H-	STAGUE	
			H	Chartine VITALE	
NURSING UNIT	ROOM NO.	BED NO.		CNV /S BAND	
			1	NKOU	
PATIENT IDENTIFIC	CATION		\rightarrow	DOE NO UB	
TATIENT IDENTIFIC	CATION			DATE OF ORDER TIME OF ORDER	
			+	NUB CUEHOURS	
			1	ain fen	
				Regular dres no tol	
				NPO OMP I FEB FOR &	2 2FG
				09 000) 17en 001 0 MJ	
				enimain 1000mg In Ose	
NURSING UNIT	ROOM NO.	BED NO.	[MU17 8090	
				ferous 1-2 PO Q40 PR	
PATIENT IDENTIFIC	ATION			DATE OF ORDER TIME OF ORDER	
				MSOY 2-6 mg IV Q20 PR-HOURS	
			I	COLOUR 100mg Po BID	
		1.	1	AR I LATERAL XNAM B HUMER	κ.
		000	W		
		0		(b)(6)	
			4	(b)(6)	
NURSING UNIT	ROOM NO.	BED NO.			
				31 December 2017	
PATIENT IDENTIFIC	ATION		24	Carratter 200	
			(b)(6)		
			۲.,		
			1		
			$\sqcup \bot$		
NURSING UNIT	ROOM NO.	BED NO.			
DA FORM A2	E0			OF 1 JUL 77 WHICH MAY BE USED	

			-03-61 19939
F	CAL RECORD - PATIENT I for use of this form see MEDCON	// Circular 40-5	
DIRECTIONS: A check () in the small box inc indicates that a variance exists. A brief explana	tion of any abnormal findings is		asterisk (*) in the box
DATE: (b)(6)	TIME: 10 (X) INITIALS (b)(6)	TIME: INITIALS:	TIME: INITIALS:
 NEUROLOGICAL. Alert and oriented to time, place, self, and situation. Responds appropriately. Communication is adequate to express needs. Pupils equal bilaterally and reactive to light. Upper/lower extremeties strong and bilaterally equal. 	Dingunge barrier		
 CARDIOVASCULAR. Pulse regular & rate within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness or chest discomfort. 			
3. PULMONARY. Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. Lungs clear to auscultation, all lobes. Chest movement is symmetrical.			
4. G.I. Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea, or rectal bleeding. No change in appetite.	Deeport not		
 G.U./REPRODUCTIVE. Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/ penile/breast discharge. 	Paley to GRAVITY		
6. MUSCULOSKELETAL. Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal ROM without pain. No joint swelling/tenderness, weakness, or paresthesia.	Destinal fixetor		
 SKIN. Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist and intact. 			
8. PAIN. 3/1	Denies pain/discomfort.	Denies pain/discomfort.	Denies pain/discomfort.
Note: If patient complains of pain/discomfort, o	document the intensity (0-10 Iter	n scale), location, and other de	scriptive information in item12
 PSYCHOSOCIAL. Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. 			
 SLEEP. Patient expresses he/she slept well and feels rested. 			
PATIENT'S IDENTIFICATION (For typed or write first, middle intial; grade; DOB; hospital or medical)			ment data regarding IV site(s), stained on page 2 of this form.

ACLU-RDI 5650 PRO 1567 OFFICIAL 10-L-20126-A CLU-CHD RO 1567 200183

DIRECTIONS: This assessment is for our trust of	NLY/LAW ENFORCEMENT SENSITIVE on a 10009-05-CID529-10
or other health care personnel according to - I policy.	BENSTITY OF THE PROPERTY OF TH
SECTION I: VITAL SIGNS/OTHER INFORMATION	(b)(6)
Dat (b)(6) Time: No Patient oriented to:	Safety procedures Call light use Side rail use Unit procedures
Temp: 78-2 Oral Rectal Axil	lary Tympanic Pulse: 7.7 Respirations: (17)
8P: (34/66) Rhythm: (4424-	Height: Weight:
Presenting Complaint: 36 1+6 White	De Ca FX Allergies: PLOPA SPOR 98.2
ECTION II: REVIEW OF SYSTEMS	
pirections: A check $(\sqrt{\ })$ in the small box, left column, in indicates that a variance exists. A brief explanation of above	dicates stated description reflects actual physical findings. An asterisk (*) in the box informal findings is required, or you may circle the appropriate descriptive terms.
. NEUROLOGICAL. Alert and oriented to time, place,	Lethargic Unresponsive Comatose Agitated Disoriented Apha sic
elf, and situation. Responds appropriately. Iommunication is adequate to express needs. Pupils equ	Doesn't speak/understand English
laterally and reactive to light. Grip strength equal.	0
. CARDIOVASCULAR. Pulse regular, rate within normal	Arrhythmia Tachycardia Bradycardia Pitting edema Cyanosis
ange f or age. No dependent edema. Nailbeds and mucou	Capillary refill = seconds. Pacemaker (Type):
nembranes pink. No calf tenderness. No clubbing. No nest discomfort. Capillary refill is ≤ 2 seconds.	
PULMONARY. Respirations quiet and regular, rate	Cough: Productive/non-productive Hemoptysis Orthopnea Dyspnea
rithin normal range for age. Depth is regular. No cough or	W
nortness of breath. Lungs clear to auscultation, all lobes.	Wheezing Rales/rhonchi Night sweats
nest movement is symmetrical.	
G.I. Oral mucosa moist; no lesions or bleeding gums	Halitosis Nausea Vomiting Incontinence Diarrhea Constipation
ted. Dental hygiene adequate. Abdomen soft and in-distended. Bowel sounds active. Reports no N/V/pain	Hemorrhoide Beetal blooding Utanta Bridge
th eating and no problems chewing/swallowing. Denies	Last BM: Bowel frequency:
rrhea, constipation, or rectal bleeding. Denies recurrent	Ostomy:
cative use. No change in appetite.	
G.U./REPRODUCTIVE. Reports no dysuria, retention,	Hematuria Retention Frequency Incontinence Nocturia
gency, frequency, nocturia. Urine clear, yellow/amber.	Catheter: Foley/External/Supra-public Hx of UTI/calculi
unusual vaginal/penile/breast discharge. No genital iions; no breast/testicular lumps. No history (hx) of STD	
posure/disease.	Pregnant: Yes No Uncertain LMP:
MUSCULOSKELETAL. Normal muscle development and	Amputation: Assistive devices:
ass for age. No deformities. No assistive devices needed	Meakness/paralysis: Assistive devices: 1227 F. V. Weakness/paralysis: Commercials F. V. Weakness/paralysis:
rmal ROM without pain. No joint stiffness,	
elling/tenderness, weakness, or paresthesia. No hx DVT or (+) Homan's sign.	Homan's sign (L) / (R) leg
SKIN. Warm, dry, intact. Normal turgor. No rashes,	Currentia Cold Directoral
ammation, ulcers, breaks in skin. No redness, blanching	Cyanotic Cold Diaphoretic Flushed Pale Jaundiced Poor turgor
tation over bony prominences. Mucous membranes	(4) orsen wound to shoulden
PSYCHOSOCIAL. Behavior is appropriate to the present	The second days
uation. Anxiety is controlled or mild and appropriate.	Anxious Pretful Tearful Withdrawn Angry Apprehensive
eracts appropriately with others.	
SLEEP. Sleep is usually restful; awakes refreshed.	Patient's description of sleep:
	Assistance needed to fall asleep:
PAIN. No current complaint of pain/discomfort.	
ongoing (chronic) pain problems.	PAIN ASSESSMENT. For patients complaining of pain, complete the following:
TIENT IDENTIFICATION (For typed/written entries note:	Intensity of Pain Scale: (0 = No pain; 10 = Worst pain)
me - last, first, middle initial; grade; DOB; hospital/MTF)	Location(s): (Luivierus ()
	Intensity/Description:
(b)(6)	Onset/Duration:
(a)	Exacerbated by:
	Alleviated by:
MEDCOM FORM 686-R (TEST) (MCHO) JUN 03	Page 1 of 2 areas MC V3 00

(b)(6)		AL USE ONL	Y/LAW ENFO	RCEME (b)(6)		0009-05-CID579-4000
14.	IRRIGATION/MEDICATIONS	SUFFI IN CORPORT	MEDICATIONS/ORDERS	D .0 (18 -05-C1	1939
MEDI:A TIONS/SO	LUTION	EIVEN IN OPERATING ROOM (NOT BY	The second secon		YES	NO A
The state of the s		DOSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
HOURS IDDICATIO	W 577					
WOUND IRRIGATIO						
	0:9% Na	CL_				
OTHER D RDERS	- 10					
					TIME	CARRIED OUT BY
	(b)(6)	(b)(6)				
PHYSCIAN'S SIGN						
5. XRAY IN OPER		20000		220200000000000000000000000000000000000		
YES X		nini C-arm	IF YES, SITE	7. R	.)	
6.	,		LABORATORY SPECIMENS) humerce	<u>v</u>	
PECIMEN (S)	NAME		LABORATURT SPECIMENS	NAME		
ES 🗌	NO 🔯			NAME		
ROZEN SECTION (F	4			NAME		
ULTURE (C)	NO 🚫					
ES	NO 🖄			NAME		
AME	NAME			· •		
	, and			NAME -		
AME	NAME			10 DOCCOMONATION		
				18. DRESSING/IMMOBILE	ZATION (Specify)	
7. TUE YPE/SIZE	ES, DRAINS/PACKING	YES 🗗	NO 🗌	Xerola Kenilx	n	
I FE (SIZE	1".00	2.	l	Keniex		
TE	Penrace	-		* '		
	Let Shaned	2. 3				
. ADDITIONAL INFO	Left Should	1.				
seirgeo anesi	(b)(6)					
scorge	(b)(6)					
anesu	usea -					
arn	eral anes	thesia				
8						
		,				
	,		•			
OPERATION(S) PER	FORMED					
	111					
140	Left be	inecus Fra	1.00 €	1+ 0-	1	
		1- cone	ma, co	reinal -	Eixator 2	et
		emeris Fran	,	,	,	Herrenus
PATIENT TRANSFER	RED TO	,	TIME	METHON		/ -
Mil	Or record	Lip	1855	lethon		
(b)(6)	SIGNATURE	A		acce.		
RSE OF UNITURMS	179-1, OCT 87					
						USAPA VI.01

8. PAT IENT PROBLEMS AND NEEDS	e of the case and and	The state of the same of the s	D.008-05-CID939
A CONTRACTOR OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	7. FATIENT GOALS AND EXPECT		9. OR NURSING INTERVENTIONS
D. CIRCULATION Potential for inade quat e tissue perfusion due to	 Pt. will exhibit signs of tissue perfusion (e.g., color, pedal pulse). 	adequate warroth,	o Check for support stockings or acs N/A wraps. If none, check with doctors. The Check that safety straps are correctly applied.
midicaliers)			o Place and take down legs from stirrups with slow bilateral motion. O Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E. H. S. C. Fotential impairment of mobility due to injury E. 2. Potential discomfort due to injury, Surgery	o Pt. will be transferred to without difficulty. or Pt. will not experience uphysical discemfort.		Have sufficient people available for transfer. Insure proper body alignment. Allow patient to lie in position of comfort while waiting fer surgery. Offer support (i.e., pillows, bathtowels, etc.) for
F. NEUROMUSCULAR CONTROL F.1. Disminished visual perception due to being Trede Cated F.2. Putential for decreased communication due to EPW Canguage - wrape c F.3. Potential injury due to deritures. R	o Pt. will be made aware of surroundings prior to anesther induction. o Pt. will be transferred sa OR table. o Pt. will be able to underst instructions. o Minimize danger of injury intrapp pariod.	sia Sely to tand during	positioning. Introduce self. Keep pt. informed as to where he/she is and what is happening. Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. Address pt. from Lither side. Validate pt.'s Speak S Arc understanding of vertal communications. Verify removal of dentures.
G. OTHER PATIENT-PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT SOALS AND EX- OUTCOMES. Or confinisition of a and outcomes.	PECTED bove goal:	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.
0. OR MURSING INTERMENTALES COMMERCE	Control of the contro	THONS NOTED.	2005 1630 DATE C
1. POSTOPERATIVE EVALUATION:	to english at	N	The state of the s
PREOPERTIVE EVALUATION PREPARED BY		13. PREOPERTIVE PY (Signature and T	EVALUATION PREPARED
(b)(6) 2005 163C		(b)(6)	2005-18-18-50

*3C (X 2	(b)(6)	I / LAW EN	FOR	EMF	008-05-C I 008-05-CII
HEIGHT 3	PREVIOUS SURGERY	[]	NO	1	YE3 (type):
WEIGHT:	.5.				
PROPOSED SURGICAL PROCEDURE:	ous pos	s ext.	Tixa	tion	
S. ADDITIONAL INFORMATION:	All how the property of the second				
3. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND	EXPECTED OUTCOME	S		8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL Potential for anxiety related to intiry Stringerif.		es any specific anxi relaxed body postu			Allow pt. to verbalize freely. Explain OR environment and answer questions regarding surgery. Offer comfort measures, (e.g., warm blanket, touch) Explain all nursing procedures before they are done. Remain with pt. whenever possible.
B. AERATION Potential for respiratory dysfunction due to Contestresia	o PT. will be able difficulty during imm operative phase.	to breathe without ediate intra-			Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress Assist anesthesia during intubation and extubation
C. INTEGUMENT V Potential impairment of skin integuity due to wound Several Senail iem Fromd Warnes on body	ment of skin integrit areas.	ibit signs of impair- γ (e.g., reddened			O Utilize pressure preventing devices on OR table and accessories. O Check for proper positioning and support to maintain good body alignment. O Pad pressure points. O Place ESU ground pad on non compromised skin surface area. Keep prep fluids from pooling.
PATIENT'S IDENTIFICATION (For typed or were: Name-last, first, middle; grade; date; hospital or medical (b)(6)					

VIA ZULEN	n e p ro r	OFFIC BY (b)			Z. PATHENT IDENTIFIED, RE VERIFIED BY (b)(6)	CORO NEVIEWED AND PE	ROGEBURE	4000
(b)(6)		TIME PATIE	NRIVED IN SUIT	E	4. PATIENT IN ROOM		44.1	
(5)(0)	3005			C DOCODED THE	TIME /Ce45	D.0 0 8	05-C 1093	9
	5-7				MOTIONAL STATUS			
CALM	₩ AN	XIOUS	EXCITED	CRYING	ANGRY	WITHDRAWN	OTHER (Specif	·y)
COMMENTS:								
	(b)(6)		A	6. NURSING	PERSONNEL	T		
ASSIGNED					RELIEF			
· SCRUB					SCRUB			
	(1-)(0)					(b)(6)		
	(b)(6)				RELIEF	(b)(6)		
ASSIGNED CIRCULATOR	-				CIRCULATOR			
7. POSITION AND POSITI	IONAL AIDS (Spec	ify)			· .			
SUPINE	LITH	OTOMY	PRONE	KRASKE	LATERAL:	LEFT SIDE U	P RIGHT SIDE U	Ρ
					* , 1,			
COMMENTS:					,			
pritout		⊠ NO			PREP SOLUTION (Specify)			
HAIR REMOVAL DONE BY:	YES OR	NO NO	NURSING UN	IT	SITE: L HOLOR	m to BYV	_{VH0M:} (b)(6)	
METHOD:	DEPILATO	RY	RAZOR		SITE: Deck to COMMENTS: + Shori	OruppleBYV	VHOM:	
	CLIP				4.5hm	dder		
COMMENTS: 9. LOCATION OF EXTERN					COMMENTS:			
Towers to	T.J.		ape sufe	hy slap	35=			\sim
	•				72=			
\								
		\sim)					
		K	3			Ed		
LEGEND X G	round Pad	Safety	Strap -	Tourniquet				
		C - Co						
10. COUNTS		Other**	First Closing Count	Final Closing Count	SCRUB		CIRCULATOR	_
Sponge	Yes 🗌	No	C_	C	(b)(6)	(1	b)(6)	
Needle Sharp	Yes	No	C	<u> </u>				
Instrument Other	Yes Y	No No						
11. PATIENT IDENTIFICA			s give:	·	12. ELECTROSURGERY DEV	VICE(S) (ESU)	X YES NO	
Name · Last, first, middle;	Grade; Date; Hos	oital or Medical	Facility;)		(b)(6)		Cele 301	
(b)(6)					ESU NO:		leag 30	
					GROUND PAD:	1/h)	2002220 a h	
2.7					ESU NO:	LOT NO:	\-/	
					GROUND PAD:	BRAND		
						LOT NO:		
					BIPOLAR NO:			
DA FORM 5179-1, 0	OCT 87		REPLACES DA FORM S	5179-1 (FEST), DEC 82	, WHICH IS OBSOLETE.			USAPA VI.O

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I Q 939 🖷 📑	
E	
Demonstration	
care utions erns giene/grooming gement	
l factors ations Speech Vision	
S No	
ll that apply)	
to: Home alone Home w/family Barracks	
ical record?	

SECTION III: EDUCATIONAL ASSESSMENT					
Does the patient exhibit a readiness to learn? Yes No If "No," explain:					
What is his/her most effective method of learning? Reading Listening Pictures Demonstration One-on-One Group/classroom instruction					
Education/grade level achieved?					
TEACHING NEEDS: Identify specific areas for patient/family education. (Check all that apply)					
Advance directives Infection control Respiratory care					
☐ Breast/testicular self exam ☐ Isolation precautions ☐ Safety precautions					
Community resources Medical equipment use Sexual concerns					
☐ Drug-food interaction ☐ Medications ☐ Skin care/hygiene/grooming					
Elimination Nutrition/hydration Stress management					
ETOH/tobacco/drug use/abuse Pain management Other (Specify):					
Health promotion Procedure/treatment					
☐ Illness/diagnosis ☐ Rehabilitation techniques					
Factors which may influence the patient's ability to learn:					
Cognitive limitations Language barrier Psychological factors					
Cultural/religious factors Motivation Sensory limitations					
None - Patient verbalizes/demonstrates understanding.					
Does the patient want educational materials? No Yes (Specify below)					
COMMENTS: EPW					
SECTION IV: FUNCTIONAL ASSESSMENT (Bathing, dressing, grooming, toileting, mobility, etc.)					
The patient demonstrates no functional limitations.					
Problem noted: Denit Undbelity					
SECTION V: NUTRITION ASSESSMENT (Weight loss/gain, nausea/vomiting, appetite changes, eating disorder, etc.)					
WNL - No problem w/food or fluids. Special diet/restrictions:					
Problem noted:					
SECTION VI: SPIRITUAL AND SOCIAL NEEDS					
Is there anything we can do to meet your spiritual or cultural needs while you are in the hospital?					
If "Yes," please explain:					
Do you have other concerns that we can help you with?					
If "Yes," please explain:					
SECTION VII: DISCHARGE PLANNING ASSESSMENT - Based on the data collected, it appears the patient will: (Check all that apply)					
Have no difficulty returning to home environment - no referrals required. Discharge is anticipated to: Home alone					
Require assistance in making transition to home - initiated referral to the following:					
Home Health Social Work Case Manager Other)					
Family/significant other able to care for/meet patient needs.					
OTHER CONTINUITY OF CARE ISSUES:					
Patient's Advance Directive (Living Will, Durable Power of Attorney for health care) is current and included in the medical record?					
N/A Yes (Ne) If "No," explain:					
From this initial assessment, note patient problems/needs on MEDCOM Form 687-R (Test), Interdiscipilinary Plan of Care and/or MEDCOM Form 691-R (Test), Patient Release/Discharge Instructions. CLU-RDI 5650 P33 OFFICIALIOE LOO 26 A OFFICIALIOE CONTROL 5678 Exhibit					

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11. IV SITE. (Condition Legend: P - Puffy	I - Infiltrated In - Indurated R - Reddened (OK - No swelling/redness * Costal line)			
TIME:) DC-C INITIALS: (b)(6)	TIME: INITIALS:				
IV patency check q hr:	IV patency check q hr:	TIME: INITIALS:			
SITE 1 SITE 2	SITE 1 SITE 2	IV patency check q hr:			
Insertion date	Insertion date	Insertion date			
Catheter size	Catheter size	Catheter size			
Location (R) AC	Location	Location			
Condition perturb	Condition	Condition			
Condition Site care provided	Site care provided	Site care provided			
Tubing changed	Tubing changed	Tubing changed			
IV site changed	IV site changed	IV site channed			
Comment: 2 (2 180)	Comment:	Comment:			
Citalion		Comment			
12. PAIN. For location of pain, use the anaton	I mical numbering scheme (Figure 1) displayed at t				
TIME: TOGO INITIALS: (b)(6)					
/*.	TIME: INITIALS:	TIME: INITIALS:			
Location: (C) ARM	Location:	Location:			
Intensity (0 - 10 scale): 3/10	Intensity (0 - 10 scale):	Intensity (0 - 10 scale):			
Description:	1	· ·			
- Compton	Description:	Description:			
Increased by:	Increased by:	Increased by:			
Palianad bur					
Relieved by:	Relieved by:	Relieved by:			
12 OTHER INTERVENTIONS D					
13. OTHER INTERVENTIONS. Document assessment and care of any drains, wounds, dressings, etc., in the spaces provided below.					
TIME: INITIALS:	TIME: INITIALS:	TIME: INITIALS:			
leten and a					
Intervention:	Intervention:	Intervention:			
Findings:	Findings:	Findings:			
	,				
14 COMMENTS.					
14. COMMENTS:					
0700 PT CARE ASSUMED	(b)(6)				
DE DENVESTIGNET COMPLE	TE PT GO 3/10 PAIN AT THIS TH	ME. 25			
TOP (E) Humerus ini PLACE GAUZ	FREY TO GRAVITY, EXTERNAL FIX	HICR 4 5 27			
The state of the s	(b)(6)	14 15 22 35 23 36 37 33 36 37 33 36 37 33 36 37 33 36 37 33 37 33 36 37 37 37 37 37 37 37 37 37 37 37 37 37			
1915 PT DENUES PAIN AS THIS P	ER TRANSCISTER (b)(6)	8 36 36 37 37 37 38 38 39			
III-RDI 5650-p.34		ROL567900190			
LO NOI JOJO FOR OFFICIAL	0400126\A@kddce\E	ROL56790019042 43			

DIRECTIONS: A check (v) in the indicates that a variance exists. A	brief e:	USE ONLY DESCRIPTION THE	of action 40 5	ያተነስዝ	-85-C	0009-05-CIDS79
(b)(6)	55	ation of any apprormal findings			07-6	T N 338
1. NEUROLOGICAL. Alert and ories	nted to	TIME: () (X) INITIALS: (b)(6)	TIME: :NITIAI	LS:	TIME:	INITIALS:
time, place, self, and situation. Res	sponds	Let language				
appropriately. Communication is ad express needs. Pupils equal bilatera	lly and	bourity				
reactive to light. Upper/lower extrem	meties					
strong and bilaterally equal.						
CARDIOVASCULAR. Pulse regul withir range for age. No dependent	lar & rate				П	
Nailbeds and mucous membranes pir	nk. No calf			-		
tenderness or chest discomfort.						
 PULMONARY. Respirations within rate for age group; quiet and regular. 	in normal					
regular. No cough. Lungs clear to				İ		
auscultation, all lobes. Chest movem symmetrical.	nent is					
				. 1		
4. G.I. Abdomen soft and non-dister	nded.	[report not				
Bowel sounds active. Reports no N/N with eating and no problems chewing	1/ /	being nungary		[]	L.,J	
swallowing. Denies constipation, diag	rrhea or	1.1.1.1.1				
rectal bleeding. No change in appetite						
G.U./REPRODUCTIVE. Reports no retention, urgency, frequency, nocturi	o dysuria,		1			
clear, yellow/amber. No unusual vagir	nal/	Paley to		1		
penile/breast discharge.		GRAVITY				
6. MUSCULOSKELETAL. Normal mus	scle					
development and mass for age. No		Dexternal fixator		10		
deformities. No assistive devices need Normal ROM without pain. No joint sy	welling/ li	DRESSING,				
tenderness, weakness, or paresthesia.	voining/	DYCS) MC				
7. SKIN. Warm, dry, intact. Good tur	rgor. No	Y-				
rashes, inflammation, ulcers, breaks in No redness, blanching, irritation over b	skin.			-		
prominences. Mucous membranes moi	ist and					
ntact.						
B. PAIN.	3/10	Denies pain/discomfort.	Denies pain/discor	mfort	Doning mai	
Note: If patient complains of pain/disco	omfort, doc		scalal losstics and			/discomfort.
			scale), location, and o	ther descrip	ptive informati	on in item 12
 PSYCHOSOCIAL. Behavior is appropriate the situation. Anxiety is controlled on 	priate	¥		1	7	
nd appropriate. Interacts appropriately	with			-	_	
thers.						
O. SLEEP. Patient expresses he/she	slept		7			
rell and feels rested.	1	1		-		
ATIENT'S IDENTIFICATION (For typed	or written	entries note: Name - last				
rst, middle intial; grade; DOB; hospital	or medical	facility)				
			NOTE: Additional a	SSACCMONT	data	
(b)(6)		1	pain, dressings, etc.,	is containe	data regarding ed on page 2 o	f this form.
EDCOM FORM 689-1-R (TEST) (MCHO) JUN 03			Page 1 of	2 0000	
				· 090 / 0/	< pages	MC V1.00

or other health care personnel according to all onlice	ONLY (LAW ENFORCEME) 1008 LUSE C I DO 3 9
SECTION 1: VITAL SIGNS/OTHER INFORMATION	
Dat Time: 21 Patient oriented to	o: Safety procedures Call light use Side rail use Unit proced
Temp: 93.0 000 000 0	Side rail use Unit procedures Unit procedures
BP: 32/65 Photon 12-12-31	Axillary Tympanic Pulse: 77 Respirations: 20
Presenting Complaint: 5/0 1410 (1) D.	Axillary Tympanic Pulse: 77 Respirations: 20 Height: Weight: SPOR 98.2
SECTION II: REVIEW OF SYSTEMS	Spoa 98.2
NEUROLOGICAL. Alert and oriented to time, place,	the appropriate descriptive terms
self, and situation. Responds appropriately	Comatose Agitated Disoriented Aphasia
Communication is adequate to express needs. Pupils e bilaterally and reactive to light. Grip strength equal.	qual tapear/utiderstand English
CARDIOVASCULAR. Pulse regular, rate within norm	
range for age. No dependent edema. Nailhade and mill	cous Court Change dema Cyanos
membranes pink. No calf tenderness. No clubbing. No chest discomfort. Capillary refill is ≤ 2 seconds.	Capillary refill = seconds. Pacemaker (Type):
3. PULMONARY. Respirations quiet and regular, rate within normal range for age. Depth is regular. No cough	Cough: Productive/non-productive Hemoptysis Orthopnea Dyspnea or Wheezing Rales/rhonchi Night sweets
shortness of breath. Lungs clear to auscultation, all lobe Chest movement is symmetrical.	or Wheezing Rales/rhonchi Night sweats
4. G.I. Oral mucosa moist; no lesions or bleeding gums noted. Dental hygiene adequate. Abdomen soft and	Modifierce Diarries Constination
Hori-distended. Bowel sounds active. Reports no NAViso	in Hemorrhoids Rectal bleeding Heartburn Distension Flatus
with eating and no problems chewing/swallowing. Denied diarrhea, constipation; or rectal bleeding. Denies recurrent	
laxative use. No change in appetite.	Ostomy:
urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/penile/breast discharge. No genital lesions; no breast/testicular lumps. No history (hx) of ST	D Pregnant: Yes No Uncertain LMP:
6. MUSCULOSKELETAL. Normal muscle development ar mass for age. No deformities. No assistive devices need	Amputation: Assistive devices:
Tomal note without pain. No joint stiffness	Weakness/paralysis: Vill Will St. S. C. V.
welling/tenderness, weakness, or paresthesia. No hx f DVT or (+) Homan's sign.	Homan's sign (L) / (R) leg
. SKIN. Warm, dry, intact. Normal turger. No reshee	
mainmation, ulcers, breaks in skin. No redness blanching	Cyanotic Cold Diaphoretic Flushed Pale Jaundiced Poor turgor
ritation over bony prominences. Mucous membranes	1 () open wound to show eder
PSYCHOSOCIAL. Behavior is appropriate to the present	Anxious Pretful Tearbil With A
tuation. Anxiety is controlled or mild and appropriate. Iteracts appropriately with others.	Anxious Fretful Tearful Withdrawn Angry Apprehensive
SLEEP. Sleep is usually restful; awakes refreshed.	Patient's description of sleep:
	Assistance needed to fall asleep:
D. PAIN. No current complaint of pain/discomfort.	/
origoing (chronic) pain problems.	PAIN ASSESSMENT. For patients complaining of pain, complete the following: Intensity of Pain Scale: (0 = No pain; 10 = Worst pain)
TIENT IDENTIFICATION (For typed/written entries note: time - last, first, middle initial; grade; DOB; hospital/MTF)	Location(s): () Lewis ()
	Intensity/Description:
(b)(6)	Onset/Duration:
\-\\-\\-\\	Exacerhated hus
	Alleviated by:
	A Committee of the Comm
MEDCOM FORM 686-R (TEST) (MCHO) JUN 03	
	Page 1 of 2 pages MC v3 on

Date (b)(6)	FOR OFFICE USE ON	MODINDELLAX	MODE OF A	BENST PATIENT C 0000 GS CIDS 7
Time of arrival: 15	35 STOOLOG	LI CHUNKHOWH I O	THE WAR	SENSIT Nation: 0009-05-Cibs7
Time of injury:		Enemy	Carn	ground Coalition:
Transit time: 15 3	/2 Minimal	Friendly	E USINC C	ASEVACULLIUS 9,309
C-spine immob: YES		Civ (Host nation)		
Intubated: VES/ NO		Training	☑ Ground A	mbulance 🔀 Enemy:
T. H.L. DD. 124-1	09 HR: 81 RR: 20 O2Sat: (0	Self accident	Uxd Air Ambul	ance Service:
PAIN: 0 1	PI HR: OT RR: 20 OzSat: 10			C USA
Last Tetanus:	2 3 4 5 6 7 8 9 10	Sports recreation	☐ Other:	. □ USN
TOURNIQUET	GCS:	Other:		□ USMC
☐ Yes ☒ No	CPR IN PROGRESS	GENDER	EXPOSURE	□ USAF
Time on:	☐ Yes ☒ No		Remove o	lothes SOF
Time off:	Time started:	☐ Female	☑ Warm blar	nket Civilian
	Time ended:		_ Cooling bl	
Helmet	- CHRIOTTI	Like Than Night Glade	☐ Bear hugg	er
Kevlar or ACH (circ	□ Worn □ Struck	Penetrated	☐ Radiant wa	armer Non-gov't org
☐ Flak vest	FFT		□ IV bag war	mer Other:
Ceramic plate	□ Worn □ Struck	Penetrated	Other:	- 53151.
Eye protection	□ Worn □ Struck	Penetrated	1	
☐ Deltoid/axilla	□ Worn □ Struck	Penetrated		
☐ Groin/leg	□ Worn □ Struck	Penetrated		
_ Gronvieg	□ Worn □ Struck	☐ Penetrated		
AIRWAY	BREATHING Breath Sounds	RIMARY SURVEY	a de la meiola	A Proper Contraction Assets and Contraction
Patent	(A			DEFICIT
☐ Stridor	13			Alert
☐ Drooling	☐ Labored		☐ Hot	Responds to verbal
☐ Obstructed			□Cyanotic □	Responds to pain
☐ Oral/Nasal Airway		I WIOISI	□Diaph	Unresponsive
□ BVM	☐ Flaring ☐ Wheeze ☐			GCS:
☐ Chest tube(s)	Traches: Absent [Muffled	Eyes Verbal
☐ Intubated	Trachea: Midline Deviated	in the second second		Motor
Other:	Chest symmetry: (circle one)	<2 seconds (nor	mai)	Sphincter Tone:
Outol.	Left> Equal <right< td=""><td>☐ >2 seconds (dela</td><td>yed)</td><td>□ WNL □Weak □None</td></right<>	☐ >2 seconds (dela	yed)	□ WNL □Weak □None
HEAD/NECK EENT	HEART	CONDARY SURVEY	184 8 4 7 3	19 A TONE
Drainage:	Rhythm:	ABDOMINAL/GU		EXTREMITIES
Nose (color): NO NO	Knytnm: ⊠ NSR		elvis stable:	ROM: YES NO
CSF: Halo sign 1010		☐ Distended	YES □NO	Fracture/dislocation:
Glucose	- Lacity cardia	☐ Obese		□ RUE
Eyes: Equal (8/1)	- Grady cardia	Non-tender He	emorrhage:	□ RLE
Fixed R/L	☐ Asystole ☐ Other	☐ Tender ☐	YES XÎNO	▼ LUE
Reactive R/L	Pulses:	Rigid		1 LLE
Dilated R/L			ood at	
Other:		☐ Rebound me	eatus/vagina:	Motor Sensation
C-Spine tender;		tenderness		RUE (+) -
☐ Yes X No		☐ Unable to	`	1115
Dental injury:	Femoral Right Left		ostate:	RLE TO
☐ Yes ⊠No	Brachial Right Left			LLE AS
ympanic Membrane:	Radial Right Left	Bowel sounds:		Back Exam:
☐ Clear R L	Pedal Right Left	XYES INO		₩NL □ABNL
☐ Blood R L	JVD Distension:			- WILL WABIL
- BIOOG K L	Right	Last Meal @		Time logrolled:
ATIENT IDENTIFICATI	Left			s rogroneu.
ame/Rank:	UN	ALLERGIES PAS	T MED HX	CURRENT MEDICATIONS
SN/Patient Id #: (b)(6)		Unknown X U		UNKNOWN
OW/Fauent id #: (D)(6)		□ NKDA □N		□ NONE
OB: (ddm:				□ OTHER
OB: (ddmmyy)			eizure hx	- OTHER
				AST MED CIVEN S
eployed unit:		□ Codeine □ H		LAST MED GIVEN @:
~-		Other:		Morphine
TF transferred from:				Fentanyl
				Antibiotic
EDCOM Test Form 1381, D	EC 2004			Other:
-		Subject to the Privacy Act of 197	4	Page 1 of 3

86th CSH/Ali Air Base, Iraq

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V)Puncture Wound	i	() [] []	PP\		179	1773		1	Other:		
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S)Seatbelt Sign		\W\\ 1/	IA/		/////	1111/					
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20111 45 400-						K-A		0/TDC	Λ		
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86th CSH/Ali Air Base, Iraq

(AR)ragion	R Pulses Proventing MECHANISM OF INJURY:
(AB)rasion (AMP)utation (AV)ulsion (BL)eeding	R Pulses Present: S= Strong
(B)urn (C)repitus (D)eformity (DG)Degloving	MVC Fall Aircraft crash IED Knife/edge (stab) Other Mortar/RPG/Grenade
(E)cchymosis (FX)Fracture (F)oriegn Body (GSW)Gun Shot Wound (H)ematoma (LAC)eration (PW)Puncture Wound	0008-05ECID939
(P)ain HISTORY & PHYSICAL:	
Hond 9 No. 10	Procedures:
R Clear	C-Collar
Pulmonary Contusion Pulmonary Hematoma Abdomen:	☐ Chest tube ☐ R ☐ L ☐ Air ☐ Blood ☐ Needle decompression
	☐ FAST ☐ DPL ☐ NG/OG
olvis:	Pelvic Binder
pper Extremities:	☐ Foley ☐ Closed reduction ☐ EXT Fixation ☐ Splint ☐ Long Bone Splint
ower extremites:	Closed reduction EXT Fixation Splint Long Bone Splint
euro: Vision: Pupils R L	Tourniquet Type Time on: Time off:
hincter Tone:	Chemically Paralyzed
Yes No NR	Seizure Protocol
Kin: Burn: 1st 2nd 3rd %TBSA Ught perception Using perception Size mm	Intraosseus Bair Hugger Level 1 Central Line Chill Buster A-Line Cooling Blanket
Yes □ No □ Yes □ No	I II III IV IV Pes No
BI CATEGORY Cardiac GI Injury, MVA Dermatologic Heat/Cold Injury, Work/Training Endocrine Infectious Disease Injury, Other Fever, Unexplained Injury, Rec./Sports Neurologic Country: (Evacuated/Discounts)	Nephrology Psychiatric, Stress Ob/Gyn Pulmonary Ophthalmologic STDs Psychiatric, Mental All Other Medical/Surgical
Routine OR, ICU, ICW Level III, Level IV, Host Nation, Coalition Facility	Time of Disposition:
Deceased (see halou)	
tomic:	I Inner/ Louisi
tomic: Airway	
Intermity Inte	
atomic: Airway	is Multi-organ Failure Other specify

4	7	USE ONLY	LAW ENF	ORCEME (b)(6)	,	0009-05-CID57
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8. PAT JENY PROBLEMS AND NEEDS	A SECTION AND ADDRESS OF THE PARTY OF THE PA	
O. CIRCULATION	7. PATIENT GOALS AND EXPECTED CUTCOMES	C. O.C. Million and Control of the C
	Pt. will exhibit signs of adequate	008-05-6110939
Potential for inacle-		O GERCE INF Sithment of Table.
quate tissue perfusion due to	pedal pulse).	wraps. If none, check with doctors.
medications)		Check that safety straps are correctly applied.
		Offer pillow for under knees.
		Place and take down for a
		o Place and take down legs from stirrups with slow bilateral motion.
		 Check that rings have been
E. NE UROMUSCULAR	O Pt will be transfer	o Check that rings have been removed.
CONTROL	Pt. will be transferred to CR table without difficulty.	Have sufficient people
E. Frice Fotential impairment	o Pt. will not exercises	
	physical discomfort.	Insure proper body
or mobility due to injury	-	
E.2. Potential discomfort		Allow patient to lie in position of comfort while
due to 202120 A		Waiting for surgery
due to enjury, surger	1	Offer support lie pillous
	1 1	Doubticativels, etc. 1 for
F. NEUROMUSCULAR	o Pt. will be made av are of	positioning.
CONTROL	surroundings prior to anesthesia	Introduce self. Keep pt.
F.1. Disminished visual	modelion.	Illiarmed as to where holebe :-
perception due to being	o Pt. will be transferred safely to	did WildI Is nannoning
medicated	Un	Interment in which
F.2. Putential for decreased	table.	direction to move and assist if necessary.
communictaion due to EPLO	Pt. will be able to understand instructions.	Speak clearly and slowly.
Canquago = abote	1	Address pt. from
language - arabic	c Minimize danger of injury during	euhir side.
r.3. Potential injury due to	intrapp paried.	Validate pt.'s SOFOKS Ora
deritures. ? NA		understanding of verbal
	at the state of the same	communications.
OTHER PATIENT-PROBLEMS		o Verify removal of dentures.
EUS. Or continuation of above oblems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or commission of above goals	OTHER NURSING INTERVENTIONS.
Transitions.	and outcomes.	Or continuation of above
		interventions.
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PATIENT IDENTIF	ICATION			DATE OF ORDER TIME OF ORDER	
		į		AP/LATERAL DRAY HOURS	
		,		(R) TIBIA	
				(b)(6)	

			l			1
NURSING UNIT	ROOM NO.	BED NO.				T
PATIENT IDENTIF	ICATION			DATE OF ORDER	TIME OF ORDER	
					HOURS	
			<u> </u>			
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DA 1 FORM 4256

ROOM NO.

NURSING UNIT

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

BED NO.

(b)(6)

TIME OF ARRIVAL: ATTENDING PHYSICIA	(b)(6)	USE ONLY LAV	VENERALE CATESORY O009-05-CID579-4
HISTORY & PHYSI	CAL	and the second s	ayou Expectant
INJURY DESCRIPT	ION: R	L L	R D DeBses Andente C I DESTAND OF THE REST
(AB)rasion			S= Strong GSW/Bullet CBRNE
(AMP)utation	100) ([:\times])	P= Palpable Blunt trauma Blast
(AV)ulsion			D= Doppler Single fragment Burn
(BL)eeding	P.C. SER		A=Absent
(B)um			MVC Fall
(C)repitus	// Je and		Aircraft grash D IED
(D)eformity	/船/章	*//\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Knife/edge (stab) Other
(DG)Degloving			Mortar/RPG/Grenade
(E)cchymosis			\W
(FX)Fracture			#
(F)oriegn Body	- W A	/ Se \\ \ \ / E	
GSW)Gun Shot Wor	und \\\/\/	// \\/\///	
Hjematoma		1691 1691	2 t
(LAC)eration	(TT) DT	N 1571 1571	2001
(PW)Puncture Wound	· /\9U////	/ (%)\/13/)	4411
P)ain	- OLT - WIN VIII	\W\\ \\W\\	70
	3/ -7/ WW	W.W. V.W	
	443 644		
ISTORY & PHYSIC	ALC:	学性的 是1000年的	Procedures:
ead & Neck:	////	Tym Membranes	C-Collar
Normonsh	ele / 24 zuz	R Clear	Alnway (oral/ nasal) CRIC Cantholysis
hest:		□R Blood □	Oral Nasal
/ /	1 ,00	Pulmonary Confusion	Chest tube
Mgs de	- hout RI	☐ Pulmonary Hematoma	
odomen:			
soft NI	_		☐ FAST
80 V NI			□ DPL
lvis:			□ NG/OG ·
steble			Petvic Binder
per Extremities:	1 , 1		☐ Foley
Carrie Landinities:	Strenge 0/8	17 2/14	Closed reduction EXT Fixation
	, ,	., _	Splint Long Rone Soliet
ower extremites:	0		Tourniquet Type Time on: Time off:
WUNL- 1	N. Splint	a place	Closed reduction EXT Fixation
EHL 12)	2ct - 2700	-41	Splint Long Bone Splint
euro:	2047	Vision: Pupils R L	Tourniquet Type Time on: Time off:
S: /5		Brisk	☐ Sedated
hincter Tone:		Sluggish	Chemically Paralyzed
Spine Tender		NR 🗆	Seizure Protocol
Yes 🗆 No			Intraosseus Rair Hugger
in: Burn: 1st 2nd	3rd %TBSA	Hand motion	Cevel 1
		No light perception	Central Line Chill Buster A-Line Cooling Blanket
mage Control Proce	Albania de la companya de la company	Size mm mm	CJ Cooling Dialiket
	dures Hypotherm	la Coagulopathy	Classrof Hemorrhage Shock
Yes No	☐ Yes ☐ No	☐ Yes ☐ No	The property of the property of the party of
Be a stretcal transfer execution of the		- 100	I 🗆 II 🗀 III 🗀 IV 🗀
BI CATEGORY	4.7	THE COMMON SERVICE TO REAL VI.	Charles Will State of the control of
Cardiac	□ GI	☐ Injury, MVA	
ermatologic	☐ Heat/Cold	Injury, Work/Training	Nephrology Psychiatric, Stress
ndocrine	☐ Infectious Disease	Injury, Other	☐ Ob/Gyn ☐ Pulmonary
ever, Unexplained	☐ Injury,Rec./Sports	Neurologic	☐ Ophthalmologic ☐ STDs
cuation Priority:		spositioned to:	Psychiatric, Mental All Other Medical/Surgical
Routine	OR, ICU, I	CW	Time of Disposition:
Priority	Level III.	evel IV, Host Nation, Coalition Facili	
Urgent	☐ RTD	Unit Unit Nation, Coalition Facili	ity
dia adamenta		(see below)	
se of Death:	The state of the s	AND THE RESERVE OF THE PERSON	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10
tomic:		の の の の の の の の の の の の の の の の の の の	AND
Airway Head	Neck ☐ Chest ☐ Ab	domen Pelvis Extremity	(Illoner/Lounz) Cloud
			,
Breathing CNS	Hemorrhage	Total Body Disruption Sec.	sis Multi-organ Failure Other specify
		Seps	sis Multi-organ Failure Other specify
(b)(6)		(b)(6)
ENT NAME:		,	Physiolog Circust
(h)(6)			Physician Signature:
ib: (b)(6)		F	Printed or typed name: (b)(6)
2)(6)		· .	Alexa mante.
o)(6)			
		EC 2004 Subject to the Pri	Ivacy Act of 1974
			Page 1 of 2

DATE	TOROTTICE	D DE ONET		OTES)	ENSITIVE)5-CID579-
DATE:	NUTRITION SCREE	N PROGRESS NOT	r dead	ush & trans	8-05-	C I Q 9:	59
ME: ONV S:	l .			7 172-631	Trans Section		-
0,000 0.		No	Nausea:	Vomiting:	Dia	arrhea:	
	Appetite Change:	Chewing I	Difficulty:	Swallowing D	fficulty:		
	Vitamin/Mineral/Dieta	ry Supplement Use;					
	Food Allergies:			Special Diet:			
	Typical Eating Pattern						
O:	Age: Height:	Weight:	DBW:	%DBW:	0/11/4-0	11.	
	Albumin: gm/dl			70DBW.	%Wt C	nange	BMI:
		at ley					
	Diet Order: 125						
A:	Nutritional Status: HIC	GH RISK MO	DERATE RISK	NOT COM	PROMISED		
	Further RD Intervention	Needed ?: Yes	No	Diffice	et to a	Ses 5 ~/	0
	Nutrition Risk Factors:			above	info he	1.7.1	L 17
P:	Not Compromised	i. Provide basic nut	rition carvices	Dist	onfo, he	1 2 1	Rety
				1 1/32	OCX.	W.11	
		ent by RD within 48			po int	260.	
		ent by RD within 24		(b)(6)		
	Nutritional counseling/d	iet instruction provid	ded:		,,,		
	Other:						
NSHIP TO SPON			SPONSOR'S NAME			SPONSOR'S	D NUMBER
	LAST		FIRST		MI	(SSN or Other	r)
/SERVICE		HOSPITAL OR MEDICA	L FACILITY	RECORDS	MAINTAINED A	T	
SIDENTIFICATIO	N: (For typed or written entrie	s, give: Name - last, firs	t, middle;	REGISTER NO.		144.55	
	ID No or SSN; Sex; Date o	f Birth; Rank/Grade)				WARD NO	J.
(b)(6)					PROGRESS N Medical Re	NOTES	
, ,, ,					STANDARD	FORM 509	(BEV 5/1
				Prescribed b			(VCV . 3/1

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middle: REGISTER NO. WARD NO.	TIFICATION (For type grade; rou
Mile Decreased to	grode; rai

	MALE DETAINE	MOOS WEEK	(b)(6)	0009-05-CID579-400
Name (Last, First, MI)	1777 Challer to Fas A PAGE	ISN # (b)(6)	SSN	Race
REASON FOR REPORT: INPROCESSING CH PURPOSE: To provide or update baselin INSTRUCTIONS: Annotate the location Use a continuation sheet or photos, if necess to medical officials.	e physical identification marks on the bo	SE/REGISTRATION	REPORTED OR SUSPI	
beek Steel	Will State of the			
Mark with numbers and an arrow to the 1. SCAR 2. MARK 3. TATTOO	4. CUT 7. OT 5. BRUISE	describe if needed:	. RI	SVIEW
CAUSE OR REASON: (4)PM gum s hold and PS SpDa 74 p COMPLETED BY.	S all () block Lue () 1230	ps olsanderd	- DIA	reak from
PRINTED NAME CONTINU (b)(6)	(b)(6) RANK DUT ATION SHEET ATTACHED	Y POSITION ? YES	SIGNA	TURE

0008-05-CI 0939 37yom w/a gush-+ to the (B) lig (6) apon on INAll is me. +3 机NY (thes an opin would to the @shin (tib) Mountisen by 14 text. Palics Liess et.

Wind Dow on HEENT or nick y L. Lungs- FOT 6) wfins & FOT P

WIND SITZ, BAK, NTP

Wing of the would or fred of from the West: Mahin 3 found. 123/ (b)(6)1.83 Igam Anut: 1230 Zgran Unergh 1245 DVM-1225 IL Marphin Sulfort, 2~10 X rey - through Ethrough Shrepuil f+ t20 (·m/#5 (b)(6)

(b)(6) OFFICI	AT USE ONL		RCEMENT SE		0009-05-CID579-40
IRRIGATION/MEDICATIONS GIVEN IN	OPERATING DODA (NOT	MEDICATIONS/ORDERS	D.0 U.	8 = 05 = G.I	1939 .
NEDICATIONS/SOLUTION	DOSAGE	and the second s		YES 🗌	NO A
	DUSAGE	TIME	METHOD	PREPARED BY	GIVEN BY
UND IRRIGATION . YES	NO, TYPE(S):				
C. C.	[_] NO, 11PE(S):				
UND IRRIGATION YES 0.9% HOrmal	Saline				
HER ORDERS	20.000				
				TIME	CARRIED OUT
					ONIMIED OUT
(1-)(0)					
(b)(6) SICIAN'S SIGNATURE					
SIGNATURE					
X-RAY IN OPERATING ROUM		000000000000000000000000000000000000000			
YES DO NO MENE	C-WERR (IF YES, SITE	J		
is to NO 171CAC	C-WENT (R Lower.	Lea		
IMEN (S) NAME		LABORATORY SPECIMENS	- 1 '		
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CH OCCUPANT TO					
EN SECTION (FS) NAME			NAME		
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URE (C) NAME			NAME		
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NAME			NAME		
			MAINE		
NAME			18 DECCINCULATION	7170111	
			18. DRESSING/IMMOBILI		
TUBES, DRAINS/PACKING	YES 7	NO T	X-eroForn,	Keplin	
SIZE Z.		3.	,	, and a	
12 Pen Rose					
Yz'Pen Rose Rishi Lowar las		3.			
Right Lower les					
DITIONAL INFORMATION					
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(1)(2)					
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guarac anoun	succ.				
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July Commerce in	mace of the	m ceto			
RATION(S) PERFORMED					
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	- Ulingal	1 ////			
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ENT TRANSFERRED TO		TIME (1/6)	A -:	
STERED NURSE SENATURE (b)(6)	h	1051	b)(6)		
(b)(6)					
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OF DA FORM 5179-1, OCT 87					
				The same of the sa	USAPA

6. PATTIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OU	COMES - 0008	0.5-CID939
O. Clic ULATION ———————————————————————————————————	o Pt. will exhibit signs of adequissue perfusion (e.g., color, ward pedal pulse).	ith,	Theck for support stockings or ace wraps. If none, check with doctors. The Check that safety straps are correctly applied. Offer pillow for under knees. Place and take down legs from stirrups with slow bilateral motion. Check that rings have been removed.
E. NEIR OMUSCULAR CONTROL E.F. Confidential impairment of mobility due to enjury Surgery E.2. Potential discomfort due to injury, Ourcyry	o Pt. will be transferred to OR without difficulty. or Pt. will not experience under physical discomfort.		c Have sufficient people available for transfer. lnsure proper body alignment. Allow patient to lie in position of comfort while waiting for surgery. Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NELROMUSCULAR CONTFOL F.1. Disminished visual perception due to being F.2. Putential for decreased communication due to Exclusive - Frague F.3. Potential injury due to deritures. PA	o Pt. will be made aviare of surroundings prior to anesthesia induction. o Pt. will be transferred safely to OR table. o Pt. will be able to understand instructions. o Minimize danger of injury during intrappiparics.	Introduce self. Keep pt. informed as to where he/she is and what is happening. Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. Address pt. from Luther side. Validate pt.'s understanding of verbal arabic communications. Verify removal of dentures.	
G. OTHERPATIENT PROBLEMS NEEDS. Or continuation of above problems/reeds.	OTHER PATIENT GOALS AND EXPECT OUTCOMES. Or commissation of above and outcomes.	ED gosic	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.
(b)(6)	J. DOLUME IN THE CO.	(b)(6)	2005 DATE
11. POSTOPERATIVE EVALUATION:	the state of the s		Particular of Particular Inch. School States States and Particular Society. Profess, 1, 500 States and Alberta
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(Signature (Signature) (Signat		13. PREOPERTIVE EV PV (Signature and Title (b)(6)	ALUATION PREPARED
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ACLU-RDI 5650 p.52

Exhibit 12

Time O'arrival: //			V / T A.W TENT	CODCEMENT	CITARICITION	THE THE PERSON NOW AND THE PERSON
Time o'injury:	FOR OFFICIA Delay	O. T.	T Concession	OKCERTEN	DENSIT	0009-05-CID
	Minima	1.5		0 0 0 8T	.5-C I	D 939 🙀 🖠
Trans Ittime:	T Compact		Friendly	USMC	CASEVAC	Host nation
C-spine immob: YES	Expect	ant	Civ (Host r	nation) Non-me	ed around	Costition
Later Action VES (NO	MO 77 12.	41 TEU	Training		Ambulance	Coalition:
milaboria, I LO / NO			T 0 11	ent Clark	Ambulance	Enemy:
T: BP: 4/1 8	∠ HR: 76 RR: 7	7 02Sat: 96	Solf non	ALL	ullance	Service:
PAIN: 0 1	2 3 4 5 6 7 8	9 10		ccident Ship EV	AC	□ USA
Last Teanus:	GCS:	3 10	Sports recr	reation Other:		USN
TOURNQUET		-	Other:		1	USMC
☐ Yes '⊠No	The second second	SS	GENDER	EXPOSUR	F	USAS.
	☐ Yes ☐ No		☑ Male			USAF
Time or:	Time started:		Female	Remove	ciotnes	□ SOF
Time of:	Time ended:		- remaie	☐ Warm bl		☐ Civilian
	Unknown			Cooling	blanket	☐ Combatants
☐ He Irret		7 345	2 2 2 3 3 4 4	☐ Bear hug		☐ Contractor
	□ Worn	☐ Struck	☐ Pene	etrated Radiant		- Contractor
Ke Vlar or ACH (circl						☐ Non-gov't org
☐ Flak vest	☐ Worn	☐ Struck	Прот	IV bag w	armer	Other:
☐ Ce ramic plate	□ Worn	☐ Struck	Pene	trated Other:		
☐ Eye protection	□ Worn		☐ Pene	trated		
☐ De Itcid/axilla		☐ Struck	☐ Pene	trated		
☐ Groir/leg	□ Worn	☐ Struck	☐ Pene	trated		
_ отоплед	□ Worn	□ Struck	Pene	trated		
A SECTION OF THE			RIMARY SURVEY	uateu		
IRWAY	BREATHING E	Breath Sounds	CIRCUI ATION	M 10 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Patent	/T V		CIRCULATION	N	DEFICIT	
☐ Stricor			Skin:		Alert	
Droding	[Clear 🖾	☑.Warm □ C	Cool Hot		nds to verbal
Obstructed		Rales	☐ Pink ☐ P	ale Cyanotic	Penns	ndo to verbal
		☐ Flail ☐	□ Dry □ M		Frespoi	nds to pain
Oral Nasal Airway	☐ Flaring [☐ Wheeze ☐	Heart Sounds	. —Diaph	Unresp	onsive
J BVN ZX		☐ Absent ☐			GCS:/	\$
Chest tube(s)	Trachea: Midline	Doubted	⊠Clear	☐ Muffled		S Verbal
1	Chest summataria	Deviated	Capillary Refill:		Moto	
Other:	Chest symmetry: (c	rcle one)	<2 seconds	s (normal)		
Julia.	Left> Equal <r< td=""><td>Right</td><td>☐ >2 seconds</td><td>(delayed)</td><td>Sphincter</td><td>Tone:</td></r<>	Right	☐ >2 seconds	(delayed)	Sphincter	Tone:
TAD (AIDOLG TO	77.47		ONDARY SURVEY	V (Goldyeu)		□Weak □None
	HEART	0100	ARDOMINIALIS		Comment of the comment	8 1,38 37 × 1, 16
	Rhythm:		ABDOMINALIG		EXTREMI	TIES
ose (color):	☑ NSR		⊠ Elat	Pelvis stable:	ROM:	VES [] NO
SF: Halo sign None			□ Distended	YES ENO	Fracture	dislocations
Glucose	☐ Sinus tachyo	ardia	☐ Obese	,		
	☐ Sinus bradyo	cardia	Non-tender	Hemorrhage:	_	1101
es: Equal (R/L)	☐ Asystole		Tender	TVS0 Seve		RLE (3500)
Fixed R/L	☐ Other		Rigid	☐ YES MO		LUE
Reactive (R)/(L)	Pulses:					LLE .
Dilated R/L		- Danel	☐ Guarding	Blood at /		
ner:	S = Strong D	= Doppler	Rebound	meatus/vagina:		otor o
Spine tender:		= Absent	tenderness	☐ YES ☐NO		otor Sensation
	Carotid 5 P Rig	tht Left	☐ Unable to	- July		· (.
□ Yes ⊡No	Femoral SP Ric			Description	LUE (+	· (+) ·
ntal injury:	Brachial 50 Rig		assess	Prostate:	RLE 🍝) · (4) ·
☐ Yes ☐ No	David of A		_		LLE A) . %
mpanic Membrane:	Dedat (A)		Bowel sounds:	□ Abnormal	Back Exam	, C
		ht(Left)	ELYES INO			
	VD Distension:		/		1 5	WNL □ABNL
-JBlood R_L	☐ Right		l act Mool @	7		
Blex KHEYE (R)	☐ Left		Last Meal @	ink	Time logro	olled: 1601
TIENT IDENTIFICATIO	N Share Share					
ne/Rank: (b)(6)			ALLERGIES	PAST MED HX	CUPPENT	MEDICATIONS
V/Patient Id #.			Unknown	₩Jnknown	MILLENI	MEDICATIONS
wratient id #.			□ NKDA	- War	MINKNO	WN
				None	☐ NONE	
B: (ddmmyy)			□ PCN	☐ Respiratory hx	☐ OTHER	
			□ Sulfa	☐ Seizure hx		
			☐ Morphine	☐ Cardiac hx	LACT	00.000
lavad			☐ Codeine	Cardiac nx	LAST MED	GIVEN @:
loyed unit:				□ HTN	Morphine	Э
			☐ Other:	□ DM	☐ Fentanyl	
		1			Cilitariyi	
loyed unit: transferred from: 🚱 🖂	CA	1		L Ulcere		
transferred from: 3 (Ulcers	Antibiotic	
			Outline to the second	Other:	Other:	
transferred from: (3)	2004		Subject to the Privacy Ac	Other:	☐ Other:	
transferred from: 3 (2004		Subject to the Privacy Ac	Other:	☐ Other:	Page 1 of 3
transferred from: (3)	2004		Subject to the Privacy Ac	Other:	☐ Other:	

0008-05-C.I. 0939 H

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CBC	SMA7	Urinalvsis	PMH:
		- Amining old	Unknown
		SpGr:	☐ None ☐ Cardiac
		Ph:	Respiratoy
PI/INR/PTI	LET		Seizure
1 , ,	Amulaca	Chem:	DM .
ABG	Amylase:	Micro:	Ulcers Other
B F102:	Alk Phos:		Allergies:
B FI02:	LDH:	RBC:	NKDA Other
A	Bili:	WBC:	☐ ASA ☐ PCN
T PCO2:			Sulfa
O.	SGOT:	Bact:	☐ Morphine
R PO2:		,	Codeine
нсоз:	SGPT: Medications	HCG:	Lalex
	DT	Crystalloidscc's	
Sat:	ATBX	Colloidscc's	
BE:	Morphine	PRBC'sunits	
Vent: Yes 🗆 No 🗀	Fenatnyl Other	Whole Bldunitsunitsunits	•
ETT SIZE		PLT'spacks	
OBTAINED	PENDING RESULTS		
HEAD	L RESULTS VALUE OF THE SULTS VAL	FRACTUR	RE, SPLINTING, REMARKS
C-SPINE ARDOMEN/PELV/S			
ABDOMEN/PELVIS CHEST	 		
R SUPINE			
A UP RIGHT			
C-SPINE	 		
O X P			
EXTENSION			
G A E L-SPINE	H		
Y PELVIS			
I I I			
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Attending Staff:			NOTICE PRODUCTION OF THE PRODU
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Exhibit 12

Exhibit 12

0008-05-C.I. 0939 Verify by THERAPEUTIC DOCUMENTATION CARE PLAN (b)(6) Initialing (MEDICATIONS) Order Clerk/ Date to SINGLE ORDER, PRE-OPERATIVES Time to Date Nurse Time Given Initial be Given be Given (b)(6)(b)(6) 05 (b)(6) 1100 (b)(6) (b)(6)Order, Clerk/ INITIAL PROPER COLUMN FOLLOWING ADMINISTRATION PRN MEDICATION, DOSE, FREQUENCY Nurse TIME/DATE DISPENSED (b)(6)PACY ORders (b)(6) 915 min Phu NIV ACLU RDI 5650 P 55 OFFICIA 0 SE 40126 ACLU CHO ROL 570000211

s Ancare, Assald,	FREUPERATIVE PUSTOPERATION E For time of talk form, and 46 40-86; the pinton and regard	, NEW STATE OF OUT OUT MEAN (CATON THER OF the Suggest Agency).
AGE: HEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., Iodine, Tape, Medication 7. Nave Knavy	90);
WEIGHT:	3. PREVIOUS SURGERY [] NO []	YES (type):
PROPOSED SURGICAL PROCEDURE:	External fixator pl	
ADDITIONAL INFORMATION:	CXHATICE TIXCITOR PL	acement
PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
Potential for anxiety elated to injury, Succing	Pt. verbalizes any specific anxiety. Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. O Explain OR environment and answer questions regarding surgery. Offer comfort measures, (e.g., warm blanket, touch) Explain all nursing procedures before they are done. Remain with pt. whenever
AERATION Potential for espiratory dysfunction due to 2/2LOukusuk	o PT. will be able to breathe without difficulty during immediate intra- operative phase.	possible. 9 Maintain family interface. 0 Offer to elevate head of litter or offer pillow. 9 Observe pt. while awaiting surgery for signs of distress 9 Assist anesthesia during intubation and extubation
INTEGUMENT Potential impairment skin integuity due to Novement, Fransfer	o PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	D Utilize pressure preventing davices on OR table and accessories. Check for proper positioning and support to maintain good body alignment. Pad pressure points. Place ESU ground pad on non compromised skin surface area. Keep prep fluids from pooling.

114 FORM 5178, JUN 9:

3 (b)(6)		TIME	O 354	NIE	4. PATIENT IN ROOM	(b)(6)	
05			0354		TIME 0854	NUMBER	#1.
				5. PREOPERATIVE E	MOTIONAL STATUS		
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OMMENTS:	/						[_] When (Specify)
OMMENTS.						0008-05-C	10039
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SCRUB	ļ				SCRUB		
	(b)(6)						
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CIRCULATOR					CIRCULATOR		
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							MIGHT SIDE UP
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		- 1		8. SKIN PRE	EPARATION NO HON	ene Scrub/	Safillian
IR REMOVAL	YES	L N	10		PREP SOLUTION (Specify)	Kree BY WHOM:	h)(6)
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	CAL RECORD - PATIENT I		.
IRECTIONS: A check () in the small box includicates that a variance exists. A brief explana-			asterisk (*) in the box
ATE: (b)(6)	TIME: (CY) INITIAL (b)(6)	TIME: INITIALS:	TIME: INITIALS:
	of nonverbal of this time, penvelied communication appropriate Phistocoprefice Rich 2+ podal palso Rich		
within range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness or chest discomfort.	7 2+ podal pulses Ric		
3. PULMONARY. Respirations within normal rate for age group; quiet and regular. Depth is regular. No cough. Lungs clear to auscultation, all lobes. Chest movement is symmetrical.	Ø		
4. G.I. Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/ swallowing. Denies constipation, diarrhea, or rectal bleeding. No change in appetite.	9		
 G.U./REPRODUCTIVE. Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/ penile/breast discharge. 	FICCYO		
6. MUSCULOSKELETAL. Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal ROM without pain. No joint swelling/tenderness, weakness, or paresthesia.	Doopte to RLE From		
 SKIN. Warm, dry, intact. Good turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist and intact. 	policio Resonal serosansonos diminese		* .
8. PAIN.	Denies pain/discomfort.	Denies pain/discomfort.	Denies pain/discomfort.
Note: If patient complains of pain/discomfort, of	locument the intensity (0-10 Item	m scale), location, and other de	scriptive information in item12
 PSYCHOSOCIAL. Behavior is appropriate to the situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others. 	700		
 SLEEP. Patient expresses he/she slept well and feels rested. 	D .		
PATIENT'S IDENTIFICATION (For typed or writ first, middle intial; grade; DOB; hospital or medi			
(b)(6)			nent data regarding IV site(s), tained on page 2 of this form.

ACLU-RDI 5650 p.58

Exhibit 1

0008-05-C.I. 0939

	RD - SHORT STAY ASSESSMENT s form, see MEDCOM Circular 40-5
or other health care personnel according to local policy.	ent whose hospital stay is less than 24 hours. It should be completed by the RN,
SECTION J: VITAL SIGNS/OTHER INFORMATION	
Date 103 Time: 1800 Patient oriented to:	2
Temp: 98-5 Oral Rectal Axillar	
BP: 13-7/88 Rhythm:	Height: Weight:
Presenting Complaint:	Allergies:
SECTION II: REVIEW OF SYSTEMS Directions: A check () in the small box, left column, indicindicates that a variance exists. A brief explanation of abnormal contents of the column indicates that a variance exists.	rates stated description reflects actual physical findings. An asterisk (*) in the box romal findings is required, or you may circle the appropriate descriptive terms.
NEUROLOGICAL. Alert and oriented to time, place, self, and situation. Responds appropriately. Communication is adequate to express needs. Pupils equal bilaterally and reactive to light. Grip strength equal.	Lethargic Unresponsive Comatose Agitated Disoriented Aphasic Doesn't speak/understand English SPEARS SMAII AMF PNY/15h
2. CARDIOVASCULAR. Pulse regular, rate within normal range for age. No dependent edema. Nailbeds and mucous membranes pink. No calf tenderness. No clubbing. No chest discomfort. Capillary refill is ≤ 2 seconds.	Arrhythmia Tachycardia Bradycardia Pitting edema Cyanosis Capillary refill = ₹ 2 seconds. Pacemaker (τγρε):
3. PULMONARY. Respirations quiet and regular, rate within normal range for age. Depth is regular. No cough or shortness of breath. Lungs clear to auscultation, all lobes. Chest movement is symmetrical.	Cough: Productive/non-productive Hemoptysis Orthopnea Dyspnea Wheezing Rales/rhonchi Night sweats LSCA 02 5AT 99% (226 N/C
4. G.I. Oral mucosa moist; no lesions or bleeding gums noted. Dental hygiene adequate. Abdomen soft and non-distended. Bowel sounds active. Reports no N/V/pain with eating and no problems chewing/swallowing. Denies diarrhea, constipation, or rectal bleeding. Denies recurrent laxative use. No change in appetite.	Halitosis Nausea Vomiting Incontinence Diarrhea Constipation Hemorrhoids Rectal bleeding Heartburn Distension Flatus Last BM: Bowel frequency: Ostomy:
5. G.U./REPRODUCTIVE. Reports no dysuria, retention, urgency, frequency, nocturia. Urine clear, yellow/amber. No unusual vaginal/penile/breast discharge. No genital lesions; no breast/testicular lumps. No history (hx) of STD exposure/disease.	Hematuria Retention Frequency Incontinence Nocturia Catheter: Foley/External/Supra-pubic Hx of UTI/calculi Pregnant: Yes No Uncertain LMP:
6. MUSCULOSKELETAL. Normal muscle development and mass for age. No deformities. No assistive devices needed. Normal ROM without pain. No joint stiffness, swelling/tenderness, weakness, or paresthesia. No hx of DVT or (+) Homan's sign.	Amputation:
7. SKIN. Warm, dry, intact. Normal turgor. No rashes, inflammation, ulcers, breaks in skin. No redness, blanching, irritation over bony prominences. Mucous membranes moist and intact.	Cyanotic Cold Diaphoretic Flushed Pale Jaundiced Poor turgor
8. PSYCHOSOCIAL. Behavior is appropriate to the present situation. Anxiety is controlled or mild and appropriate. Interacts appropriately with others.	Anxious Fretful Tearful Withdrawn Angry Apprehensive
9. SLEEP. Sleep is usually restful; awakes refreshed.	Patient's description of sleep:
10. PAIN. No current complaint of pain/discomfort.	PAIN ASSESSMENT. For patients complaining of pain, complete the following:
No ongoing (chronic) pain problems. PATIENT IDENTIFICATION (For typed/written entries note:	Intensity of Pain Scale: (0 = No pain; 10 = Worst pain) Location(s):
Name - last, first, middle initial; grade; DOB; hospital/MTF)	
(b)(6)	Intensity/Description:
	Onset/Duration:
CLU-RDI 5650 p.59	Exacerbated by:

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dition	710	Condition	Condition	
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ing changed		Tubing changed	Tubing changed	
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mment:		Comment:	Comment:	
. PAIN. For loca	ation of pain, use the anaton	nical numbering scheme (Figure 1) displayed at t	he bottom of this p	page.
ME:		TIME: INITIALS:	TIME:	INITIALS:
		Location:	Location:	
	-1-1-	Intensity (0 - 10 scale):	Intensity (0 - 10 s	scale):
	ale):	1	Description:	
escription:		Description:	Description.	
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elieved by:		Relieved by:	Relieved by:	
				and below
3. OTHER INTER	EVENTIONS. Document ass	essment and care of any drains, wounds, dressing	ngs, etc., in the spa	aces provided below.
IME:	INITIALS:	TIME: INITIALS:	TIME:	INITIALS:
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		Findings:	Findings:	14 15 g 36 37
		Findings:		2 3 3 3
		Findings:	Findings:	14 15 g 36 37
		Findings:		14 15 g 36 37
		Findings:		14 15 g 36 37
		Findings:		12 13 30 36 37 14 15 9 30 36 37 17 18 13 22 40 4

Does the patient exhibit pondicase to learn? Ves	ONLY I AW ENFORCEMENT	SENSITIVE Demor0009-05-CID579-4000
What is his/her most effective method of lear	Cine-on-One Group/classroom is	iction
Education/grade level achieved? 0-8 years	9-12 years 13-16 years 1	16 + years 08 - 05 = C.I. 0.939
TEACHING NEEDS: Identify specific areas for patient/f	raining education. Joinesk sir the specific	
Advance directives	Infection control	Respiratory care Safety precautions
Breast/testicular self exam	Isolation precautions	Sexual concerns
Community resources	Medical equipment use	Skin care/hygiene/grooming
Drug-food interaction	Medications	Stress management
Elimination	Nutrition/hydration	Other (Specify):
ETOH/tobacco/drug use/abuse	Pain management	Other (specify)
Health promotion	Procedure/treatment	
☐ Illness/diagnosis	Rehabilitation techniques	
Factors which may influence the patient's ability to lea	arn:	Psychological factors
Cognitive limitations	Language barrier	Sensory limitations
Cultural/religious factors	Motivation	Hearing Speech Vision
None - Patient verbalizes/demonstrates understa	anding.	☐ Hearing ☐ Speech ☐ Violen
Does the patient want educational materials?	No Yes (Specify below)	• .
COMMENTS: NO TRANSLATE	CR AVAILABLE	
COMMENTS.		
SECTION IV: FUNCTIONAL ASSESSMENT (Bathing,	dressing, grooming, toileting, mobility, etc.)	
The patient demonstrates no functional limitation		
Problem noted:		
SECTION V: NUTRITION ASSESSMENT (Weight loss	s/gain, nausea/vomiting, appetite changes, ea	ating disorder, etc.)
WNL - No problem w/food or fluids.	pecial diet/restrictions:	
Problem noted:		
SECTION VI: SPIRITUAL AND SOCIAL NEEDS		
Is there anything we can do to meet your spiritual or	cultural needs while you are in the hospital?	Yes No
		2 W
If "Yes," please explain:	vith?	Yes No
Do you have other concerns that we can help you w	1650 C J	51410R
If "Yes," please explain:		he patient will: (Check all that apply)
SECTION VII: DISCHARGE PLANNING ASSESSMEN		
Have no difficulty returning to home environmen	nt - no referrals required. Di	scharge is anticipated to: Home alone
Require assistance in making transition to home	e - initiated referral to the following:	☐ Home w/family
Home Health Social Work Ca	se Manager Other:	Barracks
Family/significant other able to care for/meet pa		
OTHER CONTINUITY OF CARE ISSUES:		
Patient's Advance Directive (Living Will, Durable Po	ower of Attorney for health care) is current a	nd included in the medical record?
□ □ v □ Na If "No " explain	n'	
Example this initial assessment, note patient problems	/needs on MEDCOM Form 687-R (Test), Inte	rdiscipilinary Plan of Care and/or MEDCOM
Form 691-R (Test), Patient Release/Discharge Instr	uctions.	
Form 691-R (Test), Patient Release/Discharge Instr Assessed by:	uotions.	

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MEDCOM FORM 686-R (TEST) (MCHO) J

Page 2 of 2 pages

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Time Lab test Time Xray Time CT Proced Size Location Hct C-spine Head Foley PH Chest Chest NG Abd Abd Ch tube-1 PP Palpable PCO2 Pelvis Pelvis Ch tube-2 D Doppler BE Extrem Other: Cent Ln A Absent Glucose Other: A-Line HCG Other: Other: Other: DASCOW COMA SCALE Set Eye Opening Spontaneous 4 Confused Inappropriate words Incomprehens sounds 2 None 1 Incomprehens sounds None 1 Extension from pain Non-reactive Non-reactive None (b)(6)	ASCIII	ADAG	0500		4499 G	444			&		A					اد ب	u
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	MEDICA	AL RECO	RD	NURSING NOTES	NSN 7540-00-634-412
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	DATE	A.M.	P.M.	OBSERVATIONS	
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		grad	le; rank; rai	e; hospital or medical facility) REGISTER NO.	ARD NO.

ACLU-RDI 5650 p.64

NURSING NOTES

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE NURSING DOCUMENT For use of this form, see AR 40-66; the proponent agency is The Office of the Surgeon General.									
1. AGE:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., lodin	e, Tape, Medication):								
HEIGHT:	3. PREVIOUS SURGERY [NO []	YES (type):								
4. PROPOSED SURGICAL PROCED		×								
	Lest upper Extremity I+D									
5. ADDITIONAL INFORMATION:	Emogency Care	•								
6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS								
A. PSYCHOSOCIAL Potential for anxiety related to Surgey	Pt. verbalizes any specific anxiety. Pt. exhibits relaxed body posture.	Allow pt. to verbalize freely. C Travilator Explain OR environment and answer questions regarding surgery. Offer comfort measures, (e.g., warm blanket, touch) Explain all nursing procedures before they are done. Remain with pt. whenever possible. Maintain family interface.								
B. AEBATION Potential for respiratory dysfunction due to Sedefice	e PT. will be able to breathe without difficulty during immediate intra- operative phase.	Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress Assist anesthesia during intubation and extubation								
C. INTEGUMENT Potential impairment of skin integuity due to Porp Sohn ISALPad	PT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	devices on OR table and accessories. Check for proper positioning and support to maintain good body alignment. Pad pressure points. Place ESU ground pad on non compromised skin surface area Keep prep fluids from pooling.								
 PATIENT'S IDENTIFICATION give: Name-last, first, middle; grade; d 	(For typed or written entries ate; hospital or medical facility)									
(b)(6)										

DA FORM 5179, JUN 91

Previolus editions are obsolete.

USAPA V1.01

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED	
D. CIRCULATION Potential for inadequate tissue perfusion due to	Pt. will exhibit signs of adec tissue perfusion (e.g., color, wa pedal pulse).	wraps. If none, check with doctors. Check that safety straps are correctly applied. Offer pillow for under knees. Place and take down legs from stirrups with slow bilateral motion. Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1: Potential impairment of mobility due to <u>Sedatorn</u> E.2. Potential discomfort due to <u>Surgery</u>	Pt. will be transferred to OF without difficulty. Pt. will not experience unner physical discomfort.	available for transfer.
F. NEUROMUSCULAR CONTROL F.1 Disminished visual perception due to being Seducted F.2 Potential for decreased communictation due to F.3. Potential injury due to dentures.	Pt. will be made aware of surroundings prior to anesthesi induction. Pt. will be transferred safely OR table. Pt. will be able to understar instructions. Minimize danger of injury du intraop period.	and what is happening. Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. Address pt. from
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXP OUTCOMES. Or continuation of a and outcomes.	
10. OR NURSING INTERVENTIONS C	OMPLETED/ADDITIONAL INTEROPE	ERATIVE INTERVENTIONS NOTED.
. ((b)(6)	DATE
11. POSTOPERATIVE EVALUATION	ON:	
TI. POSTOFERATIVE EVALUATION		
12. PREOPERTIVE EVALUATION (Signature and Title) (b)(6)	BY (S	PREOPERTIVE EVALUATION PREPARED (b)(6)
DATE (b)(6) os TIME:) 2.5	Bo DATE:	(b)(6) US TIME: 1330
REVERSE OF DA FORM 5179, JUN 91		USAPA V1.01

MEDICAL	RECORD	INTRAOPERATIVE OCUMENT For use of this form, see AR 40-407, the proponent agency is the office of The Surgeon General.										
1. PATIENT TRANSPO	RTED TO OPERATING	POOM	21.15	ED. RECORD REVIEWED AND PROCEDURE								
VIA Litter												
3. DATE		ENT ARRIVED IN SUITE	4. PATIENT IN ROOM									
(p)(e)		230	TIME 1300 E EMOTIONAL STATUS	NUMBER [-3								
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COMMENTS: Init	ral- Emerge	vey	a familia									
		6. NURSIN	NG PERSONNEL									
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	(b)(6)											
ASSIGNED		,	RELIEF									
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		70 W - f	of Alle									
COMMENTS:												
		8. SKIN	PREPARATION									
HAIR REMOVAL	YES NO		PREP SOLUTION (Spe	ocity) 10% Porodine Indine								
DONE BY:	OR	NURSING UNIT	SITE: Left upp	BY WHOM: (b)(6)								
METHOD:	DEPILATORY	RAZOR	SITE: + Shou	BY WHOM: (D)(6)								
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10. COUNTS Sponge	C = C Other*	First Closing Count Coun	g SCDUB	CIRCULATOR (b)(6)								
10. COUNTS Sponge Needle Sharp	C = C Other* Yes No Yes Aus ω	First Closing Count Count Count	(b)(6)									
10. COUNTS Sponge Needle Sharp Instrument	C = C Other* Yes No Yes No	First Closing Count Coun	g SCDUB									
10. COUNTS Sponge Needle Sharp Instrument Other	C = C Other* Yes No Yes No Yes No	First Closing Count Coun	(b)(6)	(b)(6)								
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10. COUNTS Sponge Needle Sharp Instrument Other	C = C Other* Yes No Yes No Yes No Yes No	First Closing Count Coun	(b)(6)	(b)(6) ERY DEVICE(S) (ESU)								
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10. COUNTS Sponge Nee die Sharp Instrument Other 11. PATIENT IDENT Name · Last, first, me	C = C Other* Yes No Yes No Yes No Yes No	First Closing Count Count	(b)(6)	(b)(6) ERY DEVICE(S) (ESU) PYES NO 40/46 BRAND Valley (ab								
10. COUNTS Sponge Needle Sharp Instrument Other	C = C Other* Yes No Yes No Yes No Yes No	First Closing Count Count	12. ELECTROSURGE SSU NO: (b)(6) GROUND PAD:	(b)(6) ERY DEVICE(S) (ESU) PES NO 40/46								
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13. PROSTHESIS, IMPLANTS YES	NO	IF YES NAME:	ID NUMBER; MA	NUFACTURER	
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21. PATIENT TRANSFERRED TO		TIME	METHOD		
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22. REGISTERED NURSE SIGNATURE (b)(6)					00220

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MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will the time the new order(s) are noted and initial in the column provided, Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER NUMBER	DATE, TIME, & SIGNATURE REQUIRED FOR EACH OF	RDER OR SET OF OR	DERS	ORDER NOTED TIME & INITIALS	COMPLETED TIME & INITIALS
	ANESTHESIA PACU POST OPERA	TIVE ORDERS			
	Date: (b)(6) Time: 13.0		-		
CD	Admit to PACU	•			
0	Allergies: 7				
3	Vital sign per PACU protocol				
(3)	IV inf NS @ 100 ml/hr				
(3)	O2 per PACU protocol				
	Pain Medication				
6	Toradol 30 mg IV PRN X 1 dose				
(1)	Morphine \ '-3 mg IV q 5 minutes PRN, max d	ose <u>30</u> mg			1
8	Meperidine mg IV q minutes PRN, max	dose mg			
9	Fentanyl mcg IV q minutes PRN, max d	ose mcg			
a d					
9	Antiemetics				
10	Droperidol mg IV PRN				• -
-11	Reglan mg IV X 1 PRN (Pediatric dose = 0.15 r	ng/kg)			
(12)	Zofran mg IV q) 5 minutes PRN, max total	dose \iint mg			
					^
(9)	Notify anesthesia for pain, nausea and/or vomiting not re	sponding to above o	rders or		
,	Other problems related to anesthesia per PACU protoc	col			
Gr)	Discontinue O2 and discharge patient per PACU protoco				
2	(b)(6)				
Commo					
3					
APATIENT I	DENTIFICATION	Complete the follow	ing informatio	on on page 1 only	Note any
		changes on subseq		on page 1 anny.	
	(b)(6)	Diagnosis:			ì
F-3		Height:			
7		Allergies:	-		
-		Nursing Unit	Room No.	Bed No.	Page No
L	CODM 688 D (TECT) (MOUO) MAD 00 COSMON	S S DITIONS A DE OBS			

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99

PREVIOUS EDITIONS ARE OBSOLETE

MC V 1.00

CONTINUOUS/REPEATED DRUGS SPECIFY UNITS - MG/MCG/ML, "1" = CONSTANT INFUSION				F	or use	M of this fo	EDICA	L REC	ORD - -66; the	ANES	THESI	A					
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DA FORM 4700 1 MAY 78

EAMC OP 147, 1 Nov 00

		DOC	CTOR'S ORDERS - (SIGN ALL ORDERS)
	For Each S		Record the Date and Time, Sign, and Cross Out the Unused Lines
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ACLU-RDI 5650 p.74 OSLOOM26AAGLELAGIDARQL572600236

DA FORM 4700 1 MAY 78

EAMC OP 147, 1 Nov 00

L	INITIAL ASSESMENT			DISCHARGEASSESMENT	
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MEDICAL RECORD - DOCTOR'S ORDERS

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

DIRECTIONS: The provider will DATE, TIME, and SIGN each order or set of orders recorded. Only one order is allowed per line. Nursing will the time the new order(s) are noted and initial in the column provided, Orders completed during the shift in which they were written do not require recopying. They may be signed off, as completed, in the far right column.

ORDER DATE THE A SIGNATURE	1 00		
NUMBER DATE, TIME, & SIGNATURE REQUIRED FOR EACH ORDER OR SET OF ORDERS	TIM	RDER NOTED ME & INITIALS	COMPLETED TIME & INITIAL
ANESTHESIA PACU POST OPERATIVE ORDERS			
Date: (b)(6) 05 Time: 1420			
Admit to PACU			
O Allergies: NICM			
(3) Vital sign per PACU protocol			
IV inf NS @ 100 ml/hr			
O2 per PACU protocol			
Pain Medication		-:	
Toradol 30 mg IV PRN X 1 dose		-	
Morphine 1-3 mg IV q 5 minutes PRN, max dose 30 mg			
Manager 1	_		
8 Meperidine mg IV q minutes PRN, max dose mg			
Fentanyl mcg IV q minutes PRN, max dose mcg			
Meperidine mg IV q minutes PRN, max dose mg mg IV q minutes PRN, max dose mcg mcg IV q minutes PRN, max dose mcg mcg Antiemetics			
mg tv FRV	-		
ing IV X I FRV (Fediatric dose = 0.15 mg / kg)			
Zofran mg IV q(S minutes PRN, max total dose mg			
A			
Notify anesthesia for pain, nausea and/or vomiting not responding to above orders or	г		
Other problems related to anesthesia per PACU protocol			
Discontinue O2 and discharge patient per PACU protocol	-		
(b)(6)			
ATTENT IDENTIFICATION COMPLETE TO COMPLETE THE COMPLETE T			
Complete the following information	mation on p	page 1 only. Not	te any
(b)(6)			1
Height: Weig	ht:	Diet:	
Allergies;			
Nursing Unit Room	n No.	Bed No.	Page No.
DCOM FORM COS R			

MEDCOM FORM 688-R (TEST) (MCHO) MAR 99

PREVIOUS EDITIONS ARE OBSOLETE

MC V 1.00

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MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVI For use of this form, see AR 40-66; the proponent ager	
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., loding) 3. PREVIOUS SURGERY [NO []	ne, Tape, Medication): YES (type):
4. PROPOSED SURGICAL PROCE	DURE:	
I+D ~	Left Lover Extensity Gunst	ist would.
5. ADDITIONAL INFORMATION:	-	
E merge	rey Case	
6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
A. PSYCHOSOCIAL Potential for anxiety related to	e Pt. verbalizes any specific anxiety. O Pt. exhibits relaxed body posture.	o Allow pt. to verbalize freely. Explain OR environment and answer questions regarding surgery. Offer comfort measures, (e.g., warm blanket, touch) Explain all nursing procedures before they are
		done. Remain with pt. whenever possible. Maintain family interface.
B. AERATION —— Potential for respiratory dysfunction due to Sedadran	PT. will be able to breathe without difficulty during immediate intra- operative phase.	o Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress Assist anesthesia during intubation and extubation
C. INTEGUMENT. Potential impairment of skin integuity due to ESUPAR, Prep Solin.	oPT. will not exhibit signs of impairment of skin integrity (e.g., reddened areas.	o Utilize pressure preventing devices on OR table and accessories. o Check for proper positioning and support to maintain good body alignment. o Pad pressure points. o Place ESU ground pad on non compromised skin surface area. o Keep prep fluids from pooling.

(b)(6)

DA FORM 5179, JUN 91 ACLU-RDI 5650 p.79

Previoius editions are obsolete

USAPA V1.0

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS					
D. CIRCULATION Potential for inadequate tissue perfusion due to Seda fra	Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	 Check for support stockings or ace wraps. If none, check with doctors. Check that safety straps are correctly applied. Offer pillow for under knees. Place and take down legs from stirrups with slow bilateral motion. Check that rings have been removed. 					
E. NEUROMUSCULAR CONTROL E.1. Potential impairment of mobility due to Sedatrum E.2. Potential discomfort due to Surgery	or Pt. will be transferred to OR table without difficulty. or Pt. will not experience unnecessary physical discomfort.	Have sufficient people available for transfer. Insure proper body alignment. Allow patient to lie in position of comfort while waiting for surgery. Offer support (i.e., pillows, bathtowels, etc.) for positioning.					
F. NEUROMUSCULAR CONTROL F.1Disminished visual perception due to being	Pt. will be made aware of surroundings prior to anesthesia induction. Pt. will be transferred safely to OR table. Pt. will be able to understand instructions. Minimize danger of injury during intraop period. OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	Introduce self. Keep pt. informed as to where he/she is and what is happening. Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. Address pt. from Side. Validate pt.'s understanding of verbal communications. Verify removal of dentures. OTHER NURSING INTERVENTIONS. Or continuation of above interventions.					
	OMPLETED/ADDITIONAL INTEROPERATIVE INTE	RVENTIONS NOTED.					
(b)(6)	3(JA	DATE					
11. POSTOPERATIVE EVALUATION							
12. PREOPERTIVE EVALUATION F (Signature and Title) (b)(6)	PREPARED BY 13. PREOPERTIVE BY (Signature and	E EVALUATION PREPARED Title) (b)(6)					
DATE: (b)(6) 05 TIME: /330	DATE: (b)(6)	5 TIME: /430					
REVERSE OF DA FORM 5179, JUN 91		HCARA VA OA					

WEDICAL	RECORD		For use	e of this form,	INTRAOPERATIV OCUMENT n, see AR 40-407, the proponent agency is the office of The Surgeon General.							
1. PATIENT TRANSP			OOM		2. PATIENT IDENTIFE	ED. RECORD REVIEWED AND PROCEDURE						
VIA Litter		BY (b)(6			VERIFIED BY (b)(6)							
B. DATE (b)(6)	OZ TIM	ME PATIEN	NT ARRIVED IN		4. PATIENT IN ROOM							
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LEGEND X Gr 10. COUNTS Sponge Needle Sharp Instrument Other	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGE	(b)(6) RY DEVICE(S) (ESU) YES NO						
LEGEND X Gr 10. COUNTS Sponge Needle Sharp Instrument Other	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGE	(b)(6) RY DEVICE(S) (ESU) YES NO						
LEGEND X Gr 10. COUNTS Sponge Needle Sharp Instrument Other	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGE	(b)(6) RY DEVICE(S) (ESU) YES NO						
LEGEND X GO 10. COUNTS Sponge Needle Sharp Instrument Other 11. PATIENT IDENT Vame - Last, first, m	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGE (b)(6)	BRAND Vallen Leb						
LEGEND X Gr 10. COUNTS Sponge Needle Sharp Instrument Other	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGE (b)(6) GROUND PAD:	BRAND Vallen Leb						
LEGEND X GO 10. COUNTS Sponge Needle Sharp Instrument Other 11. PATIENT IDENT Name - Last, first, m	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGEI GROUND PAD: GROUND PAD: GROUND PAD:	BRAND Vallen Leb						
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LEGEND X GO 10. COUNTS Sponge Needle Sharp Instrument Other 11. PATIENT IDENT Vame - Last, first, m	Yes No Yes No Yes No Yes No	C = Corr	rect I = Inc	orrect Final Closing Count	SCRUB (b)(6) 12. ELECTROSURGEI GROUND PAD: GROUND PAD: GROUND PAD:	BRAND Vallen Leb LOT NO: (b)(6) BRAND SEED. ZOCK-US						

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(b)(6)	,		st, First, Middle initial)		RANK/GRADE
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		SPONSOR'S NAME	Leaven	ORGANIZA	DATE OF BIRTH
CLU-RDI 565		DEPART/SERVICE	SSN/IDENTIFICATION NO	D.	DATE OF BISTO

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Ver Initi	ify by ialing	THERAPEUTIC DOCUMENTATION CARE PLAN (NON-MEDICATION)									Мо	(b)(6)	l n	, 05
Order Date (b)(6)	Clerk Nurse	SINGL	E ACTIONS	S					Date to be Done	7	Time to e Done	Time Do		Initials
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ACLU-RDI 5650 p.87
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Exhi

0009-05-CID579-40002

WARD FLOWSHEET FOR VITAL SIGNS AND OTHER PARAMETER'S ICW For use of this form, see AR 40-66; the proponent agency is the OTSG DATE This form may be used for more than one day by drawing a heavy line and adding date. Insert column headings as required. (b)(6) FATIENT'S NAME (b)(6) O2 BP HR RR T 02 % PAIN SOURCE (b)(6) (b)(6) 97 18

ACAUCRD13565040.88

USAPA VI 01 Exhibit_ OR OFFICIAL USE ONLY / LAW ENFORCEMENT SENSITIVE

0009-05-CID579-40002



MARKS, SCARS, AND TATTO MALE DETAINEE	OS REPOR	T . (b)(6)	Date Initiated
	ISN # (b)(6)	SSN	Race
REASON FOR REPORT:			
INPROCESSING CHANGE/UPDATE RELEASE/REC PURPOSE: To provide or update baseline physical identification marks on the body of th INSTRUCTIONS: Annotate the location of identifying marks, scars, or tatloos using the Use a continuation sheet or photos, if necessary, to accurately positive security.	c detainee		SUSPECTED VIOLENCE
Use a continuation sheet or photos, if necessary, to accurately portray written or graphically to medical officials.	numbers below after the designed tattoos. Injurie	norough examination. es will be reported	
buck of the state			The state of the s
Mark with numbers and an arrow to the location of any of the following and describ	be if needed:		REVIEW
1. SCAR 2. MARK 3. TATTOO 4. CUT 7. OTHER 5. BRUISE 6. SWELLING	punctre	DIA	
CAUSE OR REASON: (4) PMS all () blood, po	olsowlerd(- Odema	break from
98 SpO2 79 pulse \$1230			
COMPLETED BY: (b)(6) PRINTED NAME RANK DUTY PO	OSITION	S	IGNATURE
CONTINUATION SHEET ATTACHED?	YES 🗆	NO	

	(b)(6)	
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(b)(6)

MEDICAL RECORD	PREOPERATIVE/POSTOPERATIVE For use of this form, see AR 40-66; the proponent ag	VE NURSING DOCUMENT						
1. AGE: HEIGHT: WEIGHT:	2. KNOWN ALLERGIC SENSITIVITIES (e.g., lodine, Tape, Medication): 3. PREVIOUS SURGERY [] NO [] YES (type):							
	DURE: I Ganshot award to Right ergency Case	t Lower Extremity						
6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES							
A. PSYCHOSOCIAL Potential for anxiety related to	e Pt. verbalizes any specific anxiety. e Pt. exhibits relaxed body posture.	8. OR NURSING INTERVENTIONS Allow pt. to verbalize freely. Translator Explain OR environment and answer questions regarding surgery.						
		o Offer comfort measures, (e.g., warm blanket, touch) Explain all nursing procedures before they are done. Remain with pt. whenever possible.						
B. AERATION Potential for respiratory dysfunction due to Sedection	oPT. will be able to breathe without difficulty during immediate intra- operative phase.	Offer to elevate head of litter or offer pillow. Observe pt. while awaiting surgery for signs of distress						
		Assist anesthesia during intubation and extubation						
C. INTEGUMENT Potential impairment of skin integuity due to ESURAL, Prop Suln	-	O Utilize pressure preventing devices on OR table and accessories. O Check for proper positioning and support to maintain good body alignment. O Pad pressure points. O Place ESU ground pad on non compromised skin surface area. O Keep prep fluids from						
PATIENT'S IDENTIFICATION (For ve: Name-last, first, middle; grade; date;	t typed or written	pooling.						

DA FORM 5179, JUN 91

Previoius editions are obsolete.

6. PATIENT PROBLEMS AND NEEDS	7. PATIENT GOALS AND EXPECTED OUTCOMES	8. OR NURSING INTERVENTIONS
D. CIRCULATION Potential for inadequate tissue perfusion due to	Pt. will exhibit signs of adequate tissue perfusion (e.g., color, warmth, pedal pulse).	o Check for support stockings or ace wraps. If none, check with doctors. or Check that safety straps are correctly applied. o Offer pillow for under knees. o Place and take down legs from stirrups with slow bilateral motion. o Check that rings have been removed.
E. NEUROMUSCULAR CONTROL E.1. Potential impairment of mobility due to Sedution E.2. Potential discomfort due to Suyey	e Pt. will be transferred to OR table without difficulty. Pt. will not experience unnecessary physical discomfort.	Have sufficient people available for transfer. Insure proper body alignment. Allow patient to lie in position of comfort while waiting for surgery. Offer support (i.e., pillows, bathtowels, etc.) for positioning.
F. NEUROMUSCULAR CONTROL F.1. Disminished visual perception due to being Sedated F.2. Potential for decrease communictaion due to Sedated F.3. Potential injury due to dentures.	Pt. will be made aware of surroundings prior to anesthesia induction. Pt. will be transferred safely to OR table. Pt. will be able to understand instructions. Minimize danger of injury during intraop period.	informed as to where he/she is and what is happening. Inform pt. in which direction to move and assist if necessary. Speak clearly and slowly. Address pt. from Cither side. Validate pt.'s understanding of verbal communications. Verify removal of dentures.
G. OTHER PATIENT PROBLEMS NEEDS. Or continuation of above problems/needs.	OTHER PATIENT GOALS AND EXPECTED OUTCOMES. Or continuation of above goals and outcomes.	OTHER NURSING INTERVENTIONS. Or continuation of above interventions.
		. ,
	COMPLETED/ADDITIONAL INTEROPERATIVE INT	ERVENTIONS NOTED.
(b)(6)	31 JAI	DATE DATE
11. POSTOPERATIVE EVALUATI	ON:	4
×		
12. PREOPERTIVE EVALUATION (Signature and Title) (b)(6)	PREPARED BY 13. PREOPERTI BY (Signature ar	VE EVALUATION PREPARED (b)(6)
	DATE (b)(6)	TIME: 1400
REVERSE OF DA FORM 5179, JUN 91		USAPA V1.01

ACLU-RDI 5650 PROR OFFICIA OSE 20126 AVOLURO DE 100254

MEDICA	L RECORD	741.	INTRAOPERATIVE JOCUMENT						
1. PATIENT TRANSF	PORTED TO OPERATING		n, see AR 40-407, the prop	onent agency is the office of The Surgeon General.					
VIA Lister	BY (b)(6	5)	2. PATIENT IDENTIFIED RECORD REVIEWED AND PROCEDURE VERIFIED BY (b)(6)						
3. DATE (b)(6)	TIME PATIE	NT ARRIVED IN SUITE	4. PATIENT IN HOO						
05	130		TIME 1330						
		PREOPERATIVE	EMOTIONAL STATUS	NUMBER 1-4					
CALM	ANXIOUS [EXCITED CRYI		D WITHDRAWA					
COMMENTS:			LI ANONI	☐ WITHDRAWN ☐ OTHER (Specify)					
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ASSIGNED	(b)(6)		RELIEF						
CIRCULATOR			CIRCULATOR						
			1847						
7. POSITION AND PO	SITIONAL AIDS (Specify)	PT' Arms on	added Am Bo	L 4. 4 9.34					
SUPINE	□ ⊔ТНОТОМУ [46, 270					
E SOLINE	☐ GIHOTOMY [PRONE KRAS	KE LATERAL:	☐ LEFT SIDE UP ☐ RIGHT SIDE UP					
COMMENTS:	,	******	1 2 20						
HAIR REMOVAL	YES NO		REPARATION						
DONE BY:	OR	NURSING UNIT	SITE:	city) 10% Porodine Inding					
METHOD:	DEPILATORY	RAZOR	SITE:	BY WHOM (b)(6)					
	CLIP		3012.3	BY WHOM:					
COMMENTS: NA		1	COMMENTS:						
9. LOCATION OF EXT	TERNAL DEVICES		COMMENTS:						
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10. COUNTS	Other**	ount Final Closing	SCRUB	CIRCULATOR					
Sponge P	Yes No	c	(b)(6)	(b)(6)					
Needle Sharp	Yes No	C	ais.	(6)(6)					
	Yes No	/	CUNNERT						
Other	Yes No		CUMMER						
Other	Yes No	itten entries give:	Tracking the same of the same	Y DEVICE(S) (ESU) YES NO					
Other	Yes No	itten entries give: or Medical Facility;I	12. ELECTROSURGERY						
Other	Yes No	itten entries give: or Medical Facility;I	12. ELECTROSURGERY (b)(6)						
Other	Yes No	itten entries give: or Medical Facility;)	12. ELECTROSURGERY	40/40 BRAND Valley 1.64					
11. PATIENT IDENTIFI Name - Last, first, mide	Yes No	itten entries give: or Medical Facility;)	12. ELECTROSURGERY P ESU NO: (b)(6) GROUND PAD:	40/40 BRAND /6 10 10					
Other	Yes No	or Medical Facility;	12. ELECTROSURGERY ESU NO: (b)(6) GROUND PAD:	BRAND Vallon 1.55 LOT NO: (b)(6) Exp. 2006-08					
11. PATIENT IDENTIFI Name - Last, first, mide	Yes No	itten entries give: or Medical Facility;I	12. ELECTROSURGERY P ESU NO: (b)(6) GROUND PAD:	BRAND Vallandas LOT NO: (b)(6) Exp. 2006-US					
11. PATIENT IDENTIFI Name - Last, first, mide	Yes No	or Medical Facility;	12. ELECTROSURGERY (b)(6) GROUND PAD: ESU NO: GROUND PAD:	BRAND Vallon 1.55 LOT NO: (b)(6) Exp. 2006-08					
11. PATIENT IDENTIFI Name - Last, first, mide	Yes No	or Medical Facility;	12. ELECTROSURGERY ESU NO: (b)(6) GROUND PAD:	BRAND Vallandas LOT NO: (b)(6) Exp. 2006-US					

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ACLEUS BRUL 5650 PARCOFFICIALO SE 40126 AVOLUTRO DE RON 5746 000256

ALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
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ATENTS IDENTIFICATION	Markle; (b)(6) IM
mprint) (b)(6)	PATIENTS NAME (Last, First, Middle initial) (b)(6)
	RELATIONSHIP TO SPONSOR STATUS
	SPONSOR'S NAME ORGANIZATION
	DEPART SERVICE SSN/IDENTIFICATION NO DATE OF BIRTH

MARKS, SCARS, AND TATTOOS REPORT (b)(6) MALE DETAINEE	Date Initiated
Name (Last, First, MI) ISN # SSN (b)(6)	Race
REASON FOR REPORT: INPROCESSING CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE REPORTED OF CHANGE/UPDATE RELEASE/REGISTRATION REPORTED OF CHANGE/UPDATE REPORTED OF CH	OR SUSPECTED VIOLENCE
Mark with numbers and an arrow to the location of any of the following and describe if needed:	. REVIEW
1. SCAR 2. MARK 5. BRUISE 6. SWELLING DIA	
CAUSE OR REASON:	
COMPLETED BY:	
PRINTED NAME RANK DUTY POSITION SI CONTINUATION SHEET ATTACHED? YES NO	GNATURE

14-10-1-0126 ACLU CID ROI 5748 00258

(b)(6)

(5) 30 you a purcher would to @ buttock ONDWAN INAD 15 AZOX 3 My abnorably on HEENT ornick you Longs-CTA (Buffusp & 17p Rectal- Jenten. No bleeding, Hemselt Nig Neurovanalar Schlog what At her a paretare would over the @ buttect (app peneture and (2) battered Will clar & ingate are tetahus shut -

(b)(6)

RAD'.

NAME OF DECEASED (Last, First, Middle) Nom du décèdé (Nom et prénoms)				GRA	DE Grade	BRANCH OF SERVICE	SOCIAL SECURITY NUMBER	
				1	51000	Arme	Numéro de l'Assurance Socia	
(b)(6)								
RGANIZATION Organisation			,	NAT Pays	ION (e.g., United States)	DATE OF BIRTH Date de naissance	SEX Sexe MALE Masculin FEMALE Féminin	
	DACE Book		MARITAL ST	ATUS	État Civil	RELIC	BION Culte	
	RACE Flace		SINGLE Célibataire		DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autro (Specifier)	
NEGROID Négré	ide		MARRIED Marié			CATHOLIC Catholique		
OTHER (Specify) Autre (Spécifier)			WIDOWED Veut		SEPARATED Séparé	JEWISH Juif		
AME OF NEXT OF KIN	Nom du plus proc	the parent		REL	ATIONSHIP TO DECEAS	ED Parenté du décêde avec l	e susdit	
TREET ADDRESS D	omicilé à (Rue)			CIT	Y OF TOWN AND STAT	E (Include ZIP Code) Ville (Cod	de postal compris)	
			MEDICAL STATEM	ENT C	Declaration médicale			
	4.67		OF DEATH (Emer only one ca écès (N'indiquer qu'unu ca				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre ('attaque et le décès	
ISEASE OR CONDITION Labeled ou condition del ANTECEDENT CAUSES	MORBID CONDI LEADING TO PR Condition morbid menant à la caus	TION, IF ANY, IMARY CAUSE Se, s'il y a lieu,	Investiga	hian	pending			
Symptômes précurseurs de la mort.	GIVING RISE TO CAUSE	Raison fondamentale, s'il y a lieu,						
THER SIGNIFICANT (CONDITIONS 2							
MODE OF DEATH Condition de décès		RMED Autopsie effec	tuée YES Oui	7	NO Non	CIRCUMSTANCES SURROL EXTERNAL CAUSES Circustances de la mort su	UNDING DEATH DUE TO	
NATURAL Mort naturelle		or Autoral Con	ingions planepales see the					
ACCIDENT Mort accidentelle								
SUICIDÉ Suicide	NAME OF PATHO	LOGIST Nam du pa	thologiste					
HOMICIDE Homicide	SIGNATURE Sig	nature		DA	ATE Date	AVIATION ACCIDENT A	Cocident à Avion	
DATE OF DEATH (I/Low Date de décès d'heure.	r, 4(1), month, year) le jour, le mais, l'année	,	PLACE OF DEATH Lieu	de décè	ts			
1 H	J'ai examiné les re	EMAINS OF THE DEC stes mortels du défu	CEASED AND DEATH OCC nt et je conclus que le décè	URRED .	AT THE TIME INDICATI rvenu à l'heure indiquée	D AND FROM THE CAUSES AS et à, la suite des causes énumé	S STATED ABOVE.	
(b)(6)	FFICER Nom du	médicin militaire ou	du médicin sanitaire	TI	TLE OR DEGREE Titre	ou diplômé		
GRADE Grade (b)(6)	7 .	(b)(6)	OR ADDRESS Installation	ou adre	esse			
DATE Date (b)(6)	04	SIGNATURE (b)	(6)		<u></u>			
			t mode of dying such as heart	4.0				

ACLU-RDY 5650 PRO OFFICIAL DE OLZ 6 ACLURCIDERO STORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPASI, 26 SEP 1975, WHICH ARE OBSOLETE.

							1. DATE	(VVVVMM)	וממ	2. PAG		
RECO	RD OF PE	MILITARY O RSONAL EFFEC			ONNEL			05 (b)(6)	7	Z. FAG	1	
- ILCO	IND OF FEI	ASONAL EFFEC	13 01 01	PERS	UNNEL		200	03 (-)(-)		OF	1	PAGES
AUTHORITY:	10 USC Se	ections 1481 throug		RIVACY ACT STAT 9397, Nov. 1943								
PURPOSE AN	ID USE: Thi	s form is used to es	stablish initi	al identification of o	leceased p	ersonn	el.					
may result in	improper ide	nformation provided entification of the d	on this for eceased per	m is given on a vol	untary basi king visual	s. Fail identif	ure to provi lication.	de this info	orma	tion, ho	wever	,
3. TENTATIVEL				T - 22	1: :::::							
(b)(6)	irst, Middle ini	tial) (or Unidentified)	b. GRADE	c. SSN	d. ORG	ANIZA	TION	e. STATU	. STATUS f. DATE			
			N/A	N/A		N/.	A	Deceas	ed		00502	
4. PLACE OF R	ECOVERY (In	clude grid coordinates)				RECOVERY	6. EVAC	UAT			5
Talil, Iraq						уумм <u>р</u> 2005(a. #1 (b)(6)		h #	2	_
7. INVENTORY	OF EFFECTS	3							21.			
a. QUANTITY	b. DESCR	IPTION			c. REC	EIVED	d. CONDITIO	ON e.	. DIS	POSITION	4	7
,	Nothing	Follows										
			,		1	-						7.
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	-									-		
				,,								
8. FUNDS/NEGO	TIABLE INS	TRUMENTS/OTHER	HIGH VAL	UE ITEMS TRANSM	IITTED WI	TH EFF	ECTS				-	
a. QUANTITY	b. DESCRI	PTION			c. REC	EIVED	d. CONDITIO	ON e.	DIS	POSITION		
1 ea	1000 Dis	nars, Central Ban	k of Iraq									
	Nothing	Follows										
		ABOVE REPRESEN										
10. PREPARING		ALL KNOWN EF	FECTS RECO	VERED FROM UNIT	X AL	L KNOV	WN EFFECTS	RECOVERE	D FRO	M REMA	INS	
a. NAME (Last F (b)(6)		itial)	ь	. GRADE (b)(6)	c. ORG (b)(6)	ANIZAT	ION					
d. SIGNATURE (b)(6)						,		e.		YYMMDD 2005	0)	
11. RECEIVING			17									
a. NAME (Last, F	irst, Middle In	itial)	b	. GRADE	c. ORG	ANIZAT	TION					
d. SIGNATURE								е.		TE SIGNEI		*
12. RECEIVING (DFFICIAL											
a. NAME (Last, F	irst, Middle In	itial)	b	. GRADE	c. ORG	ANIZAT	TION					
d. SIGNATURE								e		TE SIGNE		

ACLUEBAN 1696, JOLOGO BERTEGY TAY DEPRETO TO COMPANY CONTROL FOR WHISTON PRO W

PECOPD O	DATE	DATE							
I	F IDENTIFICATION (Effects and Physical D		NG .		2005(^{(b)(6)}				
LAST NAME - FIRST NAME - MIDE	DLE INITIAL (Or un-	GRADE	SERVICE NO. SSA	N CIL CASE N	IUMBER (If app.	licable)			
(b)(6)		N/A	N/A		N/A				
NAME OF CEMETERY, EVACUATION	PLOT	ROW	GRAVE*						
(b)(6)	N/A	N/A	N/A						
RECEIVED FROM TALIL, IRAQ				IMPRINT OF	DENTIFICATIO	N TAG			
OFFICIAL IDENTIFICATION FOUND	WITH REMAINS (Inc.	lude personal et	fects aiding identifica	-					
tion) 1 EA IRAQI IDENTIFICATIO 1 EA MEDICAL IDENTIFICA NOTHING FOLLOWS	N CARD TION BRACELET			N/A		0 0			
ITEMS OF CLOTHING AND EQUIPM indistinct, follow procedures outline	MENT FOUND WITH RE ed inTM10-286)	EMAINS (Indica	te type, color, size, n	narkings, servic	e, etc. If laundr	y marks are			
NOTHING FOLLOWS						*			
						• 1			
,									
FINGERPRINTS TAKEN	X-RAYS N	MADE		FLUOROSCOP	E STATEMENT A	TTACHED			
YES NO	YES	-		YES					
PHOTOGRAPHS TAKEN	ANTHROP		ATEMENT MADE		HEMICAL STATEMENT ATTACHED				
YES NO	YES			YES	⊠ NO				
ESTIMATED HEIGHT	MUSCULARITY	PHYSICAL DESC	DLOR OF HAIR	I RAC	E OR NATIVITY				
67"	MEDIUN		BLACK		MONGOL				
TATTOOS, SCARS OR MARKS ON	BODY								
N/D						•			
EVIDENCE OF HEALED FRACTURE	S AND BONE MALFOR	RMATIONS							
N/D									
WOUNDS OR INJURIES									
GUNSHOT WOUND IN THE	CHEST								
I HAVE PERSONALLY VIEWED TO THE BEST OF MY KNOWLE	THE REMAINS OF THE	IS DECEASED A	ND ALL RESULTING	INFORMATION	HAS BEEN REC	ORDED			
NAME, GRADE, AND ORGANIZAT	ION		(b)(6)	IDC		7			
(b)(6)			(5/(5)						

ACLU-RDI 5650 P. PROPERTICIA PREVIOUS EDITION OF THIS FORM IS OBSULE IE. TO 1598700492 ACLU CID ROLS 100492 EXHIBIT LEGISLATION OF THIS FORM IS OBSULE IE. TO 1598700492 EXHIBIT LEGISLATION OF THIS EXHIBIT LEGISLATION

B

HOSPITAL REPURT OF DEATH

OF THE START OF AR ADDRESS THE PROPORENT AGENCY IS DIFFICE OF THE SURGEON GENERAL.

NAME AND LOCATION OF HOSPITAL

FOR USE OF THIS FORM, SEE AR 40400; THE	PROPORENT AGENCY IS OF	forte	uctions - Medical O	theer in attendan	ce will:				fata Day for some	
Prepare, in one copy only, Items 1 through 1	O and sign Item 1					lelay to the Registi ation of required no	rar or Administ imber of copies	rative Officer of s.	the Uay, for nece	SSATY
		SECTION A	- ATTENDING M	EDICAL OFFICE	'S REF	PORT				
		JEG TION A	PERSON							
	W. La wood to imprir	nt identifican da		2. TIME OF DEA	TH /Hou	r-day-month-year)		3. MEDICAL	EXAMINER/	
1. PATIENT DATA (Patient's ward plate wil	o be used to impin	nt menurying oa	(D II Gramoun)					CORONER'S	_	
				1				₩ YE	S N	
				4. RELIGION				5. CHAPLAIN	NOTIFIED	
				4. ILECIOION				☐ YE	s 🐼	
				C NAME ADD	DECC A	ND RELATIONSHIP	OF RELATIVE	OR FRIEND PR	ESENT AT DEATH	
				b. NAME, ADD	NESS A	NO RECATIONS	or meesting			
				1						
Patient's name (Last, first, middle initial) Gr Social Security Account No., Register Numl	rade,	shor								-
Social Security Account No., Register Numb	per and water teem	ibei						APPROXIMATI	E INTERVAL BETY	WEEN
		CAUSE OF	DEATH				1	Al	ONSET ND DEATH	
							·			
7a. DISEASE OR CONDITION DIRECTLY LEADING TO D	EATH /This does not	DUE TO for as	a consequence of)	(Chest		115	min	
mean the mode of dying, e.g., heart failure, authoria, etc. disease, injury, or complication which caused death)	. It means the	1/5cm	Shot!	Nound	(-	- Nest	1	70		
Chesa, app., a target		DUE TO /www	a consequence of)							
		(1)	a consequence on				- 1			
7b. ANTECEDENT CAUSES (Marbid conditions, if any,)	giving rise to the above	100								
cause, stating the underlying condition last)		-								
		(2)								
		l. T								1
	OF THE PERSON NAMED IN	a.								
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN NOT RELATED TO THE DISEASE OR CONDITION CAU	IS TO THE DEATH, BUT SING IT									1
NOT RECATED TO THE DISCUSE OF THE STATE OF T		b.								
			MEDICAL OFFICER IN AT	TENDANCE	11, 516	NATURE OF MEDICAL O	FFICER IN ATTEND	ANCE		1
	146) (6)	AME AND GRADE OF	MEDICAL OFFICER IN A.		(b)					- 1
(b)(6)	,,(0)				1					
			SECTION B - ADM	INISTRATIVE A	CTION					
			HOUR	DAY		MONTH	YEAR	INITIALS	OF RESPONSIBLE OFFIC	ER
TYPE OF ACT				-						
12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHOR	RIZED 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)			1							
19.			SECTION C - R	ECORD OF AUTO	PSY					
			OLUMBIA			UTOPSY ORDERED BY AS	ignature)			
20. AUTOPSY PERFORMED All yes, give date and pla	ncer									
YES NO										
22. PROVISIONAL PATHOLOGICAL FINDINGS										
					26	SIGNATURE OF PHYSICIA	N PERFORMING A	UTOPSY		
23. DATE	24. TYPED HAME AND	GRADE OF PHYSICIA	IN PERFORMING AUTOPS	1	25. 3	MONATOR OF PRINTER				
1										•
					-	SIGNATURE OF REGISTR	AR .			
26. DATE	27. TYPED NAME AND	GRADE OF REGISTRA	AR		28.	STURM FURE OF REGISTR				

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

USAPA V2.01

0009-05-CID579-40002

				AUTHORIZE	D FOR LOCAL REPRODUCTION
DICAL RECORD	CI	HRONOLOGICAL R	ECORD OF	MEDICAL CA	RE
DATE '	SYMPTOMS, DIA	AGNOSIS, TREATMENT,	TREATING OF	RGANIZATION (Sign each entry)
(b)(6) 55	(S) Whah Age		1 /) - 1	ainee.	brought .
P	Two	- pulseles	5 / 4	bbreath	ng after
R	being shot	by let	ام ا	rols, 10	turny a
B/P	siot. CPF	2 intintel	, m.	Insakl	athetel
т .	av occas, 5	nt pable	to ge	f. Ha	I been
SPO2	lown Q, co	mount for	100-	15 mon	mor to
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	1 flat - line	, ,			·
Meds	Endry, n	onl to	, (P)	chest	-wall @
	axilla	e			+ ,
All					
	Pt assessel	as Exf	rector t	c 0+	ter Pts
Tob	brought in	abo had	VS	Sut i	motable p
	a fend me	urli.		1	
-	of other r	reasons M.	at the	<u> </u>	
	" What	00 - 112	00		
			(t	0)(6)	
1	,				
TAL OR MEDICAL FAC	CILITY	STATUS	DEPART./SERVIC	E	RECORDS MAINTAINED AT
SOR'S NAME		SSN/ID NO.	RELATIONSHIP T	O SPONSOR	
ENT'S IDENTIFICATION	Birth: Rank/Grade)		SSN; Sex; Date of	REGISTER NO	WARD NO
(b)(6)	Compound #		CHRONO	LOGICAL RECO	ORD OF MEDICAL CARE
ACLU-RDI 56	650 p .4,020 FFICIA 1 (-L-0126^A	TU CH	Medical Medical	Record 00494 Exhibit 4

,									
_				CERTIFICATE OF Acte de décè			(S)		
NAM	E OF DECEASED (La	st, First, Middle) Norm	n du décèdé (N	Nom et prénoms)		ADE Grade		BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORG	ANIZATION Organis	sation			NA Pay	TION (e.g., United Sta	ates) (DATE OF BIRTH Date de naissance	SEX Sexe
							.		MALE Masculin
									FEMALE Féminin
	R	ACE Race		MARITAL STAT	us	État Civil	-	RELIGIO	V Culte
	CAUCASOID Cauc	asique		SINGLE Célibataire		DIVORCED		PROTESTANT Protestant	OTHER (Specify) Autre (Spécifier)
	NEGROID Négrôid	le .		MARRIED Marié	_	Divorcé	_	CATHOLIC Catholique	
>	OTUED (Specify)			WIDOWED Veuf		SEPARATED Séparé	f	JEWISH Juil	
NAI	Autre (Spécifier)	<u> </u>	ent		RE	LATIONSHIP TO DE	ECEASED	Parenté du décéde avec le su	sdit
	PET ADDRESS DA	micilé à (Rue)			СП	Y OF TOWN AND S	STATE (In	chude ZIP Code) Ville (Code por	stal compris) *
SI	REET ADDRESS Do	inicile a (Noe)							
				MEDICAL STATEMEN	T	Declaration médica	ile		
				OF DEATH <i>(Enter only one cause</i> décès (N'indiquer qu'une cause	-			,	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre ('attaque et le décès
DIS Ma	EASE OR CONDITION	N DIRECTLY LEADING TO	DEATH 1	Gm Shot	_	W sun	(- (Clest	lona
┝		MORBID CONDITION, I	IF ANY,		-			,	-
	CAUSES	LEADING TO PRIMARY Condition morbide, s'il y menant à la cause prim	y CAUSE y a lieu,						
l	Symptômes précurseurs	UNDERLYING CAUSE, GIVING RISE TO PRIM	IF ANY, ARY						
	de la mort.	CAUSE Raison fondamentale, s ayant suscité la cause							
OI AL	THER SIGNIFICANT CO utres conditions signific	ONDITIONS 2 atives 2							
r	INCOME OF PERSON	AUTOPSY PERFORMED			_	NO Non		CIRCUMSTANCES SURROUND EXTERNAL CAUSES Circonstances de la mort suscite	
L	Condition de décès	MAJOR FINDINGS OF A	UTOPSY Con	clusions principales de l'autope	ue		ľ	Circonstances de la mort sostem	par occi occiona
	NATURAL Mort naturelle]					.		
	ACCIDENT Mort accidentelle					•			
ŀ	SUICIDE Suicide	NAME OF PATHOLOGIS	ST Nom du pa	athologiste		,			_
ŀ	HOMICIDE Homicide	SIGNATURE Signature	,		-	ATE Date		□ vee out	t à Avion
0	ATE OF DEATH (Now	day, month, year)		PLACE OF DEATH Lieu de	déc	ės			
C	ate de décès (l'heure, le (b)(6)	200		PLACE OF DEATH Lieu de	K	Succa	TE	١٠٠٠	
	IHA	VE VERWED THE REMAIN J'ai examiné les restes r	NS OF THE DE nortels du défu	CEASED AND DEATH OCCUR	REL	AT THE TIME INDIC	CATEDAN	ND FROM THE CAUSES AS STA a suite des causes énumérées ci	dessus
1	NAME OF MEDICAL OF	FICER Nom du médic	in militaire ou d	du médicin sanitaire	TY	TLE OR DEGREE	Titre ou d	liplôrné	
ď	GRADE Grade	IN:	STALLATION (OR ADDRESS Installation ou	adre	sse	, ,		
ī	DATE Date	Sic	GNATURE S	Signature					• .
I	2 State conditions	contributing to the death, but	t not related to t	not mode of dying such as hears fo the disease or condition causing d ication qui a contribué à la mort, i	eath.		erir, telle qu	run arrês du coeur, etc.	

SD FORM 2064, APR 1977 REPEACES TO LES O126 ACLU CID ROTS 990 00495 USAPENHIRIT 46

·			AUTH	IORIZED FOR LOCAL REPRODUCTION
MEDICAL RECORD	Al	UTHORIZATIO	N FOR AUTOPS	SY
In the event authorization for aut be completed by medical facility orization attached to this form fo	authorities and the letter, tele	egram, voice recorded e egram, voice recording	or monitored telephone o or memorandum confirm	call, paragraphs 1, 2, and 3 ning telephone call of
1. NAME AND LOCATION OF M	EDICAL FACILITY			DATE AND TIME
2. I(We) request and authorize			nedical facility to perform	n a complete autopsy on the
) understand that a complete au emities unless excluded under re apeutic purposes any parts, tissu ner as may be prescribed by con This authority is granted subject	estrictions hereinunder, and I(' es, or organs as such physicial npetent authority (Commandin	We) authorize the rem ns or their designees m ig Officer, Medical Dire	oval and retention or us ay deem proper, and the ctor, etc.) in this facility.	e for diagnostic, scientific, or
	(If No Res	trictions, Write "None")		
	in sec nos	discourage visites in the second of		
The following special examination	ons are requested:			. ▼
3. I(We) represent that I am (w	e are) the	(Realti	onship/Authority)	
e deceased and entitled by law		·		
		Signed		
NESSES (medical facility staff m	embers):	Signed		
t ed(Name	and Title)			
• ed	and Title)	_		
FOR ADMINISTRATIVE US Case falls within jurisdiction of	of Medical Examiner/Coroner			
	eased remains from his jurisdiction	n to this authority		YES NO
△ TURE	TITLE			-
		lada duta haà-la-	REGISTER NO.	WARD NO.
NT'S IDENTIFICATION (For typed or write medical facility)	tten entnes give: Name-last, 11/5t, miod.	e, grade, date, Hospital of		

AUTHORIZATION FOR AUTOPSY Medical Record

			STATEMENT OF	1 D	ENTIFICATION he proponent agency is ODCSPER			
NAI	ME OF DECEASED (Last, First, MI)		GRADE SSN		BRANCH OF SERVICE		DATE OF INCIDENT	•
OR	GANIZATION AND BASE				PLACE OF DEATH/INCIDE	NT		
			CONDITION OF REMAINS /Da	scril	he briefly in Narrative below)			
	Recognizable	Г	Not Recognizable		Commingled		Mutilated	
	Burned	-	Decomposed		Semi-Skeletal		Skeletal	
		\$ 01		e bo	xes. Specify supporting data in Narrative	belo	ow/	
	Fingerprint Comparison	Γ	Footprint Comparison	Π	Dental Comparison		Anatomical Comparison	
	Skeletal Comparison		Personal Effects		Visual Recognition		Identification Tag(s)	
	Other (Explain in Narrative)	T			·			
		<u> </u>	ENCL	osu	RES			
	DD Form 565		DD Form 890	Γ	DD Form 891		DD Form 892	
	DD Form 893		DD Form 894		DD Form 897		ID Card	
	DD Form 369	T	FD 258		AF Form 137		SF 603	
_	Dental X-Rays	T	SF 88		SF 93		DD Form 2064	
	SF 601	Τ	Photo					

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USAPA V1.00

STATEME For u	ENT OF MEDICAL EX	AMINATION A	ND DUTY S	TATUS	
HRU: (Include ZIP Code)	T0: (Include ZIP Cod	•)	FROM	: (Include ZIP C	Code)
NAME OF INDIVIDUAL EXAMINED (Last,	First, and Middle Initial)		2. 55N		3. GRADE
ORGANIZATION AND STATION		5.	ACCIDE	NT INFORMATI	ON
		a. DATE	b. PLA	CE (City and St	ete)
SECTION 1 - TO BE COM	PLETED BY ATTENDIN	G PHYSICIAN O	R HOSPITAL	PATIENT AL	MINISTRATOR
ADMITTED DEAD ON ARRIVAL	Game OF HOSPITA	CCA IF		CIVILIA	MILITARY
HOUR AND DATE (b)(6)	_	(b)(6)	TE EXAMINE	5	
NATURE AND EXTENT OF		ESULTING IN DEA	- Ches	s+	
. MEDICAL OPINION: . INDIVIDUAL	WAS WAS NOT U				DRUGS (Specily):
6. INDIVIDUAL WAS WAS NOT					
C. INJURY IS IS NOT LIKELY					ICAL CARE.
d. INJURY WAS WAS NOT INCU					
. THE FOLLOWING DISABILITY MAY RE	SULT	13. BLOOD ALC		NO. OF MG ALC	OHOL/100 ML BLOOD
TEMPORARY PERMANENT PARTIA	L PERMANENT TOT		_ 1		
B. DETAILS OF ACCIDENT OR HISTORY	OF DISEASE (how, where,	vhon) A		0//	1
Rioteco-pon	IS. Rece	rel G	SW to	Clest	
b)(6) O (b)(6)	RINTED NAME OF ATTENDE PATIENT ADMINISTRA	/mc	(b)(6)	-	. /
SECTION II	- TO BE COMPLETED		NIP AND DAT	E OF ABSENCE	
PRESENT FOR DUTY ABSENT	WITHOUT AUTHORITY	a. FROM	JOK AND DAT	В. то	
ABSENT WITH AUTHORITY: ON PA					1
- ABSENCE WITHOUT AUTHORITY MATI	PIALLY INTERFERRED	WITH THE PERFO	RMANCE OF	MILITARY DUT	Y (Explain in Item 30
- INDIVIDUAL WAS ON		23.	HOUR AN	D DATE TRAIN	ING
ACTIVE DUTY ACTIVE DUTY	FOR TRAINING	A. BEGAN		b. ENDED	
INACTIVE DUTY TRAINING				- 1	
- RESERVIST DIED OF INJURIES RECEIV	ED PROCEEDING DI	ECTLY TO TRAIN	ING DIF	ECTLY FROM	
- MODE OF TRANSPORTATION 26. HOU	R BEGINNING TRAVEL	27. DISTANCE IN		28. NORMA	L TIME FOR TRAVEL
- DUTY STATUS AT TIME OF DEATH IF	DIFFERENT FROM TIME	OF INJURY OR COM	TRACTION O	F DISEASE	
PRESENT FOR DUTY AB:	SENT WITH AUTHORITY	ABSENT W	(Attach incl	HORITY	eary)
- FORMAL LINE OF DUTY INVESTIGATI	ON REQUIRED	OF DUTY (No	NSIDERED TO	n deaths)	NCURRED IN LINE
YES NO			NO		
- DATE 34. TYPE NAME UNIT ADVIS	AND GRADE OF UNIT CO	MMANDER OR	38. SIGNATUR	RE	
		- 1			

REPLACES DA FORM 2173, 1 JUNE 66, WHICH IS OBSOLETE.

*U.S. GPO: 1994-300-727/10493

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD)	2. PAGE	
·	OF	٠.

				PRIVACY ACT STA	TEMENT					
THORITY: 10 USC Se	ctions 1481 throug	gh 1488, EO 9397	, Nov. 1943 (S							
onger AND USE: Th	is form is used to	establish initial ide	ntification of de	eceased personnel.			÷			•
SCI OSIIRE: Personal i	information provide	ed on this form is g	jiven on a volun	tary basis. Failure to	provide this infor	nation, h	owever, may res	ult in impro	per identi	ification of the deceased
rson and person making	visual identification	on.				·				
NTATIVELY IDENTIFIE ME (Last, First, Middle Init	ED DECEDENT	· 1	b. GRADE	c. SSN	d. ORGA	NIZATION	I	e. STATUS		1. DATE OF STATUS (YYYYMMDD)
ME (Last, First, Middle IIII)	uan (ur Orabertineu)									(TTTTMMDU)
					5 DATI	E OF REC	OVERY	6. EVAC	UATION	NUMBERS
LACE OF RECOVERY (III	nclude grid coordinate	es/				MMDD)		a. #1		b. #2
IVENTORY OF EFFECT	S				nrer	nec n	d. CONDITION		e. DISI	POSITION
	DESCRIPTION				c. RECE	IAEA	g. COMBITIO		0. 5.6	
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37.					}					
	····	TUED HIGH VALL	IE ITEMS TRA	NSMITTED WITH E	FECTS					
		OTHER HIGH VALL	UE ITEMS TRA	NSMITTED WITH E	FECTS c. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
	INSTRUMENTS/C b. Description	OTHER HIGH VALU	UE ITEMS TRA	NSMITTED WITH E	FECTS c. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
		OTHER HIGH VALL	UE ITEMS TRA	NSMITTED WITH E	C. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
		OTHER HIGH VALU	UE ITEMS TRA	NSMITTED WITH E	FFECTS c. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
		OTHER HIGH VALU	UE ITEMS TRA	NSMITTED WITH E	FECTS c. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
QUANTITY ·	b. DESCRIPTION			NSMITTED WITH E	FECTS c. REC	EIVED	d. CONDITIO	N	e. DIS	POSITION
QUANTITY	b. DESCRIPTION	RESENT (X as approj	priatel		c. nec					
9. EFFECTS INVENTOR	b. DESCRIPTION RIED ABOVE REPR		priatel		c. nec		d. CONDITIO			
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE	b. DESCRIPTION RIED ABOVE REPR TS AL	RESENT (X as approj	priatel		C. NEC		WN EFFECTS RE			
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE	b. DESCRIPTION RIED ABOVE REPR TS AL	RESENT (X as approj	priatel	D FROM UNIT	C. NEC	ALL KNO	WN EFFECTS RE		ROM REM	
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE	b. DESCRIPTION RIED ABOVE REPR TS AL	RESENT (X as approj	priatel	D FROM UNIT	C. NEC	ALL KNO	WN EFFECTS RE		ROM REM	AINS
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE a. NAME (Last, First, Middle)	b. DESCRIPTION RIED ABOVE REPR TS AL	RESENT (X as approj	priatel	D FROM UNIT	C. NEC	ALL KNO	WN EFFECTS RE		ROM REM	AINS ATE SIGNEO
9. EFFECTS INVENTOR ALL KNOWN EFFEC 0. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE	b. DESCRIPTION RIED ABOVE REPR TS AL Alle Initial	RESENT (X as approj	priatel	D FROM UNIT b. GRADE	c. OR	ALL KNO	WN EFFECTS RE		ROM REM	AINS ATE SIGNEO
9. EFFECTS INVENTOR ALL KNOWN EFFEC 0. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE	b. DESCRIPTION RIED ABOVE REPR TS AL AL AL	RESENT (X as approj	priatel	D FROM UNIT	c. OR	ALL KNO	WN EFFECTS RE		ROM REM	AINS ATE SIGNEO
9. EFFECTS INVENTOR ALL KNOWN EFFECT O. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE 1.1. RECEIVING OFFICE a. NAME (Last, First, Middle)	b. DESCRIPTION RIED ABOVE REPR TS AL AL AL	RESENT (X as approj	priatel	D FROM UNIT b. GRADE	c. OR	ALL KNO	WN EFFECTS RE		e. D/	AINS ATE SIGNED YYYMMODI ATE SIGNED
9. EFFECTS INVENTOR ALL KNOWN EFFEC O. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE	b. DESCRIPTION RIED ABOVE REPR TS AL AL AL	RESENT (X as approj	priatel	D FROM UNIT b. GRADE	c. OR	ALL KNO	WN EFFECTS RE		e. D/	AINS ATE SIGNED YYYMMDDI
9. EFFECTS INVENTOR ALL KNOWN EFFECT 10. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE 11. RECEIVING OFFICE a. NAME (Last, First, Middle)	b. DESCRIPTION RIED ABOVE REPR TS AL AL AL	RESENT (X as approj	priatel	D FROM UNIT b. GRADE	c. OR	ALL KNO	WN EFFECTS RE		e. D/	AINS ATE SIGNED YYYMMODI ATE SIGNED
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE 1. RECEIVING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE	b. DESCRIPTION RIED ABOVE REPR TS AL die Initial!	RESENT (X as approj	priatel	D FROM UNIT b. GRADE b. GRADE	c. OR	ALL KNO GANIZATI	WN EFFECTS RE		e. D/	AINS ATE SIGNED YYYMMODI ATE SIGNED
9. EFFECTS INVENTOR ALL KNOWN EFFECTO. PREPARING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE 1. RECEIVING OFFICE a. NAME (Last, First, Middle) d. SIGNATURE	b. DESCRIPTION RIED ABOVE REPR TS AL die Initial!	RESENT (X as approj	priatel	D FROM UNIT b. GRADE	c. OR	ALL KNO	WN EFFECTS RE		e. D/	AINS ATE SIGNED YYYMMODI ATE SIGNED

DD FORM 1076, JUL 1998 USAPAVI.00 Exhibit 4/2

TRANSMITTAL REGORD	SECUPITY C	ASSIFICA	CTOE	12 SHAW	ERTING		1		
For use of this form, see AR 25-50; the proponent agency is GDISC4.							í		
TITLE/FILE IDENTIFICATION	4. AS	5	. SHIPMENT	DATE					
	YEAR MOI		YAC	YEAR	(b)(6)	DAY			
Detainer Passel files 5. AUTHORITY FOR SHIPMENT	7 NUMBER OF RECORDS TRANSMITTED								
	1/2		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			-			
AR 710-2, AR 190-8	9. REQUIREME	UT CONTO	OL CVM	DOI (48.22	E 161		\dashv		
3. PERSON TO CONTACT (Name and telephone))(6)	9. REQUIREME	VI CONTE	HOL STIM	BUL IAN 33	5-15/				
							-		
O. Type of Media Transmitted	Cassettes								
Hard Copy Punched Cards	OFiche		-	10					
Microfilm O Photo	12. NUMBER O	FITEMS							
NUMBER OF BOXES/PACKAGES	12. NOMBER C	TILINIS			4				
4 846-5							-		
3. Method of Shipment	O Parcel Post			101			\neg		
Courier O First Class	O			10					
Express Mail Registered	15. SHIPPED F	ROM							
14. SHIPPED TO			er.						
Talili Buse/Past	Camp	Rid	C61						
	Campi TOEMP POL 54	13,00				+	.		
	100 34								
De la Research (Miles have in checked sign									
Return Receipt Requested (When box is checked, sign below and return copy to sender.)							_		
14a. TYPED NAME AND TITLE OF RECEIVER	15a. TYPED N.	AME AND	TITLE O	SENDER	7	1			
(b)(6) U.SA	(b)(6)						- 1		
14b. SIGNATURE OF RECEIVER AND DATE	155 SIGNAT	DE OF SE	NOFR	-					
(b)(6) (b)(6) 0.5	(b)(6)								
	_					-			
16. SPECIAL INSTRUCTIONS				J	20.0	-0	,		
Retaine Personnel files of	150 40	acc	com	Tare 7	01600	Secr			
to final dostinution.					0 /	Line			
Ensure Determe e Property is	Oniosiant	TAL	UAR	freebd	e Kegelu	112			
Ensure Peterine (soporty 1)	PIBCOSCO				,				
						-	_		
17. TYPE COMPONENT USED (For magnetically recorded data)							- 1		
,									
18. REMARKS	2	- 0254	rice pole	alicale Li	ST PLATE	DY DOCK	rist		
18. REMARKS (b)(6) (C) WRIST BAND, PERSONNEL R	Efcel, NDR	5 pac	Gezanna	Check o	, 0		"		
ACOTICIONAL OF DE ATH, MEDICAL RECORDS	WIDEATH CERT	ANT ON	Callenger	CL 1256	CARIT Com	Ti Electro	300		
WRIST BAND, MEDICAL RECERD, CC	4015 CH 20	"" ("	COUNT		· CEAR	410.0011	-		
1,Carre	To Traversh	isi Dan	A D.	post Co	dificult	CE De	nCh.		
(b)(6) diedient Record (T) enth continct	TE, KOWSCHIN	a pre	75.40T (2	7-17					
(b)(6) CERTIFICATION OF THEMPTH, PERSON	NEL POPON	a, 144	DOAL	BECC. D	I DEACH OG	RUERO	Æ.		
CERTIFICATE OF TREATH, PERSON	- post c for	, , , ,							
• (X 1545) 1/(190) 7:									
CC (4)/ 13/4/0									

ACLU-RDI 5650 p. 108 DA FORM 200, APR 83 TOR OFFICIA DE OTIZO ACLU CIDIRO 5995 00500

3

				(h)(6)
	EVI	DENCE/PROPERTY CUSTODY DO	CUMENT	(b)(6)
For	use of this fo	orm see AR 190-45 and AR 195-5; the propo	nent agency is US Army	CRD REPORT/CID ROL NUMBER
Cri	minal Investigat	ion Command	LOCATION	
	IG ACTIVITY	mf Bu (property)	ADDRESS (Include Zip Code	el
NAME, G	RADE AND TITL	E OF PERSON FROM WHOM RECEIVED	ADDRESS (Include 20 Coo.	
OWN			⊿ ,	
			REASON OBTAINED	TIME/DATE OBTAINED .
LOCATIO	N FROM WHER	E OBTAINED		•,
Ca	mp 6	Bucca	Sale Keepin	(b)(6) & S
ITEM	QUANTITY		DESCRIPTION OF ARTICLES	I marke or scratches)
NO.	GOANITY		rial number, condition and unusual	The Control of the Co
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2	1	ID card		
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		the first of the same of the s		
		The state of the s		•
- 1				
		74		
		•	*, ,	
			CHAIN OF CUSTODY	1 .
JTEM			RECEIVED BY	PURPOSE OF CHANGE OF CUSTODY
NO.	DATE	RELEASED BY	(b)(6)	
	20	SIGNATURE	(0)(0)	5/
1-2	65	NAME, GRADE OR TITLE		1/2
ļ	-	(b)(6)		Proposity of Docarsod
, ,	31			2
1-2	05			Noc # 1 2 8 %
- COSE		7		` `
1-2	1 FEB 05	V		
1-2		C. C.	SIGNATURE	
	-	SIGNATURE	2007 177 2 3	
		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
 		SIGNATURE	SIGNATURE	• • •
A. decision		NAME, GRADE OR TITLE	NAME, GRADE OR TITLE	
DA SOS	RM 4137	Replaces DA FORM 4137, 1 Aug 74 and	MANAGEMENT STATES AND	DOCUMENT
-Jr 1 1/1	1174 -4 (17)	DA CORM A137-B Privacy Act Statement		MEMBER

ACLU-RDI 5650 ps 19095 which are Obsolete. LOCATION LOCAT

Certificate For use of this form		Internment Serial Number					
Proponent ager		(b)(6)					
		To:					
From:							
BUCCA105TH MP BN							
MM QASAR		,					
APO		,					
ame(Last, First, MI)	Grade		Service Number				
0)(6)	,		(b)(6)				
Mationality	Power Served	Place	of Capture/Internment and Date				
Z-Iraq	IZ-Iraq		2003/10/31				
Name, Relationship, Addre	ess of Next of Kin	Father's Firs	t Name				
b)(6)		(b)(6)					
-,,	,						
		Place Of Birt	ch:				
		(b)(6)					
		(5)(0)					
		Date Of Birth					
		(b)(6)					
		(5)(6)	Cause Of Death				
Place of Death	Date Of Death						
SUCCA,	2005/(b)(6)		GSW R/S CHEST +				
Place Of Burial	Date Of Burial		Identification Of Grave				
,	2005/(b)(6)						
Personal Effects: Pleas	and Burial: Please See						
Oo Not Write In This Spa	ce	Date					
		2005, (b)(6)					
(Seal of the Office of T	he Provost Marshal						
General) 105TH MP BN		Signature of	Commanding Officer				
JMM QASAR		Witnesses:					
IMM QASAR APO		Witnesses: Signature	Address				

		Internment Serial	l Number
Personal 1	Effects And Money	(b)(6)	
roperty Tag	Description	Qty	Dispostition
	DINARS		
I/A	10,000ID	BOX1/CON1	CO-CONFISCATE
	BROWN BAG	1	SR-STORE ROOM
Charles of the Control of the Contro	PANTS	1	SR-STORE ROOM
	SHIRTS	3	SR-STORE ROOM
	JACKET	1	SR-STORE ROOM
		*	
		1	
,			
		,	
The Above List Of It	ome Te Correct		
The Above List Of It		re Of Detainee	

NDRS PROCESSI AND	NG CHECKLIST DATA SHEET	ISN: (b)(6)
Confirm all information is in system. (i.e. Name, capture date, location of capture, NOK	info, etc.)	(b)(6)
Capture Tag # (b)(6) Photo in system. Print 2 Dossiers and Detainee Personnel Report (M		-
BATS completed. DNA Sample taken. Height and Weight taken. 2004/04/23	*	
DA Form 4137 filled out by supply for detainees property: YES NO Fingerprints done.	PROPERTY STORAGE LOCAT	TION: BOX 2
(b)(6) ST NAME (b)(6) RST NAME: (b)(6) (b)(6) RANDFATHERS/MIDDLE NAME:	ADDRESS (b)(6) CITY/COUNTRY (b)(6)	
RTHDAY (YYYY/MM/DD): 1974 (b)(6) ATIONALITY/CITIZENSHIP: 1691	NEXT OF KIN LAST NAME: NEXT OF KIN 1ST NAME: NEXT OF KIN RELATIONSHI (b)	P: Will (6)
DUCATION: SHITE (SUNN) OTHER	NEXT OF KIN ADDRESS NEXT OF KIN CITY/COUNTR FATHERS LAST NAME (b)(6) FATHERS 1ST NAME/MIDDI	6) LE INT: (b)(6)
ARITAL STATUS: Married STLANGUAGE: Arabic ND LANGUAGE: ACLU-RDI 5650 AFAR OFFICIALINE ONL	MOTHER'S MAIDEN NAME: MOTHER'S 1ST NAME/MIDE FATHER'S/MOTHER'S ADDI FATHER'S/MOTHER'S CITY	ole in (10)(0) RESS: Same as above.



REPLY TO ATTENTION OF

HEADQUARTERS MULTI - NATIONAL FORCE-IRAQ BAGHDAD, IRAQ APO AE 09303

Tronslu to Bucca

(b)(6)			

POSSESSESSION OF ROCKETS: Reason for Internment

(b)(6)					
		(b)(6)	N P		
DATE OF SERVICE:		(5)(0)	04	(b)(6)	
SERVED BY:	(b)(6)		RECEIVED BY:	,	
01 5650 p.113	JE/RAN	١K	TODE TO		
JI 5650 B 113					105

ACLU-RDI 5650 p. 113 NAME/RANK

Exhibit(s) 46 thru 49

Page(s) 507 thru 534 referred to:

CDR USAMEDCOM ATTN: FOIA Office, STOP 76 1216 Stanley RD 2D FL FT. Sam Houston, TX 78234-5049

LEAVE BLANK	CRIMINAL		(STAPLE	HERE)		LE	EAVE BLAM	١K	
		STATE USAGE							
		SUBMISSION	APPROXIMATE CLASS	AMPUTATIO	ON SCA	R			
STATE USAGE				T NAME, FIRST N			1X		
		(b)(6)							
SIGNATURE OF PERSON FINGERPRI	NTED	SOCIAL SECURITY	NO	LEAVE BLANK					
DECEASED		(b)(6)							
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE N	AME SUEFIX								U
J				,					
FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH	MM DD YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR
b)(6)		'							
			1						
1									
									1
LEFT FOUR FINGERS TAKEN SIMUL	TANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR	FINGERS TAKEN	SIMULTAN	EOUSLY		

ACLU-RDI 5650 p.115

COMMINAL	1	(STAPLE H	IERE)		LEAVE BLANK		. •
LEAVE BLANK CRIMINAL		,					
	STATE USAGE						
	SUBMISSION	APPROXIMATE CLASS	AMPUTATION	SCAR			
STATE USAGE	(b)(6)	LAST	NAME, FIRST NAME	, MIDDLE NAME,	SUFFIX		'
			LEAVE BLAINK				
SIGNATURE OF PERSON FINGERPRINTED	(b)(6)	Y NO.					1
DECEASED							I
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX						, -	
							HAIR
(h)(6)	DATE OF RIRTH	MM DD YY	SEX F	ACE HE	GHT WEIGHT	EYES	HAIR
(b)(6)							
							E
•							
THE TANEOUS IN	L. THUMB	R. THUMB	RIGHT FOUR	FINGERS TAKEN	SIMULTANEOUSLY		

			Acte de dé	cès (D'Outre-Mer)		
IAME OF DECEASED	(Last, First, Middle)	Nom du décèdé (i	Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE	SOCIAL SECURITY NUMBER
b)(6)					Arme	Numéro de l'Assurance Social
PROMPIZATION O	rganisation			NATION (c.g., United St. Pays	DATE OF BIRTH Date de naissance	SEX Sexe
						MALE Masculin
						FEMALE Féminin
	RACE Race		MARITAL ST	ATUS État Civil	RELIGI	ION Culte
CAUCASOID Caucasique			SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Specifier)
NEGROID No	D Négráide		MARRIED Marié	SEPARATED	CATHOLIC Catholique	
OTHER (Specify Autre (Specifier))		WIDOWED Veuf	Séparé	JEWISH Juli	
AME OF NEXT OF	IN Nom du plus proch	e parent		RELATIONSHIP TO DE	CEASED Parenté du décède avec le	susdit
TREET ADDRESS	Domicilé à (Rue)			CITY OF TOWN AND	STATE (Include ZIP Code) Ville (Code	postal conspris)
			MEDICAL STATEM	ENT Declaration médical	e	
			of DEATH (Enter only one ca toes (N'indiquer qu'une ca			INTERVAL BETWEEN ONSET AND DEATH Intervalle entre ('attaque et le décès
	ION DIRECTLY LEADING		Investiga	ation pendir	~	
ANTECEDENT CAUSES	MORBID CONDITI LEADING TO PRIN Condition morbide menant à la cause	ARY CAUSE				
Symptômes précurseurs de la mort.	UNDERLYING CAU GIVING RISE TO P CAUSE Raison fondaments ayant suscité la ca	JSE, IF ANY, RIMARY sle, s'il y a lieu,				
THER SIGNIFICANT utres conditions sign	CONDITIONS 2					·
MODE OF DEATH	AUTOPSY PERFORM	TED Autopsie effect	uće YES Oui	NO Non	CIRCUMSTANCES SURROUN	DING DEATH DUE TO
Condition de décès NATURAL	MAJOR FINDINGS O	F AUTOPSY Conc	lusions principales de l'aut	apsie		titees par des causes exterieures
Mort naturelle						
Mort accidentelle						
SUICIDE Suicide	NAME OF PATHOLO	GIST Nom du pat	hologiste	,		
HOMICIDE Homicide	SIGNATURE Signat	ture		DATE Date	AVIATION ACCIDENT Acc	ident à Avion
ATE OF DEATH (I have	ur, d.sy, month, year) , le jour, le mois, l'année)		PLACE OF DEATH Lieu	de décès	120 00	no non
11					ATED AND FROM THE CAUSES AS S	
(b)(6)		dicin militaire ou de		TITLE OR DEGREE	uée et à, la suite des causes énumérée Tisre ou diplômé	s ci dessus
RADE (b)(6)		installation of (b)(6)	ADDRESS Installation	ou adresse	4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
		SIGNATU (b)(6)				
ATE Date						

ACED-RM 3565.0 APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPAS), 26 SEP 1975, WHICH ARE OBSOLETE. 000509 EX

DECORD OF	IDENTIFICATION	DDOOFCCIA	10		DATE		
	F IDENTIFICATION Effects and Physical Da		iG .			20050202	
LAST NAME - FIRST NAME - MIDD	LE INITIAL (Or un-	GRADE	SERVICE NO.	SSAN	CIL CASE NU	MBER (If app	licable)
known numberl BTB (b)(6)		N/A	N/A			N/A	,
NAME OF CEMETERY, EVACUATION	N NUMBER, OR SEAR	CH AND RECO	VERY NUMBER		PLOT	ROW	GRAVE
(b)(6)					N/A	N/A	N/A
RECEIVED FROM TALIL, IRAQ			,		IMPRINT OF I	DENTIFICATIO	N TAG
OFFICIAL IDENTIFICATION FOUND	WITH REMAINS (Inclu	ıde personal ef	fects aiding iden	tifica-			
tion) 1 EA MEDICAL IDENTIFICA NOTHING FOLLOWS	TION BRACELET				N/A		0
,				,			
ITEMS OF CLOTHING AND EQUIPM indistinct, follow procedures outline		MAINS (Indica	te type, color, si	ize, mark	ings, service,	etc. If laundr	y marks are
NOTHING FOLLOWS							
,							
'							•
FINGERPRINTS TAKEN	X-RAYS M	ADE		FLU	JOROSCOPE	STATEMENT A	ATTACHED
YES NO	YES	2				⊘ ио	
PHOTOGRAPHS TAKEN			ATEMENT MADE	СН		TEMENT ATTA	CHED
YES NO	YES	HYSICAL DESC	PIDTION		YES	Мо	
ESTIMATED HEIGHT	MUSCULARITY		OLOR OF HAIR		RACE	OR NATIVITY	
68"	MEDIUM	1	BLAC	CK		MONGOL	OID.
TATTOOS, SCARS OR MARKS ON	BODY		,				
N/D							
EVIDENCE OF HEALED FRACTURE	S AND BONE MALFOR	MATIONS					
N/D							- .
WOUNDS OR INJURIES							
GUNSHOT WOUND IN THE	FACE						
I HAVE PERSONALLY VIEWED TO THE BEST OF MY KNOWLE		S DECEASED A	AND ALL RESULT	TING INF	ORMATION H	IAS BEEN REC	ORDED
NAME, GRADE, AND ORGANIZATI	ON		(b)(6	6)			
(b)(6)							

ACLU-RDI 5650 P. TO-L-0126 ACLU CIDERO 600510

				CERTIFICATE OF Acte de déc					
NAM	OF DECEASED (La.	st, First, Middle) No	om du décèdé ((Nom et prénoms)	<u> </u>	ADE Grade	BR. Arn	ANCH OF SERVICE	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
ORGANIZATION Organisation				, .	NA Pa	TION (e.g., United States)	DA' Dat	TE OF BIRTH e de naissance	SEX Sexe MALE Masculin FEMALE Férminin
	R	ACE Race		MARITAL STA	TUS	État Civil		RELIGION	N Culte
	CAUCASOID Cauc	asique	, ,	SINGLE Célibataire		DIVORCED Divorcé		PROTESTANT Protestant	OTHER (Specifier) Autre (Specifier)
	NEGROID Négráid	e		MARRIED Marié	\vdash	SEPARATED	_	CATHOLIC Catholique	
	OTHER (Specify) Autre (Specifier)	Tragi		WIDOWED Veuf	_	Séparé		JEWISH Juif	
NAM	E OF NEXT OF KIN	Nom du plus proche pa	irent		RE	LATIONSHIP TO DECEASE	:D	Parenté du décêde avec le su	sak
STR	EET ADDRESS Do	micité à (Rue)			cn	Y OF TOWN AND STATE (Inchv	de ZIP Code) Ville (Code por	stal compris)
				MEDICAL STATEME	NT I	Declaration médicale			
				OF DEATH (Enter only one caus décès (N'indiquer qu'une caus	_				INTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 1 Maladie ou condition directement responsable de la mort. 1					Vr	face			Tananhiate
ANTECEDENT MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE CAUSES Condition morbide, s'il y a lieu, menant à la cause primaire									
	Symptômes précurseurs de la mort.	UNDERLYING CAUSE GIVING RISE TO PRIN CAUSE Raison fondamentale, syant suscité la cause	MARY , s'il y a lieu,						
	ER SIGNIFICANT CO								
	ODE OF DEATH ondition de décès	AUTOPSY PERFORME MAJOR FINDINGS OF		ectuée YES Oui nclusions principales de l'autop	sie	NO Non	EV	CUMSTANCES SURROUNDI TERNAL CAUSES onstances de la mort suscited	
	NATURAL Mort naturelle								7- 1
	ACCIDENT Mort accidentelle								
	SUICIDE Suicide	NAME OF PATHOLOGI	IST Nom du p	athologiste					
	HOMICIDE Hamicide	SIGNATURE Signature	e .			TE Date	AVI	ATION ACCIDENT Accident YES Oui	NO Non
		(6) (5		PLACE OF DEATH Lieu d	22	DOTT, DI			
	I HAY	VE VEIWED THE REMAI J'ai examiné les restes	INS OF THE DE mortels du défi	ECEASED AND DEATH OCCU unt et je conclus que le décès e	RRED est sur	AT THE TIME INDICATED wenu à l'heure indiquée et à,	la su	ROM THE CAUSES AS STAT ite des causes énumérées ci	TED ABOVE.
NA	ME OF MEDICAL OFF	FICER Nom du média	cin militaire ou	du médicin sanitaire	TIT	LE OR DEGREE Titre ou	diplô	mé	
GF	ADE Grade	II.	NSTALLATION	OR ADDRESS Installation of	adre:	sse			
DA	TE Date	s	IGNATURE :	Signature	-				
				not mode of dying such as heart j the disease or condition causing o		etc.			

B/P	6) pt h	is a 94	nilot wound	to the face i	Vy Loc	
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SPO2	N19)	palsos felt	ut the lorete	1. broken , ridia	1, or fin	nual pelli
	(20) Pt	12 02 10	Fart DOA	- (220		
roc.	A			(b)(6)		
Meds				(5)(0)		
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Tob			(b)(6	3)	<u> </u>	
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S PITAL ORMENCAL	FACILITY		STATUS	DEPART./SERVICE	RECOR	DS MAINTAINED AT
O NSOR'S NAME			SSN/ID NO.	RELATIONSHIP TO SPONSOR		•
O NSOR'S NAME	row /For lyned o	r written entries give	SSN/ID NO. Name - last, first, middle; ID I			WARD NO Exhibit

ACLU-RDI 5650 p.120

CHRONOLOGICAL RECORD OF MEDICAL CARE
Medical Record

HOSPITAL REPURT OF DEATH

NAME AND LOCATION OF HOSPITAL

Prepare, in one copy only, Items 1 through 10 and sign Item		tructions - Medical O type entries.	Send form, w	vithout	il: delay to the Regination of required	strar or Admini number of copi	strative Officer of the Day, for necessary es.
	SECTION	A - ATTENDING M		R'S R	EPORT		
PATIENT DATA (Patient's ward plate will be used to impl	int identifying d	PERSON. lata if available.l	2. TIME OF DEA		our-day-month-year)	:	3. MEDICAL EXAMINER/ CORONER'S CASE YES 5. CHAPLAIN NOTIFIED
			C NAME ADD	DECC	AND DEI ATIONSU	IP OF RELATIV	E OR FRIEND PRESENT AT DEATH -
Patient's name (Last, first, middle initial) Grade, Social Security Account No., Register Number and Ward Nur	nber		b. NAME, ADD	neoo	AND RELATIONS!		• .
,	CAUSE 0	F DEATH					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (Thir does not mean the mode of dying, e.g., heart failure, estheria, etc. It means the disease, injury, or complication which caused death)		ia consequence of)					Functionally
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last)	DUE TO for as	a consequence of)		,			
	(2)						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	a. b.						
(b)(6) 0 S				11. S	(b)(6)	END	ANCE -
		SECTION B - ADMIA	DAY	TION	номти	YEAR	INITIALS OF RESPONSIBLE OFFICER
TYPE OF ACTION 12. TELEGRAM TO NEXT OF KIN OR OTHER AUTHORIZED PERSON	-	HOUR	- DAT		ROULA	TOAN	INTINES OF RESPONSIBLE OFFICER
13. POST ADJUTANT GENERAL MOTIFIED							
14. IMMEDIATE CO OF DECEASED NOTIFIED							
15. INFORMATION OFFICE NOTIFIEÓ							
16. POST MORTUARY OFFICER NOTIFIED							
17. RED CROSS NOTIFIED							
18. OTHER (Specify)							
19.		SECTION C - REC	OPD OF AUTOR	ev			
20. AUTOPSY PERFORMED (If yes, give date and place)		SECTION C - NEC			TOPSY DRDERED BY /Sig	nature/	
YES NO						,	
22. PROVISIONAL PATHOLOGICAL FINDINGS	,						•
21. DATE 24. TYPED NAME AND G	RADE OF PHYSICIAN	PERFORMING AUTOPSY		25. SI	SNATURE OF PHYSICIAN	PERFORMING AUT	OPSY
25. DATE 27. TYPED NAME AND G	RADE OF REGISTRAR	1		28. SI	GNATURE OF REGISTRA	1	

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

Personal Eff		Effects And Money		Serial Number
		2220000 1210 120101	(b)(6)	
corerty	Tag	Description	Qty	Dispostition
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		and the second second		
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Certificate		Internment Serial Number				
For use of this form Proponent ager		(b)(6)				
		To:				
From:		•				
BUCCA105TH MP BN						
UMM QASAR						
APO						
Name(Last, First, MI)	Grade	Service Number				
(b)(6)	1	(b)(6)				
	1					
Nationality	Power Served	Place of Capture/Internment and Da	te			
IZ-Iraq	IZ-Iraq	(b)(6) 2004/12/09	1			
Name, Relationship, Addre	ss of Next of Kin	Father's First Name				
(b)(6)		(b)(6)				
		Place Of Birth:				
		BAGHDAD				
		Date Of Birth:				
		(b)(6)				
Place of Death	Date Of Death	Cause Of Death	•			
BUCCA,	2005/(b)(6)	GSW FACE				
Place Of Burial	Date Of Burial	Identification Of Grave				
,	2005/(b)(6)					
Personal Effects: Please	See Attached Page		1			
recondi bilects. riedse	see Accached Fage					
Brief Details Of Death An	d Burial: Please See	Attached Page				
Do Not Write In This Spac		Date				
		2005/(b)(6)				
(Seal of the Office of Th	e Provost Marshal	• .				
General)105TH MP BN		Signature of Commanding Officer				
UMM QASAR		, or or or or or or or or or or or or or				
APO		Witnesses:				
		Signature . Address				
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		Signature Address				

7						АИТН	ORIZED FOR LOCAL REPRODUCT
MEDICAL R	ECORD		AUT	HORIZA	TION FOR	AUTOPS	Y
In the event auth	medical facilit	y authorities and	the letter, telegra	ım, voice recor am, voice recoi	rded or monitore rding or memore	ed telephone c andum confirm	all, paragraphs 1, 2, and 3 ning telephone call of
1. NAME AN	ND LOCATION OF N	MEDICAL FACILITY					DATE AND TIME
2. I(We) request	and authorize	the physicians in	attendance at t	he above nam	ed medical faci	lity to perform	a complete autopsy on t
emities unless ex apeutic purposes oner as may be pro This authority is o	cluded under r any parts, tissu escribed by con granted subject	estrictions herein les, or organs as a mpetent authority to the following	under, and I(We) such physicians o (Commanding O restrictions:	authorize the r their designe fficer, Medical	removal and re es may deem pr Director, etc.) in	tention or use oper, and the this facility.	al cord, chest, abdomen a ofor diagnostic, scientific, final disposal thereof in su
				ons, Write "None"	7		
The following spe	ecial examinati	ons are requested	l:				
3. I(We) represe	ent that I am (w	e are) the		(1	Realtionship/Author	rity)	
e deceased and	entitled by law	to control the dis	position of the re	mains.			•
NESSES (medica	al facility staff m	embers):		Signed			
1 9 d	(Name	and Title}					
• ed	(Name	and Title)		,			•
	ithin jurisdiction (E ONLY of Medical Examiner eased remains from					YES NO
TURE			TITLE				DATE

AUTHORIZATION FOR AUTOPSY
Medical Record

REGISTER NO.

STANDARD FORM 523 (REV. 12-93) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

WARD NO.

NT'S IDENTIFICATION (For typed or written entries give: Name-lest, first, middle; grade; date; hospital or medical facility)

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDO)	2. PAGE	
	i or	

			DDN/ACV ACT CT	ATCREENT			
AUTHORITY: 10	USC Sections 1481 through 1488	3, EO 9397, Nov. 1943	PRIVACY ACT ST (SSN).	AIEMENI			
PURPOSE AND	USE: This form is used to establish	n initial identification of	deceased personnel.				
DISCLOSURE: F	Personal information provided on the naking visual identification.	s form is given on a volu	untary basis. Failure t	o provide this information,	however, may re	sult in improper ide	entification of the deceased
	DENTIFIED DECEDENT						
	Middle Initial) (or Unidentified)	b. GRADE	c. SSN	d. ORGANIZATI	ON	e. STATUS	f. DATE OF STATUS
							(YYYYMMDD)
PLACE OF RECO	VERY (Include grid coordinates)			5. DATE OF R		6. EVACUATIO	IN NUMBERS
				(PYYYMMDD)		a. #1	b. #2
INVENTORY OF	EFFECTS						
QUANTITY	h. DESCRIPTION	•		c. RECEIVED	d. CONDITION	e. Di	SPOSITION
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QUANTITY	b. DESCRIPTION			C. RECEIVED	u. compision		0,00,110,1
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ALL KNOWN	ENTORIED ABOVE REPRESENT ALL KNO	as appropriate) WN EFFECTS RECOVERED	FROM UNIT	ALL KNO	WN EFFECTS REC	OVERED FROM REM	AINS
O. PREPARING C	OFFICIAL			·			
a. NAME (Last, Firs	st, Middle Initiall	,	b. GRADE	c. ORGANIZATI	ON		~ .
d. SIGNATURE		L				e. Di	TE SIGNED
						ſr	YYYMMDD)
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d. SIGNATURE						e. De	ATE SIGNED
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12. RECEIVING O	OFFICIAL						
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DD FORM 1076, JUL 1998 OFFICIAL OS LOGIAL GO A COLOR OF THE ORIGINAL OF THE OR

WERNY DAR

		,					
ME OF DECEASED (Last, First, MI)		GRADE	SSN		BRANCH OF SERVICE		DATE OF INCIDENT
•							
GANIZATION AND BASE					PLACE OF DEATH/INCIDE	NT	
		CONDITION O	F REMAINS (De	scri	he briefly in Narrative below)		
Recognizable		Not Recognizable			Commingled		Mutilated
Burned		Decomposed			Semi-Skeletal		Skeletal
M	EANS OF	IDENTIFICATION (Ch	eck all appropriat	e bo	xes. Specify supporting data in Narrative	belo	ow)
Fingerprint Comparison *		Footprint Comparison			Dental Comparison		Anatomical Comparison *
Skeletal Comparison		Personal Effects			Visual Recognition		Identification Tag(s)
Other (Explain in Narrative)							•
			ENCLO	SU	RES		
DD Form 565		DD Form 890			DD Form 891		DD Form 892
DD Form 893		DD Form 894			DD Form 897		ID Card
DD Form 369		FD 258			AF Form 137		SF 603
Dental X-Rays		SF 88			SF 93		DD Form 2064
SF 601		Photo	•				
	Fingerprint Comparison Skeletal Comparison Other (Explain in Narrative) DD Form 565 DD Form 893 DD Form 369 Dental X-Rays	Recognizable Burned MEANS OF Fingerprint Comparison Skeletal Comparison Other (Explain in Narrative) DD Form 565 DD Form 893 DD Form 369 Dental X-Rays	For use of this for ME DF DECEASED (Last First, MI) GRADE CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION OF CONDITION (Ch. Fingerprint Comparison Footprint Comparison Personal Effects Other (Explain in Narrative) DD Form 565 DD Form 890 DD Form 894 DD Form 369 DD Form 894 DD Form 369 DENTAL X-Rays SF 88	For use of this form, see AR 638- ME OF DECEASED (Last, First, MI) GRADE SSN GANIZATION AND BASE CONDITION OF REMAINS (De Recognizable Burned Not Recognizable Decomposed MEANS OF IDENTIFICATION (Check all appropriate) Fingerprint Comparison Skeletal Comparison Other (Explain in Narrative) ENCLO DD Form 893 DD Form 894 DD Form 369 Dental X-Rays SF 88	For use of this form, see AR 638-2; ti ME OF DECEASED (Last, First, MI) GRADE SSN GANIZATION AND BASE CONDITION OF REMAINS (Descrit Recognizable Not Recognizable Decomposed MEANS OF IDENTIFICATION (Check all appropriate both fingerprint Comparison Fingerprint Comparison Personal Effects Other (Explain in Narrative) ENCLOSUI DD Form 893 DD Form 894 DD Form 369 Dental X-Rays SF 88	GANIZATION AND BASE CONDITION OF REMAINS (Describe briefly in Narrative below) Recognizable Not Recognizable Decomposed MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative Fingerprint Comparison Footprint Comparison Dental Comparison Skeletal Comparison Personal Effects Visual Recognition Other (Explain in Narrative) ENCLOSURES DO Form 893 DD Form 894 DD Form 897 DD Form 897 DD Form 369 DENTAL SERVICE OF DEATH/INCIDE	For use of this form, see AR 638-2: the proponent agency is ODCSPER ME OF DECEASED (Last, First, MI) GRADE SSN BRANCH OF SERVICE PLACE OF DEATH/INCIDENT CONDITION OF REMAINS (Describe briefly in Narrative below) Recognizable Not Recognizable Decomposed Semi-Skeletal MEANS OF IDENTIFICATION (Check all appropriate boxes. Specify supporting data in Narrative below) Fingerprint Comparison Dental Comparison Skeletal Comparison Other (Explain in Narrative) ENCLOSURES DD Form 890 DD Form 893 DD Form 894 DD Form 897 DD Form 369 FD 258 AF Form 137 Dental X-Rays SF 88 SF 93

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USAPA V1.00

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	MENT OF MEDICAL EX or use of this form, see AR 600-8				
HRUs (Include ZIP Code)	TO: (Include ZIP Cox	io)	$\neg \tau$	FROM: (Include ZIP	Code)
	1		- 1		
			- 1		
NAME OF INDIVIDUAL EXAMINED (L	ant. First, and Middle Initial)	·	2. 55N		3. GRADE
. NAME OF INDIVIDUAL EXAMINED (2	and mindre millery		2. 33%		3. 68202
· ORGANIZATION AND STATION		Ts.		CCIDENT INFORMAT	TION
		a. DATE		b. PLACE (City and S	
			- 1		
SECTION 1 - TO BE CO	MPLETED BY ATTENDI				DMINISTRATOR
INDIVIDUAL WAS . OUT PATIENT	10 0	OR TREATMEN	T FACI	LITY CIVILI	AN MILITARY
DADMITTED DEAD ON ARRIVA	- I CAMP BUCCO	11-71-			
HOUR AND DATE ADMITTED	_ '	1232		AMINED.	
1630 177	JURY DISEASE	, _ ,			
GSW TO FA	ACE.	RESULTING IN DE			
- MEDICAL OPINION: . INDIVIDUAL		NDER THE INFLU	ENCE	F ALCOHOL	DRUGS (Specify):
6. INDIVIDUAL WAS WAS NO					
c. INJURY 🔲 IS 🔛 IS NOT LIKEL	Y TO RESULT IN A CLAIM A	GAINST THE GOV	ERNMEN	NT FOR FUTURE ME	DICAL CARE.
d. INJURY WAS WAS NOT IN	CURRED IN LINE OF DUTY.	BASIS FOR OPIN	ION:		
				T	
- THE FOLLOWING DISABILITY MAY		TEST MADE	E	14. NO. OF MG AL	COHOL/100 ML BLOOD
TEMPORARY PERMANENT PAR] NO		
NOT AT COMPOUND S, BT RECE	FIVED A GUNSTOT TO	PACE			
701 711 (6511 151 15 15 15 15 15		1			
DATE 17. TYPED OF	PRINTED NAME OF ATTEN	IDING		A	
P+(b)(6))R	(b)(6)		
b)(6) 05					
SE		UNIT COMMA	NDER	OR UNIT ADVISER	
- DUTY STATUS .		20. H	DUR AND	D DATE OF ABSENC	E
PRESENT FOR DUTY ABSI		a. FROM		6. то	
ABSENT WITH AUTHORITY: ON		L			
 ABSENCE WITHOUT AUTHORITY MA type of duty missed, hours of duty, and 	TERIALLY INTERFERRED I how it did or did not interfere	WITH THE PERFO with performance)	RMANC	E OF MILITARY DUT	Y (Explain in Item 30
YES NO					
ACTIVE DUTY ACTIVE DU	TV FOR TRAINING	e. BEGAN	нос	DR AND DATE TRAIN	ING
INACTIVE DUTY TRAINING	T FOR TRAINING				
RESERVIST DIED OF INJURIES REC	FIVED PROCEEDING TOU	ECTLY TO TRAIN	IING (DIRECTLY FROM	TRAINING
- MODE OF TRANSPORTATION 26. HO		27. DISTANCE IN			L TIME FOR TRAVEL
· · · · · · · · · · · · · · · · · · ·		1			
DUTY STATUS AT TIME OF DEATH	F DIFFERENT FROM TIME	OF INJURY OR CO	TRACT	ION OF DISEASE	
	BSENT WITH AUTHORITY	ABSENT W			
DETAILS OF ACCIDENT - REMARKS	Il additional space is needed,	continue on reverse	(Attac	h inclosures as neces	eary)
		,			
i -					
		1.5 1	MEGA	ED TO HAVE BEEN	INCHESEN IN TIME
FORMAL LINE OF DUTY INVESTIGA	TION REQUIRED	OF DUTY (No	t applica	able on deaths)	INCORRED IN CIRE
YES NO		YES [_ NO	NATURE	
DATE SA. TYPE NA UNIT AD	ME AND GRADE OF UNIT CO VISER	MMANUER OR	38. 31GF	TA TORE	
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ACLU-RDI 5650 P.127 OFFICIALOSE CO126 ACETE CHOROLOGIO ROLGO 1500519

AME OF DECEASED AL	on Fine Middle North Alexand	Mom at ordnome)	s (D'Outre-Mer)	Topasion of consist	I cocur
37B (b)(6)	ur Fire Middies - Nom du décède.	Mom at nednome)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
RGANIZATION Organ	nisation		NATION (c.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe
				20.00	FEMALE Férminin
F	RACE Race	MARITAL STAT	TUS État Civil	RELIGIO	DN Culte
CAUCASOID Car	rcasique	SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specific)
NEGROID Négrói OTHER (Specify)	de .	MARRIED Marié	SEPARATED	CATHOLIC	
Autre (Spécifier)	[S	WIDOWED Veuf	Séparé	JEWISH Juil	
AME OF NEXT OF KIN	Nom du plus proche parent		RELATIONSHIP TO DECEASE	D Parenté du décéde avec le s	susdit
TREET ADDRESS Do	micilé à (Rue)		CITY OF TOWN AND STATE	(Include ZJP Code) Ville (Code	postal compris)
		MEDICAL STATEMEN	T Declaration médicale		
,		OF DEATH (Enter only one cause décès (N'indiquer qu'une cause		32	INTERVAL BETWEEN ONSET AND DEATH Intervalle entre l'attraque et le décès
	DIRECTLY LEADING TO DEATH I ctement responsable de la mort.	Investiga	han pending		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire			*,	
Symptômes précurseurs de la mort.	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Rision fondamentate, s'il y a liou, ayant suscité la cause primaire				
THER SIGNIFICANT CO	ONDITIONS 2				
MODE OF DEATH Condition de décès	AUTOPSY PERFORMED Autopaire effert	CANADA OF THE SAME	NO Non	CIRCUMSTANCES SURROUNI EXTERNAL CAUSES Circonstances de la mort susci	DING DEATH DUE TO
NATURAL Mort naturelle					٠
: ACCIDENT - Mort accidentelle					
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du pa	nthologiste			
HOMICIDE Hemicide	SIGNATURE Signature		DATE Date	AVIATION ACCIDENT Acci	ident à Avion
ATE OF DEATH (Hear, ate de décès (l'heure, le		PLACE OF DEATH Lieu de	décès		
I HA	VE VEIWED THE REMAINS OF THE DE J'ai examiné les restes mortels du défu	CEASED AND DEATH OCCUR nt et je conclus que le décès e	RED AT THE TIME INDICATED st survenu à l'heure indiquée et	AND FROM THE CAUSES AS S à, la suite des causes énumérées	TATED ABOVE. s ci dessus
AME OF MEDICAL (b)(6)	ilitaire eu	du médicin sanitaire	MO DEGREE Titro	u diplômô	
RADE Grada (b)(6)	(b)(6	•	ı.adıesse		
ATE Date (b)(6)	OS SIGNATU (b)(6	i)			
State disease, mju	y or complication which caused death, but no naributing to the death, but not related to the				

					DATE		
	F IDENTIFICA (Effects and Phy	ATION PROCE	SSIN	IG	DATE	2005 (b)(6)	
LAST NAME - FIRST NAME - MIDD known number BTB (b)(6)	DLE INITIAL (Or	un- GRADE	, ,	SERVICE NO. SSA	N CIL CASE	NUMBER (If app	licable)
				N/A		N/A	
NAME OF CEMETERY, EVACUATION (b)(6)	ON NUMBER, O	R SEARCH AND F	RECO	VERY NUMBER	PLOT	ROW	GRAVE
(6)(0)					N/A	N/A	N/A
RECEIVED FROM TALIL, IRAQ					IMPRINT O	IDENTIFICATIO	N TAG
OFFICIAL IDENTIFICATION FOUND	WITH REMAIN	S (Include persor	nal ef	fects aiding identifica			
tion) 1 EA MEDICAL IDENTIFICA NOTHING FOLLOWS	TION BRACE	ELET		,			
					N/A		-
v							0
ITEMS OF CLOTHING AND EQUIPM indistinct, follow procedures outline	MENT FOUND W ed inTM10-286)	TITH REMAINS (II	ndicə	te type, color, size, n	narkings, servic	e, etc. If laundr	y marks are
NOTHING FOLLOWS							
,							
							• .
FINGERPRINTS TAKEN	TVB	AYS MADE			FILIODOCCOO		
YES NO	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	YES NO	,			E STATEMENT A ⊠NO	TTACHED
PHOTOGRAPHS TAKEN	AN'	THROPOLOGICAL		TEMENT MADE		ATEMENT ATTA	CHED
YES NO		YES NO			YES	⊠N0	
ESTIMATED HEIGHT	MUSCULARITY	PHYSICAL		CLOR OF HAIR	TRAC	E OR NATIVITY	
69"					1.00		
		DIUM		RED		MONGOL	OID
TATTOOS, SCARS OR MARKS ON	BODY						
N/D							
EVIDENCE OF HEALED FRACTURES	S AND BONE M	ALFORMATIONS				,	
N/D							
WOUNDS OR INJURIES							
GUNSHOT WOUND IN THE	CHEST						• .
I HAVE PERSONALLY VIEWED TO THE BEST OF MY KNOWLE	THE REMAINS (OF THIS DECEASE	ED A	ND ALL RESULTING	NFORMATION	HAS BEEN RECO	ORDED
NAME, GRADE, AND ORGANIZATI				CICALATI	IDF.		
(b)(6)				(b)(6)			
DD FORM 890, JAN 58	PREVIO	US EDITION OF T	PILL	FORM IS O			

FOR OFFIC	IAL UCE ONLY / LAW	ENFORCEMENT	POUNSITIVE	0009-05-CID579-40002
For use of this form, Proponent agence	see AR 180-8, the	Internment Ser: (b)(6)	ial Number	;
From: BUCCA105TH MP BN		To:		*
UMM QASAR APO		.,		
Name (Last, First, MI) (b)(6)	Grade	v .	Service Numb	oer
Nationality	Power Served IZ-Iraq	(b)(6)		ernment and Date
Name, Relationship, Addres (b)(6)		Father's First (b)(6) Place Of Birth		
	, .	(b)(6) Date Of Birth: 1967 (b)(6)		
Place of Death	Date Of Death 2005(b)(6)		Cause Of Dea	
Place Of Burial	Date Of Burial 2005/(b)(6)			ion Of Grave
Personal Effects: Please	See Attached Page			
Brief Details Of Death And Do Not Write In This Space		Date 2005/(b)(6)		• i
(Seal of the Office of The General)105TH MP BN	Provost Marshal	Signature of C	Commanding Offi	icer
UMM QASAR APO		Witnesses:		
		Signature		Address
		Signature		Address

		Internment Seria	Number	
Personal E	ffects And Money	(b)(6)		
operty Tag	Description	Qty	Dispostition	
	IRAQ PASSPORT	1		
	BELGIUM ID	1		
	BELGIUM PASSPORT	1		
		:	T	. ;
			•	
	1	1,		
			A	
				. '
e Above List Of Ite		e Of Detainee	_	

GSW TO RIGHT UPPER BACK W/O APPARENT EXIT WOUND

<u>`</u> .					
	."				,
EDICAL RECOR	n l	CHRONOLOGICAL	RECORD OF		ARE Ser LUCAL REPRODUCTION
DATE	SYMPTOMS, C		NT, TREATING OF		1-200
Date:	(5) 14 h and	2 - Torret an	le de de	ie bo	2-11-2-6
P	Inc	und injun	* b	reathras	Louise les de
R	ET Inde	chiel c	1 (1) bree-	th Spin	B (B)
B/P	pade Gan	selel wh	ich si	ovel,	Asys to le
Т	Epirechne	disel d	bun E	T. 1n.5	e while
SPO2	IV neces	beng	obtanal	n C	anteensit!
	ven,	Pt can to	wel to	se ,	unbelows ;
	and was	the red	sel c	EP	replie the
Meds	Adopse	8 amy	effec	A I	VE bolg =
	NS 1/L	redsel	3-m.	later c	Epi-Yalt
All	2 Survey	y Showel	634	J. (R) upre
7	Jah -	t any	ypacy+	exit	- wounds
Tob	P+ 0 -11	is pret	had be	en ~	asystle
	for 10-15	non, +	Lerefre	& of	e-
	life same	freathant	was a	lone	due to the
*	other In	as cusualation	25 already	mtle	2 TAD reclina
	TODI	21210	elest	Campres	stors / Sayping
•			(b)(6)	,	
1					
S PITAL OR MEDICAL FAC	CILITY	STATUS	DEPART./SERVICE	:	RECORDS MAINTAINED AT
NSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO	SPONSOR	<u> </u>
•				REGISTER NO	WARD NO
1 ENT'S IDENTIFICATION J : (b)(6)	: (For typed or written entries, give: Birth: Rank/Grade) Compound		or saw, sex, Date of	NEGISTER NO	WARD NO
4 : (0)(0)	Compound		CHRONO	LOGICAL REC	ORD OF MEDICAL CARE
re:			STAN	DARD FORM 6	00 (REV 6-97)

ACLU-RDI 5650 p.132

Exhibit 4

(b)(6)

02

NAME AND LOCATION OF HOSPITAL

OR USE OF THIS FORM, SEE AR 40400.	THE PROPONENT AGENCY IS OFFICE OF THE SURGEON GENERAL	

Instructions - Medical Officer in attendance will:

Send form, without delay to the Registrar or Administrative Officer of the Day, for necessary

1. PATIENT DATA PROBLEM STORY						
PATIENT DATA (Patient's ward plate will be used to imprint identifying data if available)						
· · · · · · · · · · · · · · · · · · ·		3. MEDICAL EXAMINER/				
	(1-)(0)	CORONER'S CASE				
	12 (0)(0)	YES N				
	4. RELIGION	5. CHAPLAIN NOTIFIED				
	6. NAME, ADDRESS AND RELATIONSHIP OF RELAT	IVE 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 BETWEE ONSET AND DEATH				
DUE TO (or as a consequence of)						
7s. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury, or complication which caused death)	sund Clest.	10 mm				
DUE TO (or as a consequence of)						
7b. ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above						
cause, stating the underlying condition last)						
(2)	(2)					
a. T						
8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT		,				
NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT b.						
9. DATE (b)(6)		NDANCS-				
(b)(6)	(b)(6)					
	<u> </u>					
SECTION B - ADMINI TYPE OF ACTION HOUR	DAY MONTH YEAR	INITIALS OF RESPONSIBLE OFFICER				
12. TELEGRAM TO NEXT OF KIM OR OTHER AUTHORIZED PERSON						
12. POST ADJUTANT GENERAL MOTIFIED						
14. IMMEDIATE CO OF DECEASED NOTIFIED						
15. INFORMATION OFFICE NOTIFIED						
16. POST MORTUARY OFFICER NOTIFIED						
17, RED CROSS NOTIFIED						
18. OTHER /Specify/						
19.						
	ORD OF AUTOPSY 21. AUTOPSY ORDERED BY (Signature)					
SECTION C - RECO	21. ADTOPSY ORDERED BY ISIGNATURE					
SECTION C - RECO 20. AUTOPSY PERFORMED SI yes, give date and place!	ı					
SECTION C - RECO						
20. AUTOPSY PERFORMED OF yes, give date and place! YES NO.						
SECTION C - RECO 29. AUTOPSY PERFORMED SI yes, give date and place!						
20. AUTOPSY PERFORMED OF yes, give date and place! YES NO.						
29. AUTOPSY PERFORMED AT yes, give date and place! YES INC						
20. AUTOPSY PERFORMED OF yes, give date and place! YES NO.	25. SIGNATURE OF PHYSICIAN PERFORMING A	UTOPSY				
SECTION C - RECE 20. AUTOPSY PERFORMED AT yes, give date and place! YES INC 22. PROVISIONAL PATHOLOGICAL FINDINGS	25. SIGNATURE OF PHYSICIAN PERFORMING A	UTOPSY				
SECTION C - RECE 20. AUTOPSY PERFORMED AT yes, give date and place! YES INC 22. PROVISIONAL PATHOLOGICAL FINDINGS	25. SIGNATURE OF PHYSICIAN PERFORMING A	UTOPSY				
SECTION C - RECE 20. AUTOPSY PERFORMED AT yes, give date and place! YES NG 22. PROVISIONAL PATHOLOGICAL FINDINGS	25. SIGNATURE OF PHYSICIAN PERFORMING A 28. SIGNATURE OF REGISTRAR	UTOPSY				
29. AUTOPSY PERFORMED OF year give date and place) YES NO 22. PROVISIONAL PATHOLOGICAL FINDINGS 23. DATE 24. TYPED NAME AND GRADE OF PHYSICIAN PERFORMING AUTOPSY		UTOPSY				

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

FOR OFFICIAL USE ONLY / LAW ENFORCEMENT CENSITIVE

,				DEATH (OVERSEAS) s (D'Outre-Mer)				
NAME OF DECEASED &	ast, First, Middle)	Nom du décédé	(Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale		
ORGANIZATION Organ	nisation			NATION (e.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe MALE Masculin FEMALE Féminin		
	RACE Race		MARITAL STAT	MARITAL STATUS État Civil		N Culte		
CAUCASOID Cau	ucasique		SINGLE Célibataire	DIVORCED Divorcé	PROTESTANT Protestant	OTHER (Specify) Autre (Specifier)		
NEGROID Négrói OTHER (Specify) Autre (Spécifier)	ide		MARRIED Marié WIDOWED Veuf	SEPARATED Séparé	Catholique JEWISH Juif	,		
NAME OF NEXT OF KIN	Nom du plus proche p	parent		RELATIONSHIP TO DECEASE	D Parenté du décéde avec le su	sdit		
STREET ADDRESS Domicilé à (Rue) CITY OF TOWN AND STATE (Include ZIP Code) Ville (Code postal compris)								
,			MEDICAL STATEMEN	T Declaration médicale				
			OF DEATH (Enter only one cause décès (N'indiquer qu'une cause	par ligne)		INTERVAL BETWEEN ONSET AND DEATH Intervalle entre (attaque et le décès		
DISEASE OR CONDITIO Matadie ou condition dire			Gun Shot	+ Woml -clest 10n				
ANTECEDENT CAUSES	MORBID CONDITION LEADING TO PRIMA Condition morbide, s menant à la cause p	ARY CAUSE s'il y a lieu,						
Symptômes précurseurs de la mort.	UNDERLYING CAUS GIVING RISE TO PR CAUSE Raison fondamental ayant suscité la caus	e, s'il y a lieu,				,		
OTHER SIGNIFICANT C Autres conditions signific					,			
MODE OF DEATH	AUTOPSY PERFORM	IEO Autopsie effe	ectuée YES Oui	NO Non	CIRCUMSTANCES SURROUNDI	NG DEATH DUE TO		
Condition de décès , NATURAL Mort naturelle	MAJOR FINDINGS OF	AUTOPSY Con	clusions principales de l'autopsi	e	EXTERNAL CAUSES Circonstances de la mort suscitee	es par des causes exterieures		
ACCIDENT Mort accidentelle	NAME OF PATHOLOG	CIST Non-di-	sthologista					
SUICIDE Suicide						, ,		
HOMICIDE Homicide	SIGNATURE Signatu	are		DATE Date	AVIATION ACCIDENT Accident YES Oui	NO Non		
	b)(6)	∞≤		Bucca I	RAC			
THA					ND FROM THE CAUSES AS STAT la suite des causes énumérées ci d			
NAME OF MEDICAL OF	FICER Nom du méd	dicin militaire ou o	du médicin sanitaire	TITLE OR DEGREE Titre ou o	tiplôrné	-		
GRADE Grade		INSTALLATION C	OR ADDRESS Installation ou a	adresse				
DATE Date		SIGNATURE S	Signature					
2 State conditions 1 1 Préciser la nature	contributing to the death, l e de la maladie, de la blessu	but not related to ti ure ou de la compli	not mode of dying such as heart fail he disease or condition causing des ication qui a contribué à la mort, mi icun rapport avec la maladie ou à la	oth. ais non la manière de mourir, telle qu	u'un arrêt du coeur, etc.			

DD FORM 2064, APR 1977

EPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-R(PAS), 26 SEP 1975, WHICH ARE OBSOLETE.

USAPA V1.00

0009-05-CID579-40002,

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

AUTHORIZATION FOR AUTOPSY

In the event authorization for autopsy is ob all be completed by medical facility authorities.				
thorization attached to this form for permane		, voice recording of	memorandum comm.	ing totaphone can or
1				PATE AND THE
1. NAME AND LOCATION OF MEDICAL FACIL	LITY			DATE AND TIME
2. I(We) request and authorize the physic				
/e) understand that a complete autopsy may remities unless excluded under restrictions rapeutic purposes any parts, tissues, or organner as may be prescribed by competent au This authority is granted subject to the follo	hereinunder, and I(We) a ins as such physicians or t thority (Commanding Offic pwing restrictions:	ed to, examination outhorize the removement designees may be cer, Medical Directors	al and retention or use deem proper, and the or, etc.) in this facility.	o for diagnostic, scientific, or final disposal thereof in such
	(If No Restrictions	, Write "None")		
				•
The following special examinations are req	uested:			•
·				
3. I(We) represent that I am (we are) the		(Realtions	hip/Authority)	
**************************************	Na diamanisian of sharpones	•		•
he deceased and entitled by law to control t	the disposition of the rema	ins.		\
		Signed		
NESSES (medical facility staff members):			•,	• .
1		Signed		
n !				
Name and Title)				
↑ed(Name and Title)		•		•
FOR ADMINISTRATIVE USE ONLY				
Case falls within jurisdiction of Medical Ex				. YES NO
Medical Examiner/Coroner released remain		authority		DATE
ATURE .	TITLE		•	
ENT'S IDENTIFICATION (For typed or written entries give	e; Name last, first, middle; grade;	date; hospital or	REGISTER NO.	WARD NO.

AUTHORIZATION FOR AUTOPSY Medical Record

STANDARD FORM 523 (REV. 12-93)
Prescribed by GSA/KMR, FIRMR (41 CFR) 201-9.202-1

*U.S. GPO: 2000-461-707/20304 *

FOR OFFICIAL SEONLY/LAW ENFORCEMENT SENSITIVE

<u> </u>	STATEMENT OF IDENTIFICATION For use of this form, see AR 638-2; the proponent agency is ODCSPER											
NA	ME OF DECEASED (Last, First, MI)		GRADE SSN	E SSN BRANCH OF SERVICE			DATE OF INCIDENT					
OR	ORGANIZATION AND BASE PLACE OF DEATH/INCIDENT											
	CONDITION OF REMAINS (Describe briefly in Narrative below)											
	Recognizable		Not Recognizable		Commingled		Mutilated	_				
	Burned		Decomposed	composed Semi-Skeletal Skeletal								
	MEA	INS OF	IDENTIFICATION (Check all a)	ppropriate bo	xes. Specify supporting data in Narrative	bel	ow)					
	Fingerprint Comparison		Footprint Comparison		Bental Comparison		Anatomical Comparison					
	Skeletal Comparison		Personal Effects		Visual Recognition		Identification Tag(s)					
	Other (Explain in Narrative)											
				ENCLOSU	RES							
	DD Form 565		DD Form 890		DD Form 891		DD Form 892					
	DD Form 893		DD Form 894		DD Form 897		ID Card					
	DD Form 369		FD 258		AF Form 137		SF 603					
	Dental X-Rays		SF 88		SF 93		DD Form 2064					
	SF 601		Photo									

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USAPA V1.00

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMDD)

Z. PAGE

OF

AUTHORITY: 10 US	C Sections 1481 t	rough 1488, EO 93	97, Nov. 1943 (PRIVACY ACT ST SSN).	ATEMEN'	Γ					
PURPOSE AND USE	: This form is used	to establish initial in	dentification of o	leceased personnel.							
DISCLOSURE: Person person and person ma	onal information pro Iking visual identific	vided on this form is ation.	given on a volu	ntary basis. Failure to	o provide t	his information,	however, may re	sult in impr	oper identif	ication of the deceased	
3. TENTATIVELY IDENT			·								
a. NAME (Last, First, Middl			b. GRADE	c. SSN		d. ORGANIZATIO	N	e. STAT	us	f. DATE OF STATUS (YYYYMMDD)	
. •											
4. PLACE OF RECOVER	Y (Include grid coordi	nates)				5. DATE OF RE	COVERY	6. EVAC	UATION N	IUMBERS	
4						(СОВМУҮҮҮ)		a. #1		b. #2	
7. INVENTORY OF EFF	ECTS	,									
a. QUANTITY	b. DESCRIPTION		•			c. RECEIVED	d. CONDITION		e. DISPO	SITION	
		·								• -	
			·			- 1 -					
			**							-	
27			•	•		•					
8. FUNDS/NEGOTIABL	E INSTRUMENTS	OTHER HIGH VALU	E ITEMS TRAN	SMITTED WITH EFF	ECTS						
a. QUANTITY	b. DESCRIPTION				- 1	. RECEIVED	d. CONDITION		e. DISPO:	SITION	
										•	
9. EFFECTS INVENTO	F	RESENT /X as appropri		ROM UNIT	Γ	ALL KNOW	N EFFECTS RECO	VERED ERO	M REMAINS		
10. PREPARING OFFIC					<u></u>					,	
a. NAME (Last, First, Mid	(dle Initial)		b.	GRADE	(. ORGANIZATIOI	i				
d. SIGNATURE			· · · · · · · · · · · · · · · · · · ·		·				e. DATE S		
11. RECEIVING OFFICE	AL .					·.·					
a. NAME (Last, First, Mic	ddle Initial)		b	. GRADE		. ORGANIZATIOI	ı				
d. SIGNATURE									e. DATE S		
12. RECEIVING OFFICE	IAL		t yet to						l 		
a. NAME (Last, First, Mid	ddle Initial)		b.	GRADE	(ORGANIZATION					
d. SIGNATURE					1_				e. DATES	I	
L											

DD FORM 1076, JUL 1998

PREVIOUS EDITION MAY BE USED.

USAPA VI.OD

STATEMEN	OF MEDICAL EX	A MOITANIMA	ND DUTY S	TATUS	
	·			(Include ZIP C	`-d-\
THRU: (Include ZIP Code)	TO: (Include ZIP Cod	(0)	FROM	(Include ZIP	.000)
-			- 1		
I. NAME OF INDIVIDUAL EXAMINED (Lest, F	irat, and Middle Initial)		2. SSN	,	3. GRADE
4. ORGANIZATION AND STATION		5.	ACCIDE	NT INFORMATI	ON .
		a. DATE	b. PLA	CE (City and Sta	rte)
SECTION 1 - TO BE COMPL				PATIENT AD	MINISTRATOR
6. INDIVIDUAL WAS OUT PATIENT	7. NAME OF HOSPITA	B		CIVILIA	N MILITARY
ADMITTED DEAD ON ARRIVAL	I camp 1	Jucca	FFAS		
200 (b)(6)	·	S. HOUR AND DA	(b)(6)	of-	
0. NATURE AND EXTENT OF INJURY	DISEASE DE	G SW	- Ches-	2	
11. MEDICAL OPINION: a. INDIVIDUAL	WAS WAS NOT U	NDER THE INFLU	ENCE OF	ALCOHOL [DRUGS (Specify):
5. INDIVIDUAL WAS WAS NOT ME					
C. INJURY [] IS [] IS NOT LIKELY TO				R FUTURE MED	ICAL CARE.
d. INJURY WAS WAS NOT INCURR	ED IN LINE OF DUTY.	BASIS FOR OPINI	ion:		
2. THE FOLLOWING DISABILITY MAY RESUL	_T	12. BLOOD AL		O. OF MG ALC	OHOL/100 ML BLOOD
TEMPORARY PERMANENT PARTIAL		TEST MADE			
B. DETAILS OF ACCIDENT OR HISTORY OF	DISEASE (how, where, w	rhen)			
Riot @ Compon	al S.	Receive	G-2	'w to	ckst.
(b)(6) 17. TYPED OR PRII	NTED NAME OF ATTEN	DING	(b)(6)	-	
(b)(6)	PATIENT ADMINISTRA	104	(5)(6)		•
	TO BE COMPLETED	BY UNIT COMMA	NDER OR U	HTADVISER	
9. DUTY STATUS			UR AND DAT	E OF ABSENCE	
PRESENT FOR DUTY ABSENT W		a. FROM		b. то	
ABSENT WITH AUTHORITY: ON PASS					(F-alala ta ta - 20
1 - ABSENCE WITHOUT AUTHORITY MATERI type of duty missed, hours of duty, and how	it did or did not interfere	with performance)	RMANCE OF N	ALITARY DUTY	(Explain in Nem 30
Z- INDIVIDUAL WAS ON				SATE TRAININ	
ACTIVE DUTY ACTIVE DUTY FO	R TRAINING	a. BEGAN	HOUR AND	b. ENDED	***
INACTIVE DUTY TRAINING					
- RESERVIST DIED OF INJURIES RECEIVED	PROCEEDING DIR	ECTLY TO TRAIN	ING DIR	ECTLY FROM T	RAINING
- MODE OF TRANSPORTATION 26. HOUR B		27. DISTANCE IN		28. NORMAL	TIME FOR TRAVEL
- DUTY STATUS AT TIME OF DEATH IF DIF	FERENT FROM TIME O	F INJURY OR CON	TRACTION OF	DISEASE	
PRESENT FOR DUTY ABSEN	T WITH AUTHORITY	ABSENT W			
DETAILS OF ACCIDENT - REMARKS (II acc	nional space is incuto,	Commission on reverse	/ Attach inclo	aures as necess.	""
					i
I control of the cont					
- FORMAL LINE OF DUTY INVESTIGATION	REQUIRED	OF DUTY (Not	NSIDERED TO	HAVE BEEN IN	CURRED IN LINE
YES NO] NO		
- DATE 34. TYPE NAME AN UNIT ADVISER	O GRADE OF UNIT CO	MANDER OR	SE. SIGNATUR	E	
FORM					
FORM (b)(6)	PLACES DA FORM 2173	. I JUNE 66, WHICH	HIS OBSOLET	E. *U.S.	. GPO: 1994-300-727/10493

ACLU-RDI 5650 PE138 OFFICI MOSE 20126 AVC NO PETO ROY 8026 00530

LEAVE BLANK	CRIMINAL		(STAPLE I	HERE)		LE	LEAVE BLANK			
		STATE USAGE			1					
		SUBMISSION A	PPROXIMATE CLASS	AMPUTATIO	ON S	CAR			•	
STATE USAGE		(b)(6)					м.			
SIGNATURE OF PERSON FINGERPRINT	E0	social security N (b)(6)	0.	LEAVE BLANK	v				1	
ALIASES/MAIDEN LAST NAME, FIRST NAME, MIDDLE NAM	E, SUFFIX						,			
FBI NO.	STATE IDENTIFICATION NO.	DATE OF BIRTH	MM DD YY	SEX	RACE	HEIGHT	WEIGHT	EYES	HAIR	
(b)(6)				I						
•									:!	
LEFT FOUR FINGERS TAKEN SIMULTA	ANEOUSLY	L. THUMB	R. THUMB	RIGHT FOUR	FINGERS T	AKEN SIMULTAN	IEOUSLY			

			s (D'Outre-Mer)	T	COCIAL CECUMENT WILLIAM
ME OF DECEASED (Las	z. First, Middle) Nom du décèdé	Nom et prénoms)	GRADE Grade	BRANCH OF SERVICE Arme	SOCIAL SECURITY NUMBER Numéro de l'Assurance Sociale
)(6)					
GANIZATION Organi	isation		NATION (c.g., United States) Pays	DATE OF BIRTH Date de naissance	SEX Sexe MALE Masculin FEMALE Féminin
				RELIC	SION Culte
R	ACE Race	MARITAL STA	TUS État Civil	PROTESTANT	OTHER (Specific)
CAUCASOID Caus	casique	SINGLE Célibataire	DIVORCED Divorcé	Protestant	Autre (Spécifier)
NEGROID Négráid	le	MARRIED Marié		Catholique	
OTHER (Specify) Autre (Specifier)		WIDOWED Veuf	SEPARATED Séparé	JEWISH Juli	
ME OF NEXT OF KIN	Nom du plus proche parent		RELATIONSHIP TO DECEAS	ED Parenté du décède avec l	le susdit
REET ADDRESS Don	micilé à (Rue)		CITY OF TOWN AND STAT	E (Include ZIP Code) Ville (Co	de pastal comprist
		MEDICAL STATEMEN	NT Declaration médicale		-
		OF DEATH (Enter only one caus décès (N'indiques qu'une caus		INTERVAL BETWEEN ONSET AND DEATH Intervalle courc ("attaque et le décès	
SEASE OR CONDITION aladie ou condition dire	I DIRECTLY LEADING TO DEATH ¹ ctement responsable de la mort. ¹	Investigation	pending		
ANTECEDENT CAUSES	MORBID CONDITION, IF ANY, LEADING TO PRIMARY CAUSE Condition morbide, s'il y a lieu, menant à la cause primaire				
Symptômes précurseurs de la mort.	UNDERLYING CAUSE, IF ANY, GIVING RISE TO PRIMARY CAUSE Raison fondamentale, s'il y a fieu, avant suscité la cause primaire			,	
THER SIGNIFICANT CO	ONDITIONS ²				
NOOS OF DEATH	AUTOPSY PERFORMED Autopsie eff	ectuée YES Oui	NO Non	CIRCUMSTANCES SURRO	UNDING DEATH DUE TO
MODE OF DEATH Condition de décès	MAJOR FINDINGS OF AUTOPSY CO		opsie		uscitees par des causes exterieures
NATURAL Mort naturelle					
ACCIDENT Mort accidentelle					
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du	pathologiste			
HOMICIDE Homicide	SIGNATURE Signature		DATE Date	AVIATION ACCIDENT YES OUI	Accident à Avion NO Non
DATE OF DEATH (Hour. Date de décès (Fireure, I	le jour, le mois, l'année)		de décès	TO AND SPORT THE SAMES	e etaten agnus
1 Hz	AVE VEIWED THE REMAINS OF THE D J'ai examiné les restes mortels du dé	ECEASED AND DEATH OCCU funt et je conclus que le décès	est survenu à l'heure indiquée	et à, la suite des causes énume	érées ci dessus
(b)(6)	FICER Nom du médicin militaire o	u du médicin sanitaira	TITLE OR DEGREE Title	e ou diplômé	
GRADE Grade (b)(6		OR ADDRESS Installation	ou adresse		
DATE Oute (b)(6)	05	p)(6)			
I Same disease into	way or complication which emused death, but contributing to the death, but not related to t to de la muladie, de la blessure ou de la com	he disease or condition consine de	gatify,		

ACLU-RDI 5650 prom 2064. APR 1977 REPLACES DA FORM 3565, 1 JAN 1972 AND DA FORM 3565-RIPASI, 26 SEP 1975, WHICH ARE OBSOLETE. U.S. ACLU-RDI 5650 prom 3565 P

SAPA V1.00

				DATE		- 1				
RECORD OF IDENT			NG		20050202					
	and Physical D									
LAST NAME - FIRST NAME - MIDDLE INITIO	AL (Or un-	GRADE	SERVICE NO. SSAN	CIL CASE	NUMBER (If app	licable)				
known number) (b)(6)		N/A	N/A		N/A					
NAME OF CEMETERY, EVACUATION NUMBER	BER, OR SEAR	CH AND RECO	OVERY NUMBER	PLOT	ROW	GRAVE				
(b)(6)				N/A	N/A	N/A				
RECEIVED FROM TALIL, IRAQ	-			IMPRINT	OF IDENTIFICATIO	N TAG				
OFFICIAL IDENTIFICATION FOUND WITH R	EMAINS (Incl	ude personal e	effects aiding identifica-			l				
tion) 1 EA MEDICAL IDENTIFICATION E										
NOTHING FOLLOWS	DRACELET					.				
	N/A	A								
						°				
ITEMS OF CLOTHING AND EQUIPMENT FO		EMAINS (India	cate type, color, size, ma	erkings, ser	vice, etc. If laundr	y marks are				
NOTHING FOLLOWS										
10220,10										
·										
,										
,										
		×								
1						+ /				
FINGERPRINTS TAKEN	X-RAYS N	MADE		FLUOROSC	OPE STATEMENT	ATTACHED				
YES NO	YE	-		YES	∑ NO					
PHOTOGRAPHS TAKEN			TATEMENT MADE	CHEMICAL STATEMENT ATTACHED						
YES NO	□ YE									
YES NO YES NO YES NO PHYSICAL DESCRIPTION										
		PHYSICAL DE	SCRIPTION	YES	⊠]NO					
ESTIMATED HEIGHT MUSCO	JLARITY	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT MUSCO		PHYSICAL DE	SCRIPTION		⊠]NO	·				
ESTIMATED HEIGHT MUSCO 67" TATTOOS, SCARS OR MARKS ON BODY	JLARITY	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT MUSCO	JLARITY	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D	JLARITY LARGE	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT MUSCO 67" TATTOOS, SCARS OR MARKS ON BODY	JLARITY LARGE	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D	JLARITY LARGE	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D EVIDENCE OF HEALED FRACTURES AND	JLARITY LARGE	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D EVIDENCE OF HEALED FRACTURES AND N/D	LARGE BONE MALFO	PHYSICAL DE	SCRIPTION COLOR OF HAIR		NO RACE OR NATIVITY	·				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D EVIDENCE OF HEALED FRACTURES AND IN N/D WOUNDS OR INJURIES GUNSHOT WOUND IN THE HEAD I HAVE PERSONALLY VIEWED THE RE	LARGE BONE MALFO	RMATIONS	SCRIPTION COLOR OF HAIR BLACK		RACE OR NATIVITY MONGO	LOID				
ESTIMATED HEIGHT 67" TATTOOS, SCARS OR MARKS ON BODY N/D EVIDENCE OF HEALED FRACTURES AND IN N/D WOUNDS OR INJURIES GUNSHOT WOUND IN THE HEAD	LARGE BONE MALFO	RMATIONS	SCRIPTION COLOR OF HAIR BLACK		RACE OR NATIVITY MONGO	LOID				

ACLOU ROBMS890 PALES OFFICE ALUSE OFFICE ALUSE OF THIS FORM IS OBSOLETE.

•							1. DATE	(YYYYMN	IDDI I	2. PAG	E	
			MILITARY O								1	
RECORI	D OF PER	₹SO	NAL EFFEC	TS OF DEC	CEASED PERSON	INEL	200	050202		OF	1	PAGES
AUTHORITY:	10 USC Se	ction	s 1481 throug		9397, Nov. 1943 (S							+ ,
PURPOSE AND	USE: This	s form	n is used to es	tablish initia	l identification of dec	eased personne	al.					
DISCLOSURE: may result in in	Personal in mproper ide	nform	nation provided cation of the de	on this forn	m is given on a volunt son and person makin	ary basis. Faili g visual identif	ure to provi ication.	de this in	forma	tion, ho	wever	
3. TENTATIVELY	IDENTIFIE	D DE	CEDENT									
a. NAME (Last, Firs	st, Middle Ini	tial) (c	or Unidentified)	b. GRADE	c. SSN	d. ORGANIZAT	ION	e. STATI	us	f. DATE	E OF ST	
(b)(6)				N/A	N/A	N//	A	Decea				
4. PLACE OF REC	COVERY (III	nclude	grid coordinates	:/		5. DATE OF F		6. EVA	CUAT	ION NU	MBER	s
Talil, Iraq							(b)(6)	(b)(6)		(b)(6)		
7. INVENTORY O	1					T			216		-	
a. QUANTITY	b. DESCR	IPTIO	N			c. RECEIVED	d. CONDITI	ON	e. Dis	POSITIO	N	
	Nothing	Foll	ows									
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	-					-				٠.		7
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				R HIGH VAL	UE ITEMS TRANSMIT				- DI			
a. QUANTITY	b. DESCR					c. RECEIVED	RECEIVED d. CONDITION e. DISPOSITION				1	
1 ea	5000 Di	inars	, Central Ban	ık of Iraq					- 7			
	Nothing	, Fol	lows						-			
t.			,									,
9. EFFECTS INV	/ENTORIED	ABC	VE REPRESEN	IT (X as appro	opriate)							
ALL KNOWN I			ALL KNOWN E	FFECTS RECO	VERED FROM UNIT	X ALL KNO	WN EFFECTS	S RECOVER	RED FR	OM REM	AINS	
a NAME // ast Fi		nitial)		b	. GRADF (b)(6)	c. ORGANIZA (b)(6)	TION			.:		
d. (b)(6)					(-)(-)	(6)(6)				ATE SIGN		
									l'	200	50202	2
11.								-				
a. NAME (Last, Fi	irst, Middle I	nitial)		b	o. GRADE	c. ORGANIZA	TION					
d. SIGNATURE										ATE SIGN		1
12. RECEIVING		toitial!		· T	o. GRADE	c. ORGANIZA	TION					
a. NAME (Last, F	Irst, micure i	THUM		1	. GRADE	0. 0						;
d. SIGNATURE										ATE SIGN		

OB FORM 9656, DE 1998 (EG) 1/10-Lenguage ACLUCID ROLED SO CHARLES CONDIDENS

Certificate Of Death For use of this form, see AR 180-8, the Proponent agency is DCSOPS

From:

BUCCA105TH MP BN

LINFO	RCEM	ENT SENSITIVE	009-05-CID579-40002
Internm	ent Se	rial Number	
(b)(6)			
To:			·
			• , :
,			
,			
		Service Number	
		(b)(6)	· · · · · · · · · · · · · · · · · · ·
		of Capture/Internmen	t and Date
	(b)(6)	2004/01/10	
Father'	s Firs	t Name	1
(b)(6)			
Place O	f Birt	h:	7 1
(b)(6)			
			 :
Date Of		ı:	
1977 ^{(b)(6}	5)		
		Cause Of Death	
		GSW HEAD	•
		Identification Of	Grave
			• 1
	_		
tached	Page		
Date			· · ·
2005(b)(0.1		١.

1.		Internment Ser	ial Number	
Pers	onal Effects And Mone	(b)(6)	Dispostition	
Property Tag	Description	Qty		
(b)(6)	5000ID		CO-CONFISCATED	
			T. Control of the con	
		West of the second seco		
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			;	
+				
			,	
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		•		
The Above List	Of Items Is Correct			
× .		Signature Of Detainee rson Who Cared For The Decea	•	



HEADQUARTERS
MULTI-NATIONAL FORCE-IRAD
BAGHDAD, IRAQ
APO AE 09303

Magistrate's Office

Detainee Name: (b)(6)

ISN: (b)(6)

NDRS: (b)(6)

Reason for Intern: ATTEMPTED TO BOMB IRAQI GAS STATION

DETENTION NOTICE

evidenthat yether reconstintern	Your case was recently considered by a panel of senior military officers who ecommended the following: That you remain in internment. Their recommendation was based upon the ce that you and ou pose a continued threat to the security of the Coalition and all law-abiding citizens. Factors the panel considered in making its recommendation included ason for your arrest, your cooperation or lack of cooperation with the tion, your age, and your health. The panel will continue to meet and will sider your case at least every 180 days. Your continued good behavior while in the tion will be one of the factors that the panel will consider when it meets to take your case.
	Military intelligence Hold for
	Criminal Investigation Division Hold for
	Referral to the Central Criminal Court of Iraq for
	Referral to the Iraqi Ministry of Justice for
	Release
	Release with Approved Guarantor Only
	Pending review
	(b)(6) DETENTION REVIEW AUTHORITY Proof of Service (b)(6)
	Date of Service (b)(6) 2004 Served By:(Name / Rank

1	AUTHORIZED FOR LOCAL REPRODUCTION
DICAL RECOR	CHRONOLOGICAL RECORD OF MEDICAL CARE
	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
DATE (b)(6)	øs
P	Detainer shot in Bhead. Entraver word:
R	Openedal, exit & frontale GCS 3 bot
В/Р	breathy spontaneous, Jan charled Vitak
· †	HR 115 QOX 812 IV established 1000 500
SPO2	Extraction 7.0 ET take Good BS, Central Inei
	attent (DSC & blood return but unable to thread
	wire 06 the Foley Arcet 2gm Dilastin
Meds	1 cm Vecuronium 10mg @ 2365. Central line
. ?	@ fermand pupils renewed 3mm reactive.
All	duggish CXR PPTX
7	Vitals @ 1300 HR 91 pex 98/0 on 34MU
. Tob	@ 700cc RR 20. HOD @ 30 Barren Rugger
. '7	applied BP & to 74/37 p 1/2 liters, 5002
	Bolus -> Total of 2.5 h by 1320. HCT (2005)
(b)(6)	1 Unit PRBC3 ordered.
	144/104/12/296
	3.2 77
1330	HR 46 POX 98% PP 102/20 Bprpil@4mm QQ
1330	pareatic Ropeat ABG 7.16
	1 Vait PRBC's hung - repeat HCT 13, 2 unt hung. cet
	byle palpable by no redial pulse p4 L NS - pt placed
O SPITAL OR MEDICAL F	DEPART (SERVICE RECORDS MAINTAINED AT
PONSOR'S NAME	SSN/ID NO. RELATIONSHIP TO SPONSOR
IENT'S IDENTIFICATI	
3N:	(b)(6) CHRONOLOGICAL RECORD OF MEDICAL CARE
ACLU-RDI 5	650 p.146 49 Exhibit 49

	HOSPIT	AL REPURT OF	DEATH	In COLER	NAME AND LO	CATION OF HOSPITA	AL	
Prepare,	n one copy only, Items 1 thru		Ins	tructions - Medical Offic	Send form, with	will: out delay to the Regi eparation of required	istrar or Admini number of copi	strative Officer of the Day, for necessary ies.
			SECTION	A - ATTENDING MED	ICAL OFFICER'S	REPORT		
				PERSONAL				3. MEDICAL EXAMINER/
1. PATIE	NT DATA (Patient's ward pla	nte will be used to impi	ant identifying i	data if available/ 2.	1440	(b)(6)	Ø5	CORONER'S CASE YES N
•	, (b)(6)						,	5. CHAPLAIN NOTIFIED
Patient's	name (Last, first, middle init curity Account No., Register	ial) Grade, Number and Ward Num	nher -	6	NAME, ADDRES	S AND RELATIONS	IIP OF RELATIV	E OR FRIEND PRESENT AT DEATH
200191 26	centy Account No., Negister	regarder date was teas		F DEATH			,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mean the I	USE OR CONDITION DIRECTLY LEADING and dying, e.g., heart failure, astherizing, or complication which coursed deal	nia, etc. It means the	BUE TO for as	of would to	head;	ploay lass	; brain	
	7b. ANTECEDENT CAUSES (Murbid conditions, if any, giving rise to the above cause, stating the underlying condition hast)							
			(2) a.					
	8. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT b.							,
9. DATE (b)(6)	ø5	10. TYPED OR PRINTED NA (b)(6)	LME AND GRADE OF	MEDICAL OFFICER IN ATTEND	ANCE 11.	(b)(6)	OCCUPED IN ATTEMP	AMPS.
				SECTION B - ADMINIS	TRATIVE ACTIO	in .		
	TYPE OF	FACTION		HOUR	DAY	MONTH	YEAR	INITIALS OF RESPONSIBLE OFFICER
12. TELEC	GRAM TO NEXT OF KIN OR OTHER AU	THORIZED PERSON						
13. POST	ADJUTANT GENERAL NOTIFIED						ļ	
14. IMME	DIATE CO OF DECEASED NOTIFIED					+	ļ	-
	RMATION OFFICE NOTIFIED							-
	MORTUARY OFFICER NOTIFIED			 				
	CROSS NOTIFIED R (Specify)			 				
19.	· ·				1			
				SECTION C - RECOR	D OF AUTOPSY			
-	OPSY PERFORMED (IV yes, give date an	nd place)			21.	AUTOPSY ORDERED BY /S	ignature)	
22. PRO	VISIONAL PATHOLOGICAL FINDINGS							
1								
23. DAT	E	24. TYPED NAME AND G	RADE OF PHYSICIAN	N PERFORMING AUTOPSY	25.	SIGNATURE OF PHYSICIA	N PERFORMING AU	TOPSY
~ 04		27 TYPED HAME AND G	RADE OF RECISTRAL		28	SIGNATURE OF REGISTRA	uR	

DA FORM 3894, OCT 72

REPLACES DA FORM 8-257, 1 JAN 61, WHICH WILL BE USED.

1		CERTIFICATE OF Acte de décè					
NAME OF DECEASED (Last, First,	Middle) Nom du décédé	(Nom et prénoms)	<u> </u>	ADE Grade		ANCH OF SERVICE	SOCIAL SECURITY NUMBER
NAME OF DECEMBED (2001, 7173),	, many many	, total production			Arn		Numéro de l'Assurance Sociale
ORGANIZATION Organisation			NAT	ION (e.g., United States)	DA	TE OF BIRTH	SEX Sere
CHOMPLET TOTAL ORGANISATION			Pay		Dat	e de naissance	D
							MALE Masculin
		,					FEMALE Féminin
					_		
RACE	Race	MARITAL STAT	us	État Civil	-	PROTESTANT	OTHER (Specify)
CAUCASOID Caucasique		SINGLE Célibataire		DIVORCED Divorcé		Protestant	Autre (Spécifier)
NEGROID Négroide		MARRIED Marié	-			CATHOLIC Catholique	
OTHER (Specify) Autre (Specifier)		WIDOWED Veuf		SEPARATED Séparé		JEWISH Juif	
	du plus proche parent	L.I	REL	ATIONSHIP TO DECEASE	L	Parenté du décéde avec le su	sdit
			_	105 TOUR 1115 TOUR		Lamo, Li ban-10-1	stal compaint
STREET ADDRESS Domicilé à	(Rue)		CITY	OF TOWN AND STATE (inelu	de ZIP Code) Ville (Code por	sai compris)
		MEDICAL STATEMEN	T D	eclaration médicale			
1							INTERVAL BETWEEN
		OF DEATH <i>(Enter only one couse</i> a décès (N'indiquer qu'une cause	-				ONSET AND DEATH Intervalle entre ('attaque et le décès
		Cun doct	and to head 21/21			21/2 Louis	
DISEASE OR CONDITION DIRECT Maladie ou condition directement		G5.(3/6) W	001	of to nesee			2/2.7003
моя	RBID CONDITION, IF ANY,						
CAUSES Cond	DING TO PRIMARY CAUSE dition morbide, s'il y a lieu, ant à la cause primaire						,
	ERLYING CAUSE, IF ANY, NG RISE TO PRIMARY						
de la mort. Rais						,	
OTHER SIGNIFICANT CONDITIO Autres conditions significatives	ons - 2						
	PSY PERFORMED Autopsie et	fectuée YES Oui		NO Non	I EXI	CUMSTANCES SURROUNDI TERNAL CAUSES	
Condition de décès MAJO	OR FINDINGS OF AUTOPSY Co	nclusions principales de l'autops	ie		Circ	constances de la mort suscitee	es par des causes exterieures
NATURAL Mort naturelle							;
ACCIDENT							
Mort accidentelle				•			
SUICIDE NAME Suicide	OF PATHOLOGIST Nom du	pathologiste					• .
HOMICIDE SIGNA Homicide	ATURE Signature		DAT	E Date	AVI	ATION ACCIDENT Accident	à Avion
DATE OF DEATH (Hour, day, mor	nth, year)	PLACE OF DEATH Lieu de	décés			LJ TES OUI	
(b)(6)	moiz, l'année) \$5	Camp Buca:	IN	ternment Fa			
I HAVE VEN	WED THE REMAINS OF THE D carniné les restes mortels du dél	ECEASED AND DEATH OCCUR: unt et je conclus que le décès es	RED /	AT THE TIME INDICATED A enu à l'heure indiquée et à,	Ia su	ROM THE CAUSES AS STAT ite des causes énumérées ci o	Sessus
NAME OF MEDICAL OFFICER	Nom du médicin militaire ou	du médicin sanitaire	TITL	E OR DEGREE Titre ou	diplô	mė	
GRADE Grade	INSTALLATION	OR ADDRESS Installation ou	adress	se .			
DATE Date	SIGNATURE	Signature					
1 Store disease, inhury or co	mplication which caused death hu	t not mode of dying such as heart fai	ihere e	tc.			
		the disease or condition cousing de					,

CLU-R-01-5650-2448-1-DD FORM 2064, APR 1977

REPLACES OF THE ASSET OF THE CONSTITUTION OF THE STATE OF

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	AUTHORIZATION FOR AUTOPSY						
	utopsy is obtained by letter, telegram, voice recorded or n ty authorities and the letter, telegram, voice recording or a or permanent file.						
1. NAME AND LOCATION OF A	MEDICAL FACILITY	DATE AND TIME					
2. I(We) request and authorize	the physicians in attendance at the above named medi						
amities unless excluded under rapeutic purposes any parts, tissumer as may be prescribed by cor	utopsy may include, but not be limited to, examination of restrictions hereinunder, and I(We) authorize the removalues, or organs as such physicians or their designees may competent authority (Commanding Officer, Medical Director, to the following restrictions:	f the head, eyes, spinal cord, chest, abdomen and land retention or use for diagnostic, scientific, or deem proper, and the final disposal thereof in such, etc.) in this facility.					
	(If No Restrictions, Write "None")						
	ons are requested:						
·3. I(We) represent that I am (w	e are) the(Realtionshi	p/Authority)					
• deceased and entitled by law	to control the disposition of the remains.						
B. Indiana de la companya de la comp	•						
NESSES (medical facility staff m		*					
I Sd(Name	and Title)						
ied		•					
(Name	and Title)						
FOR ADMINISTRATIVE US	E ONLY	•					
	of Medical Examiner/Coroner						
ATURE	TITLE	DATE					
INT'S IDENTIFICATION (For typed or write medical facility)	tten entries give: Name-last, first, middle; grade; date; hospital or	REGISTER NO. WARD NO.					

AUTHORIZATION FOR AUTOPSY Medical Record

STANDARD FORM 523 (REV. 12-93) Prescribed by GSA/ICMR, FIRMR (41 CFR) 201-9.202-1

					ENTIFICATION ne proponent agency is ODCSPER			
NAME OF DECEASED (Last, First, MI)		GRADE	SSN		BRANCH OF SERVICE		DATE OF INCIDENT	
					PLACE OF DEATH/INCID	ENT		····
ORGANIZATION AND BASE					,			
		CONDITION O	F REMAINS ID	escrit	ne briefly in Narrative below)			
Recognizable		Not Recognizable			Commingled		Mutilated	
Burned		Decomposed			Semi-Skeletal		Skeletal	
	MEANS OF	IDENTIFICATION (Ch	eck all appropria	te bo	xes. Specify supporting data in Narrativ	e belo	ow)	
Fingerprint Comparison		Footprint Comparison	***		Dental Comparison .		Anatomical Comparison	
Skeletal Comparison		Personal Effects	*	T	Visual Recognition	T	Identification Tag(s)	
Other (Explain in Narrative)					,			
			ENCL	osu	RES			
DD Form 565	T	DD Form 890		T	DD Form 891	Π	DD Form 892	
DD Form 893		DD Form 894		Т	DD Form 897		ID Card	
DD Form 369		FD 258		T	AF Form 137		SF 603	
Dental X-Rays		SF 88		T	SF 93		DD Form 2064	
SF 601		Photo	•					

NARRATIVE AND SUMMARY (Continue on reverse or use additional sheets, if required)

DA FORM 2773, MAY 1999

PREVIOUS EDITION IS OBSOLETE

USAPA V1.00

MILITARY OPERATIONS RECORD OF PERSONAL EFFECTS OF DECEASED PERSONNEL

1. DATE (YYYYMMOD) Z. PAGE

	ISE: This form is used to establ	ish initial identification of d	eceased personnel.					
DISCLOSURE: Progressor and person	ersonal information provided on t n making visual identification.	this form is given on a volu	ntary basis. Failure to	provide this information,	however, may	result in imp	roper identi	fication of the deceased
	ENTIFIED DECEDENT							
	(Last, First, Middle Initial) for Unidentified) b. GRADE c. SSN			d. ORGANIZATI	ON .	e STAT	rus	f. DATE OF STATUS (YYYYMMDD)
								•
PLACE OF RECO	VERY (Include grid coordinates)			5. DATE OF R			CUATION	NUMBERS
.				(YYYYMMDD)		2. #1		b. #2
NVENTORY OF	EFFECTS							
QUANTITY	b. DESCRIPTION	•		c. RECEIVED	d. CONDITI	ON	e. DISP	DSITION
				·				•
		· .						
							-	
							 	
								·
								<u>.</u>
						·		
251								
"FUNDS/NEGOT	TABLE INSTRUMENTS/OTHER	HIGH VALUE ITEMS TRA	NSMITTED WITH EF	FECTS				
QUANTITY	b. DESCRIPTION			c. RECEIVED	d. CONDITI	ON	e. DIST	OSITION
<u> </u>								
							-	
9. EFFECTS INV	VENTORIED ABOVE REPRESENT	「 (X as appropriate) NOWN EFFECTS RECOVEREI	O FROM UNIT	ALL KN	OWN EFFECTS R	ECOVERED F	ROM REMAI	NS
9. PREPARING			•					
a. NAME (Last, Fil			b. GRADE	c. ORGANIZAT	TON			
							e. DAT	E SIGNED
							m	YMMDD)
d. SIGNATURE								
d. SIGNATURE			L CRADE	c. ORGANIZA	TION			
d. SIGNATURE 11. RECEIVING (a. NAME (Last, Fi			b. GRADE					
11. RECEIVING (a. NAME (Last, Fi			D. GRADE			······································	e. DAT	'E SIGNED
11. RECEIVING (b. GRADE				1	E SIGNED
11. RECEIVING (a. NAME (Last, Fi			b. GRADE				1	
11. RECEIVING (a. NAME (Last, Fi d. SIGNATURE	irst, Middle Initial)		b. GRADE	c. ORGANIZA	TION		1	

CID ROI 6041 100344

SERRIES 49

CTATEMEN	T OF MEDICAL EX	AMINATION A	ND D	UTY STAT	rus	
For use	of this form, see AR 600-8-	1 the proponent age	ency is P	ERSCOM		
HRU: (Include ZIP Code)	TO: (Include ZIP Code	•)		FROM: (In	clude ZIP (ode)
	1					
·			- 1			
NAME OF INDIVIDUAL EXAMINED (Last, F	iret, and Middle Initial)		2. 55	N ,		3. GRADE
				CCIDENT	INFORMATI	ON
ORGANIZATION AND STATION		a. DATE			City and St	
SECTION 1 - TO BE COMPL	ETED BY ATTENDIN	G PHYSICIAN C	R HOS	PITAL PA	TIENT A	MINISTRATOR
INDIVIDUAL WAS OUT PATIENT	7. NAME OF HOSPITA	L OR TREATMEN	T FAC	ILITY	CIVILIA	N MILITARY
ADMITTED DEAD ON ARRIVAL	Camp Buccus					
(b)(6)		(b)(6)	ATE EX	\$5		
NATURE AND EXTENT OF INJUR	Y DISEASE	SSW to	hea	Explain)		
. MEDICAL OPINION: a. INDIVIDUAL					соноь [DRUGS (Specity):
6. INDIVIDUAL WAS WAS NOT ME	NTALLY SOUND (Attack	Paychiatric eval	ustion i	f appropriate	e).	
C. INJURY IS IS NOT LIKELY TO	RESULT IN A CLAIM A	GAINST THE GOV	ERNME	ENT FOR F	UTURE ME	DICAL CARE.
d. INJURY WAS WAS NOT INCURE	RED IN LINE OF DUTY.	BASIS FOR OPIN	ION:			
		13. BLOOD AL	COHOL	T14. NO.	OF MG ALC	OHOL/100 ML BL 00D
THE FOLLOWING DISABILITY MAY RESU		TEST MAD	E			
TEMPORARY PERMANENT PARTIAL B. DETAILS OF ACCIDENT OR HISTORY OF	PERMANENT TOTAL	vben)	_] NO			
S. DETAILS OF ACCIDENT OR HISTORY OF	OISEASE (HOW, WHILE,	۔۔۔۔۔۔۔۔۔۔۔۔۔	+	0	tu (6	26-1
Riot at compared 5	14 received	gunsa	21 %		78 (1	
(b)(6) 25 (b)(6)	NTED NAME OF ATTEM PATIENT ADMINISTRA	TOR	(b)(6	GNATURE		
SECTION II -	TO BE COMPLETED	BY UNIT COMM	ANDE	OR UNIT	ADVISER	
- DUTY STATUS	,		OUR A	ND DATE O	F ABSENCE	E
PRESENT FOR DUTY ABSENT	WITHOUT AUTHORITT	a. FROM	,		ь. то	
ABSENT WITH AUTHORITY: ON PAS	ON LEAVE		08144	CE OF MIL	ITARY DUT	y (Explain in Item 30
- ABSENCE WITHOUT AUTHORITY MATER	It did or did not interfer	with performance)	CE OF MIL		, , _ ,
YES NO		23.	н	OUR AND D	ATE TRAIN	ING
ACTIVE DUTY ACTIVE DUTY	OR TRAINING	e. BEGAN			b. ENDED	
INACTIVE DUTY TRAINING		l				
- RESERVIST DIED OF INJURIES RECEIVE	D PROCEEDING DI	RECTLY TO TRAI	NING	DIREC	TLY FROM	
- MODE OF TRANSPORTATION 26. HOUR	BEGINNING TRAVEL	27. DISTANCE I	илогл	ED	28. NORMA	L TIME FOR TRAVEL
- DUTY STATUS AT TIME OF DEATH IF D	FFERENT FROM TIME	DE INJURY OR CO	NTRAC	TION OF D	ISEASE	
	NT WITH AUTHORITY	ABSENT	WITHOU	T AUTHOR	HTY	
- DETAILS OF ACCIDENT - REMARKS (II ac	ditional space is needed,	continue on rever	80) (Att	ach inclosus	тов ав посов	eary)
1						
*						
		132. (N IUD V 15 C	ONSIDI	ERED TO H	AVE BEEN	INCURRED IN LINE
FORMAL LINE OF DUTY INVESTIGATIO	N REQUIRED	OF DUTY (A	ot appl	icable on de	eths)	
YES NO		YES OR	=	GNATURE		
DATE UNIT ADVISE	AND GRADE OF UNIT CO	MMANDER OR				
1						

ACLU-RDI 5650 p. 152 OFFICIALUSE -0126 ACLU CIDERO 1804-300-727/

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ACLU-RDI 5650 p.153

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EXHIBIT 51



ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850 1-800-944-7912



AUTOPSY EXAMINATION REPORT

Name: Mousa Al Jbori, Mahmood Ismaeel Mosa

Intermernt Serial Number: (b)(6) 1967

Date of Birth: (b)(6) Date of Death: (b)(6) 2005 Date of Autopsy: 5 February 2005

Date of Report: 14 March 2005

Autopsy No.: (b)(6)

AFIP No.: (b)(6)

Rank: Iraqi national, civilian Place of Death: Bucca, Iraq

Place of Autopsy: Baghdad, Iraq

Circumstances of Death: This 38 year-old male civilian, presumed Iraqi national was in US custody at the Bucca detention facility in Iraq. By report, he was shot during a prison riot.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Gunshot Wound of the Torso

MANNER OF DEATH: Homicide

AUTOPSY REPORT (b)(6) MOUSA AL JBORI, Mahmood Ishmael Mosa

FINAL AUTOPSY DIAGNOSES:

- Penetrating Gunshot Wound of the Torso
 - Indeterminate range entrance wound of posterior aspect (back) of left shoulder with no surrounding soot or stippling
 - b. Wound path through skin and soft tissue of the upper left back, the left scapula, posterior aspect of the left chest wall through the 4th rib, left lower lung lobe, diaphragm, liver and stomach
 - c. Wound associated with bilateral hemothoraces, 300 ml blood in the right pleural space and 1,000 ml blood in the left pleural space; hemopericardium, 100 ml blood; hemoperitoneum, 500 ml blood; fracture of the left scapula; fracture of the posterior lateral aspect of the left 4th rib; perforation of the left lower lung lobe and left hemidiaphragm; disruption of the left lobe of the liver; and multiple perforations of the stomach
 - d. No exit wound present
 - Multiple metallic fragments including a fragment of copper jacket and fragments of bullet core are recovered from within the stomach and submitted to US Army CID
 - f. No evidence of close range fire on the skin
 - g. Direction of wound path: Back to front, downward, and slightly left to right
- II. No evidence of significant natural disease, within the limitations of the examination
- III. No evidence of other significant injuries
 - a. Minor abrasions of anterior aspect of left knee
 - b. Minor contusion of back of left knee
- IV. No evidence of restraint
- V. Toxicology (AFIP)
 - Volatiles: Blood and vitreous fluid negative for ethanol
 - b. Drugs: Blood negative for screened medications and drugs of abuse

ACLU-RDI 5650 p. 157

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AUTOPSY REPORT (b)(6)

MOUSA AL JBORI, Mahmood Ishmael Mosa

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad Caucasian male. The body weighs approximately 160 pounds (estimated), is 68" in height and appears compatible with the reported age of 38 years. The body temperature is cold, that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with dark brown hair averaging 1.5 cm in length. Facial hair consists of a red brown beard and mustache. The irides are brown, and the corneae are slightly cloudy. The sclerae and conjunctivae are pale and free of petechiae. There are multiple freckles over the forehead. The earlobes are not pierced. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The nasal skeleton is palpably intact. The lips are without evident injury. The teeth are natural and in fair condition.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is flat and soft. Healed surgical scars are not noted on the torso. The extremities are well developed with normal range of motion. There is a 1 x 0.3 cm scar on the right knee, and there is a 1 x 2 cm tan macule on the anterior aspect of the right thigh. The fingernails are intact. The soles of the feet are calloused, but they are clean and atraumatic. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is shaved but present in a normal distribution. The buttocks and anus are unremarkable. An identification tag is on the right first toe.

EVIDENCE OF THERAPY

There is an endotracheal tube in place, and there is an intravenous catheter in the right antecubital fossa. There are two adhesive EKG tabs on the body, one on the upper anterior aspect of the right shoulder and one on the upper anterior aspect of the left shoulder. There are two adhesive defibrillator pads on the body, one on the upper anterior aspect of the right shoulder and one on the anterior lateral aspect of the left side of the chest. There is a "C" written on the back of the right hand in green ink.

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. All wound pathways are given relative to standard anatomic position.

There is dried blood streaking on the back of the hands and confluent over the back of the body. The palms of the hands are free of blood. There are two abrasions, 0.2 cm in diameter and 1 x 0.2 cm on the left knee. There is a 3 x 2 cm faint purple contusion on the back of the left knee.

ACLU-RDI 5650 p.158

AUTOPSY REPORT (b)(6)

MOUSA AL JBORI, Mahmood Ishmael Mosa

Gunshot Wound of the Torso

There is an indeterminate range entrance gunshot wound of the posterior aspect of the left shoulder. The wound is round, 0.3 cm in diameter, with an eccentric marginal abrasion rim from 10 o'clock to 2 o'clock with a maximum width of 0.3 cm at the 12 o'clock position. The entrance wound is located 14 cm to the left of posterior midline and 28 cm beneath the top of the head, and there is no soot or stippling surrounding the wound.

The wound path perforates the skin and soft tissue of the upper left back and the left scapula, and enters the posterior aspect of the left chest cavity through the posterior lateral aspect of the 4th left rib. The wound perforates the left lower lung lobe, the left hemidiaphragm, the liver, and stomach.

The wound is associated with bilateral hemothoraces with 300 ml of blood in the right pleural cavity and 1,000 ml of blood in the left pleural cavity; a hemopericardium with 100 ml blood in the pericardial sac; and a hemoperitoneum with 500 ml of blood in the abdominal cavity. The wound is also associated with fractures of the left scapula and posterior lateral aspect of the left 4th rib, parenchymal defects of the left lower lung lobe and the left lobe of the liver; perforation of the diaphragm; multiple perforations of the stomach; and hemorrhage and soft tissue destruction along the wound path.

A fragment of copper jacket and multiple small metallic fragments of bullet core are recovered from within the stomach. No exit wound is present, and there is no evidence of close range fire on the skin. The direction of the wound path is from back to front, left to right, and downward.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 2 cm thick.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp is reflected, and there is no skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural or subdural hemorrhage present. The leptomeninges are thin and delicate. The cerebrospinal fluid is clear. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres reveal no lesions, and there is no evidence of infection, tumor, or trauma. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1480 grams.

ÀCLU-RDI 5650 p.159

AUTOPSY REPORT (b)(6)
MOUSA AL JBORI, Mahmood Ishmael Mosa

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. 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 and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.1 cm in thickness and the right ventricle is 0.2 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 278 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma is red-purple, exuding a slight amount of bloody fluid. The injuries of the left lower lung lobe are as previously described. No other focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 383 grams; the left 237 grams.

LIVER & BILIARY SYSTEM:

The injuries of the liver are as previously described. The hepatic capsule is otherwise smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 3 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1169 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The injuries of the stomach are as previously described. The gastric mucosa is otherwise arranged in the usual rugal folds and the lumen contains a film of tan fluid. The small and large bowel are unremarkable. The pancreas has a normal pinktan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

ACLU-RDI 5650 p.160

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AUTOPSY REPORT (b)(6)

MOUSA AL JBORI, Mahmood Ishmael Mosa

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 60 ml of clear, yellow urine. The prostate gland 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. The right kidney weighs 117 grams; the left 119 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 59 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES

- Full body radiographs were obtained and reflect the injuries described above.
- Documentary photographs are taken by OAFME photographers
- Metallic fragments recovered are submitted to US Army CID
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, femoral blood, heart blood, left chest cavity blood, urine, bile, liver and spleen
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

AUTOPSY REPORT (b)(6)
MOUSA AL JBORI, Mahmood Ishmael Mosa

OPINION

This 38 year-old male Iraqi civilian in US custody died of a gunshot wound of the torso, which perforated his left lower lung and liver, causing internal bleeding. By report, he was shot during a prison riot at the Bucca detention facility.

The manner of death is homicide.

(b)(6)	
(b)(6)	Medical Examiner



ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

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AUTOPSY EXAMINATION REPORT

Name: Hamed Al Mu Farji, Khaleed Yassen Hamad Autopsy No.: (b)(6)

Intermernt Serial Number: (b)(6)

Date of Birth: (b)(6)

Place of Death: (b)(6)

Rank: Iraqi national, civilian

Date of Death: (b)(6) 2005 Place of Death: Bucca, Iraq
Date of Autopsy: 5 February 2005 Place of Autopsy: Baghdad, Iraq

Date of Report: 14 March 2005

Circumstances of Death: This 36 year-old male civilian, presumed Iraqi national was in US custody at the Bucca detention facility in Iraq. By report, he was shot during a prison riot.

Authorization for Autopsy: The Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Visual, per detention facility records; postmortem fingerprints and DNA profile obtained.

CAUSE OF DEATH: Gunshot Wound of the Head

MANNER OF DEATH: Homicide

AUTOPSY REPORT (b)(6) HAMED AL MU FARJI, Khaleed Yassen Hamad

FINAL AUTOPSY DIAGNOSES:

- I. Perforating Gunshot Wound of the Head
 - a. Indeterminate range entrance wound of posterior aspect (back) of the head just below the hairline at posterior midline with no surrounding soot or stippling
 - b. Wound path through skin and soft tissue of the lower occipital scalp at the superior base of the neck, the second cervical vertebra and spinal cord, nasopharynx and bridge of nose
 - c. Wound associated with fractures of the second cervical vertebra, transection of the cervical spinal cord at the level of the second cervical vertebra, subarachnoid hemorrhage over the brain, and fractures of the nasal, ethmoid and maxillary bones
 - d. Stellate exit wound present at the bridge of the nose
 - e. No metallic projectiles recovered or evident radiographically
 - f. No evidence of close range fire on the skin
 - Direction of wound path: Back to front and upward
- II. No evidence of significant natural disease, within the limitations of the examination
- III. No evidence of other significant injuries
 - a. Minor abrasions of forehead
- IV. No evidence of restraint
- V. Toxicology (AFIP)
 - a. Volatiles: Heart blood and vitreous fluid negative for ethanol
 - b. Drugs: Heart blood negative for screened medications and drugs of abuse

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AUTOPSY REPORT (b)(6)
HAMED AL MU FARJI, Khaleed Yassen Hamad

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished unclad Caucasian male. The body weighs approximately 160 pounds (estimated), is 69" in height and appears compatible with the reported age of 36 years. The body temperature is cold, that of the refrigeration unit. Rigor is present to an equal degree in all extremities. Lividity is present and fixed on the posterior surface of the body, except in areas exposed to pressure.

The scalp is covered with dark brown hair averaging 2 cm in length. Facial hair consists of a brown with grey beard and mustache. The irides are brown, and the corneae are slightly cloudy. The sclerae and conjunctivae are pale and free of petechiae. The earlobes are not pierced. The external auditory canals and oral cavity are free of foreign material and abnormal secretions. The lips are without evident injury. The teeth are natural and in fair condition.

The neck is straight and the trachea is midline and mobile. The chest is symmetric and well developed. No injury of the ribs or sternum is evident externally. The abdomen is flat and soft. Healed surgical scars are not noted on the torso. The extremities are well developed with normal range of motion. There is a 4 cm linear scar on the upper right shin, and there is a 5 cm linear scar on the back of the right calf. The fingernails are intact. The soles of the feet are calloused. No tattoos are noted, and needle tracks are not observed. The external genitalia are those of a normal adult circumcised male. The testes are descended and free of masses. The pubic hair is present in a normal distribution. The buttocks and anus are unremarkable. An identification tag is on the right first toe.

EVIDENCE OF THERAPY

There is an oropharyngeal airway in place, and there is an intravenous catheter in the left antecubital fossa. There is an "A" written on the back of the left hand in green ink.

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. All wound pathways are given relative to standard anatomic position.

Gunshot Wound of the Head

There is an indeterminate range entrance gunshot wound of the posterior aspect of the head, just below the hairline. The wound is round, 0.2 cm in diameter, with an eccentric 0.1 cm marginal abrasion rim from the 3 o'clock to 6 o'clock position. The entrance wound is located in the posterior midline, 18 cm beneath the top of the head, and 1 cm beneath the edge of the hairline. There is no soot or stippling on the skin surrounding the wound.

AUTOPSY REPORT (b)(6) HAMED AL MU FARJI, Khaleed Yassen Hamad

The wound path perforates the skin and soft tissue of the lower occipital scalp and upper posterior neck at the posterior midline, continues through the second cervical vertebra (axis) and cervical spinal cord, and through the nasopharynx just below the sphenoid sinus and cribiform plate, and exits through the nasal bones out the bridge of the nose directly between the eyes.

The wound is associated with fractures of the second cervical vertebra, complete transection of the cervical spinal cord at the level of the second cervical vertebra, diffuse subarachnoid hemorrhage over the brain, a film of subdural hemorrhage at the base of the brain, fractures of the maxillary, ethmoid and nasal bones, and hemorrhage and soft tissue destruction along the wound path.

There is a 3 x 3 cm stellate exit wound at the bridge of the nose, located on the anterior midline, 10 cm beneath the top of the head and directly between the eyes.

No metallic projectiles are recovered or evident radiographically, and there is no evidence of close range fire on the skin. The direction of the wound path is from back to front and upward.

INTERNAL EXAMINATION

BODY CAVITIES:

The body is opened by the usual thoraco-abdominal incision and the chest plate is removed. No adhesions or abnormal collections of fluid are present in any of the body cavities. All body organs are present in the normal anatomical position. The vertebral bodies are visibly and palpably intact. The subcutaneous fat layer of the abdominal wall is 2 cm thick.

HEAD: (CENTRAL NERVOUS SYSTEM)

The injuries of the head are as previously described. The scalp is reflected, and there are no other skull fractures found. The calvarium of the skull is removed. The dura mater and falx cerebri are intact. There is no epidural hemorrhage present. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, are intact. Coronal sections through the cerebral hemispheres revealed no lesions, and there is no evidence of infection, tumor, or trauma. The ventricles are of normal size. Transverse sections through the brain stem and cerebellum are unremarkable. The dura is stripped from the basilar skull, and no fractures are found. The atlanto-occipital joint is stable. The brain weighs 1440 grams.

NECK

Examination of the soft tissues of the anterior neck, including strap muscles, thyroid gland and large vessels, reveals no abnormalities. 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 and is unobstructed. The thyroid gland is symmetric and red-brown, without cystic or nodular change. There is no evidence of infection, tumor, or trauma, and the airway is patent.

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AUTOPSY REPORT (b)(6)
HAMED AL MU FARJI, Khaleed Yassen Hamad

CARDIOVASCULAR SYSTEM:

The pericardial surfaces are smooth, glistening and unremarkable; the pericardial sac is free of significant fluid and adhesions. A moderate amount of epicardial fat is present. The coronary arteries arise normally, follow a right dominant distribution and are widely patent, without evidence of significant atherosclerosis or thrombosis. The chambers and valves exhibit the usual size-position relationship and are unremarkable. The myocardium is dark red-brown, firm and unremarkable; the atrial and ventricular septa are intact. The left ventricle is 1.1 cm in thickness and the right ventricle is 0.2 cm in thickness. The aorta and its major branches arise normally, follow the usual course and are widely patent, free of significant atherosclerosis and other abnormality. The venae cavae and their major tributaries return to the heart in the usual distribution and are free of thrombi. The heart weighs 420 grams.

RESPIRATORY SYSTEM:

The upper airway is clear of debris and foreign material; the mucosal surfaces are smooth, yellow-tan and unremarkable. The pleural surfaces are smooth, glistening and unremarkable bilaterally. The pulmonary parentage is red-purple, exuding a slight amount of bloody fluid, and no focal lesions are noted. The pulmonary arteries are normally developed, patent and without thrombus or embolus. The right lung weighs 540 grams; the left 520 grams.

LIVER & BILIARY SYSTEM:

The hepatic capsule is smooth, glistening and intact, covering dark red-brown, moderately congested parenchyma with no focal lesions noted. The gallbladder contains 3 ml of green-brown, mucoid bile; the mucosa is velvety and unremarkable. The extrahepatic biliary tree is patent, without evidence of calculi. The liver weighs 1370 grams.

ALIMENTARY TRACT:

The tongue is free of bite marks, hemorrhage, or other injuries. The esophagus is lined by gray-white, smooth mucosa. The gastric mucosa is arranged in the usual rugal folds and the lumen contains approximately 500 ml of white thick liquid. The small and large bowel are unremarkable. The pancreas has a normal pink-tan lobulated appearance and the ducts are clear. The appendix is present and is unremarkable.

GENITOURINARY SYSTEM:

The renal capsules are smooth and thin, semi-transparent and strip with ease from the underlying smooth, red-brown cortical surfaces. The cortices are sharply delineated from the medullary pyramids, which are red-purple to tan and unremarkable. The calyces, pelves and ureters are unremarkable. White bladder mucosa overlies an intact bladder wall. The urinary bladder contains 15 ml of clear, yellow urine. The prostate gland 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. The right kidney weighs 120 grams; the left 120 grams.

Exhibit____

AUTOPSY REPORT (b)(6)
HAMED AL MU FARJI, Khaleed Yassen Hamad

RETICULOENDOTHELIAL SYSTEM:

The spleen has a smooth, intact capsule covering red-purple, moderately firm parenchyma; the lymphoid follicles are unremarkable. The regional lymph nodes appear normal. The spleen weighs 150 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands are unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development is normal. No bone or joint abnormalities are noted.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES

- Full body radiographs were obtained and reflect the injuries described above.
- Documentary photographs are taken by OAFME photographers
- Specimens retained for toxicologic testing and/or DNA identification are: vitreous fluid, heart blood, urine, bile, liver, spleen, and gastric contents
- The dissected organs are forwarded with the body
- Personal effects are released to the appropriate mortuary operations representative

OPINION

This 36 year-old male Iraqi civilian in US custody died of a gunshot wound of the head, causing fractures of the 2nd cervical vertebra (axis) with transection of the cervical spinal cord. By report, he was shot during a prison riot at the Bucca detention facility.

The manner of death is homicide.

(b)(6)	
(b)(6)	Medical Examiner

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FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Tawfeeek, Salmany
ISN: (b)(6)

Date of Birth: (b)(6)

Date of Death: (b)(6)

Date of Autopsy: 5 February 2005

Date of Report: 05 April 2005

Autopsy No.:(b)(6)
AFIP No. (b)(6)
Rank: Civilian
Place of Death: Iraq

Place of Autopsy: Army Mortuary

Camp Victory, Iraq

Circumstances of Death: This 27-year-old male was a civilian detainee who was shot during a prison disturbance.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Gunshot wound of the head.

MANNER OF DEATH: Homicide.

FINAL AUTOPSY DIAGNOSES

- Perforating gunshot wound of the head:
 - A. Entry: right posterior parietal region of head
 - B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound.
 - C. Path: skin of right posterior parietal scalp, right posterior parietal region of the skull, right cerebral hemisphere of the brain, right parietal region of the skull.
 - D. Projectile: yellow metal fragment recovered.
 - E. Exit: right parietal region of the head.
 - F. Direction: back to front and upwards.
 - G. Associated injuries:
 - Multiple linear fractures of the right parietal and vertex regions of the calvarium.
 - 2. Perforating laceration of the right cerebral hemisphere.
 - 3. Subgaleal hemorrhage in the biparietal and occipital regions.

2 of 6

- II. Additional injuries:
 - A. Circular abrasions on left lateral chest, left upper arm, right forearm and the left thigh.
- III. Toxicology: Negative.

3 of 6

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs approximately 182 pounds, is 67 inches in length and appears compatible with the reported age of 27 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is black. Facial hair consists of a black beard and mustache. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. The neck is straight and the trachea is midline and mobile. The chest is unremarkable. The abdomen is flat. The upper and lower extremities are symmetric. The numeral "2" is written on the dorsum of the right hand. The fingernails are intact. A 2 ½ x½ inch band-like hyperkeratotic area is present on the dorsal surface of both feet. An identification tag is present on the right 1st toe bearing "BTB Tawfeeek, Salmany". The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

The following personal effects accompany the body:

- A 5000 Dinar bank note.
- A band with "Tawfeeek/Salmany, Hauthaifah Nazar", a photo and demographic information.

EVIDENCE OF MEDICAL THERAPY

- 1. An endotracheal tube.
- A nasogastric tube.
- Intravascular catheters are present in the left antecubital fossa and right inguinal region.
- A therapeutic needle puncture site in the right antecubital fossa.
- A Foley catheter.
- 6. Defibrillator pads on the right upper and left lateral chest.

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. All wound pathways are given relative to standard anatomic position.

Perforating gunshot wound of the head:

There is an atypical gunshot wound of entrance situated in the right posterior parietal region of the head located 1 ½ inches below the top of the head and 2 ¼ inches right of the posterior midline. The wound measures ¾ x 1/8 inch. There is eccentric marginal abrasion located infero-medially having an average width of 1/8 inch. No evidence of

ACLU-RDI 5650 p.1Zh offici**10-LE-01-26-ACEU** (CIDIROF636500863

4 of 6

soot or gunpowder stippling is present on the skin around the entrance wound. The adjacent internally beveled skull defect measures ½ x ¼ inch. The wound path passes through the skin of the right posterior parietal scalp, right posterior parietal region of the skull, right cerebral hemisphere of the brain, right parietal region of the skull and the right parietal scalp. A stellate exit wound is present in the right parietal region of the head located on the top of the head, centered 2 ½ inches right of the anterior midline. The exit wound measures 4 ½ x 2 ½ inches. The trajectory of the gunshot wound is back to front and upward. A 1 mm yellow metal fragment is recovered from the right parietal subgaleal region. Associated with the gunshot wound are multiple linear fractures of the right parietal and vertex regions of the calvarium, perforating laceration of the right cerebral hemisphere and subgaleal hemorrhage in the biparietal and occipital regions.

Additional injury:

There are multiple circular abrasions averaging 1/4 inch in diameter distributed as follows:

- Left mandibular region of the face.
- Left lateral surface of the chest (2).
- Posterior surface of the right forearm.
- Anterior surface of the left upper arm.
- Posterior lateral surface of the left thigh.

INTERNAL EXAMINATION

HEAD:

(See above "Evidence of Injury").

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between the uninjured white and grey matter. The ventricles are of normal size. The brain weighs 1550 gm. The atlanto-occipital joint is stable.

NECK:

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

BODY CAVITIES:

The sternum is visibly and palpably intact. No excess fluid is present in the pericardial, pleural or peritoneal cavities. The organs occupy their usual anatomic positions.

ACLU-RDI 5650 p.172

Exhibit__

AUTOPSY REPORT TAWFEEEK, Salmany

5 of 6

RESPIRATORY SYSTEM:

The right and left lungs weigh 385 and 291 gm, respectively. The external surfaces are smooth and deep red-purple. The pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

The 324 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1184 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains less than 5 ml of greenblack bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 61 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right kidney weighs 70 gm; the left 103 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder is empty. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal

6 of 6

vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

The esophagus is lined by smooth, grey-white mucosa. The stomach contains approximately 100 ml of tan gray flocculent material. The gastric wall is intact. The duodenum, loops of small bowel, colon, and appendix are unremarkable.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES/REMARKS

- Documentary photographs are taken by OAFME staff photographer (b)(6)
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, spleen and liver.
- Full body radiographs are obtained and demonstrate the injuries as described.
 Scattered minute metallic fragments are seen radiographically in the region of the head wound.
- The dissected organs are forwarded with the body.
- The recovered metallic fragment is placed in a labeled container and released to the attending investigative agents.
- Personal effects are released to the appropriate mortuary operations representatives.

OPINION

This 27-year-old male civilian detainee died of a gunshot wound to the head. There was no evidence of close range firing on the skin around the entrance wound. The gunshot wound passed through the head causing extensive injury to the skull and brain. A single projectile fragment was recovered.

The	manner of death is homicide.
(b)(6)	•
(b)(6)	Medical Examiner
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Exhibit •



ARMED FORCES INSTITUTE OF PATHOLOGY Office of the Armed Forces Medical Examiner

1413 Research Blvd., Bldg. 102 Rockville, MD 20850 1-800-944-7912



FINAL AUTOPSY EXAMINATION REPORT

Name: BTB Abid, Ismail Hammed ISN (b)(6) Date of Birth: (b)(6) 1976 Date of Death: (b)(6) 2005 Date of Autopsy: 5 February 2005

Date of Report: 29 March 2005

Autopsy No.: (b)(6) AFIP No. (b)(6) Rank: Civilian Place of Death: Iraq

Place of Autopsy: Army Mortuary

Camp Victory, Iraq

Circumstances of Death: This 29-year-old male was a civilian detainee shot during a prison disturbance.

Authorization for Autopsy: Office of the Armed Forces Medical Examiner, IAW 10 USC 1471.

Identification: Identification is established by means of the attached identification tags.

CAUSE OF DEATH: Gunshot wound of the chest.

MANNER OF DEATH: Homicide.

AUTOPSY REPORT (b)(6)
BTB ABID, Ismail Hammed

2 of 6

FINAL AUTOPSY DIAGNOSES

- I. Perforating gunshot wound of the chest:
 - A. Entry: left side of the back.
 - B. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound.
 - C. Path: skin of the back, the left 8th rib, left lung, descending aorta, right lung, right 6th and 7th ribs, skin of the right chest.
 - D. Exit: right lateral chest.
 - E. Direction: left to right, back to front and upward.
 - F. Associated injury:
 - 1. Fracture of the posterior lateral aspect of the left 8th rib.
 - 2. Fractures of the lateral aspect of the right 6th and 7th ribs.
 - 3. Perforating laceration of the descending aorta.
 - a. Bilateral hemothoraces (right 500 ml, left 1000 ml).
 - Esophageal laceration.
 - Perforating laceration of the middle and lower lobes of the right lung.
 - Perforating laceration of the lower lobe of the left lung.
- No significant natural diseases identified, within limitations of the examination.
- III. Toxicology: Negative.

EXTERNAL EXAMINATION

The body is that of a well-developed, well-nourished male that weighs approximately 181 pounds, is 67 inches in length and appears compatible with the reported age of 29 years. Lividity is fixed on the posterior surface of the body except in areas exposed to pressure. Rigor is complete. The scalp hair is black. A black beard and mustache are also present. The irides are dark. The corneae are cloudy. The conjunctivae are unremarkable. The sclerae are white. The external auditory canals, external nares and oral cavity are free of foreign material and abnormal secretions. The teeth are natural and in good condition. The neck is straight, and the trachea is midline and mobile. The chest shows evidence of injury to be further described below. The abdomen is flat. The fingernails are intact. The upper and lower extremities are symmetric. Identification tags are present on the 1st toe of each foot, bearing the name BTB Abid Ismail. The genitalia are those of a normal adult male. The buttocks and anus are unremarkable.

CLOTHING AND PERSONAL EFFECTS

The following clothing items and personal effects accompany the body:

- A 1000 Dinar bank note.
- 2. An identification card in Arabic.

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AUTOPSY REPORT (b)(6) BTB ABID, Ismail Hammed

3 of 6

3. A band with "Abid, Ismail Hammed", a photo and demographic information.

EVIDENCE OF MEDICAL THERAPY

An endotracheal tube.

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. All wound pathways are given relative to standard anatomic position.

Perforating gunshot wound of the chest:

There is a gunshot wound of entrance situated on the left side of the back located 18 1/2 inches below the top of the head and 6 inches left of the posterior midline. The wound measures 1/8 inch. There is eccentric marginal abrasion ranging in width from 1/16 inch to 1/8 inch in the 3 to 12 o'clock position. A 1/16 inch laceration is located in the 2 o'clock position. No evidence of soot or gunpowder stippling is present on the skin around the entrance wound. The wound path passes through the skin of the back, the left 8th rib, left lung, descending aorta, right lung, right 6th and 7th ribs and skin of the right chest. An exit wound is present on the right side of the chest located 16 inches below the top of the head and 6 1/2 inches right of the anterior midline. The exit wound measures 3/4 x 1/4 inch. The trajectory of the gunshot wound is left to right, back to front and upward. No projectile or projectile fragments are recovered from the wound track. Associated with the gunshot wound are fracture of the posterior lateral aspect of the left 8th rib, fractures of the lateral aspect of the right 6th and 7th ribs, perforating laceration of the descending aorta, bilateral hemothoraces (500 ml on the right and 1000 ml on the left), laceration of the esophagus, perforating lacerations of the middle and lower lobes of the right lung and perforating laceration of the lower lobe of the left lung.

INTERNAL EXAMINATION

HEAD:

The scalp is reflected. The calvarium of the skull is removed. The leptomeninges are thin and delicate. Coronal sections demonstrate sharp demarcation between white and grey matter. The ventricles are of normal size. The brain weighs 1508 gm. The atlanto-occipital joint is stable.

NECK:

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

ACLU-RDI 5650 p.177

0009-05-CID579-40002

AUTOPSY REPORT (b)(6)
BTB ABID, Ismail Hammed

4 of 6

BODY CAVITIES:

(See above "Evidence of Injury")

The sternum is visibly and palpably intact. No excess fluid is present in the pericardial or peritoneal cavities. The organs occupy their usual anatomic positions.

RESPIRATORY SYSTEM:

(See above "Evidence of Injury")

The right and left lungs weigh 267 and 264 gm, respectively. The uninjured external surfaces are smooth and deep red-purple. The uninjured pulmonary parenchyma is diffusely congested and edematous. No mass lesions or areas of consolidation are present.

CARDIOVASCULAR SYSTEM:

(See above "Evidence of Injury")

The 350 gm heart is contained in an intact pericardial sac. The epicardial surface is smooth, with minimal fat investment. The coronary arteries arise normally, follow the usual distribution and are widely patent without evidence of significant atherosclerosis or thrombosis. The myocardium is homogenous, red-brown, and firm. The valve leaflets are thin and mobile. The endocardium is smooth and glistening. The ascending aorta gives rise to three intact and patent arch vessels. The renal and mesenteric vessels are unremarkable.

LIVER & BILIARY SYSTEM:

The 1295 gm liver has an intact, smooth capsule and a sharp anterior border. The parenchyma is tan-brown and congested, with the usual lobular architecture. No mass lesions or other abnormalities are seen. The gallbladder contains approximately 10 ml of green-black bile. The mucosal surface is green and velvety. The extrahepatic biliary tree is patent.

SPLEEN:

The 126 gm spleen has a smooth, intact, red-purple capsule. The parenchyma is maroon and congested, with distinct Malpighian corpuscles.

PANCREAS:

The pancreas is soft and yellow-tan, with the usual lobular architecture. No mass lesions or other abnormalities are seen.

AUTOPSY REPORT (b)(6)
BTB ABID, Ismail Hammed

5 of 6

ADRENALS:

The right and left adrenal glands are symmetric, with bright yellow cortices and grey medullae. No masses or areas of hemorrhage are identified.

GENITOURINARY SYSTEM:

The right and left kidneys each weigh 122 gm. The external surfaces are intact and smooth. The cut surfaces are red-tan and congested, with uniformly thick cortices and sharp corticomedullary junctions. The pelves are unremarkable and the ureters are normal in course and caliber. Tan bladder mucosa overlies an intact bladder wall. The bladder contains approximately 10 ml of clear amber urine. The prostate is normal in size, with lobular, yellow-tan parenchyma. The seminal vesicles are unremarkable. The testes are free of mass lesions, contusions, or other abnormalities.

GASTROINTESTINAL TRACT:

(See above "Evidence of Injury")

The uninjured esophagus is lined by smooth, grey-white mucosa. The stomach contains approximately 60 ml of tan flocculent material. The gastric wall is intact. The duodenum, loops of small bowel, colon, and appendix are unremarkable.

MICROSCOPIC EXAMINATION

Selected portions of organs are retained in formalin, without preparation of histologic slides.

ADDITIONAL PROCEDURES/REMARKS

- · Documentary photographs are taken by the OAFME staff photographer.
- Specimens retained for toxicologic testing and/or DNA identification are: blood, vitreous, bile, gastric contents, spleen, liver and urine.
- Full body radiographs are obtained. No definitive projectile or fragments are identified radiographically.
- The dissected organs are forwarded with the body.
- Personal effects are released to the attending investigative agency and appropriate mortuary operations representatives.

ACLU-RDI 5650 p.179

AUTOPSY REPORT (b)(6)
BTB ABID, Ismail Hammed

6 of 6

OPINION

This 29-year-old male civilian detainee died of a gunshot wound to the chest. There was no evidence of close range firing on the skin around the entrance wound. The gunshot wound passed through the thoracic cavity causing hemorrhage and injury to internal organs. A projectile was not recovered.

(b)(6)	nanner of death is homicide.
	_
(b)(6)	Medical Examiner

MEDICAL RECORD CHRONOLOGICAL RECORD OF MEDICAL CARE HEALTH RECORD SWIFTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry) DATE (b)(6) 55 (b)(6)6MG SULEN 05 Vitals@1120Ls Br: 122/72 0:82 500 : 98% (b)(6) (b)(6)(b)(6) Mous (b)(6)(b)(6) PATIENT'S NAME (Last, First, Middle initial) RELATIONSHIP TO SPONSOR SPONSOR'S NAME ORGANIZATION DEPART./SERVICE SSN/IDENTIFICATION NO. DATE OF BIRTH STANDARD FORM 600 (Rev. 5-64) Prescribed by GSA and KMR CHRONOLOGICAL RECORD OF MEDICAL CARE Exhibit 10] ACLU-RDI 5650 p.181 404E-0126 ACEUI-CID ROI-6387⁰⁰⁸⁸⁴

(b)(6)

332d AFTH Ophthalmology Transfer Summar

Name: Security Internee (b)(6)

SSN:

Date of admission: (b)(6) 05

Mechanism of injury: Bean bag gun injury OD

Pattern of injury: R upper eyelid laceration, temporal/inferotemporal subconjunctival hemorrhage, vitreous hemorrhage and commotion retinae OD

Initial Ocular exam: (b)(6) 05 @ 2025)

VA: CF @5ft OD, 20/20 OS; PERRLA, no RAPD, FD/CV, ortho; ext: RULid lac at superior orbital rim, no FB, fat, or levator dehicence on exploration (closed w/ 6-0 fast absorbing gut); SLE: no conj lac, uveal tissue visible, cornea – clear, A/C: D&Q. Iris: round pupil, o/w nl; lens clear w/o phacodonesis; vit: + heme OD; SLE OS unremarkable; IOP (Perkins): 23 OD, 18 OS; DFE: dense vit heme occluding macula and temporal retina with surrounding commotio, nl disc, visible vasculature and retina o/w; nl D, M, V, P OS

Orbital CT:

vitreous heme, globe intact, soft tissue air of upper lid extending into roof of orbit but no FB identified OD; o/w nl anatomy of

orbits and visualized brain

OR: NA

Dressing: NA

Plan: Discharge pt to prison camp. Pt should return to see an ophthalmologist in 2 weeks (b)(6) 05) to r/o retinal pathology.

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//signed//

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Updated 5 Jan 05

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5 DAY BP CHECK

ISN: (b)(6)

(b)(6)

Current Medication: 19 24 46

Day 1: 108 172

Day 2: 108 /78

Day 3: 120 / 84

Day 4: 170/50

My Day 5: 118/84 P. 68

** Turn in to a provider for review.

Oh

2.4		Drift Condition: Sally	Monitoring.	Vital signs q 4 hrs then q shift once stable	Room No. Bed No.	a Drain Output q shift	a Doppler pulse q 4 hrs.	□ Neuro Checks q 4 hours	Allergies: ハベ舟.	Activity:	Bodrest.	D Ambulate with Assist	a Ad Lib	a Weight Bear Restrictions	a C-collar w/ spine precautions.	Wound Care.	o NS / Dakin's W→D BID to	D VAC dressing to	n Other:	Nursing Care.	D Routine CVL site care.	D Ext Fix Pin Site Care	d Incentive Spirometry q 1 hr	a Routine Ostomy Care	D Pheumatic Compression Boots while in bed	Tubes & Drains	a NGT to LWS	a Foley to Gravity	o JP to built exn	o Flush Feeding Tube q shift with 30cc H20	a Chest Tube to 20 svm	o Olher.	(b)(d)	1-Apr-79 Tep-79 Tep-79 Tep-70	Subject to the Priviley Act of 1974	
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